

THE FUTURE OF PSYCHOLOGICAL THERAPY: FROM MANAGED CARE TO TRANSFORMATIONAL PRACTICE

Edited by John Lees. Abingdon, UK: Routledge, 2016. 196 pp.
ISBN 978-1138886384

The Future of Psychological Therapy, edited by John Lees, offers a vigorous critique of the current social and political climate of psychological therapies, exposing complex issues that threaten the future of therapy practice such as the demands placed upon practitioners to increasingly evidence the efficacy of their work and produce unrealistic outcomes within unmanageable time frames for their clients. Those considering entering the profession, people currently training, and practitioners well established in their careers will, I believe, find this book a relevant, insightful and challenging read. The contributing writers give an honest and uncensored account of their experiences and those of their colleagues working in difficult psychological therapy settings. This book is a timely publication of robust and politically charged debate on the future of therapy. Monitoring, evaluating, evidence-based practice and a neoliberal fixation with prioritising economic and scientific values over client and practitioner wellbeing are carefully threaded themes running through it.

The book is structured into three main parts exploring context, Improving Access to Psychological Therapies (IAPT), and practice. The 11 contributing writers have an impressive collective array of clinical experience in both the statutory and voluntary sectors, in highly responsible and influential positions, and at ground level in frontline services. Consequently, a resounding and authoritative voice is carried throughout.

However, of the 11 contributing writers, Rosemary Rizq and Jay Watts are the only women. For me, as a woman and a therapist, this was disappointing, especially considering that “[t]he IAPT workforce is predominantly female at 79%,” according to the most recent Adult IAPT Workforce Census Report (NHS England and Health Education England, 2015, p. 8). Not when it comes to writing about therapy, it would seem. Left feeling despondent and unequally represented within my field, I wondered if my aspirations as a female therapist embarking on the early stages of a career as a writer in this field were at all realistic.

Lees' introductory chapter begins by defining neoliberalism and New Public Management (NPM). He explains how health care has seen a shift since the 1980s into the prioritisation of a cost-effective National Health Service (NHS), which includes psychological services. This is followed by chapters from Loewenthal, Morgan-Ayres and Bento tackling managed care, statutory regulation and evidence-based practice born out of Thatcher's 1980s government, which eventually led to IAPT in 2006 and the rise of Cognitive Behavioural Therapy (CBT). It was both concerning and refreshing to read Loewenthal, as former Chair of the United Kingdom Council for Psychotherapy's first Research Committee, stating: “I regard most of what is now research in the psychological therapies, whether it be quantitative or qualitative, as more often than not being far worse than a waste of time” (p. 15). Coming from an informed position within therapy research, Loewenthal's statement encouraged me to reflect further on my own thoughts on evidence-based practice to question the validity of findings published.

I have had many conversations over the years with colleagues airing doubts about the reflexivity and validity of the evidence base for psychological therapies set out by the National Institute for Health and Care Excellence (NICE, 2018). I believe these concerns are echoed by many practitioners in the UK with regard to randomised controlled trials and so-called gold standard research backing the efficacy of state-managed therapy. Loewenthal and Proctor, in *Why Not CBT? Against and For CBT Revisited* (2018), reviewed issues surrounding the state's endorsement of CBT and the limitation of client choice this entailed, issues and concerns highlighted in Lees' *The Future of Psychological Therapies*. Bento offers no comfort by highlighting that managed care has made no difference to reducing mental ill health in the US, and furthermore makes a strong case for doubting the findings of the evidence base behind US managed care (p. 39). Reading this, I started to make parallels to psychological therapies in the UK and began losing hope for the profession, recognising that the UK is following suit in rolling out the NPM model across psychological therapies. Feltham (2014) might describe this feeling of hopelessness as developing a depressive realism. Morgan-Ayres (p. 34) shattered any remaining illusion I had that state regulation will eradicate malpractice and criminal behaviour by referencing the case of Harold Shipman (a UK General Practitioner who was found guilty of murdering 15 patients in his care while employed by the NHS). I noticed the naivety in how I have unwittingly bought into the myth that state regulation will make practice safer when there is no coherent evidence to support this. Nevertheless, I am grateful the book addresses these issues head on, provoking self-reflection so at least practitioners can come from a better informed position and potentially be more politically aware of the implications for the practice of therapy.

Rizq offers a rich and densely theoretical perspective of containment, anxiety and abjection, exploring the challenges in practice in managed care settings. I'm pleased I persisted in my effort to understand her writing, particularly on abjection. I found I needed additional concentration to grasp her concepts, not having an analytical background myself. However, I was helped along in my understanding as the day before reading her chapter my 5-year-old son had fallen from his bicycle. As this was his first significant fall, he was very shaken by it, as was I at the sight and sound of his multiple abjections. It was challenging managing my own anxiety, repulsion and intolerance as I wiped the blood, snot, tears and gravel from my son's face, elbows and knees. Yet this experience brought the concepts Rizq describes alive for me. "Just as we cannot get rid of shit, so I suggest we cannot free ourselves from psychological distress and mental ill-health" (p. 81). Distressing experiences are an inevitable part of life and therapy practice, testing our anxiety and tolerance levels. Rizq discusses the avoidance of distress within an IAPT setting, arguing how it is impossible to free ourselves from it. She makes clear that distress and mental ill-health exist whether we choose to acknowledge them or not. Her chapter powerfully highlighted for me the importance of acknowledging our tolerance levels and repulsions when faced with some of the more unpalatable or indeed painful experiences clients bring to therapy. I felt empowered to be a therapist who will face and work through the uncomfortable, intolerable and repulsive, as is often the case when working with traumatic experiences such as sexual abuse.

That said, working solely in private practice now, I arguably have the luxury of being able to explore how I practise as I am less restricted by the demands that practitioners face in, for example, IAPT services. I am free to explore and take risks like those described by Totton in his chapter advocating freedom in clinical practice. My fear is that more and more therapists are becoming disillusioned and making the move into private practice; the implications of this are huge and are examined extensively in the book. Totton (p. 137) gives the example of trainees and new graduates being placed in unpaid and unfair situations, without adequate experience or even support in their roles. Simpson writes of anxiety within managed care systems, poignantly describing the current state of the NHS as traumatised. Indeed, I noticed my own sustained anxious state as I read on and reflected upon the magnitude of concerns raised in the book. It is interesting to consider the notion of organisational trauma, that a place of work might become so toxic that individuals working within its system could become traumatised, but Simpson offers a compelling argument that this is absolutely the case when he writes about organisational anxiety (pp. 58–59). Clashes in values underlined by Nuttall (pp. 107–108) and House strongly describing what is happening as "the state's intrusion into therapy" (p. 153) make for an uncomfortable but necessary read, as this is becoming the typical environment therapists are finding themselves in.

I admit I am a therapist who has bitten the New Public Management dust, (to quote Queen's Freddie Mercury; Deacon, 1980, track 3). For nearly three years I was employed by a counselling service to work as a targeted mental health in schools therapist, as part of the NHS national pilot. It was for me, in the end, pressure-filled, anxiety-led and, in some respects, traumatic, as I struggled to integrate conflicting managerial and clinical principles—and so I left. Lees' final chapter successfully reverberates the concerns raised in his concluding thoughts (p. 165).

This collection is a realistic and hard-hitting inventory of what is currently happening in the field of psychological therapy. It reminds me of the saying attributed to Thomas Jefferson: "All tyranny needs to gain a foothold is for people of good conscience to remain silent" (cited in Berkes, 2012). This book is a warning about the future of our profession: the state will triumph if we do nothing.

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