

Power, Diversity and Values-Congruent Accountability in the Psychological Therapies: Report on an Emerging Dialogue

RICHARD HOUSE, University of Roehampton
PREVIN KARIAN and JULIA YOUNG, Private Practice

ABSTRACT *This part-academic and part-dialogic paper is based on a seminar discussion of the same title, in which about 20 delegates participated at the annual PCSR Conference, “We’re all in this together”? – Power, Inequality, and Diversity’ held in London in May 2011. Three of the participants agreed to collaborate via a collective ‘e-forum’ in writing up the following report and extending the initial discussion, in which we attempt to convey the richness and diversity of the workshop’s enlivening conversation. With the recent demise of the long-mooted state regulation of the psychological therapies field via the Health Professions Council, the responsibility for engaging fully and non-defensively with the issue of accountability has thankfully now passed to the ‘psy’ field itself. Our discussion touched on many of the challenging and complex issues which any engagement with accountability must address, including the historical and cultural location of the ‘accountability’ notion itself; to whom therapists should (if at all) be accountable; how issues of power are inevitably played out, often unconsciously, in any accountability process; and what a values-congruent approach to accountability might look like as a practical possibility for the field. The writing of this paper was a non-hierarchical, collaborative process, aiming to represent our differences openly and creatively, and yet also seeking some common-values ground from which we can seek to create a way of thinking about accountability which stays true to our core values, rather than betraying or subverting them. There is no pretence here that we are offering any neat conclusions or programmatic ‘quick fixes’ to the highly complex ‘accountability’ question. The inevitable result of our collaborative journey is therefore a somewhat uneven text, but one which we hope helps to stimulate a multiplicity of dialogues, discourses and creative thinking on these complex issues of accountability in our field. Copyright © 2011 John Wiley & Sons, Ltd.*

Key words: psychotherapy; counselling; accountability; audit and surveillance culture; values-congruent regulation; pluralism

Where there is a genuine need for structures, we should develop structures that foster our values rather than betray them. (Juliana Brown and Richard Mowbray)

*Correspondence to: Richard House, Department of Psychology, University of Roehampton, Holybourne Avenue, London SW15 4JD.
E-mail: richardahouse@hotmail.com

INTRODUCTION

A central aim of the workshop held at the PCSR Conference, ‘We’re all in this together’? – Power, Inequality, and Diversity, in May 2011 was to open up a conversation about accountability in the psychological therapies, in the context of the recently failed project of Health Professions Council (HPC) state regulation of the ‘psy’ field in Britain – though we maintain that these are issues that have major relevance throughout the global field of the psychological therapies. (By the short-hand term ‘psy’ we are simply referring to the broad field of the psychological therapies: counselling, psychotherapy, the arts and play therapies, and counselling psychology.)

The workshop began with the facilitator (RH) and the other participants briefly introducing themselves, and saying what had brought them to the workshop. The workshop ethos was explicitly participative, pluralistic, non-hierarchical, and co-created by all participants – a kind of mini Co-operative Inquiry (Heron, 1996) into the subject under consideration. Five contextualizing questions were then posed to the group, which we were encouraged to read and suggest changes to, if anyone felt they could be improved upon. The questions were as follows:

1. What *is* ‘accountability’, in terms of its status as a culturally constructed and historically located notion of/in Late Modernity? – noting the importance of not just taking the category for granted as an unproblematic given.
2. When we reflect on the term, what, for us, are the assumptions, beliefs, ideologies, feelings etc. that accompany the notion of ‘accountability’?
3. How do issues of power insinuate themselves into the notion of ‘accountability’? – e.g., perhaps in terms of Starhawk’s notion of ‘good’ power (power *with*) and ‘bad’ power (power *over*) (Starhawk, 1987).
4. Is it possible for us to specify some core values of therapeutic work to which we can all broadly subscribe? – say, three to five?
5. Given the latter, what might a values-congruent approach to accountability then look like as a *practical possibility* for the psy field? Is it necessary that any such accountability framework be universal across the field, or is a pluralistic approach to accountability feasible and/or desirable?

The intention, then, was to open up a reflective space for looking together at the kinds of psychodynamic and existential issues that might be underpinning and driving our cultural and professionalized preoccupation with ‘accountability’, audit and ‘evidence-based practice’ in psy work (e.g., House, 2011a,b; Power, 1997; Cooper, 2001; Parallax, 2004; London Society of the New Lacanian School, 2007; King and Moutsou, 2010; Rogers et al., 2011). With the welcome demise of HPC-centred state regulation, British therapists (amongst whose number we count ourselves) have now been given a welcome, if challenging opportunity to put their own ‘accountability house’ in order, and to find values-congruent ways of securing and enhancing the quality of our therapeutic work, without killing the ‘therapeutic goose’ via legalistic, medical-model practices that arguably do a kind of violence to the subtleties and complexities of psy work at its best.

Finally, a note about procedure. We adopted an eclectic approach, whereby the workshop facilitator first initiated the writing process with a summary of the issues that came up as

he saw them, and the text was then circulated to the other two participating group members, for them each to add to or amend the foundation text. After a number of iterations of this process, we all then participated in the honing of the final text into a paper by which we could all stand.

ENCOUNTERING ‘ACCOUNTABILITY’

In his book *Beyond Good and Evil*, Nietzsche (1998, 85) writes of a lack of independent people, where he considered everyone is born with a need to obey. It could therefore be argued that the psy profession is simply pursuing a very human tradition in at least some of its members wishing to embrace some form of accountability/rules, upon which we can all agree; yet accountable to whom, or to what, is a very valid question.

Our group spent some time, first, considering what ‘accountability’ might mean – perhaps being one of those culturally promiscuous terms whereby everyone pretty unthinkingly assumes they know what it means, until people actually begin to think more carefully and for-ensically about what it could conceivably mean (and what its invoking might also be silencing). As well as definitional questions, an issue that also came up strongly was accountable to whom? – as there are a number of different possible vectors of accountability: towards the state, towards a professional body, towards our clients, and towards our own consciences and ethical sensibilities.

A personal vignette

Having worked for Adult Services for eleven years, and as a member of a multidisciplinary team within GP surgeries for two years, JY has noticed how professionals in the NHS and in local authorities appear to lack a clear understanding of what the psy profession truly offers, and where counselling and psychotherapy fit within the local community. There was a major concern that funding crises appeared to be driving decision making so that client need was lost under budgetary agendas, thus steering our therapy work towards an accountability process that threatens to stifle the innovative practice that we believe to be the very life-blood of the work. We cannot help wondering just how meaningful or appropriate it is for didactic accountability procedures to be applied to, or institutionally imposed upon, psy work when the vagaries of the political process itself can have much more wide-scale deleterious effects upon client well-being than any alleged harm done by ‘rogue’ practitioners.

Following a meeting in May 2011 of one county council, it removed ‘Moderate need’ from the eligibility criteria with which Adult Services would be required to work (West Sussex County Council, 2011). They cited the taxpayer as the arbiter of this decision (one could perhaps substitute ‘voter’ here), despite a local counsellor reporting that no study had been undertaken to explore the possible consequences of this decision, and receiving a petition signed by some 20,000 local residents challenging the motion. Suddenly, accountability to the need of the individual was removed and replaced with the needs/interests of the ‘taxpayer’.

Institutional violence and abuses or misuses of power in such managerially driven procedures raise the question of who is accountable to whom in the psy field. The evidence would

suggest that financial and political agendas necessarily dominate institutions, rendering them, at best, a dubious source of legitimate authority in the accountability sphere.

ACCOUNTABILITY VERSUS ETHICS

There seemed to be an unresolved tension in the group regarding the vectors of accountability, where the varied viewpoints appeared to reflect the different working environment of those who spoke. Those within the National Health Service (NHS) or working within Improved Access to Psychological Therapies (IAPT) argued that there was still not enough accountability within NHS psychology departments; and that whatever its limitations, at least the IAPT initiative was an attempt to bring therapy to the general population in need. Here, structured accountability in the rollout of programmes, managerial documentation and formal departments seemed essential for therapy to be situated and given some working room and credibility within the NHS. There were others who expressed the anxiety of perilously working alone in the independent or private sector. The sometimes challenging experiences of client transferences seemed almost to demand outside supervision as an obvious means to achieving accountability and an essential aspect of working practice. Furthermore, collusiveness between clients and therapists within what can become co-dependency relationships – the notorious *folie à deux* – was also cited as a reason for accountability being located outside of the practising therapist and in supervision. In all instances, accountability was located outside of the practitioner–client relationship in either a hierarchical or quasi-patriarchal power structure, where the vocabulary of ‘supervisors’ or ‘consultants’ disguised a ‘superior–inferior’ administration and enforcement of accountability. Time constraints did not unfortunately allow discussions about the organizational enforcement of ‘codes of ethics’ and their construction, as another aspect of accountability.

One participant, however, asked: ‘Who supervises the supervisors?’ This issue is arguably the heart of the problem with accountability structures that are located outside of the client–practitioner relationship. When accountability is located outside of the practitioner, a devastating psychological undermining of the client–practitioner therapeutic relationship can take place, founded on an assumption that supervisors, consultants or outside accreditors can themselves be free from their own transferences or creating infantile/docile compliance and dependency relationships. Where practitioners surrender their intuitions, judgements, processes, thinking and feeling to the authority of the legislative external body, severe rupture can take place in their psyche and that of their clients, who at some level will know they have somehow lost a meaningful connection with their therapist, the work and themselves. In the worst case, external supervisory accountability overrides and dominates the sensibilities and development of the session as an intrusion of external power into the privacy and confidentiality of the client space (see, for example, the pithy articles in Postle and House, 2009). The typically unvoiced reality is that any external authority is as capable of corruption (blind doctrinal, defensive or punitive practices), transferences and dependencies as is the therapeutic relationship that it claims to be monitoring and controlling between client and practitioner. Indeed, supervisors may be more vulnerable to unconscious narcissistic behaviour, including even depravities and sadistic inhuman abuse, than their supervisees because of the power-centred and hierarchical structures within which they work. In short, their professional status and power may mean more to them than what is happening in the client–practitioner

relationship. We are not arguing that what we prefer to call ‘inter-visory’ consultations between psy practitioners are not useful in helping to enhance the quality of therapy work – merely that the idea that effective accountability can somehow be *guaranteed* by such a framework, in preference to a plurality of other possibilities, is naïve and misleadingly unrealistic.

Rule book after rule book has failed to eradicate corruption within those who exercise power. Law and external accountability may limit, but profoundly fail to address, the core of the problem that sits within accountability. For we maintain that accountability is not a problem of ‘supervision’, of outside monitoring, external authority or rule books – it is a failed attempt to address the problem of *ethics*.

PK suggested that ‘accountability’ was a concealed discourse of power and domination requiring submissive compliance to function, while masquerading as an attempt at injecting ethics into the psy professions. The real discourse of ethics could not even begin because of its highly problematic status in the therapeutic field and its relational core of client–practitioner which often becomes invisible in such discussions. Instead, a hierarchical and top-down managerial legislation is taking place in professional bodies, with its worst effects felt in the adversarial, highly punitive trial and prosecute/persecute complaints systems which are fundamentally antithetical to the relational field of therapy (see Karian, 2010). While there was protest in the psy field to this embodiment in the HPC, the impulse to surrender judgement and authority to external and hierarchically superior bodies, as mentioned above, remains powerful in discussions of accountability and ethics.

Indeed, such is the power of the ‘accountability discourse as external authority’ that the group struggled to discuss the problematic of an alternative ethical discourse, *qua ethics*, for the client–practitioner relationship in therapy. Likewise, the voice of the client in ethical formulation made a brief appearance before vanishing into the heated needs for external sources of accountability. The notion that the client has ethical rights within sessions has always been a potential inversion of the implicit power assumptions in therapy, and this was reflected in our attempts to grapple with the topic. PK attempted a consumer-rights perspective to create a platform for the client’s voice with the possibility of leading to a Client’s Charter – a market-led consumerist (rather than a Levinasian) attempt to include the client in forming an ethical vocabulary and ethical process for therapy. PK also voiced a preference for a peer relational field of supervision (see Postle, 2007, for a full articulation of peer-based ethics) as proposed by the Independent Practitioners Network (IPN) to replace the retrospective, belated and adversarial trial-and-punish proposals currently sported by the majority of professional therapy bodies (Totton, 2011). The appeal here is that there is more room for admissions of difficulties and failures where the practitioner works in a safe but challenging and supportive relational setting. One key way in which relational support from peers may be more effective in preventing abuses of clients is because it helps to create transparency. More importantly, this approach locates the responsibility for ethics within the therapist, within the sessions, and within the dialogue between client and therapist. However, the core focus on the client–practitioner relationship as the basis of ethics was a difficult one to maintain.

Thus the problematic of forming an ethical discourse, centred on the relationship between client and practitioner rather than on the needs of external authorities generating their own particular versions of accountability, felt unresolved. While the specific discussions of ethics

in the psychological field are beyond the scope of this paper (see, for example, Gordon, 1999), the difficulty in holding the centrepiece of the client–practitioner relationship as the basis for ethics and ethical formulation was usefully illustrated by the group.

We also found ourselves asking whether writing a paper like this one, that ‘intellectualizes’ the issue of accountability, might necessarily remove it from the relational and the emergent (where, arguably, it rightly belongs), placing it instead within the theoretical field, and thus transforming what needs to be an open, relatively axiom-less commentary and engagement into a programmatic matter of rights and wrongs. One can easily be left feeling that to speak from a true, felt sense that does not have theoretical statements to back it up reduces one’s argument to the status of superficial tabloid journalism. Yet don’t we encourage our clients to express themselves from their core, and be truly who they are, even if those around them disagree? In true cognitive behavioural therapy (CBT) style, as mentioned by Greenberger and Padesky (1995, 89–109), we search for the ‘balanced’ argument and thus run the risk of diluting the strength of our ‘hot’ thought, in favour of our studied professionalism. In this more humanistic stance, accountability is suggested to emerge between client and therapist as part of a values-forming encounter and exploration, rather than a defined and legalized commodity.

ISSUES OF POWER, AND SHARED CORE VALUES OF COUNSELLING/THERAPY

We only briefly touched upon issues of power in the workshop itself, so this paper gives us some space to expand upon the place that power has within this discourse and discussion. Some members of the group struggled with safety and power issues with regard to both clients and practitioners, where some form of accountability was not present.

They wondered whether it was only within statutory or institutional bodies that this could truly be honoured; perhaps looking towards Fromm’s (1995, 51) perception of fatherly love that makes demands, and establishes principles and laws, which must be obeyed.

There appears to be an assumption within this drive towards accountability that if the psy profession were to be placed under the banner of a reputable organization such as the United Kingdom Council for Psychotherapy (UKCP) or British Association for Counselling and Psychotherapy (BACP), all would be well. However two letters in the BACP house magazine *Therapy Today*, written by Musgrave (2009) and Evans (2009), suggest how little the BACP had listened to its members at that time, appearing to drive ahead with a belief in the rightness of regulation. James Hillman writes, however, that:

Power wants trouble; power as the play of forces enjoys the reluctant complexes that will not submit, the team member who won’t just adapt, the disobedient son who challenges decisions. These components of any system serve the power of the whole, keeping it in a state of high tension. In any system, whether a corporation, a family or the inner arrangements of the human psyche, a vigorous ‘no’ to the good of the whole may serve the good of the whole and increase its power even more than a compliant ‘yes’. (Hillman, 1995, 146–7)

JY also dislikes the accountability framework of official bodies, preferring the approach of the IPN, where ongoing peer supervision takes place and difficulties are worked with on

behalf of both client and counsellor so that solutions can be found, rather than functioning within a blame culture (House, 2004; Totton, 2011). This requires a letting go, rather than a grasping hold of rules and ideologies, in the (quite possibly self-servingly deluded) belief that they somehow offer a safe place for our various practices. For authentic, values-congruent accountability to emerge, we maintain that statutory bodies such as the NHS and Adult Services, along with professional bodies including the BACP and UKCP, will eventually need to relinquish their power bases; and until this can happen, it may well be that a vigorous ‘no’ to didactic accountability is the only values-congruent option we have. In other words, rather than locking ourselves into the assumptive discourse of needing to choose from a menu of accountability options, perhaps we also need to place ‘post-accountability’ or even ‘no accountability’ on the menu, too.

At the risk of entering into the very modernist, programmatic kind of discourse from which we agree we need to extricate ourselves, the tentative suggestion was also made in the workshop that we attempt to define some core foundational values of therapy practice by which we could all stand, and from which place we could then begin to consider what kind of accountability process could conceivably be consistent with those values. From both the workshop and then in our subsequent collaborative writing venture, we agreed the following tentative list of core values for our work:

- therapy is a hermeneutic, meaning-discovering and/or meaning-creating process, making it far more akin to a relational *art* than a science (e.g., Frank and Frank, 1991; Berger, 2002);
- therapy privileges ‘the emergent’ in the work – that is, ethical therapeutic practice, as we conceive of it, cannot be protocol driven, and so does not specify *at the outset* what the goals, targets or outcomes of therapy are or should be; rather, an ‘opening-up’ space is created in which the issue(s) that are of concern for the client can emerge in the course of the work, with the therapist being as open as he or she can be to whatever issues the client/patient might wish to raise;
- any change process or experience within therapy is intrinsically unpredictable and uncontrollable via the kinds of ‘modernist’ control agendas that typify therapy when conceived as a medical-model, remedial technology;
- therapy strives to transcend sectarian ‘schoolism’ (Clarkson, 1999) and doctrinaire allegiance to any one modality approach, but rather, to privilege a non-defended openness and flexibility when working with the emergent;
- therapy is non-utilitarian, in that it does not necessarily entail any wish to maximize ‘happiness’ or ‘well-being’ (e.g., Taylor, 2001; Woolfolk, 2002; Pilgrim, 2009; van Deurzen, 2009);
- therapy practice should be *values* based rather than evidence based (McCarthy and Rose, 2010), whereby the totems of positivist science are not uncritically privileged over values and ethics; and finally,
- therapy needs to be critically and reflexively located within its evolving historical, cultural and paradigmatic context (e.g., Levin, 1987; Cushman, 1995), and on an ongoing basis.

‘The emergent’ is an especially important aspect of this list of core themes. A number of other writers have recognized its importance, albeit in different contexts. Salzberger-Wittenberg et al. (1983, 58), for example, stated that real learning and discovery emerge when a state of not knowing can be tolerated for enough time to allow all of the information harvested by the

senses to be absorbed, taken in and explored until some meaningful pattern emerges. And in comparable vein, and within the education field, Fendler (1998, 57) makes a very similar point that speaks to the centrality of ‘the emergent’. Below is reproduced an aspect of her incisive critique, substituting ‘therapy’ for ‘education’ terms:

Now there is a reversal; the goals and outcomes are being stipulated at the outset, and the procedures are being developed post hoc. The ‘nature’ of the [client’s experience] is stipulated in advance, based on objective criteria, usually statistical analysis. Because the outcome drives the procedure (rather than vice versa), there is no longer the theoretical possibility of unexpected results; there is no longer the theoretical possibility of becoming unique in the process of becoming [‘treated’] . . . In this new system, evaluation of [psychotherapeutic] policy reform is limited to an evaluation of the degree to which any given procedure yields the predetermined results . . .

A further question concerns where the therapist is left who works spiritually, and who embraces the transpersonal in his/her practice. He or she may be both aware and unaware of the therapeutic value of some interventions which, while happening in the here and now, can sometimes take years to come to fruition, perhaps well away from the therapeutic relationship. Jung (1995, 178) spoke up for this aspect of his practice in direct disagreement with Freud, providing therapists with a rich palette from which to work; yet, we might ask how spirituality can be quantified/made accountable within counselling, where ‘God’ (however understood) is in some sense in charge of ‘outcomes’, and not man?

ACCOUNTABILITY AND THE WORLDVIEW UNDERPINNING ‘IMPROVING ACCESS TO THE PSYCHOLOGICAL THERAPIES’ ET AL.

It seems that we must inevitably address the question as to whether the *soul* of therapy (Edwards, 1992), as we conceive of it in this paper, can be preserved in the face of the ideologies and associated practices that are entailed in the IAPT programme, the National Institute for Health and Clinical Excellence (NICE) guidelines, Skills for Health, and so on. There already exists a growing body of literature within the psy field that is answering a resounding ‘No!’ to this key question (e.g., Mollon, 2009; Samuels and Veale, 2009; King and Moutsou, 2010; Risq, 2011). At this juncture, it will be useful to consider some of the assumptive ideologies underpinning institutional approaches to accountability issues, as they have manifested in recent psy history in the UK. We assume that the kinds of problematic dynamics we draw out in the following discussion will have relevance in countries far beyond the UK, where issues of accountability and regulation are also being pursued.

A key question is, ‘what might a quasi-didactic accountability framework do to the kind of values that many would surely agree are at the heart of the psychological therapies?’ – e.g., subjective and intersubjective experiencing, personal growth and potential development (rather than the ‘treatment’ of ‘psychopathology’), an orientation towards client empowerment, a commitment to ‘post-hierarchical’ client–therapist relationships, privileging client uniqueness, and social and relational embeddedness (Cooper, 2009) – for such values would likely be under grave threat in any centralized accountability regime.

There is also the neo-Winnicottian argument around the notion of a ‘false professional self’ (House, 2010), which surely has much relevance to a situation in which professionals have little or no choice but to fall in with external compliance demands, irrespective of the impact that those demands may have upon their practice. In Rogerian terms, one might say that such professionals would tend to experience a shift from an internal towards an external locus of (practitioner) evaluation – arguably the very opposite direction that one would expect to obtain in a healthily maturing practitioner identity.

In the course of the struggle against HPC-centred state regulation (see Postle and House, 2009), a number of arguments were made about the way in which such regulation would have been highly problematic for the psy field. Thus the HPC arguably embraces an alien disciplinary framework, conducting its proceedings in a very public, adversarial, quasi-judicial framework which is wholly antithetical to therapeutic values. There are also questions about the extent to which the HPC is run by people who do not really understand the subtle and diverse field of the psychological therapies, and the subtle distinctions that inform ‘trans-modern’, non-medical-model client work.

It also seems very likely that a majority of psy practitioners strongly subscribe to a non-medical ontology upon which they base their practice. HPC regulation could have easily placed the majority of practitioners into a position of ‘professional cognitive dissonance’ to state-impose (without meaningful and inclusive negotiation) the designation of ‘health profession’ on to their practice. Moreover, this could have particularly negative consequences for an activity in which authenticity and congruence are seen as crucial characteristics of practitioners’ core professional identity.

There is a widely acknowledged lack of objective benchmark measures in the psy field regarding outcome and ethics, an absence which is arguably *intrinsic* to the activity, and which therefore leaves these activities especially vulnerable to pernicious complaints, the conveyor-belt pursuit of which the HPC and organizations like it (and their solicitors) have a major financial vested interest in perpetuating.

The drive to impose a state-sanctioned regime of accountability, and training compliance and proficiency standards via the HPC, was also fundamentally to misunderstand the nature of both the therapeutic process itself, and also the unique and intrinsically uncontrollable journey to becoming a practitioner (e.g., House, 2007). Such a ‘standardization ideology’, to which notions of ‘accountability’ are so susceptible, also contradicts one of the core values of psy work: for the government’s White Paper of several years ago (Department of Health, 2007) was shot through with the ideology of standardization – and all the associated violence that such a mentality threatens to perpetrate on the rich diversity of therapy practice across the field. For example, on page 85, para. 7.17 of the White Paper, we read the following extraordinary assertion: ‘... the Government believes that all professionals undertaking the same activity should be subject to the same standards of training and practice so that those who use their services can be assured that there is no difference in quality.’ The latter contains so many misunderstandings about and misrepresentations of therapy practice that it is difficult to know where to start.

Back in 1997, for example, the Senior Policy Advisor on regulation in the Department of Health, Anne Richardson, acknowledged publicly that psychotherapy was a hugely diverse ‘activity’ (her term; House and Totton, 2011, 9–10), so to refer to ‘*the same* activity’ in this context is essentially meaningless. Moreover, the phrase ‘the same standards of ... practice’

is again to misunderstand an activity that is intrinsically unauditible and uncontrollable through the kind of ‘managerialist’ definitional fiat routinely embraced by the HPC and their ilk. Finally, the very idea that it is appropriate and possible that clients be ‘assured’ that there is no difference in quality between practitioners’ ‘services’ represents a wholly inappropriate intrusion of normalizing consumerist values into therapy work.

More generally, the adoption of a ‘standardization’ ideology starkly lays bare the ‘modernist’ worldview that is informing those wishing to state-regulate the psychological therapies – an ideology which is arguably alien to the core values of our work (e.g., Cooper, 2009). This ideology is rooted in a normalizing, modernist worldview that, for many if not the majority of therapists, is to fundamentally misunderstand, misrepresent and even do a violence to core therapy values, which at their best are striving to transcend the crude bludgeon of modernity. On this view, it is the crucial postmodern subtleties and nuances of therapists’ activity that the standardization-obsessed policy-makers and state regulators seem either unable to grasp, or else are determined to ignore. This struggle is also part of a wider ‘paradigm war’ in modern culture, between the forces of modernity and those of trans- or postmodernity (e.g., Kuhn, 1962; Woodhouse, 1996).

Standardization ideology also makes another entrance with the preoccupation with shared agreement on safe practice, an approach which cannot but end up in the dead-end of lowest common denominator, ‘defensive’ psychotherapy (Clarkson, 1995), under which regime many clients will simply be unable to access the healing experience they need. At worst, we would have likely ended up with a programmatic kind of therapy that had become little more than an apology for the cultural status quo.

We maintain that the kinds of innovation and creativity that are essential in the psychological therapies (cf. the collections edited by House and Totton, 2011, and Bates and House, 2004) if this kind of healing practice is to evolve can only be compromised when state regulation cements in place an institutionally professionalized therapy practice that can then so easily become a status quo practice, largely reinforcing what is. Put differently, therapy work is subtle, highly complex, and in many ways ineffable; and by its very nature, we maintain that the state is quite unable effectively or appropriately to regulate or administer an activity of this nature.

Many if not most therapists also view their work as more of an art than a science – an activity that cannot be captured by a list of ‘competencies’ and ‘standards’, however elaborate; for at best, such a list can offer only a parody of actual therapy practice. Yet regulation and accountability as defined by civil servants and the state demand an ‘objective’ version of practice, even if this fundamentally falsifies its nature. Any attempt to impose a quasi-objective framework of standards and competencies not only stifles creativity in the field; it can also significantly compromise, or even damage, the therapeutic work with the client. Thus, in attempting to apply a predetermined set of external accountability principles to a particular individual client, the practitioner must necessarily override the client’s individuality and sacrifice the therapeutic process to the demands of a relatively fixed technique. This is ethically unacceptable for the principled therapist, as well as often being less than helpful therapeutically for the client.

There is the further argument that therapy, though usually in some sense helpful, is inherently ‘risky’: it cannot be (and should not be) made to conform to a ‘safety-first’ culture of centralized state regulation; and any attempt to do so can only degrade the quality of help offered, and encourage a limited kind of ‘defensive psychotherapy’. As Mowbray writes:

What is fostered by such circumstances is not a fertile and innovative field but conformity of practice based not so much on true standards . . . as on practitioner self-protection – the practice of ‘defensive psychotherapy’. Practitioners will do or not do things in order to avoid disciplinary action, malpractice suits and/or the invalidating of their insurance cover, rather than solely on the basis of whether or not the client would benefit . . . (Mowbray, 1995, 150)

It seems, therefore, that an overly didactic approach to accountability in the psy field could very likely reinforce existing trends towards such ‘defensive practice’ – that is, practice more concerned with ‘playing safe’ and protecting the practitioner from complaint, rather than with facilitating the client’s development in the most appropriate way possible. Or put differently, clients who need therapists who have the courage and the capacity to take risks in their work would find it increasingly difficult to find them in a state-regulated psy field obsessed with accountability, thus rendering clients less likely to be able to access the healing experience they need. An in-built bias towards status quo conservatism is also largely inevitable in a regulatory system which pre-decides ‘standards’, ‘competencies’ and accountability frameworks, which must then be followed or met, and then statutorily enforced. And there is simply no way round this biasing, no matter how sincere or convincing the rhetorical intentions might be.

There is also a concern that such uncritical embracing of a late-modernist paradigm (including the anxiety-driven surveillance and audit cultures – King and Moutsou, 2010), just at the time when, culturally and historically, the paradigm of ‘modernity’ is under sustained philosophical, political and spiritual challenge in a whole host of ways, is highly problematic. Many would argue that therapists should be at the forefront of these reflective paradigmatic challenges – and should certainly not be colluding with and reinforcing a moribund paradigm of late modernity, arguably in its death throes (e.g., Barratt, 1993).

A ‘new paradigm’, transpersonal or trans- or critical post-modern perspective privileges, for example, the unknown, unlearning, ‘negative capability’ (Keats) and practising ‘without memory or desire’ (Bion); while a modernist mentality privileges the specification of standards, competencies and accountabilities ‘before the event’, which is fundamentally to misunderstand and to misspecify that which is central in the practice of many therapists in their work.

One reason why therapy has arguably been such an effective and successful cultural practice over many decades is precisely because there has not (yet) been any concerted attempt to control, ‘can’, and colonize ‘therapy’ in relation to any external or ‘statist’ accountability agenda (Postle, 2007); and the fundamental nature of psy activity would likely be changed by state regulation – and in directions that cannot but compromise precisely those conditions that have made therapy so successful.

The draft standards published by the HPC’s Professional Liaison Group (PLG) in 2009 (see Postle and House, 2009), prior to the demise of the HPC project, refer to professional autonomy and accountability, and the ‘autonomous professional’. Yet there seemed to be no appreciation here that, first, the very act of statutorily imposed regulation cannot but encroach into any so-called practitioner ‘autonomy’; and secondly, that practitioner autonomy is just assumed, over and above (for example) co-created client–therapist Levinasian heteronomy; and there was seemingly no awareness of the naïvely humanistic ontology which is being assumed here, and the therapist-centred discourse to which it gives rise.

Page 4 of the PLG recommendations to the HPC also proclaimed that ‘service users’ need to be engaged in ‘evaluating diagnostics, treatments and interventions to meet their needs and goals’. In this, deep problems with the ideology of the ‘diagnostic’ and ‘treatment’ mentality (e.g., Parker et al., 1995) are simply ignored; and meeting the (presumably conscious) needs and ‘goals’ of clients is assumed always to be the appropriate therapeutic stance to take in therapy work. To what degree of practitioner incongruence, dissonance or identity distortion would therapists have to subject themselves, in order to ‘shoe-horn’ themselves into these recommendations?

The advocacy of ‘a coherent framework of psychological theory and evidence’ (PLG, p. 7) also presupposes that such a theory-driven worldview is appropriate to therapy practice, which for many practitioners, and certainly those of a postmodern, phenomenological-existential and transpersonal orientation, it simply isn’t (Loewenthal, 2011). And because these were presented as statutory requirements for all registrants, it is very difficult to see how a substantial number of existing practitioners would be able to agree to such alien impositions on their work. As Mowbray puts it, ‘Whilst the acquisition of an elaborate body of professional knowledge may be fundamental to competence in the typical profession, there is little reason to suppose that basic competence in psychotherapy ... is founded on a similar basis’ (Mowbray, 1995, 12). For Mowbray, ‘Some of the best practitioners may not be applying a “developed body of psychological theory” in their work (Mowbray, 1995, 123).

Historically, counselling and psychotherapy have been conducted in a private, confidential space, free of externally defined, institutionally driven (accountability) agendas, in which clients can take matters of deep personal concern for dialogical exploration and reflection. The therapeutic space is arguably one of late-modern society’s last surviving bastions against, and refuges from, narrowly stultifying mechanistic thinking, and from the intrusive compliance experiences that bring many, if not most, clients into therapy in the first place. On this view, state regulation of the HPC or any other kind constitutes a major uninvited intrusion into this culturally unique private space, and any control-fixated accountability agenda can surely only compromise the quality of that space.

CONCLUSION

So – what is to be done? In this paper we have been able to do little more than start an impressionistic, relatively unsystematic conversation about what we are wishing to call ‘values-congruent accountability’ in the psy field, and how we can and, perhaps, *should* respond, in the wake of the failure of the HPC state-regulatory project. It seems to us that the existence and the mere *having* of these reflective conversations about accountability might, in fact, be far more important for and influential upon the quality of psy work than would any programmatic, quasi-didactic institutional ‘solution’ to the conundrum that is ‘accountability’. But we also know there to exist many psy practitioners who would, and do, fundamentally disagree with such a view; and we look forward to engaging with them in meaningful, mutually enlightening dialogue in the months and years to come.

REFERENCES

- Barratt BB. *Psychoanalysis and the Postmodern Impulse: Knowing and Being since Freud’s Psychology*. Baltimore, MD: Johns Hopkins University Press, 1993.

- Bates Y, House R (eds). *Ethically Challenged Professions: Enabling Innovation and Diversity in Psychotherapy and Counselling*. Ross-on-Wye: PCCS Books, 2004.
- Berger LS. *Psychotherapy as Praxis: Abandoning Misapplied Science*. Bloomington, IN: Trafford Publishing, 2002.
- Clarkson P. *The Therapeutic Relationship*. London: Whurr, 1995.
- Clarkson P. Eclectic, integrative and integrating psychotherapy or beyond schoolism. In S Palmer and R Woolfe (eds) *Integrative and Eclectic Counselling and Psychotherapy*. London: Sage, 1999; 305–14.
- Cooper A. The state of mind we're in: social anxiety, governance and the audit society. *Psychoanalytic Studies* 2001; 3(3–4): 349–62.
- Cooper M. Welcoming the other: actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review* 2009; 24(3–4): 119–29.
- Cushman P. *Constructing the Self, Constructing America: A Cultural History of Psychotherapy*. Reading, MA: Addison-Wesley, 1995.
- Department of Health. *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. Secretary of State for Health, February; Cm 7013, 2007.
- van Deurzen E. *Psychotherapy and the Quest for Happiness*. London: Sage, 2009.
- Edwards G. Does psychotherapy need a soul? In W Dryden and C Feltham (eds) *Psychotherapy and its Discontents*. Buckingham: Open University Press, 1992; 194–224.
- Evans C. Empower the public. *Therapy Today* 2009; 20(2): 40–41.
- Fendler L. What is it impossible to think? A genealogy of the educated subject. In TS Popkewitz and M Brennan (eds) *Foucault's Challenge: Discourse, Knowledge and Power in Education*. New York: Teachers College Press, 1998; 39–63.
- Frank JD, Frank JB. *Persuasion and Healing: A Comparative Study of Psychotherapy*, 3rd edn. Baltimore, MD: Johns Hopkins University Press, 1991.
- Fromm E. *The Art of Loving*. London: Thorsons, 1995.
- Gordon P. *Face to Face: Therapy as Ethics*. London: Constable, 1999.
- Greenberger D, Padesky CA. *Mind Over Mood: Change How You Feel by Changing the Way You Think*. London: Guilford Press, 1995.
- Heron J. *Co-operative Inquiry: Research into the Human Condition*. London: Sage, 1996.
- Hillman J. *Kinds of Power: A Guide to its Intelligent Uses*. New York: Doubleday, 1995.
- House R. An unqualified good: the IPN as a path through and beyond professionalisation. *Self and Society* 2004; 32(4): 14–22.
- House R. The be-coming of a therapist: experiential learning, self-education and the personal/professional nexus. *British Journal of Guidance and Counselling* 2007; 35(4): 427–40.
- House R. Why Mowbray was right about regulation: or mapping a journey towards a 'post-therapy era'. *Self and Society* 2010; 38(1): 5–13.
- House R. 'Audit-mindedness' in counselling: some underlying dynamics. *British Journal of Guidance and Counselling* 1996; 24(2): 277–83. Reprinted in R House and N Totton (eds) *Implausible Professions*, 2nd edn. Ross-on-Wye: PCCS Books, 2011a; 74–82.
- House R. Struggling against the medicalisation of unhappiness: the fate of counselling values in the 'hyper-audited' health service. *Counsellors and Psychotherapists in Primary Care Review* 2011b; 12(1): 8.
- House R, Totton N (eds). *Implausible Professions: Arguments for Pluralism and Autonomy in Psychotherapy and Counselling*, 2nd edn. Ross-on-Wye: PCCS Books, 2011.
- Jung CG. *Memories, Dreams, Reflections*. London: Fontana, 1995.
- Karian P. Killing in the name: ethical reflections on Doré. *Ipnosis* 2010; 37: 26–9.
- King L, Moutsou C (eds). *Rethinking Audit Cultures: A Critical Look at Evidence-Based Practice in Psychotherapy and Beyond*. Ross-on-Wye: PCCS Books, 2010.
- Kuhn TS. *The Structure of Scientific Revolutions*. Chicago, IL: Chicago University Press, 1962.
- Levin DM (ed.). *Pathologies of the Modern Self: Postmodern Studies on Narcissism, Schizophrenia, and Depression*. New York: New York University Press, 1987.
- Loewenthal D. *Post-existentialism and the Psychological Therapies: Towards a Therapy without Foundations*. London: Karnac Books, 2011.

- London Society of the New Lacanian School. Special Issue on 'Regulation and Evaluation'. *Psychoanalytic Notebooks* 2007; 16.
- McCarthy J, Rose P. *Values-based Health and Social Care: Beyond Evidence-based Practice*. London: Sage, 2010.
- Mollon P. The NICE guidelines are misleading, unscientific, and potentially impede good psychological care and help. *Psychodynamic Practice* 2009; 15(1): 9–24.
- Mowbray R. The Case Against Psychotherapy Registration: A Conservation Issue for the Human Potential Movement. London: Trans Marginal Press, 1995, from www.transmarginalpress.co.uk, accessed 6 August 2011.
- Musgrave A. Regulation: the need for debate. *Therapy Today* 2009; 20(2): 39–40.
- Nietzsche F. *Beyond Good and Evil*. Oxford: Oxford University Press, 1998.
- Parallax. Special theme issue on 'Auditing Culture'. *Parallax* 2004; 31(10).
- Parker I, Georgaca E, Harper D, McLaughlin T, Stowell-Smith M. *Deconstructing Psychopathology*. London: Sage, 1995.
- Pilgrim D. Reading 'happiness': CBT and the Layard thesis. In R House and D Loewenthal (eds) *Against and For CBT: Towards a Constructive Dialogue?* Ross-on-Wye: PCCS Books, 2009; 256–68.
- Postle D. *Regulating the Psychological Therapies: From Taxonomy to Taxidermy*. Ross-on-Wye: PCCS Books, 2007.
- Postle D, House R (eds). *Compliance? Ambivalence? Rejection? Nine Papers Challenging HPC Regulation*. London: Wentworth Learning Resources, 2009.
- Power M. *The Audit Society: Rituals of Verification*. Oxford: Oxford University Press, 1997.
- Risq R. IAPT, anxiety and envy: a psychoanalytic view of NHS Primary Care Mental Health Services today. *British Journal of Psychotherapy* 2011; 27(1): 37–55.
- Rogers A, Maidman J, House R. The bad faith of evidence-based practice: beyond counsels of despair. *Therapy Today* 2011; 22(6): 26–9.
- Salzberger-Wittenberg I, Williams G, Osborne E. *The Emotional Experience of Learning and Teaching*. London: Routledge, 1983.
- Samuels A, Veale D. Improving access to psychological therapies: for and against. *Psychodynamic Practice* 2009; 15(1): 41–56.
- Starhawk. *Truth or Dare: Encounters with Power, Authority and Mystery*. San Francisco: HarperCollins, 1987.
- Taylor E. Positive psychology and humanistic psychology: a reply to Seligman. *Journal of Humanistic Psychology* 2001; 41(1): 13–29.
- Totton N. The Independent Practitioners Network: a new model of accountability. In R House and N Totton (eds) *Implausible Professions: Arguments for Pluralism and Autonomy in Psychotherapy and Counseling*, 2nd edn. Ross-on-Wye: PCCS Books, 2011; 315–22.
- West Sussex County Council Full Council Meeting 13.05.2011, from http://www.westsussex.gov.uk/your_council/meetings_and_decision-making/webcasts_of_meetings.aspx, accessed 6 August 2011.
- Woodhouse MB. *Paradigm Wars: Worldview for a New Age*. Berkeley, CA: Frog, 1996.
- Woolfolk RL. The power of negative thinking: truth, melancholia, and the tragic sense of life. *Journal of Theoretical and Philosophical Psychology* 2002; 22(1): 19–27.