

PSYCHOTHERAPY: PHILOSOPHY, NOT MEDICINE

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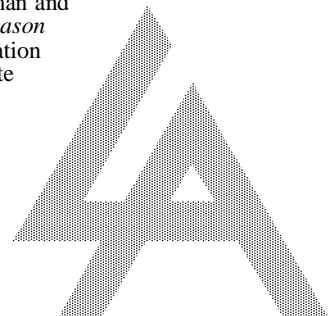
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JUDY TAME

WHAT IS PSYCHOTHERAPY?

In modern usage therapy means a treatment which heals or cures a disease. Thus, psychotherapy aims to be a treatment for the mind in its widest sense, including emotions and spirit. The word 'counselling' is often used as an alternative, and I will use both terms interchangeably.

There are several schools of counselling today which say they reject the medical paradigm. Yet they still gather themselves under the medical umbrella and they still like to call themselves therapies. We immediately have an image of a passive patient afflicted by a disease which is cured by an expert. This is reflected in the duration of training offered to those who would be accredited psychotherapists and counsellors. For example, the two year Diploma in Existential Psychotherapy taught at Regents College, London, is theoretically more outside the medical paradigm than many on offer. It emphasises the careful use of language and the clarification of personal philosophies. An ideal course, one would think, for philosophically aware laypersons with people skills who would like to apply them to help others. Yet to get onto it you have first of all to pass the two-and-a-quarter year long MA, and to get the MA you have to hold at least a one year certificate. Oh, and not forgetting the Bachelor's degree in any subject before all of this commences! Over six years of advanced education, training and certification are required *before* you are allowed to study an approach which itself rejects the medical paradigm.

Now I admit that this is an extreme example. The point is that most of those psychotherapies that reject the medical paradigm - as well as those that accept it - still want to create a mystique around the art of helping by setting up lengthy pseudo-medical trainings which produce accredited 'experts'.

These 'experts', armed with a battery of theories, often believe that they, and only they, should be allowed to counsel, in the same way as the doctor believes that only his profession should be allowed to practice medicine. Many certificated psychotherapists believe that they have a monopoly on counselling skills because, for example, they know when transference or counter-transference is happening.

Yet when I review my own experience over the course of sixteen years, I know that I advanced far more with two uncertificated but very intuitive counsellors, than with three highly qualified 'experts' two of whom stunned me with their lack of perception and empathy.

I should make it clear that I do not intend to argue that no special training should be required to become a genuine psychotherapist (although as a libertarian I am against compulsory qualifications). The trouble is that the whole range

of disparate human problems has been targetted for psychotherapeutic intervention, from serious depression and traumas to the ordinary day-to-day dilemmas and angsts that we all suffer as a natural and inevitable consequence of being human.

I accept that counselling severe depression and trauma requires a special (but non-medical) expertise which will probably involve lengthy training. But ordinary human unease is quite different. It is a philosophical problem of living, often a search for meaning and direction. The sort of help it requires is not only non-medical but also non-therapeutic. No treatment or cure is necessary. Clients are often highly successful in many aspects of life.

On the surface, their lives work very well. The help that they need is consultative and short-term. As they are naturally able people they can do much themselves when supported by a consultant with an awareness of concepts and the use of language, plus liberal dashes of compassion and common sense. This is really a more sophisticated version of the sort of wisdom that used to be supplied by granny and grandad or the tribal elders. Contacting feelings is, of course, an essential part of the process. But at this level intense emotional catharsis, which I accept needs skilled supervision, is neither relevant nor necessary.

I believe that much of what is called psychotherapy is in fact an important branch of applied philosophy (like political theory or ethics) which has mystified itself by copying the style and methods of pseudo-medical therapies. Why else would it take over six years of prior higher education and training to enrol on a diploma whose theoretical mentor was written:

Existential counselling can be likened to a practical tutorial in the art of living. ... [And] is a philosophical investigation rather than a medical or psychological one.¹

If this form of helping is truly applied philosophy ideally suited to the able rather than the disabled, then in my view it is consultancy, not therapy. Strangely, some eminent psychotherapists have concurred without acknowledging the obvious implications. Emmy Van Deurzen-Smith, who is responsible for the exclusive diploma, has said that:

The therapist is a consultant who can provide the client with a method of systematic support.²

Aaron Esterson, former colleague of Ronald Laing, was even more honest when he wrote:

[D]oubts have been raised publicly as to whether the possibility does exist of a special expertise in intervening constructively in the lives ... of others ... and if it does, should its exercise be the purview of a particular group employed by official agencies?³

If philosophy is to be more than the stale, inaccessible sophistry of academic departments, then it must be applied to practical day-to-day living. Viktor Frankl, the founder of a school of psychotherapy called Logotherapy (he still felt the need to therapise!) put it well when he wrote:

[A]n adequate view of man [is] that sphere of human existence in which man chooses what he will do and what he will be in the midst of an objective world of meanings and values.⁴

Van Deurzen-Smith writes of her branch of psychotherapy:

The counsellor guides the client in the direction of increased insight by dialectic questioning in the spirit of a philosophical investigation.

Existential counselling is in the final analysis a process of exploration of the value and meaning that an individual can find in her life.⁵

The fee is paid in return for the service of disciplined and methodical exploration of the client's way of life and living ability.

To call this psychotherapy is a mammoth mystification by a group of professionals who I suspect want to create a monopoly on counselling.

Let us now look at a number of more philosophical psychotherapeutic schools to see how they provide not therapy, but consultancy, not treatment but practical philosophy. (Incidentally, my un-hidden agenda is to show that any mentally sharp person with empathy, people skills plus a little skills training, and above all a degree from the University of Life, can do it!)

PERSON-CENTRED THERAPY

Person-Centred Therapy was developed by the late Carl Rogers, who was probably the most influential psychologist in American history.

Rogers pioneered a major new approach to psychotherapy, known successively as the 'non-directive', 'client-centred' and 'person-centred' approach. More than any other individual, he was responsible for the spread of professional counselling and psychotherapy beyond psychiatry and psychoanalysis to all the helping professions - social work, education, ministry and others.

And, although I have never seen him acknowledged as such within or without the libertarian movement, I believe Carl Rogers to be a major creator of individualist psychotherapy.

For Rogers, the goal of psychotherapy is to help clients become true to themselves as self-directed individuals - a process which he calls "becoming a person". Says Rogers:

Prior to therapy, the person is prone to ask himself, often unwittingly, "what do others think I should do in this situation?" What would my parents or culture want me to do? What do I think *ought* to be done?⁶

However, during therapy the individual learns to ask,

How do *I* experience this? What does it mean to *me*?⁷

Rogers states elsewhere:

I find that many individuals have formed themselves by trying to please others, but again, when they are free, they move away from being this person.⁸

He quotes one professional man's experience of therapy:

I suddenly felt that I simply *had* to begin doing what I *wanted* to do, not what I thought I *should* do, and regardless of what other people feel I *should* do. This is complete reversal of my whole life! I've always felt I *had* to do things because they were expected of me, or more important, to make people like me. The hell with it! I think from now on I'm going to be just me - rich or poor, good or bad, rational or irrational, logical or illogical, famous or infamous ... To thine *own* self be true.⁹

Although Rogers' approach, in the words of one of his UK exponents, "travels light as far as theoretical concepts are concerned", it is strongly influenced by the branch of philosophy called phenomenology, developed by Edmund Husserl. Putting an extremely obscure theory as simply as I can, Husserl argued that we actively create the way we see the world, and we only see the world through the prism of our perceptions.¹⁰

Translating this into psychotherapeutic terms, Rogers was primarily concerned with the clients' own interpretations of themselves and the world - in other words, their 'world-view'. This approach emphasises the need to see things through the clients' eyes; to make sense of their personal interpretive and value systems without imposing an external interpretation such as psychoanalysis.

I understand this to mean that Person-Centred Therapy's method helps clients to become aware of, and live by, their personal philosophies, although Rogers does not use these terms.

What he does say is that when becoming more autonomous, the individual "decides what activities and ways of behaving have meaning for him and what do not", and the therapist's role is to support clients' growing awareness of their personal 'way'.

In order to undertake this task, Rogers taught that therapists should not set themselves up as remote experts, but should build a relationship between equals which places the clients and *their* perceptions at the centre.

Rogers outlined three core conditions for his approach, requiring the counsellor to:

1. Be genuine,
2. Offer total acceptance, and
3. Feel and communicate a deep empathetic understanding.

Rogers emphasised that therapists be non-directive; should accept totally the clients' perceptions and follow the client's agenda rather than their own.

Person-Centred Therapy is above all an excellent methodology for helping people in all situations. I first encountered it, without having heard of Rogers, on a sales course! There the obscurities of phenomenology were distilled into the crystal clear axiom: "Ask Don't Tell" - implying that even when selling the best method is to shut up and listen to the client. Ethical salespeople have successfully used person-centred methods for years, without anything like the

two years' training now required for accreditation as a Person Centred counsellor.

If we view much psychotherapy as really applied philosophy, then the person-centred approach provides a method of eliciting the client's world-view. Rogers offers a powerful combination of the human values of warmth, acceptance and relationship, and the ancient Socratic technique of asking questions instead of giving answers. This is surely applied philosophy at its best - not just sterile mentalising but a harmony between feelings and logic, one supporting the other, so that the world-view elicited comes from the *whole* person.

Person-Centred Therapy offers a Socratic technique of enquiry which can be used in many forms of consultancy. In fact, Rogers himself advocated the use of his approach in other fields, such as education. If we could view the Person-Centred approach as a consultative style rather than a therapy, then much of the mystique surrounding its practice in psychotherapy can be removed.

RATIONAL-EMOTIVE THERAPY

Rational-Emotive Therapy (RET) is an interesting contrast to Person-Centred Therapy (PCT). It is much more directive and goal-orientated, and, where Rogers offers unconditional acceptance of the client's world-view, RET aims to identify and help change 'irrational' assumptions.

In short, RET is a Rottweiler to the Rogerian teddy bear.

Whereas Rogers is prepared to accept any perception of reality offered by the client, RET directs clients continually to test their hypotheses about themselves and the world using logical disputation. Unlike PCT, it is a self-consciously philosophical approach.

I quote from Windy Dryden, the UK's foremost exponent of RET:

Rational-Emotive theory stresses that we are born philosophers. We have the ability to think about our thinking and to recognise that we are highly influenced by our implicit philosophies of life ... we are also scientists and are able to appreciate that our philosophies are basically hypotheses about ourselves, other people and the world that need to be tested. This is best done together with our philosophical abilities, particularly our ability to think critically about the logical and illogical aspects of our thought.¹¹

Windy Dryden points out in one of his many books on the subject that the school's founder, Albert Ellis, was influenced more by philosophers than by psychologists, with a special interest in practical philosophy. In particular, Ellis was influenced by the Roman philosopher Epictetus, who stated that "men are disturbed not by things but by their view of things."

I find Dryden's frank acknowledgement of RET's philosophical roots refreshing. For example, he writes:

RET practitioners tend to be intellectually, cognitively or philosophically inclined and become attracted to RET because the approach provides them with opportunities to fully express this tendency.¹²

Dryden emphasises that RET counsellors would agree with Rogers's three core conditions for psychotherapy: genuine-

ness, unconditional acceptance and empathy. But, he adds, we not only communicate that we understand how our clients feel, we also offer *philosophical* empathy, "showing them that we understand the philosophies that underpin these feelings."¹³

Unlike Rogers, RET recommends an active-directive counselling style and, in Dryden's words, "it encourages clients to go quickly and efficiently to the philosophic core of their emotional-behavioural problems."

Probably the most muscular therapy on offer, RET teaches clients to focus directly on "changing their irrational ideologies". Dryden notes that Rational-Emotive counsellors are "not loathe to confront their clients with their self-defeating behaviour" and that they often adopt a problem-solving approach.

I have not seen him use the word, but from Dryden's description RET's method appears to have a lot in common with consultancy. Ellis, it seems, argued that RE counsellors have, among others, the following characteristics:

1. They enjoy being active and directive.
2. They are devoted to philosophy, science, logic and empiricism.
3. They are skilled teachers and communicators.
4. They enjoy problem-solving.
5. They are energetic and forceful.

All of which suggests a totally non-medical, philosophic/cognitive paradigm. It is therefore all the more surprising to read in Windy's book that RE counsellors also apply their techniques in a way consistent with what he calls RET's *clinical* theory. Clinical is everything to do with treating a sick patient and nothing to do with, for want of a better term, philosophical consulting - which is surely what RET really is.

I am unsure what the clinical theory behind RET can be, and how it fits with Dryden's descriptions of RET's methods:

Once the irrational belief has been disputed, it is important that your client learns to replace it with a new rational belief... [then] dispute it logically, empirically, and pragmatically.

When you use the Socratic style of disputing, your main task is to ask questions concerning the illogical, empirically inconsistent, and dysfunctional aspects of your client's irrational beliefs, although these questions may be interspersed with brief explanations which are designed to correct your client's misconceptions about these points.¹⁴

A clinical theory suggests that the problem being treated is one over which the patient has no control, whereas RET presupposes an active client capable of changing his fate through dialogue, logic, reason and correct action. The difference is important, because a psychotherapy with pretensions to clinical theory - if reflected in training and accreditation - will inevitably be a far more exclusive affair than one which sees itself as offering no more and no less than a form of applied philosophy.

Dryden supplies an interesting example of an actual case in his book *Rational-Emotive Counselling in Action*. The

problem that the client, Steve, brings to therapy is his fear of failing his PhD. The fascinating dialogue which follows takes Steve through a process of identifying his beliefs that do not stand the test of reality, and replacing them with ones that do. The process is relatively short-term - only a few months - and is a good example of highly skilled consultancy using philosophical methods. But I doubt very much that it was therapy, or, indeed, that Steve needed therapy. The issue, after all, was a problem of living - similar to the sort of anxiety that we have all probably suffered from time to time. And, as I have argued before, the sort of help required by fundamentally able people like Steve for problems of living is surely very different from that required by, for example, seriously depressed, phobic and traumatised people.¹⁵

LOGOTHERAPY

Logotherapy was founded by Austrian psychiatrist Viktor Frankl. Frankl is a practising Jew and concentration camp survivor. His religion and his experience in Auschwitz, along with the philosophy of Existentialism, were the roots of the approach he founded.

Frankl is interesting because he is also a medical doctor and psychoanalyst working in a Vienna hospital. The people he treats are 'patients' and call him "Doctor". Yet in Logotherapy, he has created a philosophical - even moral - approach to helping people with problems. The resulting mixture of paradigms is paradoxical, but Frankl does make a serious, but in my view unsuccessful, attempt to distinguish logotherapy from psychotherapy. He says:

The aim of psychotherapy, especially psychoanalysis, has been secular confession; the aim of logotherapy, especially existential analysis, is *medical ministry*.

The area we have entered with our logotherapy, and, above all, with existential analysis, is a borderland between medicine and philosophy.¹⁶

And hats off to Frankl for at least broaching the subject of appropriate practitioner qualification:

Is medical ministry - or, for that matter, psychotherapy in general - learnable? Is it teachable? All psychotherapy is ultimately something of an art. There is always an irrational element ... The doctor's artistic intuition and sensitivity is of considerable importance.¹⁷

The language is clinical, but the method advocated for logotherapy will be by now familiar:

[The patient's] confession compulsion was not a symptom at all. It therefore was not susceptible to the ordinary interpretations of psychotherapy; what was required was the logotherapeutic methods of matter-of-fact discussion, of taking the moral issues at face value.

The philosophical disputation between the doctor and his [suicidal] patient was the only possible means by which the patient could be brought to an affirmation of life ... The conversation had both a logotherapeutic phase, dealing with suicide on philosophical grounds, and a psychotherapeutic phase in the proper sense - in which the doctor attempted to clarify the psychological background to the man's decision.¹⁸

The mixture of the clinical and the philosophical language is bizarre but is perhaps partly explained by the fact that many of Frankl's 'patients' have what may be justifiably called neuroses. However, I view even the term neurosis with suspicion, especially when Frankl refers to "unemployment neurosis" (the psychic reaction to unemployment) and "Sunday neurosis" (aversion to Sundays).

Like RET, Frankl proudly proclaims that logotherapy is about philosophy, and also like RET he takes an objectivist position. But whereas RET's standard of rational is simple correspondence with reality, which is understood pragmatically as whatever works, Frankl suggests that his patients' world-views can be right or wrong:

In the perception of an object as something real is already contained the implication that I recognise its reality independently of its perception by myself or anyone else. The same is true of the objects of value perception. As soon as I have comprehended a value, I have comprehended implicitly that this value exists in itself, independently therefore of whether or not I accept it.¹⁹

He refers to

the need to come to grips philosophically with [the person's] world-view and to examine it for its rightness or wrongness.²⁰

Most importantly, Frankl devotes some time to explaining why psychotherapy is incapable of handling the patient's world-view on its own level, the philosophical level. The clear implication is that when a counsellor works with clients on questions such as the meaning of life, their views on the world, what the counsellor is doing is *not* psychotherapy:

Every psychotherapist knows how often ... the question of the meaning of life comes up. It helps us little to know that the patient's feeling of futility and philosophical despair has developed psychologically in this or that fashion ... no matter that we may 'trace' the patient's pessimistic view of life back to certain complexes, and even convince him that his pessimism springs from these and these alone - in reality we are only talking around the patient's problem ... Our point is that all such medical approaches, in the face of the patient's philosophical conflicts, amount to talking at cross-purposes with the patient under the pretense of being scientific ... Our patient has the right to demand that the ideas he advances be treated on the philosophical level ... [we] must ... renounce the temptation to go outside them, to argue from premises drawn from biology or perhaps sociology. A philosophical question cannot be dealt with by turning the discussion toward the pathological roots from which the question stemmed ... That is only evasion.

Consequently, in the face of all spiritual problems, psychotherapy in its old form proves to be inadequate. Not only is it inadequate but not competent - in the sense that these problems do not fall within its province. As we have seen, psychotherapy has insufficient resources to deal with the totality of psychic reality. On top of this insufficiency there is its incompetence to deal with spiritual reality as a thing in its own right ... The standards with which psychopathology works,

'health - sickness', are in every case relevant only to the human being, never to his productions.²¹

For Frankl, logotherapy is the correct method to use when dealing with psychic problems on the philosophical level:

By the use of logotherapy we are equipped to deal with philosophical questions within their own frame of reference, and can embark on objective discussion of the spiritual distress of human beings suffering from psychic disturbances.²²

The dictionary definition of logos is "word", and in logotherapy it is used in the sense of 'meaning'. Meaning can only be articulated and communicated through words, which is why dialogue is such an important part of philosophical consultancy. However, it is significant that Frankl feels the need to call even his alternative to psychotherapy a *therapy* so that it is forever anchored in a medical paradigm and practised within a medical environment. As far as I know, you cannot practise logotherapy without a medical training. You may remember that I quoted Frankl on his description of logotherapy as "medical ministry". In the same book he says: "we are medical men and wish to remain so".²³

So although Frankl's contribution to philosophical consultancy is his clear discrimination between working psychotherapeutically and working philosophically, he still reserves the practice of philosophy to medically trained people in medical environments, with the consequent stringent and long term training in order to practise. Even logotherapy appears inaccessible to would-be practitioners who want to be consultants, not therapists.

EXISTENTIAL THERAPY

I want to end this discussion of philosophical psychotherapies by going back to where we began, with Existential Psychotherapy as developed by Van Deurzen-Smith, who designed and directs the MA and Diploma programmes at Regents College.

She begins her essay on existential therapy with the words:

The existential approach is first and foremost philosophical.²⁴

Elsewhere, she writes that Existential counselling

... involves assisting people to come to terms with the dilemmas of living, issues are addressed in moral terms rather than in terms of sickness and health. The frame of reference is philosophical rather than medical, social or psychological.²⁵

In the Introduction to her major work, *Existential Counselling in Practice*, Van Deurzen-Smith comments that

A simple and down-to-earth method for helping ordinary people to get on with daily existence is long overdue.²⁶

Sounds promising? Will we at last find a school of counselling which teaches its students to be consultants rather than pseudo-medical practitioners? Unfortunately not.

However, Van Deurzen-Smith has written some of the most stimulating and exciting material I have found on the process of practical philosophising which she, naturally, calls "therapy". She provides the only comprehensive work in the UK which makes philosophy truly practical and ac-

cessible, relating it to everyday human situations without too much pomposity:

Finding meaning and purpose in life and a consistent course in that direction is considered the most enriching way to live. Being able to get on with oneself is the first achievement in this direction. Being able to handle external situations effectively is the next.²⁷

The existential approach advocates a return to the unfashionable practice of shaping one's life after one's ideals. Not imitation of the social desirable but aspiration to the ideally valid is seen as the motivating force par excellence.²⁸

The method used is an intellectual one of careful and detached listening (rather than Rogers' empathetic understanding) and an exploration, questioning and clarification of the client's world-view. Van Deurzen-Smith uses the term 'investigation' to describe the process - an investigation into the client's living style, a "taking stock of one's life".

She divides the process into stages:

1. Assumptions about the world are recognised, defined and questioned.
2. Values are recognised or determined.
3. Personal talents are recognised, defined and elaborated.

Words used again and again to describe the method are "clarify", "define", "explore", "explain", "study".

It is a very verbal therapy, although Van Deurzen-Smith is careful to stress that the approach is not about intellectualising, but about putting feelings, impressions and intuitions into words.

Behind the approach is the strong influence of European existentialism, stretching back through Sartre and Heidegger to Nietzsche and Kierkegaard. The somewhat downbeat view of life was no doubt born in the gloomy garrets and cafes of the South Bank, but its bittersweet taste balances the sugariness of some American therapies. European existentialism accepts that dilemmas, anxieties and pain are part and parcel of what it means to be alive. I like to call it my 'price-tag' theory, meaning that there is no such thing as a free lunch in any sphere of life - ever.

This gritty realism demands substantial life experience from its therapists and, indeed, Van Deurzen-Smith says:

The existential therapist must be someone who has lived life seriously and intensely in a different field than that of the caring professions only.²⁹

She also advises that

A good working knowledge of philosophy, that is of the essential controversies and different perspectives that the human race has produced over the centuries, is more useful to this approach than any other kind of knowledge.³⁰

And then comes the usual bombshell:

The training [for the existential therapist] will consist of a significant amount of clinical work.³¹

Nowhere have I seen a clearer account of a practical philosophical method of helping the client. Indeed, I think it provides the perfect vocation for philosophy graduates be-

cause some of the important skills required are the ability to clarify, verbalise, analyse and conceptualise with the rider, of course, that counsellors should avoid intellectualism and possess sensitivity and empathy.

Yet here we are again with a philosophical approach dropped incongruously into a medical environment thus barring all those potential 'therapists' - whom Van Deurzen-Smith in one place calls "consultants" - who have no desire to train or work in a mental hospital or GP's practice.

If we are working on the philosophical level the psychological origins of an individual's philosophy are irrelevant. Individuals are influenced, not conditioned by their past experiences. For a client to understand that his current negative ideas about women are due to his childhood relationship with his mother is fascinating but all too often does not help him replace a personal ideology that does not serve him with one that does - which is probably why psychoanalysis takes half a lifetime for the client to get anywhere.

Personal work on the psyche for ordinary men and women can be undertaken very successfully using a philosophical approach *and* without psychology. Much of what is called psychotherapy implicitly recognises this, yet RET and Existential Counselling, two of the most philosophically-oriented approaches on offer, still present themselves as therapies under the umbrella of psychology and medicine.

What is needed is a form of consultancy for individuals experiencing problems of living - typically where a discovery of meaning and direction are called for. "Everything has been figured out", says Sartre, "except how to live." So this consultancy should be philosophical in nature, but not overly cerebral. It must respond to clients' feelings as well as their thoughts. However, the precise use of words and concepts is vital in this approach, in order to make feelings tangible and to clarify perceptions and personal world views.

The consultant will be committed to the application of philosophy to life and will understand that all of us possess implicit personal philosophies. Practitioners will be committed to helping clients clarify and define their unique ways of seeing the world, but their role is not to preach or teach a system of their own. Consultants will use philosophy both as method and as ideology, and they will be trained in philosophy departments rather than psychology departments.

This approach brings philosophy to life and life to philosophy. But is it therapy? The answer is no: to paraphrase Beattie of British Telecom - it's an osophy not an ology! There is no treatment and the clients are not sick or disturbed, simply looking for answers. Clients are typical people with typical problems of living - no more and no less. Anxiety and meaninglessness afflict most of us at some time in our lives, but this does not mean that we all need therapy.

All of the therapies I have described offer effective frameworks for philosophical consultancy. Yet they continue to present themselves as therapies in a clinical or pseudo-clinical context. The effect is to lump them with medical practice, even though they all say that they reject the medical paradigm. The effect on accreditation is that the training starts to look more and more like a rigorous medical

training. It excludes potential consultants who do not want or need a full-blown clinical psychotherapeutic training. And it also puts off those clients who would accept help presented as consultancy, but will not accept something called psychotherapy.

All this begs the question, why do approaches which are proud to describe themselves as philosophical and consultative, want to remain under a pseudo-medical umbrella with pseudo-medical systems of certification and accreditation?

To answer this, I will cheat, and turn once again to the words of Windy Dryden, who poses the question:

Are accredited counsellors who have trained on recognized counselling courses and are supervised by recognized supervisors more helpful to their clients than non-accredited counsellors who have trained on non-recognized courses and are supervised by non-recognized supervisors?

Dryden's answer is refreshingly honest and I can do no better than finish by quoting it:

... from what I know of the research literature on counselling and psychotherapy, I would be prepared to place a not inconsiderable wager that the answer would be a resounding NO!

While I'm in a betting mood, I'd be prepared to place another wager. Namely that the UK Standing Conference on Psychotherapy will ultimately be successful in instituting a register for psychotherapists. If they do, you will probably have to have a fairly lengthy personal therapy in order to get on the said register ... but again the research literature suggests that having had a personal therapy does not necessarily make you a more effective practitioner.

So, if clients don't recognizably benefit from these professional accoutrements, who does? The answer is: WE DO! The more counselling and psychotherapy get professionalised, the more status they will offer and the more status there is, the more work there will be.

What I am voicing is a concern that the whole shooting match is in danger of getting out of hand and that great care needs to be taken that we don't fool ourselves that the rolling professional bandwagon is solely for the good of our clients. It isn't.³²

NOTES

1. E. Van Deurzen-Smith, *Existential Counselling in Practice*, Sage, London, 1988, p. 7.
2. E. van Deurzen-Smith, *Existential Therapy*, Society for Existential Analysis Publications, London, 1990, p. 18.
3. A. Estersen, "Orientation", *Journal of the Society for Existential Analysis*, London, 1991, p. 16.
4. V. Frankl, *Psychotherapy and Existentialism*, Washington Square Press, New York, 1985, p. 61.
5. *Existential Counselling in Practice*, pp. 34, 36.
6. C. Rogers, *On Becoming a Person*, Constable, London, 1990, p. 103.
7. *Ibid.*
8. *Ibid.*, p. 170.
9. *Ibid.*
10. E. Spinelli, *The Interpreted World: An Introduction to Phenomenological Psychotherapy*, Sage, London, 1989.
11. W. Dryden, *Rational-Emotive Counselling in Action*, Sage, London, 1990, p. 3.
12. W. Dryden and J. Gordon, *What is Rational-Emotive Therapy?*, Gale Centre Publications, Loughton, Essex, 1990, p. 69.
13. *Rational-Emotive Counselling in Action*, p. 17.
14. *Ibid.*, p. 52.
15. *Ibid.*, p. 32ff.
16. V. Frankl, *The Doctor and the Soul*, Vintage, New York, 1986, p. 220.
17. *Ibid.*
18. *Ibid.*, p. 52.
19. *Ibid.*, pp. 40-41.
20. *Ibid.*, p. 15.
21. *Ibid.*, pp. 13-15.
22. *Ibid.*, p. 17.
23. *Ibid.*, p. 271.
24. E. Van Deurzen-Smith, *Existential Therapy*, Society for Existential Analysis Publications, London, undated, p. 1.
25. E. Van Deurzen-Smith, *Existential Counselling in Practice*, Sage, London, 1988, Introduction (no page number).
26. *Ibid.*
27. *Ibid.*, p. 21.
28. *Ibid.*, p. 97.
29. *Existential Therapy*, p. 11.
30. *Ibid.*, p. 12.
31. *Ibid.*
32. *Counselling News*, June 1991.