THE TYRANNY OF THE PROFESSIONS[1]

PROLOGUE

There were once two gardens in the same neighbourhood of a great city. The person who had laid the first garden had done so with great care. She had first made sure that it faced in a direction most suited to healthy growth and was well protected from the wind. She had also ensured that the soil was rich and contained the appropriate balance of minerals and other natural substances. She carefully planned the location of the various plants, bushes and trees so that each received their recommended balance of sun, shade, rain and frost. As a result, her garden bloomed wonderfully. Left mostly to themselves, the plants grew strong and flowered beautifully and the bushes and trees flourished, resplendent with blossom in the spring and with succulent fruit and berries in the summer and autumn. Occasionally the gardener had to spend money on special nutriments and remedies when the plants or trees failed to thrive or picked up diseases, but rarely did she find it necessary to go to the expense of hiring experts to advise and intervene when things went wrong beyond her control.

In contrast, the person who laid the second garden took no care in preparing the soil, choosing the location for each plant, ensuring adequate shelter from the elements when this was needed, and so on. As a result, the flowers, bushes and trees were slow to develop and suffered from all sorts of problems. The gardener discovered that in order to maintain the appearance and productivity of his garden he had to spend lots of money on special products for boosting the health of his plant life and remedying the diseases that regularly affected them. This also meant that his garden was regularly visited by all manner of professional experts, who would carefully inspect the individual plants, diagnose them with all sorts of malaises, and prescribe whatever remedies they considered necessary to restore them to good health, all of course for a considerable fee.

QUESTIONS

We are all indebted to professionals. The 'professionals' that I have especially in mind are those people who work in political, educational, healthcare, welfare, legal and other services. Through their knowledge, expertise and commitment, they help us when we are in need, they make our lives easier, safer and more fulfilling, and they smooth the way forward for us to achieve our potentials and our goals in life. The same may be said for managerial and administrative staff in private organisations such as financial and commercial enterprises.

But could it not also be this: That rather than assist us they can too often be a hindrance? That without their intervention we can sometimes make a better job of things by ourselves? That they may even at times undermine our own ability and confidence to determine what is in our best interests and carry out what is required (and if necessary learn how to)? That some may be no more 'experts' in what they do than non-professionals or people simply possessed of reasonable intelligence and common sense? Is it possible that too often their own needs take precedence over

[1] When opting for this title I felt certain that it would be one that many others have already chosen when referring to the matters discussed here. A Google search proved me wrong. At https://webapp4.asu.edu/directory/cv?id=286173 there is a reference to 'Federation Reports, September, 1979' bearing this title, but no others. There are plenty of references to 'the tyranny of experts'.

those of the people who are supposed to be benefitting from their attention? And could it not be that there are just too many of them?

Is it reasonable to speak of a modern 'tyranny', one that is having a malign effect on our society, and which we may call 'the tyranny of the professions'? My current pipedream is to have a book published with that title. In fact, I seriously invite any reader who feels an immediate and strong affinity to this title to consider joining me in my enterprise. Another apposite title would be *Disabling Professions*, but a book of that name already exists, authored by Ivan Illich and others (London: Marion Bowers, 1977)[2]. Indeed my theme is very much to do with how certain influential (and largely state-funded) professions thrive by cultivating disability and neediness in their target populations.

Over the years I have written a number of essays on this theme that have been published in *The Skeptic* (UK) and *The Skeptical Intelligencer*. I have gathered these together here, reorganised and edited them, and added more material. The product is another series of connected essays to which I may add further material.

1. ANECDOTES

Here I set the scene by relating some anecdotes from my professional career as a clinical and forensic psychologist as well as some that received a high profile in the media.

The story of the sick miners

Yes, as through this world I've wandered I've seen lots of funny men;
Some will rob you with a six-gun, And some with a fountain pen.
Woodie Guthrie, 'Pretty Boy Floyd', 1939

In the late 1990s the British government set up a scheme to compensate thousands of ex-miners for health problems caused by British Coal's poor safety standards. More than 760,000 claims were registered. At the time of writing this it was estimated that the scheme has paid out £4.1 billion in compensation but a further £2.3 billion had been taken up in administration. An average flat-rate fee of £2,125 per claim was paid to solicitors, though many of the claims amounted to less than this. Three solicitors have been struck off for dishonesty in their handling of their clients' claims. Two of them, partners James Beresford and Douglas Smith, earned more the £115m from the compensation claims of almost 90,000 sick miners.[3]

The story of Tim

Early on in my career I worked in a child guidance unit and I still vividly recall attending my first case conference involving various community-based agencies and staff. The conference concerned 'Tim', a young boy whom I saw weekly at the unit. His fostering arrangements had broken down and I was asked to attend a meeting to decide how best to proceed.

A naïve and inexperienced trainee psychologist, I arrived at the venue at the appointed time and was shown into a room packed with people, much to my dismay as I was anxious that Tim's case would be discussed first so I could return early to work. My dismay quickly turned to astonishment when I realised that the entire ensemble had converged to discuss just one case: 'Tim'! As well as me there were teachers, social

[2] Accessible online at http://tinyurl.com/yyamvqvg
[3] http://www.guardian.co.uk/uk/2009/dec/02/solicitors-lose-appeal-miners-ruling

workers, staff from the fostering agency, an educational welfare officer, and a consultant psychiatrist who chaired the meeting (and who, incidentally, had never met Tim).

I could not help feeling puzzled as to how all these people had come to be thus involved with this one child. Although since then, attending meetings of the above kind have been a regular part of my work, I have not lost the sense of unease that, on enough occasions, all is not what it should be.

The story of Shaun

Some years ago I was asked to provide a psychologist's report on a man I shall call Shaun who was accused of a very serious crime. He had a history of violence and there was little doubt that he was guilty. However, he also had medical and psychiatric problems and his legal team were concerned about his fitness to plead and stand trial. For these reasons, no less than nine reports had already been compiled by five psychiatrists. Interestingly, their opinions tended to be divided according to who had instructed them – the Crown or the Defence. I provided my report (instructed by the Defence), which was then the subject of another report by a psychiatrist instructed by the Crown, who took issue with my conclusions. The Crown then instructed another psychologist to prepare a report; looking more like Masters dissertation, this report was delivered literally at the last moment: we were all waiting to go into court when it was faxed through. The conclusions were the same as mine. This was in the days when the jury decided on these matters and their verdict was that Shaun was unfit to plead and he was detained in a secure hospital. A year later, further reports were requested, including another one from me, and he was now deemed fit for trial. He was convicted and returned to the secure hospital.

The story of John Bird

In 2010, after the installation of the coalition government in the UK, Mr John Bird, the founder of the magazine *Big Issue*, went to see the Prime Minister to talk about children in care and, like 70% of Big Issue sellers, adults who were once children in care. He asked Mr Cameron how much he reckoned it had cost his family to make him into an Old Etonian and Old Oxonian. The Prime Minister replied that his parents had already done the calculations and the answer was around £250,000. Mr Bird was astonished; he had calculated that it had cost the state more than a million pounds to produce one *Big Issue* seller.

Visiting a poor family

From time to time in my professional capacity (but considerably less frequently than, say, health visitors and social workers) I have had to do a home visit. For example, Louise had a history of clinical anxiety; she had also been assessed as having 'learning difficulties' and was receiving disability benefit. She had recently had a medical examination to assess her fitness for work, as a result of which she was about to lose her disability allowance and become a jobseeker. She was appealing against this decision and required an independent psychological assessment.

Louise lived in a council house on a 'sink estate', and, whilst she was clearly not 'in poverty', she and her family (her son and live-in partner) were a lot poorer that most people in this country. I visited her twice and on both occasions her little son was at school and her partner, Kevin, who was drug-dependant, was upstairs in bed. (The second time I came to her house, Louise was visiting her neighbour; Kevin answered

the door, made it clear that he objected to being called from his bed, and slammed the door in my face.)

Louise was no 'scrounger'. She had had her fair share of adversities in life but she had a resilient, 'can do' attitude and, with alarming honesty, informed me that she wanted to work and felt she was able to do something not too demanding. Concerning this I thought she was probably correct – if such work were available. And, like Louise, I thought she would derive a lot of fulfilment from this.

Louise and her little family were amongst those in our community who seemingly require the attention of so many services and professionals – health visitor, social workers, the educational services for her son, the legal, probation and drug rehabilitation services for her partner, the mental health services, various medical services for all three of them, the local housing department, legal services, and now an independent psychologist. But despite all the efforts of these worthy people, based upon my experience of families in similar positions I was not hopeful for their future. I doubted if Louise would be able to find work that suited all her requirements; her partner's problems seemed pretty much intractable; and there was a high risk that her little son's future life would be blighted by associating with local antisocial elements and the lure of illicit drugs that were readily available on the estate. But who knows? Maybe this is too pessimistic an outlook.

Looking around Louise's house I noticed that the family was not at all disadvantaged when it came to the achievements of modern technology - a huge plasma screen television, a computer, video games, hi-fi equipment, and at least one mobile phone, not to mention a fridge, washing machine, vacuum cleaner, etc. It later struck me that all of these items had been chosen by the family themselves; they were things that they valued and that enriched their lives, products of a system of private enterprise that had delivered them with great efficiency and, over the years, at a gradually decreasing cost. This outstanding success seemed to contrast markedly with what the collective efforts of the previously listed professionals appeared to have achieved. No matter to them: lack of success in their enterprise would not result in any loss of income or livelihood on their part, unlike those designing, manufacturing and selling the aforementioned technology.

Stories of abused and unruly children

Why is it that, in this age of abundance and freedom, children require such a monolithic industry dedicated to their 'needs', whereby tens of billions of pounds finds their way into the bank accounts of those thus employed? A cynical answer might be that one driving force behind this is the self-interest of the professionals themselves. Their privileged position and power enable them to present a compelling and generally accepted narrative of modern life in which the resources and capabilities required to administer to any child's needs are far beyond those of the individual or his or her parents, family and natural community.

Surely though, the necessity for such a high level of professional investment in children's needs can be no more clearly demonstrated than by those dreadful cases of child neglect and cruelty that all too often come to the attention of the public. Do these cases not indicate the need for *more* professional resources to be made available? I'm not sure. In some notorious high profile cases such as those of Jessica Randall[4], Peter Connelly[5], and 'the Edlington brothers'[6] existing procedures and the

[4] http://news.bbc.co.uk/1/hi/7242667.stm

competence of staff appeared to be where the main shortcomings were found. In the case of Jessica Randall it was reported that 30 health care workers who knew the child failed to detect that she was being physically and sexually abused by her father until she died of her injuries in November 2005, aged just 54 days. In the case of the two brothers from Edlington, over the years no fewer than nine agencies were reported to have been 'working with the family'. In the meantime the two brothers were free to wander round the town wrecking property, assaulting people, setting fires, killing the ducks in a local pond, and eventually, while still at the ages of just 10 and 11 years, torturing and battering two other boys, one almost to the point of death. How could a community have been so impotent in dealing with the unruly behaviour of these two little boys with so many paid professionals on their case?

The story of Bob

Bob was a single man in his thirties who for several years had been unable to go out on his own (and only to a limited extent with other people) because of agoraphobia, associated with severe panic attacks. I used to come and see him at home every week and walk with him for increasing distances. It was a slow process. One day Bob told me that if he could afford to tax and insure his van again he could resume working as a painter and decorator and this would be a tremendous step forward as he had no problem getting from A to B in this vehicle. It struck me that it would be make more sense for the government to tax and insure his van for him than give *me* the money to try and cure him.

2. OF TRADES AND PROFESSIONS

It is not from the benevolence of the butcher, or the brewer, or the baker, that we expect our dinner, but from their regard to their own interests.

So, famously, wrote Adam Smith in 1776 in his book *The Wealth of Nations*. Maybe in our more affluent times people in these and other trades can better afford the personal satisfaction that acts of benevolence towards their customers can bring, even when these may be to the detriment of their profits. But when the chips are down, is it not their livelihoods that take precedence over all else?

So much for butchers, brewers and bakers. Does the same apply to those people who earn their living by rendering some kind of service to others - teachers, lecturers, social workers, doctors, nurses, therapists, care workers, lawyers, policemen and so on, as well as the staff who train, manage and support them? An obvious answer is that most of these people are employed, not by themselves, but by organisations that are funded directly or indirectly by the state. Are they thus relieved of the need to put their self-interest first? Are they exempt from Adam Smith's dictum? Here is another of his famous observations.

> *People of the same trade seldom meet together, even for merriment and diversion, but the conversation ends in a conspiracy against the public, or in some contrivance to raise prices.*

Certainly the professionals listed above have powerful bodies to represent their interests in the highest echelons of power, not simply in the matter of 'raising prices'

[5] https://en.wikipedia.org/wiki/Death_of_Baby_P
[6] http://news.bbc.co.uk/1/hi/programmes/newsnight/8459938.stm

(i.e. salaries), but also safeguarding jobs, establishing career pathways, expanding the workforce, and generally maximising the resources allocated to their profession.

Should all of this be represented as 'a conspiracy against the public'? Here we may be tempted to recall Shaw's aphorism: 'All professions are conspiracies against the laity' (from *The Doctor's Dilemma*). Let's be more thoughtful about this. We each construct our own versions of reality and these are determined in significant measure by our expectations. Often enough we are mistaken and sometimes what have come to be called our cognitive biases can be self-destructive, as when we interpret the world in an unduly threatening way – cf. pathological anxiety states and paranoia. However, generally this process is highly advantageous for effective coping and survival. In particular we are inclined to represent the world, especially our social world, in ways that are self-serving. One manifestation is our beliefs about the roles that we fulfil in society, including occupational roles. We need our clients and customers and we need them to need us; hence we will interpret and represent their needs accordingly. This is how Lord Salisbury put it around 140 years ago:

> *No lesson seems to be so deeply inculcated by the experience of life as that you should never trust experts. If you believe doctors, nothing is wholesome: if you believe the theologians, nothing is innocent: if you believe the soldiers, nothing is safe.* Letter to Robert Bulwer-Lytton, 1st Earl of Lytton (15 June 1877)

These ideas were also eloquently expressed over 30 years ago by several writers and I still have one small book in front of me that has proved invaluable in my quest for answers to my question. It is *Disabling Professions*, referred to in the Introduction. The chapter by John McKnight entitled 'Professionalized services and disabling help', in particular, has stood the test of time.

It is important to us that our occupational roles are perceived as legitimate, i.e. as the authentic means of delivering what they claim. Who authenticates them? A key player is the purchaser. For the butcher, the brewer and the baker the purchaser is the customer. For many in the professions listed earlier it is, one way or another, the state.

Professions have grown ever more powerful in persuading governments and the public that *they* are the ones whose services are required to provide for the needs and entitlements of the populace. For many years now political parties have vied for electoral approval not by offering ideologies but by advertising themselves as the ones most competent to manage our public services – health, welfare, law and order, and education in particular. The policies usually entail employing more doctors, nurses, other health professionals, social workers, policemen, prison officers and teachers and, despite claims to the contrary, more bureaucrats.[7] But how much does society really need all of this?

3. AN INDEX OF PROFESSIONAL INVOLVEMENT

In their book on the benefits of economic equality[8] Richard Wilkinson and Kate Pickett lament the fact that the Blair government made little progress in narrowing the

[7] In recent years, with the fall in the crime rate plus the need to cut the public spending deficit, the state now employs fewer police officers.

[8] *The Spirit Level: Why More Equal Societies Almost Always Do Better*. R. Wilkinson & K. Pickett, 2009. London: Penguin Books.

gap between the richest and poorest sections of British society which had widened markedly in the 20 years prior to Mr Blair's arrival in Downing Street. This was in spite of New Labour's declared intention to reduce inequality and despite a considerable amount of money and resources being directed towards this end during a period of strong economic growth. So who benefited most? The authors make this comment: 'The only thing that many of these policies do have in common is that they often seem to be based on the belief that the poor need to be taught to be more sensible'. Yes the poor and the disadvantaged are needy but their needs, it seems, are best met by employing other people who claim the expertise to make them more intelligent, well-informed and well-behaved, happier, healthier, and generally better individuals.

All of this has led me to wonder if it is possible to calculate some kind of index that estimates how much a particular individual, or any individual in a given set of circumstances, generates for state-employed personnel. For the average child in this country it should be fairly high (particularly because of our education system) and if the child has problems the index will shoot up with the involvement of the health and social services. Obviously, the more ill we are the more work we provide for staff in our health service. There is also a large industry around criminal offending (police, courts, social services, the probation service, prisons, etc.) and if you work with mentally disordered offenders as I have done, the number of different professionals you encounter can be quite bewildering. I want to stress here that I am not being pejorative about any of the individuals concerned: I am simply trying to make sense of something that puzzles me and I think requires more explanation than that usually provided.

4. MORE ON THE CRIMINAL JUSTICE INDUSTRY

Let us consider some aspects of the industry generated by those who are found guilty of criminal offending (ignoring the extensive industry that brings them to the point of being convicted in the first place). Specifically let us consider our prison service, which in 2006 employed 47,282 staff for an average prison population of 78.000[9], largely convicted males. In 2006[10] each new prison place costs £170,000 to build and maintain, and the cost per prisoner per year was £41,000.

Cost rises dramatically in the case of convicted persons in secure hospitals where the staff/detained person ratio is much higher. At a typical medium secure hospital the annual cost for each inpatient may be around £165,000 and in high secure hospitals it is in the region of £300,000[11]. However, the prize for the highest cost-per-patient in the secure hospital services must be awarded to those offenders deemed to have a condition called 'dangerous and severe personality disorder' (DSPD). This is not actually a psychiatric disorder at all: it is a political term coined by the government in 1999[12] in response to public concern over some high-profile crimes, notably the horrific assault in 1996 by Michael Stone on Lin Russell and her daughters Megan and Jodie, in which Lin and Megan were killed and Jodie was severely injured. The government allocated £126 million for establishing assessment and treatment units for offenders deemed to have DSPD. These were located in prisons and high security

[9] http://www.publications.parliament.uk/pa/cm200506/cmhansrd/vo060904/text/60904w2289.htm
[10] http://news.bbc.co.uk/1/hi/uk/8640399.stm
[11] http://www.centreformentalhealth.org.uk/secure-care
[12] *Managing People with Severe Personality Disorder*. Home Office and Department of Health, 1999. London: Home Office.

hospitals with places for around 350 people. The cost of running the programme was around £60 million a year. Thus total expenditure for the first 10 years was just short of half a billion pounds or around £1 million per detained person. From the start, doubts about the effectiveness of the programme were expressed (ironically, Michael Stone had been deemed 'untreatable' by psychiatrists before his offence) and the validity of risk assessments performed on the population group. Eventually the scheme was axed.

For present purposes the most cogent question is this: if all this money is to be allocated for the purposes of protecting the public is there not a better way to spend it? And once again it is relevant to ask, 'Who are benefiting most?'

5. THE MANUFACTURE OF DISABILITY

The May 2013 issue of the Psychologist (the monthly publication of the British Psychological Society) features an item on 'face blindness' or prosopagnosia. It states that this difficulty 'was first documented in the 1940s in brain damaged patients'. Indeed, I recall that in the 1970s, when I did quite a bit of neuropsychological testing, I sometimes saw patients who presented with this problem as a result of, say, a stroke or brain tumour. However, the article goes on to say that, whereas prosopagnosia was formerly regarded as a rare condition, in recent years 'it's become clear that many more people have a developmental form of "face blindness"' (1 in 50 of us apparently).

The item announces that Sarah Bate, a psychologist at the Centre for Face Processing at Bournemouth University, has launched 'an awareness campaign for all forms of the condition'. She has started an online petition to have prosopagnosia discussed in Parliament and needs 100,000 signatures. On the petition's website it is argued that, according to the Equality Act 2010, if you have this problem you have 'a disability': you are 'disabled'. Of especial concern is that this disability 'goes undetected in many children'.

Ms Bate also contends that the low awareness of prosopagnosia may be 'because it has traditionally been thought of as a rare condition'. If we are talking here about 'the general public' then I don't think this *is* the reason. Speaking for myself, and setting aside my previous professional experience, I cannot recall knowing or meeting anyone who was in serious difficulties because of a problem recognising other people's faces. Indeed I don't recall anyone ever telling me that *they* have either. That's the reason for *my* 'low awareness' and I suspect other people's. I do accept that it may be a problem that those affected contrive to conceal, as with other difficulties people have.

The question of why some individuals struggle to recognise faces is certainly worthy of scientific study. It is also a worthy enterprise to make available information that people can use to improve their facial recognition ability; the problem must surely be very upsetting and frustrating at times and it behoves the rest of us to be patient and helpful with those have it. So why do I not want to sign the petition?

I suppose I have been employed in the disabling professions for most of my working life but it is mainly during the latter half of it that this expression seems an increasingly apposite job description for what I and my colleagues are called upon to do. Yet the official party line is that we are all 'enabling' professionals. It is thus an appropriate subject for sceptical analysis and one that concerns us all.

I am thinking here in particular of the growth industry involved in identifying psychological and psychiatric disability and disorder. A topical place to start is the recent appearance of the fifth edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5)[13]. The first DSM appeared in 1952 and the number of disorders increased substantially up to DSM-IV. Hence the popular criticism has been that more and more problems in life are being identified as mental disorders and thus the domain of qualified professionals to diagnose, manage and treat.

Diagnoses provided in DSM typically differ from those in general medicine: they rely not on the identification of some underlying pathology that gives rise to the symptoms, but on a tally of the symptoms themselves. If the symptom tally (usually across a range of criteria) exceeds a certain threshold then the person can be pronounced to be suffering from the disorder in question. The tallies are determined by committees of psychiatrists with the relevant specialist knowledge.

If there is no evidence of any underlying pathology why bother with a diagnosis at all? Why not just describe and treat the symptoms? This in fact is mainly the rule or default position in clinical practice. So if you are troubled by voices your psychiatrist might reassure you that you haven't a psychotic illness, but may still offer you anti-psychotic medication because that can reduce the voices. Or say you have had a car accident and are having nightmares about it and you are a bundle of nerves when driving your car. You *may* be diagnosable with post-traumatic stress disorder but only if enough of the other symptoms are present. If they are not, then you haven't 'got PTSD'; yet you are still suffering and could benefit from treatment.

For insurance purposes, however, not having a disorder could be a problem for you (so we could try a fit with 'adjustment disorder'). Indeed, in legal cases in both the civil and criminal courts, the expert is often required to answer the question 'Is this person suffering from a mental disorder and if so, what?' Hence, unlike in routine clinical practice, which is all about helping suffering people, the DSM is indispensable for meeting the demands of the legal system. (It is also asserted that the diagnostic classificatory system benefits the drug companies, but I shall not go down this route.)

Much controversy and criticism has accompanied DSM-5's gestation and delivery. Psychologists have been particularly vocal concerning the appositeness of the diagnoses and their reliability. But are their own hands so squeaky clean?

6. SCIENCE OR SELF-INTEREST?

A few years ago I attended an academic conference on the subject of attention deficit-hyperactivity disorder (ADHD) within the criminal justice system (CJS). The event was well organised, the speakers were all knowledgeable and experienced - several being highly distinguished in their respective fields - and their presentations were of excellent quality.

Those attending learnt (if they were not already aware) that while estimates of the prevalence of ADHD are of the order of 2 to 5 per cent, with much lower rates for females, rates are several times higher amongst people convicted of criminal offences, especially those associated with unpremeditated physical violence. Young people diagnosed with ADHD are around 4 or 5 times more likely to be arrested (the increase

[13] There is one other influential diagnostic manual, namely the International Classification of Diseases of the World Health Organisation (ICD-10).

is higher for females). Estimates of the proportion of prison inmates diagnosable with ADHD are around 20 to 25 per cent (males) and 15 per cent (females).

There is a research literature on ADHD promoting the claims that young people with ADHD are genetically different from their peers and that their brain are also different. These were not topics covered at the conference. Instead, speakers focused on issues such as prevalence at various stages of the CJS process, predictors of offending behaviour (and what types of offending), cognitive impairments, and the effects of treatment - methylphenidate being much favoured by speakers, with cognitive behavioural therapy the only psychological treatment investigated.

All good science, I suppose, but my sceptical antennae were constantly twitching and for a number of reasons. One thought I kept returning to was the old and well-trusted adage in psychology that 'past behaviour predicts future behaviour'. In this case, whereas one might legitimately say that the diagnosis of some particular disorder - ADHD, antisocial personality disorder, conduct disorder, oppositional defiant disorder *(that's enough disorders – Ed.)* – is an index of higher risk of criminality, you could just as well say the same about the behaviour, attitudes and problems which led to the diagnosis being made in the first place.

My abiding impression, however, is of witnessing a kind of virtual or Platonic world, one at a level of abstraction that was far removed from the everyday experiences and behaviour of the people concerned – both the client group and the staff working with them. Thus the speakers, with the aid of their PowerPoint slides, talked at length about diagnostic criteria and recent changes in these ('mood instability' is becoming recognised as 'the fourth symptom' of ADHD); heterogeneity of ADHD and subtypes (one speaker said there are now six subtypes but was immediately challenged by an eminent professor who said there were many more); epidemiological studies; co-morbidity rates and their influence on offending and critical incident rates (various statistical models were examined for how much they accounted for the statistical variance); general and specific cognitive deficits; and the biochemical effects of various drugs on the brain.

When I first studied the origins of youth crime the emphasis then was on economic, social and familial factors such as material deprivation, poor quality of parenting, family breakdown, and intergenerational crime, with only passing reference to psychological disorder. My experience assessing hundreds of offenders (predominantly young and male) accords with this depressing story. Yet none of this was mentioned at the conference; in fact, only occasionally did I have any sense that the speakers were talking about human beings at all. What were the early life experiences of these offenders? How deprived were they and their families? As children were they protected and disciplined? Did they feel valued and loved? Was their father a good role model (if he was around at all)? Did they witness violence at home? Were they abused? Were they bullied at school? What was their neighbourhood like? What were employment prospects like in their community? All these questions are highly relevant for understanding any young offender, but speakers at the conference made scarcely any reference to them.

Is this change in emphasis from the sociological to the bio-psychological in the understanding, prevention and remediation of criminal and antisocial behaviour the result of scientific progress? Not really, in my opinion. Preference for one school of thought above others has changed over the centuries according to prevailing trends and fashions. Like the conference speakers, those who are given some prominence at

any particular time usually grant themselves the privilege of believing that theirs is 'the true way'. A bid for more power inevitably follows; one speaker described how she and her colleagues are lobbying politicians for more resources to enable unruly children to receive early screening for ADHD and appropriate treatment to reduce their risk of criminality.

It is fair to say that the psychological demands of modern life have become more intense for reasons such as the expansion of education at all levels, the decline of industries and occupations that require predominantly physical rather than cognitive effort, and the growing necessity for individuals to master complex technology in order to successfully manage their everyday business and leisure pursuits. For young people in particular, this may well have added to the emotional strain that has arisen from the decline of effective parenting and family stability; also of current relevance are the ever-present temptations afforded by alcohol and drugs, over-exposure to explicit sexual imagery at too tender an age, and for many, the dismal expectations for gainful employment with the approach of school-leaving.

It is against this background that there has been an explosion of activity amongst professionals in extending the concept of psychological disability; devising an ever-expanding range of methods for detecting this; identifying a growing number of people, particularly children, with an increasing number of defects and disorders; and devising treatment methods - pharmacological and psychological - for their alleviation.

Let us, as sceptics, not assume that this growth industry is driven simply by scientific progress in understanding the nature and causes of human suffering and disability and how best these may be remedied. It is much to do with power, politics and the self-interest of the professionals involved.

7. MORE ON THE DISABLING PROFESSIONS

Consider the statement 'psychological advances in the understanding of mental health problems'. Anyone hearing or reading this would immediately think of how our current knowledge of the causes and manifestations of psychological suffering is informed by the evidence of years of research on people so affected. And one would be likely also to think of how this knowledge informs the practices of those professionals engaged in the psychological management and treatment of mental health problems (I am not addressing here pharmacological and other medical treatments.)

We can compare the above to the subject of advances in the understanding, management and treatment of *physical* illnesses and injuries. Certainly, mental health specialists wouldn't claim to be as far advanced in this respect as their medical colleagues. But with time and the necessary resources, surely they will get there?

Are they getting there? For many years the number of professionals engaged in this work, notably counsellors and psychotherapists, has expanded in both the state and private sector, as has the number of people availing themselves of, or referred to, their services. Associated with this trend is the rising influence and popularity of a particular theoretical and methodological approach to understanding and treating people with psychological problems, namely cognitive therapy or, to use the now more popular term, cognitive-behavioural therapy (CBT). In very simple terms CBT presumes that the sources of patients' problems are the way they think about their world and themselves (the cognitive component) and how they behave accordingly

(the behavioural component). Hence a principle task of the therapist is to help the patient identify and correct his or her habitual 'cognitive distortions'. To these ends, the therapist's role is more that of a teacher and coach, in contrast to the more traditional role of listener, as with psychoanalysis and client-centred therapy where the pivotal medium for therapeutic change is presumed to be the relationship that develops between therapist and patient, notably at the emotional level.

The CBT model of psychological disorder and its treatment has been extremely successful in gaining recognition from powerful quarters including, no less, the UK Government, which in 2006 instigated the Improving Access to Psychological Therapies (IAPT) programme. This involves training thousands of therapists to 'deliver' CBT to patients with mild to moderately severe mental health problems. A major impetus for this is the expectation that the funding for this project will be more than recuperated by the return to work of many of the patients treated, thus reducing the costs to the state of incapacity benefit.

Is it correct to represent this development as progress towards identifying the causes and remedies of psychological disorders? This is where a sceptical analysis of the current state of play is called for.

Attempting to alleviate mental health problems by psychological means such as counselling and psychotherapy – which are mainly conducted by verbal communication between the practitioner and the affected person – is not an easy undertaking. There is nothing irrational or misconceived about the enterprise but, unlike most *medical* illnesses, the patient or client is the agent of his or her own destructive behaviour, attitudes and beliefs and only he or she experiences the distressing emotions associated with them. There are therefore limits to the changes that can be affected by someone talking with the patient, usually for around just one hour a week over a limited time scale, especially when all too often the rest of the person's life story - past and present - is one of disappointment, unhappiness and emotional deprivation.

Hence the task of a modern professional therapist is by no means easy; nor, moreover, is his or her role prescription clearly defined. Contrast this with, say, a surgeon removing a tumour or a physician prescribing some medicine.

On this basis there is good reason to assert that one (arguably *the*) major reason for the growth of CBT is that by its nature, and irrespective of whether or not it is more effective than previous practices[14], it provides the psychotherapist or counsellor with a much stronger basis on which to define his or her professional role. The patient or client is identified as having certain specifiable cognitive deficits which the therapist, by his or her authority and expertise, is able to identify and correct. Thus the therapist's role, and for that matter the patient's, are more clearly prescribed – note, for example, the highly structured nature of CBT and the availability of 'manualised' courses of therapy for certain problems.

This trend actually precedes the rise of CBT. An illustration of this is social skills training. The patient's problems are presumed to arise from deficits in the abilities required to interact effectively with other people (body language, verbal expression, listening behaviour, assertiveness, etc.). The therapist identifies these deficits and

[14] Research at the University of Chester recently reported that the claimed 44% 'moving to recovery' rate for patients in the IAPT scheme applies only to *those who complete treatment*. For *all* patients referred, the rate falls to 12%; see http://www.chester.ac.uk/node/19886.

teaches the patient more appropriate interpersonal skills. Social skills training became popular in the 1970s and 1980s and is still in use, although its early promise as a revolutionary treatment for people suffering from mental illnesses including schizophrenia, has not been fulfilled.

The rise of CBT has taken place against the relentless expansion generally of professional services, and their associated industries, which concern themselves with the identification of presumed defects in people's abilities, skills and knowledge, and their remediation.

8. CRIMINALS AS DISABLED PEOPLE

I was once asked to prepare an independent psychological report on a prisoner serving a life sentence who was appealing against a Home Office decision to return him to a closed prison. He had spent a brief spell in open conditions but had come into conflict with the prison managers over some issue about which he felt he was being unfairly treated and it was deemed that his attitude indicated that his transfer there had been premature. A letter from the Home Office informed him that in his handling of the problem he had 'failed to utilise his thinking skills'. When I read this to him for his comment he exclaimed, 'I *did* utilise my thinking skills'. At that point I asked myself, 'Why are we having this peculiar conversation?' which I could not envisage occurring in any other context. The answer was that at some stage during his prison sentence it had been decided that this person's 'thinking skills' were defective; accordingly he had attended classes in 'Enhanced Thinking Skills' undertaken by prison psychologists.

Let's consider in more detail the role of those professionals who are charged with the responsibility of applying psychological methods for the purposes of dissuading offenders from engaging in further criminal and antisocial activity. It is tempting simply to cast the task presented to such individuals – prison psychologists, psychiatrists, counsellors and some probation officers – in terms akin to that facing the medical practitioner, notably the identification and application of remedial procedures that have a strong evidence base with reference to both process and outcome. However, as with mental health counsellors and psychotherapists (see the previous essay), the task is much more complicated than this comparison would suggest.

Whatever remedial procedures the forensic practitioner undertakes, ideally they should be grounded in a well-supported theory of criminality. Immediately, then, we need to address a fundamental question: does such a theory indicate that an individual's likelihood of offending can indeed be reduced by some form of psychological intervention by another individual or individuals?

We must not make the mistake of attempting to explain *all* criminal behaviour from just one perspective. However, it is certainly true that the backgrounds of many repeat offenders are characterised by economic, social and familial deprivation and dysfunction. This suggests that crime reduction and desistence might best be achieved by remedying the economic and social factors associated with propensity to crime. If this were so then there is little indication that there is a significant role for those wishing to forge a career in the psychological treatment of criminal offenders.

In the previous essay I described the 'cognitive-behavioural revolution' in the way councillors and psychotherapists treat mental health problems. As I stated, cognitive-behavioural therapy (CBT) is based on the assumption that the sources of patients'

problems are defects and distortions in how they think about their world and themselves. I suggested that whatever might be the merits of this approach for the patient, it has certain advantages when it comes to defining and legitimising the role of the therapist, and this may be a significant factor behind its growth in popularity.

The same has happened in the case of those whose client group is the offending population. That is, the propensity for criminal activity on the part of these people is presumed to be due primarily to disabilities in the psychological skills that are needed to cope effectively with everyday life. This skills-deficit model helps define the role of the professional more clearly, namely to devise and administer procedures that identify these defects and rectify them, much as a medical doctor diagnoses and treats an illness.

Consequently, it is common now for probation officers in their pre-sentence reports on offenders and for forensic psychologists in their reports on incarcerated criminals to claim that the individual in question is defective in one or more skills, such as thinking ('he lacks consequential thinking' being one common conclusion), problem solving, interpersonal skills, assertiveness, emotional regulation (including anger management), impulse control, victim empathy, conflict resolution and forming healthy relationships[15]. Most often, these conclusions are not based on any formal assessment of the 'skills' in question or of whether, if there is indeed a 'deficiency', this is directly related to the person's offending behaviour. In my experience, often the assumption is that the person committed the offence because he lacked the requisite skills, the evidence for this being that he committed the offence.

A wide range of CBT courses is now available within the criminal justice system (in prisons and in the community) for teaching offenders the skills they are presumed to lack. Outcome studies have reported variable results, mostly positive but modest, and the quality of the research is questionable (non-completers, of which there is a high proportion, being a problem). These courses keep the respective professionals very busy, and limited resources result in long waiting lists (which inmates serving IPPs - indeterminate sentences for public protection - have found to their cost). Further industry is generated by professional training courses, supervision, the devising of psychometric assessment measures, outcome research and its publication, conferences, and so on.

In reality, it seems unlikely that the collective impact of these interventions can have a marked effect on offending in comparison to other factors that influence the volume of crime. But isn't it worth the effort? Maybe, but let's keep in mind my main point: how a problem such as criminal behaviour is conceived has much to do with the needs and aspirations of those professionals employed to address it, and not just those of the people engaging in crime. And because, as a rule the former are in the more privileged and powerful position, their needs will tend to have disproportionately more influence at the expense of those of the latter.

9. CHILDREN AND THE MANUFACTURE OF DISABILITY

That children can be vulnerable and needy – and the younger they are, the more so - cannot be seriously contradicted; nor can it be reasonably asserted that their needs may be met in their entirety by those individuals who at any time are their natural

[15] I am not such much concerned here with those offenders who are clearly mentally ill or whose offending is directly associated with sexual deviancy, or with the treatment of alcohol and drug misuse.

carers or supervisors – parents and other relatives, family friends, neighbours, and people in the wider community. We can be thankful therefore that there are people who may be called upon to apply their professional knowledge and skills to the wide range of problems that beset children and young people and which outstrip the abilities of their families and those in the community at large to deal with. But I have already asked the question why children and their carers need such a vast and ever-expanding industry of professionals, mostly employed by the state, as we have today.

I have not only in mind disadvantaged parents and their offspring. For instance, I believe that the business of education warrants further sceptical enquiry (for example, we may demand to know what evidence exists that a particular educational activity achieves its stated aims). However, I am not going to pursue this here. Instead I shall adhere to the theme of psychological disability.

I once undertook, under instructions from some defence solicitors, a psychological assessment on a 15-year-old defendant (D) who was up for trial in the Crown Court (and not the Youth Court, as D's co-accused was an adult). D attended a mainstream school but was clearly struggling and required remedial help. I assessed D's IQ as being well within the 'learning difficulties' range and, despite a very confident presentation during the interview with me, in my report I expressed concern that D would have great difficulty coping with a Crown Court trial and, if this went ahead, 'special measures' such as the assistance of an intermediary in the witness box would definitely be needed. In the event, the trial did go ahead as planned; D performed well under cross-examination without assistance and was acquitted.

Egg on my face indeed, but no worse things happen. The purpose of my anecdote is to convey the gist of my thesis. Like my professional colleagues, a significant part of my role has been concerned with identifying disability in others and recommending mitigating or remedial action. A worthy enterprise but, as sceptics know, having been primed to be on the lookout for something, one is more apt to find it, and thus to be guilty of false-positive judgements. Indeed, psychologists and their colleagues in related professions are particularly adept at identifying disability.

More than this: when it is the source of one's livelihood and status, there is the ever-present incentive to extend one's remit, one method being to broaden, by various means, one's client population, in this case those who are formally defined as having a disability or being 'disabled'. This is in contrast to identifying difficulty; it is often the way (e.g. in the educational and welfare services and the criminal and civil justice systems) that having 'problems' or 'difficulties' is insufficient for the person concerned, and their carers, to access special measures, financial support and compensation, mitigation, remedial facilities, treatment, and so on. They must be diagnosed with a disorder or a disability (cf. the current controversy concerning the diagnosis of dyslexia).

In the case of children there is a wide range of diagnostic labels that are available for defining a child as psychologically disabled; amongst the most common that meet the needs of the education system are learning difficulties (in the general sense), dyslexia, ADHD, and autistic spectrum disorder. These disabilities are detected by experts who use special tests and who make recommendations for professional therapy and management. For many years now the number of psychological tests and scales available on the market has been expanding rapidly, no less so for the assessment of children and adolescents. These are very expensive to develop and hence expensive to buy (cf. pharmaceuticals). Many also require aspiring users to attend training

courses. Hence there is great pressure on the professionals concerned to obtain the tests and undergo the training, lest they be judged as insufficiently qualified to accurately diagnose the disabilities.

When those in the client group are formally defined as 'disabled', people already involved in their care or supervision are also implicitly thus defined, the insinuation being that they lack the knowledge and skills possessed by the experts to attend appropriately to the person's needs. In my own example above, I was clearly implying that those involved in the court process were not competent to recognise and give due allowance for the problems of the child concerned. (I was once told this by an indignant judge when I was arguing in the witness box that a particular defendant required 'special measures' before these became more accepted.)

Over my career I have seen this process happening more and more in the education, welfare, mental health, and legal services; and I would argue that too often it is without benefit to those supposedly being helped. What drives all of this? The obvious answer is the needs of the public, the victims and the accused: that is, public protection, justice and fairness, the medical, psychological and material needs of the defendant, and so on. But is that the whole story?

Let me provide one further example of the need to diagnose disability. I once assessed a teenager faced with a serious charge who, following his arrest, was referred to the child and adolescent mental health services (CAMHS). His parents were clearly upset and indignant at being told by CAMHS that their son was 'not suffering from any mental disorder'. Someone from social services then wrote to the family's doctor demanding that the boy be referred to a paediatrician to ascertain whether he 'suffered from a mental disorder such as ADHD or autism'. The referral was not forthcoming. I agreed with CAMHS; I did feel that in the future this person might experience mental health problems but I thought that the urgency to have him diagnosed with some mental disability at that point in his life was not helping his psychological development. He was found guilty and as would be expected of any lad like him convicted of the same offence, he was sent to a young offenders institution.

10. THE EDUCATION INDUSTRY

The professionalisation of child care and management is of course greatly assisted by enforced education - enforced either legally or because educational qualifications are mandated for many occupations, directly or through associated training schemes. It is taken for granted that not only is this *necessary* but there should be more of it, however much is being provided at any particular time. And over the last 60 years or so it has indeed been a successful growth industry. One way this has been achieved is by creating more children, simply by extending the period of life when a person is considered to be a child. In the 1950s and 1960s if you asked schoolchildren what they wanted for the future most would say, 'I can't wait to leave school and get a job' (at 15 and later 16). And most of them did, thus achieving that significant rite of passage from child to adult by taking on the responsibility of full-time work, paying one's way, saving up, preparing for one's independence, and so on.

In those days there was full employment. If you went to Grammar School and succeeded in gaining at least 5 O levels you were really well placed for getting a good job with prospects, and if you stayed on until 18 and took A levels, two of these

meant that the world was your oyster. Fewer than 10% of school leavers went on to university.

These days are gone. Nowadays, in England, until you are 18 you must stay in full-time education, start an apprenticeship or traineeship, or work or volunteer (for 20 hours or more a week) while in part-time education or training.[16]

It amazes me that in a modern liberal society in which personal freedom and independence are so highly valued, a government can claim such ownership of the lives of so significant a proportion of the population. Another example: in his 2016 budget statement Chancellor of the Exchequer George Osborne announced that the government was considering making all pupils study maths to the age of 18. That Mr Osborne, and not the Education Secretary, made this revelation may have caused a few eyes to roll upwards, but nobody batted an eyelid over the extent of the government's interference in the lives of these people (or why, with all the extra money, resources, and effort that has been poured into the education industry over the years, such a drastic move was thought necessary). Unsurprisingly, the number of people employed by the education industry is now 1.5 million.[17]

In fact the Blair Government's aim was that half of school-leavers should go on to university. Were this target to be achieved and were some bright individuals to decline this option, the implication would be that some students of less-than-average ability would be studying for university degrees. Actual figures for 2016 reveal that in England 37% of 18-year-olds *applied* to higher education.[18]

When I embarked on my first degree in the 1960s we received a means-tested annual grant from the County Council to assist with our living costs and our fees were paid for us. Thus it was a privilege to be accepted on a university course and the class of degree with which one graduated was considered to be in one's own hands. Since 1989 most students have been responsible for fees and upkeep and most have to take out a loan. Thus students are now what are called in the NHS 'service users' or even 'customers', but in their case *they* are the hirers. One logical outcome is exemplified by students suing their universities, claiming that their poor performance was due to an inadequate service. Another that came up recently is that of graduates from a university suing the institution because the jobs they were promised would be waiting for them on graduating did not materialise.

I have a lot of sympathy for these graduates. Not long ago, as head of a NHS hospital psychology service, I advertised for an assistant psychologist. This is the kind of job that psychology graduates seek as a step along the route to applying for training in the professions of clinical or forensic psychology. The amount of unnecessary bureaucracy involved in advertising this post, processing applications, interviewing and making the appointment is a story in itself that is not entirely unconnected to the current theme, requiring as it did the combined efforts of two on-site groups of staff, at least three departments at trust level, and one contracted agency.

For present purposes, it is the number of applicants for the post to which I wish to draw the reader's attention. There were 180 of these, all strictly eligible. They had had varying types of work experience since gaining their degrees, ranging from working in call centres and bars to holding down quite responsible positions in

[16] https://www.gov.uk/know-when-you-can-leave-school
[17] http://tinyurl.com/hnb8az6
[18] https://www.ucas.com/sites/default/files/jan-16-deadline-application-rates-report.pdf

hospitals, care homes, custodial institutions and so on. In the monumentally unwieldy online application form that the NHS Trust administrators had devised with the IT department and required us to use, all applicants expressed a burning ambition to forge a career dedicated to improving the lives of people afflicted by mental suffering or helping criminal offenders to turn their lives around. Sadly, it is likely that only a small minority will ever fulfil their dream. For the rest, despite their intelligence, knowledge and enthusiasm, there are simply not the jobs available, or places on professional training schemes, to match the ambitions that led so many of these young people to embark on their university degree in the first place.

But this is not the end of the story. Many applicants, in their frustrated attempts to gain access to their aspired career had been persuaded to part with yet more of their money and undertake yet another university degree, this time at Master's level. Sadly again, for most of them it was all to no avail.

Who benefits most from all this? Clearly those who work at our universities. University education has been another growth industry, an expanding market place for the sale of academic qualifications (subject of course to the satisfactory completion of certain requirements on the part of the customer). And the people I have been talking about have been swindled into investing thousands of pounds of borrowed money for the promise of a dream that will never be fulfilled.

11. THE NEEDS OF WITH THE ELDERLY AND THOSE WORKING WITH THEM

Now let us consider the kind of industry that the needs of those approaching the end of their lifespan are able to muster. Their medical requirements aside, which obviously create great demands for health service professionals, the needs of the elderly are for the most part all too plain as they 'await th'inevitable hour', namely mobility, basic requirements such as food, hygiene and comfort, diversion and, not least, companionship. On the face of it, such needs appear to offer dismal prospects for, say, the educated young person aspiring to work with less fortunate and vulnerable people but also seeking a lucrative career that demands higher educational and skills training, such as a university degree course and beyond.

This was acknowledged back in November 2009 in a report by the then government-appointed 'Voice of Older People', Dame Joan Bakewell. 'Caring for the elderly should become a recognised profession and be recommended to school leavers as a rewarding career to meet the demand for higher standards in homes' the *Times* announced in its coverage of the report[19]. In other words, to meet the needs of the clients, in this case the elderly infirm, one must first satisfy the needs of the providers.

What kind of career structure would meet the needs of such professionals? It would be hierarchical: the lowest-paid menials would be (as indeed they are now) the ones having most physical contact with the client group; this would decrease, along with increasing pay, as one ascends the hierarchy. There would be opportunities for post-qualification training and specialisation. Activities enjoyed by the clients, such as painting, singing, dancing, and reminiscing, would be undertaken by highly trained specialists - occupational therapists, art therapists, music therapists, dance therapists, reminiscence therapists, etc. (Alas, I see little scope for the latest therapeutic endeavour that has come to my attention, namely 'rebound therapy', which entails the

[19] http://www.timesonline.co.uk/tol/news/politics/article6917943.ece

use of the trampoline. However, there is certainly room for animal-assisted therapy and its sub-specialities canine and feline therapy.) There would be rich pickings for a whole army of 'complementary therapists' - homeopaths, reflexologists, herbalists, aromatherapists, reiki healers, tai chi instructors and so on - who would no doubt be promoting their services as being particularly beneficial for the elderly. There would be much emphasis on continual formal assessment of clients – monitoring their mental state and capacity – thus offering opportunities for experts trained in psychometrics. There would be the chance for staff to undertake qualifications in managerial positions and to take up lectureships involving training others in their disciplines. For some personnel the 'pageantry of the professions' would be a major inducement – the opportunity to undertake research in their discipline, publish learned papers in journals and books, and attend conferences in desirable locations across the globe.

Given the nature of the client base, this is a huge industry and one that is expanding naturally. Will it develop in the way I have described? Where will the money come from? We shall see.

EPILOGUE

Back to the garden

'The garden of life is good.' As a general statement, and relatively speaking, this has to be true, at least in what we call 'the developed countries' such as most of Europe, North America, Japan and Australasia. It is not so long ago that life wasn't good at all and had never been so for most people. But now successive generations have experienced increasing prosperity, improved standards of living, the benefits of scientific and medical discoveries and advances in technology, better health, longer lives, greater freedom, and so on. With this has come, for each individual, an increasingly higher level of expectation and aspiration about what life can realistically offer, including freedom from illness, pain, distress, anxiety, even mistakes and accidents, natural disasters, and many other misfortunes that can still affect us in our modern affluent society. It is simply a reflection of human nature that when these expectations and aspirations are not realised, a person's disappointment and distress may be profound despite the fact that they may, in ways that matter most, be significantly better off than most people were perhaps only a generation ago. This seems to be a paradox of modern life.

The rise of the knowledge industry

So perhaps with enhancing expectations of what life will offer us, paradoxically we experience more frustrations and disappointments. And perhaps one consequence of this is that we become more receptive to the idea that there are people on whom we can rely to enable us to fulfil these ever-increasing expectations, people who have more of the necessary information, knowledge and expertise than we have. Thus we need more of these people[20]. But these people have the same expectations and aspirations about life that we have and one of the major means of fulfilling these is through their livelihood working as a professional 'expert'. Hence the relationship between them and their client group is a symbiotic one – each is fulfilling the needs of the other. But normally it is the professionals, through their assumed superior

[20] I am simplifying matters here. Of course the population does not consist of 'these people' and 'the rest of us'. Like millions of people, I myself 'belong to both groups'.

knowledge and expertise, who have the greater power and authority. This is manifested by their qualifications and titles and their interpreting on behalf of the client group what is wrong and what needs to be done to correct this, often using language, terminology and concepts beyond the understanding of their clients. Naturally the way they represent these problems of life will be such as to indicate that *their* interventions are the ones the client group needs.

Thus knowledge, or assumed knowledge, is power. It has always been so, but 'the knowledge industry' has become hugely significant over the last 40 years in the UK and in other economically advanced countries. One major driving force for this has been the contraction of manufacturing industries. Fewer and fewer people in many of these countries are employed in producing material commodities that other people purchase across the world, while the proportion of those working in 'the service industries' has expanded dramatically.

Perhaps in the current age there can be no other way of guaranteeing the economic growth and the wealth and prosperity that we have enjoyed in these years. But are we, insidiously, paying a penalty for this?

I have tried to demonstrate how, in those areas of social life in which I have accumulated some familiarity, these developments may serve to undermine our inherent ability and confidence to understand and take responsibility for our own needs and those of our families and the people in our shared communities, especially when we may be the ones who are best placed to do so. Could it be that too often we are given the message 'This is not your responsibility. You don't have the proper information, knowledge and ability to understand and deal with it. Leave it to those who do'. Look around and you will find this message explicit or hidden in many areas of your life, including your own personal affairs. Welcome it if and when you think it is appropriate. Challenge it whenever you don't.

And finally: could it not also be that rather than requiring more professionals to mend what is broken in people's lives we need to work on creating the conditions in which things are less likely to be broken in the first place.