



Irish Forum for
Psychoanalytic
Psychotherapy

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**Submission to CORU reference: proposed Standards of Proficiency for
Psychotherapists and the Criteria for Education and Training Programmes**

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Dear Coru board members,

rather than phrasing a corporate response we asked a very experienced and well thought of member of our organisation to reflect on your proposals and on the crucial differences between counselling and psychotherapy;

As an organisation we are happy to allow this esteemed member to speak for us all. Please find below our submission.

Yours sincerely,

On behalf of the IFPP membership

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PSYCHOANALYSIS AND PSYCHOTHERAPY¹

- Okay, so what do you do?
- Do you really want to know?
- Yeah, why not?
- I'm a psychoanalytic psychotherapist...
- Okay...Is that Freud... still? Is he the guy?
- Yeah
- Oh! Is Freud still...you know...okay these days? I thought he was gone long ago. He's not scientific.
- I have heard that CBT is where it's at now...

A common enough conversation. Some people just turn away when you mention the word, "psychoanalysis". Psychoanalysis and more generally psychodynamic psychotherapies have become somewhat marginalised by the explosion in short term cognitive techniques which can be employed widely in the workplace, the consulting room, or at home. These approaches can be scientifically validated. They also serve as a template for mental health generally in modern societies which require mobility and flexibility and therefore want/need relatively quick cures that can be assessed and accredited accordingly. So, it is not surprising that these have become very popular over the past decades, attracting funding from large corporations, national health services and health insurance.

So why then is there a need for psychodynamic psychotherapies? In these types of therapies, there is no behavioural element, no advice given, no homework. Instead, the situation is left wide open. The person is free to say precisely what they want, without hindrance. This is called "free association". People who choose this kind of approach, do not want to be told what to do, but instead want to have a space, where they can say the unsayable, things they cannot say even to their closest family members. They also want to be contained in a reliable non-intrusive space. They are aware that they do not know themselves and want to gain access to the deeper self, sometimes referred to as the unconscious. Here, their past relations and childhood history interacts with the present unknown and unpredictable ways.

In an atomised culture where loneliness is endemic, psychotherapy offers a time to reflect and to reorientate one's life. It is not uncommon for people who have engaged in this type of therapy, sometimes for several years, refer to its life saving effects.

The trainings for this kind of approach, needs to be rather long, requiring a personal analysis or therapy, once or twice a week for two years minimum, in order to experience the process

¹ <https://www.austenriggs.org/news/the-disappearance-of-psychodynamic-approaches-in-psychology-curricula>

first-hand, before proceeding to treat others in the same method. Close supervision is also required with cases presented each week to the designated supervisor. Background reading is required from the vast library of work built up over the past century and a half. Thus, the commitment of the therapist/analyst is much greater in terms of time and money and much more reliable than the briefer counselling strategies.

The dedicated work of Sigmund Freud, Melanie Klein, Wilfred Bion, Donald Winnicott, Jacques Lacan, to name just a few key pioneers, are both intellectually challenging and extraordinarily interesting, leading some practitioners to a lifetime of commitment, which would be lost if the CORU registration progress was reduced to some lowest common denominator of therapy determined by the dictates of commercial culture. These early analysts have bequeathed to us a wonderful richness of understanding of human subjectivity, inaccessible to the scientific method, more akin to the humanities.

The point we should make here, is that both short-term counselling strategies and long-term psychodynamic strategies have their place, *but must not be confused with each other in terms of trainings or registration*. Counselling and psychotherapy must be separated and each treated differently as far as trainings are concerned. The psychotherapist who has been through the process herself, submitted herself to self discovery during therapy, must be treated in the registration process quite differently than the counsellor who has not been involved in any personal process whose training has been much more superficial. There is quite simply no comparison between the two groups.

If CORU is choosing to bring the two groups, counsellors and psychotherapists, together under *one* umbrella (of psychological therapies), then they are *failing* the depth psychotherapists, which will lead to the demise of psychotherapy and psychoanalysis as a treasured and much valued means of self-reflection and self-renewal. A certain group of patients would be left without a much-valued place to speak and be healed. If the stated aim of CORU is patient protection, it must be clear that many thousands of potential sufferers would be left without this resource.

While each group we are suggesting **must be registered separately**, there are a number of crossover approaches, integrated approaches for short-term use of dynamic psychotherapies which have attracted some interest, such as Cognitive Analytic Therapy (CAT), that target particular issues such as interpersonal difficulties, therapies that focus on a particular conditions such as Dialectical Behaviour Therapy (DBT) for borderline personality disorders, the use of novel pharmacological approaches for deep depression, and so on.

Of key relevance to the registration process, a number of professional bodies have been established over the last 30 years to oversee the training and professionalism of practitioners of long-term depth psychotherapy in several modalities. These bodies, with links in Europe and America, have put much work (on a mostly voluntary basis) into safeguarding practitioners and clients, patients, or analysands (all terms are used), as

evidenced by the *very low fees still being charged for insuring practitioners*. Patient safety has already been achieved. There are very few complaints from the public. Each professional body has an ethics procedure. Therefore, to put in jeopardy in any way the ongoing flourishing of these organisations to safeguard the practice of psychoanalytic psychotherapy will be little short outrageous given the value these offer to people who are suffering.

Finally, a brief quote from a book I wrote some years back:

Psychoanalysis... is concerned with a *different kind of speaking* beyond the operational scientific communications systems type of "speaking" being rolled out globally, and performed increasingly by automated systems and voice synthesisers. The psychoanalytic "subject" is of a different order. Psychoanalysis privileges "speaking" with all quirks and idiosyncrasies left in, as well as *mis*-speaking or *un*-speaking (*deparole*), all part of following the "free association" rule. Where speaking reveals a slippage of meaning, something *other* appears. This other constitutes the subject, who is eclipsed by operational language and communication. Even, and especially, the so-called empowered educated subject of liberal democracy is *not* primarily the subject who speaks in psychoanalysis. The so-called autonomous subject represents no opposition to the operational digital world, but simply facilitates and legitimates the tightening of its grip. **Ironically, psychoanalysis has come by default to claim a unique place in contemporary culture: to listen to the subject of the unconscious, i.e. the subject of suffering, of incompleteness, failure and self-hatred, but also of humour and creativity.**²

² Weatherill, R. 2011. *Forgetting Freud. Is Psychoanalysis in Retreat*. Palo Alto: Academica Press, p3. (emphasis added).