

**Special feature: The Politics of Research. Three papers commenting on *Practitioner-based Research: Power, Discourse and Transformation*, by John Lees and Dawn Freshwater (London: Karnac, 2008)**

## Identity Wars, the Counselling and Psychotherapy Profession and Practitioner-based Research

JOHN LEES, School of Healthcare, University of Leeds

**ABSTRACT** *The counselling and psychotherapy profession has reached a watershed in its history. After a century of introspection and disputes between different theoretical orientations the profession is now facing outwards to the world. This is leading to a great deal of turmoil and upheaval. Instead of the theoretical disputes which typified the twentieth century the current disputes concern the relationship between the profession and society at large. Identity Wars have replaced the Paradigm Wars. These cover a range of practice-orientated and research-orientated issues. This article looks at the recently-published book, Practitioner-based Research: Power, Discourse and Transformation (Lees and Freshwater, 2008), from the point of view of these broader contextual developments. It discusses, amongst other things, the contribution of the book to these developments. Copyright © 2010 John Wiley & Sons, Ltd.*

**Key words:** identity wars, paradigm wars, practitioner-based research, practitioner empowerment

The recently published book, *Practitioner-based Research: Power, Discourse and Transformation* (Lees and Freshwater, 2008) is intended to be of value to practitioners in any profession. However, as both Dawn and I work within the counselling and psychotherapy (henceforth therapy) profession, the ideas that we discuss in the book are relevant to therapeutic practice and, to some degree, are informed by our experience as therapists. The book has much to say about the politics of the therapy profession at this seminal point in its history, both implicitly and explicitly. But in what way is this a seminal point in the history of the therapy profession?

Correspondence: School of Healthcare, Baines Wing, University of Leeds, LS2 9UT.  
E-mail: J.Lees@Leeds.ac.uk

After over a century of developing in a relatively insulated and introspective environment the therapy profession is now in the public eye and this is having an enormous impact on professional discourse. There are three aspects to this. First, it is attracting government interest in the form of plans to regulate the profession under the umbrella of the Health Professions Council (HPC), the initiation of the Improved Access to Psychological Therapies (IAPT) scheme and the pronouncements of the government evidence-based practice quango, the National Institute for Clinical Excellence (NICE). Second, some academics, such as sociologists, are taking a 'meta' view of the profession and examining its overall relationship with social life. One sociologist refers to it as 'a serious cultural force' that 'appears to have colonized all the professions and institutions of society', thereby creating an 'invasion of the therapeutic ethos into other professions and forms of authority' (Furedi, 2004, p. 17). Another rages at its 'dysfunctional, arrogant, selfish, abusive, infectious, insane and deceitful' tendencies as a result of its 'asocial' nature (Morrall, 2009, p. 10). Third, therapists themselves are debating, and arguing, about a range of issues, all of which are connected with the profession's changing relationship with society at large. These include whether we should support or oppose the government's plans for regulation, whether it is a socially irresponsible profession or not, how we should respond to the impact of global conflicts on mental health, the appropriate research methods for the profession, the government's apparent privileging of cognitive-behavioural therapy, the relevance of the medical model to therapy, ecological issues and many more.

This article will concentrate on the relevance of the book for the profession at this moment in time in the light of such current developments. I will begin by giving a brief historical background to these events looking, in particular, at attitudes to therapy practice and research. I will then look more explicitly at the relevance of the book to the challenges facing the profession at this moment in time. Finally, I will elaborate on how the book positions itself in relation to these challenges.

## THE HISTORICAL DEVELOPMENT OF RESEARCH AND PRACTICE

I would date the beginning of the counselling and psychotherapy (henceforth therapy) profession from the publication of *Studies in Hysteria* by Breuer and Freud in 1895. Throughout the twentieth century it was riddled by disputes – initially in relation to the development of clinical theory and then additionally in relation to research. I will now look at these two areas of polemic.

### Theoretical disputes

At the beginning of the twentieth century psychoanalysis was the principal theoretical orientation. It developed progressively throughout the twentieth century – so much so that by the middle of that century WH Auden was referring to it as a whole climate of opinion. However, the schisms also began in the earlier years of the development of the profession, one of the earliest and most well known of which was the break between Freud and Jung. Then came the development of completely new schools of thought which were founded by practitioners who had at one time been involved with psychoanalysis but who then went their own way – for instance, Fritz Perls, Carl Rogers, Aaron Beck and Albert Ellis, who founded the gestalt, person-centred and cognitive schools of therapy, respectively. Then

there were schisms and disputes within schools: see, for example, King and Steiner's (1991) account of the disputes which developed within the Institute of Psychoanalysis after the death of Freud in 1939, between 1941 and 1945, which they refer to as the 'controversial discussions'. These debates were so fierce that the only way to resolve them was to form three training strands within that organization: the Freudian route, the Kleinian route and the Middle route. There were also the so-called 'Freud Wars', which continued throughout the twentieth century and included critiques of psychoanalysis from a variety of sources such as philosophers (Farrell, 1981), historians (Swales, 1982), and anthropologists (Gellner, 1985). Disputes also spread to include all therapeutic modalities so that around the turn of the century Feltham (2002) was referring to 'internecine wars between therapists and therapeutic professions' and Clarkson (2000, 305) referred to disputes between "'pure forms" of psychotherapy' (Clarkson, 2000, 305), which she says were further intensified by the development of integrative and eclectic therapy that themselves became 'bedevilled with philosophical, ethical, scientific and practical problems' including the 'rivalry between different forms of integration' (Clarkson 2000, 306). The debates often led to disparaging statements about other schools of thought. Hollanders (2000) refers, for instance, to Perls' comment that psychoanalysis is 'crap' and 'Clarke's caricature of the work of Ellis' (Hollanders 2000, 2).

## Research disputes

The disputes soon encompassed research, leading to 'yet more fragmentation, polarization and conflict' (Lees, 1999, 10). These disputes began around the middle of the century with the psychologist, Eysenck's seminal critique of therapy in 1952 in which he asserted that there was no evidence that therapy (and, in particular, psychoanalysis) made people any better. But they often took on an accusatory and polemical tone. For example, the practitioner/researcher Meehl (1997, 94) stated, in no uncertain terms, that 'if I insist that my anecdotal impression must prevail, I am not being merely arrogant and unscholarly, I am being immoral'. Others, such as Rose (2000b, 107), suggest that therapists who fail to base their work on such methods are indulging in a form of hubris, which, due to their arrogance and indifference to efficacy research, are likely to bring about the nemesis of the profession. This had been preceded by another article (2000a, p.40) in which she said that 'counsellors who do not accept the overall principle of evidence-based practice may be viewed as being more interested in cherishing their own beliefs than practising in the best interests of the client.' Meanwhile others took a diametrically opposed view. Holmes and Bateman (1995, 243) cite a 'prominent analyst' who said that 'each time I take on a new patient, that constitutes a fresh research project'. Guntrip (1973) stated that Freud's clinical observations of psychic experiences are 'verifiable matters of fact, turning up again and again in the widest variety of persons', thereby giving them 'permanent validity' (Guntrip, 1973, 7) and that therapy is so individualized it is difficult, if not impossible, to study it using normal experimental methods. Similarly, Arlow (1984, 24) asserted that the psychodynamic tendency to link present difficulties with early childhood experience 'is not a theory; it is an empirical finding confirmed in every psychoanalysis.'

Broadly speaking the disputes about research can be divided into two camps – on the one hand the scientist practitioner model using quantitative methods to analyse the

outcomes of therapy (McLeod, 1999, 13), which is now linked with evidence-based practice (EBP) and an approach that favoured evidence based on clinical experience (traditionally written up in the form of case studies). Evidence-based practice was first introduced into clinical discourse in 1992 by the Evidence Based Medical Working Group (EBMWG). They referred to a 'new paradigm' and encouraged clinicians to use the research literature 'more effectively' in order to apply research findings to their everyday clinical practice as a result of critical appraisal of 'the methods and results sections' of relevant research studies. Such research is usually undertaken by senior academics who may or may not have experience of practice. The research that they undertake then forms the basis of any advice which is given to clinicians about the best forms of therapeutic technique for different presenting problems. In other words clinicians are advised to extract 'the clinical message' and apply 'it to the patient problem' (Evidence-based Medical Working Group, 1992). In contrast research done by practitioners has been based on data that is collected in a variety of ways, including audio recordings, video recordings, memory and, as is often the case, 'notes taken by the counsellor [or psychotherapist] after sessions' (McLeod, 1999, 35). This form of research, which typified the profession throughout the twentieth century, informed assessment on training courses, accreditation processes and followed, more or less, the view first enunciated by Freud in relation to psychoanalysis in his so-called 'conjunction statement'; namely, that 'In psychoanalysis there has existed from the very first an inseparable bond between cure and research... Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic pastoral work that we can deepen our dawning comprehension of the human mind' (Freud, 1927, 256).

The gap between the two approaches is, according to McLeod (2001), a relatively recent phenomenon: 'Over the last 30 years, research and practice in counselling and psychotherapy appear to have drifted slowly but steadily in different directions' (McLeod, 2001, 4). Others have also identified the growth of this phenomenon, referring to it variously as the 'divide between the academy and the consulting room' (Clarkson, 1998, 13), the theory-practice gap (Freshwater, 2000, 5), a 'troubled marriage' and the 'gulf between depth psychology in the academy and depth psychology in the clinic' (Samuels, 1993, 5).

### Continuing developments

Despite such ongoing internal disputes the profession continued to grow and develop in the latter part of the twentieth century, mainly owing to the development of counselling, which made talking therapies more broadly accessible to the general public. By the 1970s counselling was largely a voluntary activity and training was primarily undertaken by a variety of independent organizations. By 1980 the membership of the British Association for Counselling and Psychotherapy (BACP)'s parent organization (the BAC) was approximately 1,000 members. Furthermore, counselling was seen as little more than an unsophisticated listening activity that did not require an intensive training. Psychotherapy, on the other hand, was typically conducted by a small number of practitioners in private practice or consultant psychiatrists in hospitals, usually following a psychoanalytic orientation. In effect counselling hardly existed and psychotherapy was a specialist and limited profession. However, this rapidly changed towards the end of the twentieth century. By the mid-1990s the mem-

bership of the BACP numbered some 16,000 people. During this period self-regulatory accreditation systems developed within the main professional bodies and counselling and psychotherapy training expanded in universities leading to an increase in senior academic appointments in the field. There was also a growth in the number of theoretical approaches (numbering some 450 according to Corsini, cited in Clarkson, 1996, 143) which Messer (1987) referred to as resembling a 'Tower of Babel'.

Since the mid-1990s the profession has doubled in size with, for example, membership of the BACP rising from some 16,000 to its current figure of about 32,000. Furthermore, during this period it has had an increasingly public profile and this is changing the orientation of the profession and the nature of professional discourse. Instead of the internal disputes about theory, clinical practice and research the disputes are now, as described in the introduction, about the nature of the profession itself and its relationship with society at large. This is a radical and far-reaching change of emphasis.

## CURRENT CHALLENGES

I would describe the change of emphasis that has taken place within the profession over a relatively short period of about ten years as a shift from the 'Freud Wars' or, more broadly speaking, the 'Paradigm Wars', to a new phase of 'Identity Wars'. Therapy professionals, and others as well, are now posing questions about the nature of this relatively new profession, both explicitly and implicitly, including its position, and relationship with, society at large. This situation was anticipated almost ten years ago by the late Petruska Clarkson. She referred to a time when it would be important 'to be self-reflexive', develop 'an ability to consider meta-theoretical issues' and establish an 'openness to explore the philosophical assumptions, value commitments and ideological bases of even our firmest "scientific" findings' (Clarkson, 2000, 308). This time has now come. The reflexive examination of the profession's nature and reflection on its philosophical underpinnings is now taking place. It covers, as discussed, several interconnected themes such as our response to government policy (in particular, regulation and the government promotion of evidence-based practice and, as a result of this, favouring cognitive behavioural therapy), the relationship between therapy and social life, our position in regard to the impact of global conflicts on mental health, the most appropriate methods for building the research base of the profession, the relevance of the medical model and ecological issues.

The current identity wars form the broader context of our book, which is essentially concerned with one of the main issues of contention, namely, research. Having said this, the views expressed in the book are also relevant to the other aspects of the debates and disputes, such as regulation, research and social responsibility. It focuses on one issue that is common to all of these areas of contention, namely the position and influence of the practitioner in shaping the profession as it emerges from its introspective phase and takes its position in society.

As regards research, the government's support of evidence-based practice means that scientist-practitioner methods have become dominant and the traditional forms of research undertaken in the profession in the form of case studies hardly feature in such research journals as *Counselling and Psychotherapy Research*, formed in 2001, or the longer established *Psychotherapy Research*. However, in contrast to this trend, we argue in the book

that the research possibilities within the profession are broader than is usually portrayed and so there is a need to establish a greater balance. Having said this we recognize the limitations of the subjectively driven case studies that typify the history of research within the profession – such as the fact that they were often written rhetorically to further arguments within the Freud Wars or the Paradigm Wars as opposed to being serious attempts at scientific evaluation. However, we also argue that the methodological position that underpins these case studies could be developed further to meet acceptable research standards and that this can make a significant contribution to the further development of the profession by expanding the epistemological range of research methodologies used within the profession. For instance, we advocate approaches to research that are undertaken by practitioners using ‘psychotherapeutic’ methods in order to counteract the danger of losing the practitioner voice in this new climate.

As regards regulation, the issues are similar. They revolve around the issue of who will do the regulating – practitioners themselves or the government. Some take the view that the government proposals will destroy the heart of the profession, saying, for instance, that, in person-centred terms, it will affect the ‘self-authority, self-responsibility, and the right to self-determination’ and will replace this with ‘a greater degree of external authority’ based on ‘a set of external structures and processes’ (Rogers, 2009, 26). In person-centred terms an internal locus of evaluation will be replaced by an external locus of evaluation. Such people thus argue for regulatory mechanisms that are conducted responsibly by practitioners themselves based on the work of such organizations as the Independent Practitioners Network. In contrast the supporters of regulation say that, after an initial upheaval, therapy will continue very much as it is today with the additional advantage, for the client, of protecting him/her more robustly and providing information about what to do if things go wrong (Coe, 2009, 13). The essential issue, once again, which dominates the debates, is the role played by practitioners. Are practitioners competent, and the best people, to evaluate good practice (internal locus)? Should it be done by outside agencies (external locus)? Or should there be a combination of internal and external scrutiny?

As regards social life Morrall (2009) accuses therapy of being ‘dysfunctional, arrogant, selfish, abusive, infectious, insane, and deceitful’ on the grounds that it fails to tackle ‘human suffering and social injustice globally’ and shows ‘lack of social awareness, social contextualizing and social responsibility’ (p. 10). Others, like Bushell (2009) and Clafferty (2009), point out that such arguments fail to recognize the nature and scope of therapy. The fact that therapy concentrates on individual development does not mean that therapists are indifferent to ‘the obscene global inequalities and multi-faceted mess that we are in as humans’ (Bushell, 2009, 42). Furthermore one of our tasks is to empower clients to take control of their lives in various ways but ‘whether they then feel empowered to enter the political arena is up to them and beyond the therapist’s remit’ (Clafferty, 2009, 41). Indeed, once again, this touches on the role of practitioners as the profession enters a new phase of its profession’s development. Can practitioners be trusted to empower their clients to develop socially responsible and aware attitudes or not?

As the profession emerges from the introspective focus of the last hundred years, comes of age and begins to take a position in society at large, who will shape its identity: practitioners themselves or the government, the HPC, sociologists, academic researchers or clients? Whatever the outcome of the present identity wars, our view is that the practitioner



view must be heard and so this is a central focus of the book. We will discuss this more fully in the following section.

## **PRACTICE-BASED RESEARCH AND THE PROFESSION TODAY**

There are different views about practice-based research. For instance, McLeod (1999) speaks about practitioner research in his book entitled *Practitioner Research in Counselling*. However, he views it differently to us. His book includes some elements that are similar to ours, such as the desirability of working towards a form of professional discourse in which practitioners are ‘no longer defined and controlled by dominant cultural narratives or knowledges, but are more able to resist them and find alternative voices’ as a result of engaging in research (McLeod, 1999, 1). However, our means of achieving this are different. McLeod’s book includes an overview of just about every approach to research – both qualitative and quantitative – including the methods we cover in the book. But, whilst the pluralistic all-encompassing nature of this approach is in many respects commendable, it views practitioner research as a form of research into practice-orientated topics without necessarily giving any significance to the methodology being used. Yet we refer to practitioner research as building on the skills of practice and, as a result of this, encouraging the use of methodologies that develop naturally out of practice. We are also concerned with an approach to research that promotes transformation and emancipation. We are concerned that the knowledge-generating nature of many so-called ‘practitioner research’ projects could have been undertaken by academic sociologists, psychologists or medical researchers, as opposed to those methods that we promote in the book, which could only be undertaken by practitioners themselves. McLeod’s book does not, in contradistinction to its claim, enable practitioners to resist the ‘dominant cultural narratives or knowledges’ of conventional research in order to find their own voice but, in an ontological, epistemological and methodological sense, actually reinforces them.

Another well-used principle in therapy research is the so-called CORE evaluation method. This involves the use of questionnaires that are administered by counselling agencies and practitioners and which are given to clients before and after therapy. The results of the research are then analysed remotely and returned to the agencies so that practitioners can develop an understanding of their clinical effectiveness. This is referred to as the practice-based evidence movement on the grounds that it places the evaluation in the hands of practitioners (see, for example, Barkham, et.al., 2006) by feeding back the results of the research to therapy agencies and therapists in order to inform practice. In contrast, traditional scientist practitioner methods may be undertaken by researchers who have never been in a consulting room and the results of the research are often imposed on therapists. Yet practice-based evidence is still quite different to the approach to practice-based research that we promote in the book. We specifically explore methods of research that are rigorous, involve the practitioner in undertaking the research itself, are concerned with empowering him/her, and have, as discussed, been traditionally developed within the profession itself (that is to say, by practitioners within the consulting room and which are usually expressed in the form of case studies, or case-related theoretical discussions). It is not only concerned with promoting practice development but also with raising awareness of social and political issues. In so doing we argue that such approaches to research have

a vital part to contribute to the future development of the profession especially at this point in its history.

Several years ago research meant, for many therapists, reflecting on practice and perhaps writing case studies or case-orientated articles. So the current EBP climate requires considerable adjustment for many of us. In research terms we now have to contend with the language of outcome research, process research, clinical audit, empirically supported treatments, systematic reviews, RCTs, the hierarchy of evidence, NICE, IAPTs and, above all else, evidence-based practice. The question of regulation by the HPC brings about the language of 'quality', 'standards', 'assurance', 'audit' and the like into professional life. Yet, as Stronach (2000) says (in his work on education where there have been similar developments), it is the language of 'business management' and is based on notions of 'administrative control located outside the profession'. From a sociological perspective such developments, in the words of Jurgen Habermas, represent a colonization of the lifeworld (that is to say, the therapy profession itself) by the system (the government quangos). It is an approach to practice in which professional life is becoming increasingly run by administrators. The lifeworld of our professional activity is being 'colonized' by the powerful academic systems that influence policy and decision-making and the bureaucratic systems that arise out of this (Finlayson, 2005). The language and procedures of the system generally reduce the complexity and subtlety of human behaviour to a list of criteria so that professional standards can be maintained by administrators and bureaucrats rather than practitioners themselves.

The problem with such developments is that they treat researchers as thinkers and practitioners as doers (Tanenbaum, 2003). The researchers undertake the research, devise the criteria for audit, construct the hierarchies, provide the evidence, design and establish the standards and the practitioners do what they are told. However, in contradistinction to these developments, we view practitioners as both doers and thinkers. Many of the contributors to the book are working in practice settings. Yet they have important things to say and we take the view that their voice must be heard more strongly if the profession is to achieve balance as it moves into a new phase of its development. Will practitioners be able to help it to find its identity within society at large or will their views be swept aside?

## CONCLUDING THOUGHTS

The book adopts the view that the dominance of one paradigm is unhealthy. So it has the fundamental aim of establishing a more balanced approach to healthcare research and practice in which the voice of the practitioner is accepted as having equal validity to that of the academic and bureaucrat. We want to promote an 'epistemology of practice' in order to counterbalance the notion of 'technical rationality' that underpins the dominant paradigm (Rolfe et al., 2001). In so doing we adopt a distinction between the conventional intelligentsia who produce and reproduce the professional systems that we mentioned earlier but which result in most practitioners being dominated by a small minority and a 'practitioner researcher' intelligentsia who are constantly reflecting on their practice in an informed and clinically valuable way but are not recognized by the conventional intelligentsia (Holmes, 2002). We believe that the latter group of professionals can provide a counterbalance to the dominant paradigm and enable all researchers and practitioners to reflect vigorously on their profession and the knowledge systems underpinning it.



In order to achieve its aim the book is written in a style that is easily accessible to any healthcare practitioner, researcher or academic (and even people not working in the field). It will both be relevant to the work of the general healthcare practitioner and yet will also satisfy the need of researchers by enabling them to go beyond the framework of the dominant paradigm as a result of bridging the gap between research and their experience of practice.

Some of the authors speak from the position of the marginalized professional. Indeed the book touches on the difficulties arising out of such experiences. Overall it has a transformational aim because it is our belief that researching into our experiences in order to transform them is an essential and ethical need in training and professional development. It can be transformational for the author but also for professional and academic life as a whole. As regards methodology, the book will incorporate a storied approach to research – a mix of reflexive and narrative methods as well as critique. This is relevant to, and closely connected with, everyday practice and addresses John McLeod's remark that, with reference to surveys in the US: 'books and articles on research were given low ratings in terms of relevance for practice, in comparison with sources of information and learning such as colleagues, supervisors, personal therapy and clients' in spite of the fact that therapists in the US 'undergo a highly research-orientated training' (McLeod, 1999, 6). In contrast to this the book is meant to be relevant to practice and ongoing professional development and to be accessible to a wide variety of researchers.

The book can be distinguished from most of the books in the reflexive and narrative research tradition for two reasons. First, it emphasizes the importance of enabling practitioners to critically examine their experience and ultimately transform society. Its reflexive emphasis thus has an explicitly outward societal, as well as an introspective, orientation. Second, and connected with this point, it is concerned with ways of thinking about research and so is not just about how to undertake research. It implicitly challenges the limited epistemological and ontological assumptions and premises of the dominant research methodologies and the way in which they influence how we see our work.

We believe that the climate is ripe for a realignment of the culture of professional and academic life in the therapy and healthcare professions in general and the therapy profession in particular. Consequently this book is a forerunner for what we believe will be an increasingly important approach to professional life in the years to come.

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