

APPI and Statutory Regulation of the title psychotherapist

Barry O'Donnell

In the early 1990s, the Association for Psychoanalysis and Psychotherapy in Ireland (APPI) formed as a learned society. It drew together graduates of the School of Psychotherapy, St. Vincent's University Hospital, and others, who had trained abroad. What they had in common was a commitment to the work of Jacques Lacan. The group worked to advance Freudian and Lacanian psychoanalysis in Ireland through practice, seminars, reading groups and congresses.

Members of APPI were instrumental in setting up courses in psychoanalytic studies and a clinical MA in Psychoanalysis at The Centre for Psychoanalytic Studies, LSB College, Dublin (now DBS School of Arts). Members set

up *The Letter*, a Lacanian journal which has gained an international reputation. Through these activities APPI and its members supported the provision of elements of training in the field of psychoanalysis in Ireland. From incorporation in 1998 the primary object of the company has been "to advance Freudian and Lacanian psychoanalysis and psychoanalytic psychotherapy." It states that "in keeping with the Freudian principle, this advancement shall remain centred on the personal psychoanalysis as the indispensable means by which the practice of psychoanalysis and psychoanalytic psychotherapy can be transmitted, studied and understood."

APPI continues to work to represent the work of Freudian

and Lacanian psychoanalysis. It holds a Register of Practitioner Members which allows members to have witness borne to their experience and practice in the field of psychoanalysis.

There have been mutterings about statutory regulation of the title psychotherapist for some years now. These mutterings have become more articulate of late. Insofar as APPI is an organisation with *psychotherapy* in its title it is imperative that we participate in any discussion and decision making process around this question. As an organisation with psychoanalysis in our title we have our own work to do to articulate what kind of bearing, if any, statutory regulation of the title psychotherapist would have on the practice of psychoanalysis in Ireland.

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APPI holds that psychoanalysis is a practice distinct from psychotherapy. The distinction is challenging to articulate. Both kinds of work implicate the practitioner and his or her desire. One way of putting the difference is by saying that the psychotherapist works to bring about a therapeutic effect. The therapist wants the person they are working with to improve in some way or other. The psychoanalyst, on the other hand, directs the treatment towards an analytic effect. Briefly put, this involves the recognition, and taking on, of the unconscious processes which constitute our human subjectivity. An analytic effect may bear with it something describable as a therapeutic effect insofar as it may initiate a new relation to the symptom.

In other words, as Jacques Lacan put it, a therapeutic effect from psychoanalytic work may come as a bonus. This difference means that those who undergo a psychoanalysis and also situate their work in the clinical field encounter a question. Is the work to achieve a therapeutic effect or is it in

the direction of an analytic effect?

The articulation and elaboration of this question occurs in the practitioner's ongoing analysis, or return to analysis, as well as in supervision. In these settings a practitioner in analysis has the opportunity to recognise the direction of their clinical work through rigorous engagement with their own unconscious and their own desire. A clinician with his/her own experience of psychoanalysis is in a position to be clear about the kind of work they are doing whether that be in the practice of psychoanalysis or in its application in a therapeutic context such as the field of mental health treatment.

At a meeting with Tim O'Malley and representatives from the Department of Health and Children in March 2005, a delegation from APPI was left in no doubt that the Minister was particularly keen to see the introduction of psychotherapeutic treatment into the mental health services on a much more extensive basis

than currently is the case.

We came away from the meeting having been set the task of producing a response to this idea 'in conjunction with the other bodies whose remit is, amongst other things perhaps, to represent the work of psychotherapy in Ireland. Indeed, the meeting had recognised the diversity of traditions and practices that come under the title psychotherapy and had not underestimated the challenge of finding a mechanism which would allow psychotherapeutic work to be integrated into mental health services.

The Minister and the Department expect any proposal to involve the different organisations representing these different traditions. A qualification administered, or even accredited, by one particular tradition or group will not be used to determine eligibility for the title psychotherapist. There was little or no specific mention of the private sector and the impression gained was that the task being set did not

have to include regulation of private practice. This is important as it suggests that inclusive statutory regulation of the field of psychotherapy is only one option. Another might be to introduce mechanisms to allow an employer such as the HSE to process applications for the post of psychotherapist which it may be minded to institute. I raise this possibility because the discussion of statutory regulation of the title psychotherapist should address the effect on the work of psychotherapy of such regulation.

It is interesting that the first of the six principles of the Government White Paper on regulation, *Regulating Better* (The Stationery Office, 2004), asks if in a given field regulation is necessary. Regulation means career paths and career structures, which do not, and cannot, guarantee training for a practice founded upon the handling of the transference where the person of the practitioner is necessarily implicated.

A model for statutory regulation mentioned at the meeting suggests a State Board being established with responsibility for monitoring the registration of psychotherapists. (We presume the idea would be to have psychotherapy fit the structures of the Health and Social Care Professionals Bill 2004). Our response to this idea is the proposal that such a State Board would not simply

monitor but would also administer the title psychotherapist. In other words, the State would grant the title psychotherapist because what is being considered is, after all, *statutory* regulation. A State Board could do this fully informed of the training and experience of individual candidates because it would be apprised of the requirements for membership and accreditation within the different organisations which represent psychotherapy. Indeed there would be representation from these bodies on the Board.

Our proposal is that individuals would apply to the Board for the title psychotherapist bringing with them testimony of their qualification, experience and accreditation. For example, a member of APPI could approach the State Board and seek registration as a psychotherapist. The Board would be fully cognisant of the requirements for membership of APPI and would be in a position to confer this title on the applicant having nonetheless considered the

individual merits of the application.

The State Board could decide on the grade they might wish to confer on the basis of the stage the applicant has reached in their ongoing training and experience. Bearing in mind that there would be many further details to be ironed out, this model seems to be a very viable one. It does not intrude upon the structures and ethics of the different organisations while at the same time allowing individual members to choose to put themselves forward for this title.

APPI could work with a such proposal. While our membership no doubt includes some who would be interested in work as psychotherapists there are many who would not aspire to this title. For many within APPI the title psychotherapist would have no particular relevance for their work insofar as their experience of psychoanalysis informs it.

APPI's contribution to this discussion must aim to remain

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true to Freudian and Lacanian principles while at the same time supporting the possibility of members to bring their psychoanalytic experience to bear within different settings. APPI would welcome a mechanism which would allow those members, who so choose, the possibility of letting their training and insight contribute to mental health treatment as psychotherapists. The State Board mechanism would seem to allow this to happen. In this way such members would be joining the tradition within APPI of those who have taken on the challenge of bringing a psychoanalytic perspective into their work as psychologists, nurses, chaplains, psychiatrists, GPs, counsellors, teachers and social workers.

Fundamental to APPI members is the experience of their personal analysis. Furthermore, and crucially, there can be no practice of psychoanalysis without the practitioner taking up his/her own experience of psychoanalysis and its effect. This lengthy undertaking may lead one to work in the clinical field just as possibly it may lead elsewhere. It would go against the ethics of psychoanalysis to predetermine the outcome of this work by promising, nay guaranteeing, the one undergoing it a qualification of any kind, as psychotherapist, psychoanalyst, as analysed or cured. This open-ended position does not sit easily in our current climate of career-paths and insurance requirements but psych-

oanalysis is about the realisation of choice articulated on the basis of the singular desire of the human subject. In a passage where he had just warned of "the temptation for the analyst to play the part of prophet, saviour and redeemer to the patient", Sigmund Freud wrote that "...analysis does not set out to make pathological

reactions impossible, but to give the patient's ego [*Ich*] freedom to decide one way or the other." ('The Ego and the Id' (1923).)

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Some key points of APPI's current position on the question of statutory regulation of the title psychotherapist:

Regarding the way forward on this question, agreement should be sought from all groups which represent psychotherapeutic work. No one of the existing organisations should be given the role of administering the title psychotherapist nor should any organisation be required to administer the title psychotherapist. A State Board should be set up solely with the responsibility for the administration of the title psychotherapist, if it is decided to proceed with Statutory Regulation.

The training which an organisation stands over could be recognised by the State Board. Such a Board would be responsible for the title psychotherapist only and not for other disciplines such as psychology, psychiatry, counselling or psychoanalysis.

Such a Board could expect the following basic requirements to be met by any candidate for the title psychotherapist:

1. Their own personal experience of psychotherapy or psychoanalysis
2. A testament to that experience in the form of a document indicating their position in relation to the practice of psychotherapy with particular reference to their understanding of the transference and the purpose, or end, of psychotherapeutic work.
3. Ongoing supervised clinical practice.
4. Clinical supervision.
5. Ongoing training in the theory and technique of a recognised form of psychotherapy.
6. Recognition of their practice by an organisation by a formal process.
7. A formal accredited post-graduate training, or equivalent, in the field of psychotherapy.

Each professional body and training institution would work to communicate its particular approach to psychotherapeutic work in order to facilitate the work of a State Board.

Such a State Board would include representatives of the different approaches to psychotherapeutic work.