

**THE FUTURE OF THE PERSON-CENTRED APPROACH IN THE UK
AND THE CASE AGAINST HPC AND STATE REGULATION:**

An open letter to the British Association for the Person-Centred Approach (BAPCA)

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'We must face the fact that in dealing with human beings, a certificate does not give much assurance of real qualification.' Carl Rogers (1980, p.246)

'What more dangerous scenario can there be than a state-regulated helping industry, funded by the state, to provide the state-approved "treatment" of distress?'
Pete Sanders (in Proctor, Cooper, Sanders & Malcolm, 2006, p.110)

These are difficult and uncertain times for the person-centred approach (PCA) in the UK. The probability of State Regulation of counselling and psychotherapy – undoubtedly the most significant single event in the history of the profession in this country – increases daily. The consequences will have profound and lasting effects, reverberating far into the everyday practice of all counsellors and psychotherapists.

This 'open letter' is a direct call for BAPCA to act now, to assertively oppose State Regulation in the form proposed and to explicitly withdraw support for the Health Professions Council (HPC) as the body nominated to act as regulator. It is also a clarion call to the wider person-centred community to join with us in rejecting all current attempts to impose de-humanising restrictions upon our lives and work. Collectively the authors and signatories wish to state the case for an explicit, principled rejection of State Regulation under HPC and to propose a consultation, coordinated by BAPCA, on the implications for the person-centred approach of statutory registration and other civic accountability systems. We will argue that ultimately State Regulation has the power to threaten the very existence of person-centred therapy (PCT) in the UK and that it would be unwise to assume that we are immune or impervious to such threats. We suggest it is not only legitimate but also our *responsibility* to fight for our right to exist so that potential clients (the public) have the option of PCT in the future. We also ask BAPCA to publicly support members considering taking a position of 'principled non-compliance' (House, 2009) with HPC.

To begin to understand what is at stake, it will be useful to consider briefly the history of the radical tradition of person-centred counselling and psychotherapy, which is of utmost relevance to the dilemmas we are facing now. In the middle of the last century, Carl Rogers paved the way for therapists outside an established professional elite to practice psychotherapy, accepted at the time as the exclusive territory of medics and psychiatrists. In many ways he was in a similar position to those standing against HPC regulation today; there were concerted efforts to discredit him and even to suggest that he was behaving irresponsibly by encouraging his clients to determine their own way forward (Thorne, 1992). Among Rogers' numerous battles, he successfully resisted an attempt to close the Counselling Centre at the University of Chicago, following accusations that he was allowing psychologists there to practise medicine – that is, psychotherapy – unlicensed (Rogers, 1980). At the time Rogers found a tactical way around this by changing the name of the activity to 'counselling', (Thorne, 1992) a move which ultimately contributed to the full development of 'client-centred therapy', facilitated its rapid expansion during the 1950s and 60s and, more broadly, opened up a professional and ideological space for a non-medicalised psychotherapeutic practice.

As we know, the approach marked a move away from diagnosing and formulating treatment programmes for 'patients' and towards a deep respect for both the client's unique subjective experience as a person and their right to self-determination. This has now been at the heart of person-centred practice for decades and is underpinned by our understanding that what matters in therapy is the quality of the relationship, not the professional status or academic achievements of the practitioner. Indeed, Rogers thought such baggage could diminish rather than augment a therapist's ability to relate to another (Rogers, 1980; Thorne, 1992).

With HPC this baggage will be heavy indeed, regardless of how many concessions are offered to the major therapy organisations in the coming months. All manner of bureaucratic expectations will be placed upon the practitioner and we know already that the HPC is irretrievably immersed in a medical model, as its proposed Standards of Proficiency clearly demonstrate. How, we ask, is it possible to hold in such high esteem all that Carl Rogers fought for and then acquiesce to its opposite?

Let us be absolutely clear, the person-centred approach does not operate in a healthcare or medical paradigm. Its philosophy and practices are in stark opposition to the ideological

assumptions of the HPC's whole approach to counselling and psychotherapy. Person-centred work is grounded in and reliant upon the principles of authenticity, emancipation, empowerment, self-determination and autonomy – and standardised regulatory practices are in conflict with these very principles, as articulated recently by one of the present authors (Rogers, 2009).

We are reminded that Levinas once asked whether any rule-based systematisation of ethical responsibility, either statutory or voluntary, could ever equate to a genuine responsibility for the other person (Mansell, 2008). To us this seems particularly relevant to the issues being debated: we do not accept that HPC are capable of providing an authentic, ethical system of accountability for the person-centred (or any other) approach.

Furthermore, as one of the present authors has written,

Creating the illusion that clients will be safe because of a state registered system carries its own risks. As in wider society, the increasing dependence on other external sources to protect the vulnerable could serve to lessen the chances of clients following their own senses, thus limiting their ability to make their own judgements of perceived risk and threat (Murphy, 2009).

Add to this an increasingly fear and blame based culture and we have the ideal recipe for the loss of authentic ethical practice. If ever counter-argument were needed for the HPC's unevidenced public protection mantra, this is it.

There is a crucial point here, that the schism between the PCA and HPC State Regulation is not just one of high-minded theory, it is of practical import. Under HPC our work will be judged against standards and systems that are entirely incongruent with our values as person-centred practitioners. In contrast, the message from HPC and its Professional Liaison Group (PLG) is that modality is not an issue, a gross misunderstanding that it would be extraordinarily naïve to accept. Indeed, there is a tangible threat to the survival of the PCA as we know it. HPC is not a value-free institution. As its critics have articulated so insightfully, it represents a specific cultural trend that is antagonistic to humanistic values (e.g. <http://ipnosis.postle.net/>). Some modalities clearly 'fit' into this value system and inevitably support HPC as the regulator (Low, 2009). Yet in one sense, HPC represents a modality all of its own. PLG members have been heard to say that through regulation they

are creating a *new profession* rather than improving an existing one (Low, 2009; <http://hpcwatchdog.blogspot.com/>). Meanwhile, other commentators are already responding to the HPC threat by steaming ahead with plans to redefine the activity of counselling altogether, suggesting it should be a frontline flexible response service (McLeod, 2009). Do we really want to see the PCA's 'decimation by assimilation' into this new professional activity?

Modality, then, is *directly relevant* to this discussion. If anyone is sceptical of the modality-specific dangers of the proposed regime and imagines they can just 'work with' the process and carry on regardless, there are early warnings that this will not be possible. One of the present authors recently became aware of a diploma course shifting away from being specifically person-centred because the training team fear the approach will lose credibility post-HPC. Let us not forget, too, that there are links (sometimes difficult to grasp) between State Regulation and two other government initiatives, IAPT and Skills for Health, neither of which can be regarded as particularly supportive of the person-centred approach and our differing philosophy, practices, research methodologies and notions of evidence. Many person-centred practitioners are already losing work in primary care to low-level CBT workers, while person-centred trainers increasingly report career-minded students being interested only in CBT. The climate is already changing.

The idea that we can 'carry on regardless' is, in any case, deeply flawed. Therapy exists within a professional and wider social-cultural environment from which it cannot remove itself and on which it depends for sustenance. To illustrate, Carl Rogers famously observed that the potatoes in the cellar still strive for fulfilment of their potential, even in the worst of conditions. But the more noxious the environment, the more difficult and hazardous the growth process. However much we might try to protect the therapeutic space, the polluting influences of the medical model and the bureaucratisation and standardisation brought by HPC will undoubtedly create a noxious environment for the PCA. Have no doubt, this will then bleed into our work with clients, such that our own incongruence and deference to external authority will restrict our creative freedom and compromise our clients' abilities to free themselves from internalised criticism and judgement (Rogers, 2009). Such corruption of the therapeutic space must be resisted.

We regret that outside of a few lone voices, to date there has been no strongly articulated account of these issues or any clear rejection of HPC from either BAPCA or the wider person-centred community. We believe this could be interpreted as a sign of weakness (or indecisiveness) rather than of strength and leaves it reasonable to conclude – indeed it appears so to those inside and outside the organisation – that BAPCA supports the move towards State Regulation by HPC. Such silence has and will come to cost us all dearly. Thus far it seems the position taken by BAPCA is one of minimal action and quiet collusion with the State’s nominated authorities. In addition to this political error and the values incongruence (or ‘inauthentic professional self’) that results from not resisting the HPC juggernaut, it seems to us that manoeuvring to a submissive position constitutes a neglectful and irresponsible avoidance and denial of our own power and authority.

With these issues in mind, there are some political realities to face up to. While BAPCA are rightly concerned with valuing different perspectives, we must also realise that there is no ‘neutral’ ground to occupy here. To not oppose HPC is itself a political act, which, like it or not, will be taken by both HPC and the government as agreement by default. For person-centred practitioners, we believe opposition to HPC to be the more *values congruent* position, so are calling on BAPCA to take a similarly principled stance as an organisation.

It is, of course, important for the multiplicity of views in the BAPCA membership to have genuine representation – but committing to voice this diversity does not mean hiding in neutrality. BAPCA has a mandate to take the congruent, principled stance we have proposed: the overwhelming majority (84%) of those who responded to the October 2009 survey by the Coordinating Group (CG) were against HPC Regulation and in the survey conducted in 2008 over 50% of respondents said they wished BAPCA to investigate alternatives to regulation. Interestingly, these figures also mirror the growing opposition in the wider therapy community, as evidenced by BACP’s rejection of the HPC Professional Liaison Group’s (PLG) proposals and Andrew Samuels’ recent election to Chair of UKCP on an anti-HPC ticket.

Now is the time for BAPCA to take a leading role and for the CG to publicly reject State Regulation through the HPC, before it is too late to have any meaningful effect on the regulatory process. We recognise that this is a challenging time for the CG and so wish to offer our heartfelt support and commitment to take this forward. As with all times of change

and crisis there is danger but also potential and opportunity; if the energy that undoubtedly exists around regulation can be harnessed and channelled productively, it will fuel a new beginning for the person-centred approach. Certainly many people with whom we have had dialogue as this letter took shape felt that the regulation issue, far from being a distraction, has rekindled a passion for their work. We call for BAPCA to do the 'right thing' and suggest that far from this being a divisive or overly controversial action, it could be the very thing to give the organisation a new lease of life.

So, far from having anything to lose in voicing a principled rejection of HPC, we believe there is much to gain. In taking a stand, BAPCA can show a renewed vigour and sense of purpose, with a contemporary perspective that perhaps of late has been rather lacking. Potentially, BAPCA can strengthen the position of the person-centred orientation as a reputable, meaningful, principled approach to helping. And with other organisations that are now listening to their members and turning against HPC, BAPCA could be at the forefront of clarifying and protecting the very meaning of counselling and psychotherapy.

This is about much more than BAPCA and its membership, it is about the potential marginalising of the person-centred approach in the UK. One of BAPCA's stated aims is to ensure policy makers do not overlook what is involved in person-centred practice. The BAPCA website quotes Irene Fairhurst, co-founder of the organisation, as saying, 'we wanted to create a Person Centred forum and also create an organisation that could give input to regulators from a Person-Centred viewpoint'. This needs to happen now. If BAPCA fails to make a clear rejection of HPC State Regulation, then sadly we will have failed dismally to act in a way that is congruent with the philosophy, values, history and practices of the approach at precisely the time when action was most needed.

Ultimately, the strongest argument against State Regulation under the HPC is the almost complete absence of any coherent, convincing case *for* regulation under HPC. This is no longer about 'politics' or 'power' in the abstract – but is something that demands our urgent attention and action now. Unless that happens there may ensue a profound disillusionment amongst the membership and risk of more serious disconnection between practitioners and their representative bodies. Do BAPCA and the wider person-centred community really believe that to be so uncritically accepting of something so fundamentally wrong is the best way forward for the person-centred approach?

One final point. In case the 'oppositional' stance to HPC expressed here feels to some too negative, please consider our proposal for a consultation on constructive alternatives. Elsewhere there is much work going on to develop new accountability systems, some with State involvement, such as that proposed in the highly regarded Maresfield Report (2009), and some without, such as Denis Postle's Practitioner Full Disclosure List (demo here: <http://thelist.eu/>), a version of which is being trialled in Bristol. The approach would have much to gain from and much to contribute to a dialogue with those involved.

The authors of this open letter are fully committed to helping the CG take these issues forward, in the belief that we are following the honourable, radical tradition of the PCA. There is a huge resource of untapped potential and talent both within the BAPCA membership and close by. As is clear from the list of signatories to this letter, many people have come forward to show support for the CG in taking up the position we propose. It is hugely important this potential be released, if for nothing else then for the survival of the person-centred approach in the UK.

We the undersigned call for a principled rejection of State Regulation under HPC and for the person-centred approach in the UK to consult with itself and others, coordinated by BAPCA, on the wider issues associated with statutory registration and civic accountability. We also ask that BAPCA make clear how it will support practitioners who plan to take a stance of principled non-compliance with HPC.

Signed,

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