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Dear Minister,

You have asked for submissions & suggestions regarding the proposal to legislate for the profession of psychotherapy.

First of all, you need to give some thought to what is the nature of psychotherapy & what is its place in society.

Psychotherapy has become a part of everyday life & there is a tendency to assume we all now know what it is, & what it does, & what it is for. In fact, its nature is not generally understood.

Initially, we are all drawn to psychotherapy for reasons we grasp only vaguely. A deep understanding of why it is such a compelling part of contemporary life & what we should expect from it only comes later, after much work & learning.

The first thing to underline is that the advent of modern psychotherapy throughout the developed world is a cultural event. This means, in particular, that it is not a scientific event & it is not a medical event. To compare psychotherapy with an innovation in medicine is misleading. The problem of emotional health is different from the problem of physical health. It is different not just in certain details but in fundamentals.

Above all, psychotherapy needs to be seen in the relatively recent historical context of the decline of structured religious faith. In no country has this been more apparent than in Ireland. Here, the rapid expansion of the world of psychotherapy from the 1990s onwards has coincided exactly with the collapse of the authority of the Church in society. Psychotherapy is, in its essence, a new kind of expression of faith, a secular faith that in the rational evolution of the individual lies the best hope for what man is.

One might well ask if psychotherapy is not more usefully considered under the heading of education, rather than health. Good psychotherapy is a deeply educative experience. But whether it makes us more healthy is a different question. Even to ask this question is indicative of a certain naiveté. Good psychotherapy leaves us less sure rather than more sure about what health really means. It challenges the prejudices we all enter therapy with as to what health is, & our sureness as to why we lack it, or, worse, our sureness as to why we possess it.

Although we are generally not conscious of this, these assumptions about health that we all begin with are derived for the most part from religious teaching. Even the most secular of us carry these assumptions around with us, because we are all the children of a culture that was, until very recently, shaped by religion.

In contrast to religion, however, which purports to tell us what health is, psychotherapy is a journey of gradual discovery of how much of what we initially dismiss as illness may actually have rich seams of new life concealed within it. We learn that insisting on how healthy we are, or demanding to be made healthy, are both kinds of delusion, reflecting a lack of insight into the nature of the human condition, & a lack of faith in the life it contains.

Going back to its original derivation in Greek, the term psychotherapy literally means, the care of the soul. This describes its nature well.

We should however carefully distinguish here between care of the soul, & cure of the soul. Cure of the soul is essentially a religious notion, with the implication of coming closer to God through faith & through renouncing sin. Many people expect psychotherapy to give

us a secular version of this, on the grounds that religion told us how to live, so psychotherapy should do the same thing. This reflects the unconscious assumption that in a society no longer governed by religious teaching we should still be able to achieve consensus on what a healthy state of the soul is. In fact, in the absence of religion (or some enforced totalitarian substitute for religion) no such consensus is possible. The notion of a cure for the soul therefore has no place in psychotherapy.

Psychotherapy comprises a set of intellectual & emotional disciplines for tending & cultivating the individual, in a context where the dogmas & certainties of religion & morality are pointedly excluded. We are particularly watchful here for the tendency to try to transfer certainties derived from religion into secular dress, in an attempt to disguise their dogmatic intent & conceal them from critical examination.

Psychotherapy is a unique development of modernity & cannot be understood outside of this historical context. It reflects the most recent evolution of Western culture, the culture that emerged in the early Middle Ages out of the confluence of the traditions of ancient Greece & Rome with those of ancient Judaism & Christianity. Contemporary psychotherapy reflects the development of these interwoven historical matrices into the modern world. It contains within it elements of Western science & elements of Western art & elements of Western religion & philosophy. If you wish to be a serious psychotherapist you should know something about all these things. And yet it is not exactly a science, & not exactly an art, & not exactly a religion. It is, in fact, like only itself – & its purpose is to help individuals to develop who are like only themselves.

Modern psychotherapy reflects the fact that for a long time now Western culture has been moving slowly towards the evolution of one overriding ethical imperative: the cultivation of autonomous individuals who live beyond any unconditional morality. This is the new faith of the West. We cannot in any sense “prove” that this is a better or more justified faith than the more dogmatic & less individualist cultures associated with the East. But it is our faith, the modern faith of men & women who belong to the Western tradition. It is in the greatest possible autonomy of the individual that we now place our highest hope for man.

No other civilisation has evolved in quite this way. To the extent that other cultures have adopted forms of psychotherapy this is because they have also adopted in some measure the ideas & ideals of the West. The emotional & intellectual autonomy of the individual is the supreme ethical imperative of modernity, & the practice of psychotherapy is this modern imperative made manifest.

Psychotherapy is a development out of modern culture as a whole & it is the property of that culture as a whole. It is practiced by certain people within that culture, but it is not the exclusive possession of any particular profession, or caste, or elected priesthood, or privileged church. If legislation attempts to turn it into such a possession, it will fail.

The philosophy, ideas & practices that underlie modern psychotherapy are accessible to anyone who is receptive to the appropriate authors & texts, who acquires the habit of reflecting carefully on himself & on others, & who, above all, has the emotional capacity continually to shape & reform himself in a way that increases his creative potential in life. If you possess these qualities you may make a good psychotherapist, irrespective of what paper qualifications you may also possess. If you lack these qualities you will not make a good psychotherapist, irrespective of what paper qualifications you may also possess.

If legislation attempts to restrict the practice of psychotherapy to those in possession of particular paper qualifications, the work that characterises it will migrate elsewhere under a new guise (in the same way as a few decades ago it migrated out of medicine). People will seek out & find good psychotherapy, whatever name it bears, & whether or not it is sanctioned by the State.

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In recent times I have noticed a tendency on the part of some public representatives in Ireland to try to politicise the issue of psychotherapy. Some, not confined to any one party, have made a habit of calling for the “regulation” of psychotherapy, & have criticised past & present governments for not having done this. Invariably, these calls are accompanied by reference to one or more

of the many ills in our society – suicide, or depression, or addiction, or whatever. The implication is that the occurrence of such problems is unacceptably high somehow because psychotherapy has not been “regulated”. We are to understand that “regulation” will in some unspecified way ensure these ills are no longer aggravated unnecessarily.

These exercises in popular rhetoric are ill-judged & they are unhelpful.

The purpose of psychotherapy is not to minimise any of these well-known social ills. Any legislation we introduce for psychotherapy, whatever form it takes, will have no impact on the rate of suicide, or sexual abuse, or drug misuse, or domestic violence, or addiction to pornography, or alcohol dependency, or depression, or divorce, or single-parent families, or days lost to psychosomatic illnesses, or any other of the many ills that can be associated with emotional instability. These problems are part of living in a modern secular society & psychotherapy neither can, nor does it aspire to, diminish them.

So what then is the task of psychotherapy?

The task of psychotherapy is, first of all, the cultivation of greater emotional honesty. This is very difficult. Anyone who thinks that it is not should undertake a year or two of serious psychotherapy & see how he finds it. Such a course of educational therapy should be a minimum requirement for any politician or civil servant who has ambitions to contribute to the framing of legislation for it. Only someone who has made a committed personal engagement with psychotherapy, & has genuinely tried to clarify his own motives, can begin to grasp just what a remarkable capacity we all have for lying to ourselves, & how ingenious we are at dressing up our narrowest self-interests in the guise of respectability & altruism. If we can achieve any degree of honesty with ourselves, we are achieving a very great deal.

The first thing we need to be honest about in the context of the present discussion is that none of us has the capacity to improve the mental health of society overall. Responsible governments do have some influence to see that people with manifest mental illness &

disability are treated humanely & well. But they do not have the power to improve the mental health of society as a whole.

Politicians who encourage the public at large to believe that they do have this capacity, & that we can as a society legislate ourselves into mental health, will only provoke false expectations.

Let us take one concrete example that illustrates this point. In principle, much the most effective contribution any government could make to overall mental well-being would be to increase the duty on alcohol to a level where consumption was significantly reduced. At the stroke of a pen, overnight, the mental stability of society would begin to improve. The incidence of serious accidents, domestic & public violence, depression, unemployment, divorce, & suicide would all, almost certainly, decline.

But this isn't going to happen. It isn't going to happen because every government fears the electorate. Any political party that was complicit in an increase in the price of alcohol sufficient significantly to impact on these social problems could comfortably forget about returning to government for the foreseeable future.

Here then is our first lesson in mental health, & it is an awkward one. Taken overall, society has no inclination to recover from its emotional illnesses. And it will not do so.

It will not do so, because what you regard as the signs of my mental instability I will defend (even if I do not entirely believe it) as the chosen style of life that best suits me. And, so long as we are living in an open democratic society, there is no way you can impose your view of the matter on me.

This is the flaw in the proposal to "regulate" psychotherapy. We all agree what physical health is. But we don't agree what mental health is. Mental health, in a society that adheres to the principles of liberty & free inquiry, will always be a matter of personal judgement & taste. What it is, & where it exists, will never be subject to general agreement. And if we cannot agree how something is to be defined, then we cannot make a law for how it is to be achieved. We cannot regulate a process if we cannot specify what the outcome of that process is supposed to be.

To legislate for mental health, so as to make people more mentally healthy in a general sense, is as pointless as to legislate for personal happiness, & for the same reason. What is health & happiness to me might be hell on earth to you.

It is true there are circumstances when mental illness is unequivocal, in the form for instance of the kind of manifest psychosis that Shakespeare gives to Ophelia after the death of her father. In a case like this, there will be no dispute that the sufferer needs to be protected from herself & taken into care.

But in only a tiny percentage of cases is the decision about mental health like this. Most of the time it is impossible to decide, in any kind of objective way that will command general consensus, whether an individual is generally well or generally unwell.

For instance, many people suffer from occasional or even frequent delusions, in the form of visual hallucinations or imagined voices, & yet they lead perfectly “normal” lives, raising families & holding onto productive employment. Should we say such people are mentally ill? Perhaps we should. But who is going to decide? And what of the much larger number of people who do not suffer delusions but who suffer still all the neuroses, & anxieties, & depressions that are the everyday human lot? Should they be classified as sick too? Or should they be regarded as well? Or should just some of them be viewed as sick & others well? Should you be regarded as well? Should I? What criteria are we going to use for such a distinction? And who is going to decide?

The truth is that it is impossible to draw a line between the mentally healthy & the mentally unwell in a way that will command general agreement. This is because as a culture, once we gave up adherence to religious authority & doctrine, we also gave up the capacity to define mental health. We lost this, because our conception of mental health was derived from the moral presuppositions, underpinned by religion, that told us what was the purpose of life & therefore what a man & a woman should be. It is because we can no longer define mental health that psychotherapy exists.

To anyone with a passing acquaintance with the issues raised by psychotherapy this is all common knowledge. If it is not familiar to the would-be “regulators” then the question is: why is it not?

What these confused people propose is to use the law to prescribe certain outcomes for psychotherapy, & to proscribe certain others. A psychotherapist is to be allowed to help a client to achieve some conceptions of health, but she is to be forbidden to help him to achieve others. We are to legitimise some forms of mental health, & delegitimise others. The law, in short, is to be made a substitute for religious & moral doctrine.

In a society that adheres to open democratic principles, this simply won't work. It is a fantasy.

We need to be clear here. If any psychotherapist is behaving in an abusive way towards a client or, for instance, if a psychotherapist is encouraging a client to commit an act that is itself criminal, then he or she is already in breach of existing laws, & should be dealt with under existing laws. Every psychotherapist is & should be bound by exactly the same laws as every other citizen.

What is proposed by the “regulators” is something quite different.

What they want is to specify laws for psychotherapy as such, & therefore for mental health as such. They want to establish an authority, sanctioned by law, with the power to determine what the end goal of psychotherapy may be, & what it may not be. They want an authority with the power to demand what a psychotherapist must be & must do & must say, not as a citizen, but as a psychotherapist.

Since however we cannot define what mental health is, & therefore cannot define what the outcome of psychotherapy should be, it would be an impossibility for any such authority to do what it was nominally supposed to do. It would, therefore, do things it was not nominally supposed to do.

The establishment of such an authority would, in effect, grant monopoly power to certain privileged individuals within the profession to determine who was & who was not allowed to

practice. And since the desired result in psychotherapy cannot be determined beforehand, & since therefore we have no objective measure of the ability of a psychotherapist, the decision to grant the right to practice, or deny the right to practice, would have to be based by these privileged individuals on something else.

It would be based, of course, on the internal politics of the profession itself.

No candidate for psychotherapy can be assessed on the basis of what she knows, because no one can say what a psychotherapist should know. Therefore, in any assessment of a candidate, of her ability & of her qualification to practice, the crucial question is always who she knows, that is to say, who is willing to vouch for her & endorse her. This is how candidates for psychotherapy have always been assessed since the profession originated at the end of the nineteenth century, in the work of Freud & his associates. There is no other way they can be assessed. And this is why since its inception the profession has been characterised by the generation of multiple factions & rival schools.

As long as such a selection process does not have the force of law, it remains relatively benign. A candidate who is unacceptable to one school will usually, if she has any potential at all, find a place in another. This is why preserving a multiplicity of independent schools is so important to the well-being of the profession as a whole. We must have free, competing schools of psychotherapy, because there is no other field in which the knowledge of everyone working in it is so limited & so imperfect & so subjective.

This cannot be emphasised enough. Psychotherapy is wrestling with the core problem of our species, the one that the decline of religion has made manifest & urgent again: What is man? This is the oldest question, & it is the last question we shall be able to answer, if indeed we ever can. No one knows what man is. Every culture has been an attempt to answer this question & every culture has failed to answer it; that is why culture keeps changing. Psychotherapists are the ones who are aware of this. They are distinguished from other men & women not by some specialist expertise but rather by an awareness of how little we know of ourselves & how most of our energy is expended in trying to hide from how little we know.

It is disturbing to see how little appreciation of these fundamental problems the would-be “regulators” of psychotherapy seem to have. First, they propose to give certain schools absolute power within the profession. Second, they want to give to what of necessity can never be more than an informal & highly imperfect selection procedure the force of legal statute.

Consider for a moment what would be the result of such an arrangement.

Those candidates who were able to cultivate favourable connections with the governing cadres within the profession & who were able to meet their demands in terms of fees & training would be granted the right to practice. Those who were not able to do so would be denied the right to practice. The final result would be the drawing of an arbitrary line between those psychotherapists who were favoured by the hierarchy, & thus legally allowed to practice, & those who were not so favoured, who would be criminalised.

The “regulators” defend these proposals on the grounds that the monopoly authority they want to see set up would be able to process complaints from the general public about particular psychotherapists. Again, this claim betrays a lack of acquaintance with the most elementary aspects of psychotherapy.

Any assessment of the technique & general abilities of a psychotherapist requires making a retrospective judgement about private conversations, conversations that dealt with very intimate & emotive subjects, between two people, the therapist & her client, of which no verbatim record exists, & at which no witnesses were present. Under the most favourable of circumstances this is an exercise fraught with difficulty. No matter how carefully you conduct such an assessment you can never be sure you have not made mistakes. In fact you can be sure you have made mistakes, because you are forced to re-create in your imagination a series of events at which you were not present. You can never reach more than a tentative, subjective & problematic judgement.

Furthermore, at some point every serious course of psychotherapy must involve challenge & disagreement between therapist & client.

There will, at times, be upset & anger on the part of the client, & some degree of emotional stress also on the part of the therapist. It is a part of the responsibility of the therapist to ensure this happens.

Now let us put ourselves in the place of the Committee of Wise Men & Women proposed by the “regulators” who are to ensure that only “qualified” psychotherapists are to practice. Suppose we have to consider a complaint from a therapist’s client & are now faced with the task of assessing the course of psychotherapy in question. What objective basis do we, necessarily excluded from that course of therapy, have for distinguishing between justified challenges made by the therapist to the client, that the client will, inevitably, have found in some degree upsetting, & criticisms or verbal attacks that reflect only the therapist's own insecurities or technical failings?

The answer is: we have none.

If a client makes a formal complaint to us, how then are we to judge to what extent the complaint is justified?

How are we to know, for instance, to what extent we are simply looking at a poor match between therapist & client, a clash of incompatible personalities, in fact?

How are we to know to what extent the therapist was just tired or stressed & doing poor work at the time?

How are we to know to what extent the client was simply too lacking in self-critical abilities to respond to what were in fact good & insightful interventions on the therapist’s part?

On the other hand, how are we to know to what extent the problems that the client was bringing to the therapy were particularly upsetting to the therapist’s personal insecurities & anxieties, & caused her to react to them too much from a personal point of view & with not enough professional detachment?

From yet another point of view, how are we to know to what extent the freedom the client experienced to express his anger with the therapist acted in fact in a liberating way for him from things that were holding him back?

What grounds do we have for assuming the conclusion of good psychotherapy should be mutual congratulation between therapist & client, rather than, for instance, a deepened mutual scepticism?

The short answer is, we don't have any. A therapist who is producing disciples & converts is a therapist who is failing in her job.

We cannot answer questions of this nature in any other than the most tentative & uncertain way. They remain always a matter of subjective judgement, & every good psychotherapist is perfectly aware of this.

Yet it is on the basis of such unreliable answers that the "regulators" propose either to allow candidates to practice as therapists, or, it might be, to disbar them.

How things would work in practice, of course, is that complaints against well-established & well-connected therapists would, in the main, be set aside. No one is going to cause professional embarrassment to a friend, still less vote her of a job. But, in order to reassure the Minister that the authority was energetic in fulfilling its responsibilities, complaints made against those therapists less established, more distant from, & less favoured by, the ruling elite would, in the main, be acted upon. Such an outcome as this is inevitable because, to repeat once again, we have no objective basis for assessing the competence of a psychotherapist as a psychotherapist.

Other problems would be created too. Given such an authority as the "regulators" propose, the internal politics of the profession would come under the sway of the larger politics of the State itself. An authority that relied for its mandate on the Minister for Health, who is elected by the public, would not be in a particular hurry to endorse candidates for psychotherapy who were known to hold unorthodox views on mental health, or views that might not run well if reported in the tabloid newspapers. The discussion of mental health by professionals in general would start to be compromised by what was politically acceptable in the larger sense. Psychotherapists & candidates for psychotherapy would learn to

self-censor their views to stay politically correct. The very spirit of psychotherapy, which depends on the courage to speak uncomfortable truth to complacent power, would weaken & fade.

The establishment of such an authority would in short make the profession of psychotherapy as a whole more corrupt, more bureaucratic, & less responsive to the needs of the public.

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Mental health is an objective that each of us can set only for himself. No one else can give us instructions on how to achieve a good life, & no one else can make the journey to a better life on our behalf. A builder can make me a house, a plumber can repair my domestic pipes when they break, an electrician can install lighting in my study, an engineer can design for me an environmentally friendly motor car, a surgeon can heal me when I fracture a bone. All these things can be done for me. And this is why the professions of builder, plumber, electrician, engineer & surgeon can all be regulated by statute with success. If I feel any of them has not done a proper job for me I can appeal to what society has formally stipulated they should be able to do for me, & I can seek redress under the law.

But no one, no father or mother, no church, no priest, no government, no government minister, no psychotherapist, can make me well in an emotional sense. That journey is one I must make myself. And if I decide to make it then it will be a unique journey, for me alone, & it won't resemble the journey to health for anyone else. And if I further decide to enlist the help of a psychotherapist, by employing her to challenge me & get me to see in myself what I cannot see by myself, & encourage me & support me when the anxiety of confronting myself is hard to handle, if I do that then only I can judge whether she has given me the help I need. Because only I can know where I need to get to & only I can know when I am there. I cannot resort to some societally sanctioned criteria of what she is supposed to do for me, because no such criteria are possible, because society cannot decide for me how to be healthy.

In short, we cannot “regulate” psychotherapy without damaging it in a fundamental way, because we cannot specify beforehand what constitutes success, or failure, in psychotherapy. No one else but I can decide whether my therapist has been successful, or helpful, or worthwhile. The suggestion that a third party should step in & decide this for me, by vetting beforehand whom I may call on for psychotherapeutic help, is misconceived in the most profound way. It is an attempt to infantilize a process that exists precisely to assist in the enriching & deepening of adult responsibility.

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The proposal to “regulate” psychotherapy leads to an incoherent result because it is not what it purports to be. Like a neurotic symptom, which in essence it is, it is lying to itself, & to us, about what it is trying to achieve.

The wish to see psychotherapy “regulated” is motivated by an unacknowledged shame & an unacknowledged resentment. The shame reflects an anxiety about not being able to regulate one’s own life & a fear that the signs of this weakness may become visible. The resentment is of those who are strong enough to discover what health means for them & to decide how they are going to live, of those, that is, who are strong enough to regulate themselves.

There is much occasion for shame in modern Ireland. In recent times a spirit of greater emotional honesty than has characterised most of our history has forced us to look into what is an unflattering mirror. Psychotherapy has become a target for “regulation” because it represents & symbolizes this mirror.

Things have been brought to light that for generations we have tried to keep hidden. For instance, the fact that the emotional & physical abuse of children has been an intrinsic part of our culture, sanctioned by the highest authorities; that we have for long been supine in the face of religious doctrine & prejudice; that we are timid when it comes to confronting authority in general; that alcoholism & private violence are a routine part of our lives; that incest is common in our families; that we make daily use of illegal drugs; that we make daily use of pornography; that the delight we take in the misfortune of our neighbour is equalled only by our fear

of his disapproval; that we resent anyone who we think has got something we don't have; that we are deeply suspicious of the stranger in our midst; that we are deeply suspicious of each other.

This is not the Ireland we promote abroad but it is the real Ireland we all know. This is the foul rag & bone shop of the heart where we all start, every day, again.

Our relative honesty about these things is very newly acquired. Only a few years ago we still enjoyed one of the lowest suicide rates in Europe. We achieved this because we lied about the true figures. We lied, because at the time suicide was "regulated", it was a criminal offence.

The spirit of this old "official" Ireland, where "regulation" ensured that messy unpleasant things were not talked about, is not yet dead. It is this Ireland that is calling now for the "regulation" of psychotherapy & for a new culture of hypocrisy about mental health.

In psychotherapy we refer to this kind of self-deception as resistance. Resistance is a response to the challenges of psychotherapy that is rooted in an anxiety that one will not be strong enough to govern oneself.

In the relative privacy of the consulting room resistance tends to show itself in the form of anger or moral outrage. In public discourse it is usually more careful to dress itself in the respectable tones of concern for the public good. In this arena, it generally involves an appeal to some authority that it hopes people will be too frightened to question. In days gone past this might have been the Church. In totalitarian societies it is the Party. In more liberal open societies it tends to be more vague, abstract notions like Science, or Public Safety. But in every period & context it betrays its true nature by the attempt to place in question either the validity or the possibility of the emotional & intellectual autonomy of the individual self. It is regressive, because it refuses to accept the only authority which in the present age now has final legitimacy: the exercise of personal autonomous adult judgement.

It is not only those outside the immediate world of psychotherapy who suffer the pressure of all this revelation. Those of us who work within that world suffer it too. Exploring the unconscious is a fascinating & rewarding discipline. But it is also, at times, stressful, & it needs strong nerves. Often it can result in a kind of emotional vertigo, when the ground under one's feet seems to sway, & when one wishes dearly for greater stability & firmer points of guidance.

There are moments when all of us working as psychotherapists wish we had some assurance from authority that all this uncovering of its nakedness were not going to leave us without a guide. As much as we all wish to be free of the old gods, there are moments of confusion & fatigue when we wish back again the reassurance they seemed to provide. This anxiety, this fear of paralysis & retribution for challenging ancient authority within ourselves, is scarcely acknowledged even to ourselves, because we are ashamed of it; it is incompatible with our image of ourselves as toughened explorers of the unconscious. But it too is an important source of the appeal of "regulation" & it is why calls for it can be heard within psychotherapy also.

Sometimes, too, this moral anxiety on the part of psychotherapists mixes with other, less noble motives.

Within the profession of therapy there are some older & better established practitioners who feel it is in their interest to try to establish a greater control of entry into it. This is less about diminishing competition from new entrants than it is about establishing a monopoly on training, which, because it can last so long, can be very lucrative.

Training therapy always involves some compromises with the principles of therapy. This is unavoidable. A client who is attending a therapist purely for personal reasons can terminate the therapy any time she feels she is not getting value for her money. In contrast, trainee therapists are often required to attend for thousands of hours of educational therapy extending over several years, irrespective of whether they genuinely need this in any personal sense. When a therapist is working in a training capacity therefore she has significantly more power than she has with other

clients. As everyone in the profession is aware, courses of training therapy are often unsatisfactory from a purely therapeutic point of view for this reason.

A monopoly authority for “regulation”, however, would deepen these known problems rather than alleviating them because it would give even more power to the training therapist than she enjoys under the present comparatively open system.

The method of therapy hinges upon the freedom of the client to challenge & to criticise the therapist, including in personal terms. Emotional honesty is not possible if the client is not assured he has this freedom. But how many new candidates would have the confidence to challenge a training therapist who potentially, through the submission of a negative report on the candidate’s progress, had the power at the least to delay his acquisition of a licence to practice, which in practical terms might mean denying it altogether?

The essentially corrupt system proposed by the “regulators” would gradually squeeze out from the profession the maverick & the outsider, those who have the greatest capacity for independence of mind, & who constitute the life & soul of psychotherapy. They would be replaced by the timid, the conforming, & the politically ambitious.

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Grandiose schemes to “regulate” psychotherapy reflect, among other things, out-dated & superficial analogies between psychotherapy & medicine.

In the past, the practice of medicine relied significantly on the personal relation between the physician & his patient. Over time however this aspect has been transferred out of medicine into psychotherapy, & medicine has changed as a result. Modern medicine relies now as far as possible purely on the disciplines of the physical sciences & on the principle of what is “evidence based”, which means the assumption that what works in one case will probably work in another. The ideal now in medicine is to minimise the divergence that patients with the same condition receive from

different doctors. The aim is to minimise the personal element as much as possible.

In psychotherapy such an approach is quite useless.

In psychotherapy, we start from the assumption that what works in one case will certainly not work in another, because what we are treating here is precisely what makes the patient different from everyone else. The notion of “regulating” such a process externally is a contradiction in terms.

The purpose of psychotherapy is to educate the individual in her own nature, so that she can then continue her life in a way that is more creative, in whatever way she has potential to be creative. Whether other people in society then approve or disapprove of the life she goes on to live can never be a legitimate concern of psychotherapy.

Any legislation for psychotherapy therefore, if it is to be of genuine value & not merely a pretext for undermining the challenge it represents, can never concern itself with the attempt to make the outcome of therapy more acceptable from the point of view of society as a whole.

What legislation for psychotherapy should aim for is an objective that is honest, modest & realistic.

The aim should be to make the market for psychotherapy as efficient & transparent as it can be & to see that the public has as much information as possible about particular psychotherapists & about psychotherapy in general. The profession should be made not more closed, as the “regulators” would like, but more open.

It should not be made more difficult than it now is to enter the profession. A multiplicity of schools & viewpoints should be cultivated & protected. No school of therapy should be given legal privileges over others, & no therapist should be obliged to join a school. Information about therapists should be made readily available to the public. A register of therapists, outlining educational qualifications, contact details & any other biographical information each therapist wished to give, would be useful.

Also useful would be more general education for the public, outlining what they should expect from psychotherapy & what they should not expect from it. Rather than being encouraged to complain when they find psychotherapy is not what they anticipated, the nature of psychotherapy should be better explained to them.

People should be taught that psychotherapy is a process of learning & discovery about the self. Like all genuine learning it involves hard work & sometimes it will be stressful. In psychotherapy you must expect to be challenged, it is not the task of the therapist always to agree with you. It won't always be plain sailing. There will be times when you will feel confused, & there will be times when you will feel angry. This is what you must expect in psychotherapy. It is not easy. It is not comfortable. However, your therapist should also be supportive of you through this process, & should be sensitive to how much confrontation you can handle. If after a reasonable time with a therapist you feel you are not being properly supported, then you should discontinue, & possibly consider an alternative therapist. But the decision either to stay with a therapist or to leave is ultimately your responsibility alone.

Psychotherapy is not for children. It does not offer a sugar-coated world of easy alternatives & peace & love & happy endings. It is an engagement with real grown-up life, with all its tragedies & terrible dilemmas & conflict & responsibilities & unfairness & uncertainties & mistakes & imperfections. If you feel you cannot handle such an engagement, then don't enter psychotherapy, this is not something for you.

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The essence of modernity is the recognition that we don't know what man is in a spiritual sense. We cannot say where man is going. Modern psychotherapy is one reflection of a new phase of human culture, one in which we acknowledge that we do not in fact have the answers to life that religion told us we did have. We now understand that trying dogmatically to impose solutions on ourselves, where there is in fact only ignorance, diminishes our humanity & diminishes our faith in man.

In a culture that has given up religious dogma, man has become an experiment again. Each of us is an experiment to see what health for the animal man might mean. And each course of psychotherapy is an experiment, to explore, very tentatively, what health for one particular individual might mean.

This requires courage. It requires faith in ourselves & faith in the future that we are creating.

Calls for the “regulation” of psychotherapy spring from a lack of this essential faith. They arise from an anxiety that we do not have within us the resources to deal with an unpredictable future, one that may not be like the past.

Good psychotherapy is premised on the faith that we do in fact have the resources within us to deal with this future. We are creative, we can meet the uncertainties of the future, we are not just passive dependent children at the mercy of events. Tomorrow does not have to be the prisoner of yesterday.

Essentially, we have to decide what it is we as a society wish from psychotherapy. Nothing would be easier, of course, than to turn the profession into just another form-filling adjunct of the swollen bureaucracy of health. This would be a great shame, & a great opportunity lost.

Alternatively, however, we could work to make psychotherapy a vital & challenging part of the cultural & spiritual education of the people, helping us to question our prejudices & comfortable assumptions, & helping to re-open those deeper springs of our creativity which we have, for the moment, in our timidity, shut down.

With kind regards,

Marcus Bowman