

The Decontamination and Expansion of the Therapists Adult Ego State.

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This paper is delivered under a conference theme of honouring our past, our people, the present and the future. While it is important to honour our past and our people this can be a very subjective and selective process affirming that which closely reflects our own construct of meaning. Our people and our past hold and embody a collective narrative that supports the business of psychotherapy. To hold the present with confidence and to project ourselves as a profession into the future it is useful to examine our history, the ground we stand on, not from our vested perspective but from the alternative narrative of those who critique us.

A treatment goal in transactional analysis is the decontamination of the Adult ego and the expansion of Adult ego state capacities. The paper will provide a platform to reflect on and expanded our underlying beliefs about the practice of psychotherapy. This will be done by introducing critiques of the counselling/psychotherapy industry to facilitate understanding of the mythology that underpins service delivery as a safeguard against fundamentalist creep.

Fundamentalist creep is the systemic drift towards fixed, radical or irrational ideas that are accentuated when individuals or systems are under pressure. Individual progression towards a fundamentalist position can also manifest out of professional or personal insecurity and the corresponding need for certainty. There appears to be an innate drive for certainty or the codification of belief, the construction of a preferred narrative which carries and embodies meaning and at times this can lead to reductionist or fundamentalist thinking. It is important as a profession that we assess our preferred narratives from time to time.

David Smail in his book “How to Survive Without Psychotherapy (1988) put it this way when reflecting on his doubts about the industry after a 30 year career.

“Doctors, behavioural scientists, and so on are, sadly perhaps but absolutely inevitably, prey to the same need to justify themselves and earn a living as the rest of society. We told stories the way we did mainly because that was the way we wanted it to be. That didn’t mean that we were liars, charlatans or cheats merely that we were human beings like everyone else. But it did mean that the very foundations on which our assumptions about mental health were built needed to be re-examined.” (Smail 1988. pg 11-12)

Fundamentalism is easily recognised in politics and religion but do we recognise it in our own profession. In Transactional Analysis (TA) terminology this is described as a contamination of the Adult ego state. What we think is rational and reasonable in relation to the practice of psychotherapy may be little more than a distorted myth.

An example of a political system captured by fundamentalist ideology is illustrated in New Zealand following the election of the Labour Government in

1984, and the implementation of economic policies commonly referred to as 'Rogernomics'. This term is attributed to Roger Douglas who was the Finance Minister under this administration. The generic term used to describe this global phenomena was 'New Right' economic reform or 'Free Market Philosophy'. Many aspects of the policies are recognised as extreme and damaged individuals, communities and the broader social wellbeing of New Zealanders. It was embraced at all levels of society by academics, political parties, business and bureaucratic governance systems in New Zealand. In hindsight the ideology of the 'New Right' agenda is recognised as extreme, illustrating a fundamentalist interpretation of economic policy accompanied in subtle ways by the stifling of alternative views of economic development.

A similar debate has been occurring within the Transactional Analysis (TA) community where Claude Steiner (USA) has been arguing for the codification of core concepts for TA training and examination. The counter arguments are that TA is more eclectic and fluid and that close definition will constrain broader interpretations of transactional analysis practice.

I was reassured to note the following statement by Keith Tudor (sited in Hargaden & Sills 2003) in his article "The Neopsyche: The Integrating Adult Ego State", which included this warning.

"So too, at an organisational level there is a danger that the structure of the personality of TA in its ethos, values and organisation becomes fixed, rigid, obsessive and conservative." (Ibid pg 226.)

He goes on to encourage the TA organisation to:

".....the methodology of expanding the Adult, supports those transactional analysts who are reflective, critical, imaginative, and rebellion (especially in clients and trainees) is often pathologised."

".....The Integrating Adult brings- indeed insists on bringing – a reflective and critical consciousness to bear on all aspects of life, including the organisation of TA and TA organisations." (Ibid pg 227.)

For the purpose of thinking reflectively about our practice as psychotherapists I will introduce a number of theorists who do not see our industry in a favourable light. They observe our industry through very different eyes and articulate concerns that are not often voiced within our own ranks. I believe their perspective is useful when they challenge our assumptions regarding the efficacy of psychotherapy. I will also site other criticisms that appear in the media and on the web to present a thumb nail sketch of this alternative narrative. The arguments will not be critiqued or debated as the purpose is to present them as a platform for your self supervision and reflection.

The Critics.

There are significant critiques of the counselling/psychotherapy industry generated by practitioners such as Jeffrey M Masson : 'Against Therapy' (1988), Tana Dineen; 'Manufacturing Victims' (1996), Richard Noll, 'The Jung Cult'

(1994) and Anne Wilson Schaef, 'Beyond Therapy, Beyond Science' (1992). Lynley Hood wrote a book of particular relevance to the New Zealand setting called "A City Possessed" (2001). The work backgrounds and investigates the Christchurch City Crèche case and the conviction of Peter Ellis for child sexual assault in 1993. Hoods work illustrates a case where theory and practice around the fear of child sexual assault got out of hand, resulting in a controversy that remains unresolved for many participants.

These critiques are not new but build on the earlier work of social commentators like Thomas Szasz (1960) and Michel Foucault (1961) who claimed the mental health industry had more to do with social control than legitimate attempts to heal its citizens.

Anne Wilson Schaef. Beyond Therapy, Beyond Science.

Anne Wilson Schaef is a therapist and author known to a world audience through her writing about addiction and co-dependency. Her book *Beyond Therapy Beyond Science* (1992) examines concerns that emerged out of her practice as a clinician and uses a feminist analysis to critique the industry.

While discussing this paper with a friend who is a psychotherapist she indicated that she had lost faith in Schaef because she later formed a relationship with her client. I am not surprised that this occurred as her critique of the industry and denouncement of her status as psychologist pre-empted a significant shift in her attitude to the profession and the practice of healing. These sentiments require further exploration.

Schaef holds the opinion based on many years working as a psychotherapist that our training fosters and supports codependency and relationship addiction. (Schaef 1992, pg 13.) In introducing the book she states an initial purpose as follows;

" I began to see psychotherapy as the practice of the addictive process and was eager to name psychotherapy as the systematized practice of codependence.....and to focus the book on what is wrong at a very deep level, with psychotherapy and its philosophical and theoretical assumptions." (Ibid pg 6)

Schaef describes our society as inherently addictive in nature and uses the model of addiction treatment as an example of the broader addictive processes that underpin our relational patterns and the capitalist system we operate in. Her analysis while sketchy is useful in that current indicators reveal a rate of consumption, and resulting environmental damage that is unsustainable and for Schaef indicative of an addictive process that endangers our existence on this planet. Her training, she indicates was embedded in western capitalist values and my own training lacked analysis of the socio-economic and political framework that shapes and determines our clients' day to day experience.

Smail (1988) elaborates on this theme when discussing both the setting and practice of counselling/psychotherapy.

“What the consulting room model does above all is to inflate enormously, and grossly misleadingly, the power of individuals to take charge of their own fate. Rather than being one of two essentially autonomous agents able to negotiate profound personal change through the consulting room transactions, we are in fact infinitesimal social atoms caught in a vast and complex web of power which, among other things permeates the consulting room through and through.” (Smail 1988. pg 124)

Examples of how Schaeff sees the underlying addictive process operating in the therapeutic encounter are the need to use tools and techniques to “maintain power and foster dependency”. (Ibid pg 252) The use of transference is an example of the therapist using a relational pattern that holds the, I - Thou intensity as a cornerstone for insight and change. Such techniques, Schaeff indicates makes the therapist indispensable to the client and fosters a subtle dependence which mirrors the broader addictive processes that govern capitalist paradigms.

“My major concern about the whole transference counter transference issue, are that a power imbalance is set up and assumed, and there is a belief that it is possible to use an addictive disease process in the service of healing.” (Schaeff. pg 250)

The addictive process is explained further in the following quote.

“When clients arrive at information through the use of these three tools {techniques, interpretations, and exercises: italics added} what they learn is to trust the therapist and not ultimately to trust their own process.” (Schaeff pg 252)

Furlong (2008) cautions that working with transference narrows the therapeutic focus and may in fact discount or ignore what the client needs to develop in their world. As an educationist I have an implicit understanding that good teaching is a fast and efficient way of expanding an individual’s knowledge. A focus on a transference issues could ignore to the detriment of the clients broad based needs a variety of approaches for dealing with their current difficulties.

“It is possible that the emphasis practitioners place on the therapeutic relationship has the affect of marginalising the attention that is given to the client’s significant other network.” (Furlong ANZJFT. March 2008. pg 25)

And;

“In this way might the therapeutic allegiance to ‘the relationship’ have the effect of constructing clients who yearn to be autonomous, yet who are learning to be less capable of maintaining the give and take of equal relationship.” (Ibid pg 32)

Furlong reminds the therapeutic industry that the claimed benefits of relational therapy must be placed in a context as follows.

“In the first instance the relationship is simply a commodity, a fee for service exchange.” (Ibid pg 32.)

On this note ethical guidelines insist on no intimate contact, for sexual or other gain. This sends a clear message to clients about boundaries and is designed as much to protect the therapist as the client. We talk of relational counselling but making friends with clients while not specifically forbidden in ANZAP or NZAC (NZAC Code of Ethics 2002. Section 5.12), ethical guidelines are not encouraged. I would suggest the guidelines protect the therapist as much as the client, and reinforce the fact that this is not a normal intimate relationship. It is a contractual arrangement that of necessity excludes friendship.

Thomas Szasz (1965) when discussing how we as a profession describe our work thought the term psychotherapy was something of a presumption and the interaction is better described as a contractual relationship. (Szasz Preface ix)

“The concept of psychotherapy betrays us on this point by prejudging the interaction as ‘therapeutic’ for the patient, in intent or effect or both.” (Szasz 1965 Preface pg 1)

Szasz included this proviso to both parties engaged in the therapeutic relationship which echoes Furlongs concerns, (above).

“Psychoanalysis {psychotherapy: used interchangeably in his book} does have, and, up to a point should have – a quality of make believe or unreality for the patient. this separation may sometimes be broken down. If it is, the therapeutic experience loses for the patient its quality of secondary reality. The therapeutic relationship then becomes more interesting and important to the patient than everything else in his extra-therapeutic life. The aim of autonomous psychotherapy are thus defeated.” (Szasz 1965 pg 68-69)

Counselling and psychotherapy especially in the context of private practice is primarily an industry according to Dr Tana Dineen (1998 pg 2). The psychological industry to operate successfully within a capitalist system promotes psychological products. Evidence of product cycles are fashions such as codependency, assertiveness training, self esteem programs, emotional literacy, repressed memory, mindfulness and relational counselling to name a few. The profit imperative means establishing a business wherever there is a market niche. The provider may have no direct link or investment in their client’s community or to the political and social wellbeing of that community. This creates a distortion and may in fact perpetuate and mirror the broader fragmentation of the social infrastructure.

Dineen (2008) had this to say about credentialing and professionalism, critiquing the industry for its commercial drive.

“Licensing and certification serve a similar marketing function, bestowing further credibility. While licensing boards and professional associations give the impression of protecting the public, they were actually established for the self preservation of psychologists. Rollo May, shortly before his death, recounted how licensing was initiated to protect psychologists from the potential threat of M.D.s who wanted to have psychotherapy declared a restricted medical procedure.” (Dineen 2008 pg 2)

Compare the psychotherapy industry to the traditional concepts of village elders or religious groups operating in their communities. I use ‘their’ deliberately because there was and is a sense of belonging to the broader interests of the social group. The elder is connected and committed to his community; the church pastor has an emotional and philosophical investment and commitment to her parishioners. The model for the delivery of psychotherapy is a capitalist fee for service business model. It is based primarily on a profit agenda and may perpetrate the process of separation from community that is a feature of western capitalist culture. The psychotherapy industry could in fact be a part of the social disintegration evidenced by the rise in depression rates and the alienation of individuals from their community.

Consider the setting where counselling psychotherapy is conducted. Our offices provide a space where both the therapist and the client present themselves in their best possible light. In talking with community health workers, alcohol and other drug home detox specialists the reality of entering the client’s home removes all illusions. The overgrown and neglected garden, the broken windows, the reality of life in the suburbs is obvious. When conducting psychotherapy in an office we remove ourselves from these realities. It could be critiqued as a sanitised way of doing business. As Smail (1988) warns the focus and scope of a relationship that is office bound, is very limited. We run the risk of being benevolent dictators in our secure four walled kingdoms, protected from the harsh reality of ‘life out there’.

I had indicated earlier that as an industry we create fashion and product cycles as a means of advertising our products. A current fashion is the concept of relational counselling. To talk of relational counselling consider the following ethical guideline, (Boundaries 5) from the Australia New Zealand Association of Psychotherapy code of ethics.

“Psychotherapists should be mindful that even a considerable time after the termination of therapy the influence of unresolved transference and counter transference dynamics may remain substantial. Furthermore, the structural dynamics of power within the therapy dyad may continue to exist well beyond termination of therapy and so too, the capacity for exploitation remains beyond the end of therapy.” (www.anzapweb.com/ethics 26/01/01)

Are the above warnings a positive outcome for an individual who has been “in a relational encounter” with a psychotherapist. Psychotherapy marketing could perhaps include a warning, like cigarette packets, that the process could be detrimental to your mental health. In TA terms a client experiencing such power differentials following treatment would not be acting from an autonomous Adult position. Is this acceptable? I do understand that the guideline is intent on protecting the client from any form of exploitation but it does read in a way where the power differentials are expressed in an I’m OK You’re not OK way. Schaefer would site this as a clear example of a power over, co-dependent relationship that should not exist in a genuine healing encounter. (The key elements of what Schaefer {1992} regards as an ethical, socially responsible way to conduct healing is outlined briefly on pgs, 273-275 Ibid)

Working with transference does impact on the client and the level of engagement can be intense, especially for the client. Does this process pay attention to research about infant development and the need for the child to engage and disengage from intense contact? David Schnarch (1997) had this to say about the infant's ability to self-soothe. These observations demonstrate that it is both natural and developmentally normal for very young infants to avoid fusion with their mother from a very early age.

“Research reveals that infants possess remarkable ability to self-soothe. Mothers and infants are constantly going in and out of synchrony. Normal healthy infants and mothers are in synch during only one third of their interactions; they are out of synch but get back together in another third; in the remaining third, healthy infants and mothers are out of synch and stay that way. How do babies handle out of synch times? By age three months they are able to regulate their emotional response in two ways: they soothe themselves when mismatches with their caretaker occur and try to reestablish connection; and they break contact when they are over stimulated by a good connection and then restart it. This process is so well established that by six months of age infants demonstrate stability in their characteristic style of self-soothing.” (Schnarch 1997. Pg 347-348)

Schnarch goes on to say that when therapists begin to understand the magnitude of the infants ability to self-soothe and actively avoid close intimate contact with their primary care giver the ‘trauma model’; with its over emphasis on the primacy of attachment will be exposed as inherently flawed. It is clear that infants have a drive for emotional connection but also have an equal drive for autonomy and self-regulation. The young infant is not as emotionally fragile as we have been lead to believe; in fact emotional resilience is part of our nature. (Schnarch 1997. pg 348) How do we as therapists acknowledge these innate drives and avoid infantilising our clients and creating an intensity of connection that may in fact be contraindicated.

In the forward to Judith R Harris’ book ‘The Nurture Assumption’ (1998), Steven Pinker ponders the persistence of attachment theory in developmental psychology when the evidence now indicates that attachment is only a part of the developmental spectrum. Harris argues that assumptions about attachment ignore the evidence that the most influential environment of the child and adolescent is provided by their peer group.

“This is most clearly evidenced in immigrant families whose children quickly pick up the language and accent of their peers”. (The Psychotherapy Review June 1999. Book review by Dylan Evans.)

This drive for autonomy makes evolutionary sense claims Evans (1999) because such behaviours provide a selective advantage in that the relationship with the primary caregiver does not necessarily set the pattern for its future relationships. (Ibid pg 2-3) The underlying biological drives for autonomy, adaptability or good old fashioned resilience could be discounted or ignored in the therapeutic process.

Richard Noll. The Jung Cult.

This is an excellent perspective of the Jungian movement and a recommended read. One aspect of the book that I wish to bring to this analysis is his critique of the Jungian movement as a model of charismatic leadership accompanied by a hierarchical training and accreditation process resembling a pyramid marketing scheme.

Max Weber (1864-1920) a contemporary of Jung was fascinated by the growth of neopagan cults in Germany and described the phenomena of charismatic leadership that was a significant component of such groups. (Sited Noll 1995. pg 16) Examples of such men were Wagner, Nietzsche, Haekel (1834-1919 promoter of evolutionary biology and founder of the Monistic Religion), Steiner, (founder of the Steiner schools) Freud and Jung. In recent history we could include Eric Berne (TA) and Fritz Perls (Gestalt). Weber (1962) described such movements as;

“sects of voluntary association which admitted only those to its ranks who had the requisite religious qualities and adhered to the leaders guiding principles.” (Weber 1962. pg 123)

Noll is very blunt in his description of the Jungian movement. The elite members of the Jungian movement such as Aniela Jaffe maintained and promoted what Noll describes as a manufactured pseudo charisma by a power seeking elite who promoted Jung in a way to ensure their economic and social rewards. (Noll 1995. pg 15)

Further;

“Today, the entire routinised system operates with an economic structure like a multileveled marketing pyramid, with individuation as the vague product sold, and Jungian analyst status essentially equivalent to a distributorship that can be bought.” (Noll pg 281)

Within the capitalist system there is a need to protect intellectual capital, and within the mental health field this is one of the principle roles of professional bodies. In Australia and the United States the professional bodies of the respective psychological associations have been very successful in protecting the market share of their members. They do this by influencing critical factors on job descriptions, by being active in the promotion of legislation that writes them in as the specialists and successfully excludes other modalities. Professional associations are also important in maintaining and promoting the status of the profession to ensure the branding of ‘psychologist’ is a first choice for potential customers. The recent advertisements in New Zealand fronted by John Kirwin (A famous All Black winger who had a depressive episode) clearly encourages people to seek the help of a psychologist. Other alternative modalities are not mentioned. The current debates in Australia and New Zealand around professional registration for counselors and psychotherapists are indicative of these tensions.

By default we have fallen into a model of service delivery that could have a number of detrimental impacts on broader community wellbeing. The training and recruitment models identify and capture people with a heart for healing and in some cases make them unavailable to the broader community. They secure themselves in private practice where significant barriers to entry exist through expensive pricing. Their talent is not as available to the broader community and in fact their leadership potential may be completely lost to the community as their skills are captured by the corporate world and affluent socio economic communities. From a health economists perspective this is a well documented phenomena where health resources are captured by those members of society who are better resourced through wealth and education.

Tana Dineen. Manufacturing Victims.

Some of Dineens' critiques have been mentioned above but a broader introduction to her work is useful. Dineen is a practicing psychologist and is clear in her analysis that her critique applies to psychotherapists and counsellors and the broader self help industry. (See Psychological Illusions 1998 pg 1)

As the title of her book (Manufacturing Victims (1996), suggests she believes the psychology industry is manufacturing victims and these victims are predominantly women. A similar complaint is levelled at the sexual abuse industry in New Zealand by Lynley Hood (2001). (see Chapter 3)

“..... psychology has a vested interest in identifying abuses of power in the broadest psychological terms possible. It is through this that victims are manufactured and then converted into patients/clients for whom psychological services must be purchased.” (Psychological Illusions. Vancouver Symposium 1998 pg 2-3.)

The language and philosophy of the psychology industry has been so well integrated into our thinking, language, values and perceptions that it can go unnoticed. (Dineen 2005 pg 3-9) Take for example TA terms that have entered mainstream language such as games, rackets, strokes, inner child, autonomy, persecutor and victim. The language and its use may indicate increased emotional intelligence or psychological mindfulness, but Dineen warns that the psychology industry can be used to coerce the population into increasingly intrusive and idealistic initiatives.

An example of a coercive or intrusive expectation is the, should, either direct or implied that people need to do there own work. I refer back to Knolls (1995 pg 16) critique of the Jungian movement where to gain entry and accreditation they *“admitted only those to its ranks who had the requisite religious qualities and adhered to the leaders guiding principles.”* While I accept the idea that people do need to develop capacities of self awareness and be very mindful of how they impact on others becoming too prescriptive on these requirement is not a good idea. There are many ways of gaining such awareness and counselling and psychotherapy is not the only way. Some people may not need therapy, may in fact be grounded and autonomous and make good therapist without a protracted self analysis or extensive therapy.

Another potentially intrusive and idealistic initiative is the concerns about perceived bias and the cost of social advertising in New Zealand by the Ministry of Health and Ministry of Social Development. (See Bill Rolling December 8 – 14, 2007. New Zealand Listener. Vol 211. No 3526.) The psychological theory that underpins the promotion of social advertising Dineen labels as Psychocracy. Previously in the West we could loosely be described as a Theocracy, where values were formulated in relation to underpinning Judeo/Christian theology. (Dineen 2005 pg 9 – 10)

“I think that this pervasive psychological influence is best described as a new form of governance – a Psychocracy – ‘governance by the psychology’. As a theocracy is understood; as rule by God according to scripture.” (Dineen 2005 pg 10.)

Iran is an example of a theocracy and concerns are expressed in the West about the potential for abuse under such governance. In our own history there were times when church and state were much closer leading to intolerance and persecution. A defining feature of a mature democracy was the need to separate church and state so that excesses were avoided and checks and balances existed within the system to reduce oppression and avoid the slippery slope of fundamentalism.

“In pointing to a psychocratic system of governance and in critiquing it, I am not proposing some new or better alternative or suggesting that we grasp nostalgically back at some prior form of governance..... However I am suggesting that we need to develop a keen awareness of the social influence of psychology and to watch closely how the shades of influence are shifting so as to more thoughtfully consider the implications for ourselves and for our nations as we ponder, as every generation has, civilizations discontents.” (Dineen 2005 pg 13.)

On the matter of the social influence of psychology Hood (2001) provides insight into the controversial Christchurch Civil Crèche case where a number of workers were charged with systemic sexual abuse of children. Peter Ellis was the only person convicted in the protracted legal battle. Charges against other alleged perpetrators were dismissed because of a lack of evidence. Ellis conviction remains highly controversial and Hood who researched archival material and interviewed witnesses described it as a ‘witch hunt’. (Hood 2001 pg 16) (NZ Herald Tues Jan 29 2008: Peter Ellis’ lawyers seek Royal Commission)

Hood describes the growth of the sexual abuse industry throughout the seventies and eighties and while this was a necessary part of outing and confronting sexual abuse there was a fundamentalist creep occurring and out of these excesses the judicial and clinical processes were compromised claims Hood.

“When I began this project, the key question underpinning my research was this: to what extent were the staff of the Christchurch Civic Child Care Centre involved in child sexual abuse? I expected to find the answer within the scope of the case. I expected, sooner or later, to uncover some real life happenings on which, rightly or wrongly, the allegations of criminality were based. But, in my years of dredging through the mire in which this story foundered, I found no evidence of illegality by

anyone accused in the case. Instead I found convincing evidence that more than 100 Christchurch children had been subject to unpleasant and psychologically hazardous procedures for no good reason, and that a group of capable and caring adults had their lives ruined as a result.” (Hood 2001 pg 33)

The need to conduct a “witch hunt” and find a “scapegoat” (Hood 2001. pg 16) arose out of an underlying fear in the community that grew exponentially and irrationally in relation to the Christchurch Civil Crèche. Although, broader concern about child sexual abuse and assault were credible concerns for the community. But in this case things went too far. Individuals were blinded by the certainty of their moral convictions and their underlying fears drove what could only be described as a moral panic, which in turn had tragic outcomes for many individuals. The wounds created by the parties involved in this contentious dispute remain raw.

In summary.

Within this paper I have asked you to consider some of the basic assumptions about the psychology industry.

These include the propensity to drift inadvertently towards a fundamentalist position where the need for certainty and our own affirming narratives blind us to alternative narratives.

The need to questions ‘techniques’ that have more to do with the power in the session remaining in the hands of the therapist and little to do with affirming or encouraging the internal process of the client.

That working extensively with transference, may be contraindicated and a range of options need explored before engaging in a long term psychotherapeutic contract with a client.

That the notion of relational counselling is misleading and perhaps we should use the descriptions of psychotherapy and counselling making more explicit the parameters we operate under as a more accurate representations of what we do within the confines of the therapeutic relationship.

The notion that psychotherapy because of the way it is delivered under a capitalist paradigm is part of the problem rather than part of the solution. That it is built on self actualising individualistic premises and the process is removed from significant community accountability or scrutiny.

That fundamentalist drift does occur and does cause considerable damage in the name of some moral or clinical certainty; as individuals and a professional collective there is a need to guard against such phenomena.

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