Article

group analysis

Group Analysis in the Time of Austerity: Neo-liberalism, Managerialism and Evidence-Based Research

Farhad Dalal

In the current climate of cuts and austerity, efficiencies and evidence, targets and outcomes, has group analysis anything to offer and can it survive? This article looks closely at the assumptions and claims made by these ruling utilitarian conventions. I argue that the reality is very different from the rhetoric; and that the ruling ethos is in the service of being seen to do good, rather than actually doing good. The article argues that group analysis ought not to go down the route of being 'tested' and manualized as is the norm in academic psychology today. And if it were, the 'product' would not be recognizable as group analysis.

Key words: group analysis, psychoanalysis, economics, neo-liberalism, research, austerity, ethics

> In the current political situation, the alleged economic crisis is providing an opportunity for a renewed . . . reassertion of neo-liberal economic policies. We have a renewed assault on the welfare state, a renewed demonization of the poor and vulnerable, a renewed assault on the human values of community . . . In this context . . . where do we find group analysts, with our proclaimed understanding of social context, culture and the social unconscious . . . our understanding of the essentially social nature of the individual? (Dick Blackwell, 2011)

2017, Vol. 50(1): 35–54; DOI: 10.1177/0533316416682153

The Times We Live In

We cannot grasp the enormity of the predicament and parlous state that group analysis finds itself in without taking into account the social contexts that have created the predicament in the first place.

Not only do we live in the time of austerity, we also live in the times of neo-liberalism, of managerialism, and last but not least, in the times of pseudo-scientific evidence-based psychotherapies. Although each term looks and sounds very different to the others, they are all manifestations of the same ideology. With each term seamless interlocking into and legitimating the others, we are presented with a particular unquestionable, factual 'reality'. And being reality, our only alternative is to find ways to come to terms with it.

As an independent practitioner, I am able to practice a form of psychotherapy that has become marginal to the main stream and my clients are drawn from circles that are privileged enough to be able to pay me—even today, in this time of austerity.

Most of those who cannot afford the luxury of the private sector, are forced to endure the kinds of evidence-based treatments that have been deemed to be effective by a consensus that includes commissioners, psychologists and academic researchers.

How has this situation come about? And what might we do about it? I will start with neo-liberalism.

Neo-Liberalism

At the heart of neo-liberalism lies a deeply corrosive conception of the individual and atomist individualism, a conception that does away with Kant's vision of social responsibility and replaces it with a hard-hearted vision of each-one-for-himself self-sufficiency. According to the neo-liberalist ethos, each person should stand on their own two feet and pay their own way, as should each institution. It is morally wrong to support the weak and vulnerable, and to subsidize public services, because it breeds a culture of dependency and entitlement.

The central organizing principle of this discourse is the god called 'efficiency', a god that knows the cost of everything and the value of nothing. The free market is the instrument that is thought to produce efficiency. The neo-liberalists think that all state run services, health, transport, etc., are by definition inefficient as they do not have to earn their own living. Therefore they should all be privatized. Market forces and competition will ensure that privately owned organizations

will be as efficient as possible. They claim that privatized institutions will provide a better service at a lower cost to the citizen, as they will not need to pay tax to support those institutions.

Not only is the macro economy of the nation being run on these principles, but so are the individual organizations and institutions that make up the nation. This way of thinking about and running organizations has come to be known as New Public Management or Managerialism.

Managerialism

Managerialism treats the internal components of an organization as elements of an internal market economy. It believes that competition will force each to become more efficient, and so reduce overall costs.

Managerialist policies are predicated on the individualistic belief that human beings are primarily autonomous rational information processing entities. So they focus on the individual's mind, on conscious thought, on rational logic and empirical evidence.

Managerialism claims to operate on scientific evidence based principles. Rationally constructed procedures and protocols instruct the work force about what they should do and how they should do it. When this does not work out, as is mostly the case, then one or more of three things tend to happen. First, the employees are put through trainings about how to better do what is expected of them. Second, even more procedures are drawn up, the intention of which are to ensure that the *initial* procedures are implemented in the correct way. And third, the monitoring processes are increased to ensure that everyone is staying on track. The burden for the monitoring process of the employee is placed on the employee themselves.

This is the individualistic, rationalist, cognitivist, 'command and control' ethos that is the norm in contemporary organizational life. More recently, organizational theories have started to take the emotions into account. However, they approach emotional life with the same ethos. It is presumed that the emotions too can be, and ought to be, controlled by techniques and procedures, to produce the correct emotions—the productive ones (e.g. Pryce-Jones, 2010; Achor, 2011; Goleman 2014).

Over the last decades two reversals have taken place in organizational life. First, there has been a radical power shift from the professional—the one who actually does the work, to the bureaucrat—the one who is supposed to enable and facilitate the professional to do

the work. The servant has become the master. Now the professional is required to continually account to the bureaucrat through some kind of electronic data collecting process. This has resulted in the second reversal: data collection has become more important than the work itself, leaving the professional less and less time to do the actual work. In this way the tail has come to wag the dog. The managerialist ethos is blind to the irony that their systems are increasing inefficiency.

Managerialism is blind to the irony because it claims to use ideas that have empirical evidence to back them up. Its principles and processes are evidence-based. The idea of empirical evidence was fostered by the Enlightenment. Evidence was the means by which the superstitious beliefs and self-serving claims made by Church and State were overturned. The protocols by which this evidence is produced and tested is what we have come to call science. I am all for evidence. I am all for science.

However, two things have come to pass. First, a very thin, one-dimensional understanding of evidence has become the norm in research, in management theory and public life generally. And second, all kinds of disciplines (specifically psychology and economics) have come to mimic the natural sciences, through the pretence of being able to measure the immeasurable.

It is also the case that as soon as a claim is put together with the phrase 'research shows', then the claim is immediately treated as though it were established scientific fact. In this way the phrase 'research shows' draws a veil over the claim sequestering it beyond the range of what it seems reasonable to question.

One such fact is that of the necessity for austerity. Another such fact is that only the treatments that have been able to produce empirical evidence of the approved kind actually work. In the current context in the UK, both of these claims are treated as established, incontrovertible scientific truths. I question both and begin with austerity.

Austerity

A significant moment in story took place in 2008 when the world's financial institutions went into meltdown, caused by the build-up of a number of corrupt and questionable banking practices, one of which was the fact that banks lent out eye-watering sums of money to those who had little or no chance of paying back the debt.

Why were they so keen to do this? When the bank lends you money, for your mortgage for example, it is very different from the situation in which I might lend you money. When I lend you money, I have to give you money that I actually possess: I will end up with less money in my pocket, whilst you will have more. However, when the bank lends you money, it is literally creating it out of thin air. The £100,000 that the bank puts into your account, *did not exist in the moment before it appeared in your account* (Harvey, 2011; George, 2010; Ashcroft and Braund, 2012).

When I first learnt of this, I was flabbergasted. I thought that it was only the Bank of England that could create money. But this has not been the case for many a decade.

This is from The Bank of England's report in 2014 called 'Money Creation in the Modern Economy':

> Commercial [i.e. high-street] banks create money, in the form of bank deposits, by making new loans. When a bank makes a loan, for example to someone taking out a mortgage to buy a house, it does not typically do so by giving them thousands of pounds worth of banknotes. Instead, it credits their bank account with a bank deposit of the size of the mortgage. *At that moment, new money is created*. (McLeay, Radia and Thomas, 2014, emphasis added)

It turns out that '97% of the money in the economy today is created by [commercial] banks, whilst just 3% is created by the government' (*Positive Money*, 2016). In other words, the creation of debt is the engine that drives our economy; debt of this kind is necessary to a capitalist economy. The banks create money for us to borrow. We borrow, we spend, we pay back money to the bank that they did not have in the first place, the banks end up with more money, the economy flourishes.

Despite the fact that deregulated banks had the ability to create limitless amounts of money, they managed to contrive a situation in which they needed to be bailed out. This is where the Exchequer stepped in with our money to the tune of hundreds of billions. How did the State manage to lay its hands on these hundreds of billions to save the banks, given the fact that the Exchequer had been pleading poverty when it came to paying teachers and nurses a proper wage? They simply created it in exactly the same way as the commercial banks, out of thin air, and passed onto the commercial banks. They called it Quantitative Easing.

The party currently in power, the Conservatives, perpetuates the narrative that the rocky economy had nothing to do with the banking crisis, and entirely to do with the previous Labour government being profligate, allegedly spending vast amounts of money that they did not have on health and welfare, thus creating huge amounts of unsustainable public debt; and this is why the economy was suffering. In this scenario, spending cuts back make perfect sense. Thus, austerity.

This narrative misrepresents the macro-economy as functioning on the same principles as household accounts. But as we have seen, in the household account, debt is a bad thing and creates terrible consequences for those in debt. To the capitalist macro-economy, debt is essential, debt is integral.

The austerity agenda was bolstered by accruing academic respectability with the publication of scientific articles by a number of well-regarded economists. Particularly influential were the works of the Harvard economists Alesina and Ardagna (2009) and an article by Reinhart and Rogoff (2010). Their empirical evidence apparently unequivocally demonstrated that somehow, spending cuts actually stimulated depressed economies.

The academic stature of the authors and the presence of graphs and statistics immediately gave their claims the stamp of scientific authority. But the idea itself did not make sense. 'Expansionary austerity' claimed that in times of hardship, the state should impose harsh spending cuts rather than put money into the economy. In order to explain why it worked, they came up with the following psychological theory, which goes something like this:

Because I know that sometime in the future, the state will be smaller, the government at that future time will demand less tax from me. Apparently because *I know* that I will pay less tax in 20 years' time, I will rationally *decide* that I do not need to be so cautious right now; and so I will spend what I have now. This spending will stimulate the economy, which is how it will recover. Apparently, I will rationally decide to spend more today, despite the fact that I might be out of work or struggling to feed my family.

Most people would think such action folly on my part, because the only way that I could spend money when I have little, is by putting myself further into debt. And yet the economists would claim that not only is this a *rational* choice, this is the choice *we should rationally make* in this sort of situation. If this were indeed so, then it would not just be folly, but stupidity.

Stupidity or folly, on this basis, around 2010 many world governments were convinced enough to subject their nations to austerity informed social policies. But then, a couple of years later it was discovered that the statistical manipulations in each of these highly influential studies were deeply and critically flawed. A proper reading of the data suggested the reverse: that in times when the economy was struggling, what was required was stimulus not cuts. Even the IMF, a capitalist institution if ever there was one, came to the same conclusion in its official report. The economist Krugman tells us that

> Since the global turn to austerity in 2010, every country that introduced significant austerity has seen its economy suffer, with the depth of the suffering closely related to the harshness of the austerity. (Krugman 2015)

Krugman continues

> [By 2013] the entire edifice of austerian economics had crumbled. Events had utterly failed to play out as the austerians predicted, while the academic research that allegedly supported the doctrine had withered under scrutiny . . . The doctrine that ruled the world in 2010 has more or less vanished from the scene. Except in Britain. (Krugman, 2015)

Lucky us.

Despite the fact that there is now an *established international consensus* amongst economists that in a depressed economy austerity does more harm than good, the Conservative government continues to pursue the discredited austerity agenda. The reason for this is entirely ideological and is that of neo-liberalism. Austerity is the pretext being utilized by the Conservatives to pursue their ideological agenda of dismantling and privatizing many of the functions of the state, from health to education to welfare.

> The 'primary purpose' of austerity, the Telegraph admitted in 2013, 'is to shrink the size of government spending'—or, as Cameron put it in a speech later that year, to make the state 'leaner . . . not just now, but permanently'. (Krugman 2015)

This then is the reality behind the rhetoric: austerity measures are harming the economy, not helping it to recover. Not only are the cuts to services increasing the suffering of vulnerable individuals, the economy itself is also being made to suffer needlessly. The austerity agenda is a way of killing off the state sector by starving it of funds. In this weakened state, the state sector becomes easy game for the

private sector to step in and take over, and run them more efficiently. That is, maximise profits at all costs, for the benefit of shareholders.

Many countries including the USA are using quantitative easing to stimulate the economy—the same mechanism that it used to create money to bail out the banks. But not Britain. The argument for the necessity of austerity is plainly, a lie. Nevertheless, it has been imposed upon us, and we find ourselves living in a time of austerity. What has been the fate of psychology in such a time?

Scientific Research in the Time of Austerity

It is always the case, but particularly so in the time of austerity, that the Exchequer and the regulatory bodies should be circumspect in how it spends our money. On this basis, they understandably favour treatments that have evidence to prove that they work. In the domain of psychology, primarily CBT, but also a few other modalities, have produced evidence to the satisfaction of the regulatory authorities. How is this evidence produced and why is it produced in the way that it is? To answer this, I have to begin with some history.

During most of the 20th-century, both psychiatry and psychology struggled to be taken seriously by rest of the scientific community. They were dismissed because the workings of the mind and emotional life was not graspable by the protocols of positivist science. Then in the second half of the last century, both psychiatry and psychology managed to refashion themselves into a semblance of proper science. To be considered a science you have to produce data, you have to count things and produce numbers. For this reason, both turned away from engaging with the workings of the intangible internal psychological world, and fixed their gaze on the surface of things, on the visible and tangible, on the observable and measurable (Kutchins and Kirk, 2001; Moncrieff, 2011; Whitaker, 2010).

With the publication of the DSM III (Spitzer, 1989), psychiatry redefined itself as descriptive psychiatry, and claimed to have solved the problem of objectivity, reliability and predictability. Henceforth, diagnoses were to be made by a check list of allegedly objective symptoms.

Psychology also turned away from the inner world; it too no longer troubled itself with the reasons why people suffer, and instead focussed on the cause of what kept the suffering going. To their way of thinking, depression and anxiety are disorders and illnesses which have no more meaning than other illnesses like malaria or cancer.

> [It is not] necessary to know what caused the cancer—you cure it by cutting it out . . . Similarly, infections are often cured with antibiotics, *without knowing their causes*. (Layard and Clark, 2014: 109, italics added)

Both mainstream psychology and psychiatry agree that people's psychological distress has little to do with their circumstances and history; they suffer because they are afflicted by a mental illnesses or mental disorders as listed in the DSM. They allow two possible causes for the illness. It might be due to a chemical imbalance in the brain; in which case they are given drugs to rebalance the chemistry in the brain. The illness might also be caused by habituated faulty thinking; in this case they are put through CBT to correct the faulty thinking.

Regulatory bodies like NICE have licensed both these treatment paradigms because they have been convinced by the hundreds if not thousands of clinical trials showing these treatments to be effective. Let us look a little more closely, if briefly, into the research norms that prevail in this field.

Deregulation, the love child of neo-liberalism, has permeated many areas of life including that of research requirements. Over recent decades, the requirements of clinical trials to demonstrate treatment efficacy have been consistently lowered under intense pressure from the lobbying powers of pharmaceutical companies. Of course, the lower the bar, the more successful everything will seem.

In 1959 Theodore Sterling found that 97% of all published trials in the main psychology journals, reported a statistically significant result.

> This, he [Sterling] explained, was plainly fishy [because] we'd have to believe that almost every theory ever tested by a psychologist in an experiment had turned out to be correct . . . He found the situation unchanged 35 years later. (Goldacre, 2012: 21)

How does psychology manage to appear so successful?

First, only trials that show positive results tend to get published.

Second, the treatment need only do better than doing nothing, to be considered a success. If the treatment is a pill, it is tested against a control group receiving a placebo, and if the treatment is psychological, then it is tested against a control group who get literally nothing, Treatment as Usual—TAU as it is called.

Third, the treatment is tested on a very specific ideal population carefully picked out from the general population. And once successful, the treatment is prescribed for the entire population suffering the illness.

Fourth, raw data is not published, nor are the details of the calculations. What does get published is a highly digested numerical conclusion which consists of citing something called a *p* value, a figure that claims to show the outcome of the treatment is of statistical significance.

Fifth, the authorities require only two trials showing positive statistical results for them to grant the treatment a licence.

Sixth, 'there is no limit to the amount of trials that can take place in the pursuit of getting two positive results' (Kirsch, 2011: 195). This then allows all kinds of crimes, misdemeanours and mistruths to prosper. Here are some examples:

1. At one time the scientific literature on the anti-depressant reboxetine consisted entirely of positive outcomes. But then it was discovered that there had actually been seven clinical trials comparing Reboxetine against placebo. Six of them were not published because they showed that patients not only did not feel better, but many actually felt worse (Eyding, 2010).
2. In the 17 year period from 1987 to 2004, there were 74 clinical trials for antidepressants registered with the authorities. Of these 38 showed a positive result; 37 of them were published. Of the 36 trials with negative results, only three were published, 22 disappeared from view, and the results of the remaining 11 were published but with a statistical spin to make the outcome appear successful. This resulted in what looked like overwhelming evidence demonstrating that antidepressants worked: 48 published trials for and just three against. And so the myth was created that antidepressants are a good treatment for depression. The reality was much more equivocal—38 for and 36 against (Turner et al., 2008).
3. One study discovered that only a third of those actually being treated for depression would have been able to participate in any of 39 trials of treatments for depression. And quite astonishingly, out of every eight people suffering from depression who had *volunteered* to take part in treatment trials, only one was allowed to participate (Keitner, Posternak and Ryan 2003; Travers, 2007).
4. Results get talked up. The abstract of a trial testing Mindfulness Based Cognitive Therapy (Teasdale et al., 2000: 615) proclaims that: 'MBCT offers a promising cost-efficient psychological approach to *preventing* relapse/recurrence in recovered recurrently depressed patient'. Note the word preventing. The MBCT

> website declares '*The evidence from two randomized clinical trials of MBCT indicates that it reduces rates of relapse by 50% among patients who suffer from recurrent depression'* (http://www.mbct.com/About_sub03.htm.).

The study claims that the treatment results in a 'reduction in risk' of 39% (which by the way is talked up to the 50% found on the website). But a proper look at the figures shows that what the treatment actually achieves is not *prevention*, but merely *a reduction in the likelihood* of relapse by 26%. And this too for a very specific population: those who have been depressed and recovered from it on at least three previous occasions. Further, they should not be depressed when they receive Mindfulness Based Cognitive Therapy. Notice, even in this highly select group, the treatment will not help seven out of 10 people. The study mentions in passing the fact that the treatment is of no benefit to those who suffered two or less previous episodes of depression. What the figures actually show is that this population gets more ill following treatment (Dalal, 2015).

On this sort of basis, I would go further than Ben Goldacre to say that the current situation in psychological science, is not just Bad Science, but Corrupt Science.

Psychology in the Time of Austerity

It is no coincidence that CBT has come to prosper in the time of neo-liberalist austerity; not only is CBT's understanding of the human condition closely aligned with the ideology of neo-liberalist individualism, and the managerialist fetish for imaginary measurement, the notion of austerity was integral to CBT's very conception, and is a part of its DNA.

10 years ago, it was the economic argument contained in *The Depression Report: A New Deal for Anxiety and Depression Disorders* (Bell et al., 2006) that convinced the Labour government of the day to pour hundreds millions of pounds into backing this treatment over all others. The Report claimed that one in six citizens would be diagnosed as having *a mental disorder*—depression or anxiety, and that 'evidence-based psychological therapies' had been proved to lift at least half this number out of their suffering.

> The most developed of these therapies is cognitive behaviour therapy. (Bell et al., 2006: 1)

The business case was a no brainer. They tell us that

> someone on Incapacity Benefit costs us £750 a month in extra benefits and lost taxes. If the person works just a month more as a result of the treatment, the treatment pays for itself . . . we . . . have a solution that can improve the lives of millions of families, *and cost the taxpayer nothing*. (Bell et al., 2006 1; italics added)

Further,

> the total loss of output due to depression and chronic anxiety is some £12 billion a year . . . Of this the cost to the taxpayer is some £7 billion . . . These billions of pounds lost through inactivity are a huge cost when compared with the £0.6 billion a year which a proper therapy service would cost. (Bell et al., 2006: 5)

Who would not invest 60 pence in order to earn £7? That is a dizzy 1166% return—a stock broker's wet dream. Convinced, the chancellor wrote out the cheque, and so activated the time of CBT.

The solution is CBT, and the problem is mental illness. Austerity measures are merely the means of getting more value for money—of getting cheaper, more efficient treatments to those suffering from mental illness. This is the value-free rhetoric. But of course austerity plays a significant part in the creation of so-called mental-illness. As austerity bites, businesses close and public services are cut back to the bone and then into the bone itself. More and more people find themselves unemployed, consequently they suffer from increasing stress, depression and anxiety. And so they end up costing the Exchequer money; money for treatments, money in benefits.

Government ministers appear blind to the fact that it is their austerity agenda itself that has increased the burden on the Exchequer. But they are very alert to the promises made by Layard and Clark in their Depression Report (2014), that their treatments would get people off benefits and into gainful employment. It was no surprise then to discover that in 2014 senior ministers sought to put in place mandatory CBT in job centres, as a condition of receiving benefits.

Layard and Clark's CBT thesis is that people are unable to work because they are ill with depression, anxiety, low self-esteem or some other mental disorder. Treat the illness and they will get back to work. New diagnostic categories have featured in speeches and articles emanating from the Department of Work and Pensions—'psychological resistance to work' and 'entrenched worklessness'. The DWP is offering lucrative contracts for providers of treatments

for mental illness of this kind. One such contract worth £165,000 for 'Entrenched Worklessness Provision' states:

> The Cumbria and Lancashire Jobcentre Plus identified a need for provision that uses innovative methods to inspire entrenched worklessness. Claimants to address the barriers and issues preventing them from entering the work arena. The programme will change the 'hearts and minds' of Claimants by empowering them to take responsibility for improving their lives. The key objectives for the programme are to: challenge Claimants benefit dependency; increase Claimants self-esteem; and inspire Claimants to make lifestyle changes. (Department of Works and Pensions, 2014)

This is where the medicalized, individualized accounts of neo-liberalism and CBT come together to form a powerful unholy alliance. The blame for an individual's suffering is located within the individual. Either they suffer from a chemical imbalance, or they suffer from some form of cognitive malfunction, or they are suffering from excessive dependency, or they are feckless and workshy. There is a bespoke tailor made treatment for each and all of these.

But the pain caused by austerity also blights the lives of those lucky enough to be in employment. Spending cuts, presented as 'savings', mean that people are being required to work more, for longer, for less money. A few years ago, the staff of an NHS day hospital, had to reapply for their jobs on a lower pay scale. On the staff notice board of this very hospital, afflicted by staff absences generated by a mix of extraordinary high levels of stress caused by the distress of the patients, shortage of resources, shabby working conditions, staff shortages and persecutory managerialism, is pinned a pamphlet 'Happiness at Work' (HAW, 2013) produced by an Employee Assistance Programme called CiC. Their task is to offer emotional support, counselling and advice to the staff of the institution (www.cic-eap.co.uk).

In its first paragraph it asks, 'How do we find happiness at work when we are facing unrealistic deadlines . . . [and] feel underappreciated? And how do we create happiness at work?' (HAW, 2013: 1).

In its second paragraph it answers, 'Fortunately a recent boom in happiness research has prompted scientists and psychologists to ask what happiness is and extrapolate steps to achieve it' (HAW, 2013: 1). Good fortune indeed. Next, comes the central dogma in its most succinct form:

> Happiness is related to our internal wellbeing rather than external factors. (HAW, 2013: 1)

But pleasure in new things pall quickly:

> Being awarded a pay rise can raise happiness levels temporarily but once we adjust to having more money the happiness fades . . . Additional wealth makes little difference to our happiness levels after our basic financial needs have been met and we have comfortable housing, clothing and enough to eat. (HAW, 2013: 1)

The *advice* to the workforce is, that happiness 'is an *attitude*. We either *make ourselves* miserable, or happy and strong' (Francesca Riegler quoted HAW, 2013: 1; italics added). The choice is YOURS; i.e. it is up to you whether you are happy or not, and it has little to do with your material conditions, your boss or your colleagues; happiness is a state of mind, an *attitude*. In this way the problem is firmly locked into the context-free individual.

Group Analysis in the Time of Austerity

These then are the times we are living in—neo liberalism, managerialism, the fetishization of data, psychological insights appropriated by State and academia and used to manipulate and control citizens. What will be the fate of group analysis in this context?

But first, what is group analysis?

To many, group analysis is simply a form of psychotherapy. An apolitical psychotherapy that that helps people get better, and feel better. But like the other psychodynamic psychotherapies, group analysis is already side lined, and is in danger of being entirely forgotten. What should be done?

One strategy would be to follow Peter Fonagy and colleagues, and try to legitimate group analysis in the eyes of commissioners by putting it through the required research protocols that are acceptable to the regulatory and academic authorities (Lemma, Target and Fonagy, 2011). It is very possible to do this, and in many ways I think it is possibly quite easy to do this, by following the well-established, assembly line, formulas that have proved to be so successful for CBT and the like.

To begin with the treatment would have to be tested for efficacy for one of the diagnostic categories, as defined and found in the DSM. The mode of research treatment would be tightly defined. It would include the number and type of patients in the group, the number and duration of sessions, and so forth. The illness level of the participants would be 'measured' and scored by some questionnaire, at the start of

the treatment, at the end of the treatment, and perhaps at several intermediate points too. The group analyst would be provided with a tool box filled with a list of specific interventions. There might be directives about which of the tools are to be used in the early, middle and latter part of the treatment.

The 'scores' would be put through statistical analyses, and compared to the scores of those who went through no treatment. If the clinical significance could be shown to be more than 5%, then this study would count as a success. If it were repeated on another occasion, then it would be eligible for being granted a licence by NICE for that particular diagnostic category.

If you got this far, then you would repeat the whole process for another diagnostic category. The protocols of psychological science would require that the treatment would have to be manualized. This is because the scientific method requires predictability and consistency not only regarding the outcomes, but also the methods. Manualization is a way of ensuring that the method remains consistent whoever is implementing it.

Many group analytic colleagues are of the view that to follow this course would be no bad thing. You have to do whatever it takes to survive; many think that it would be politically astute to follow Fonagy and colleagues in the way that they legitimated and made acceptable a form of therapy they named Interpersonal Therapy. However the cost has been that whatever it is that we might call the psychoanalytic attitude, has been reduced into lists of skills and competencies that the analyst is required to learn and operationalize. Some think that this is a cost we should be willing to pay.

To my mind, if we did this the end product would not be recognizable as group analysis, as it would be reduced to a rule following mechanistic methodology. This would have its advantages of course. For one thing training needs would be vastly reduced. Practitioners would no longer need to be trained to be psychotherapists, merely in the use of the manual.

But as we know, group analysis is not a homogeneity; and it is not a homogeneity precisely because of its open, improvisational nature. In our community there is not even a consensus as to what group analysis is. Nor is there any agreement as to the paradigm that group analysis fits into—medical, positivist scientific, hermeneutic, social constructionist, or some other paradigm altogether.

Notice, in the descriptions of research methods above, I found myself using the term 'treatment'. If group analysis is a 'treatment'

then it sits within a scientific-medical paradigm. Scientific treatment is a way of fixing something that is broken or not working properly, much like one might fix a car—it is value free.

Science is the study of causes. This is why CBT is so insistent that it should simply focus on the *cause* of how the difficulty is being maintained in the present. And why it thinks that the *reasons* why people have become depressed or whatever, is of little relevance to the treatment. Whereas I think, and possibly you think, that real psychotherapy is not about *cause*, but *meanings* and *reasons*. And meaning and reason are not graspable to the methods of positivist science, at least not without the distortion that reductionism will require (Dalal, 2012).

I personally am not in favour of going down the positivist scientific research route, for many reasons, the prime one being that I think the current research culture is corrupt. It is not only bad science, it is corrupt science. To join in would not only be to collude with corrupt research practices, but also to legitimate and reinforce those research practices as well as their findings.

But even if one were to subscribe to the 'fixing', 'treatment' paradigm, there remains the question about what does 'fixing' mean? In the case of cars it means that (say) the car no longer stalls, and in the case of physical disease it means that (say) the harmful bacteria are no longer present in the body. In these instances we could say that fixing means that car and body is brought to a state of functioning that conforms to expected norms. Notice the words conform and norms, which are perfectly appropriate here.

But is it conformity that is desired when it comes to states of mind? When the scientific method and the medical model are applied to the functioning of the human life, then there is the real danger that psychotherapy is put in the service of conformity. Most worryingly, the patient not complying with the expectations of the therapist or decreed norms, becomes the grounds and evidence of their illness.

My central point is this:

> *a psychotherapy or analysis that conceives of itself as scientific and a medical treatment, will of necessity be an instrument of conformity because the principles of science require consistency and uniformity of outcomes.*

This is clearly the government's agenda behind their intention to put CBT practitioners into job centres. They want to put unemployed people through treatments which fix them so that they fit back into

society. The principle that people should be enabled to have functioning lives is honourable, but the ideology that lies behind it, is insidious.

Fixing or mending is a process that moves something from the state of broken to working. This is a neutral, context free, asocial description. A machine either works or it does not. But because humans reside in the relational realm of meaning, there is no objective end point called fixed, or even healthy, that all humans would agree on. This is because notions of reason and meaning are intrinsically value-laden and so ethical. In the human realm, the question is not just one of broken/functioning, but also of right/wrong and good/bad.

One might even agree with the happiness banality that one feels good when one does good. More accurately, I should say that one feels good when one does *what one thinks to be good*. But your good will be different to mine. If that is so, is it the purpose of psychotherapy to help people learn to do the good that *they* think to be good? But what if their good is my bad? This is exactly the sort of questions of complexity that the banalities of the so called 'Science of Happiness' cannot begin to fathom nor engage with. Their insights boil down to generalized decontextualized advice such as make three gestures of kindness before breakfast, and you will feel good for the rest of the day.

Group Analysis more than Therapy

The relentlessly rationalist, cognitivist command and control paradigm that is in the ascendency, has poured scorn onto depth psychology and the insights of psychoanalysis, specifically that of unconscious processes. Unconscious processes are outside conscious experience, and yet they inform the conscious rationales we give for our beliefs, thoughts and actions. The cognitivist paradigm avoids depth, because therein lies the realm of politics, reason and meaning.

But group analysis goes further and deepens this psychoanalytic insight with its conception of the social unconscious, and in so doing it develops a metapsychology that is at odds with the individualistic conceptions of almost all other schools of psychotherapy—be they cognitivist, psychoanalytic or humanistic. The conception and role granted to the social is a powerful constitutive one. The social is a politicized space generated by the power-relational field. It is part and parcel of the structuring and development of the psyches of individuals from the before the first moments of their existence.

This immediately makes group analysis something much more than a mode of therapy; group analysis is also potentially a critical social and political theory, and a viewpoint from which one can critique and question the established world order—psychological as well as political. In many ways, perhaps most ways, the ethos of radical group analysis (Dalal, 1998) is the opposite of the philosophical, psychological and pseudo-scientific norms that prevail in today's climate.

To my mind the psychotherapeutic process in the radical version of group analysis is a political process. It is also an ethical process. When we add ethics into this mix then psychotherapy is also philosophy. Politics at its best is practical ethics; politics is the struggle to create a good and just world. Ethics, my sense of right and wrong, is integral not only to this struggle, but also to my identity, to my sense of self, to my 'psychology'.

A group analytic psychotherapy of this kind will not produce obedient compliant subjects, but unruly subversive ones that will question and challenge authority. This kind of therapy will not fit into, and comply with the requirements of the ordered world of the bureaucrat, and nor should it. Group analysis is subversive. And subvert it should.

In sum, the virtue of group analysis is that it is unruly and disruptive. It is a virtue that we should do our utmost to hold onto. To end, I find myself reaching for the same quote from Gaita that I have used before, because it captures so eloquently what I want to say:

> We should cease to look for [reductive, positivist] justification while at the same time refusing to concede that this is intellectual dereliction. (Gaita, 2004: 50)

References

Achor, S. (2011) *The Happiness Advantage: The Seven Principles of Positive Psychology that Fuel Success and Performance at Work*. London: Virgin Books.

Alesina, A. and Ardagna, S. (2009) 'Large Changes in Fiscal Policy: Taxes versus Spending', in J.R. Brown (ed.) *National Bureau of Economic Research Working Paper No. 15438 and in Tax Policy and The Economy* vol 24, pp. 35–68.

Ashcroft, R. and Braund, M. (2012) *Four Horsemen: A Survival Manual*. London: Motherlode.

Bell, S., Knapp, M., Layard, P., Meacher, Priebe, S., Thornicroft, G., Turnberg and Wright, B. (2006) *The Depression Report: A New Deal for Anxiety and Depression Disorders*. London: Mental Health Policy Group, Centre for Economic Performance, London School of Economics.

Blackwell, D. (2011) 'Postscript—Poetry, Passion and Peace', *Group Analysis* 44(1): 114–19.

Dalal, F. (1998) *Taking the Group Seriously: Towards a Post-Foulkesian Group Analytic Theory*. London: Jessica Kingsley Publishers.

Dalal, F. (2012) 'Specialists without Spirit, Sensualists without Heart: Psychotherapy as a Moral Endeavour', *Group Analysis* 45(4): 405–29.

Dalal, F. (2015) 'Statistical Spin, Linguistic Obfuscation: The Art of Overselling the CBT Evidence Base', in *The Journal of Psychological Therapies in Primary Care* 4(1): 1–25.

Department of Works and Pensions (2014) 'Entrenched Worklessness Provision', *Contract Number UI_DWP_101412*.

Eyding, D. (2010) 'Rebotexine for acute treatment of major depression: systematic review', *British Medical Journal* 341: 4737.

Gaita, R. (2004) *The Philosopher's Dog*. London: Routledge.

George, S. (2010) *Whose Crisis, Whose Future?* London: Polity Press.

Goldacre, B. (2012) *Bad Pharma: How Medicine is Broken and How We Can Fix It*. London: Fourth Estate.

Goleman, D. (2014) *Focus: The Hidden Driver of Success*. London: Bloomsbury Publishing.

Harvey, D. (2011) *The Enigma of Capital: and the Crisis of Capitalism*. London: Profile Books.

Keitner, G.I., Posternak, M.A. and Ryan, C.E. (2003) 'How many subjects with major depressive disorder meet eligibility requirements of an antidepressant efficacy trial?', *The Journal of Clinical Psychiatry* 64(9): 1091–3.

Kirsch, I. (2011) 'Antidepressants and the Placebo Response', in M. Rapley, J. Moncrieff and J. Dillon *De-Medicalizing Misery*, pp. 189–96. London: Palgrave Macmillan.

Krugman (2015) 'The Austerity Delusion', *The Guardian*. http://www.theguardian.com/business/ng-interactive/2015/apr/29/the-austerity-delusion

Kutchins, H. and Kirk, S. (2001) *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*. London: Free Press.

Layard, R, (2005) *Happiness*. London: Penguin.

Layard, R. and Clark, D. (2014) *Thrive: The Power of Evidence Based Therapies*. London: Penguin.

Keitner, G.I., Posternak, M.A. and Ryan, C.E. (2003) 'How many subjects with major depressive disorder meet eligibility requirements of an antidepressant efficacy trial?', *The Journal of Clinical Psychiatry* 64(9): 1091–3.

Lemma, A., Target, M. and Fonagy, P. (2011) *Brief Dynamic Interpersonal Therapy: A Clinician's Guide*. Oxford: Oxford University Press.

Ma, S.H. and Teasdale, J.D. (2004) 'Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects', *Journal of Consulting and Clinical Psychology* 72(1): 31–40.

McLeay, M., Radia, A. and Thomas, R. (2014) 'Money Creation in the Modern Economy', *Quarterly Bulletin No 1*. London: Bank of England. http://www.bankofengland.co.uk/publications/Documents/quarterlybulletin/2014/qb14q1prereleasemoneycreation.pdf

Moncrieff, J. (2011) *Demedicalizing Misery*. London: Palgrave Macmillan.

Positive Money (2016) 'How Banks Create Money', http://positivemoney.org/how-money-works/how-banks-create-money/

Pryce-Jones, J. (2010) *Happiness at Work: Maximizing your Psychological Capital for Success*. London: Wiley-Blackwell.

Rapley, M., Moncrieff, J. and Dillon, J. (2011) *De-Medicalizing Misery*. London: Palgrave Macmillan.

Reinhart, C.M. and Rogoff, K.S. (2010) 'Growth in the Time of Debt, National Bureau of Economic Research Working Paper No. 15639', *American Economic Review, American Economic Association* 100(2): 573–78.

Spitzer, R., Gibbon, M., Skodol, A. and Williams, J. (1989) *DSM-III. Diagnostic and Statistical Manual of Mental Disorders (Third Edition)*. Arlington, VA: American Psychiatric Association Publishing.

Sterling, T. (1959) 'Publication Decisions and their Possible Effects on Inferences Drawn from Tests of Significance—or Vice Versa', *Journal of the American Statistical Association* 54(285): 30–4.

Sterling, T. (1995) 'Publication Decisions and their possible effects on inferences drawn from tests of significance—or vice versa', *American Statistical Association Journal* 54: 30–4.

Teasdale, J.D., Williams, J.M.G., Soulsby, J.M., Segal, Z.V., Ridgeway, V.A. and Lau, M.A. (2000) 'Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy', *Journal of Consulting and Clinical Psychology* 68(4): 615–23.

Travers, J. et al. (2007) 'External validity of randomized controlled trials in asthma: to whom do the results of the trials apply?', *Thorax* 62(3): 219–23.

Turner, E., Matthews, A., Linardatos, E., Tell, R. and Rosenthal, R. (2008) 'Selective publication of antidepressant trials and its influence on apparent efficacy', *New England Journal of Medicine* 358: 252–60.

Whitaker, R. (2010) *Anatomy of an Epidemic*. New York: Broadway Books

Farhad Dalal works with organizations and also has a psychotherapy practice in Devon. In his first book *Taking the Group Seriously* (1998) he argued against individualism and for the relational nature of human life. His second book *Race, Colour and the Processes of Racialization* (2002), focuses on the causes of the hatred of Others in general and racism in particular. His current book *Thought Paralysis: The Virtues of Discrimination* (2011, Karnac), is a constructive critique of the Equality movements. *Address*: 4 Glenarm Terrace, Castle Street, Totnes, Devon TQ9 5PY, UK. *Email*: *fd@devonpsychotherapy.org.uk*