

# In the Shadow of Accreditation

The field of accreditation in psychotherapy is fraught with fears, threats and anxieties, some acknowledged, some unconscious. Two distinct trends or patterns of behaviour seem to be emerging. The first is a commitment to the highest possible standards within the profession, the improvement of quality, the upholding of ethics, continued learning and the sustained provision of a high quality service to the whole population. Accurate and widely disseminated information is also needed so that potential clients can make appropriate choices in the continued search for health, wholeness and the realisation of human potential. Opinions may differ sharply as to how best to achieve these ends but the professional integrity behind the commitment to common goals cannot be called in question.

There is, however, a second and more shadowy side to the accreditation scene. Here the dynamics and motivation are largely unconscious, dominated by the processes of transference, projection and collusion. This paper is an attempt to probe a little further into the dark side of the force that is driving the complex set of dynamics in play. The analysis is based on a series of conversations and interviews, backed by literature review, a study of the history and emergence of the institutions of professionalism and accreditation within the field and observation of those group and institutional processes which arise in conferences debating the critical issues involved.

## **GROUNDINGS OF ACCREDITATION?**

The assessment of competence in the area of counselling, psychoanalysis and psychotherapy, is extraordinarily difficult. There is a confusing plethora of schools, beliefs, practices and doctrines - a glittering galaxy of psycho-class fragments gathered collusionally around the memory of charismatic leaders whether dead or alive. Each grouping is more or less convinced that their own way of going about the therapeutic task is correct, while the approaches of all others are wrong and ineffective. In this sense the group norms of the particular fragment to which a therapist belongs carry in their construct the common coding of anxiety defences of that particular group. Denied negativities are duly projected into the environment and focussed into the set of out-groups, the corporate carriers of the shadow. Attitudes to accreditation inevitably reflect the splitting, projection, displacement and paranoia already inherent in the complex inter-group and inter-institutional dynamics of the field. Under these conditions no in-group is likely to take kindly to accreditation procedures based on the criteria of other groupings or institutional sectors, let alone staffed, administered or imposed by outsiders, whose competence is called in question by the very fact that they are outsiders.

Incestuous processes of in-group mutual-accreditation proliferate, reinforced by self-assessment, peer-assessment, client-feedback and institutional authorisation. Recognition of such sub-group accreditation by other subgroups and institutions in the field is, however, just as fraught as external accreditation itself. The same arguments and objections apply, raised now to the inter-group and inter-institutional level of dynamic, rather than held at the individual level. If accreditation by the outsider is bedevilled by projection, accreditation by the insider is fraught with collusion.

If we turn to client-feedback and outcomes research, we find little help. Few clients have the experience to make effective comparisons between a number of therapists, which might be used for the basis of evaluation of one against another. Client assessment is also coloured to a profound extent by the inter-personal relationship established between client and therapist. Client feedback is therefore as much a statement of the current processes of transference and counter-transference, as it is an objective evaluation of the skills, practice and competence of the therapist concerned. A client may terminate a therapeutic engagement in angry protest at what is perceived to be therapeutic incompetence, only to realise years later that the therapist concerned had put their finger on issues of counter-dependency in an intervention which, with hindsight, had been the creative turning point of the client's life.

Outcome research in the therapeutic world is a mine-field of methodological problems. It involves long term monitoring of the client's condition before, during and after the therapeutic process, followed by some kind of comparison of those 'results' with a control group which does not in fact exist. It is virtually impossible to answer the question, 'What would have happened to those particular clients if they had not been working with this particular therapist, had not been engaged in therapy at all, or had been working with someone from a different school, training or approach?' It is impossible to identify a group of people within the population as a whole who have identical problems proceeding to different outcomes in the absence of therapy. In any case the numbers of clients involved with a potential therapist are small and the time base of longitudinal studies quite out of the question in any procedure of accreditation, particularly in view of the fact that accreditation would normally take place at the start of the person's professional career before they had engaged significantly with many clients in the first place.

So, accreditation procedures tend to be forced back onto the most easily measured parameters, which in this situation are the least significant. Books read, courses attended, training analysis, or number of hours spent under supervision, intellectual understanding of the issues involved - none of these are necessary, let alone sufficient criteria of competence in the therapeutic engagement. One thing that does emerge from outcomes studies is that it is not so much the paradigm, the ideological framework, or the particular skill set involved that makes a difference, but the quality of the inter-personal relationship established between therapist and client. Seen in this light truly the therapist has no clothes and accreditation is an attempt to generate a veritable Emperor's wardrobe of nonsense.

## **CLIENT CHOICE**

Against this background the task facing a potential client is indeed daunting. There is a bewildering array of therapies and approaches from which to choose, with almost no available criteria of comparison or effectiveness. Even if such criteria did exist, the level of

self-awareness in the prospective client would have to be very high indeed if the comparative information were then to be related to the particular needs which motivated the client to seek to employ a therapist.

Once a particular approach has been selected, there may be a large number of individual practitioners associated with the particular method chosen. Comparative information which might enable the choice between one therapist as over against another within the particular school is also unavailable. So the degrees of freedom involved in the choice are extremely high, information is minimal, uncertainty is massive and all at a point in the person's life where anxiety is already great. The capacity for making judgements about the appropriateness or otherwise of any particular therapist from any particular school is likely to be clouded by the very condition which motivated the client to seek a therapist in the first place. A national register of accredited psychotherapists would hopefully solve all such problems, reducing the anomia and anxiety and ensuring that any client who wished to engage a therapist could pick a name from a list in full confidence that the service rendered would be competent, uniform and effective. Tragically any such confidence is misplaced. A register of accreditation would provide a token or symbolic form of anxyolite, while in fact hiding the realities of confusion, uncertainty and unpredictability that underlie the choice making procedure. In this sense the drive toward accreditation that stems from client anxiety is a defensive manoeuvre, colluding with the public desire for a simplified and irresponsible decision making process.

## **THE BOTTOM LINE**

There is a very powerful feedback loop involved once the idea of accreditation is raised. Therapists who depend for their livelihood upon the fees paid to them by clients (or the wages given to them by their employers - it all depends on your point of view) become distinctly 'twitchy' once one group parades itself as 'accredited' and clients begin to stipulate accreditation as part of their choice making process. What begins as a trickle ends in a paranoid stampede to get the appropriate letters after one's name and the papers of accreditation and affiliation firmly established and publicly noted. The risk is a rapid diminution in the client base and eventual starvation. In that sense the drive towards accreditation may stem from the very lowest levels of Maslow's hierarchy of need. It is a bandwagon, to fail to board which is to put at risk the very means of earning a living. Once the movement towards accreditation has passed a certain critical point, therefore, it is the bottom line of economics that drives it towards universal adoption, rather than anything inherently appropriate or professionally significant in the actual process of accreditation itself. The result is one group of therapists who are accredited, who get business and survive, and another group of therapists, who may be equally competent but are not accredited and therefore do not get business and survive. The boundary between the two is a false, or pseudo, dichotomy, designating a distinction between the in-group and the out-group that is lacking in meaning, since the quality and lack of uniformity of therapy inside and outside the boundary is unlikely to differ significantly.

## **OF REJECTION AND DISCREDITATION**

From the therapist's point of view, however, a different range of motives and anxieties presents itself. Leaving aside for the moment the professional adult search for excellence and the open and confident submission of one's practice to examination by one's peers, other more shadowy motives emerge. There is the hysterical desire to belong to a group and the fear of rejection. From these roots springs the compliant therapist who offers to the accrediting procedures precisely those facets of his or her practice which are deemed to match the criteria of acceptance, whether or not they reflect realistically the practice of the therapist concerned. There is a presentation of a 'false self' and a suppression of potentially damaging information, in an attempt to press through the needle's eye of accreditation. In that coveted space beyond, guarded by the generalised boundaries of the in-group, the newly accredited therapist feels freer to practice in ways which may or may not be coherent with the principles of accreditation employed.

Underlying and driving this position is the fear of being found to be discreditable, of being cast out of the profession. 'It is better not to seek accreditation, than seeking it, to fail.' Resistance to accreditation by any procedure may arise from the sense of professional maturity and integrity which sees the whole procedure as a redundant irrelevancy. It may also stem from an anxiety about being discovered to be incompetent. 'If people really knew the mistakes I make, the mess I get into, the difficulties I have engaging with clients, they could not possibly accredit me.' Some of the most robust rebellion against accreditation may well be a displacement of some such fear lurking in the shadows. So much of the emotion associated with examination inherent in the very notion of accreditation reaches back to those most primitive levels of being acceptable or not acceptable in the first experienced environment. Those who know themselves to have been profoundly and deeply acceptable and affirmed will therefore be quite confident in approaching any procedure of accreditation. The therapist whose imprinted experience is of profound rejection may be stimulated into primal terror at the very thought of exposing him/herself to an assessing environment. The infantilising transactions and the processes of projection and transference stimulated within the accreditation procedures run profoundly counter to the mature inter-dependence of adult/adult engagement which the profession seeks to engender as a norm of social relationships. It is this kind of distortion in the professional dynamics, in which the procedures adopted are completely out of gear with the underlying value system, that provides a pointer and a clue to the origin of the shadow of accreditation.

## **THE EUROPEAN CONNECTION**

Before following up that clue to its source in the defensive dynamics of social systems, there is another field which must also be examined. There are different patterns of legal control operating under the different legislative systems within the European Community. In England & Wales the individual is free to advertise services and to receive payment for them unless legislation is enacted specifically forbidding the particular activity. Just as a person is presumed innocent until proven guilty, so the assumption about any remunerative activity is that it is legal unless declared unlawful. The situation is quite different in the majority of Common Market countries. Here legislation concerning remunerative activity is proactive. The question about the legality of any particular mode of employment is therefore, 'Has this been legally endorsed as a remunerable activity within the public sphere?' If not it is illegal.

Procedures of accreditation, control and legalisation are quite distinct within the two legislative situations. Within the realm of English Common Law anyone may offer their services in a therapeutic capacity unless already forbidden so to do by existing law. Within other Common Market countries no-one may exercise a profession as a therapist unless legally entitled so to do.

Against this background the whole debate about accreditation can be seen as one facet of the struggle at the boundary between English customs, constitution and Common Law and the practices, customs and legal statutes of other European partners. Attempts to negotiate around the whole area of accreditation within psychotherapy which do not take this meta-level, or contextual, dynamic into account may in fact not be dealing with the right level of engagement. Equal outrage is experienced by the makers of potato crisps, whose flavours have been rendered illegal within the Community's pedantic forest of laws.

## **ACCREDITATION AND THE DYNAMICS OF SOCIAL SYSTEMS**

Some of the most powerful dynamic forces within the shadow of accreditation stem from the corporate processes of the profession as a whole. The greatest strengths of counsellors, analysts and therapists lie in the area of one-to-one engagements, working with great sensitivity and awareness in creative relationships with individual clients. Groups are sometimes used, but usually for 'therapeutic' or personal development purposes in which the group setting is a context in which the individuals are supported to work on their own process. The focus is not on the dynamic of the group as a whole. Very few therapists have developed the skills of group analysis, together with intervention strategies based on a deep awareness and understanding of inter-group, organisational, institutional and social dynamic processes. This blind spot renders the profession peculiarly vulnerable to dynamic collusion in its social behaviour. If you bring a group of therapists together there is extremely sharp awareness of the individual processes going on, but comparative unconsciousness of the group dynamics in play. The weakness shows itself with great intensity in the difficulties experienced in the politics of therapeutic organisations, and in conferences, large workshops, annual gatherings and congresses, held by different sectors of the profession. It is particularly noticed in those events which span, and therefore incorporate the dynamics from, a wide cross section of the different groups and institutions within the profession as a whole. It is therefore to be expected that the UK Standing Conference and the issue of accreditation, which have gathered the broadest spectrum of professional interests into a single focal point, might constitute an arena for the acting out of the corporate unconscious of the profession.

It is, of course, the areas of the common unconscious which dominate these group and institutional processes, whereas the whole training and intent of individual therapists sharpens their awareness of the individual and deviant patterns of the client. There seem to be three strands of this common unconscious dynamic which weave and inter-relate in the psychodrama of accreditation. They are generated firstly by dynamics originating from within the profession, secondly by those emanating from the client-base, and thirdly by the processes of the wider society as a whole. In practice the three areas are overlaid on each other with complex patterns of introjection, projection, transference and counter-transference. The boundaries between the three strands are not absolute and each area affects and is in turn affected by dynamics from the other two. However artificial the separation of the strands

may be, it is a useful way of beginning our analysis, provided we remember that it is indeed an artificial device.

## **I: Boundaries and the Dynamics of the Profession**

The as-yet-unresolved and unconscious areas of an individual, repressed and denied at the intrapersonal level are displaced and projected into the life of the group and acted out in the psychodrama of the interpersonal dynamic. Where these unconscious patterns resonate most deeply between the highest numbers of individuals, they set up powerful group norms and processes which energise and drive the dynamics of the group as a whole. These are the areas of common collusion, repression and denial, followed by group displacement and projection across its boundary into the outside world. In the field of such groups and organisations, institutions and systems, the commonly repressed unconscious content of the intra-group levels is deposited and pooled into the inter-group and institutional process and acted out in the psychodrama of the inter-group. The higher the aggregation of the system the more the dynamics enacted stem from the most profoundly common collusion processes of the individuals concerned. It is hardly surprising therefore that the societal dynamics of the profession are least open to insight from within the profession. Individuals professionally involved in one-to-one relationships find themselves at the mercy of unconscious, irrational and often destructive forces being acted out at the corporate dynamic level of those organisations which bring psychotherapists, counsellors and analysts into organisational relationships.

These dynamics are not unique to the profession of psychotherapy. The area represents the most common processes of human unconscious dynamic which can be observed throughout the whole range of group, organisational, institutional and social life and which at a higher level of aggregation dominate international relationships and the inter-cultural and inter-ideological processes of our global village.

For those with eyes to see, therefore, the inter-institutional psychodrama within the world of psychotherapy holds a kind of holograph or mirror of the common unconscious of society as a whole. Insofar as these dynamics remain unconscious within the profession, just so far do they represent the ground of corporate collusion between the profession, its client base and its social environment. Insofar as the profession becomes aware of these processes, withdraws and owns the displaced and projected material which gives them power and deconstructs the associated defences, just so far is the profession as a whole able to engage across its boundary with integrity, insight and authenticity, instead of the present position of mirroring, collusion and counter-transference.

The words 'profession' in general and 'accreditation' in particular have to do with boundaries. They differentiate between the inside and the outside. Within the profession there are many sub-boundaries which distinguish one subset or in-group from another. Until quite recently, these sub-professional boundaries had been the dominant carriers of the dynamic. The emergence of an external or extra-professional threat typically generates a meta-boundary and suppresses the splitting at the sub-group boundary. It is just such a process that now appears to be in place with the engagement between the UK and its partners within the European Community creating the meta-system dynamics which we are now experiencing. As a result the profession as a whole is beginning to distinguish itself from the social

environment. Motivation is in part paranoid, driven by the (quite realistic) anxieties concerning the prohibition of conducting unauthorised or unaccredited therapy for payment. At another level anxieties have been expressed about 'the maintenance of our craft'. It is a phrase which became highly significant within the debates at the AHPP a couple of years ago. Initially it seemed a very genuine and straightforward concern, but as it was examined all kinds of difficulties emerged. Who were the 'we' who exercised ownership? Was it the group of humanistic practitioners gathered in the particular conference, not all of whom in any case would identify or want to be identified with each other as exercising the same 'craft'. What about the people who were within the field of humanistic psychology but were not able to attend that particular conference, were they also part of 'we'? Or did this first person plural pronoun stand in for a much wider gathering? In which case how was the boundary actually to be managed? Then there was the issue of the 'craft'. We began to become aware of all the nuances of the old trade guilds, ideally separating the skilled from the unskilled, in practice protecting the interests of an elite by disempowering non-members. 'Craft' could stand for a set of skills. It could also stand for 'guile'. We began to recognise the devious dynamics involved in craft-maintenance and professional boundary preservation, with all the shadowy Machiavellian jockeying for power, resources, status and exclusiveness that professionalism at its worst can represent. Then again the word 'craft' began to be identified with the little boat, the fragile craft tossed on a stormy sea - the lifeboat with limited resources, dedicated to survival under paranoid conditions. If skills were disseminated too widely, the livelihood of professional members would be in jeopardy. If too many differences were allowed among the crew, then piloting the craft through the stormy waters ahead would be impossible.

So the dynamics which emerge at the professional boundary are inconsistent with the value-system overtly espoused within that boundary.

At another level the dynamics which emerge in the group, inter-group, institutional and professional behaviours enact the corporately bonded defence constructs of the common unconscious. The more insightful the group becomes the more primitive its common defence construct, since the corporate dynamic reflects the most common, as-yet-unresolved, core of the unconscious. Professionals who are acutely alert to and have worked through the unconscious processes stemming from post-natal traumata will act out in their common behaviours patterns of corporate defence stemming from pre and perinatal material. Groupings who share in common a process of integration of the perinatal impingement will reflect much more primitive patterns of regression and idealisation in their corporate behaviour. So it is that the corporate professional dynamics encode structures of anxiety defence to disturb which is to expose the people involved to restimulation of as yet intolerable and unresolved levels of terror, rage and grief and to be precipitated as a body into common patterns of psychodrama and abreaction of common imprinting. These levels of group psychodynamics are shared across the professional boundary with the client group and the wider society. Issues arise of power and powerlessness, omnipotence and impotence. There are fears about survival or destruction, blaming, scapegoating, inappropriate struggle for resources and irrational anxieties about implosion, chaos, fragmentation and annihilation. Patterns of splitting from this primitive level of defence are absolutised. Issues tend to be polarised into black and white, good and bad, us and them, inside and outside. As the dynamics build up in intensity, so inter-group negotiation becomes more and more fraught. As the profession as a whole increases the strength of its overall boundary and represses internal splitting, so the us/them, inside/outside projections are focussed into relationships between the profession and its client system. Phrases emerge like 'accreditation gives

permission to go into the outside world', as if the profession is bounded by some kind of mega-womb within which the professionals unconsciously regress into idealised dependency, with more and more time and energy vested in intra-professional engagement and less and less resources available to cross the boundary into the working interface with the client group.

## **II Client-Group Transference**

In the one-to-one therapeutic engagement the distinction between the therapist and the client is clear. The limits of therapeutic competence are determined by the therapist's own awareness of unconscious process. Insofar as both therapist and client are both unconscious of what is going on, there will be collusion, transference and counter-transference and a mutual reinforcement of the defensive procedures in play. Growth and development in the skill of the therapist depends on the working through of their own internal defensive materials, which in turn leads to the withdrawal of collusion and the deconstruction of the counter-transference within the relationship. It is of course a life-long process, never completed and calling for sustained commitment to personal and professional development on behalf of the therapist.

That being said, however, it is inevitable that any therapist at any point in their personal development carries introjected transference, unresolved and acted out in counter-transference from the set of clients with which they are engaged. In this sense the therapist acts as a carrier of the unconscious processes of the client set. When therapists meet in a group they therefore carry into the group process the unconscious projections of their combined client field, mirrored by, colluding with and stimulating the as-yet-unresolved unconscious residue of the therapists' own internal worlds. The group, inter-group, institutional and professional dynamics of therapists may be seen therefore not only as generated by the intra-personal unresolved unconscious of the therapists, but also reinforced by and collusionally empowered by, the internalised transference from the client group as a whole.

It is this powerful collusional bonding between the unconscious of the intra-professional dynamic and the unconscious of the client environment, that makes the intra-professional processes so occluded and so resistant to intervention and resolution. If therapists gained access to this level of material, they would not only have to deal with the reintegration in their own personae of repressed traumatic imprints, but also and in the same period of development, would have to interface their client set with the same areas of the unconscious. Recognising that these dynamics are indeed the common areas of unconscious material, it is not simply the client set but also the familial, collegiate and social context of the therapists themselves that reinforce and empower the occluded common dynamic. So the unresolved infantile needs of the client-base are transferred into the therapeutic community. At the client-therapist interface there is a child-adult distortion of the transactional analysis. However, because of the common restimulation of the repressed as-yet-unacceptable parts of the child within the therapeutic set, the profession as a whole is dominated by regressive dynamics and acts out the unaccepted parts of its child in common psychodrama. In that sense the unconscious corporate dynamics of the profession mirror the behaviour of the regressed client, so reinforcing and maintaining the common defences against anxiety. There is, therefore, a very real sense in which however effective the therapist is in individual



dealings with the client, the profession as a whole reinforces the common defences and acts as a powerful preservative node within the neurotic and psychotic levels of social behaviour.

Not only are the unresolved infantile projections of the client base reflected in the corporate dynamics of the profession, the client community also projects its anxieties about dealing with the unconscious, its fear of the unknown, its terror of re-engaging the terrifying. The profession acts as a corporate receptor of such projected anxiety and therefore acts out in its institutional dynamic a pattern of paranoid response reflecting the intense anxiety focussed into it from its environmental boundary. The defences against anxiety evidenced in the dynamics of the profession are therefore not simply generated by the intra-professional processes but are also an encoding of extremely powerful defences against the projected and transferred levels of anxiety from its client environment.

### **III Systems of Social Collusion**

An individual therapist, working with a presenting adolescent as client, will recognise that the child has been offered for therapy by the family system within its wider social setting. In that sense the client is a carrier of messages from a wider environment into the therapeutic context. In other situations those deemed 'mad' by their social environment, carry by projection the mad parts denied and displaced from that environment. Excreted and exorcised, they are placed in some kind of institutional container and subjected to the same defensive repression and alienation as the disowned areas of irrationality within the population as a whole. These dynamics are clear and well known in the boundary transactions between the mental hospital and its surrounding community. A similar pattern of displacement, projection, disowning and dumping occurs within the less clearly institutionalised processes of therapy. In this sense the client group carries by displacement the feared unconscious processes of society. These elements of the disowned corporate unconscious are offered for treatment, resolution and containment by the therapeutic profession. The profession therefore shoulders the displaced responsibility of the community as a whole for owning and integrating its unacceptable parts.

Any given client is a carrier not only of their own intra-personal material but also bears by displacement their familial and social context. There is often a sense of shame at having to have therapy in the first place and a whole host of subtle signals are mounted at the boundary of the client, so preserving the family and the society from any conscious awareness of unconscious material lying behind its own defences. In this sense therefore the whole process of professionalism, accreditation and the engagement with clients serves the unconscious societal task of defence maintenance. When these processes are aggregated and summed across the whole field of psychotherapy it is possible to recognise that the aggregate dynamics of the profession as a whole mirror most profoundly the most common societal defence maintenance processes. It is therefore possible to interpret the psychodynamics of the profession as collusional counter-transference, maintaining the pathology of the social system, reinforcing norm patterns of neurotic and psychotic behaviour and reinforcing the stasis-maintenance dynamics of the community. Caught in this collusional dance, it is hardly surprising that the profession of therapy has so little impact on the behaviour of social systems. So the processes of professionalism and accreditation come to represent the internalisation of the shadow of the social environment.

If the social system as a whole is seen as a corporate client of the profession as a whole, then it is clear that client and therapist are locked in a collusional pattern of transference and counter-transference, mirroring each other's neurosis, preserving each other's defences and effectively blocking any possibility of progress towards maturation, health, wholeness and the releasing of human potential. Breaking out of the present deadlock requires dedication to excellence and competence, not only in the field of psychodynamics of social systems. It is essential to gain access to and resolution of the most profoundly occluded areas of our common unconscious if we are to cast any light on the Shadow of accreditation..

David Wasdell

4th October 1991

Meridian Programme, Meridian House, 115 Poplar High Street, London E14 0AE

Hosted by: Unit for Research into Changing Institutions (URCHIN)

(Charity Registration No: 284542)

Web-site: [www.meridian.org.uk](http://www.meridian.org.uk)