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A Discursive Approach to the Registration Debate
Working with Texts; Thinking Ethics

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Abstract

Counsellors are currently considering impending registration. This important decision is being made in the context of wider changes that also affect the profession: poststructural versions of subjectivity; potential environmental collapse and increasing regimes of accountability. This article takes a closer look at the registration debate with these concerns in mind. It applies a critical, Foucauldian, discursive approach to two relevant documents: the Health Practitioners Competence Assurance Act 2003 (HPCAA) and the New Zealand Association of Counsellors (NZAC) Code of Ethics 2002 (the Code). Although these documents have different functions, both impinge upon counselling practice. A comparison foregrounds some ethical discrepancies and raises the question of whether registration under the Act is even possible without a significant rewrite of the NZAC Code. The article lays out some areas of divergence in the hope that they may be useful points of reference in future negotiations.

Introduction

Counsellors in New Zealand are currently being asked to consider making a major decision about registration (McFelin, 2005). At the same time, our profession is facing a number of other challenges. It would seem important to consider the implications of registration within this wider context. This article considers three challenges which, while not limited to our profession, do have relevance to registration and produce what I see as an urgent ethical dilemma.

The first challenge is those poststructuralist theories that question ideas long taken for granted in counselling, such as the idea that there is a wholistic, humanistic subject waiting to be counselled. The second is the critical state of our planet, and of our wider ecosystem, which raises questions about the future of any life on Earth, humanistic or otherwise. This poses questions about the limits of professional relationships and invites discussion about our ethical responsibility to the natural world. A third tension is produced by the very processes of regulation. This article demonstrates how these processes work to position counsellors through discourses that are alien to the forms of

communication and language practices to which we have long been committed and which continue to be articulated as central values for our profession. In particular, the article considers excerpts from documents at the centre of the registration debate, the NZAC Code of Ethics (2002) (the Code) and the Health Practitioners Competence Assurance Act 2003 (HPCAA). In considering these documents, I take a discursive approach, as outlined below.

After paying attention to each of these three challenges in turn, the article outlines the rationale for taking a discursive approach. It goes on to compare the two documents and consider their ethical implications for professional counselling in New Zealand at this time.

Current challenges

In her excellent description of the principles of poststructural theory, Chris Weedon (1987, p. 19) shows how poststructural theorists have argued for the importance of language in creating what we take to be reality, and thus the way language shapes people's lives. Poststructuralism investigates the way knowledge is constructed, and thus questions what may previously have been taken for granted as representing truth. These writers show how in the construction of knowledge, other potential knowledge may be excluded. For example, with the rise of medical science, folk medicine has lost legitimacy. These ideas offer alternative ways of thinking about power and its close interrelationship with knowledge. Through these approaches to knowledge, there arises the possibility of more possibilities: once singular, taken for granted truths come under question, there is more space for multiplicity and difference.

Although it is not the purpose of this article to go into these theories in detail, they have unsettled many of the humanistic ideals that have been important in the history of counselling. If the idea of a true self cannot be taken for granted, we must question where we locate the power in 'facilitating' or 'empowering' others (see also Winslade et al., 1999). We are challenged to move on from the central position of 'persons' in the universe and dualisms that describe existence in terms of human and non-human. We must continue to challenge ourselves in developing new ways of thinking about and doing counselling. Most importantly, decisions made about the future of counselling in New Zealand, including any decisions about registration, need to use ways of thinking that take these poststructuralist ideas into account.

The current state of the environment also poses a challenge to responsible counselling practice. The future of counselling is intimately bound up with the future of life, yet in a threatened universe we restrict responsible caring to human relationships. This is dubious ethical practice. At the same time as poststructural theory is encouraging

multiplicity and difference, the natural world is being reduced to sameness. This is happening through the increase of monoculture and by the reduction in natural environments and consequent species loss. Many scientists, historians and others claim that human impacts are endangering the natural world so much that the future for human and other life is fast approaching a 'tipping point' (Pacific Institute of Resource Management, 2006; Wright, 2004). Beyond these tipping points, it is questionable whether the natural world will have the ability to sustain life as we know it.

In the context of my concern for the natural world, I note the irony in the fact that counsellors often describe their role as acting to increase clients' resources. The Code's description of counselling is: 'to assist clients to … develop more resourceful ways of living' (NZAC, 2002, s 2) – all this while natural resources are running out. Meanwhile, it is the Eurowestern demand for resources that has impacted so savagely on the Third World and on the biosphere itself. This counselling descriptor no longer seems ethical when one takes a broader view. Our concern for what makes a good and healthy life should not ignore the limited timeframe within which this good and healthy life might be enjoyed. I would argue that we have a responsibility to extend a commitment to 'responsible caring' (NZAC, 2002, s 3.4) to the natural world. I take the position that before registering under the HPCAA we need to engage in a debate about what health might be and what is its relevance to sustainability.

Finally, counselling is coming increasingly under surveillance. We self-reflect, are supervised, and if we are registered, will be overseen, monitored, audited and reviewed. These steps have been progressively implemented as requirements of counselling training and membership over the last thirty years. They are presumed to provide a check on the quality of the service delivered. While the merits of associated professionalisation may often be debated (e.g. Dale, 2003; Miller, 1994), it is not so common to question the merits of accountability (see also Crocket, 1999).

I argue that our profession has too readily taken up the terms of an accountability discourse without paying attention to the effects talking on these terms might have on what is at the heart of our work. There are distinctions between discourses that 'objectify', that is, that speak in the languages of examination/accountability, and the more familiar 'subjectifying' discourses and language of counselling and 'self' expression (Fairclough, 1992). Fairclough notes the tendency of discourses to 'colonise' other discourses. His emphasis is on the ways the counselling subjective discourse is having a 'softening effect' on workplace communication. My concern is for the potentially colonising effects of the increasing use of regimes of surveillance in counselling. I argue that we should be wary of eagerly embracing a registration process without considering its effects and potential to relegate subjectivity to private internal spaces.

Having considered these challenges, the article turns now to outlining the rationale for a discursive investigation of texts relevant to the registration debate, before going on to consider selected texts.

A rationale for a discursive approach

A central poststructuralist figure, Foucault (1972), described discourses as controlled systems for the production of knowledge. On these terms, all documents, advertisements, meetings, and all the various statements we might use when discussing something such as ethics or registration constitute a discourse. Discourses work to create the thing about which we are talking – and they also set a limit on what can be said or done on its terms. In this way, discourses legitimise certain forms of authority while excluding others. In creating the object about which we are talking – here counselling registration – discourses also produce subject positions. These are positions that people may take up or resist (Davies, 1996) or from which, on the terms of the discourse, they might be excluded (Burman, 1991).

On the basis of these theoretical ideas, I will now consider excerpts from the Code and from the HPCAA by looking at, and comparing, the subject positions they offer; the objects they produce; the ways they put together statements; the options for agency, or action, that they offer, and what positions they exclude. In taking this approach I am following, in particular, a direction suggested by Foucault in 1968 (Foucault, 1968/ 1998). In this approach, focus is on the way sentences are constructed and positions taken. Based on poststructuralist understandings, this approach is different from the more usual hermeneutic or phenomenological approaches taken by counsellors, with their focus on experience and meaning. Rather, this approach invites you to first give attention to the language practices in use that produce what is under study. Foucault (1968/1998) advised this approach as a way of avoiding the trap of falling uncritically into taken-for-granted ways of thinking.

The following section is, then, in two parts. First, I look at the ways in which objects and subjects are produced by particular language use. Then, on the basis of the points I make, I offer interpretation.

Two texts: Health Practitioners Competence Assurance Act 2003 and the NZAC Code of Ethics 2002

Although these two texts have completely different functions, I bring them together in considering their implications for registration. The Code is already a central document in defining counselling; with moves toward registration, the HPCAA has the potential to also define counselling. Because of the definitional effects of these documents,

counsellors are positioned to defer to the relations of power each produces. My contention is that the two documents, and the relations of power they inscribe, are so different that, if the HPCAA comes to include counselling as a scope of practice, counsellors will be placed in the position of choosing between the two positions. My overarching concern is that in accepting the HPCAA we may be in danger of relegating therapy, our clients and the natural world to a second, iniquitous place.

Discourses offer subject positions

I focus now on the idea that a discourse offers people subject positions, and consider some subject positions offered by the HPCAA and the Code.

Turning first to the HPCAA, I note that health practitioners assess, improve, protect, or manage mental health (s 1.5.1). They 'perform services that fall within the description of a health profession' (s 1.5.1). Transitive verbs indicate that health professionals are in direct control of their objects: they do something to something else.

NZAC counsellors, however, are positioned by their Code to 'seek to assist', 'act with care', 'avoid doing harm', 'actively support' and 'treat with respect' (ss 2; 4.1; 4.3; 4.9). These are non-transitive and modified verbs, which produce a different relation between counsellors and those with whom they work. This language practice has the effect of producing for counselling a more modest project than that of the HPCAA.

The Code's emphasis on 'partnership', 'work with clients' and 'consultation with the client' (ss 3.2; 5.16.a; 5.3), for example, contrasts with the HPCAA's emphasis on practitioners performing beneficent actions upon others. The HPCAA emphasis offers the familiar expert positions of positivist approaches in psychology (Bond, 2000), approaches not aligned with the philosophical position claimed by NZAC with the adoption of the 2002 Code.

Implications for partnership

Even this brief comparison has its implications. The HPCAA does not appear to offer a place for partnership. Psychotherapists and psychologists may prioritise the active agency implicit in beneficence, but counsellors have historically prioritised a more inclusive way of working. In this they are influenced by Rogers' (1942) proposition that each individual knows, at some level, what is right for them. Counsellors have often refrained from giving direct advice as experts in the belief that this is one of the roadblocks to helpful listening.

In prioritising partnership the NZAC Code of Ethics challenges the more common counselling value of autonomy. This move has been a well thought out and significant step. Partnership takes its Treaty responsibilities more seriously. To my mind it goes

further than the 'fitting in' of Maori processes that the authority might agree to accommodate (McFelin et al., 2006). Partnership has been a hard-fought position which acknowledges the need to be more inclusive to Maori in particular and commits to ongoing debate and dialogue. It also goes further than accommodating a certain ethnic group. In the Code it represents a commitment to a certain philosophical stand.

It is not by chance that the Code has this emphasis (Winslade et al., 2002). This version of the Code involved taking some deliberate steps. One of these was to no longer use the language of beneficence. Another was to name partnership as a core value in counselling, and list it above autonomy. Yet another was to have a values-centred Code, so that ethical principles are then expressed in terms of actions taken in relation to those agreed values. These changes were purposeful expressions within a discourse of counselling to offer particular subject positions.

While autonomy, with its connection with a unitary, agentic subject, can be critiqued (e.g. Davies, 1991), partnership has a longstanding theoretical basis that reaches beyond the Eurowestern tradition. It has been taken up in therapy with the current emphasis on partnership's correlative, the relationship, and is advocated in such concepts as intersubjectivity (Benjamin, 1986), relational depth (Cooper, 2005) and attunement (Erskine, 1993; Hargarden & Sills, 2002). This focus on relationship is accompanied by a strong poststructural critique of 'expert' positions from which some 'do good' to other people (e.g. Gergen, 1989; Gore, 1992).

Thus the problem with the HPCAA is its apparent prioritising of beneficence. For counsellors, this would appear to be a backward move. The danger in registration is that partnership may be relegated to the private spaces of therapy and limited to certain processes with certain cultural groups.

From considering the subject positions offered on the terms of these extracts, I turn now to consider the objects produced by the two discourses.

Discourses produce objects

What sort of object do the two documents bring into being? How do they describe their interest? The HPCAA speaks out of a discourse that tightly controls its object. Health practitioners, according to the Act, assess, improve, protect, or manage 'physical or mental health' (s 1.5.1). 'Physical and mental health' are strictly defined and limited. Health practitioners 'may only use names, words, titles, initials, abbreviations, or descriptions … of a particular kind … if registered' (s 1.7.1). In addition, 'no health practitioner may perform a health service that forms part of a scope of practice … unless permitted' (s 1.8.2).

The Code does not position counsellors in order to produce a restricted version of

mental health. The object, here italicised, constructed on the terms of this discourse, is from the outset more slippery. According to the Code, it is the nature of counselling to 'seek … to increase *[clients']* *understanding of themselves*' and 'seek to develop *more resourceful ways of living*' (s 2). Counsellors express their values by seeking 'to increase *the range of choices and opportunities for clients*' (s 4.6).

The object of counselling is thus unrestricted, multiple and diverse. Furthermore, the Code at times positions clients between counsellors and their objects. Counsellors are to seek the 'client's *consent*' (s 5.14.b) and assist 'their [the client's] *understanding of themselves*' (s 2). This has the effect of placing clients, rather than counsellors, more directly in control of their, still diverse, material. Counselling is thus once removed from the site of its presumed agency. Counsellors are given more direct control over the type of object jointly produced, through the value of responsible caring (s 3.4). Responsible caring allows counsellors to resist a dangerous object. They can 'warn *third parties*' (s 5.1.d) and 'notify *the Association*' (s 8.1.b). It also ensures that, otherwise, counsellors remain true to jointly produced objects.

In discursive terms, objects become the 'truth' in which authority is located. For example, counsellors take it for granted that 'confidences' and 'client consent' are desirable and 'true' objects. It is to these that they are made accountable/responsible. However, the different ways in which objects are described in the Code and the Act produce different versions of accountability/responsibility.

In the next section I consider how the way in which objects are described determines to whom/what counsellors should be responsible.

Implications for responsible caring

The way in which objects are described in the two documents suggests two fundamentally different philosophies. These have implications for epistemology and accountability. They determine what will be counted as evidence in deciding what is acceptable or responsible practice. I argue that the Code's core value of 'responsible caring' would be challenged under registration.

Discourses formed around tightly controlled objects found their knowledge on quantitative methodologies. These are the methodologies that form the basis of the randomised controlled trials (RCT) that inform evidence-based practice. They begin with a philosophical assumption that the object, 'mental health', *can* be captured and defined. Authority becomes located in 'mental health' and it is to this that mental health practitioners are made accountable.

There have been critiques of this type of evidence, especially when working with what Cochrane (1999) calls 'care' conditions such as counselling, rather than the 'cure'

conditions that are more common in health settings. A commitment to responsible *caring* situates counsellors differently from health practitioners.

The counselling discourse produces multiple and diverse objects. These objects are shared by counsellors and clients alike and authority becomes located in the partnership. The Code advises counsellors to 'establish with clients the aims or purposes of counselling and renegotiate them as necessary' (s 5.4.b). Counsellors, through this negotiating, have responsibility to their clients. The successful outcome of therapy is often subjective and as Tantam (2002) notes, in his discussion of benefit, difficult to define.

The counselling position is supported by poststructural literature, which critiques the application of universal standards to human subjects (objectifying) and subsequent normalising practices. The knowledge base of poststructuralism's complex, multi-layered world view is drawn from the many forms of qualitative inquiry. However, qualitative research methods have not yet reached the status of scientific enquiry that supports the quantitive project. In the meantime, several writers have voiced concern for minority groups in particular, when good practice is based on achieving externally determined outcomes.

Smith (as cited in Strathdee, 2004) expresses concern that 'delivering predetermined state-driven outcomes' reinforced by accountability measures may reduce the 'ability to develop meaningful and perhaps effective relationships' (p. 39). There is also little incentive for counsellors to attempt to work with the more challenging relationships, and practitioners may avoid taking on board those cases that are unlikely to improve (Strathdee, 2004). Several writers have observed that those who do not fit the requisite template are likely to be marginalised, come from minority groups and be given biological interventions (Chantler, 2005). Finally, where there are restrictions, the potential for creativity and innovations is reduced. McLeod (2003) notes that the greatest periods of innovation occurred in therapy with practitioner-based research, when practitioners refused to be bound by, and challenged, external standards.

These concerns, which arise from describing the object under focus, bring a commitment to the fourth core counselling value, 'responsible caring' (3.4), into question. Under registration, the object of 'responsible' may have to shift from the client and their concerns to the defined standard of health. Could both responsibilites co-exist? There are many problems in being accountable to different contractual arrangements, and one would not want to see counsellors positioned as scapegoats when contracts are challenged. The Code urges counsellors to 'be even handed' (s 5.11.c) where multiple contracts are concerned. But it is worth noting that there is always a danger with contracts involving 'care', that they become relegated to the lesser, internal or

private spaces of (in this case) therapy (see also Held, 1995). Whether or not these matters can be negotiated is yet to be seen.

Having considered the different kinds of object produced in the two documents, and their respective implications for responsible caring, I now turn to another linguistic feature, the use of negations and prepositions. I focus on the negative and the positioning of 'from'.

Putting together statements

Subtle differences in the positioning of little words/details in any text can have huge implications for the dynamics of power. This section looks at how sentences are put together. I propose that the different use of prepositions and negations in the two texts has implications for an ethic of social justice.

In the HPCAA 'serious harm' may come '*from*' the health practitioner (ss 1.4.3.a & b; my italics). The Act's function is 'protecting the public *from* health practitioners who practise below the required standard' (s 1.4.3). In the Code, 'serious harm' may come '*from*' the client (s 5.1.d) or '*from*' circumstances external to both the client and the counsellor (s 5.1.a).

The HPCAA 'restricts' (s 1.3.2.d), 'prohibits' (s 1.4.1.c) and 'stops' (s 1.4.2.c) practitioners, while 'enabling' the authority/minister (s 1.4.3). The Code, on the other hand, has progressively removed the negative in relation to counsellors, while seeking to enable the client. In the Code, the negative is used in only nine out of approximately one hundred clauses. Here it negates activities that might involve sex, bodies and money (Cornforth, 2006). The HPCAA frequently negates. In particular, it negates the unqualified, the unregistered and the uncertified (s 1.4.1).

The value of social justice (NZAC Code, s 3.6) commits counsellors to address the wider relationships of power within which they are constructed. It calls for counsellors to 'take account of … biases, and seek to limit any [subsequent] harmful impact' (s 5.2.a). I have shown that the HPCAA and the Code look in different directions when seeking the source of any impending harmful impact. I have also shown that they both use the negative differently in effecting any limits. I now consider how this might impact on our interpretation of social justice.

Implications for social justice

There appear to be differences both in how the HPCAA and the NZAC membership view harm, and in how that harm should be dealt with. Influenced by social-constructionist views, many counsellors have progressively moved towards locating harm in unjust social contexts. Counsellors have always been committed to justice, but in the

latest version of the Code they have altered the value 'justice' to read 'social' justice (s 3.6). This has the effect of acknowledging those unjust relationships of power which disadvantage some groups. In order to deal with this, the Code expresses counsellors' commitment to advocacy, empowerment (s 5.2.h) and Treaty principles (partnership, participation and protection) (s 4.3). Counsellors are encouraged to 'contribute to policy development' (s 8.2.d) and 'promote equal employment opportunities and policies' (s 8.2.e). They should 'promote the safety and well-being of individuals, families, communities, whanau, hapu and iwi' (s 4.5).

It would appear that the HPCAA locates harm in individuals, who will be made culpable, rather than in social practices or institutions. The Act attempts to deal with this through the use of frequent negations, restrictions and reporting. Negations in the Code are only used in those few cases where harm is seen to be coming from the person of the counsellor. Even here, the Code and the Act differ somewhat in expectations about what subsequent actions might be considered remedial when harm is located in individuals – when colleagues are found wanting. Where the Act sets in place a line of reporting (ss 3.34.1; 3.34.2; 3.35.1) the Code uses another value, integrity, to encourage counsellors to actively engage in remedial discussions. While health practitioners locate authority externally, integrity (Code, s 3.5) locates it otherwise. Section 7.2.a, for example, first suggests that counsellors concerned about a colleague might bring their 'concerns to the attention of [that] counsellor'. They are advised to be 'honest' and 'respectful' in their dealings with colleagues (ss 4.7; 4.9; 7.1.a).

By locating harm in erring professionals, and by limiting practitioners' active engagement in remedial action, registration under the HPCAA might move counsellors even further away from an ethic of social justice. This would certainly augment the trend noted by Cornforth (2006). However, this does not appear to have been the membership's intent in valuing 'social' justice. I am concerned that registration would result in a bias that would cause counsellors to lose their political arm, limit their ability to advocate and restrict their opportunity to initiate innovative remedial work.

Having considered examples of the way in which negatives and prepositions can be used to locate harm differently, I will finally look at the strategic options offered by the two discourses. Both documents are here brought together in the registration debate.

Strategic options

According to Foucault (1968/1998), all discourses present at least two major options for action. Foucault called these 'strategic options'. The two obvious choices within the wider discourse of registration are obviously for or against registration: to agree to act according to the terms of the HPCAA, or to refuse it along with all its proffered

benefits. Each stance sets in motion a chain of events with material implications – the writing of new scopes of practice, the possible division of NZAC membership, access to clients, pay disparity or renegotiation and so on. Discourses produce certain practices, and counselling practice will undoubtedly change as a result of taking either position.

The two documents represent discourses that offer different subject positions, different philosophies, different views of harm and different ways of acting. Can allegiance be owed to both? In Foucault's opinion, it is altogether possible. In fact, it is the very divergence of oppositional positions that ensures the continuance of a discourse. Discourses, for Foucault, are energised by 'one "idea" only, but based on two [or more] systems of choices' (Foucault, 1968/1998, p. 319). There is, however, a price to be paid. Binaries do not describe equal opposing relationships of power. Where binaries are concerned there is also dominance – one option will always have lesser status. Thus a choice in either direction only ensures the continuance of the partner pair.

Maintaining a balance or managing the tension, in this view, is not an option. It is my opinion that we must look beyond the dualism to find a creative solution. I find it helpful at this point to look for what other 'truth' has been excluded in discourses of registration.

Having considered the two obvious strategic options, to register or not, I now look to see what other action might be possible. I do this by tracking a fault, or line of fracture, where a linguistic slippage has been produced.

Omissions

I find a discrepancy that works to exclude counsellors from an embodied version of health. Health practitioners manage 'physical or mental [not social] health' (HPCAA, s 1.5.1). Ministry of Health recommendations define counselling as a 'psychosocial intervention' (NZAC, n.d.). For those of us who are accustomed to the triumvirate bio/psycho/social, there is here a slippage. We appear to be invited to trade 'bio', embodied health, for a limited version of 'social'. It would also appear that 'physical' is to be restricted to the domain of medicine.

In accepting this definition we are invited to collude with the continued separation of mind and body. This restricted version of mental health does not sit well with an increased valuing of physical interventions in therapy or with wholistic practices. Outdoor cures, ecopsychology, hakomi, bioenergetics and Maori mental health models are all examples of practices that refuse to separate mind from body. In these extended versions 'bio' and the natural world are crucial components of mental health.

This omission of relationship with the biological and natural world has ethical implications that have not yet been addressed by the Code. In the next section I consider some of these implications and the challenge they pose to our ethical mindfulness.

Implications for environmentalism

Viewing mental health as something that is disembodied does have ethical implications. Firstly, our responsibility to our Treaty partners (Code, s 4.3) requires us to protect and support a more wholistic view. We need to guard against its erosion by Eurowestern dualistic frameworks. Secondly – and to me, this is the core issue at stake – none of us can any longer ignore our relationship with the natural world. To do so is a form of speciesism that is having disastrous consequences.

Many poststructural writers have brought the dualism mind/body under scrutiny, arguing for a less bounded form of existence (e.g. Grosz, 1994; Martin, 1997). Some go further and place the biosphere in direct relationship with the psyche (Fisher, 2002; Metzner, 1999). Both the HPCAA and the Code omit any reference to the natural environment. Where, then, is our responsibility to the rest of the world – to ongoing relationship, responsible caring and partnership with other species and the rest of the planet? Sterba (2001) sees three important contemporary challenges to ethics: multiculturalism; feminism and environmentalism. While the first two are on the NZAC membership's agenda, speciesism, together with the rights, recognition and compensations we might afford the natural world, has not yet entered our ethical debates.

While the NZAC Code is put forward as a 'living document' and an ongoing basis for discussion and debate, we have no such guarantee from the HPCAA. Its restrictions do not encourage the type of debate that might redefine what it is to be alive. Its vision is restrained, while the challenges we face are immediate and life-threatening. Our decisions have significant consequences for the future.

Concluding thoughts

I conclude from the brief examples taken here that registration under the HPCAA could threaten the core beliefs of counselling. I am not averse to a major redirection of the profession *per se* – indeed, I might argue that it is necessary – but I would like any such re-evaluation to take into account the points with which I began this article. Furthermore, I think counsellors are admirably positioned to address these problems in terms of their current ethical position, their practical experience, their interdisciplinary theoretical knowledge base and their developing interest in research. Whether they will have the freedom to do so under registration, and whether the membership

is interested in pursuing these topics, is another matter. For the moment, I here conclude that registration under the HPCAA could require significant rewriting of the current Code. Counsellors may have to:

- Revert to an ethic of beneficence.
- Abandon partnership as an ideal.
- Move further away from an ethic of social justice.
- Reinterpret responsible caring as being responsible to the Act, rather than to the client.
- Abandon integrity in favour of conformity.
- Remove reference to biological interventions and wholistic practice.
- Foreclose on options to accept environmental responsibility.

Whether or not negotiations can work with, or find a way around these concerns is yet to be seen. The HPCAA does provide some provision for the authority to rewrite and alter the scopes of practice. Whether this will amount to more than the 'accommodation' and supplementary 'processes [that will] be put in place' reported by McFelin et al. (2006) is yet to be seen. Perhaps more hopeful is the potential for influence seen by McLeod (2004) in developing an innovative practice-based research culture. In the meantime, I will end with a final note from the Code, which states 'counsellors working in a team with other professionals should seek respect for counselling ethics from the team' (s 7.4.d). The issue may not after all be about whether or not to register, but how committed counsellors are to their own ethical guidelines, and how firmly they are prepared to stand by them. Even more importantly, how committed are we to a culture of ongoing ethical mindfulness that does not limit our potential to find creative solutions at a time when they may be most needed?

Acknowledgement:

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