

## Psychotherapy

Psychotherapy and counselling are growth industries. The BBC for example finds it necessary to frequently add after stories involving any degree of shock "those effected are receiving counselling" or "are being offered counselling". Psychotherapy and counselling are widely seen as acceptable, meaningful and valid.

That they may be unscientific folk practices offered by unscrupulous individuals is not a popular view. But it may be a more accurate assessment.

This essay considers psychotherapy and counselling as social movements. We look at the ideology of therapy and ask whether it is really there to benefit the patient. We reflect on the 'long and arduous' training for psychotherapy and find that in fact it is neither long nor arduous. We look at the view of people that therapy holds to; necessarily people are seen as in need of therapy, that is weak and lacking. We suggest that the valuation of emotionalism in therapy is a retreat from a difficult world not a mature response to it. We consider whether therapy is a cult, a religion or a science; it seems that therapy has most in common with folk movements. And finally we ask how it is that people do not leave their therapists; here we catch a glimpse into the power of the therapist, a power not unlike that of the witch-doctor in a primitive society.

## The ideology of therapy

Therapy abounds with a series of rules which are ostensibly of benefit to the patient but which in fact serve to protect the therapist.

Perhaps the most well-known rule of psycho-analysis is that the analyst should be impersonal, like a surgeon, at all times. The ostensive benefit of this rule is that by not getting 'caught up' in the patient's 'stuff' the therapist is free to help the patient. However; the impersonality and detachment with which intimate confessions are received makes the patient feel unsure of his position, childish, and in awe of the therapist. In addition he has told the therapist his most intimate details and has no idea of what the therapist makes of these. He can hardly leave without a response and the response never comes. <sup>1</sup> The impersonal stance helps to prolong the therapy and keep the client at the mercy of the therapist. In the face of this coldness the patient's will is broken down and they become increasingly dependent on the therapist.

Related to this is the rule that discussing the treatment with the patient is disadvantageous to the treatment. The ostensive benefit is that if the therapist enters into a discussion with the client about the theory in his method this will harm the patient because it will help him evade his problems. The real reason is that this protects the therapist from having his fragile theory examined by the client. In an age which claims to be democratic and scientific we should be wary of a practice which keeps the patient in the dark; this at a time when in mainstream medicine there is a definite trend towards empowering patients by having them participate in their treatment and be given information about it.

It is part of the dogma of therapy that the patient should not know anything - or very little - about the therapist. The ostensive benefit of this is that so the projections and transference can proceed. This is a central part of the theory of psychoanalysis: not knowing anything about the therapist the client 'projects' onto them phantasies from their 'unconscious' that have to do with how they really felt towards their parents as a child. They 'transfer' these feelings onto the person of the therapist. Thus the feelings come out and can be resolved. This is part of the treatment. This of course prevents the patient being able to make any sort of normal assessment or judgment at all about the therapist.

Another key rule of psychotherapy is that the patient should never meet the therapist's family. This is because such a meeting would break the transference and be bad for the therapy ergo bad for the patient. The illusions the patient has about the therapist which are carefully encouraged by the therapist would indeed be shattered. The therapy would quite likely be over and the therapist would lose a paying client.

At the heart of the problem is that the 'therapeutic relationship' is a 'professional' one; more accurately one based on fees. To shelter this relationship from ordinary relations which would undo it the therapist has to adopt certain strategies, not meeting with the client socially, not allowing the client to meet his family, and preventing the client from knowing more than the most basic biographical details about himself. From the point of view of therapy of course this special relationship is of benefit to the client. Looked at more objectively we see how this places the client in a vulnerable and dependent position in relation to the therapist and in a position from which they cannot criticise the therapist or see their failings.

In some contemporary theories of therapy the focus is on 'just listening' and not offering interpretations. The ostensive benefit is that being 'listened to' has a therapeutic effect all

of its own. We would contend that while truly attentive and deep listening does have an effect of 'lightening someone's load' being listened to in exchange for a fee has a demeaning effect on the one paying the fee, and also ensures that the one doing the listening is not really there in solidarity with the person being listened to. If we recall the tale of the Good Samaritan we may remember that not only did this model of compassion not charge a fee but he indeed shelled out to help the unfortunate victim of abuse to stay in a hotel for a few days.

### **The long and arduous training**

The private psychotherapy schools in the UK are not quality controlled by an external body as is normal in academic circles. They can teach what they like. There is in fact no coherent body of theory for psychotherapy; the schools often teach wildly different theories. This is not a science. If it was there would be a consistency in the theories.

Knowledge of life is in any event not something that could be taught on a course. Someone who thinks it could be is probably *less* likely to be of help to another.

A wise therapist will say very little since the more they open their mouths the more likely the client will eventually realise that they have no special insight into their minds.

Therapists may try to create an impression of knowledge; their office may be filled with books about psychoanalysis. Some may make free use of professional qualifications they have obtained in other fields - Social Work or Medicine for example - but which have in fact no bearing on what they are claiming expertise in but which serve to impress on the patient that they are being dealt with by an authoritative professional.

A therapist may adopt a pretentious title. For example one prominent British counsellor calls himself a 'fellow' of his organisation (like a 'fellow' of the Royal Society). But since the organisation is not subject to any statutory control and is self-appointed and self-governing this is in fact no more than being say a 'Fellow' of the tiddly-winks society. They could just as well call themselves 'Grand Master'.

By saying little and being careful to only say what they are sure of they can create in the patient an impression of knowledge and authority. If you have an analyst or therapist listen carefully to what they say; is it not in fact rather commonplace 'home truths' and obvious pieces of psychology that your friends and neighbours would be just as capable of observing? Is she saying nothing because she is wise and is helping you to speak or because she has nothing to say and no understanding of what is going on for you?

The UKCP (United Kingdom Conference on Psychotherapy), an umbrella group for therapists states on its web site that a psychotherapist "has had a four-year, post-graduate, in-depth and experiential training in how to work with a variety of people with a wide range of emotional and mental difficulties." This is in a section where psychotherapists are claimed to be on a par with psychologists and psychiatrists. This is misleading. While some psychotherapists will have first level undergraduate degrees there is no formal requirement for this. It is possible to join a psychotherapy training programme without a first degree in any discipline or indeed any academic qualifications at all. For example the Philadelphia Association in London states "There are no formal academic criteria for admission to the training". This is similar with other psychotherapy training schools.

Two psychotherapy training courses we examined mandated only a single written piece of work - an 8,000 word essay during the whole period of study! In one case all the trainee therapist has to do is "agree to write such a piece and submit it at a later date". This does not seem very taxing; and remember that the assessors of this essay, assuming it is written at all, need have no formal qualifications, and the whole process is not quality controlled by an external body as is normal in almost all qualifications even at NVQ level 1. The training courses run by private therapy associations themselves are not subject to any kind of external statutory quality control. In this country Further Education colleges are inspected by Ofsted and Universities by the The Quality Assurance Agency for Higher Education. One purpose of the external reviews carried out by the national regulatory bodies for colleges and Universities is to safeguard and develop the quality of academic standards, (in the words of the QAA). In psychotherapy there is a training course where there are no entry requirements, trainers who need not have any academic qualifications and no external verification. It seems spurious to compare this to the rigorous, quality controlled training taking place in medical schools and universities. Of course, therapists might argue that since there is no body of academic knowledge to be taught then there is no need for an external examination of standards. On the other hand therapy apparently likes to claim it is a science; if it were a science it would be possible to run properly validated training courses. The problem, we return to, is the fundamental claim of psychotherapy that only psychotherapists can understand psychotherapy.

While UKCP states that training should take place at a 'post-graduate' level there is no external oversight in the private therapy associations to ensure that this is happening. The academic quality of psychotherapy training simply cannot be guaranteed to the level that a course at a University can be.

While the psychotherapy training courses may last overall for 4 years as UKCP state we should say, as the UKCP does not, that this will in many cases be a part-time commitment, possibly an average of as little as four hours per week. A typical programme might be 2 sessions per week of 'personal training analysis' and attendance at a weekly seminar (in term time only) with occasional 'tutorials' and some possible short-term residential commitment at some point in the 4 years.

A clinical psychologist on the other has completed a full-time 3 year validated post-graduate degree course following a first degree of 3 years. That is 6 years of full-time study at an institution validated by an independent government sponsored external standards body compared with a 4 year part-time (less than one day per week) commitment with a private training association not subject to external checks, to become a psychotherapist. (Other types of psychologist also require a post-graduate training though not necessarily for a full 3 years).

It is thus simply false to claim equivalence for psychotherapist and a psychologist in terms of training. Similar arguments would apply to the comparison of psychiatrist to psychotherapist. Would you entrust your mental health to people who so casually bend the truth?

## **Accountability**

A stark difference exists between the levels of accountability found in the world of private psychotherapy and the National Health Service. In the latter there are well-established procedures for making a complaint against a Healthcare professional. To take one example; a complaint made to a Local Health Authority about a dentist is initially assessed

by a lay person, the executive director of the authority. Should the complaint be deemed to have merit this person will convene a panel which will include both lay people and professionals; notably the professionals will be deliberately chosen to be outside the area in which the person being complained about works. It is also possible to make a complaint to the General Dental Council. In this case also the principal that a lay person should be on the panel is also in effect.

This contrasts sharply with the complaints procedure operated by the various private psychotherapy schools. In the example of the Philadelphia Association, a leading psychoanalytic therapy school, the complaints procedure states that if a panel is agreed it will be composed of members of the Association – that is the close colleagues of the person being complained about. The panel may call outside people but is not obliged to.

We should that that in any event the complaints procedures of private therapy schools are not statutorily enforceable procedures. The therapy training school can change its constitution at any time; for example specifically clearing everyone whose name has a 'p' in it, if they so choose.

The difference here is a significant one; the complaints procedures in the National Health Service of which we looked at one are democratic in spirit. By putting lay people on the panel there is an attempt to give the person making the complaint a fair hearing. And indeed in an age which claims to be both scientific and democratic it is an important principal to assert that lay people are capable of evaluating scientific judgements. That the therapy schools shy away from including lay people on their complaints panels seems out of keeping with their simultaneous claim to be scientific.

In addition to the thinness of the complaints procedures it is the case that there is a startling lack of oversight in the activities of private psychotherapists. Much is made of 'supervision' which means that a therapist pays another one for consultations; however there is no obligation for a 'qualified' therapist to be 'in supervision' and, even if they are, this does not amount to a framework of accountability.

There are real dangers inherent in operating outside of an environment governed by rules which can be enforced. The case of Anna, who was a patient of an 'apprentice' of R.D.Laing is a case in point. ('Apprentice' is a word used by R.D.Laing to describe his unofficial but fee-paying private trainees). Anna was taken out of the mainstream health service by her husband during a psychotic episode and taken to a country location near to an alternative community. She burned herself to death in the farmhouse she was staying in with her husband, near the community. The same therapist whom she was seeing and who was involved in the community boasted years later how he had been disciplined in his early medical career for talking to a mental hospital patient outside of normal bounds. He seemed to advertise this as a marker of his credentials as a healer. Reading the work by Anna's husband, David Read, simply called 'Anna', one feels that in that case at least – of serious psychosis – Anna would have stood a better chance within the mainstream health service. This writer was surprised that the therapist himself did not appear to be chastened by this sufficiently to question whether breaking the rules of the psychiatric establishment was really such a good idea.

## **You are weak and inadequate**

Therapy sees people as fundamentally as weak and inadequate. This coincides with the financial interests of therapy and its need to find a role for itself. The helper must have helpes. Helpers like to feel useful and necessarily focus on the weaknesses not the strengths of their clients. This perception can become an act of power. At its worst; because people are not in fact fundamentally weak and helpless therapy has to make them so.

Therapy focuses its marketing efforts at people who are experiencing a life crisis of some kind; i.e. it seizes them at a moment when they may feel temporarily weak and be temporarily persuaded by the message of therapy. Advertises for counselling and therapy focus on such moments, including; bereavement, 'life changes, challenges, finding direction', 'relationship problems', 'relationship breakdown', 'ptsd', 'loss', 'work-related issues', 'feeling under strain', 'your life is not going according to plan', 'A personal or existential crisis or major life change', 'Feelings of being cut-off, isolated or alienated and wish to engage in a therapeutic alliance to explore the difficulties' and so on.

It is clear a) that therapy is recommended for just about any and every aspect of life that causes any kind of difficulty and b) that people are seen as needing help with these from an expert.

Let's examine one pitch in some detail. Here it is:

Most of us experience worry or depression at some stage of life and need to come to terms with pain, disappointment and confusion. Often this can be resolved without outside help. Sometimes, however, the difficulties persist, causing unhappiness at home, work or in our relationships with others.

This may be because current issues are stirring up feelings from the past of which we are not consciously aware. Counselling and psychotherapy can help us to understand and make sense of hidden aspects of ourselves.

i) The phrase 'outside help' is ambiguous. What is meant here? Normal, informal help from friends or relatives or the professional help from a therapist? Read this pitch carefully and it becomes apparent that the only possible help that one can imagine is from a therapist; either one gets through it without outside help (in the sense of any help at all) or one seeks help from a counsellor. Informal help from friends, family or voluntary organisations has simply been airbrushed out of the picture.

ii) 'current issues are stirring up feelings from the past of which we are not consciously aware'. The feelings of which we are not consciously aware. This is a good pitch and is at the heart of the psycho-analytic trick. You simply can't disagree with it; your problem is in you but hidden from you. People in a weakened state may be willing to believe this.

iii) This piece is saying: you may be unhappy. This is because (may be) you have 'hidden feelings' which you can't see. Therapy (may) be able to help. Not much is promised.

There is not much clarity to this ambiguous message full of maybe's. It hardly seems to be the 'science and art' we are told that therapy is by UKCP. If it was a science definite answers would be able to be given.

From the point of view of Martin Heidegger's philosophy it is a good example of 'idle talk' with its ambiguity and implicit reference to a kind of average public self.

There is an unrealism in therapy that expects life to be painless and easy. The same thinking is at play in the 'pop a pill' approach to 'mental' difficulties. The fact is that life can often be tough and feeling that it is tough, is not a sign that there is something deficient in oneself. Feeling the pressure of life is a normal part of life. Therapy likes to distinguish itself from the drugs based approach to mental illness – not least perhaps because therapists are not licensed to prescribe drugs – but in fact the underlying attitudes are similar. In both cases temporary human difficulties are conceptualised as illness or deficit and the treatment aims at soothing away the pain.

There is an extension here of the dream of consumerism - that life can be made easy by quick fixes - beyond the field of everyday tasks into the business of life itself. Life is so cheapened. In this view life is like a product we have bought from a supermarket; if it doesn't work smoothly all the time then something is wrong. But why should life work smoothly all the time?

Therapists who believe in therapy are weak people who deal with their own weaknesses by undermining other people in the name of 'emotional freedom'. Some people of course simply do it for the money though in our experience that is probably the minority.

### **Prioritising the emotions.**

The method of psychotherapy focuses on the patient's emotions.

Solutions to the patient's problems are not sought in rational thought nor in action in the world; they are sought in 'insight' and 'transference' . The problems lies in the patient's emotional history. The patient is *discouraged* from thinking about her problems in the present 'external' world and encouraged to rely on the magic of the therapeutic relationship. The cure lies in the 'therapeutic relationship' - a supposed mysterious process of emotional healing. It is almost an appeal to the Gods. One is expected to wait for this to occur. There is no definite time and meanwhile the therapist continues to collect the fee.

Therapy sees the problems of life in terms of emotional deficiencies in individuals and it sees the solutions in terms of emotional 'betterment', 'getting in touch with our feelings' etc.

The 'patient; 'in therapy' is suspending their own ability to think; all they have to do is 'authentically' regurgitate memories (or memories of phantasies or whatever) and the 'transference' will do the rest. Reason plays no part in this. The relationship reflects attitudes in the 19th century where reason belonged to the professional classes; a doctor reasoned but a patient was 'treated' - as a passive unreasoning beneficiary. Recognizing that this is wide open to criticism therapy has moved on from the basic Freudian concept and nowadays resolution comes from the patient's 'reflection' and 'insight' gained in the 'therapeutic relationship' . Once 'transference' is no longer seen as the primary healing factor however it is not entirely clear why the therapist is necessary for this 'insight' to occur.

Professor Frank Furedi has written an excellent book, *Therapy Culture*, which details how this prioritisation of the emotions is no longer confined just to the therapeutic consulting

chamber but now colours much of British society. <sup>2</sup>

Therapy is a doctrine or even religion of emotionalism. One is urged to 'get in touch with one's feelings' and to respond emotionally and 'openly' to situations and relationships. Therapy does not value independence, critical thinking, distance, formality, reserve, judgement. From the point of view of therapy all these are to do with a stiffness which in the morality of therapy is 'bad'. One critique of Professor Furedi by the writer Blake Morrison claims that Professor Furedi harks back to a golden age. But there is nothing in the book which extols a past age or claims that people did not have problems in the past. Blake Morrison, writing in the Guardian in December 2003, also makes the absurd charge that Furedi is saying it is "pathetic to share our problems with others"; missing the key point about therapy which is that it puts 'sharing' on a commercial and 'professional' footing. Mr Morrison thus inverts the text of the book; the criticism is of the professional trend in 'sharing' - which is therapy - which is contrasted with voluntary and informal support networks. Furedi nowhere says it is "pathetic to share"; his target is people who sell sharing services as a professional service.

Essentially the emotionalism which Furedi criticises (and Blake Morrison epitomises in his shallow and back to front criticism of a book he can hardly have read) represents a childish reaction against a formal culture of adults. Therapy took off in the sixties especially in the US as a counter-culture reaction against fifties formality. It was essentially a movement of youth, replacing the formal Christian value systems and Church going of their stiff parents with all their sins (Vietnam, Atomic Bomb and so on) with a new value system - of emotionalism; but no less doctrinaire. In this sense therapists are the self-appointed priests of the religion of emotionalism, a counter-culture reaction against the rationalism of the Atomic Age.

While there is a case to be made for more sensitivity and less rationalism in society, therapy is not that case. Indeed more rather than less thought is a hallmark of sensitivity. It is thought which allows us to consider the other and be sensitive to them. Outpouring one's emotions is self-centred. Abandoning rationality because it is associated with social elements you find objectional is a retreat into immaturity.

### **Therapy is a folk movement**

What is therapy? A secularised version of Christianity? A church? A cult? A modern day mystery religion? A 'science and an art'?

The parallels with religion cannot be avoided. The relationship between the ritual of confession in Christianity and the 'discussing your feelings' of psychotherapy; the emphasis in psycho-analysis on faults and correcting them - a sort of 'moral perfection', and the therapist as priest are all obvious points. But there are a number of important differences. Therapy does not, like religion, make an appeal to a sacred book, to revelation or to the special authority of the priest. There are no particular symbols and no worship (other than the person of the therapist by a client in awe).

Therapy is not a cult. While there are similarities - especially the tendency to recruit people who are isolated and vulnerable - it does not provide an alternative meaning-system. The therapist may wear a suit, describe his fees as being no different from those an accountant charges his clients, and claim scientific credibility and professional status. The wide divergence of schools of thought within therapy and the partial intellectual engagement with mainstream fields of science and literary criticism also mitigates against the formation of a

cult.

Therapy however does make a shallow copy of mainstream values, in particular science, the academic tradition and professional services and it does this in order to make money. Therapy is not a cult; it is a lower-middle class phenomenon characterised by the anaping of middle-class values. At last, and finally, the lower middle class has found a vulnerability in the middle-classes which it can exploit.

In its esoteric aspect; the idea that there is a special truth hidden from ordinary people, "the practice of psychotherapy cannot be learned through the acquisition of a body of knowledge. Rather it is to be developed through close association with others who are more experienced..." therapy - at least in some schools - resembles a mystery religion from the Ancient Near East. Mystery religions offered adherents 'emotional commitment and a sense of belonging'<sup>3</sup> Certainly therapy probably attracts people who are looking for emotional commitment and find this lacking in the fossilised remains of Christianity, itself originally an Eastern saviour-cult, (in the sociological sense). In this sense we can see a cycle occurring. Christianity fulfilled a need but has lost its touch and a new 'religion' appears on the scene. Another similarity with mystery religions of the Roman Empire is that therapy is tolerated by the official mainstream but is not officially accepted; UKCP has not yet been able to get therapy put under a statutory system of regulation. However this is in process - and UKCP states that they expect statutory regulation of the profession to become a reality soon. This is reminiscent of the way that the mystery-cult Christianity became officially endorsed by the Roman Empire in 4th century. By its claim to esoteric truth known experientially by experienced practitioners which can be gained by disclosure after a long period of induction, by the needs it meets, and in its situation in society (moving towards legitimisation and official endorsement) therapy definitely has surface similarities with mystery religions of the Ancient Near East.

Is therapy a science? This is the claim made explicitly by UKCP. It is interesting that therapy has not always claimed to be a science; is this a new mood of confidence amongst the profession in light of upcoming statutory regulation?

Science is usually understood as systematic, testable, knowledge. For positivists this means that only knowledge claims which can be tested in repeatable empirical experiments qualify as science. This hard-nosed approach is taken by behavioural psychologists who study behaviour without making any judgements about what might or might not be going on in the mind. From this point of view psychology - any study of the mind as mind - is not science because its findings cannot be tested. For example a scientific experiment can be constructed to show that short-term memory skills weaken with aging but any explanations offered in terms of supposed mental structures cannot be science as they cannot be tested. From this point of view then there is no argument about it; psychotherapy cannot possibly be scientific and is based on no more than speculative theorising.

A looser definition of science which allows psychology (not simply behavioural psychology but theories about the mind itself) may still try to stick to the principal of systematic knowledge but has to give up the notion of repeatable, falsifiable tests. How then could psychological theories be tested? The claim for those who wish to validate psychology of this kind is that theories can be validated by introspection or review of 'clinical' data - what someone reports about their mental states. Ultimately whether introspection and reports of introspection can be accepted as scientific data is a matter of judgement or preference. It has to be said however that as this kind of data does not lend itself to being falsified the

result is inevitably a multiplicity of theories based on substantially different underlying theoretical premises. This is how the overall field of psychology (excluding behavioural psychology) looks; Jungian analysts compete with Freudian analysts who differ significantly from 'humanistic' psychologists who in turn differ from cognitive psychologists. It tends towards a reality where people can 'find their own truth'. This supports the view which holds that psychological theories are metaphors with a 'whatever works for you' being the real criteria of acceptance.

One of the major criticisms of Freudian psychology in particular is that its claims cannot be examined independently of psycho-analysis. Even ordinary introspection is not sufficient. There is a loop whereby psycho-analytic methods of interpretation are used to interpret phenomena in such a way as to further support the theories of psychoanalysis. One has to be a psycho-analyst to see that it is true. The danger here is obviously a loss of perspective.

The danger of the strictly behaviourist approach is that it fails to support people's search for meaning through self-understanding. Given that people do wish to find meaning through self-understanding it is perhaps better to allow this as a systematic study rather than banish all such activity to the realms of 'poetry' as positivists would have. On the other hand the danger of allowing psychology (other than behavioural) is that it will be misunderstood. Because the theories depend on introspection, mind studying mind, they are necessarily fleeting glimpses and highly personal. Psychology should be allowed but its theories understood as what they are; metaphors in an unfixable terrain. No one should hang on to them too much. William James' pragmatism test is relevant here.

Where does this leave the claim of UKCP that psychotherapy is a science? Essentially this, and other claims that psychotherapy is a science, are at best over-simplifications and at worst downright misleading. When the public hears 'science' they hear objective, reliable, facts. But psychology does not provide this. The many models embraced by UKCP with their very different theoretical bases illustrates this well. At best psychology is a modelling exercise and you take your pick according to preference.

Because the nature of psychology as a science is subjective it is a personal matter. It is for this reason that accepting the psychological models of someone else is an obstacle rather than a key to enlightenment and autonomy. But as soon as a patient enters the consulting room (often the living room) of the therapist they have allowed their own lives to be interpreted through someone else's psychological models. Thus therapy works against autonomy.

Not only this but given the lack of academic rigour in the training procedures for psychotherapists there is no guarantee at all that the therapist will have even the most basic understanding of science.

Allowing one's life to be interpreted via the probably unsystematic psychological models of another person is not a path to autonomy. Those therapists who try to avoid the charge of 'subjective interpretations' by just asking questions and 'listening' also inevitably ask some questions and not others according to their own psychological models and values. Phenomenology itself on which some forms of humanistic psychotherapy claim to be based has certain theoretical foundations about the human subject as a fundamental starting point. No approach is without bias and assumptions.

When an individual's personal psychological model is adopted by enough other people to

form a recognized 'school' of therapy what you in fact have is a folk truth. In taking a personal metaphor and trying to turn it into a general truth the actual truth-value of that model is diminished, diminished both for the originator of the model and those who accept it as 'truth' in preference to finding their own models.

Folk knowledge is practical knowledge common to a community which has enough truth in it to have some working practical value but which does not meet scientific standards of truth or academic standards of production. Folk knowledge may often contain major theoretical and explanatory errors but overall still has some practical application. Folk knowledge accrues within a community by practical daily experience. Examples of folk knowledge would be Neanderthal man's knowledge about which berries could be safely eaten and which not, the knowledge of herbs in medieval times for medical purposes and early astronomy. In early astronomy for example there was sufficient knowledge to enable successful navigation even though the models contained major theoretical errors such as the belief that the earth is flat.

It is notable that psychotherapy does not have a research wing separate from the context of its practical application as for example is the case in medicine. The 'truths' of psychotherapy emerge not out of research studies but out of what is grandly called 'clinical data' - often what a patient has said to a therapist in the therapist's living room. The 'truths' are generated by people who already believe in them. 'Knowledge' accumulates out of existing knowledge in an ad hoc manner, piece by piece with no real testing other than the therapist believing (personally) that a certain interpretation 'held true'.

Therapists want their knowledge to be true; they do not, understandably, wish to feel like frauds. But because there is no separate research laboratory other than the therapeutic consulting room itself and no independent researchers there is no brake that prevents wishful thinking and anecdotal evidence from being accepted as knowledge. In claiming that therapy is more than this there is certain degree of unscrupulousness on the part of at least some psychotherapists who present therapy as something they themselves really know it is not.

The fostering of the already subjective science of psychology (its subjectivity is both its strength and weakness) outside of an academic context by people without scientific training (by and large) in a hands-on context where research is not separate from its application leads to the production of a body of knowledge within the community of psychotherapists which is of the standard and type of folk knowledge. This folk knowledge is carried along by people who want to believe in it because they want to believe that they are helping people.

Therapy is a folk movement in terms of how it formulates its knowledge. It is also a folk movement politically. It speaks to people who feel that the modern world is soulless and harsh. But the solutions it offers are gilded not in terms of social solutions which could engage individuals as thinking, acting agents capable of shaping their own destiny through engaging politically with their society, or at least engaging socially through participation in voluntary organisations. Rather, the solution it offers turns the pain of the isolated individual back on them and contextualises it in terms purely of their own psyche and personal history, or, in a modification, in terms of their family relationships and history. At the start of psycho-analysis 'hysteria' was understood by Freud in the 19th century in terms of a personal disturbance, at first as trauma and later a problem of sexual development. Social factors such as poverty, unemployment, and attitudes towards unmarried women formed no part of the theory at no point. This set the tone for therapy

from that moment on. Therapy disengages from the political and social worlds and individualises people as 'medical' subjects. Yet, what stares one in the face looking at the pitches for therapy and counselling is how ordinary the problems are that it claims to help with. The real problem which therapy exploits rather than addresses is the lack of support, through friends, neighbours, and local community groups, informal guidance from respected 'elders' and so on for these problems, which is indeed a feature of contemporary society. The key is persuading individuals that they have a problem 'inside' them. The claim is that the individual cannot see the problem, it is 'unconscious' - that is the problem. The individual takes this on faith, trusting the claim-maker.

Psycho-analysis does not offer an interpretation of what it means to be a person now, at this moment in history. It is offered as a universal truth about being a person independently of history. Psycho-analysis is not really concerned with history. Freud attempted to ground psycho-analysis in history by claiming that the Greek story of Oedipus (and Sophocles' play) was a narrative about unconscious desire. A much more convincing interpretation of the play which places it in a historical and political context is given by the French

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philosopher Michel Foucault in an essay 'Truth and Juridical forms'. This view sees the play as being concerned with knowledge and political power.

In contextualising what is essentially a social and political problem and perhaps a problem specific to this culture as a medical problem therapy invents an explanation which requires not social engagement or political action but a private course of pseudo-medical treatment.

Accepting this pseudo-medical diagnosis the patient's attention is led away from the 'external' world into a bout of introspection, engaged in an endless search for the root of his current problems in 'unconscious feelings' from the past. The therapist has found a role for himself and is assured of an income. To some extent the patient has found what she was lacking - another human being to take an interest. But the price is a high one. It is a synthetic solution that lasts only as long as she is willing to continue to pay the fees. We could call it 'fool's gold'.

To illustrate this point by example; a strong and positive response to feeling unsupported in a bereavement might be to start a local support group for others in a similar situation. For those without the aptitude to do this there might well nonetheless be opportunities to join a local voluntary group and play a part in this, receiving support oneself and contributing to social capacity. A weak response is to allow oneself to be treated as a patient, paying fees to a private individual, for support, and, worse, accepting a fake medical diagnosis that feeling alone after a bereavement is a clinical problem. The therapist gains a social role and an income but society is not strengthened in any way.

Eventually people will in the normal course of events get over or find solutions to the kinds of mundane problems which therapy claims to address. Therapists can always claim these as successes. The gullible 'patient' may thus feel that therapy helped them, and so it continues.

Therapy has become a folk movement offering a kind of non-prescription pain-killer to people who feel the pain of social isolation at difficult times in their lives. That social isolation and a lack of community support is a real problem in this society is partly what makes therapy plausible; the problem it addresses is absolutely real and there is no other coherent movement on the scene which does address this problem. A lot of people do feel alone at difficult moments in their lives. However therapy does absolutely nothing to

challenge the social and political conditions which work against the development of strong community and social support networks. It simply exploits the problem to create jobs - a social role and an income - for therapists. This is pure capitalism; it capitalises on a social problem created by capitalism to create an industry.

Therapy provides a safe outlet for feelings which could otherwise potentially manifest as social discontent. It should not surprise us therefore that a government which has concerned itself so much with behaviour management through anti-social behaviour legislation should also be supportive of private therapy and counselling. In both cases the strategy is the same. In the case of anti-social behaviour rather than acknowledge underlying social, economic and political factors which lead to social isolation and weak communities the government prefers to create 'experts' to manage the resulting problematic behaviour. The borderline between anti-social behaviour management and therapy draws ever closer as people are sent to compulsory parenting classes based on counselling methodology.

Therapy is a folk movement which, like other folk movements in the past, is being taken up and used by government for purposes of social control.

### **How do they keep it going?**

If therapy is so bad one might ask why people stay 'in therapy' for so long.

Part of the key to understanding this is understanding how therapy is set up to make it hard for clients to leave. Freud talked about patients 'running away' and indeed running away is the only way out of therapy. The relationship is not one of equals - in the words of the 'sixties psychiatrist R.D. Laing it is 'asymmetric' . From the start the inequality has been established and is then maintained; the client is the 'one with problems'. They are treated as ill, as a 'patient'. The therapist is allegedly 'sorted' in some way. From this position it is not possible for the patient to say as one equal to another 'oh, I don't think this is working for me' and leave. The patient's rational voice has been taken away from them. Indeed the therapist eschews rational conversation as an impediment to the 'treatment'. Treating a person as a person as a patient - as opposed to treating a person with a physical medical complaint as a patient - is an act of power. It has the effect of silencing the patient as a person. It is one thing to bow to a doctor's superior wisdom in the matter say of a liver disease - and to accept the treatment and to 'follow Doctor's orders'; it is extremely dangerous to do this in the matter of your whole being as a person. Having done this it becomes hard to regain one's balance and think for oneself. Remember that therapy encourages emotionalism not critical thought.

The therapist claims to be in possession of a knowledge of human affairs which the client is not. This contrasts with the continually acknowledged failings which form part of the client's confession. The client may well end up feeling in awe of the therapist. This is not unintentional.

Caught out by 'life coaching' which as a competitor to therapy offers solutions in 'courses' of typically about 12 weeks therapy has now (having told everyone for years that the whole point about talking psychotherapy was that it took many years and was the most thorough treatment) invented short-term 'solution-focussed' therapy as a market response. Here therapy deals with presumably just one deficit in the client?

Once the client who most likely found their way to therapy at a time of distress has come

to accept the pseudo-medical designation of patient they are in an extra-ordinarily vulnerable position. Any criticism they may tentatively voice of the therapist can be turned back against them as evidence of their problems. "You think I have a problem. It is your problem that you think I have a problem". And this is said with the authority of a diagnosis.

The specific trick is using the concept, which is implicit if not explicit in all therapy, of the 'emotional deficit'. The client has an emotional deficit - this is why they are in therapy (obviously). Since it is clear that the relationship depends on the client continuing to make further confessions, of deficit, and since the client may well be a lonely individual for whom the therapist is their only confidante and seeming friend the client is continually, as the price of 'friendship', being asked to accept a renewed sense of deficit. If the client has a success in their life the therapist congratulates them and reminds them that this is the result of their work in therapy. The client becomes even more dependent now believing that if they leave therapy these good things won't happen. The therapy is only concluded when the client no longer has an emotional deficit. Since therapy works to continually reinforce the sense of emotional deficit in the client therapy is by its structure potentially endless. The *only* way out of therapy is to 'run away'.

It goes without saying that we would encourage anyone 'in therapy' to do exactly that.

1. I am indebted to Richard Webster for this point made in his book *Why Freud Was Wrong: Sin, Science, and Psychoanalysis* [Basic Books](#) 1995. The book is in my view uneven but the chapter dissecting the relation between analyst and patient is breathtaking.

2. Professor Frank Furedi. *Therapy Culture*. Routledge. 2003.

3. *S Ireland Roman Britain* 1986 p 200

4. Michel Foucault. *Essential Works*. Volume 3. *Power*. Penguin