

HPRAC Oral Presentation Sept 30, 2005

I am a faculty member of the Centre for Training in Psychotherapy and a psychotherapist in private practice.

I am presenting you with a written text. I will be commenting on some sections of it in more detail. [These follow immediately].

I am concerned primarily here with the need to protect the health and quality of psychotherapy practice in its many kinds and places. Protecting the health and quality of psychotherapy practice in its many kinds and places is the same thing as protecting the public.

The heterogeneity of psychotherapy is not a problem.

From its beginning, psychotherapy emerged in opposition to its parent fields of medicine and religion (see pp 3-4), in order to become a “care of the soul” unlike both.

It took, and takes, such effort, that Freud who was himself transmogrifying from neuropsychiatrist to the first psychoanalyst, once stated that the new psychotherapists should be neither doctors nor priests. Both doctors and priests find it hard to function as anything other, because their professional identity is so profound.

And from the pioneering days of the new thing there were dissensions: Adler, Jung left psychoanalysis. It has differentiated continually since. Behavioural therapy emerged in marked opposition to the depth psychology.

If we were starting from here, no one in their right mind would use a name that refuses clear definition and is so extravagant in its range—so disorderly, really. But we are not beginning a profession, it’s been here before we have, tenaciously and richly and contentiously.

If we declare what psychotherapy is, what psychotherapists are, we are singling out a kind of it, we are narrowing of it.

The working definition of HPRAC should explicitly recognize that psychotherapy always and only exists in a multiple forms, all of them going by that ‘family’ name.

The discourse must be up front about which forms are being referred to. Otherwise the investigation into possible regulation is not grounded upon psychotherapy practice as it actually exists in this province. And it is not accountable to it.

Being up front about the pluralism in psychotherapy helps discern where and how it should be regulated. For its regulation must mirror its diversity.

There is one regulatory principle that ought to govern the whole continuum of psychotherapy whatever its modalities and venues. It cuts across them all and can be stated unequivocally:

Anyone setting out to practice any form of psychotherapy should first be trained to practice it.

If that principle were applied, the health and accountability of psychotherapy practice in Ontario would leap forward.

From this point I would like to focus on the sector of psychotherapy known as psychodynamic psychotherapy. They are described on pp 4 & 5, and again on pp 12 to 14. The school at which I am a faculty member, The Centre for Training in Psychotherapy, is within this large approach, locates itself within this sector.

Since we are involved in an investigation that is alert to what needs improvement, it is important to recognize that “the professional ambience of psychotherapy practice in the larger Toronto area shows greater excellence, health and promise than it has ever enjoyed. Evidence of this can be found in

- the quality of its training programs
- the increasing recognition of the need to train for the profession
- the growing cooperation among psychotherapists of different kinds,
- and the progressive nature of its discourse.” (p15)

There is impressive fertility within the psychodynamic therapies. . . Its body of theory is prodigious, filling journals and books in all countries of the western world. Every month there are various visiting lecturers in town. These collectively are a major resource to practitioners of all kinds, explicitly offering certification points.

At a time when psychotherapy is spoken of as “a component,” and even a “manualizable component,” we have to learn what psychotherapy is on its native round: where it is specialized in, developed, and taught. Where others can come to learn about its modalities.

Meditation offer a similar example. Some doctors are using meditation techniques with their patients to help control chronic pain and stress. They are able to do so because meditation has a realm where its forms are pursued and

developed with vigour, where it is for many a life discipline. So that if people want to learn meditation, they know where to find it.

Something similar can be said of the realm of psychodynamic psychotherapy. When it is pursued and when its learning edge is keen, it helps maintain health throughout the whole psychotherapy continuum and beyond.

Another aspect of its fertility is its living connection with the medical sciences, the arts and humanities, and religious and spiritual realms. That it is fed by so many streams is the secret to its extraordinary creativity.

This is a quality that is frequently threatened by regulatory ambitions from other professions. Freud fought vigorously to keep it a training open to all promising students. Yet in the US, the largest psychoanalytic association ruled that only medical doctors could become psychoanalysts. Opening the field to lay analysts would lower its standards, it was argued.

After a struggle of many years, the American Psychoanalytic Association lost the right to require medical training for becoming a psychoanalyst. In 1988, it lost a restraint-of-trade suit. It was the psychologists who finally succeeded in cracking the hegemony of medicine over this key form of psychotherapy.

Ironically, it has not stopped similar hegemonic moves by psychologists over the practice of psychotherapy in Ontario.

But the reason I am mentioning this breakthrough is to bring out what has happened to psychoanalysis since. Psychoanalysis has experienced a veritable renaissance, a bursting through to new discoveries, because its multidisciplinary nature was returned to it. Now applicants come to it from philosophy, anthropology, sociology, literature, drama, the arts—as well as medicine.

This same breadth characterizes the students coming to CTP. We have been confirmed in our position that what they bring with them materially affects the presence they can bring to their clients. As the city of Toronto moves towards multiracialism as well as multiculturalism, the student body is slowly beginning to show a similar diversity.

I wish to comment on a bias in the HPRAC discussions that has confused and bewildered us. It has to do with the matter of training for psychotherapy proper.

Regularly, the discussion about it slips off onto academic qualifications instead. I mean “instead” because there is such evasion around what training for psychotherapy in whatever its forms should look like. Conversations often end in stalemates about necessary academic degrees. One keeps having to say, “No, no, we mean training for psychotherapy.”

The evasion about specifically psychotherapy training keeps recurring like a sort of symptom. How explain why the HPRAC meetings in July, from which the Discussion Paper emerged, did not invite the major training institutes to collaborate? These were intensive discussions about regulation, to which training is key. We schools are in the business of training; we work on it all the time. We graduate practicing psychotherapists. We don't have arcane titles--the Centre for Training in Psychotherapy. When we asked to participate, we were told it was by invitation only and already set. Why did this occur? .

Finally, there is another striking bias laming the HPRAC process. One other large stakeholder, namely the people who come to us for psychotherapy, has remained a mute participant. The discourse speaks about the public, speaks for the public, but what does the public itself have to say? The dearth of feedback directly from the public is a major failure. There is a tendency to underestimate them. The public must be considered as partners and agents.

Too aggressive regulatory measures that treat individuals in psychotherapy like minors could be challenged as contravening their civil rights.