



# **Responsibility**

*Andrew Samuels*

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I am going to use the general theme of 'responsibility' as a way of linking several issues which have been connected in my heart and mind for many years. A lot of what I am going to say will be wrong, and a lot of what readers will think about it will be wrong as well. I would like people to think less about 'Is he right or is he wrong?' and more about 'Do I see what he is actually getting at?'

## *Clinical responsibility*

Like everybody else who practises psychotherapy, I am part of what we could call the

'countertransference revolution'. This is the recognition that what crops up in the therapist is not only her or his property, as it were, but also can be understood as a usable communication from the client. Contemporary therapy would be almost impossible without that huge shift in professional consciousness. But I have begun to get a little cautious about this countertransference revolution. I think there is a power shadow in it. If my depression is understood as my client's depression, my sexual excitement as the client's sexual excitement, my sleepiness as the client's

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withdrawn, disinterested and sleepy mother, that is rather convenient for me. We may have gone too far, so that we could end up injuring the client's autonomy, in a psycho-political sense, by this highly liberating and important development. Now I say this partly to give myself a responsible basis from which to talk about one particular aspect of using oneself in the therapy situation, one which trades off and utilises the countertransference revolution, but does not do so uncritically.

I think one particular kind of material that we need to learn a lot more about how to handle is social, cultural and political material when clients introduce it in the therapy setting. And we need to work out how to use ourselves in relation to this material, which often looks rather impersonal, collective, and not to do with anybody's 'self'.

I am very conscious that there are many risks inherent in the project of working with the political dimension of the client's material. I am not so stupid as to fail to recognise that there is a huge risk of suggestion, of foisting your own ideas on to the client, of finding yourself unable to work with a client because you find their ideas repulsive, and so forth. There are real problems with the overt addressing of political material in the therapy session. But there are even greater problems in ignoring it. Therefore, on balance, we have to start to work out ways of doing it, and write about them, and train people to use them — ways of addressing, in a direct and responsible manner, social, cultural and political material. Let us not simply take refuge in the apparently more grounded and psychological tactic of symbolic interpretation: Mrs Thatcher is your mother, Saddam Hussein is a shadow projection.

Or: Yes, yes, we could talk about the environment, but let's get to the real stuff: your aggression.

The balance has tipped, so that today's good therapy practice resembles what used to be thought of as bad practice. The bad practice of engaging in political *discussion* with your client is today's good practice. I stress this word 'discussion'. The word discussion is a very dirty word in the analytical communities. You don't 'discuss'. You may interact, you may intervene, you may interpret, you may stay *schtum*. But what you do not do is discuss. And everything that you can associate with this word 'discuss' is what I want to see coming into responsible everyday therapy. All the old issues about making sure you are doing it with a client who's ready, getting the timing right, backing off when you need to — all those sensitive clinical issues remain. But the whole point is to regularise working with this kind of material, creating a climate of opinion in which such work becomes mainstream.

This is very hard to do. Lots of people will say they want to work with the whole personhood of the client; with their social, political, cultural and ethnic realities, as well as with their inner realities, or their interpersonal relationship situation. Nobody nowadays is going to say, 'Actually, I don't want to work with the whole client'. But in fact, how many of us do it? And how many books are there that help us to do it, especially in relation to this kind of material? Now, people may say 'Well, political discussion in the therapy session is surely going to be no different from political discussion in a pub, around the supper table, or in bed'. It is. It is different because the therapy frame makes it different. And the precise way in which the

therapy makes it different is that it makes it mutually transformative — transformative for both therapist and client to engage in political discussion.

Let me deal with a possible objection here. I am not talking about creating hyperpolitically conscious clients, a new vanguard of the psycho-revolution. I am talking, quite modestly, about extending what we do already into areas where some of us have been doing it for some time but with a feeling that it is somewhat illicit. Let me give you the kind of quote I am very fond of playing around with and deconstructing. 'Yes, my analyst/therapist and I did discuss politics, but it was a kind of a chat, a sort of gossip between us as we were winding down at the end of the session.' Familiar? Yes, we did discuss the events of the day, but it wasn't central. It was the chat part. It was the relationship-building part. It was a bit of naughty fun that we really shouldn't be doing. We should be doing mother-father, aggression, whatever.

This I want to change. I think responsible therapy work, as we move into the next century, will involve such changes. Now (and this is going to be a thread that's going to run through) normalising this kind of work as responsible may strike some people in the humanistic psychotherapy world as reinventing the wheel. Humanistic psychotherapists here and abroad, such as John Rowan or Petruska Clarkson, have written and spoken about the need to get beyond the persecuting analytical ideals of neutrality and abstinence which, as anyone who has been analytically trained surely knows deep down, hardly exist in practice at all. Humanistic psychotherapy has really modelled this out for the so-called depth

psychotherapies.

This leads me to one last point in this particular section on clinical responsibility. There's a lot of talk these days about 'integrative psychotherapy'. Well, to me, integration means a two-way thing. I hear of a lot of humanistic practitioners integrating psychoanalysis. I do not hear of many psychoanalysts integrating the insights and techniques of humanistic psychology. Maybe the idea of integration hasn't really worked yet. I do worry on humanistic psychotherapy's behalf that actually something very odd is going on when there is all this talk of integration and it's only one way.

That concludes what I want to say about clinical responsibility. On balance I am in favour of the countertransference revolution, though I am nowadays careful to note the power element in shoving everything back into your client. I want to extend the range of our typical working to include, in a responsible way, working with political, social and cultural material. And, *en passant*, I have made the comment that it is the humanistic psychotherapies that have modelled it out, that have broken the new ground here, and it is up to the rest of us to try to integrate what they have to say.

### *Professional responsibility*

This leads on to the first thing I want to say in connection with professional responsibility. There is an urgent need in British psychotherapy to challenge the professional hierarchy. Readers will probably know the one I mean: Institute of Psychoanalysis with their psychoanalysts at the top, Society of Analytical Psychology second, psychoanalytic psychotherapists from a whole range of organisations in the

BCP third, psychoanalytical psychotherapy organisations in the fourth, other Jungians fifth, humanistic psychotherapists sixth — and you can make your own minds up how about the tail organises itself (this is what I mean about people not having to agree with everything I am saying, rather than knowing what I am talking about). Anybody who says this hierarchy doesn't exist is living in another country from the one I am living in.

We need to challenge this state of affairs in a number of specific ways. Firstly, many of us need to claim or reclaim these words 'psychoanalyst' and 'psychoanalysis'. I strongly urge my colleagues in the Psychoanalytic and Psychodynamic Psychotherapy section of UKCP, those who have the stomach for it and who have the intellectual tradition (mostly Lacanian) on which to base the claim, to reclaim those words. I think to do it openly and to announce why one is doing it would have a very interesting and unsettling effect on the hierarchical shape of the field.

There is another hierarchy that we can challenge, and that is London versus the regions. I travel around the country a lot, and I am beginning to wonder whether it is still the case that professional excellence is located in Belsize Lane, Daleham Gardens, and New Cavendish Street. It is certainly there, but is it only there? (For those who don't know: Belsize Lane is the home of the Tavistock Clinic, Daleham Gardens of the SAP, New Cavendish Street of the British Psycho-Analytical Society and the IPA). I am definitely not saying these places are second-rate places. They are excellent places. But they are not the *only* excellent places. When you go to regional places you find that there are sophisticated, well-informed, up-to-the-minute informed work-

ers there. Many of them have stitched together a training, it is true, but they are nevertheless as good as anything that they produce in those centres of excellence in London.

So these are two specific professionally responsible things we need to do: claim the words 'psychoanalyst' and 'psychoanalysis' back; and challenge the supremacy of London. But this will not happen if we do not also challenge the professional hierarchy that we have internalised. Make no mistake, even those people who say that as humanistic or existentialist psychotherapists they do not care about psychoanalysis, or that they work north of Watford, so do not care about London, have also internalised this hierarchy.

This is a further reason why I speak about the humanistic and integrative therapists only integrating one way. I think when they do that they may have internalised the hierarchy, and the bit that has been internalised is the bit that says clinical excellence and real deep 'rigorous' clinical know-how lie only with the psychoanalytic world (which is not true and is a dangerous claim to make).

By the way, I have internalised the hierarchy too. When I get into disputes and debates with psychoanalysts, which I do a lot, I am sometimes scared of them. They are very well-educated and well-organised, and they hunt in packs. And, to continue to be self-exposing about this, when I looked down the list of people attending this 1997 UKCP conference I thought: 'Where are the psychoanalysts? There aren't even that many psychoanalytic psychotherapists. There are a few Jungians, but not very many. Where are the depth psychological people?' And I started to worry. 'They are not here. Should I be

here, a senior guy from a senior society?’

More collectively, the internalisation of the hierarchy has actually hamstrung the organisation of UKCP. It is time to address this internalisation, not in a silly adolescent way, but on the basis of the facts. We write books, we write papers, we give conferences, we have clients. We also have a very healthy attitude to research. And we have a better approach, I think, to the regions than some of the older-established organisations do. So I think we *can* challenge the internalised hierarchy. To do so we have to stop thinking (I have to stop thinking) ‘Who isn’t here?’ And start enjoying who is.

The ‘who is here?’ dilemma has everything to do with language and self-presentation. And, in a funny British way, with class and ethnicity too. Psychoanalytic gatherings dress more soberly than do humanistic gatherings. More seriously, there were very few doctors at the UKCP conference, and there are many more doctors in the psychoanalytic world than in any other sector of psychotherapy, which gives psychoanalysis disproportionate power within the NHS. Doctors know how to conduct themselves in public very well indeed. It may be all persona but, over time, it has been very effective. The psychoanalytic world tends, because of the medical presence, to come from a middle- or upper middle-class background, with all the public self-confidence that that kind of background, especially if you are a man and went to a public school, gives you. These things are hardly ever talked about, and certainly not in formal settings. But we need to talk about them, because they are all part of the internalised hierarchy issue.

As a corollary, I think we also have to talk more openly about strategies of

affirmative action, both in relation to who gets therapy and counselling in Britain, and also in relation to who gets trained to do it. Given the prevailing social circumstances (and I am thinking about the social and economic circumstances of ethnic minorities) it is necessary, I think, to reduce the academic components in the list of requirements for getting into psychotherapy training. Lots of organisations have the facility to do this, but I would like to see it made a compulsory feature for a UKCP member organisation to have a device to accredit prior learning and prior experiential learning, or indeed to make selection choices on the basis of nothing other than the applicant’s apparent suitability to do our sort of work.

Now I want to move on to the still thorny professional responsibility problem of homophobia in psychotherapy generally, and in the psychoanalytic world in particular. We won a limited victory over the psychoanalysts in relation to discrimination against lesbians and gay men candidates for training. The IPA and the Tavistock Clinic have now published equal opportunities policies that mention sexual orientation. So, if you’re a lesbian or a gay man, and you want to be a psychoanalyst trained at the IPA, there is now, as I understand it, supposed to be no bar whatsoever to your application. But what will you be told and taught when you get there?

I want to give a couple of examples of the appalling and usually unchallenged homophobia inherent in a lot of depth psychological theory, because I think addressing this is a matter of professional responsibility. Here is one example. For some theoreticians, homosexuals have an excess of the death instinct. This means that they are likely to be less than responsi-

ble and more self-destructive when it comes to issues to do with safe sex, HIV and AIDS, because, if the death instinct propels you to death, and if AIDS is about dying, you are attracted to it if you are gay or lesbian. In a nutshell, that is the theory. It means that when you get ill, you are unconsciously satisfied.

Another common line of thinking in contemporary British psychoanalysis is that, if the summit of psychological maturity is represented by the image of a heterosexual couple making love (the 'combined internal parental couple'), then how can a person whose sexual life is not heterosexual access that image and reach the summit of psychological maturity? The metaphorical level is ignored. Now I expect many can see the numerous flaws in this theory. But it is a very, very persuasive one, and it is around in the professional theoretical formation of people whose actual social attitudes towards homosexuality may be quite liberal. I think it is an urgent question of professional responsibility that some of these theories and ideas, which will be taught to lesbians and gay men should they apply to the IPA or the Tavistock Clinic and get in, be challenged from outside.

One particularly hot issue of professional responsibility concerns the use in the BCP/UKCP dispute of what can be regarded as an abuse of the transference on a collective level. For many years, several psychoanalytic psychotherapy trainings have made use of psychoanalysts from the BPAS as personal analysts and

supervisors. There is nothing inherently wrong in this, though the delaying or stopping of home trained practitioners coming through as training therapists or supervisors is often a damaging phenomenon.

But there is by now sufficient evidence to support the allegation, which has been whispered for years, that some psychoanalysts are using (or abusing) the influence their roles have given them to shove the organisations in question towards joining the BCP (and hence, under the BCP's rules, leaving the UKCP).

The whole issue is very hard to get at openly because, officially speaking, the BPAS is not involved as an organisation on a formal basis in any other training at all. Using the term in its psychoanalytic sense, this denial of large-scale political influencing of individuals and organisations in the directions favoured by the BPAS is a lie.

A finer issue of professional responsibility concerns what will happen if the BCP proves to be as effective as some of us, including myself, fear it is going to be. A lot of people will, in effect, be forcibly deregistered from the UKCP (I will be one). It is a deep and pressing matter of professional responsibility that the rest of UKCP take care of us. I am not going to talk about the details, but I believe it is a question of professional responsibility towards those members of organisations that might leave that they are taken care of by the rest of UKCP by making sure that we can continue, should we wish to, to have registration with the UKCP.

