

Shutting the stable door after the horse has bolted.

Anna Sands

As a client who has been through a depressingly counter-productive 'grievance' process, I was reassured to read of the concern and debate amongst therapists on this subject in Volume 28 of *Self and Society*. The healthy suggestions in the articles by Nick Totton and John Sivyer were in stark contrast to the muddle and insensitivity I came up against when my therapy went badly wrong.

For me, there is an important difference between questioning the behaviour and competence of a therapist and making a formal complaint. Because this distinction was not allowed for, the process I instigated became the opposite of what I had hoped to achieve.

I had been unprepared for, and confounded by, the disintegration that therapy can bring about and I eventually contacted my analyst's professional group after several unsuccessful attempts to discuss this disintegration with him directly. I had had a frightening breakdown; I felt I had been pathologised and disorientated by the therapy, and I had been left with a nagging sense of unfinished business. But I was worried that, once I approached my analyst's professional organisation, the likelihood of my ever having an open and truthful talk with him would

probably diminish even further and, as it turned out, I was right. My analyst's group did not arrange mediation meetings, but I was told I could write to them if it would 'make me feel better'. The client may feel caught in a double-bind here. I did not cite some of the comments my analyst had made because I felt they would reflect badly on me, rather than him, and undermine my credibility. I also felt that the stronger my 'complaint', the less likely would be the possibility of difficulties being talked about frankly, without fear on my analyst's part of damaging repercussions.

I wrote my letter in the hope of getting an acknowledgement that, in my case, things had been handled badly, and I also wanted to understand better why things had gone so wrong. But my analyst had not breached his Code of Ethics, so there was nothing the Ethics Committee could do. I asked him if he

would meet with me again but he wrote back saying it would 'serve no useful purpose', leaving me feeling I had been found wanting in some way.

If client and practitioner have different agendas, their needs may be incompatible. I felt strongly that my case could have been dealt with very differently and later contacted the relevant umbrella organisation. They sent a sympathetic reply and said a meeting would be arranged with my analyst and a mediator, but the suggested meeting never took place and I met instead with the Ethics Committee and a mediator. However, I wanted to talk about what had happened from the point of view of both the participants involved; my analyst's colleagues were not prepared to 'comment on the work of a colleague'. My wish for reparation rather than revenge carried little weight. My analyst, apparently, could not meet with me because his insurers would not allow him to, because I had made a complaint. Something I found particularly unpleasant was the experience of not, seemingly, being believed in this respect: I had not wanted to make a formal complaint, and made it clear that I had no wish to sue him, yet this seemed to have no bearing. The things that mattered to me - understanding, an expression of regret from my analyst, authentic dialogue - could not be accommodated.

I could not help wondering if there was a genuine willingness or even desire to look at what had really taken place. My analyst could have apologised to me privately, but he did not choose to. And I know that an apology extracted and forced through an imposed procedure would have felt hollow and humiliating to me. It would only have had meaning if it had come from the

heart, willingly. I found the final sentence of John Sivyer's article deeply moving. A genuine expression of regret makes so much difference not only to one's sense of hurt but also to a sense of one's own value in the eyes of another.

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I agree that it is essential to have truly independent participants in any mediation or complaints procedure. One of the problems I came up against was that those involved were wearing too many hats. The person who wrote the report of my meeting was a member of the Ethics Committee and, I believe, a friend of my analyst's. The 'independent' mediator was an analyst of the same school as him, and the chair of another relevant committee. The people who met with me treated me with respect and courtesy (although one of them appeared to be asleep for much of the time), and they seemed genuinely caring and interested. However, there was nothing impartial about our encounter. It was rather like being invited to a club of which one is not a member.

The whole issue of how best to deal with grievances in therapy is clearly complex, yet there are certain basic principles which, if adhered to, could alleviate a great deal of unnecessary additional distress. The letters sent to me were copied to my analyst, but no one responded to my requests for information during a very long delay, and I was not told what my analyst had said. Another basic principle is to endeavour to address in some measure those issues which are of concern to the client, rather than simply ignoring them. If letters cannot be dealt with immediately, they should at least be acknowledged. My letter to the Governing Board of the umbrella group received no reply; though I did get one when I wrote again much later sending a copy to the Charities Commission. It reiterated the view that I had 'no grounds for complaint', that 'the matter is therefore concluded' and 'we believe that no further discussion will be helpful'.

If therapists do have an understanding of what it feels like to be a client in this situation, then, in my experience, this is not borne out by their choice of language in correspondence. I did think I had grounds for objecting to the way the therapy had been conducted, that 'further discussion' would be helpful; the matter was not 'concluded' as far as my psyche was concerned. The attitude I met with simply repeated the attitude that helped to cause difficulties in the first place; that it is for the therapist to decide what is and isn't a problem, what the client needs, and what is the most appropriate course of action.

I wonder if a damaging 'therapy', it seems such a contradiction in terms, can ever be satisfactorily resolved. By definition, an efficient grievance

procedure will usually include responding promptly. Yet the untangling of misunderstandings can be a lengthy process. For both therapist and client, it may take some time for the sting of hurt pride to ebb, for defences to soften, for the truth of the matter to be seen and acknowledged. We all have limited time, energy, patience and emotional resources.

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Don't the problems which arise reflect, in part, some of the problems of therapy itself, or at least, of an analytic/psychodynamic style of therapy? Could it be that elements in the theoretical base of analytic practice actually work against the concept of successful, restorative grievance procedures? Isn't the analyst trained to 'hold back', to suggest that the client's feelings are projections or belong to other relationships rather

than the 'therapeutic' one? When I tried to discuss with my analyst the reasons for my breakdown, he said I needed to 'relive my negative experiences'. What I was experiencing at the time bore no resemblance to anything that had happened to me in the past, so I felt at a complete loss.

If practitioners are trained to believe that they are not responsible for their clients' feelings in therapy, then no one should be surprised if this is their stance when things go wrong. If they are encouraged not to answer questions, and to assume that they know better than their clients, won't this attitude prevail when there are problems? Doesn't therapy itself have to change? Isn't it more likely to be damaging when humility, compassion and an open mind are not sufficiently present in the therapist?

I later found a practitioner (whose training was based partly on Buddhist principles) who thanked me for the insights I brought regarding our relationship and apologised if she had been mistaken or unwittingly hurtful. This was an integral part of the way we worked together. She was happy to discuss the problems and pitfalls of psychotherapy itself, and I found this immensely helpful.

In the aftermath of my own unexpected response to therapy, what has particularly interested me is the bizarre state that it induced in me. An important element in my recovery was reading and informing myself about therapy, as well as writing about what I felt and thought (Sands, 2000), but I could find little in the literature about the damage therapy can do. It was only relatively recently that I discovered two other client accounts. Reading *Folie à Deux* and *Consuming*

Therapy was a crucial and profoundly important turning point for me. I realised that others had had the same experiences as me; these writers felt, as I did, that therapy can create its own problems, and that these may outstrip and dwarf the difficulties which the client arrives with. Some clients (Alexander, 1995:141 ff) use the term 'transference' to describe their turmoil, but what I experienced did not seem to be associated with feelings 'transferred' from other relationships. Indeed, had I been repeating familiar

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habits of behaviour, I would not have been so frightened by what I can only describe as 'therapy-induced lunacy'.

A book which did much to help restore my confidence and my faith in my own sanity was Masson's much maligned *Against Therapy*. The response of some professionals to Masson's book might indicate a factor which could dissuade clients from speaking out about abuses in therapy. The vitriol he seemed to

attract and, for example, the disparaging comments in your own journal regarding David Smail's books, hardly encourage us to believe that our disagreements with therapists will be dealt with in a spirit of respect and open-mindedness.

John Sivyer suggests that therapy is often 'a profession of mistrustful people'. Had my analyst trusted me, things might have turned out very differently. I am aware that the breakdown of the therapy and my ensuing 'complaint' must have been painful for him too. That I put someone through this and have no means of trying to restore a more positive element is unsettling and demoralising. It gives me no pleasure that my analyst must also have suffered, and that his colleagues spent time and effort unsuccessfully endeavouring to enable me to feel some sense of resolution. Nick Totton rightly draws attention to the fact that 'all sides end up feeling dissatisfied, unheard and unmet'.

In my experience, harm caused by therapy can be more difficult to recover from than other knocks in life, because it is outside the realm of our day-to-day experience and understanding and because its effects are so pervasive. Looking back, I remain astounded and daunted by the psychic chaos, and the strength of feeling and pain, which this messy and draining episode in my life caused me.

Therapists, perhaps, face a unique problem here. If a client complains about an osteopath, for example, what follows will have nothing to do with the actual practice of osteopathy. Yet the principles of sensitive grievance procedures have much in common with good therapy: awareness, honesty, taking responsibility, being accountable. The two go hand in hand.

It is vital to establish ways of making the whole process of dealing with problems more constructive for both practitioner and client. However, isn't it equally important for professionals to rethink what takes place within therapy, and who might be best suited to such work, so that the potential for damage is lessened? Unless this happens at the same time, then simply evolving more enlightened mediation and grievance procedures might almost be tantamount to shutting the stable door after the horse has bolted.

Further Reading

Rosie Alexander, *Folie à Deux*. Free Association Books, 1995.

Ann France, *Consuming Therapy*. Free Association Books, 1988

Jeffrey Masson, *Against Therapy*. Fontana, 1992.

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We have published this piece because it raises important points for discussion, and also shows the experience of making a complaint within the analytic tradition. Letters on the subject of ethics and complaints will be welcome if they add to the debate, but we shall not publish any more personal stories at this stage. Eds.