

## **Yes, actually, we are all in the DWP chain gang together. And we need to break out together.**

Early one Tuesday morning in July, a group of protesters gathered for coffee at the Cafe Istanbul at Great Portland Street and wrestled into orange jumpsuits and chain shackles. We were getting ready to attend an IAPT conference - the New Savoy conference on “Psychological Psychotherapies for Severe and Prolonged Mental Illness”.<sup>1</sup> We were off to confront the psy professions over their support for the Department of Work and Pensions’ workfare policies using psychological coercion<sup>2</sup> to get claimants with mental health disabilities off benefits and into work - the DWP “work cure”.

In March this year 13 organisations had come together under the working umbrella of the Mental Wealth Foundation and wrote an open letter to the five big psy professional bodies - the British Psychological Society, the British Psychoanalytic Council, the British Association of Behavioural and Cognitive Psychotherapies, the British Association of Counselling and Psychotherapy and the UK Council for Psychotherapy. We pointed out to them the unethical nature of their support for workfare policies including their accreditation of DWP psy workers, their failure to consult either service users or their own registered practitioners, and the naivety of their acceptance of DWP assurances on compulsion. We called on them to meet with us to discuss the issues. In the exchange of correspondence that followed, we were reassured again and again that they were talking to the DWP and all was well. To date, they have refused to meet with us, apart from an invitation from the BABCP to attend a board meeting this November.

---

<sup>1</sup> [http://www.healthcareconferencesuk.co.uk/conf/uploads/brochures/1109\\_20160630-150150\\_Psychological\\_Therapies\\_SMI\\_July\\_2016.pdf](http://www.healthcareconferencesuk.co.uk/conf/uploads/brochures/1109_20160630-150150_Psychological_Therapies_SMI_July_2016.pdf)

<sup>2</sup> <http://mh.bmj.com/content/41/1/40.full>

We decided we needed to take some kind of direct action to get their attention, to publicly shame them around their collusion with the DWP, and try and get them to take seriously what they supporting.

Among the twenty or so people who turned up that morning, there were members of PCSR, the Alliance for Counselling and Psychotherapy, the Mental Health Resistance Network, Disabled People Against Cuts and Boycott Workfare. We were part of an alliance of therapists, mental health activists and campaigners that first met in the spring of 2015, had joined forces to oppose IAPT workers being located in Jobcentres<sup>3</sup> and DWP job coaches in GP surgeries<sup>4</sup>, and were now setting out to offer the psy professional bodies probably their first taste of street protest in the UK.

*There are links to the video<sup>5</sup> of the protest and the leaflet<sup>6</sup> we handed out on the day.*

As someone who has been working as a psychotherapist - at one level or another - for 40 odd years, and who over the same period would identify himself as a left libertarian politico, this was a very special moment - a moment of transformation and reintegration.

I am not sure whether I would describe it as a “getting off the fence”, but I want to offer a few thoughts about what this experience says to me about how psy professionals can and to my mind *should* be getting involved in the politics of what the Tories have been calling “welfare reform”. But not only in

---

<sup>3</sup> <https://johnnyvoid.wordpress.com/2015/06/26/streatham-jobcentre-besieged-by-protesters-demanding-no-forced-treatment/>

<sup>4</sup> <http://islingtonnow.co.uk/2016/03/07/putting-job-advisers-in-doctors-surgeries-will-harm-patients-say-protesters/>

<sup>5</sup> <https://www.youtube.com/watch?v=VBbXK1Ac7W0&feature=youtu.be>

<sup>6</sup> <https://freepsychotherapynetwork.files.wordpress.com/2016/07/notinournamenothingaboutus-final.pdf>

support of users/survivors on the receiving end of welfare reform, but also for ourselves as pay workers. First, because of what participation in toxic workfare policies reveals about our contribution to the neoliberal consensus. Second, because that participation is dehumanising and mechanising our own working environment and conditions.

---

I want talk briefly about three aspects of what I think psy workers' participation in DWP policies reveals.

**First**, psychotherapy's contribution to what I call the capture of subjectivity by neoliberalism.

Over the time I have been involved with psychotherapy, I think it has become more and more difficult for most psychotherapists to think about therapy as a political process, as a profession participating in an ideological framework. For the counter cultural engagement with therapy that I came out of in the 70s, therapy and consciousness-raising groups were integral to a politics of personal and socio-economic transformation and therefore both a challenge to the status-quo and an expression and embodiment of an alternative.

By and large, psychotherapy today has become a profession of neoliberal normality. Psychotherapeutic practice is considered a politically neutral activity.

In a way, its mainstream always has been so. For all the positive contributions psychology and psychotherapy have made to our understanding of ourselves and each other, the psychologising of our culture has made a major contribution to what we might broadly call the neoliberal consensus - Margaret Thatcher's "there is no alternative".

The issue, of course, is that psyche is defined by psychotherapy as the domain of inner worlds; it is essentially a domain of individual inner worlds, or of the dynamics between inner worlds. Psychology and psychotherapy by their very nature want to separate life into inner and outer worlds.

It's not that there is no outside world for psychology. For example, for the kind of therapy I was trained in - psychoanalysis - early relationships are deeply influential for internal emotional patterns and conflicts. Family and family history is real. But the patterns of relating are thought of as internalised and living influentially within. Current worlds of relationship - personal, work etc - are deeply influenced by internal worlds.

The emphasis is on the client's inner world. So, for example, the sense of feeling a victim, feeling abused, feeling worthless or frightened may be based on actual experiences of trauma, neglect, betrayal, injustice. In therapy, though, while the sources of feeling like a victim might be acknowledged as outside - often perhaps a combination of outer and inner influences - for the adult client it is the internalised sense of being a victim that is prioritised.

The goal of therapeutic work is understood to be to explore, reflect on and make more conscious these inner worlds and their dynamics, and to encourage the client to take responsibility for them - responsibility not in the sense of blame or being the cause, but responsibility in terms of having to take on, to think about and work on understanding - take some kind of ownership of the states of mind we find ourselves in. Inner world feelings and fantasies are thought of as likely to be maladapted to the "real" world of the adult's present.

For so many therapists, especially in this post-war era, society or "the real world" is a landscape of opportunity for personal development and betterment if the individual will only adapt themselves. In a sense, psychotherapy is deeply imbued with an ideology of individual self-help whose roots are deeply embedded in the protestant work ethic and nineteenth century self-help ideology.

As far as workfare is concerned then, the therapeutic value of work is something most therapists find quite easy to relate to and support.

Libby Brooks, critiquing Labour's Welfare Reform Bill in the Guardian in 2009, summed up the transformation in progress in welfare ideology and policy: "As the newly appointed chancellor in 1997, Gordon Brown stated his government's aim was to "rebuild the welfare state around the work ethic". More than a decade on, this has been realised in the starkest sense. The fact is that compulsion and discretion and "personalised conditionality" equal, however fiercely Labour might deny it, workfare – an alternative vision of the welfare system imported from the US that replaces entitlement with reciprocity, and social need with availability to work – all of which establishes poverty and unemployment as individual failings".<sup>7</sup>

The ideological links between workfare and the neoliberal consensus are obvious - the emphasis on individual responsibility for, and therefore the psychological origins of inequality, poverty, unemployment, 'dependence' on social security, and mental illness; the (theoretical) shrinking of the state's responsibility for its citizens' economic and social well-being; the privatisation of health and social care; the marketisation of welfare as a supply of cheap, forced labour.

---

<sup>7</sup> <https://www.theguardian.com/global/2009/jun/11/welfare-reform-bill-workfare>

If therapists or psychologists fail to recognise that they are not just working with individuals and the conflicts of their inner worlds, but at the same time are working with the socio-economic and political world and its conflicts of power and violence, then we are likely one way or another to be supporting that social and political violence.

Now I think there are all kinds of interesting things to say about how historically and currently psychotherapy has participated in social and political developments - as agent and as symptom, as a progressive as well as a repressive influence. This is not the place to expand.

But what I would say is that to my mind our profession's support for the appalling political violence that is being meted out to people with mental health disabilities on benefits surely mark an ethical and political nadir in the profession's history - comparable in its way to the 'punishment via psychiatry' of Stalin's USSR or to the involvement of members of the American Psychological Association in support of coalition torture in the Middle East.<sup>8</sup>

So, my first point is that psycho-compulsion of benefits claimants SHOULD be a political eye opener for all psy workers to the role of psychology and psychotherapy as an arm of repressive corporate state policy making.

---

My **second** point expands on the notion of psy work as an arm of the corporate state.

---

<sup>8</sup> <http://www.economist.com/blogs/democracyinamerica/2015/07/terror-torture-and-psychology>

Psychotherapy has become an increasingly branded, corporate endeavour - along with the major mental health charities like MIND - working in partnership with government, developing mental health markets and competing with each other for government contracts.

The most obvious example is IAPT. From its inception under New Labour, the IAPT programme has been intimately linked to getting people with mental health problems off benefits.

Being depressed or anxious and on benefits was the main theme of Lord Layard's *Depression Report* of 2006.

*"We now have a million people on Incapacity Benefits because of mental illness – more than the total number of unemployed people receiving unemployment benefits.*

*At one time unemployment was our biggest social problem, but we have done a lot to reduce it. So mental illness is now the biggest problem, and we know what to do about it. It is time to use that knowledge."*

In the 2012 report on the IAPT programme's first three years, Layard says :

*"As this report indicates, at the end of the first three full financial years of operation (end of March 2012), more than 1 million people have used the new services, recovery rates are in excess of 45% and 45,000 people have moved off benefits."*

Richard Layard and David Clark, Oxford Professor of CBT, partnered up to create CBT-based state therapy provision, which is now more or less the only psychotherapy available on the NHS - much of it provided by the private and charity sectors. NHS therapy, its random-control-trialled evidence base and its medical model is state-certified by NICE. Most psy organisations have been working to get on the CBT/IAPT bandwagon over the last 10 years. The New Savoy conference is state therapy's trade festival.

In my opinion, IAPT is the most obvious marriage of neoliberalism and psychotherapy. It is like an assembly line industry, whose evidence-base and outcome statistics often seem as important, if not more important than its clients. Its reports deceive and exaggerate, but it enjoys the status of "no alternative".<sup>9</sup>

In the independent sector, after a ferocious political campaign between 2006 and 2010, psychotherapists managed to avoid being state regulated by HCPC, regulation which would have meant the homogenisation of private therapy under the rubric of the medical model, evidence-based outcomes, and banks of professional "proficiencies". A significant proportion of psychotherapists do not see themselves as health professionals and do not recognise the terminologies of mental health and mental illness.

At the same time, if we look at the "high" end of the independent therapy market, we could say that we have an inequality hour glass in therapy provision comparable to the inequality of income and wealth, of public and private education. Open-ended therapy for the well off. Short-term IAPT for the masses. Private and state therapy. Two increasingly different creatures. To be crude, complex versus simple, deeply individual versus mass

---

<sup>9</sup> <https://freepsychotherapynetwork.com/2014/03/09/the-sorry-story-of-state-provision-of-psychological-therapy/> & <http://www.limbus.org.uk/cbt/videos.html>

individualism, relatively non-diagnostic versus highly diagnostic, bespoke versus manualised.

In a sense, IAPT, NICE, the rise of CBT and the "evidence-based" medical model are part of a mushrooming mental health industry for a mushrooming mental health epidemic in neoliberal capitalist societies. Which comes first?

Aaron Beck developed cognitive behavioural therapy in the 1960's, but it did not really take off until the RCT studies and inventories of depression and anxiety of the late 70s and the 80s. Fluoxetine was discovered in the mid-1970s, and was rolled out by Eli Lilly as Prozac, the first of the SSRIs, in 1988. Between 1938 and 1955 several reports indicated that the prevalence of depression in the general population of UK was below 50,000 or under 1%.<sup>10</sup> Between the late 1990s and 2014 the number of people in the UK taking anti-depressants grew from 1.8 million to over 4 million. Mental health problems of 15-16 year olds doubled between 1974 and 1999 in the States.<sup>11</sup> In the UK today, according to the Mental Health Foundation, "mental health problems are one of the main causes of the burden of disease worldwide. In the UK, they are responsible for the largest burden of disease— 28% of the total burden, compared to 16% each for cancer and heart disease. One in four people in the UK will experience a mental health problem in any given year".<sup>12</sup>

In a recent quick word search of back issues of The Telegraph and The Daily Mail, I thought it was interesting how the presence of mental health issues has grown in the media. If only government funding of mental health services had been following the trend!

---

<sup>10</sup> [http://inhn.org/fileadmin/previews\\_new/From\\_Melancholia\\_to\\_Depression\\_March\\_6\\_2014.pdf](http://inhn.org/fileadmin/previews_new/From_Melancholia_to_Depression_March_6_2014.pdf)

<sup>11</sup> See Layard and Clark *Thrive*

<sup>12</sup> <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>

Newspaper	Articles mentioning:	2001	2007	2014
Daily Mail	Depression	162		610
	Mental Health	165		3550
	Well-being	300		1050
	Psychotherapy	10		78
Telegraph	Mental Health		280	1200
	Depression and Anxiety		70	280

As mental health workers (like the label or not) we are employees of big business - whatever else we are! Mental health and mental illness, happiness and positive thinking, emotional and physical well-being are all part of an enormous global market selling the neoliberal dream of the successful consumer life-style.

---

My **third** and final thought is what is happening to the ethos and working conditions of psy practitioners.

From the practitioner's point of view, working alongside DWP workers is a pretty good example of how the profession is being co-opted to work for and within neoliberal agendas, rather than the work that most of us coming into the profession want to be involved in.

It is not that supporting people on benefits to get into work is itself an issue. If people want to work and need support to enter a job and/or to sustain working, that is fine. At the same time, work is not in itself a goal of

psychotherapy. It may be a welcome outcome, but it is not in itself a goal. The process of the therapy - the issues that emerge and reemerge within the bespoke relationship of the therapeutic process - is the goal in itself. The client guides and initiates the work. Imposing a directing function and outcome is not really psychotherapy.

Mandatory psychotherapy is profoundly unethical, against all codes of ethics. It is also by definition NOT psychotherapy. The DWP and the professional bodies are determinedly stating that therapy will not be mandatory. But within the toxic culture of Work Capability Assessments, sanctioning and workfare programmes the issue of literally enforced therapy is not the point. The whole culture of DWP work cure is coercive, punitive and intimidatory.

Many IAPT workers, including managers, are working in pretty impossible conditions and under terrific stress. The service is oversubscribed; there are growing waiting lists; there is always pressure on the length and intensity of treatments; the work is increasingly target-led; therapists can be packing 10 sessions into a day; there is a huge range of clients and presenting problems, many of whom are defined out of "suitability for treatment"<sup>13</sup>; a lack of clinical supervision; a low level of training for many face to face workers while the fully trained are busy supervising and/or administrating.

So a recent BPS survey reports that nearly 50% of psychological therapists are feeling depressed and/or are feeling like failures. In the Guardian, Jay Watts writes: "A key factor is marketisation. The current focus is on producing figures that can win and keep contracts. Staff are often asked to see huge numbers of clients, for ever shorter time periods. What everyone wants from a therapist is someone who listens. But increasingly, listening has to compete

---

<sup>13</sup> For a political take on "suitability" see <https://recoveryinthebin.org/2016/09/17/psychological-therapies-for-pd-diagnoses-explained-guest-post-by-pd-in-the-bin/>

with a demand to get to the next person on the list, to fill in outcome measures and assign diagnoses for accounting purposes or to enter in flowcharts that determine the help people get."<sup>14</sup> Meanwhile, a BABCP report complains about the bullying and coercion of psychological therapists in the NHS.<sup>15</sup>

Add to this picture the growing use of manualised technique, online and computerised therapy, the use of trainees as volunteer workers by mental health charities, low pay rates among low intensity therapists, the incidence of low-paid self-employment among counsellors and therapists in the independent sector, and the working conditions of psy workers begins to look rather familiar within the critique of neoliberal labour markets.

It is in this sense that I say that we - claimants and psy workers - are all in the chain gang together.

So what is the message of all this? What should we do about this all as progressives, campaigners, post-capitalists - whatever we want to call ourselves?

Some suggestions from my own personal experience and political proclivities:

1. Psychs are working in a highly politicised environment. Psychotherapy is from one perspective an important tool of neoliberal values and agendas, essentially in the service of a subjectivity that is separated off from the political economy and vulnerable to colonisation by hyper-consumerism

---

<sup>14</sup> <https://www.theguardian.com/healthcare-network/2016/feb/17/were-not-surprised-half-our-psychologist-colleagues-are-depressed>

<sup>15</sup> <http://www.babcp.com/About/Press/Bullying-Culture-in-NHS-Mental-Health-Services-Putting-Vulnerable-Patients-at-Risk.aspx>

and exploitation. We need to assert again and again that psychological life cannot be separated from socio-economic worlds.

2. We should play our part in campaigning to call a halt to government neoliberal policies which identity welfare support as a privilege to be earned by an ongoing commitment to "return to work".
3. We need to challenge the misuse of psy work by the state and assert the fundamental values of human relationship, of mutuality, empathy and compassion that are at the heart of our professional identities.
4. We should challenge the organisational structures and politics of our professional organisations. Their collusion with government and the DWP in particular. Their lack of transparency and accountability to both service users and to us practitioners.
5. We should campaign vigorously to stop our profession's involvement in the psycho-compulsion of benefit claimants with mental disabilities. The work cure needs to be banned by all psy professionals.
6. We should also campaign to have MH charities like MIND withdraw from their own support for DWP workfare policies.
7. I support the idea of a public boycott by psychologists, counsellors and psychotherapists of all participation in work with the DWP while it pursues its current regime of WCAs, sanctions and conditionality.
8. We need to make working relationships with users/survivors outside the professional relationships. Look for ways of doing politics together. Identify our shared experiences of psychological life and its difficulties. Support each other outside the hierarchical roles of professional/client.
9. We should do some free work. Work as therapists outside the market. Work that is identified as peer work within our local communities, or as with the Free Psychotherapy Network work which asserts the spiritual and emotional gift exchange of therapy.
10. Link up locally with mental health activists, MH nurses, claimants unions, survivor groups, housing campaigners etc to BOTH campaign around MH

issues AND prefigure our alternative world by organising our own support and welfare networks.

Paul Atkinson

October 2016

[paulwilliamatkinson@gmail.com](mailto:paulwilliamatkinson@gmail.com)