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Exploring Clients' Experiences of Premature Termination of Counselling and Psychotherapy

Christine Bonsmann & Peter Madsen Gubi

SUMMARY: This research explores clients' experiences of terminating counselling prematurely. The findings may inform practitioners' practice in managing premature termination.

KEY WORDS: premature termination, clients' experiences, counselling, psychotherapy

Barrett et al, (2008) suggest that premature termination (or dropout) results in the inefficient utilisation of resources, waiting lists, and a potential increase in distress. Dropout is associated with poor recovery rates (Hansen et al, 2002), and deprives clients of closure and a worked-through ending (Joyce et al, 2007). Clients may lose hope that they can be helped (Sherman & Anderson, 1987). When a client drops out of therapy, this also impacts on significant others in the client's life (Swift et al, 2012). Therapists' self-esteem is also affected (Ogrodniczuk et al, 2005). It has been suggested that 'the greatest potential for improving the effectiveness of psychotherapy lies in addressing the issue of premature termination' (Swift & Greenberg, 2015, p4).

Dropout can, however, be viewed as an indication of, or potential opportunity for, growth (Dickson, 2015); or as an expression of the client's power in therapy (Orcutt, 2013). The ending stage of therapy is considered an important stage by therapists to reflect on the work of therapy, to consider how to sustain and extend

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change, and to achieve closure (Horton, 2012). Premature termination by clients prevents this process from happening. Clients may simply not feel the need to terminate according to 'best practice'. Alternatively, premature termination may be a sign that something has arrested the therapy process. The reasons given by therapists and clients for dropout rarely converge (Hunsley et al, 1999). Much research has tried to predict the client factors associated with premature termination, yet dropout rates remain high (Swift & Greenberg, 2015).

Much research into 'dropout' involving clients has used quantitative surveys (eg. Martin et al, 1988), reviews of clients' files (eg. Renk & Dinger, 2002), or follow-up interviews asking clients their reasons for premature termination (eg. Acosta, 1980). Studies asking clients about reasons for premature termination have identified 'improvement' or 'satisfaction' (eg. Acosta, 1980; April & Nicholas, 1997) which suggest that the client has decided that therapy is no longer needed, and are able to achieve what they want without the therapist (Knox et el, 2011). Studies have also reported dissatisfaction as a reason for premature termination (eg. Bein et al, 2000). Khazaie et al, (2016) identified factors leading to dissatisfaction: distrust and poor skills of the therapist; physical and contractual issues connected to the setting; and a lack of differentiation between free psychological information available online or in the community and therapists' interventions. Environmental factors have also been identified as a reason for premature termination (Bados et al, 2007).

Other studies that explore clients' experiences of premature termination are based on small sample sizes (eg. Adler, 2013; Orcutt, 2013; Dickson, 2015; Knox et al, 2011). They indicate that clients experience unresolved negative feelings when they drop out of therapy (eg. Dickson, 2015; Knox et al, 2011). No existing research has been identified that explores clients' experiences of premature termination across a range of therapies. Yet, counselling exists in a culture which values measurement, audit, and cost reduction, so it is likely that the measurement of dropout rates will become an important factor in evaluating therapists' or service performance. It may thus be necessary to understand clients' experiences of premature termination to provide insights for practitioners and services to reduce its occurrence. This study aims to provide insights into how premature termination might be reduced, and how to manage it if it occurs.

Method

A qualitative survey was developed using 'SurveyMonkey' to answer the research question: '*what is the experience of clients who prematurely terminate therapy?*' The survey was distributed online to enable participants to respond anonymously (Braun & Clarke, 2013) and to appeal to hard-to-reach populations (Terry & Braun, 2016). Participants were asked to refer to their last experience of premature

termination if they had had more than one experience. Participants self-selected as having prematurely terminated therapy. Unrestricted open text boxes were provided to answer the following questions:

1. Do you recall what influenced your decision to prematurely terminate therapy?
2. How did you communicate your decision to prematurely terminate?
3. How did your therapist respond to you prematurely terminating therapy?
4. What response, if any, would have been helpful from your therapist?
5. Do you regret prematurely terminating therapy, and if so why?

The link was advertised online. 50 responses to the survey were collected.

Participants
Of the 50 responses: 88 per cent (*n=35*) of respondents were female; 73 per cent (*n=29*) were in the age range 31 to 50 years; 7 per cent (*n=3*) were in the age range 18 to 30 years; and 20 per cent (*n=8*) were in the age range 51 to 70 years. 33 per cent (*n=13*) of participants reported having humanistic therapy; 26 per cent (*n=10*) had psychodynamic therapy; and 18 per cent (*n=7*) had integrative therapy. Almost 78 per cent (*n=31*) of the experiences of premature termination related to experiences in private practice, and 10 per cent (*n=4*) referred to experiences in NHS settings. 55 per cent (*n=22*) of respondents terminated therapy between one and five years ago; 37.5 per cent (*n=15*) terminated more than five years ago; and 7.5 per cent (*n=3*) terminated less than one year ago. Participants were asked if they had sought further therapy after the premature termination. Of those who answered, 77 per cent (*n=30*) of participants did seek further therapy; 23 per cent (*n=9*) did not seek further therapy; and one participant did not say.

Analysis
Ethical approval was granted by the University of Chester and was carried out in accordance with the ethical guidelines for Internet-mediated research (British Psychological Society, 2013). A thematic analysis was used to analyse the data. Given the sensitive nature of the research, it was not necessary to answer all questions. Participants were not asked about their reasons for seeking therapy to avoid potential harm to participants by asking them to reflect on why they had sought therapy (Symons, 2012). To ensure that participants' responses were anonymous, Internet Protocol addresses were not collected and the data collected were encrypted. Participants' responses were coded with a 'P' and a number.

Findings

Three main themes were created from the analysis: 'feeling dissatisfied with therapy'; 'client becomes unable to continue therapy'; and 'communication about the premature termination'.

Theme 1: Feeling dissatisfied with therapy

This theme reflected participants' disappointment with expectations not being met, issues with the therapist, the process of therapy, and lack of progress. P4 reported: 'she [the therapist] said that maybe I wasn't ready to be discussing the things I was. It felt like she was avoiding me or intimidated by my problem'. P18 felt that therapy was not what she had expected when she recalled, 'I felt she had her own agenda with some of the questions she asked but she did not explain this to me'. Some participants expressed dissatisfaction with the modality of therapy. P18 became dissatisfied because 'the style of therapy felt a bit woolly whereas I needed something more concrete'. On the other hand, P16 questioned her NHS therapy and felt that the 'therapist was basically taking me through a workbook I could have done independently'. P26 felt that CBT was not a good fit with her needs and reported, 'I don't feel the NHS accommodates many issues clients present with'.

Participants reported feeling concerned about the therapists. Some participants felt that the therapist was not the right fit (for example P7) or did not share similar views (P34). Other participants referred to being dissatisfied by the therapist's manner and/or training. For example, P33 wondered about her therapist's experience when she recalled, 'I did not feel as though my therapist was as experienced as she claimed to be'. This finding applied in NHS settings too, for example P29 reflected:

> 'after the therapist had behaved in a way that to me felt strange, I checked out her qualifications and discovered that although she was working as a 'psychologist' she was actually only a graduate member of the BPS and was not registered with BACP or UKCP'.

P2 felt that her therapist was 'coasting in sessions'. Some participants expressed concern about the therapist's ability to help, for example 'I knew I could not work with the therapist because of what was going on for him' (P12). Several participants experienced a poor therapeutic relationship for example 'I felt the lack of relationship between me and the therapist' (P30). Other participants were unhappy about their therapists' use of power. P37 experienced the 'therapist's throne' as oppressive. P9 recalled that 'the therapist told me she wanted me to stop my training otherwise she would not work with me anymore', and when she decided to leave she was denied an ending session. Therapist self-disclosure was

also experienced as an inappropriate use of power. P22 felt that 'the therapist did most of the talking. She was more interested in telling me all about herself'.

Participants referred to feeling anxious by what appeared to be inappropriate interventions. P30 recalled:

> 'the therapist asked me at the end of a session if I had ever been sexually abused… the therapist's question reignited an old anxiety that I had been sexually abused by my father, and subsequently forgotten it'.

Ethical concerns were also raised, for example P8 found it concerning when her therapist told her that she 'had a repressed sexual trauma which could only be worked on if I had bodywork on my naked pelvis'. The pacing of therapy also created feelings of dissatisfaction. P13 felt that 'the work became too intense too quickly and I felt that it was starting to overwhelm'. Dissatisfaction was also characterised by feeling stuck. Even though participants realised that ruptures could have been addressed, they were reluctant to do so if no progress was being made, 'I felt resentful about parting with any further money to see someone who ultimately was not helping me' (P14).

Theme 2: Client becomes unable to continue therapy

This theme included two aspects: participants' willingness to pursue therapy and the consideration of environmental factors. Some participants recognised that feeling unable to continue with therapy was related to their unwillingness to think about the material arising in therapy. P1 was concerned that 'I did not have the inner resources to tackle the issues being raised'. This unwillingness to work in therapy was not necessarily acknowledged at the time, for example:

> 'I realise now that I had become defensive when an intervention was suggested that touched a nerve! At the time, I was unaware of this and I decided that I didn't like the therapist's approach' (P20).

Other participants referred to feeling helpless, as financial and organisational problems intruded on therapy. P3 recalled, 'I ran out of money for personal therapy. I had quite a strong attachment to my therapist and was upset about this'. Organisational issues included 'scheduling conflicts' (P1), and having to contact Head Office to make new appointments in the NHS was experienced as a barrier to pursuing therapy (P11).

Theme 3: Communication about the premature termination

This theme identified how/if participants expressed their dissatisfaction and communicated their premature termination to their therapists, and how/if their

therapists responded. Participants communicated to their therapists in various ways, and most participants were unwilling to express their dissatisfaction, for example 'I sent an email making an excuse' (P35); 'I did not return for future sessions but looked elsewhere for the required therapy' (P34). Other participants told their therapists that they were unhappy with the therapy. P33 recalled, 'I told my therapist that the therapy was not working for me', and P13 'contacted the counsellor and talked it through with her and we both decided it wasn't the right time for me'. Most participants did not regret prematurely terminating therapy, although some participants recognised that difficulties remained unresolved. P9 recalled 'a good ending would have helped me to internalise something healing, instead I was left with a deep mistrust towards therapists which I was unable to overcome'.

Therapists, who did respond, did so in a number ways. Some were caring, for example 'she checked in with a phone call after six weeks to see if I was ok' (P25). Other therapists tried to persuade participants to remain in therapy, for example 'she asked me to carry on and work through it with her' (P30). Several participants felt that their therapists took the news badly, for example 'I was sent a bill and letter to pick up my drawings otherwise she would get rid of them' (P9). Some participants were indifferent about a response from their therapists and recognised that the therapy was beyond repair, for example 'I'm not sure that my therapist could have said anything helpful. I felt as though she was just trying to keep me attending for her benefit and not mine' (P33). Others experienced a lack of closure and wanted their therapists to accept that 'what I wanted was fine' (P39). Some participants felt that an acknowledgement from the therapist that therapy had not worked could have provided closure, for example 'an apology and acknowledgement that it had been bad practice' (P30). Some participants expressed a desire to repair the rupture but were not offered this opportunity. P15 felt that the therapist could have been 'more open to feedback/adjustments'. Several therapists did not respond to participants when they prematurely terminated therapy, or were ambivalent, for example 'she wasn't bothered, said it was up to me and not to worry about her as she had a waiting list of clients' (P22). Even though most participants knew that they would not return to their therapists, this did not mean that they no longer had expectations of their therapists, for example 'he could have suggested other therapists' (P19); P27 felt that the therapist could have offered an opportunity 'to speak to me informally without charge'; and P5 felt 'a phone call to talk it over' would have been a helpful response.

Transparency and consent

This research offers some new insights into clients' experiences of premature termination. The need for therapists to be transparent with clients throughout

the process of therapy was highlighted. The requirement to obtain informed consent is important, so it was surprising that some participants were unclear about the agenda and modality of therapy. The need for therapists and services to take account of the socio-economic climate in which therapy takes place was also shown. Some participants did not find it beneficial to go through workbooks and expected more of their therapists. Expectations or preferences for therapy were not always explored or met, and some participants felt that their NHS therapy was not tailored to their needs.

A negative attitude towards the therapist has been characterised in numerous ways, including an inappropriate level of challenge (Orcutt, 2013); an inappropriate contribution by the therapist (Lippman, 1983); a lack of care (Moras, 1985); feeling uncomfortable (Papach-Goodsitt, 1985); a lack of empathy (Reynolds, 2001); therapists' negative non-verbal behaviour (Borghi, 1965); and feeling unheard (Knox et al, 2011). The data confirm the importance of the therapeutic relationship and point to some new concerns regarding therapists' behaviours. The lack of transparency regarding therapists' qualifications and experience, as well as the use of inappropriate interventions, raises ethical concerns and indicates a requirement for clear communication by therapists. Further, a need for services and professional bodies to offer guidelines to clients about what is unacceptable in therapy is also indicated.

The data support Reynolds' (2001) findings that some clients are unwilling to continue in therapy because they are not ready to do so, or that therapy is 'too much'. Wilson and Sperlinger (2004) found that some clients later realise that therapy may have been more helpful than they originally thought. A new aspect to this experiencing was identified in terms of later reframing the original reason given for premature termination. This finding supports Westmacott & Hunsley's (2010) proposition that clients do not always know why they are terminating, and reflects a need to view these findings as insights.

Orcutt (2013) found that environmental factors were of secondary importance in clients' premature termination, but this study indicates that they were of primary importance for the individuals affected. Participants spoke about two types of environmental factors which intruded on therapy: financial and service factors. Financial considerations were crucial for some participants, and no longer being able to afford therapy prevented some participants from remaining in therapy. This was not a straightforward issue, and the data indicate that becoming unable to continue to afford therapy creates distress. This raises questions about how clients can be accommodated, or referred to low cost or free services, when they run out of money, as well as how therapy is ended in such cases to address the distress this may cause clients. Swift and Greenberg's (2015) conceptualisation of premature termination maintains that clients carry out a cost benefit analysis when evaluating

therapy. The data support this and imply that some participants were unwilling to pay to repair ruptures in therapy. It was also found that participants wanted the opportunity to discuss the premature termination *without charge*. These financial issues have not emerged in other studies about premature termination, and raise challenging questions for practitioners who charge for their services. The findings indicate that financial issues are not simply an 'environmental issue'; they are *a relational issue*.

The ways in which participants communicated their premature termination are consistent with other research (eg. Dickson, 2015; Orcutt, 2013). Not having a good ending was a matter of concern for some participants. The data report a range of responses from therapists. Several participants reported that they received no response from their therapists when they prematurely terminated therapy. This is a matter of concern, has implications for risk, and it has been suggested that all clients who drop out of therapy are followed up (Parry, 2015).

The findings provide new insights into clients' experiences and needs at the point of premature termination. The data indicate that the way some therapists responded to premature termination led to some participants feeling diminished: eg. participants did not appreciate being told that they needed more therapy. The failure by some therapists to respond to clients denied some participants an opportunity to repair the rupture. The data suggest that expectations of therapists did not end at premature termination and this expectation has not been reported in other studies. Some participants wanted the therapist to acknowledge therapy had not worked, and to fashion an ending. This study highlights a need for therapists to remain in relationship with clients at the point of premature termination and to clarify if clients have ongoing needs. The sensitive management of premature termination by therapists could provide a positive experience for clients even if the therapy itself is considered beyond repair.

Therapists' understanding of clients

Therapists are poor at understanding clients' experiences (Westmacott et al, 2010). However, no existing research was found which explores clients' experiences of therapists' handling of premature termination, or what clients' needs are at this point in therapy. This study, therefore, builds on existing research involving clients (eg. Orcutt, 2013), and these findings may be transferable, although the small sample size means that any generalisation of the findings of this study needs to be cautious. Some therapists failed to respond when participants prematurely terminated therapy. While not all participants wanted to process an ending, others did, and some participants expressed a desire to repair a rupture thereby achieving 'closure'. Some participants experienced a loss of trust in therapy and the profession.

This research suggests that therapists need to manage premature termination in a way which does not intrude on the client, but acknowledges that it has happened. It indicates that the following could be helpful inclusions in therapist communications:

- acknowledging the ending;
- allowing an open door for clients to return;
- suggesting onward referral sources;
- acknowledging any mistakes and apologising;
- offering the opportunity to repair a rupture;
- and fashioning an ending.

While offering a final session or telephone call without charge could create a possibility to process an ending and/or repair a rupture, it is suggested that this is discussed at the beginning of therapy to avoid misunderstandings.

It was surprising to find that some therapists failed to act in a relational way at a crucial point in therapy and this has ethical implications. It could be argued that non-response is aligned with an ethical principle of valuing clients' autonomy; but it could also be interpreted as ambivalence, an exercise of power, or even a self-deception about a 'difficult client making a welcome exit'. Therapists' management of unplanned endings is important in order to mitigate possible negative feelings. A Code of Practice should be developed by services and professional bodies about how to manage premature termination if it occurs.

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The Self-Medication Hypothesis of Drug Addiction: An historical approach

Dean Connolly

SUMMARY: This historical hypothesis has evolved significantly over time and yet remains of important clinical relevance to a small but significant group of clinicians working with addiction.

It has been long observed that there is a relationship between childhood abuse and affective disorders and the subsequent development of addiction to a range of illicit drugs (Simpson & Miller, 2002; Douglas et al, 2010). This is reflected in the classification of addiction models by Robert West (2013). He proposes a class of 'pre-existing need' theories, which contains Khantzian's self-medication hypothesis (SMH). This article will examine the evolution of this hypothesis in an effort to understand if a once popular theory has stood the test of time.

During the mid-twentieth century several clinicians alluded to the concept of 'self-medication' as an integral process in the development and maintenance of drug dependence. Contrary to Freud's focus on the hedonic effects of drugs, Fenichel (1946) and Rado, (1957) observed that addicts seemed to have underlying sadness, of varying degree, and that it was the ability of psychoactive drugs to alter negative psychological states that was deemed to be the motivation for drug use.

Khantzian collated these concepts and proposed that the key drive for the development of drug dependence is based on suffering, where the specific feelings of an individual leave a need for a specific substance to palliate this pain.

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Khantzian constructed Self-Medication (SM) into a coherent hypothesis in 1975. He initially proposed that inadequate ego-defence mechanisms cause an individual to find an external means to control aggressive impulses related by abuse or loss and that heroin use may successfully do this. He further argued that because heroin is able to suppress these impulses, methadone treatment might be doing more than preventing physical withdrawal, as through its psychotropic similarities to heroin, it may be able to prevent the dependence-causing dysphoria (Khantzian, 1975)

In the 1980s, this hypothesis was eventually developed to include cocaine addiction (Khantzian, 1985). Similarly, Khantzian believed that cocaine had its appeal because its use allowed an escape from disturbances one may experience from hypomania, hyperactivity or depression. Alcoholism was subsequently incorporated into the hypothesis with the idea that alcohol use facilitates access to feelings and relationships to those who feel cut-off from them (Khantzian, 1990). This eventually progressed into a fully developed, more comprehensive theory (Khantzian 1997) that included all drugs of addiction.

The SMH proposes that due to disrupted emotional or psychosexual development, one may be subject to overwhelming emotions, or alexithymia (the inability to put feelings into words). This SMH describes this as the motivation for drug use. Conversely, one may argue that many individuals experience discomfort of this nature but do not abuse drugs, which leads to a further proposal that this affect dysregulation 'malignantly combines' with an impaired capacity for self-care (survivability) to make 'experimentation with, dependence on and relapse to substances more likely and compelling' (Khantzian, 2007).

Khantzian further argues that it is more than just the ego strengthening effects of drug use that leads to dependence. Other contributing factors include the progressive effect of promoting stable functioning along with the regressive effect of perpetuating the existing vulnerability, which enforce continued use.

Furthermore, the 1980s saw the inclusion of the 'drug of choice' concept in Khantzian's hypothesis, as he believes the substance one becomes dependent on is by no means random. 'Preferential drug use' (Milkman & Frosch, 1973) is proposed by the SMH to be the result of an interaction between the individual's primary affect state, the psychopharmacological profile of the drug, an individual's personality and the availability of the substance (Khantzian & Albenese, 2008).

The SMH is now accepted by a significant group of scholars. Currently, psychoactive drugs are classified into three drug groups with distinct psychopharmacological profiles relevant to the SMH. These are opioids, Central Nervous System (CNS) depressants (alcohol, benzodiazepines, and barbiturates) and CNS stimulants (cocaine and amphetamine). The proposed profiles of these drugs and their corresponding abuser are summarised below:

Opioids: Opioids are thought to have 'calming and normalizing effects' (Khantzian, 1997). The SMH proposes that they function as a means to temporarily mute or attenuate rage that is believed to be associated with a traumatic background of abuse, loss or painful disappointment (Khantzian, 1985; Khantzian & Albanese, 2008).

CNS Depressants: The hypothesis proposes that alcohol abusers cut themselves off from awareness of emotions that may be distressing by employing rigid defences that can result in disaffected states. The effects of alcohol are thought to relieve emotional tension as they allow defensive structures to be softened (Khantzian, 1997). Benzodiazepines are thought to follow a similar course to alcohol but in pill form (Winger et al, 2004).

CNS Stimulants: The psychological effect of cocaine in the short-term is elevated self-esteem, confidence, mood and energy state (Dodgen & Shea, 2000). The SMH proposes that those drawn to use cocaine will be either 'high energy' or 'low energy' individuals. The former will have an increased need for elated sensations (Khantzian, 1985; Khantzian et al, 1990) whilst the latter, who may mirror a depressive state, will use cocaine to escape anhedonia (Khantzian & Albanese, 2008).

Perhaps the greatest strength of this hypothesis is that it offers an explanation for why only a minority of individuals who use drugs become dependent, whereby the need to master and convert the passive and confusing experience of emotional problems drives dependence.

Khantzian and colleagues have recently acknowledged that there are arguments against the hypothesis. The two main arguments posed against the SMH are: (1) not all who suffer pain and distress become drug-dependent and (2) there is as much, if not more, suffering as a consequence of drug use.

In the 1990s, Frances (1997) suggested that it could be useful to determine the temporal onset of psychological problems and substance dependence, and the mechanisms through which each may perpetuate the other. Studies of this nature may help to determine which is the antecedent.

Abraham and Fava (1999), for example sought to elucidate an accurate sequence of onset of pathology in depressed drug users. 375 patients were chosen and their diagnosis with major depressive disorder confirmed using the Structural Clinical Interview for DSM-III-R (SCID), a scale used for comorbid drug dependence. They found that the patients with alcohol dependence experienced their substance use problems 4.7 years subsequent to the first experience of depression. Furthermore, they showed that in polydrug dependent patients,

alcohol dependence occurred around 4.5 years after their first episode of major depression, and cocaine dependence was evident 6.8 years after this first episode. This evidence would support the SMH, however self-report data are subject to bias and potentially unreliable.

Furthermore, Khantzian (2001) proposes the concept of 'disuse atrophy' in rebuttal to claims that psychopathology is the consequence of drug use and not its cause. This term is largely used when discussing orthopaedics or neurology, describing how without use, muscles atrophy. In this instance however, it is the already weak psychological defence mechanisms that 'atrophy' when replaced by an individual's drug of choice. Consequently, when the drugs are removed the previously inadequate ego-defences are weakened leaving an individual more vulnerable than before. Khantzian proposed that this provides a neuropsychodynamic explanation of chronicity in substance abuse, explaining that psychological disturbances before and after drug use is still in keeping with his hypothesis.

More recently, Colman et al (2015) assessed the 'drug of choice' concept. They used two independent raters to classify individuals as being addicted to a depressant, stimulant or opiate. Urinalysis was used to corroborate these findings. Their study divided groups of participants according the aforementioned diagnostic method into users of 'depressants', 'opiates' or 'stimulants'. They performed MANOVAs on each group to assess if the drug group matched personality and psychic profiles of dependents as measured by the MMPI-II (a contested measure of adult 'psychopathology'), proposed in the SMH.

In the first group, they found that MMPI-II scores were as predicted by the SMH in depressant-dependent individuals. They proposed that this reflects a dismissal of affect. This in combination with a similar study from Suh et al (2008) indicates that Khantzian's prediction of a denial-based defence system among depressant-users was correct. The second group (opiates) revealed further evidence congruent with the SMH as their analysis revealed significantly reduced ego strength compared to other groups. This again is in keeping with Khantzian's proposal of early trauma driving the use of opiates. The stimulant group didn't produce statistically significant data in favour of SMH. However, Colman et al believe that this may be due to the physiological heterogeneity of stimulant SUDs, a unique feature of this class.

The SMH was developed in the 1970s by Khantzian, and has since been elaborated by him and other academics. Currently, as a theory, SMH is still a minority view, but is nevertheless implicitly used in many addiction treatment programmes. The high rates of abuse and trauma that patients have suffered mean it makes sense to many addicts and the staff that work with them. In the future more research is needed to accurately assess the validity of a 'drug of choice' and how it relates to individuals with polydrug dependence.

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Cognitive Revolution and the Mass Extinction of Life

Ben Donner

SUMMARY: This paper is about the need to reconnect with emotions should we want to deliver more humane treatments and survive a climate catastrophe.

KEY WORDS: industrialisation, reconnection, climate change, social change

Industrialisation and the cognitive revolution are two of the principle causes behind Earth's apocalyptic climate problem. This paper suggests the same can be said for the causes of mental health problems, and the difficulties formulating an effective response to these problems. Reconnecting with our emotions may pave the way for a panacea, resulting in more humane treatments and putting people who are cognitively atypical into more valued roles. It may also allow us to connect with the need for social change and address an impending climate catastrophe.

The cognitive revolution

Industrialisation was a process that began in Britain and Northern Europe, in approximately 1750. It transformed society away from food production toward manufacturing 'goods'. One might see this 'Industrial Revolution' not only as socio-economic in character, but also cognitive. In other words, new inventions like the factory, clocks, timetables, steam engines and other machines, all require particular cognitive skills to use effectively. One might also see schools and examinations, which were not compulsory for children in Britain before 1880, as another expression of the cognitive nature of this revolution.

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It does not require much analysis to hypothesise that those without the specific cognitive skills needed, or perhaps those with a highly variable or unusual set of skills, were likely to be left behind in this new world. Indeed, this seems to have been the case for people with so called 'learning disabilities', and perhaps for many people with so called 'autism', 'dyslexia', or 'attention deficits' (none of which existed as diagnoses at the time). Notably, modern disciplines such as psychology and psychiatry appear to take little scientific interest in these labels beyond a pathologising paradigm. This is reflected both in the literature, and on health professional training programs.

Importantly, the notion of a 'cognitive revolution' is a helpful way of conceptualising and connecting with the social model of disability. The reality of finding oneself unable to read a train timetable or drive a motor car for example, shuts that person out of the benefits those things have to offer. This puts environmental and social change in focus, rather than a person's inner failings.

Extinction

In terms of these revolutions, the natural world has also been left far behind. It is now widely accepted we are living through the 'Holocene extinction event', or Earth's sixth great mass extinction of life (Ceballos et al, 2015). According to data spanning earth's 4.5 billion year history, the rate of extinction since 1900 is approximately 1,000 times higher than the expected rate of species loss. If this trend continues, humans will be deprived of the benefits of biodiversity within three generations (Ceballos et al, 2015). The evidence from previous extinction events suggests this will also be a permanent loss. Importantly, the Holocene event is unusual in that it is human population growth and the decline of natural habitat acting as the principle causes, whereas previous mass extinctions are thought to be due to sudden, or relatively long term geological processes (Ceballos et al, 2015).

Evidence suggests a link here between accelerating industrialisation and the rate of the Holocene extinction. For example, according to McRae et al (2016), animal populations around the world fell by 58 per cent between 1970 and 2012. Over the same period, the human population doubled from approximately 3.5 to 7 billion people. The Royal Botanic Gardens, Kew (2016), estimate that 1 in 5 of the world's plants are currently facing imminent extinction, and acknowledge that many plants are not monitored so this figure is likely to be higher. Again, it does not require much analysis to hypothesise that the 'cognitive revolution' has been toxic to animal and plant life. In fact, you could argue it has been catastrophic.

The cognitively typical

Despite human impact on the natural world, one might be tempted to think that so called 'high functioning' cognitive skills have no downside, benignly facilitating our ability to reason. Yet, they provide us with power to obfuscate the truth and mislead others, often with catastrophic results. An obvious example is the climate change denial movement, a now discredited attempt by powerful interest groups to manufacture uncertainty with regard to the evidence base on climate change (Cook et al, 2013). The impact of this for humanity remains hard to quantify, but the false impression given of both a controversy and a divided scientific community has undoubtedly contributed to low levels of public concern and worldwide inaction. It is somewhat shocking that despite 97 per cent of published research supporting human caused climate change, 57 per cent of the US public is not aware of the consensus (Cook et al, 2013).

Scientific endeavour however, is not 'all good'. The eugenic project continues to exert an influence on thinking, and money is still spent on finding new ways of making some groups of people 'extinct'. Although we have largely moved away from the mass euthanasia programmes of the last century, activities still persist that have the functional aim of 'getting rid of' the cognitively atypical. This includes amongst other things; medical diagnosis, foetal termination, confinement, drug therapy, psychological therapy, scientific theorising, welfare policy cuts, and research spending. Although it seems the project will ultimately fail, it may under the right conditions become 'successful'. Science urgently needs to reconnect to philosophy and history here, and ask the question, 'what are we in fact doing, and why should we want to do it?'

Gentling

Extinctions don't come free for the living. Wolf Wolfensberger reminds us there is an important place at the table for those who are 'atypical'. They bring many important facets the 'typical' do not possess; in the case of many people with a so called 'learning disability', facets like a more sophisticated development of 'heart qualities' (Wolfensberger, 1988). In other words, 'high functioning' skills that enable people to see through hierarchies and appearances more effectively, and connect on a deeper level more quickly, than the cognitively typical. The sense to have a genuine concern for the wrongs of the world, or to be emotionally spontaneous; or a tendency to be very trusting, are other important human qualities available to many atypical individuals. Finally, one also finds a greater ease at forming friendships, and expressing and feeling unconditional love (Wolfensberger, 1988).

Notably, these same abilities are often what the cognitively typical find quite unbearable to connect with in themselves. I find myself asking how easy it is for

most of us to be emotionally spontaneous, to fall in love, to make new friends, or to care deeply about others and the world? One can also see this process being played out clinically, where 'heart qualities' in some learning disabled clients become pathologised as either 'challenging behaviours', or 'mental illnesses'. For example, I have worked with many clients who developed deep attachments to places and people, only to have these experiences labelled as psychiatric illnesses by the services paid to help them. The impetus often being the service wanting to move a person against their wishes; or poorly paid care staff feeling burnt out and losing the ability to think, reflect, and care.

Importantly, health professionals themselves are not immune to experiencing and expressing their own 'heart qualities'. Such behaviour is often pathologised as boundary violations, over-identification, burnout, insubordination, or deliberately being difficult within an organisation. What's important here is that 'heart qualities' can actually help the cognitively typical rediscover the hidden joys of living, and enable a richer appreciation of others and the world. For example, I have been inspired through my work in learning disability services to offer less therapy, and more informal support. Also, to simply ignore the constraints imposed by bureaucracies that lack the ability to police their own iatrogenic policies. Going for a walk with a client is, in most circumstances, enjoyable, and not a boundary violation. These reflective qualities are perhaps vital in the new era we are entering; and a phenomenon Wolfensberger described as 'a process of gentling' (Wolfensberger, 1988).

Emotions

The reality that emotions can wither in the face of cognition is something many applied psychologists might recognise. Whatever one thinks about the merits of trying to alter feelings through thought manipulation, the reality is that our cognitive ability can be deployed successfully to suppress emotion. Emotions therefore become states we seek to avoid, repress, or feel ashamed of. Processes perhaps well appreciated, at least in a theoretical way, by therapists from many different schools.

The much maligned Jeffrey Masson persuasively argues that animals are primarily emotional beings (Masson & McCarthy, 1996), a position shared by Darwin over a century before. Even flies have feelings according to Masson's thesis. The cognitively typical might dismiss this as deeply anthropomorphic, but the evidence is intriguing. Masson shows that apes can be altruistic, birds do fall in love, lion's experience hate, and elephants cry with both sadness and joy. Through our dismissal of 'animal' emotion, it's as if we are determined to decouple from our own emotional lives. So determined are we it seems, that we are prepared to

kill off anything that has the potential to remind us of our emotions, even if this ultimately means our own destruction.

An important thought then, from a non-industrialised past. Buddhism claims that all forms of life try and avert their own destruction. Does this not support Masson & McCarthy's thesis, and demonstrate the capacity for emotion in all living things? What logically follows is fundamental to human experience and survival of life on Earth: that it is wrong to destroy, and right to preserve all life.

Conclusions and recommendations

- New therapeutic modalities to be developed that utilise contact with the natural world, as opposed to language and cognition based interventions. For example, this might be a far more helpful approach for people recovering from severe trauma, drug use, or those with sensory problems. Andy McGeeney's recent work is an important step in this direction (McGeeney, 2016), and provides many helpful ideas on how ecotherapy services might look in a modernised NHS.

- New therapeutic modalities to be developed based on 'heart qualities', as opposed to language and cognition based interventions. For example, this might be a far more helpful approach for those faced with social exclusion, problems relating to others, or attachment traumas. Applied examples that come to mind include Guy Holmes's community group work (Holmes, 2012). These groups often combine a sense of openness, informality and connection to life's important questions. Also, a greater emphasis on the arts in NHS services as a way to help those in need.

- For the cognitively atypical, including people with so called 'learning disabilities', to be recruited as paid therapists and trainers in the NHS.

- For animals and plants to be recruited into therapeutic roles in the NHS. Charities such as 'Pets as Therapy' or 'Thrive' are good examples of what could be provided routinely by a more modern thinking NHS.

- To move away from regarding animals and plants as 'commodities', and to learn to live in harmony with them.

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Traditional Versus/and Secular Mindfulness: the quest for authenticity

Paul Yeomans

SUMMARY: This paper explores the critical discourse surrounding the commodification of mindfulness whilst acknowledging the need for secular forms and expressions of mindful practice.

KEY WORDS: mindfulness, McMindfulness, meditation, bio-morality, corporate culture

The first section of this paper will examine my experiences, both past and present, of learning and practising mindfulness. The second section is a critical evaluation of the 'recent' rise in popularity of mainstream mindfulness. The remaining part of the paper brings together the findings and analyses from the previous two sections by presenting my own views on the inherent problems with, and the equally valid benefits of, a secular approach to mindfulness.

Reflective account

> There are many, many details of action involved in the simplicity and sharpness of being in this very moment, here, now. (Trungpa, 2004, p118)

Whilst preparing to reflect on my experiences it occurred to me that I couldn't quite remember when I first became aware of the term 'mindfulness', and that it had somehow found its way into my consciousness and vocabulary. It could be argued that this is representative of what has happened across Western society in general – with mindfulness seemingly, 'out of nowhere', becoming part of the

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zeitgeist in recent years. Mindfulness, according to the *Penguin Dictionary of Psychology*, is 'the state of being calmly, intentionally and actively aware of what one is feeling, thinking and doing; hence the state of being attentive to the moment without becoming entangled in it' (Reber et al, 2009, p475) and this definition certainly resembles the original meaning of 'sati', the Pali word first translated into 'mindfulness' in 1921 (Siegel et al, 2008).

The meaning of the word alone however, even when its etymology is known, provides no indication that mindfulness has its roots in Buddhist traditions; specifically the Theravāda and Zen (Mahayana) traditions of Buddhism (Cohen, 2010). Nor does it acknowledge that the technique that we would recognise today, in which 'the practitioner is trained to focus on whatever sensory object arises in the moment-to-moment flow of consciousness' (Sharf, 2015, pp472–473) was actually developed by a Burmese monk, Mahāsī Sayādaw, as part of the Theravāda meditation revival of the 20th Century. The distancing of mindfulness from its spiritual origins didn't happen by accident, nor is it a recent development – Mahāsī explicitly designed his method of mindfulness with 'lay-persons in mind, including those with little or no prior experience to Buddhist doctrine' (Sharf, 2015, p473). By seeking to modernise Buddhism, and specifically mindful meditation, Burmese reformers such as Mahāsī were criticised by those who believed the essence of traditional Theravāvada practices had been lost in translation (Sharf, 1998).

To appeal to an increasingly secular Western society (between 2001 and 2011 the number of Christians born in Britain fell by 5.3 million – Thompson, 2015) associations with religion, and spirituality, have largely been removed from the modern-day mindfulness experience. Substantiating this, from a personal perspective at least, it is certainly true that my own initial foray 'into' mindfulness (as an ex-Catholic now identifying somewhere between atheist and agnostic) was hindered by my chosen route-in. In 2013, eager to find new ways of coping with the stresses of daily life, I signed-up for a full day meditation workshop in a local community 'meeting house' – I hadn't appreciated, at the time of booking, that this was to be run by monks from the Madhyamaka Kadampa (a Tibetan Buddhist 'New Religious Movement') Meditation Centre. As a result, the meditations included a number of overtly spiritual 'chants' which I began to feel increasingly uncomfortable with as the day progressed and ultimately I left prematurely feeling disillusioned and as if I had accidentally 'signed-on' for a new religion. Batchelor, in 'Buddhism Without Beliefs', stated that 'first and foremost the Buddha taught a method ('dharma practice') rather than another '-ism'. The dharma is not something to believe in but something to do' (1997, p17) and had I approached this workshop with this understanding it *may* have helped.

Determined to find another 'way-in' I downloaded the Headspace app, which aims to get people started with mindfulness by providing 10 free guided meditations,

but my usage proved to be sporadic at best. I also embarked on a shopping spree of related books that, in hindsight, I must have assumed were helping me by osmosis; Schopenhauer (2016) once asserted that 'as a rule the purchase of books is mistaken for the appropriation of their contents' and this certainly appears to have been my initial approach in researching mindfulness. My reasons for seeking help were also informed by pre-existing 'mental health problems' – these conditions had been treated, with varying levels of efficacy, both therapeutically and psychiatrically for over 20 years but continued to have an impact on my daily life and significantly worsened towards the middle of 2014. As a result, I was referred onto a 12-week mindfulness course which was intended to serve as an interim measure whilst on the waiting list for, more classical, psychological services. This approach, of 'prescribing' mindfulness-based treatment, has increased following studies (including a key study undertaken by Oxford University in 2014) that found the technique can reduce relapses of depression by 44 per cent (Kuyken et al, 2014).

Although the course trainer briefly mentioned the Buddhist origins of mindfulness, he very quickly moved on to present recent neuroscience studies to support the view that meditation has a real, and lasting, impact on the brain – specific reference was made to clinical tests undertaken by the University of Wisconsin on the brain of Matthieu Ricard, a French-born Nepalese monk, which led to him being named 'The World's Happiest Man' (Davidson & Lutz, 2008). The message from the course was that mindfulness could help us 'live in the moment and stop overthinking' and was 'scientifically proven' – this was mindfulness at its most secular and, quite frankly, just what I needed at that moment in time. Alongside the course I began meditating regularly, using Headspace initially, and (naturally) buying more books – my purchases remained firmly secular, and populist, but before long I found myself wanting something slightly more 'meaningful' from my meditations.

Headspace had been a great tool to get me started but its lack of reference to its roots began to feel disingenuous; the website acknowledges that 'people have been meditating for thousands of years' (Headspace, 2016) but there is no mention of Buddhism – Andy Puddicombe, its founder and former Tibetan Buddhist monk, recognises that Headspace appeals to spiritual sceptics by 'pulling the science lever' (Widdicombe, 2015). I switched to the Anamaya app which included Eastern iconography and sounds (such as the use of a 'mindful bell') and it immediately felt like a more authentic approach to meditation; albeit one that remained 'just the right side' of spirituality and allowed me to achieve a balance between my resistance to anything religious and a desire for a sense of tradition. To some extent this could be described as 'Buddhist meditation without the Buddhism' (Kabat-Zinn, 2012 cited in Szalavitz, 2012) which, although it felt right at an individual level, is not without its problems. Purser & Cooper say this

'best of both worlds' approach to distilling mindfulness, and presenting it as the 'essence' of Buddhism, is 'characteristic of the imperialist mind-set, which says 'we know better than you what you are about" (Purser & Cooper, 2014).

As my health improved, whilst not solely attributable to my mindfulness practice it was most definitely helped by it, I was able to return to work following an extended sabbatical of almost a year. Despite assurances to my family that I would maintain my routine I soon began missing out on meditations due to a perceived lack of time. The direct impact of this was compounded by a sense of guilt and disappointment in myself for not having the will-power to keep it up. Farias and Wilkholm found that a number of people, who couldn't make mindfulness work for them, felt as if they had done something wrong which 'isn't helpful, especially for people who may be feeling anxious or depressed' (Hart, 2015). To justify having 'given up' my mindfulness practice I adopted an internal dialogue that 'I didn't need it anymore as I was 'better' now'. I recognise now that the reality was slightly more complicated than that; whilst a daily practice that isn't integrated into any kind of belief system will always be easier to 'drop' than one that is, I have since accepted that I had (at some level) developed a strong association with meditation and the process of recovering from so called mental illness.

As such, when discovering that the Interdisciplinary Psychology MA I was soon to undertake would contain a 'Mindfulness' module my initial reaction was one of both surprise and slight disappointment. I wrongly assumed that it had been included due to mindfulness being 'à la mode' and would have nothing to teach a *seasoned pro* such as myself; after all I had 'been on a course' and meditated regularly for almost 6 months!! Upon starting the MA these concerns were immediately replaced by the fear that we were going to be expected to learn all about Buddhism – the irony was sadly completely lost on me as I failed to recognise that the module was setting out to do exactly what I had once criticised the Headspace app for not addressing. Once I had, for want of a more academic phrase, 'got over myself' I settled into the lectures and found my interest in the subject re-ignited with a desire to return to mindfulness and meditation increasing. It is important to acknowledge, that I haven't yet been able to fully engage with the in-class meditations nor have I attempted to re-start my practice at home; equally every time I have tried to meditate within the classroom (as part of the weekly 'in lecture' practice) I have been reminded of difficult times. Although this association is going to be initially hard to break, it is clearly an essential next step in being able to benefit from the adoption of those mindfulness-based techniques that absolutely helped me previously.

The (bearable) lightness of 'McMindfulness'

Leanne has been staring at this beautiful tree for five hours.
She was meant to be in the office. Tomorrow she will be fired.
In this way, mindfulness will have solved her work-related stress.
(Hazeley and Morris, 2015, p22)

Whilst analysing my experiences, it became clear that I had residual concerns with mindfulness that needed to be crystallised and critically evaluated – I was conflicted, particularly in relation to the commercialisation (and corporatisation) of mindfulness, but also conscious that my views were largely based on a sense that something just wasn't 'quite right'. McMindfulness, a term coined by Dr. Miles Neale in 2010 and influenced by the views of sociologist George Ritzer (2000, cited in Carrette & King, 2005, p163), has become shorthand for the cultural appropriation of mindfulness by Western secular society and, as such, felt like an appropriate starting point for my further research. I didn't expect there to be such a wealth of critical and contradictory discourse available on an issue that, up until recently, had been nothing more than a nagging concern of mine.

Critics of McMindfulness include in their ranks secular Buddhists (Batchelor, 1997, fears that Buddhism is in danger of being 'reductively identified' with meditation), social activists that worry meditation is being used to 'grease the capitalist wheels' (Purser & Ng, 2015 – who believe mindfulness has been co-opted, by businesses demanding 'more and more' from employees, 'to disguise the ways they kill us') and those who see it as nothing more than 'New Age waffle' (Derbyshire, 2014). So, although Dan Harris (2014) likens the need for daily meditation to 'brushing your teeth, taking your meds and eating healthfully' and sees it as the next big public health revolution, by marketing mindfulness meditation as a 'potential cure for a panoply of ailments' (Farb, 2014, p1066) there will inevitably be individuals who disengage as they just can't quite believe the hype and disappointment from those who *do* engage but don't get the quick-fix they feel they were promised by the 'mindfulness as panacea' marketeers. Critical theorists worry that using (Mc)mindfulness to sell colouring books (infantilising both adults and mindfulness in the process) has 'the potential to push to the margins contemporary Buddhism's dialogue with tradition, diminishing its capacity to serve as a challenge to materialist attitudes and values' (Purser & Cooper, 2014) and by 'plucking the desirable from foreign cultures and simply disregarding the rest' (Neale, 2011) the central healing messages of Buddhist teachings will inevitably be missed.

We have already seen that credible studies exist supporting the use of mindfulness (through courses such as mindfulness-based cognitive therapy –

MBCT) to aid in preventing depression and that my own difficulties may well have been less acute had I felt able to 'stick with' my initial attempts at mindful practice, but there are concerns that using the term 'healing' within mindfulness self-help books (specifically those by Jon Kabat-Zinn) and courses can result in 'locating individuals within a disease-therapy cycle' (Barker, 2014, p.168) by 'defining the common malaise of everyday life as a diseased state' (p172).

The corporate adoption of mindfulness, as part of organisational wellbeing programmes such as Google's 'Search Inside Yourself' (Tan et al, 2014), is perhaps the most contentious strand of the McMindfulness critical debates. Critics, and there are many, see it as problematic at best with more vociferous opponents positioning it as an insidious way to improve efficiency whilst avoiding any serious consideration of why stress is such a big issue in the modern workplace in the first place. These concerns are perhaps most soundly articulated within the Huffington Blog 'Beyond McMindfulness' (Purser & Loy, 2013) post, where we are warned that programmes of this nature shift the burden of wellbeing onto the individual by framing stress as a personal reaction with mindfulness then offered as 'just the right medicine to help employees work more efficiently and calmly within toxic environments.' (Purser & Loy, 2013). Creating a corporate culture where mindfulness training, and/or the time and space to practice meditation, is not just offered but felt to be mandatory (at least to those who want to be thought of as making the right 'life choices') can be seen as a form of 'bio-morality', which 'promotes the following fundamental axiom: a person who feels good (and is happy) is a good person; a person who feels bad is a bad person' (Zupančič, 2008 quoted in Cederström & Spicer, 2015 p5). The worry here is that mindfulness may be used as another way to differentiate between employees when it comes to formal performance reviews or even contribute to informal favouritism of certain individuals – taking this to its natural conclusion, especially given the fact that certain employers have already started to ban smokers and not just smoking (Brewis & Grey, 2008), is it unrealistic to imagine prospective employees being asked to provide evidence of how 'mindful' they are on application forms?

If meditation in the workplace wasn't worrisome enough, to those who fear it could be this era's equivalent of the Protestant work ethic (The Mindfulness Business, 2013), mindfulness is now being pro-actively rolled-out in schools across the West – including its use as a 'contemplative' alternative to detentions for those children exhibiting challenging behaviour (Gaines, 2016). Viewed through a critical lens mindfulness in this context is seen as a 'disguised pedagogy of social control' (Forbes, 2015) creating compliant students who will turn into 'passive, unquestioning consumers'.

Neuroscientific studies, such as those cited by Headspace to help 'pull the science lever', are often used by proponents of the mindfulness movement to

convince those who dismiss meditation as New Age nonsense – however it has been found that not only were such studies overstating any beneficial findings but studies with 'unexpected results' are frequently unreported (Farias & Wikholm, 2015). There is a worry that 'people are finding support for what they believe rather what the data is actually saying' (Heuman, 2014) and that newcomers to meditation are not being made aware of the need to be 'careful' when starting out – David Shapiro, of the University of California, reports that 'seven per cent of people on meditation retreats experienced profoundly *adverse* effects, including panic and depression' (Hart, 2015, emphasis added).

From Mindfulness to transformation

With these (and many more) critical analyses read and digested it would have been easy to feel that my earlier reservations were justified and that the dilution, and corporate co-opting, of mindfulness is the epitome of wrong mindfulness (*miccha sati*). But jumping on the 'McMindfulness-bashing' bandwagon, although intellectually tempting, feels disingenuous given that my previous experiences were ultimately positive despite their populist origins. In fact, in composing this account, I have realised that my early exposure to mindfulness has directly contributed to two big transformations in my life over the last two years – becoming a trustee (and Vice Chair) for my local Mind and, perhaps more significantly, feeling 'able' to take a year out from full-time employment to undertake my current studies.

Because of this I find I cannot simply dismiss secular, or 'light-weight', mindfulness as 'obscene and monstrous mutations of the original core practices and values derived from Buddhist traditions' (Hyland, 2016) – the ability to access mindfulness 'self-help' techniques, not solely limited to meditation, without having to wait six to nine months for state provided counselling or therapy is not to be undervalued. Although it was ultimately a combination of both medication and meditation that got me 'back on my feet again' the mindfulness course (and regular use of Headspace/Anamaya) changed the way I approached things and gave me insight and access to a 'new way of thinking'.

The issue of corporate adoption of mindfulness was, I now recognise, the main thing I was uncomfortable with. I had been known previously to argue that 'corporate wellbeing' would be the number one differentiator between organisations in the future and that 'mindful leadership' would play a key role in developing this kind of competitive advantage – I still believe this *could* be true but also that it is open to abuse (for example, when used to focus on productivity rather than genuine wellbeing or where it is done to mask deeper organisational problems). As such this remains an area I will watch with interest, and a healthy level of cynicism, over the coming years.

Lastly, I still believe that a secular approach to mindfulness is not only *okay* but remains essential for some – it allows individuals with 'no religion', or followers of a religion that they don't believe could 'co-exist' with Buddhism, a way in to mindfulness that a more spiritually focused method may not. There is much to be gained from a fuller understanding of the broader context and background of mindfulness; indeed, and despite initial objections to the contrary, my recent exposure to the traditions underpinning mindfulness has inspired me to start meditating again, to further develop my awareness of Eastern religions and may even become a 'way back' to spirituality.

Acknowledgements

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A Critical Consideration of the Commodification of Mindfulness

Zoe Liddle

SUMMARY: This article offers a consideration of the current popularity of mindfulness as a response to various market trends and forces and often lack of reflection to original practice.

KEY WORDS: mindfulness, commercialization, stress, workplace, consumerism, Buddhism

Mindfulness in the East means 'paying attention in a particular way: on purpose, in the present moment, non-judgmentally', (Kabat-Zinn, 2004, p4). For the Eastern practitioner, it encourages us to visit each moment in the present and allows us to appreciate that it is within these moments that life unfolds. For the Westerner, it has come to mean something quite different and is now not only a common topic in our popular literature and the media but a mainstream pastime. It has become a commodity with a commercial value. Shelves in bookshops, magazine articles and Google searches offer us the opportunity to colour, eat, walk and talk our way to a more mindful and fulfilled life. Many of these tools come with a price or a commercial 'add-on' allowing us to buy our way into the mindful community. We will here explore how and where mindfulness has become a commodity: its journey from a prac*ti*se, as a verb in the sense of an act of doing, to a prac*ti*ce in the sense of a noun, an object or a mechanism.

Mindfulness, then, is popular in many areas of Western life; a review of all the ways in which it has become so, however, is beyond the scope of this paper. Instead, we will explore how mindfulness has been sold to business as a wholesale cure all. The increased interest in the practice in the workplace means it is

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potentially the way that mindfulness reaches its biggest audiences and impacts on the most individuals. Two further features of mindful working reinforce this: firstly that working life is the single biggest role we assume and forms a massive part of the identity we take on, the self we become. Secondly, it is also the most time-consuming part of our lives. We will then venture to draw some conclusions as to how commercialisation has impacted on the workplace, the individual and mindfulness itself in order to address why this issue is of interest.

We start with Panaïoti (2015, p502) who said that a 'greater openness in science and philosophy to a foreign tradition surely indicates that a healthy spirit of cosmopolitanism has at last begun to affirm itself in the West.' Taking the resulting evolution of mindfulness in the West as a given and rather than looking into the physical actualities of this growth, we will venture to offer an insight into the mechanisms driving it. To do this I would like to draw upon theories of commercialisation and time-spatial connectives.

John Kabat-Zinn is largely credited with the popularisation of the practice in the West stemming from his Mindfulness-Based Stress Reduction (MBSR) programme with his work leading to a comprehensive development of awareness in mindfulness-based interventions (MBIs) (Hyland, 2015). The rapid popularisation of the topic has led several commentators, predominantly Purser & Loy, to coin the phrase McMindfulness and to show how the revolution 'appears to offer a universal panacea for resolving almost every area of daily concern' (Purser & Loy, 2013, p1). As we will argue, there must be a need or thirst for a 'universal panacea' (ibid.) for it to be so enduring. It is the need that develops the market and ultimately commercialisation.

Annual expenditure on luxury items has grown to the point where it is far greater than that needed to provide education, clean water and nourishment for the world's poor (Worldwatch Institute, no date). The luxury item market is saturated and it has become 'challenging to wake consumers up when they are deeply sedated by promises of pleasure and escapes everywhere in the market place,' (Bahl et al, 2016, p196). As markets diversified the technology-flooded, Western consumer has been looking for some new indulgence in an era where many people are money rich but time poor. Enter Mindfulness.

Alongside this development and new-found openness, long standing enthusiasts of mindfulness are becoming less bound by physical space. Technology enables the utilisation of increased mobility of knowledge, spanning wide geographical expanses without losing their shared focus (Grabher & Ibert, 2014). Virtual communities of common interest, have drawn together to interact in an 'emotional geography' (Hui, 2014, p172 and Ahmed, 2004) creating an external *effect.* Brinks (2016) describes the effects as 'emotive experiences grasping human beings in time special fixed settings' (ibid, p1164). Recognising this effect, Von

Hippel (2005) postulates that it is these enthusiasts who should be recognised as the important modernisers and the instigators of demand creation. The more enthusiasts share experiences, the more stable and robust the interest becomes and the more demand it creates.

Demand generates commercial value as well as creating the circumstances under which this can be exploited commercially. For mindfulness, this is a conundrum: how to invent and sell 'products'. Due to its dynamic nature, however, value is never fixed and requires constant re-evaluation by its communities. (Çaliskin & Callon, 2009). As the community subtleties change to incorporate further needs (from the money rich / time poor) the value and the market change. The mindfulness community response is described with Purser and Loy's argument that, 'such colonisation of mindfulness also has an instrumentalising effect, re-orientating the practice to the needs of the market' (Purser & Loy, 2013, p3); the practice of mindfulness is adapting and changing to the needs of a Western mainstream market.

These demands cannot simply be absorbed by existing markets, those previously fed by the enthusiasts, but they do create and drive new ones: '*users* become *consumers* or even *producers* or *sellers*' (Brinks, 2016, p1153). The enthusiasts are now creating and producing goods and actively re-orientating for the emerging mass market. Brinks identifies this as communities interactively generating worth and recognising the circumstances under which this can be used in a commercial way. Wenger (1998) refers to this process as reification: making something real or bringing something into being. For mindfulness, it becomes an important shaping component in such communities of practice. Initially the shop front was flooded with self-help books, followed by retreats, workshops and apps: all things which could have a commercial value placed on them and thus consumed. I would argue here that mindfulness users are creating artefacts that act as 'social objects [which] are the engines of socially networked experiences, the content around which conversation happens' (Simon, 2010, p1). It is these artefacts that are key to the rapid growth of Mindfulness the Practice. They have enabled Western object-led consumers to become anchored and co-ordinated (Wenger, 1998). The continued growth and adaptation of these artefacts seeks to adapt to diverse practices (Star & Griesemer, 1989) performed by diverse users and to link different communities.

To this point, the practise of mindfulness has been for the good of the individual: being consumed by the original enthusiast and newcomers to the trend. However, with its increased popularity it has become 'an easily approachable mindset for the masses in which consumerism, commodification and medialization are part of the neo-liberal market where spirituality is for sale' (Borup, 2016, p41). Although Borup takes a very cynical stance regarding the creation of a commodity

with mindfulness, we cannot ignore the fact that it is exactly this that drives the consumer exchange mechanism forward: the easier the market is to access, the greater the range of artifacts or commodities it has, the greater its appeal.

Next, we can turn our attention to the people who see themselves in need of revaluating their hectic lives to seek a balance. In a world where work has become such an all-consuming part of life it is difficult to find satisfaction beyond the factory or office door (Keohane, 2015). Keohane asserts 'the broader culture is hopelessly workaholic – not raging against the emptiness of life, but actively emptying it, and filling the hole with more work dressed up as life,' (ibid. p59)

Workers are identifying a *lack* or *missing* in their working life (Keohane, 2015) and mindfulness is ideally placed to fill the void because its commercial application addresses the work-related ailments listed by Antanaitis (2015) – apathy, stress, job dissatisfaction, illness and indifference. It's easy to see how shrewd business advisors promoted mindfulness to the corporate world, heralding the 'promise that it [mindfulness] will improve work efficiency, reduce absenteeism, and enhance the 'soft skills' that are crucial to career success,' (Purser & Loy, 2013, p1).

Practitioners quickly sought to situate Kabat-Zinn's MBSR programme within the workplace. While they maintain crucial links to many mindfulness traditions, training courses are very much labelled as stress reduction programmes. Despite having established a market, mindfulness in this context finds itself having to redefine its commercial and mass value within the corporate sector. The semantics of the naming of the package becomes a marketing tool: stress is a term that is unequivocal, accessible and too often experienced in the West. Branding is about appealing to the familiar (Gaski, 2016), giving consumers an anchor point to identify with, a safety net within which to explore the product.

Antanaitis (2015) actively encourages companies to present MBIs as 'secular and research based because many individuals may discredit mindfulness as a quasi-spiritual New Age practice due to its origins in eastern traditions,' (2015, p40). Coupling stress and mindfulness in this way has allowed practitioners to utilise two sides of the same coin and appeal to a wider consumer audience. The stressed worker can hide under the mindfulness shadow, while the New Age sceptics can access techniques through their understanding of stress. For MBSR it has become a clever branding tool to make mindfulness mainstream. Unwittily, Kabat-Zinn may have created the mindfulness brand that appeals to the well-meaning corporate sector.

This is far from a criticism of Kabat-Zinn. Indeed, it is a celebration of an increasingly accessible dynamic. 'Ultimately, a programme has to be marketed to meet people where they are,' (Goldstein, 2013, p2). In this case it is the overworked Westerner who has identified a lack or something missing in their lives and is employed by a well-meaning company willing to embrace innovative ways of

thinking brought to them by a shrewd business practitioner. The ultimate niche market gone mainstream.

The driving force here is the need to address the increase of absenteeism from stress and depression together with the associated costs. The corporate sponsors find a convenience in the mindfulness cause with Bazzano suggesting that it provides a 'quick fix for the anxieties of the late-capitalist society,' (2014, p164). This is despite the inability of research into its effectiveness being able to keep up with the spread of initiatives (MAPPG, 2015). It shifts the focus to the individual (who are not necessarily enthusiasts) while providing a 'get out of jail free card' in that companies can say they have attempted to address the issue of stress amongst employees. It holds an appeal even though the entrepreneurs' willingness to capitalise on the interest means the essence can be misplaced (Knudson, 2016). We must appreciate that although mindfulness packages find themselves firmly placed as a product to be consumed by the large companies, the companies themselves benefit financially from the investment. A more productive and less absent work force can only mean more pounds in the bank, and a stronger economy.

However, this venture does not come without its pitfalls. Such initiatives are costly both in monetary value and in time and unless adapted to the individual needs of the organisation may seem isolated from normal work routines (Hyland, 2015). As any consumer will be aware, anything bespoke comes at a greater cost. For MBI programmes and the employee this tends to mean that such courses are used mainly to nurture skills and traits needed in a productive workforce 'whether or not these are representative of foundational mindfulness principles,' (ibid. p226). Glomb et al (2011) concur stating that MBIs tend to focus on traits valued by the employers even though these may not be linked to individual well-being. Hyland laments the 'upshot of all this, inevitably, is the marginalisation of the original foundational principles, and a distortion of the ultimate aims and procedures,' (Hyland, 2016. p14). Here mindfulness is a product of Western anxieties. The tradition is manipulated and moulded into a partial practice which

> may make it more palatable to the corporate world, decontextualizing mindfulness from its original liberative and transformative purpose, as well as its foundation in social ethics, amounts to a Faustian bargain. Rather than applying mindfulness as a means to awaken individuals and organisations from the unwholesome roots of greed, ill will and delusion, it is usually being refashioned into a banal, therapeutic, self-help technique that can actually reinforce those roots,' (Purser & Loy, 2013, p1)

Rather than healing our minds we are selling them to the corporate providers of a quick fix package intended to provide a blanket cure-all for our work-related ills.

Initiatives seeking to increase productivity in the work place need to demonstrate some measure of direct effectiveness. Dane and Brummel (2013) make the distinction between work engagement and work mindfulness. The former concentrates on how the individual pursues their task and required output (Christian et al, 2011) while the latter engages more cognitive and emotional skills. 'Even brief periods of mindfulness practice can lead to objectively measured higher cognitive skills such as improved reaction times, comprehension scores, working memory functioning and decision-making' (MAPPG, 2015, p42). Mindfulness here impacts on a set of traits that are important in working life. However, Antanaitis (2015) talks about the mindfulness skills set and how it incorporates traits that need to be practised every day. It seems ironic that we are giving the overworked employee yet another activity they need to do in the day. This is described as 'psychological and physical well-being' becoming another 'performance-related behavior,' (Dane & Brummel, 2013, p107). If we make it a performance indicator, we can subscribe a value to it and thus offset the monetary outlay on the programme. We are reducing the effectiveness of mindfulness at work to a profit and loss calculation.

A dichotomy presents itself here in that we demand that workers situate 'the mind in present moment time despite psychological pressures to the contrary' (Dane & Brummel, 2013, p119). We are asking the individuals in the workforce to perform to their targets and complete their end products, viewing this as a process that must be completed contrary to mindfulness's prerequisite of being in the moment (Hanh, 2008). Dane and Brummel argue it is exactly this which gives this branch of commercialised mindfulness its power: '[i]n performing this mental feat in a dynamic work environment, individuals attend to a number of stimuli and events and, as a result, perform effectively' (Dane & Brummel, 2013, p119). Indeed, 'there is value not only in being engaged by one's work, but also in focusing attention mindfully' (ibid. p120). Clearly here Dane and Brummel use the term 'value' to mean the psychological worth to the individual but it is easily argued that this could also be applied to the financial gain to the company.

Does this matter? The positives for the individual (as an individual or a member of a workforce) should not be cast aside. Emotional resilience is long heralded as one of the valuable outcomes of mindfulness practice (Hyland, 2011). It has been demonstrated that emotional intelligence (EI) is an important indicator in the success of creative thinking, leadership and innovation rather than just cognitive ability and experience (Chaskalson, 2011). Further, participants experience increased work life satisfaction. Mirabai Bush is accredited with introducing mindfulness to Google and is quoted as saying 'Over time with mindfulness, we learn to develop the inner resources that will help us navigate through difficult, trying, and stressful situations with more ease, comfort, and grace,' (Crossland-Thackray, 2012, p1).

But what impact does this tempered form of the practice have on the consumption of truly mindful-based teaching? People introduced to the more diluted work based practices could quite feasibly explore more traditional programmes in their life outside work. This in itself creates a learning dynamic between the work based neophytes and the core participants (Wenger et al, 2002). The worker finds themselves entering the market with a specialised knowledge yet weakened overall understanding which may dilute the market and depreciate established knowledge (Lave & Wenger, 1991). What appears to be happening, however, is that the thirst is quenched by the historic enthusiasts who drove demand in the first place and have been charged with driving the market demand. As discussed earlier, the range and levels of need in the market are becoming more diverse so the market is forced to re-evaluate its worth. Indeed, Brinks states that it is exactly this wider attraction which prompts a 'reconfiguring of worth' (2016, p1163).

Although the true meaning of mindfulness appears to be a matter for negotiation when considering its application in the West, we can see that mindfulness as a commodity is able to drive itself forward. Borup (2016) discusses how the ritual aspects of a practice are never 'isolated in the dissemination and evolution. Cultural narratives are not created in a vacuum. Contemporary spiritualisation and psychologisation are also based on collectively shared narratives and structural frames' (2016, pp53,54). We could easily insert the words 'consumerism and commercialisation' into this narrative and the argument would still stand.

The growth of mindfulness has produced both affects and effects, a student of the practise and a consumer of the practice. It offers 'the potential for us to develop insight, new perspectives, and so to facilitate personal transformation' (Crane, 2009, p5).

It's interesting to speculate where this will go next: Eva Wisemen calls the commercial commodification of mindfulness a 'paid-for passivity' which will result in a 'world where, rather than noisily trying to change the world, we are all content within our own heads, earbuds in, credit cards aching, eyes closed' (Wiseman, 2015, p2). Purser & Loy (2013) concur, arguing that an individual, target and consumer driven approach to mindfulness is effective for the individual in preserving themselves but not good for organisational reform. They quote Bhikkhu Bodhi as warning 'absent [of] a sharp social critique, Buddhist practices could easily be used to justify and stabilize the status quo, becoming a reinforcement of consumer capitalism' (ibid. p3).

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Challenging Illusion:
Marxism as therapy?

Ivan Thorpe

SUMMARY: A person gains therapeutic awareness when exposed to Marxist concepts of alienation and ideology. The article explores the relationship between mental illness, therapy and therapists and the dominant form of economic structure within which they live.

KEY WORDS: Will, illusion, false consciousness, ideology, alienation, capitalism, class.

'You must have doubts about everything', was supposed to be one of the favourite sayings of Karl Marx, and forms the starting point for this article. What is the relationship between Marxist concepts of analysis and the impacts on those that read or study them? I pose the question: 'To what extent is this consciousness raising process therapeutic, and the symbolic relationship with Marx a therapeutic one?' How are the reader's perceptions and personality challenged by exposure to these historic ideas? Can they use them as a credo to explain developmental hurt, and the idea of revolution as way of overturning the power of the bad mother or father archetype? Some turn to religious faith put their trust in God while others find Marxism. Does the acceptance of one therapeutic paradigm over another have more to do with its fit with the capitalist system than providing the evidence that the consistent rise in mental illness in society is a product of the character of the economic system that dominates their lives? The politics of therapy is based on conflicting perceptions of the nature of human beings. Are we at the controlled by our biology, instinctual animals, or do we have a psychic destiny to fulfil?

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Each therapeutic approach has a philosophical and ideological base that requires devotee's as much as evidence based practitioners.

Let me begin by outlining the development of Marxist ideas and some recent additions to the interpretation of his phenomenological concept of ideology.

Karl Marx (1818–83) was born in Trier of Jewish parentage. He studied at the Universities of Bonn and Berlin. At the University of Berlin he came under the influence of Georg Hegel (1770–1831) as did another student Ludwig Feurbach. Marx became a journalist, editing the *Rhinische Zeitung*, a critical journal which was suppressed in 1843. In 1844 Marx moved to Paris to study economics but because of his reputation as a provocateur he was expelled. He then moved to Brussels and met his collaborator and Manchester industrialist Engels, and together they wrote the *Communist Manifesto*, for the Communist league of which he was the leader. During the summer of 1845, both Engels and Marx visited Manchester then in 1850 Engels returned to Manchester to work for the family firm. He avoided arrest for his involvement in the uprisings in Germany during 1848 and 1849. He financed the work of Marx who fled to London in 1849 and took up residence at 28 Dean Street Soho, where he lived for most of his remaining life. The secret police in London described him as a, 'domineering, powerful, shaggy, untamed old man, leading a gypsy existence, with a scant income, often idle, with a bust of work lasting 24 hour in the day' They also observed that he was troubled by 'boils' on his body, probably caused by the amount of sitting he did in the British Library. He founded the First International of the Communist party, in 1864 and wrote his great work, *Das Kapital*, all nine volumes of it, analysing the capitalist economic system and its flaws, which was never finished. It was said that he had an illegitimate child by his wife's maidservant whom they brought up together in the family with his other daughters.

Hegel was both a civil servant and a theologian, graduating from this training at Tubringan. His philosophy of history was developed between 1793 and 1801 and in1818 he was appointed a professor at the University of Berlin. Like Hegel Marx thought that we are only able to understand the world because we begin by giving our experience of things in the world labels and creating taxonomy, a set of categories, which we can then use to organise what we experience. Experience rarely come to us directly and raw but it is then mediated by the categories we apply to it. These categories give determinate form to what would otherwise seem formless and random. Hegel argued that for him there was a distinction to be made between the reality as we apprehend it and the reality as it is. We can perceive the world in one way but the actual world can exist separate from that, an alternative reality. Things exist separate from our perception of them. A belief in God or other creations of man's imagination mediate our relationship with our world. However, the categories that we use to explain our experience in the world

and to communicate this experience to others are not timeless because the history of thought was dynamic and one of changing conceptual structures. For there to be a shared conceptual structure within a society, or a collection of societies it has to be popularised, disseminated in some way and serve the social structure of the time. He argued that the study of history elucidates and explores the categories used in a given age and shows their connectedness with the experience of that age. Changing explanations and a change in the categories demonstrate a growth in consciousness. Hegel in his work of 1806, *The Phenomenology of the Mind*, argued that it is by men becoming aware of their present mode of thought, and criticising it that they can rationally transcend it. Social structures were the product of human will, and we can be free of these structures if we exert our freedom to do so.

An object is determined by the will of another and this object becomes a property of the dominant will if they do not exert their own will to be free. A person only becomes a slave and the property of another if they do not will to be free. Of course the result of this action could be death. However our awareness of this choice can be taken from us by another. Morality, a social construct created by society to limit the instinctual animal within us is such a category of thinking. It becomes a way of categorising our world and limiting our freedom to choose. If enshrined within the social structure it becomes a law. Hegel wanted the state as a political institution to serve the collective will of the people and to protect and facilitate their freedom. The state and its institutions becomes the arbiter of freedom. Disciplining the uncontrolled natural will and bringing it into line with a universal principle protecting subjective freedom. Without this then individuals would battle it out to satisfy their needs and selfish economic interests resulting in what Hegel described as misery and distress for the artisan class.

In a socialist and democratic system where a government is elected by the people, it could control the worst excesses of any person, or group of people's selfish greed for money and power. However he felt that in his day society had lost the purpose of its true goal, and people were alienated from their true evolutionary path which was spiritual not materialistic. They had been seduced by merchandise and the pursuit of wealth, and the state had encouraged this. Therefore, the state and its citizens were at odds with each other. The state was not fulfilling its purpose. Man had lost touch with his spiritual destiny, his spiritual journey that would lead him to a sense of unity with other men. Edinger (1973) a Jungian analyst would later describe this process as 'Ego–self alienation'. Capitalist society offers us the comfort of our soul in the goods and services we can purchase. However detached from our spirit, psyche, or self, these become fool's gold, a quick solution, and alienated from our self we can try to reconnect by finding communion with a different form of spirit, that found in a bottle of alcohol.

Born into a world where the institutions of society have been formed by a previous generation and are seen as having a life of their own, the dominant ideology of the society is supported by them and they have a vested interest in ensuring their continued existence. Rather than facilitating the spiritual evolution of those in society they can work to inhibit it. Even the knowledge taught in the universities may be limited by a dominant paradigm that does not challenge the status quo. All of the sociology and philosophy graduates who fuelled the student revolutions of the late '60s and '70s, may have changed cultural attitudes slightly, but they were soon absorbed by the capitalist system seeking jobs, families and mortgages. The economics taught in those institutions was not comparative but capitalist economics. The market rules and in England, for example, it was not the left that instigated a revolution but the right under Thatcher who went on a spree of privatisation of services and public utilities like water, gas, electric, and transport. Privatised aspects of social care forced an internal market in the National Health Service, increased class sizes in schools, sold off playing fields, and took on the coal mining unions to restrict workers' rights and won. Populism and nationalism in Europe, Russia, and America is not of the left in politics but of the right.

Historically the capitalist system is robust and reactive and if the excesses of this class can be moderated by a government providing a safety net for the poor then the willingness to protest is dissipated. Class consciousness is mediated through a system of social mobility and a media promoting the possibility of riches. This inhibits the formation of an antithesis and the process of praxis is halted. The emphasis on individual success and failure replaces the concept of class oppression. It follows that individual happiness; self-enlightenment and self-actualisation replace the pursuit of class enlightenment and class consciousness. 'Mentally ill' patients become an underclass separated from society by a diagnosis of individual illness. Too ill to organise and protest their living commentary on the economic system discounted because of their 'disability'.

If a child asks the parent 'Why do I have to go to school?' 'Why do I have to work in a factory?' 'Why do we work five or six days a week for 65 years?' They are told, 'Because you do, that the way things are and you can't do anything about it'. Reinforcing the notion that these institutions and the means of education have a life of their own separate from the will of the community and thus promote passivity, and acceptance. The individual becomes falsely dependent on the pre-existing world. Hegel argued that the state in a civil society cannot transcend the representing of sectional interests unless it refers back to higher spiritual goals.

The contradictions of freedom and will are mentioned in *Existentialism* (1970) by Mary Warnock when she mentions the conclusions of *Being and Nothingness* (1957), in comparison with the *Critique of Dialectical Reason* (1976).

> We have seen how, at the end of *Being and Nothingness*, Sartre was faced with an impasse… The one established fact seemed to be that values were contingent, personal, and chosen if they were genuine, by the individual, by himself and for himself alone. The individual was locked in an inevitable conflict with others. Therefore, there was no rational way open for existentialism to order life in society… each must save himself, by choosing his own life of freedom. The only possible end to man's isolation was to condemn men to be members of a group, interdependent on one another. Every measure which is then aimed at the preservation of the group is a further choice of freedom. (Warnock, 1970)

For Hegel the ultimate group was the symbolic expression of free will and this was embodied in the state. The state has to enshrine the idea of individual free will in its laws protecting the individual, and in its constitution drawn up by the people for the people and backed up by the choice of the people in a democratic vote. This is the ideal of the state, but as history tells us the state can become controlled by the will of a political elite, who can use the means at their disposal to limit the freedom and the will of those they oppose, or whose will they fear. The structure of the institutions of the state must allow dissent and the ability of those governed by it to hold the rulers to account and invoke change. The will of the army, the lawmakers, the wealth creators and owners have to be constrained, as does the herd instinct of the populous, the less educated and easily manipulated. It is no surprise that Sartre became a Marxist. Lenin and Stalin usurped the ideas of Marx to construct a totalitarian state, and turning his theory of change into a communist ideology, a belief system, a doctrine, that after a brief expression of hope oppressed free will and perverted democracy. The rise of the Nazi party in Germany came from a nationalistic, authoritarian and racist group of individuals that put violence and intimidation as an essential part of their strategy in their rise to power. The state did not restrain or mediate this movement, and its sympathisers in the judiciary and the right wing political parties enabled its growth. They targeted the youth in their youth movement to brainwash them into believing in the Jewish conspiracy which was worldwide, controlling the banks in America and England as well as Germany, and instilling the notion of a superior Aryan German pedigree. They used the paradigm of eugenics to validate their ideology, and the world economic crisis to overthrow democratic government. Their message was to make Germany great again. We may have heard this slogan used recently to justify bigotry, attack a religious faith, and enact government policies that inhibit freedoms, in the name of national pride. If you oppose this political message, point out its contradictions then you are not one who wants your country to be great again. This creates a schizoid environment where you are either with us or against us and there is no room for a middle ground based on rational debate.

The Ideas of Marx

Marx acknowledged the importance of Hegel's ideas in the development of his theories, but whereas Hegel focused on man's spiritual dialectic, Marx emphasised the material dialectic. The theories that Marx created can be divided into Humanistic and Scientific Marxism. The former tends to be about how we interpret the world and a theory of emotions. The latter Scientific Marxism is based on a statistical and empirical analysis of the capitalist economic structure of his time. He then attempts to show how our consciousness and experience of what is possible in terms of our will is dominated by our position in the economic productive process and that the division of labour which is central to industrial growth leads to a division of mind and body.

> The capitalist class has played the most recent revolutionary role in the world...
> it has resolved personal worth into exchange, value and has set up that single
> freedom, Free Trade.
>
> *The Communist Manifesto* (1883)

The capitalist system, which led to the growth of the merchant class and the decline in the absolute power of monarchies whose power was based on the ownership of land gained from tribal family wars, had dynamism of its own. The source of a new wealth offered freedom for a new class of people, and a process of social mobility into the aristocracy, as well as a way for the old class to make more wealth. To take the full benefit of this expansion education had to be granted to those previously denied it, as well as political representation to those who were constrained by laws that restricted the production and sale of goods and services, and the expansion of wealth. Slavery had to be abolished as did restriction of the movement of the workers from land to town. However, it created a new class of workers who were exploited to make profit. The mind and body of these workers had to be controlled by the representatives of the state to limit their association, and their will. Some would be seduced by the owners by money, privilege, and the gift of power over the class they emerged from, but Marx argued that a class consciousness would develop and protest for change was inevitable. The exploitation of the workers caused by industrial capitalism would eventually lead to a revolution and the overthrow of the owning class. The capitalist system that had no loyalty to nation or common human values or rights, but which served profit and the demands of the market, would create internal and international strife that would lead to its eventual destruction. From the ashes of this system would emerge a socialist state run on the values that Hegel had championed, and this would lead to the growth of a communist system where the ownership of the means of production, land and resources, labour, capital, knowledge and risk taking was in the hands of all the

people? The wealth would be distributed equally and fairly. However, Marx was concerned about those that would not contribute to society and would avoid effort and their responsibility to the greater society. He would still have the problem of individual will to solve, and the assumption that the eradication of the threat of hunger, shared power, and a fair distribution of wealth would cure crime and the development of psychological pathologies.

If the economic structure was right, facilitated human growth, respect for humanity, enabled individual development that enhanced communal values, then this society would survive. However, Marx argued that the dialectic of change was a force external to the will of individual people, 'as independent as are the movements of breathing' (Marx doctoral thesis 1841); the infrastructure that determined the superstructure of culture and ideology was the economic structure, which had dynamism of its own. Let's imagine that it is like man building a computer with the power to have logical thought and finding out that this computer learns how to programme itself. Man becomes dependent on something that it created and it takes charge of our lives, and instead of it serving us we have to serve it. The computer becomes self-serving and its decisions are based on its own survival regardless of the human cost. The social structure is organised to facilitate this and generations born after its creation are not aware that man created this, and that change is possible. It is not in the interests of the computer, its users and owners, to inform the general populous of its humble origins or that things were not always like this. The history taught in schools has to be a certain kind of narrative that supports the world as they know it. People's perception of what is possible in terms of the expression of their free will has to be controlled. The fundamental notion that what exists has been constructed and is not a given, or a fixed point in history, is conveniently overlooked.

In terms of so-called psychological pathology it is important not to divorce the expression and cause of those illnesses from the nature of the economic structure. Society with values, attitudes and morality based upon a certain economic system would rather ignore the damage to individuals or communities that this mode of production creates than change the source of the problem. Those who suffer stress, anxiety, trauma, mental breakdowns, are seen as weak in their genetics, neurologically challenged, and are an embarrassment to the system. They used to be locked away, either in asylums or prison, or put in a chemical cage through the use of medication. They are the collateral damage of the economic structure and its related value system of success, exploitation and profit. The institutions, like the police, the national health Service, probation, health visitors, Social workers and teachers, for example set up to control and manage this fall out and to maintain a social equilibrium have to do so on the cheap. Those that fall off the economic ladder are not a priority because there is always someone to take their place; they

are replaced by a spare part to keep the wheels of the system in motion. It would be best that they are forgotten. Those that work in these institutions who suffer from the pressures of the work also become casualties of this process. They are also an embarrassment because they are a reminder that the system is harmful to human beings and damages their soul. When I worked as a police counsellor policemen felt ashamed of their inability to cope with the scenes of what one human being could do to another, or the gory details of a death or accident. This was after being in the job for a number of years before their defences could not work anymore. They blamed themselves and they were convinced that once on their record the organisation would blame them too, and try to 'cool them out' of employment. The same for nurse's doctors and GPs working in an increasingly pressured and unsafe environment until they crack or despair because their protests are being ignored. It takes a public tragedy for someone to take notice, but even then a 'plaster' will be applied rather than the endemic cause acknowledged and changes made.

Counsellors and therapist are part of the support system which is expected to patch people up and get them back on the economic bicycle. By nature we may not be political and despite the evidence to the contrary we tend to ignore the structural cause of distress. We are part of the "petit Bourgeoisie" servants of the capitalist system, whose incomes depend on the wealth of private clients or the contracts we can get from the health provider, be they the state, private companies or insurance. It follows that the most popular and most funded form of treatment would be the one that fits the ideology of the capitalist class and the political will of the state. Equally, it has to be one that helps the client to believe that their distress is of their own making, and can be solved by them individually. This process can be a double-edged sword, because if the change that is instigated is one that enables them to fit back into the structure that makes them ill, they will find that it will only be a temporary solution, unless their defences have been strengthened and their techniques for survival have been exercised and tested. Faith in the therapy will diminish or they will yet again blame themselves for being poor clients, so far gone that the therapy cannot help them. Most therapies are ones aimed at encouraging the will of the client, but the question is how to exercise that will, to fight, adapt, or avoid the trigger for their discomfort. This ego–self separation, is what Marx calls 'alienation'. Man is separated from the knowledge that the world is his creation and in terms of personality he is separated from the knowledge that his personality is also a construct which is not determined but able to be re-configured with insight and effort. It is true that some of his personality is constrained by unconscious factors. And some by nature and instinct, but both of these can be consciously explored and disciplined by some therapies.

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Book Reviews

Trauma, Culture, and PTSD
Fred C. Alford

Palgrave Macmillan, 2016, £45.00
ISBN: 978 1 137575 99 9

This well-structured and thoughtful volume is written in such a way that the rigour and critical engagement that the author brings to his topic does not reduce the pleasure in reading it. Alford communicates complex ideas without obscuring them. The book starts from the assumption that whilst the diagnostic framework of PTSD is problematic and reflects current socio-political positions around suffering it remains a useful starting point in understanding the role of trauma in individuals and communities.

Alford engages with a broad range of research and models of trauma though his focus is a psychoanalytical perspective. The book elegantly summarises the relevant models and how they might apply to an understanding of trauma. Alford clearly sees merit in several therapeutic perspectives but is also able to succinctly point out the shortcomings of those models. The book reserves a particularly critical perspective for work linking trauma models to neuroscience and provides a broad but compelling critique of this area in general before looking at some of the specific problems which are raised in research with those who have been traumatised.

Of particular interest is when Alford looks at wider political concepts of trauma and what the growth of this diagnostic category says about Western perspectives on mental health. The thinking about the cross-cultural application of this idea has breadth but the brevity of the book means that it is a topic that does not get the depth it deserves. Alford does however provide an excellent summary of key points in this field.

The book does not engage with the literature on what interventions might work with traumatised individuals which would have been very helpful. It is likely to leave the reader inspired and curious about this topic but therapists would still need to look elsewhere for signposts to interventions.

Dr Andrew Beck

Being Supervised: A guide for supervisees
Erik de Haan & Willemine Regouin

Karnac, 2016, £18.99
ISBN: 978 1 782204 23 7

When I volunteered to do this book review, after catching a Tweet by the reviews editor, it was with some anticipation as I'd recently applied to do a PhD and was 'being supervised', again. First impressions were of a jam-packed 123 pages plus notes, appendices etc. taking the reader on a supervisory journey with many Case Examples backing up the theory. I could dip into chapters at will, containing

concise paragraphs on different topics which made sense on their own, without having to read what went before. These contained practical and philosophical guidance, opening up the way to further study and learning.

Ironically, while getting immersed in *Being Supervised*, my own supervisory relationship was breaking down. And so I searched the book for some help and succour, hoping that what I was going through might be reflected in a case study or teaching, but couldn't find anything comparable. Although the strapline said 'a Guide for Supervisees' it seemed to favour the supervisory position. I trawled through the stories looking for points of similarity and couldn't find any that chimed with mine.

Therefore, I'm wondering if the comprehensive biography and work experience of the main author de Haan may be a drawback when writing from the 'supervisee' perspective. That this book may have benefitted from co-authors who have a wider experience of being supervised and stories, or case studies, written by people for whom the supervision journey was challenging, in their own words. A more grass-roots approach for supervisee readers to identify with would be valued.

Chrys Muirhead

The New Politics of Experience and the Bitter Herbs
Theodor Itten & Ron Roberts

PCCS Books, 2014, £18.00
ISBN: 978 1 906254 74 2

The New Politics of Experience and Bitter Herbs takes the reader on a uniquely turbulent and testing journey that is nuanced by echoes of familiarity, authenticity and ingenuity throughout. In addressing a multitude of contentious issues from clinical practice and academia, Itten and Roberts speak with persuading conviction about the insidious nature of power within our own profession and educational institutions.

For individuals looking for impartiality, one may wish to look elsewhere. This text is a great example of authors, clinicians and academics not only positioning themselves in terms of epistemological underpinning, but also in offering reflective accounts direct from their own personal experience, and so subsequently talking from an observed, lived and tested path. Itten and Roberts' narrative is detailed and inclusive, heartfelt and humble, yet poetically critical throughout.

Somewhat ironically, I wonder whether some readers will find some of the text not too dissimilar to the jargon these authors propose alienates and controls. Somehow they manage to get away with this, as sentences are skilfully composed using emotive and passionate linguistics that seem appropriate when making the case for psychology's greater socio-political prowess. Somehow they manage all of this alongside personal and humorous touches that do not detour from the fundamental appeal for the industry of psychology to change (at one point even going as far as to reference Buffy the Vampire Slayer!).

Itten and Roberts' depiction of the current state of affairs culminates with several proposed changes that include becoming politicised, suggesting that teaching moves away from university institutions, and experience be recognised as the operant and central determinant

of clinical practice and decision-making. Indeed, research structures do not avoid critique either. As Itten and Roberts go on to say; 'the screen wipers of peer review cannot hide the fact that something is rotten in the state of Psychology' (2014, p233).

James Randall-James

This is Survivor Research
Angela Sweeney, Peter Beresford, Alison Faulkner, Mary Nettle & Diana Rose

PCCS Books, 2009, £22.00
ISBN 978 1 906254 14 8

Numerous policies have advocated the need for individuals to have greater involvement in decisions relating to their own care and for services to reflect the preferences and needs of the people they are supporting. Despite this, there is still considerable debate as to how far such ideas translate into practice within mental health services. *This is Survivor Research* carries this discussion forward into the mental health research arena, challenging a research hegemony that places greater emphasis on positivist, quantitative studies.

The volume aims to provide a detailed overview of service user/survivor research as it currently stands in England. In addition to a more formal exploration of the philosophical and ethical issues pertaining to survivor research, the book also includes numerous personal narratives written by service users who have been through the process of research. Such accounts were included by the authors to reflect the breadth of survivor research and the value placed on subjective experience. Certainly, such narratives give weight to the power of personal testimony.

One critique of the book is the lack of clarity in the early chapters as to what is meant by the term 'mainstream research.' This was initially taken to mean both quantitative and qualitative studies, but it later became apparent that this phraseology was related more to a positivist standpoint. Bearing this in mind, there appears to be a noticeable lack of reference to the wealth of high quality qualitative research available that has sought to involve service users in a meaningful way.

This book is essential reading to anyone with an interest in mental health research. It is only right that individuals who have had lived experience of services should have the opportunity not only to be involved in research, but also to choose the research questions to be asked, as ultimately, in an ideal world, it is the answers to these questions that inform policy and so influence the direction that mental health services take.

Cat Ripley

When Hurt Remains: relational perspectives on therapeutic failure
Asaf Rolef Ben-Shahar & Rachel Shalit

Karnac, 2016, £24.99
ISBN: 978 1 782202 07 3

&

The Experiential Counselling Primer
Nick Baker

PCCS Books, 2008, £12.99
ISBN: 978 1 898059 83 7

When Hurt Remains is a compilation of theoretical analyses, case vignettes and

personal reflections from therapists on the topic of therapeutic failure. It has fifteen chapters which are presented in five different sections entitled: Beyond Boundaries, Holding on and Letting Go, Enactments: When Biographies and Self-States Converge, Affects on the Edge and Broader Perspectives. When I initially saw the title, I assumed that the 'hurt remaining' belonged to the client, as it is often the client who brings their hurt as the focus of the therapy itself. However, I soon realised that the hurt is attributed to the therapists who are left behind to manage the pain caused by therapeutic rupture and failure.

The book is critically reflective, allowing for therapists to share their stories of self-defined failure alongside the consequent personal and professional learning. It explores a range of questions such as: Is the concept of success versus failure in therapeutic outcomes a false dichotomy? Can learning from 'failure' lead to more 'success'? Can the shame of failure be overcome? Does understanding personal trauma and the 'use of self' aid the therapeutic process? When reflecting on why he instigated the book, one of the editors, Asaf Rolef Ben-Shahar quotes Winnicott (1963) who, when concurring with Jung, asserted "only the wounded healers heal". The hurt experienced by therapists is a courageous and important topic and this book provides a welcome platform promoting further discussion for the profession. The writing is academic and primarily from a psychoanalytic perspective, providing an opportunity for readers to learn more about this intriguing field with a refreshingly honest discussion.

As indicated by the title, *The Experiential*

Counselling Primer: a concise, accessible, comprehensive introduction is a concise, accessible and comprehensive introduction to experiential counselling written for readers without prior knowledge of the topic. It is part of a series of books called 'Steps in Counselling' which is specifically written for students training to become counsellors. The language used is from an academic standpoint but is accessible to any reader through the use of quotes, bullet points and examples to aid understanding. The book is written with education in mind as it evokes enthusiasm and encourages further reading on the topic.

The book is divided into ten chapters, covering subjects from the evidence base, to critiques of the approach right through to application to practice. The author describes the research which built the theory behind the experiential approach, highlighting the importance of the therapeutic relationship as the tool used to engage with the nebulous 'felt sense' at the heart of practice. The theory is then applied to practice using useful vignettes from the author's own practice. Key theorists such as Carl Rogers, Germain Lietaer and Laura Rice are drawn upon alongside the work of the Wisconsin Project. Written within the wider context of counselling theory, this book enables the reader to see how experiential work fits into therapy, when and how it works at its most effective and indeed when it may need to be augmented with other approaches to be more beneficial. A full bibliography for the references drawn upon in the book is listed alongside a helpful glossary for the terms used and an appendix with additional learning resources.

Rebecca Regler
Trauma, Abandonment and Privilege:
a guide to therapeutic work with
Boarding School surviors
Nick Duffell & Thurstine Basset

Routledge, 2016, £24.99
ISBN 978 1 138788 71 8

This will prove a valuable resource for therapists working with adults who have experienced the boarding school system and who are seeking therapy to address concerns in later life. It may also be useful for other mental health workers – having been to boarding school may not present as the primary issue but may emerge as a contributing factor during therapeutic work. Recognition work is identified as the first stage in helping adults who have been adversely affected by this type of education and this book helps therapists to identify this. It gives them some tools to work with and some timely warnings of what to expect in terms of transference.

The identification of the different personality types and coping strategies are helpful in providing insight, though I would argue these types of personality traits are not solely the product of a boarding school education.

As an occupational therapist I found the focus on the intense 'busyness' of the boarding school regime fascinating – the tyranny of doing at the expense of being has been identified in the occupational science literature (Hayward & Taylor, 2008). A childhood packed with activity is not however, solely to be found in boarding school.

As an ex boarder, I understand the authors' thinly veiled anger at the effects of boarding school and their opposition to this educational system. However, I felt uncomfortable with the lack of nuance with which the boarding school experience is considered. No allowances are made for parents who were not cold and distant and boarding school staff who were kind and had our best interests at heart.

Hayward C, Taylor J (2011). *Eudaimonic Well-Being: its importance and relevance to occupational therapy for humanity.* Occupational Therapy International. Chichester: Wiley.

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Books Received

Readers wishing to review these, or any other books, are encouraged to contact the Joint Book Review Editor – Anne Cooke, Clinical Psychology Training, Salomons, David Salomons Estate, Broomhill Rd., Southborough, Tunbridge Wells, Kent, TN3 0TG. Please note; reviewers keep any volume they review. It is appreciated if reviews are received within two weeks of receipt of the book. Reviewers will be sent a subscription form for the journal.

Conyne, R. *The Oxford Handbook of Group Counselling.* OUP.

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Franklin, C. et al (eds). *Solution-Focused Brief Therapy.* OUP.

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Wachtel, P. *Therapeutic Communication: Knowing What to Say When.* Guilford Press.