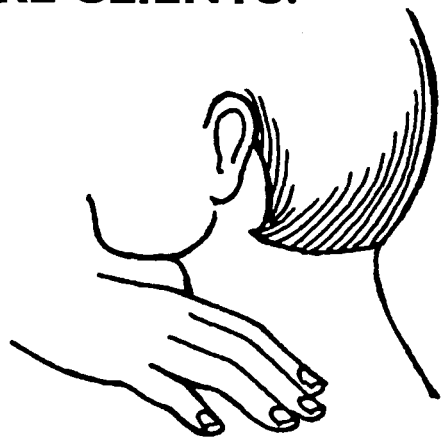
DO THERAPISTS CURE CLIENTS?

Do Therapists Ever Cure Clients?

John Rowan



'A psychotherapist who takes on the job of curing the client, and feels committed to that, and disappointed if it does not happen, is deeply into counter-transference, and needs to be confronted, perhaps by a good supervisor or other trusted friend. A real psychotherapist has to be genuinely with the client, not with some future projection of what the client should be like.' (Rowan 1992, p.164)

This statement, which I thought was obvious and unexceptionable, now appears to be in question. At several meetings recently where I have raised this point, it has been questioned, on the grounds that the improvement of the client is a joint or mutual happening, not just the work of the client.

This puts in question one of my basic beliefs — what I consider to be the ABC of psychotherapy — which is that the responsibility for getting better, whatever that may mean in an individual instance, is clearly with the client. It is something the client does, and not something the therapist can do. Of course I agree that there is something which can happen between the therapist and the client which belongs to both of them and not just to one. There can be some quite magical things of this kind which can happen. But when the client goes back into everyday life, the application of whatever was learned or transformed in that moment is the responsibility of the client.

Some years ago, in the early days of the Association of Humanistic Psychology Practitioners (AHPP), John Heron led a group devoted to exploring self and peer assessment in therapy. This eventually led to a document entitled *List of Criteria for Doing Good Therapy* being produced, which was reprinted in my book *The Reality Game* (1983). There is a note at the end of it, which reads as follows: 'NOTE: It is important that these are all means rather than ends. It is tempting to put in things like:

* Produce a breakthrough in client;
* Cure client;

John Rowan practises and teaches psychotherapy in London. He is also a writer and frequent contributor to Self & Society.

* Enlighten client;
* Get client to go from adjustment to ecstasy;
* Ability to facilitate client change of self-direction;
* Ability to get client catharsis/insight/body change/pivotal attitude change.

But these are all, ultimately, things the client does, rather than things the psychotherapist or counsellor does. What I think works on a list like this is to stick to things which the therapist does.'

This is of course also relevant to the NVQ criteria for counselling and psychotherapy which are at present in process of being produced (these have to do with the National Vocational Qualification scheme set up by successive Governments, which tries to produce functional analyses of each level of performance of each trade or profession). Some of them ignore this point, and seem to assume that the therapist can indeed do some of these things.

So is this a peculiar idea of mine, or an idea which is specifically humanistic, and does not apply to other orientations? Well, from the Jungian side, June Singer (1972) seems in no doubt about it: 'I had to recall what I had learned in my own analysis when I had been training, shortly after I had begun to work with my first cases under supervision. I was, like all neophytes, exceedingly eager to achieve a successful outcome, and I tended to become quite active in leading, rather than gently guiding the process. My training analyst had gently tried to restrain me, but when that failed she shocked me one day by saying, "You are not supposed to want the patient to get well!"

At first I could not quite believe this, for I surely did not understand her meaning. But gradually as it sank in I was able to see that if I acted out of my desire to heal the patient, I was setting myself up as a miracle worker. I would be doing it for my own satisfaction, for the joy of success, and maybe for the approval of my training analyst.' These seem to me words of wisdom which do not come from my own tradition, but which I have to agree with. No doubt more examples could be found. To me it all comes back to countertransference. Specifically, it seems to be what is called 'Aim attachment countertransference', where there is an unconscious need for success. This desire for success can make the therapist lead or drive rather than be with the client. (It can take other forms too, such as desires for power, money, love, admiration or recognition, and fantasies of saving, rescuing, healing, inspiring or otherwise benefiting the client.)

What I would like to know is whether everyone agrees with this, or not? It seems so obvious to me, and really like the ABC of any decent or even defensible approach to counselling or psychotherapy.

Further Reading

John Rowan, *The Reality Game*, Routledge, 1983

John Rowan, 'Response to Katharine Mair' in Windy Dryden and C. Feltham (eds) *Psychotherapy and its Discontents*, Open University Press, 1992

June Singer, *Boundaries of the Soul*, Anchor Books, 1972