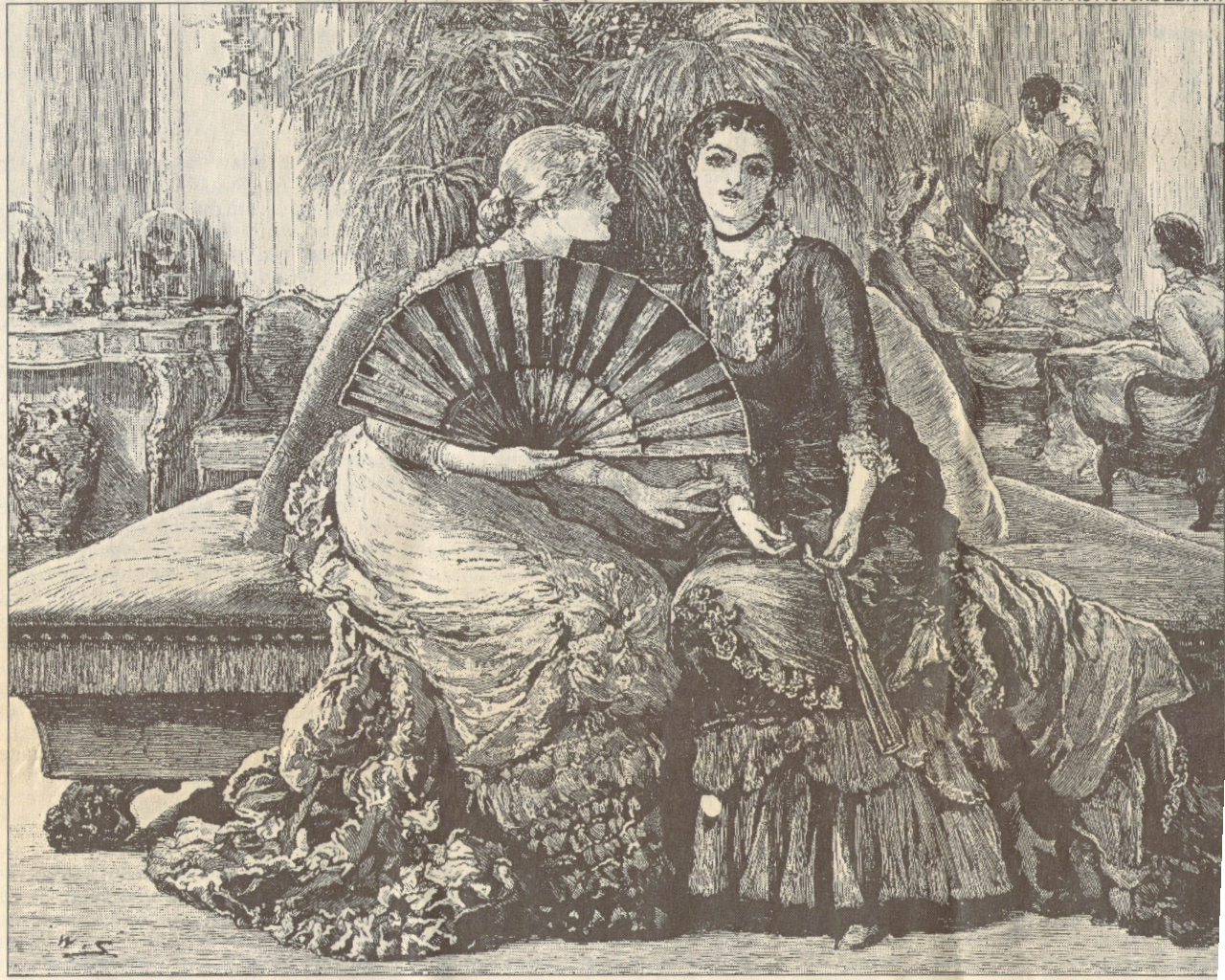


Can talking help?

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Simon Wessely
on why therapies
must be tested
and regulated



When in distress it seems natural to want to talk to someone. In recent years this simple process has become institutionalised under the term "therapy", as ever-increasing numbers of therapists appear to meet this need. Yet according to Fay Weldon (*The Times*, February 4), therapy itself is becoming a curse. Ms Weldon told Libby Purves about her passionate feelings against therapists and her growing anger against their profession.

Any psychiatrist reading Ms Weldon's story must feel considerable sympathy for her predicament. She describes the collapse of her marriage following her husband's visit to a so-called "New Age" therapist. According to Ms Weldon, her husband was told that his horoscope was incompatible with hers and hence they should separate. If this is true, she is right to be indignant. Such astral nonsense has the same relationship to mainstream psychotherapy as

...athetic one: just listening to someone in distress can help. But most therapies have never been evaluated

She is not alone in her criticisms, which have found support this month from the improbable combination of the mental health pressure group MIND, the *Psychiatric Bulletin* of the Royal College of Psychiatrists and the Department of Health.

MIND has a long tradition of radicalism in mental health, while its scepticism about the role of medicine in mental health has made it a vociferous critic of psychiatry. It has just produced a report, *The Power of Words: uses and abuses of talking treatment*, which notes how simply talking to any interested person can itself be helpful to those in mental distress. The report particularly singled out general practitioners and nurses in this respect.

This observation is not new, and lies at the heart of the doctor-patient relationship. Those who carry out research in psychotherapy usually call this the "non-specific effect of treatment". Non-specific it may be — but listening, and empathising with a patient and allowing them to ventilate their distress, is one of the most powerful interventions

we have. Indeed, research has shown that even making the appointment helps.

However, a recent analysis of the treatment of depression in primary care, carried out for the Department of Health at the School of Public Health at Leeds University, concludes that most therapies are either ineffective or have never been evaluated. The exception was cognitive therapy (a psychological treatment that looks at the links between a person's thoughts and emotions, and how these affect mental health), which has been shown to be as effective as drugs. Cognitive therapy requires time, as well as training and experience for therapists, and is consequently very limited indeed in availability.

Ms Weldon herself was careful not to condemn all talking treatments, and instead showed a marked preference for one of the oldest of them all — psychoanalysis.

She bemoans the passing of the good old days of psychoanalysis, when, to use her words, "psychiatrists were phenomenally intelligent and intensely trained". Such senti-

ments would bring a blush to the cheeks of the average psychiatrist, but do contain a kernel of truth. The strength of psychiatry in the treatment of mental disorder is not, of course, intelligence, but the values of training, experience and supervision. It is here that MIND, Ms Weldon and the Royal College of Psychiatrists begin to join forces.

The latest issue of the *Psychiatric Bulletin* contains an article by Dr Michael King, of the Royal Free Hospital, London. It concerns the need for evaluation of one particular type of therapy — counselling. Dr King, who is conducting one of the very few controlled trials of counselling, draws attention to the many problems of what, on the surface, seems such an innocent activity, that of counselling people in distress.

But the techniques and theory of counselling are so vague as to be almost beyond definition and hence evaluation. Fashion, not evidence, seems to be determining the choice of treatment.

If counselling is difficult to define, it is even more difficult, as Ms Weldon has found out to her cost, to regulate. Ethically sensitive bodies such as the British Association of Counselling offer guidance and codes of practice, but these are unenforceable. Anyone can still claim to be a counsellor, or indeed any other form of therapist.

Training varies from the appropriate and rigorous to the non-existent. Even more important are the variations in supervision — regarded as essential for even the most experienced practitioners of psychotherapy — yet frequently non-existent in practice.

In consequence there now exists a large and growing number of untrained and unsupervised therapists seeing patients with complex mental health problems that are beyond their competence. Most of us in clinical practice have encountered patients who have not been helped, and often suffered, as a result of this free market in therapy.

MIND's report calls for the creation of a compulsory register of counsellors and psycho-

therapists, so that those who abuse their role can be "struck off". Such regulation will lead to all the trappings of professionalism — standard training, ethical codes, self-regulation and, if someone transgresses, withdrawal of the right to practise.

Many will sympathise with this Draconian solution, although it will be almost impossible to implement. A more appropriate solution would be to ensure that these newer therapies are subject to rigorous evaluation by controlled trials. These, after all, are the benchmarks for determining effectiveness in all branches of medicine. The introduction of new drug treatments is now tightly regulated, but no such safeguards exist for psychological treatments.

Therapy makes for strange bedfellows — none stranger than Ms Weldon, MIND and orthodox psychiatry. What has united them is concern about the unchecked rise of psychological therapies, from the sensible to the frankly ludicrous. Ms Weldon is due to confront that most orthodox of psychiatrists, Professor Anthony Clare, at *The Times/Dillons* debate on therapy next week. I suspect they will have rather more in common than they realise.

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