

# We Don't Even Have a Name For It

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**ABSTRACT** *Despite being rooted in radical departures from institutionalized ways of caring for the mentally unwell, the psy-professions find themselves repeating patterns of the past when it comes to the psychological treatment of people who are very poor. In the UK professional counselling and psychotherapy bodies have embraced neo-liberal philosophies of individualism: locating responsibility for personal failure in the individual, positivity, and of employment being an absolute good. The psy-professions, at both executive and membership level, seem unaware that the philosophical foundations of government-funded initiatives purporting to help people with mental health problems are based in political ideology rather than psychological research. In a profession where employment itself is rare, “opportunities for counsellors” has been the primary focus for the professions whilst the voices of people negatively affected by this ideology remain unheard. But things may be about to change. Focusing on the British Association for Counselling and Psychotherapy, the largest professional body representing counsellors and psychotherapists, this paper offers a view of how the psy-professions have unthinkingly implemented harmful and unethical political ideology; highlights some of the inconsistencies and cognitive dissonance involved in the implementation of those policies; and offers some hope for change. Copyright © 2016 John Wiley & Sons, Ltd.*

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While Mr. Keltner's research finds that the poor, compared with the wealthy, have keenly attuned interpersonal attention in all directions, in general, those with the most power in society seem to pay particularly little attention to those with the least power. To be sure, high-status people do attend to those of equal rank – but not as well as those low of status do.

This has profound implications for societal behavior and government policy. Tuning in to the needs and feelings of another person is a prerequisite to empathy, which in turn can lead to understanding, concern and, if the circumstances are right, compassionate action. (Goleman, 2013)

The study of empathic difference between rich and poor is relatively recent (Paul, 2010) and much of it makes uncomfortable reading. What is it like to know that the poorer we are the more likely we are to be empathic? That the richer we become the more likely we are to cheat and to take more than we are entitled to?

It makes sense that people who must quickly decipher others in order to remain safe, to ask for favours, who cannot afford to write debts off, who live in complex, multiracial, crowded

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communities, will be more likely to develop empathy. Not because we are innately more loving and understanding but because there is more exposure to many different ways of being in areas that are more deprived. It is stressful to live too closely to large numbers of other people (Glasgow Centre for Population Health, 2013) and this stress alone can cause or exacerbate psychological fragility which is just one of many, many reasons why there is more observable, overt violence in areas of less privilege. Individuals in an overcrowded environment need to know how to read other people and groups quickly, how to diffuse or avoid confrontation and rapidly build relationships.

The richer we become the less we need to rely on anyone, including the State. We do not have as great a need to build relationships, be attuned to friends, relatives and neighbours or bother with reciprocity. We do not need to be alert to the subtle signals of distress or relaxation from people in our communities because the results of that distress are likely to have a less immediate impact on us. We cannot be personally aware of what it is like to have to claim benefits, from complex and lengthy form filling to interactions with Department for Work and Pensions (DWP) and allied staff. Not least because only the unemployed may enter a publicly funded Job Centre.

Randomized, repeatable research has demonstrated that the more affluent a person becomes – or even *feels* – the more likely they are to break the law, become less honest in interactions, and cheat four times as much as a person at the other end of the income scale just to win meaningless credits. When richer people are made to feel poorer they become more altruistic. It has also been demonstrated that empathy decreases with affluence (Grewal, 2012; Piff, Kraus, Côté, Cheng, & Keltner, 2010).

## THE TRAINING ESTABLISHMENT

My training as a counsellor began in a community college where my 21 peers were Black, White, second and third generation Indians, Pakistanis and North Africans; Muslim, Christian, Atheist, spiritual-but-not-religious and Pagan. Recovering addicts, housewives, philosophers, conspiracy theorists, ex-cons, single parents; people who lived in and around the joint-first most “deprived” ward in London. We were almost all unemployed, and we argued about everything.

The university training group of 26 that I transferred to contained two black women and four men. One of us wore a dog collar so was obviously Christian but I did not discover much about anyone there although almost everyone was very pleasant. Many of us had our university fees paid by an employer and all of us had to find the finances to pay for external supervision, personal therapy, travel, books, and so on. Within six months the “Community Time”, when we sat with each other to see what might happen, had become silent. It more or less remained that way for two years. “Another month, and another article in *Therapy Today* bemoaning the lack of training in difference and diversity – this time, mixed race identity” (Johnston, 2016, p. 37). William Johnson is likely a good therapist. His letter describes the muteness that attends so much in counselling training:

I could see the frustration and distress on the part of the person who had raised the issue, and I, together with more or less everyone else on the course (if the tumbleweed silence was anything to go by), had no idea how to respond. (Johnston, 2016, p. 37)

But is it not the course leaders' job to guide students in how they might respond – to dare to attempt to identify, name, and *speak out loud* the feelings, the issues, the resentments, the weariness that we will all feel when we meet difference? In order to engage in epoché therapists have to know what to bracket: how else can we become skilled in giving clients the space and safety to say the forbidden, to bear to hear them say it?

All training establishments will have some kind of equal opportunity statement which describes their intention to ensuring that all members of staff and applicants for employment receive equality of treatment and opportunity irrespective of sex, gender (including gender reassignment), sexual orientation, sexuality, race, colour, creed, religion, political beliefs, ethnic or national origin, age, marital status, disability. However, people on low or no incomes are excluded from these statements. If an individual has the qualifications, aptitude, and life experience perfectly suited for counselling training but cannot afford it she will not be accepted onto the course solely and absolutely on the basis of her income. People of colour, disabled, gay, and elderly people do train as counsellors, have brought their experience to the training and challenged negative attitudes: there is no such challenge from poor people. Perhaps the only way to help training organizations make the leap of imagination is to point out that since people from Black, Bangladeshi, Indian, and Pakistani cultures are more likely to be poor than White people, their policies are racist (Joseph Rowntree Foundation, 2011).

How would it be for our tutors to say something along the lines of the following?

If you can afford this course you are going to have to work much harder to develop your empathy. We all have to be very alert to the ways in which power will play out between you and the people you are going to practice on during your training.

and/or

Counselling as a profession depends on people on low or no incomes. The agencies that you will staff to gain experience and hours are attended by low or no income people because these clients can't afford to pay very nearly an entire weeks income for 50 minutes with a counsellor in private practice.

(And, please, do not respond by saying that people who are too poor to pay for private counselling would not be able to access therapy in any other way).

These statements and challenges are provoking. In training and in practice we hear all kinds of provoking and distressing narratives, from child sexual abuse to domestic violence via human trafficking, sexual dysfunction, and honour killings. We are expected to listen to and discuss these painful issues in some depth. Why is the discussion of money so difficult? Because it is personally confronting; because we all have opinions on why someone is rich or poor; because we know via centuries of media that the rich very often abuse their power, but we seldom consider *ourselves* to be rich. How much harder to imagine that we are by virtue of our attendance on a counselling course, likely to be abusive?

Training requires us to gain insight into our own ways of being in order that we may alter some of them; to recognize, acknowledge and bracket our personal responses in order to offer a better service to clients. We train, not so that we may learn to manipulate clients to make them say they are happier or better people, or to learn to make people to become more employable or thinner or eat more healthily. We can learn the language of therapy and not understand the purposes of it. If therapy was about making people more effective or happier or healthier then,

with the number of practicing therapists in the world there should be very few unhappy or struggling people.

The methodology is clear: we “bracket” ourselves through awareness so that we may, without judgement, give the client space to discover their own truths, whatever those truths may be. Not what anyone other than the client wants them to be, not what we want them to be.

This is a profoundly complex matter: words and phrases like “privilege”, “intersectionality”, “unjust enrichment”, and “privileged fragility” can provoke unbearable responses. If not daring to speak our feelings out loud, if silencing discomfort with disagreement is part of the culture of counselling, then shame, defensiveness, fear, anger, depression, and despair might be amongst the responses to our feelings when we confront these bellowing elephants in the room. Safety and appropriate containment for students must be part of our training and ongoing professional development as much as they are for clients, otherwise how can we learn? How can we expect inexperienced students to work therapeutically with some of the most vulnerable people they will ever meet?

## THE PROFESSIONAL BODY

The British Association for Counselling and Psychotherapy (BACP) is the largest professional organization for counsellors and psychotherapists in the UK. Its members’ magazine, *Therapy Today*, has sometimes scratched the surface of issues of “class”. The cover illustration from April 2013 shows a refined therapist in a suit with a book and fountain pen meeting an unshaven and generally hairy, overweight man whose shirt buttons bulge. The picture illustrates the featured article “Class and Counselling”, a conversation between Simone Daniels and Mike Trier (2013). I have met Mike: he is an entirely decent person and a good therapist. Here’s how the article begins:

Mike: Any ideas how we could start?

Simone: We could talk about the power dynamics between us: how your being from a middle-class background means that you can represent a figure of authority and power for me, and how this can create a tension between us.

Mike: Phew! Straight in there – directly to our relationship and how our different backgrounds are enough to cause tensions between us. You seem angry, and I notice I’m feeling defensive. What have I done to deserve this?

Throughout the piece Mike seems to be in the role of counsellor or interviewer and Simone in the role of, if not client, then the person responsible for educating Mike, a role that many less privileged groups are all too familiar with. The article continues:

Mike: ... I notice I am having a reaction to your use of the word “perpetrator”! First of all, I don’t like one word labels. I find that different people have different meanings, even for frequently used labels such as “perpetrator”. Second, and more important, for me the word is just too strong. It has connotations of domestic violence, even rape. I agree with your views about the power imbalance between classes, and that sometimes this can be oppressive. But I don’t believe that the power imbalances we have been talking about can be represented as systematic rape. But maybe I’m blind and am also trying to impose my middle-class values on you.

Simone: I would argue that oppression and the taking away of someone’s human rights to be treated with equal respect, often for the whole of their lives, is a violent act. I am drawn to using such strong

words partly because I want to shock people into engaging with the damaging effects of inequality. Moreover, if we belong to a group that, arguably, often sits back in silence while benefiting from the suffering of others, then we need to take responsibility for our part in their suffering.

Mike: I think we'll have to agree to disagree about that issue.

Mike changes the subject. Not only does he disagree, it seems he doesn't want to talk about it anymore. Let me reiterate: Mike is a compassionate, intelligent, empathic person – and he takes control of the conversation. Has it become unbearable for him? Has he, like my counselling training group and William Johnson's training group, shut down into "tumbleweed silence"?

A large part of the problem is that the profession has no conscious idea that there is a problem. Any discussion in *Therapy Today* (BACP's house magazine) about professionalization, exclusion of groups from training or the movement of training into universities seems to be more about the expression of frustration rather than consultation. Professionalization and exclusion are now so embedded that discussion has ended. Yet the discomfort that so many of us feel when we read "another article bemoaning the lack of training in difference and diversity" and, when Linda Bellos was appointed one of a number of Vice Presidents of the BACP, the fear of "angry class war politics" (Joyce, 2008) are symptoms of distress, distress that we would support a client to examine. Distress offers insight. Insight is one thing and behavioural change quite another.

We know that in the work of caring bullying is rife (Broome & Williams-Evans, 2011; Dawood, 2013); and, whilst there are endless anecdotes about bullying in counselling training and in counselling agencies, there is very little research on it (Kierski & Johns-Green, 2014). In environments where it is important to be seen to be pleasant, kind, generous, non-confrontational, empathic, the shadow side of these qualities can be very powerful indeed. When someone is distressed at not being understood or because they feel that they are being singled out, is it concern that might make us respond by saying "You sound as if you're under a lot of strain", or is it gaslighting? (Dorpat, 1994) Where tears are rewarded and anger is punished what unhelpful norms are we reinforcing? We cannot ignore gendered responses here. Women are not allowed to be really angry, to be forceful or even powerful. How much of our "tumbleweed silence" is because many women find confrontation distasteful – a personal failure of self-control or impolite? How do men's attitudes towards women being confrontational alter how women students respond in training, particularly if one or more of the trainers is a man?

## GOVERNMENT POLICY

The February 2009 issue of *Therapy Today* included the article "Counselling the Jobless Back to Work" (Jackson, 2009). The illustration to that piece shows a huge, smiling person, presumably a counsellor, holding a key. His chair is on a grey grid on which tiny, broken toys or mechanisms lie, collapse, or fall down a hole. He has his back turned to them. He faces a group of tiny straight-backed mechanisms marching forward, one zipping along on a moped, across a blue grid. He is releasing one from the "broken" side that he has wound up with the key so that it can join the other mechanisms in motion.

Assertions are made in the article about the "research evidence" of the harmful effects of being unemployed with not one reference to that research – something that *Therapy Today* has been

doing explicitly since 2009. The psy-professions have become increasingly involved in the implementation of government policy and ideology, along the lines that people of working age are to be given “access to psychological therapy and/or support, with the aim of helping people achieve improved mental health and well-being, *thus improving their ability to gain and/or maintain employment*”. (Jackson, 2009, p. 5; my emphasis)

Employment is the foundational purpose of Improving Access to Psychological Therapies (IAPT). The primary concern and focus of Jackson’s article was on the opportunities that this initiative would provide for counsellors. At one point she quoted, Kevin Friery, past Chair of BACP’s Workplace Counselling Division:

The prime contractor doesn’t want to pay you to have a nice chat and help the person cope with being unemployed; they want you to increase their employability so that they can get work, and help keep them at work. (Jackson, 2009, p. 5)

Seven years on we know that there has been an upsurge in mental illness, suicides, and attempted suicides linked not only to unemployment but also to the emotional distress and shame associated with austerity measures and debt (Gunnell *et al.*, 2015). Job Centre staff have been trained to recognize the potential for suicide in their “customers” (Archer, Baker & Williams, 2012) at the same time as being made to achieve sanction targets; that is, removing all income from claimants often for months at a time, making them homeless and reliant on food banks (Public and Commercial Services Union, 2015). We know that people forced into “Back To Work” schemes feel humiliated and abused. The government itself knows that these schemes do not achieve their aim of getting people back into work (Department of Work and Pensions, 2012).

We know that compulsory therapy for unemployed people is taking place (Friedli & Stearn, 2015; Jones, 2016) and that people from the psy-professions are applying for these jobs and being paid to do them: people in good standing with their professional bodies, all of which, after huge and public pressure, have eventually come out against mandatory therapy. All the professional bodies are quite clear that mandatory therapy for the “disorder” of being unemployed is unethical but none of them can quite bring themselves to say that members must not take these jobs. Instead we get polite hints for example, Peter Kinderman, then President Elect of the British Psychological Society (BPS) was quoted in *Therapy Today*: “It is a very basic principle of medical ethics that services should not be provided under compulsion, other than in very extreme circumstances. If the Government were to go down this route it would be wrong” (in Jackson, 2015, p. 10). Note: *the government*, not the practitioner. Peter Kinderman was also quoted as saying:

Individual psychologists will have to make their own decisions about working in this way, bearing in mind that so many professional bodies, including the BPS, have made it clear that it is ethical to offer people therapy only in the context of a free and informed choice. (in Jackson, 2015, p. 10)

The article continued with Andrew Reeves, Chair of BACP:

There are, of course, people out of work experiencing mental health difficulties who would benefit from psychological intervention and should be offered the choice. But he says the ethics of involvement are clear; the BACP Ethical Framework states unambiguously: “The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends”, and that BACP members should “seek freely given and adequately informed consent” from clients. (in Jackson, 2015)



As Jackson observed: “The UKCP likewise raised a caveat about the ethics of coercion” (p. 10) and quoted an unnamed source:

We understand that some people may benefit from being offered therapy whether they are employed or out of work. But imposing it in this way is a badly thought out approach... Therapists involved in such work may wish to bear the ethical dimensions in mind. (Jackson, 2015)

These are polite suggestions. They are not clear instructions or anything close to a policy statement. Can you imagine this statement about any other group of potential clients? I might like to bear in mind the ethical dimensions of being anti-Semitic... but then again perhaps I might not. I might like to make my own decisions about having sex with a client or borrowing money from them. Like Mike Trier’s “We’ll have to agree to disagree” (above), our professional bodies are not saying out loud what ethical therapeutic bodies would conclude after a few minutes consideration: that compulsory therapy is unethical and therefore if individual members of these professional bodies impose therapy on clients they will be acting unethically.

This speaks deeply to me both of the lack of conscious engagement with the issue of class and income, and of the profession being immersed in one of the major concepts of the free market: if it’s not illegal it must be ethical. As a profession we already work in deeply unethical ways with economically vulnerable people:

Getting people back to work has always been a major part of IAPT’s remit, and one of the main arguments that Professor Lord Richard Layard used to persuade the Government to provide funding in the first place. It has so far failed to achieve much impact in this respect. (Jackson, 2015, p. 11)

Any therapist who works in IAPT knows that they are not able to give the kind of therapeutic care for which they have been trained, and they know that the “help” they might be able to offer is substandard, i.e., it is not what they would offer the same client if that client was coming to private therapy. They know that appropriate supervision is not offered to IAPT counsellors. They know that most of their peers and possibly they themselves have burned out (Shepherd & Rosairo, 2008). Richard Pemberton Chair of BPS Division of Counselling Psychology:

It’s great to have improved access to evidence-based psychological therapies but the whole target culture has had a toxic effect. We did need to improve access to psychological therapies on an industrial scale but in doing so we seem to have damaged our own workforce. (Pemberton, 2015)

In short, they know it is unethical.

What did we expect? IAPT has a specific remit of getting or keeping people off benefits. Any mental health care is secondary to this aim. IAPT offers therapy-lite via non-therapists and, amazingly, via computers and “self-help strategies”. Yet we know that it is the client’s experience of being received empathically that is the single most important aspect of the therapeutic relationship, and the best determinant of positive outcome. To the point that it removes actual human beings from its calculation, IAPT has reduced therapy to the absurd.

We know this. How can we not know it? What gets in the way of our knowing? How are you feeling?

As individual practitioners, we hold differing political, social, and personal opinions. If we didn’t there would be one psychological model and no professional debate. As members of

society we are not immune from the concerns, interests and zeitgeist of that society and, like our clients, we bring all of that into the counselling room with us.

I am writing this a few days after Dominic Davies resigned his BACP Senior Accredited and Fellow status. He had become frustrated and felt “let down” by the BACP after the organization told him they were unlikely to sign the Memorandum of Understanding on Conversion Therapy (Keogh *et al.*, 2014). Davies (2016a) wrote: “[The] BACP have rarely sought advice and guidance on what they might need to be doing to meet the needs of their membership with regard to helping counsellors improve the mental health of our communities”.

He went on to accuse the BACP of “hypocrisy”, “tokenism”, “arrogance”, and “inaction” over issues affecting lesbian, gay, bisexual, and transgender people (Davies, 2016b), all of whom which I recognize in their response to issues affecting people on a low income. People who are LGB&T are also counsellors, and have created organizations dedicated to specialist counsellor training and delivery. People who are poor are structurally prevented from offering the same expertise to the profession and to clients.

## HOPE FOR CHANGE

After meetings with the government’s Health and Work Unit, the BACP and other professional organizations made a Joint Public Statement asserting that they had made the government alter their policies around locating therapists in Job Centres (British Association for Counselling and Psychotherapy, 2016a, 2016b). The Mental Wealth Foundation (2016) demolished the Statement:

There is no indication that any consultation has taken place with members of your organisations with knowledge of these matters nor with service users, clients and their representative organisations. This lack of consultation and opportunity for wider reflection has contributed to your organisations departing from your own ethical structures and frameworks, and being seen as agents of harmful government policy.

The profession, newly functioning within a neo-liberal construct, has lost its philosophical bases; that is, we have lost our ability to think for ourselves. Like children in nu-education, we learn what to repeat to pass assessments rather than necessarily internalizing changed ways of being. Our exposure to people who live with the reality of poverty, powerlessness, coercion, and institutional threat is limited to what we consume from the media. Our professional bodies have told us how to approach people who are not employed and there has not been a backlash against IAPT or DWP psycho-compulsion to suggest that people who are unemployed might be met in the same way as other people, i.e., without an agenda.

Our clinical beliefs and values are discarded in preference to “opportunity” for our own paid employment. How much might our identification with and subsequent rejection of people who are designated a radical Other because they are unemployed cause our extreme carelessness towards them to the point of abusive ignorance?

Happily, smaller psy-organizations are beginning to work with grassroots organizations affected by DWP policy and mental and physical ill-health, and are holding professional behemoths to account. The media are beginning to note the experiences of people abused by the DWP via sanction, bedroom tax, compulsory therapy, etc. Suicides and other deaths of these same people are making the news. Whilst therapists may not socialize with people in these groups they have



been exposed to the rhetoric of “hard working tax payers”, “scroungers”, and “strivers”, and the oratory surrounding the importance of work – any work, not even paid work – to mental health. This punishing ideology does not directly affect counsellors but it clearly influences the profession. In turn, a change in the zeitgeist may begin to alter it in a different way, one that is less judgemental of people who are vulnerable, despised and paradoxically necessary to a capitalist economy.

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