

EDITORIAL

A major feature of the internal politics of psychotherapy has for some time been the tension between what we can term the ‘expert systems’ approach and the ‘local knowledge’ approach. Expert systems psychotherapy is about objective assessment, outcome research, and the generation of a body of codified and transmissible specialist skills. Local knowledge psychotherapy is a craft rather than a science; it draws on a ‘seat-of-the-pants’, internalized sense of what works in specific situations and under specific conditions – notably, for a particular practitioner with a particular client on a particular day.

I have taken the terminology of expert systems and local knowledge from the sociology of science; in particular, a paper by Jan van der Ploeg (1993) looks at potato farming in the Andes and demonstrates how the scientific agriculture of UN experts is defeated hands down by the local farmer’s understanding of micro-conditions in each corner of each field. I am not seeking to generate a mystique of inexpressible therapeutic wisdom: a great deal can be gained from trying to model and formulate the intuitive-empirical work of gifted individuals. However, a great deal can also be lost; especially if it is believed that *everything* done through local knowledge can be extracted and bottled in operationalized techniques.

We also need to consider the ideology that frames the expert systems approach – however much such a stance denies its

own ideological nature. Another branch of sociology is helpful here: the sociology of professions, which demonstrates how psychotherapy is in fact treading a well-worn path, following the footsteps of the medical profession in particular (Stacey, 1992; Cant and Sharma, 1996). A profession requires two defining features: the possession of a unique expertise (Giddens, 1991; Stehr, 1994), and the use of political strategies to establish a small elite group in control of its own boundaries. These strategies include ‘social closure’ (Parkin, 1974), ‘occupational imperialism’ (Larkin, 1983), state support and market control (Larson, 1977).

Enough said – for this immediate purpose, in any case: several books could usefully be written about how the process of professionalization has played itself out in relation to psychotherapy. *A profession must have its expertise* – which must articulate with the hegemonic expertise of its society. This expertise

would have key characteristics: it would be taught in an organized way, most usually in a university (or at least in an institution that collects, transmits and eventually reproduces knowledge); and it would be standardized and accredited and often have scientific anchorage . . . Expert knowledge gives some the privilege to speak, to act as arbiters. (Cant and Sharma, 1996, 6)

And it is hard for those so privileged to speak against the dominant social ideology – or indeed, to want to. Currently, our

society may be moving towards a belief in the total authority of expertise, and a corresponding erasure of the political. Expert systems psychotherapy is currently organizing to become part of that authority, part of that erasure.

But it does not seem that this must necessarily be the case. Within other expert professions individuals and groups find room to develop radical perspectives, to employ technique and research as subordinate tools for politically defined ends. The same can be true for psychotherapy; and several of the contributions to this issue of PPI have things to say about these issues. Sheila Spong and Henry Hollanders, uniquely to my knowledge, have asked questions about the political subtext of that most expert of expert systems, cognitive behavioural therapy, using discourse analysis to tease out the implicit ideological frameworks of practitioners. Mitch Elliot and his colleagues have used research methodologies to explore the roots of conflict in Northern Ireland – with the aim of developing ‘a valid sociological methodology which would also validly act as a societal consulting room’. Karen Seeley critiques the pseudo-expertise of a PTSD approach to the effects of the Twin Towers attack, ‘turning persons harmed by an act of mass violence into patients with psychiatric disorders’; while John van Eenwyk lays out a wholly different approach to those harmed by torture, one based on ‘mutual empowerment’. In very different ways, these pieces

all help to create a foundation for exploring the possibility of a consciously politicized expertise in psychotherapy.

Together with the two fine papers by John Rowan and Shawn Towers, we have what I see as another excellent issue, again demonstrating the extraordinary depth and breadth of the political dimension of psychotherapy. Indeed, there is so much important material emerging that we have had to hold over Part 3 of Sandra Bloom’s epic paper, ‘Neither liberty nor safety: the impact of fear on individuals, institutions, and societies’. The third and fourth instalments will be appearing in the next two issues.

REFERENCES

- Cant S, Sharma U. *Complementary and Alternative Medicines: Knowledge in Practice*. London: Free Association Books, 1996.
- Giddens A. *Modernity and Self Identity*. Oxford: Polity Press, 1991.
- Larkin G. *Occupational Monopoly and Modern Medicine*. London: Tavistock, 1983.
- Larson M. *The Rise of Professionalism*. Berkeley CA: University of California Press, 1977.
- Parkin F. *Strategies of Social Closure in Class Formation*. In F Parkin (ed.) *The Social Analysis of Class Structure*. London: Tavistock, 1974.
- Stacey M. *Regulating Medicine: The General Medical Council*. London: Wiley, 1992.
- Stehr N. *Knowledge Societies*. London: Sage, 1994.
- Van der Ploeg JD. *Potatoes and knowledge*. In M Hobart (ed.) *An Anthropological Critique of Development: The Growth of Ignorance*. London: Routledge, 1993; 209–27