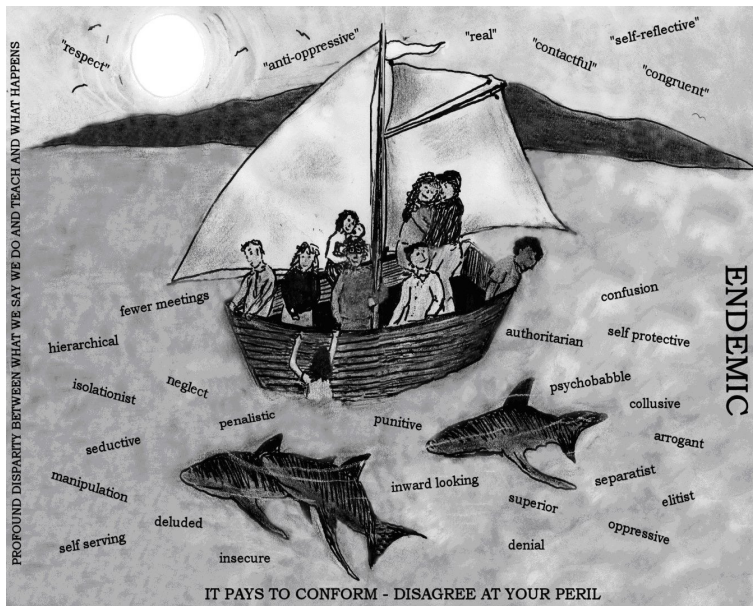# Exploring Shadow and Transparency in Psychotherapy Training Institutes: Implications for the design and implementation of institutional complaint procedures (Part 1).

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INTRODUCTION

This document presents the abstract and findings of a research project carried out over four years during which the subject of shadow and transparency in psychotherapy training institutes was explored using a flexible design of grounded theory and action research.

The topic of shadow and transparency within our training institutes is an important one.

In the current litigious climate we have seen a sharp increase in the number of complaints and civil actions made against psychotherapists and counsellors as practitioners. I believe that an increase in the number of complaints made by trainees within our training institutes will follow and that there are 'blind spots' in our places of learning. Palmer Barnes (1998) claims that training matters form one third of all formal complaints to the UKCP. My experience and that of colleagues is that currently complaints are rarely made by those in training. If complaints are made following training then not only does it leave the institutional shadow unchallenged but it raises the question of how to enable more transparency in our training environments.

Earlier exploratory research (Jones 2003) evidenced that complaints are experienced as destructive and traumatising and are subsequently avoided. For the 'complainer' and the 'complained against' the findings are the same. Guthiel & Gabbard (1998) suggest that the context in which an alleged violation occurs in practice is not addressed. This is similar in the training environment. Very little research can be found on the psychotherapy institutional shadow. Accrediting bodies are now beginning to introduce the concept of mediation for conflict resolution in their complaint procedures but still in the main rely on lengthy procedures and favour words such as 'judicial' and 'evidence' over 'mediation'. This I believe contributes to the power differential of trainee:trainer rather than promoting transparency. As a trainee I remember my own need to please an authority, co-operating compliantly with those I trusted with my training and future career, but keeping silent about what was painful and incongruent with my values. Making a complaint would not have felt an option for fear of being seen as a 'bad' therapist. These points form the context and motivation for carrying out the research. The findings and implications of these in practice are laid out in this document.

ABSTRACT

This project focuses on the exploration of shadow and transparency in psychotherapy training institutes. A qualitative design of grounded theory and action research was used sequentially in three progressive and interconnected PHASES to identify and then explore three broad areas of concern: culture; care; and communication. These were each seen to be related to the issue of power and representing the inherent instability of psychotherapy institutional life. Based on the findings the author seeks to suggest that these are areas for managers, trainers and accrediting bodies to consider seriously as a conceptual framework for re-formulating institutional complaint

procedures, which is where the shadow issues in institutes and organisations become most manifest (Jones 2003).

The research was carried out in three phases: PHASE 1 checked the experiences of those in a range of organisations through semi-structured interviews. A grounded theory analysis of the transcripts was undertaken using the 'constant comparison method' to generate units of meaning (Strauss and Corbin 1990). Three dimensions of shadow dynamics were drawn from the patterns that emerged: 'power', 'care' and 'communication'. PHASE 2 tested these three models through semi structured interviews in four psychotherapy training institutes of different orientations. PHASE 3 repeated the interview questions within the researcher's own training institute. The data from this institute was used as a control comparison for the data collected in PHASE 2. This institute differed from the other institutes in that action research involving a Mindfulness group and Restorative Justice was in place. The aim of PHASE 3 was to observe whether these strategies were an aid to communication and transparency and facilitative of a more healing and constructive environment in relation to complaints. Cycles of action research and the results are described alongside in-depth reflection on the transferential issues which are central to this part of the project.

In conclusion a context-specific theory is developed which is grounded in the views of all participants from PHASES 1 and 2, and then compared with the results from the researcher's own institute. The findings are summed up in the 'Shadow and Transparency' Paradigm (SAT Paradigm) and the implications of the research are discussed and examined in relation to complaint procedures.

Definitions

Shadow: Covert unconscious behaviours and attitudes**.**

Transparency: That which is open and can be frankly communicated.

Mindfulness: A meditative practice whereby an individual or group remains present with what is there without trying to change it, in order for it to be openly and safely explored.

Restorative Justice: A set of principles designed to deal with complaints which promote healing rather than revenge, blaming and punishment.

Matrix: The researcher's own institute.

FINDINGS

The grounded theory

The central core of this project can be seen in the SAT Paradigm which represents the shadow and transparency themes that are drawn from the grounded theory that emerged from two successive PHASES of data collection involving semi-structured interviews.

Figure 1. The Shadow and Transparency (SAT) Paradigm
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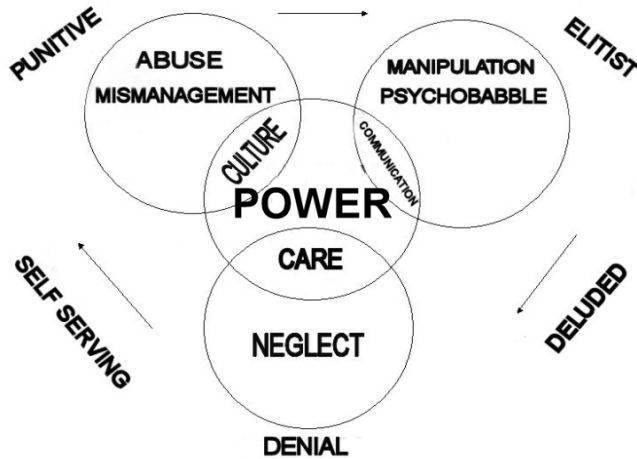
The findings from PHASES 1-3 of the project

The findings of the project are laid out chronologically below.

Three tentative models of shadow - power, care and communication- were formed from the analysed data from PHASE 1 of the research project, which was to look at the wider picture in order to see whether psychotherapy training was different from other fields.

<u>PHASE 1</u>

MODEL 1: The shadow of power

This model holds that a hierarchical management, emotionally invisible, leads to compliant workers with a "group-think" situation (Janis 1982) and little creativity. This leads to a rigid culture with an unfulfilled workforce which is partly effective but inspires minimal creativity. Only leavers complain.

This was seen to be the shadow of power. The shadow of a non-sharing, emotionally unavailable and hierarchical management leads to a disciplined, partly functioning state where the Senex (old man / 'senior') archetype rules his underlings who must be kept as the children or the puer (boy) and puella (girl) archetype. For example, Freud was Senex

to the boy Jung, who grew up and left when his innovative ideas were rejected (Jung 1953).

MODEL 2: The shadow of care

This model holds that a 'care' focused management with a wounded healer archetype leads to a culture where others' needs are more important than one's own and self needs are neglected. An idealised view of care infiltrates downwards to 'infect' the subordinates' philosophy of practice. This in turn leads either to the acting out of misplaced, repressed behaviours of anger, or passive feelings of neglect and envy of those cared for. The staff finds solace in their individual hands-on work relationships, which leads to overwork, apathy, absenteeism and compassion fatigue; and finally an unstable stressed organisation.
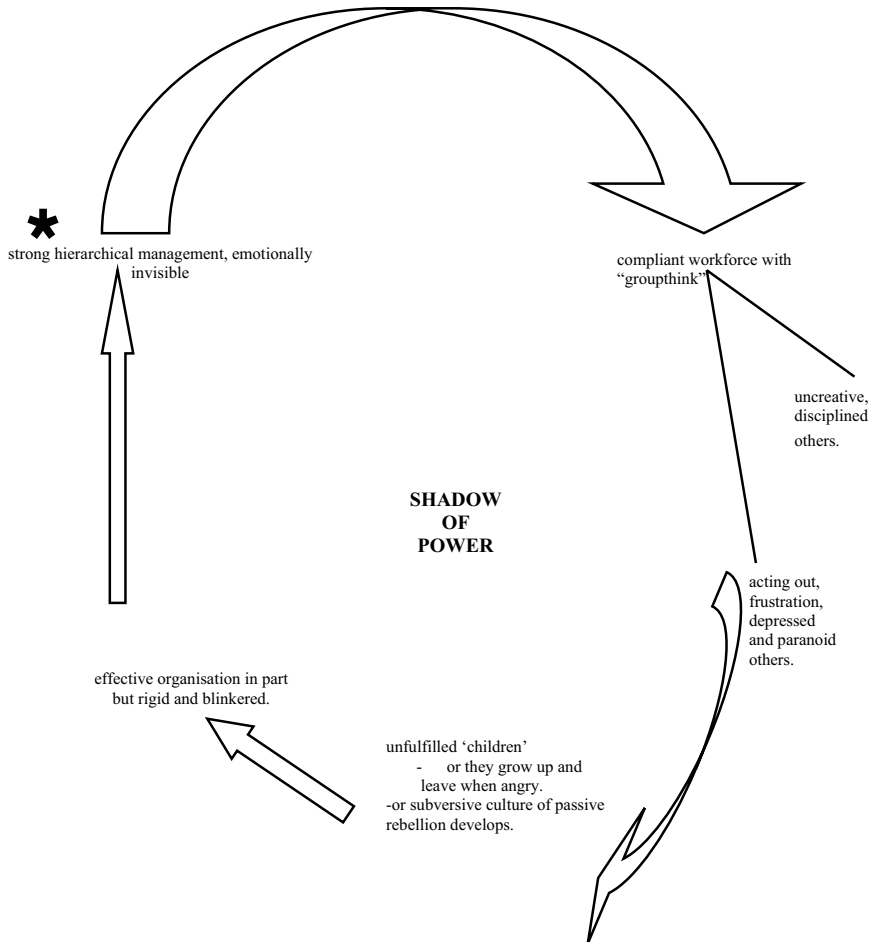
This was seen to be the shadow of the caring work environment. To summarise, the shadow of idealised care leads to unmet needs being activated and a neglected, needy, envious workforce which collapses. This suggests that idealised care based on self sacrifice leads to the needy 'child' serving the greater good.

MODEL 3: The shadow of emotional literacy

This model holds that a facilitative emotionally literate management, which is not openly authoritative but has a culture of equal exchange, invites subordinates to speak up freely and confidently. In response this workforce either becomes creative or, when unsatisfied with the inevitable failure of the parental imago, acts out due to a need for dependency or idealised parental imago. The energy of this organisation then goes into the understanding of each others' psychological complexes and trying to be together therapeutically rather than run an organisation therapeutically. People find solace, fulfilment and meaning in their individual hands-on tasks in the client/service user. The staff then lose sight of the organisation as a whole. Hence the organisation becomes less effective, fragile and unstable. This was seen to be the shadow of emotional literacy. To summarise, the shadow of emotional literacy leads to democracy which can frustrate the archetypal longing for an omnipotent parental archetype.

The three diagrams below show the models of shadow and are drawn from the patterning seen in the PHASE 1 data which showed a link between different styles of management, different corresponding subordinate defensive reactions and levels of organisational functioning.

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MODEL 1: Shadow of Power

★ strong hierarchical management, emotionally invisible

compliant workforce with "groupthink"

uncreative, disciplined others.

SHADOW OF POWER

acting out, frustration, depressed and paranoid others.

effective organisation in part but rigid and blinkered.

unfulfilled 'children'
-    or they grow up and leave when angry.
-or subversive culture of passive rebellion develops.
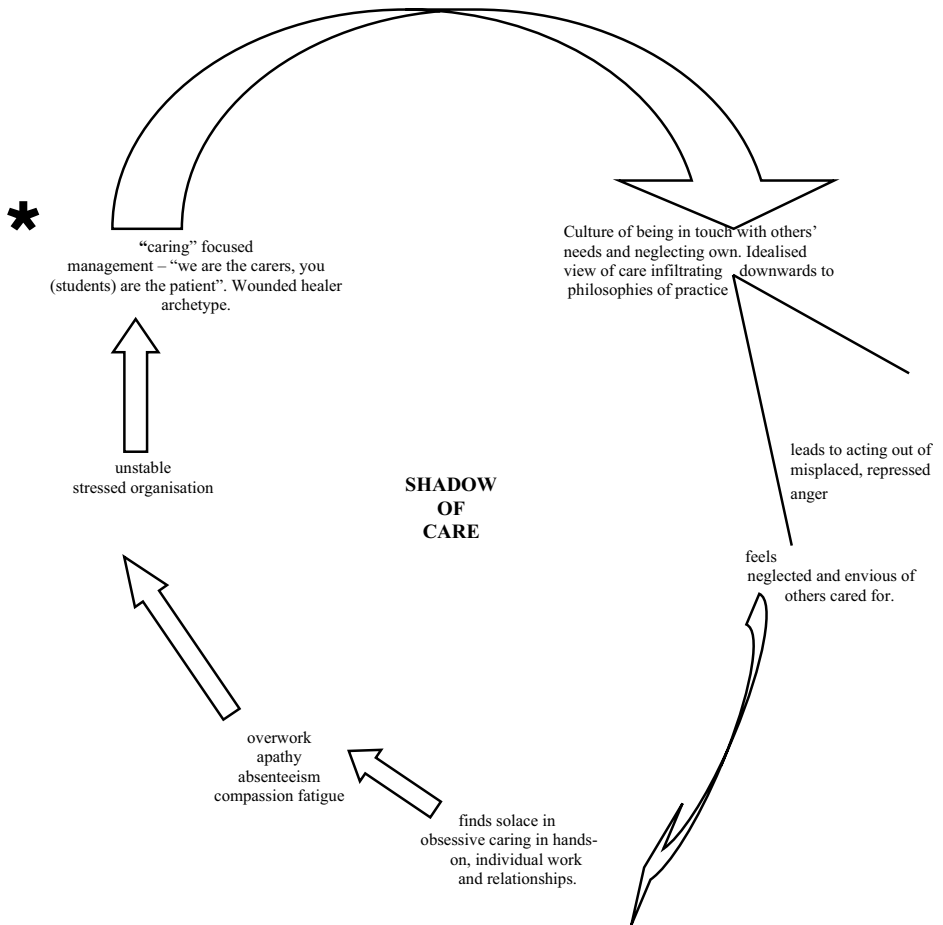
Shadow of power and a disciplined, partly functioning state.

The ruler rules his underlings who must be kept as children.

MODEL 2: Shadow of Care
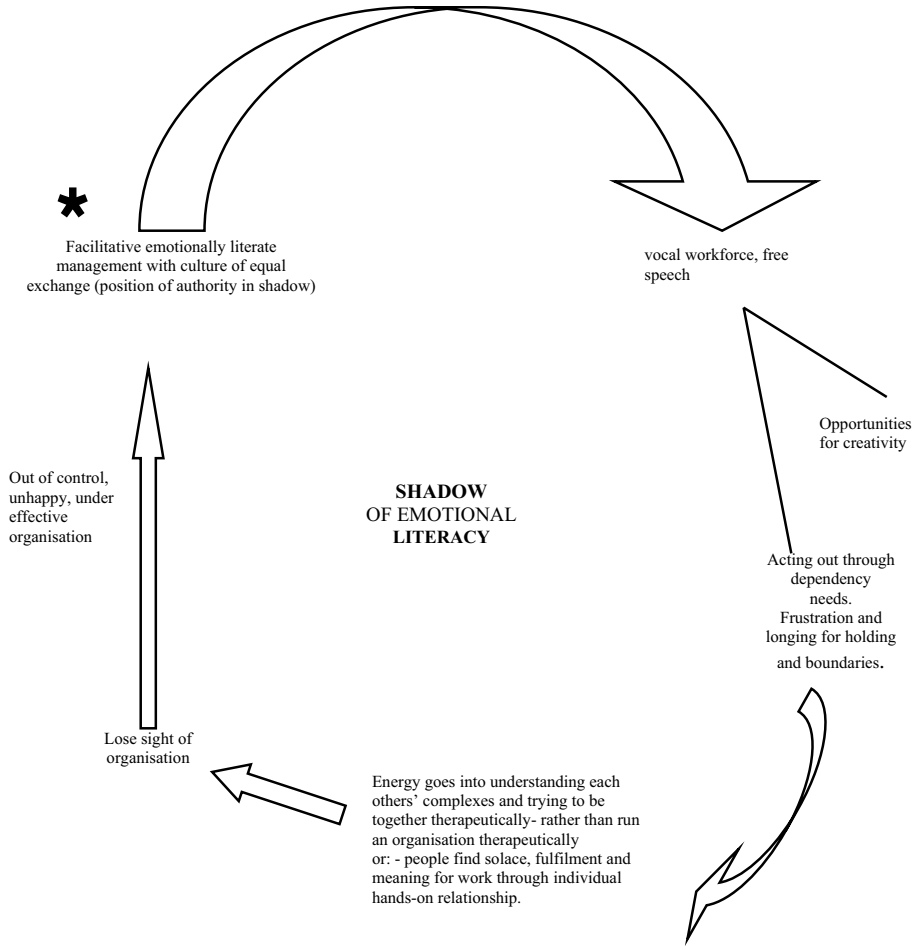
"caring" focused management – "we are the carers, you (students) are the patient". Wounded healer archetype.

Culture of being in touch with others' needs and neglecting own. Idealised view of care infiltrating downwards to philosophies of practice

unstable stressed organisation

SHADOW OF CARE

leads to acting out of misplaced, repressed anger

feels neglected and envious of others cared for.

overwork apathy absenteeism compassion fatigue

finds solace in obsessive caring in hands-on, individual work and relationships.

Shadow of (idealised) care leads to unmet need and neglected, needy, envious workforce who 'collapse'.

(Idealised care based on self sacrifice leads to needy child serving the greater good).

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MODEL 3: Shadow of emotional literacy

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Facilitative emotionally literate
management with culture of equal
exchange (position of authority in shadow)

vocal workforce, free
speech

Opportunities
for creativity

Out of control,
unhappy, under
effective
organisation

SHADOW
OF EMOTIONAL
LITERACY

Acting out through
dependency
needs.
Frustration and
longing for holding
and boundaries.

Lose sight of
organisation

Energy goes into understanding each
others' complexes and trying to be
together therapeutically- rather than run
an organisation therapeutically
or: - people find solace, fulfilment and
meaning for work through individual
hands-on relationship.

Shadow of emotional literacy and democracy leading to archetypal longing for a parental archetype.

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The importance of power

As power was identified as a key factor and inter-related, this was explored in relation to culture and communication in the care field.

Power, management and the 'caring' professions.

The data supported the literature that management style can fall into different patterns which invite different defensive routines in subordinates (Argyris 1985). Managers who lack business understanding but are skilled in facilitation focus on these skills while working hard to manage the demands and responsibilities of management. Organisations in the caring field where the culture is to call the manager 'co-ordinator' were found to be poorly funded and the management work load was considerable. Managers with an alternative style of being authoritarian, withholding emotionally and being action orientated, were seen to invite a different pattern of defensive routine in the subordinates who were compliant, passive aggressive and fearful.

A theme was identified whereby confused roles within management led to problems of dependency and regression. This supports Obholzer's view of a demoralized environment and leadership/equality confusion. (1994:42)

Power and culture

Diamond (1993: 79-91) refers to organisations as mirroring a family constellation.

The possibility of subordinates defending against the developmental need of fathering was considered, as well as a need to have someone who held the authority. The data suggested that subordinates found safety in the 'carer'/client relationship, and that this relationship was then idealized resulting in stressed out, exhausted staff, low morale and absenteeism due to work overload. I considered that their dependency needs and defences against this were being triggered.

Managers in caring agencies were all found to be under pressure of time. Too little time, unclear role definition, and managerial skills learned on the job rather than from training were all features seen to be present and potentially contributing to a situation where a manager fell into the reciprocal role of either neglecting the subordinates, or falling sick and burning out.

The concept of the wounded healer was explored and the vulnerability of those in the caring field. Guggenbuhl-Craig (1989) suggests, along with many others after him, that the healer and patient are two aspects of the same and it is not easy for the human psyche to bear the tension of the polarities. The patient can therefore project his own inner healer on to the doctor and the doctor, in treating him, can in turn project his wounds on to the patient.

The data examined included transcripts from psychotherapists, counsellors, key workers, social workers, nurses and occupational

therapists. These individuals were seen to be susceptible to over-working and burn-out, exacerbated by management who were confused about authority and power.

Power, culture and communication

The more elaborate our means of communication, the less we communicate.

Joseph Priestley

The ability to use language to communicate meaning and experience and the capacity to share a common understanding are acquired developmental skills (Sullivan, 1953, Levenson, 1983:142). Kets de Vries and Miller (1984) also emphasize the importance of acknowledging the transferential in communication. Bion (1959) writes of group dynamics and the basic assumptions that create sub-cultures of dependency, pairing and fight/flight. All of Bion's basic assumptions will have an impact on communication. Diamond (1993) argues that successful organisational change and development occurs in organisations when people can express feelings and ideas with sincerity.

Free expression and communication is often inhibited by groupthink. This is where members of a group or organisation think and behave in similar ways:

'Group-think consists of a collective pattern of defensive avoidance, lack of vigilance, unwarranted optimism, sloganistic thinking, suppression of worrisome defects, and reliance on shared rationalizations'

Janis (1972:399)

Janis sees this phenomenon as a group defence that provides a source of security for the members so that anxiety is reduced and positive feelings of self worth are heightened. It is seen in groups under a lot of pressure, in failing organisations, or in cultures where there is adoration of a narcissistic leader. It is often associated with scapegoating which enables the group to retain a feeling of stability and self esteem.

The data showed that communication was a ubiquitous problem in the wider field. The culture of the organisation was significant in how the problems were manifested. The organisations in the care field were different in presentation from the corporate and training institute where communication was seen to be led by a 'groupthink' phenomenon and a closing down of conflict.

From wider field to psychotherapy training

The areas of power, culture/care and communication/emotional literacy were used as the ground for further exploration in PHASE 2 of the project which was to understand what was overt and

transparent and what was covert and hidden in our psychotherapy training institutes.

PHASE 2 involved testing the three models of shadow identified in PHASE 1 by using the following two questions against the data from four psychotherapy institutes and fourteen individual trainers.

- What drives the institute?

- What are the defensive routines of the workforce?

The subject of power was then reflected on in relation to the themes of culture, care and communication in psychotherapy institutes.

The problem with psychotherapy

I believe that the subject of psychotherapy as training is a problem in itself. It requires a challenging and complex combination of a power differential, business acumen, working with the psyche, and the modelling of professional practice. The meat of existence is the understanding of intimacy and connectedness. A large proportion of the stories I heard while interviewing individuals outside the institutes were ones of sexual breaches and muddled boundaries. All of these were almost whispered or coded in some way, making it a difficult subject to discuss openly.

In our particular field there are students who are hungry for learning and are being encouraged to look inwards at their own growth and needs. Alongside this there are the tutors, supervisors and therapists providing relational contact. Transferential phenomena are inevitable. Diamond (1993) writes that these hierarchic interactions are often filled with re-enactments of the dependency, attachment, separation, and individuation dilemmas of parent-infant relationships. It seems hardly surprising that things go wrong in our institutes with boundaries being breached and people ending up hurt and disillusioned.

The danger of passion and the 'guru'

There were many stories of dramas attached to the much loved charismatic trainer. These included favoured students who passed examinations with a nod and a wink, and students who were employed and elevated to a particular status despite the reservations of other senior staff. All of these were described as being in an atmosphere where certain students became an inner circle and adoration of the 'guru' was the norm. Three interviewees described how tentative protesters were often shamed with brutal humiliation in front of their peers and the subtle and un-named promise of future success if aligned with the trainer.

Narcissism or heroism?

Gabriel (1999:142) purports that all leaders have narcissistic desires and want to be respected, recognised and admired. This he suggests is kept partially in check by the super-ego. Gabriel goes on to assume that what distinguishes the narcissistic leader from the heroic leader is the focus of attention. The heroic leader will look outwards for opportunities for achievement whereas the narcissistic leader looks outward for admiration

and love. He does not see this as a fixed position but a risky one if the subordinates collude with the narcissist's need for idealisation. This, I suggest, makes risky situations in psychotherapy training institutes due to the transferential component in training.

Power and management structure

'But I'd shut my eyes in the sentry box so I didn't see anything wrong',

Rudyard Kipling

The culture of an institute tends to revolve around the leader and his/her vision (Gabriel 1999). Leaders have power and how they use and understand it impacts on the whole system. Leadership as an organisational and psychological process is different from management (Zaleznic 1977, 1991: Burns 1978). The leaders within our training establishments are usually psychotherapists who have achieved success in their profession and have a vision in the training field. These leaders often fill managerial roles within their systems and my experience is that these different roles are not as clearly understood as they would be in the corporate world. I suggest that muddled and overworked management may be in part due to the financial constrictions which define job descriptions and in part due to the continuing ambiguity of the dual roles required such as being at the coal face and teaching students who are vulnerable to dependency, and also decision making and leading a ship which may need different behavioural qualities.

I gathered many narratives about difficulties with management dynamics. Everyone and in every institute had stories to tell about ethical breaches, moral dilemmas, struggles with egos, conflicting methods of theory and practice, poor communication, unequal sharing of tasks and money, burn-out, secrets, narcissism, covert abuse and more. The findings of PHASE 1 indicate that these things do also occur in organisations outside psychotherapy training. The difference in the psychotherapy world is the subject that we teach and the potential for dependency of our students in our care.

Psychotherapists frequently develop their own individual practices. Even if their work involves being part of a system their hands-on experience is generally between client/s and self. I suggest that this experience develops autonomy that may result in strong independent thinking, built from their own successes. I propose that they may thus not be the natural team players that the training system needs. Their allegiance may be to the client or student rather than the system - which on the one hand sounds beneficial to the student, but on the other hand enables blind-spots to remain unseen, therefore sacrificing transparency.

Halpin (2005) describes the personality type of the therapist as being idealistic and capable of great devotion to a person, purpose or cause. I suggest that it is these same characteristics that work in individual practice that also contribute to the problems in institute settings.

Gordon-Brown (2002) suggests: '*in groups based on the ethos and attitude of love, those concerned with caring, the power struggle is terrific, and it's always unconscious'.*

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Implicit in Gordon-Brown's statement is that the psychotherapist can be driven by love of the task, meaning that they consciously choose to enter a profession where they are hands-on 'healers'. The fundamental values of the therapeutic relationship are commonly seen as providing 'love' for the client (Rogers (1951:159). The combination of individuals choosing a caring profession where the ethos is a relationship of 'love' supports Gordon-Brown's statement which suggests that this leaves the psychotherapist intrinsically valuing himself for this and thus driving underground the more difficult areas such as envy, greed and competition (Guggenbuhl-Craig 1971:85). There was similarity in both the institutes' and the individuals' transcripts in that conflict was difficult and remained hidden.

Walton (2005) describes leadership as a vital field of study due to the impact upon us all of bad, absent or deluded leadership. Kellerman (2004) holds that leadership comes in the form of a web and does not happen in a vacuum. He suggests that the followers are part of the web.

In every institute I found marketing policies and the procedures for the acceptance of applicants challenged by trainers who were put in the position of training students they thought were unsuitable. Trainers subsequently felt their hands were tied when it came to holding them back or failing them altogether. Trainers were critical of a 'bums on seats approach'. Four participants mentioned the difficulties of failing a student. Students were only allowed to be deferred and deferred.

My suggestion is that the nature of psychotherapy training induces students to regress at times into a child-like state and look to their trainers as parental containers, idealised others or figures to challenge. The combination of busy people at the top of our institutes, trainers who are used to autonomy and self direction, and students who are looking to their seniors for personal growth and learning, is like a tight rope over a lion's den. It is surely as difficult for the leader and trainer as it is for the student. The difficulty for those in hierarchical positions is the responsibility that they carry. Psychotherapists who never leave the mother ship and stay as trainers are like children who never leave home. This may inhibit individuation. Green (2003:190,194) describes the need for individuation which is necessary for growth, healthy identity separation and the appropriate taking of responsibility. I suggest that the culture seen in many institutes of students being selected and trained up as trainers within the system is a conscious effort by leaders to maintain continuity of ethos and an unconscious drive to lessen the fear of outside influences and potentially minimise transparency. The lure of the narcissistic leader may be to reinforce his vision through his mirroring needs provided by his adoring unindividuated students who may never want to leave home.

The organisations visited seemed to have few forums for transparency and free discussion. Staff rarely met. Management and tutors' meetings were irregular and infrequent and seen as an irritant and task-orientated rather than fruitful and enjoyable. Recruitment of trainers was frequently done through asking friends, close friends or even lovers. It was the norm for students to finish their training and become in-house trainers – even examiners - themselves.

I believe that these closed systems and incestuous cultures are fertile ground for the shadow. The data shows that those who speak out can frequently be pathologised or scapegoated. I suggest that humanistic values are perhaps used as a defence by those in positions of power to suppress and confuse issues of competition, envy and neglect. Leaders are also at some level fearful of losing much-needed staff, so unconsciously collude with the taming and denial of difficult feelings. These organisational cultures impact on the student, who implicitly 'learns' about how the 'parents' manage our family system: 'Do as I say, not as I do'.

I was struck in the process of conducting this project by the passion and commitment of individual staff members who were prepared to work until they drop at the expense of their own needs. I found this very evident in every institute and it is perhaps a shadow in itself. This seemed to be a ubiquitous accepted culture. If there is a dissenting voice it leaves him/her implicitly holding the place of the 'uninvolved member' of the team. Institutes are often run on a shoe-string with the leader working long, usually unpaid, hours. This leads to an expectation that others should do the same. Trainers interviewed spoke of commitment to students being compromised by limited financial resources leading to minimal secretarial support, poor conditions, poor equipment, unpaid meetings, preparation and reading time, and all extra responsibilities. This resulted in poor attendance at meetings, envy within the team, fantasies that others were being paid more, and many gripes about feeling undervalued.

I discovered that the people at the top are learning as they go and often have unclear definition of roles. Leaders seemed to muddle psychotherapeutic skills with leadership skills and were often unable to use their authority appropriately. Staff longed for structure and meetings were filled with facilitation of emotional issues at the expense of tasks being done.

Conversely when the figure at the top was generally authoritarian in style this too led to difficulties. Staff felt unable to complain and seemed to give up, taking on a language of complicity and 'groupthink' (Janis 1972). The only alternative was to leave. I was also told of situations where the repressed anger and feelings of powerlessness filtered down to conflicts within the staff team and, in the worst scenario, in communication with the students.

Power and the wounded healer

The findings in this project support the literature in that people who are drawn to work and train in the psychotherapy profession are frequently wounded healers and are in danger of taking the role of healer/guru and leaving the sickness side at the feet of the patient (Sedgwick 1994, Guggenbuhl-Craig 1968, 1971:85). Menzies Lyth (1988) writes of anxiety in the nursing profession and points us to how the profession arouses strong feelings in the nurse. The defences of detachment and avoidance that are inbuilt into the system to defend against that anxiety by the experienced professional nurses, in turn contribute to the stress of the students. I believe that these findings support this literature in that the shadow can be in the hard work expected and seen within the psychotherapy systems alongside the neglect of others.

My experience is that students often speak of the 'lost' feeling when struggling in personal therapy and growing, perhaps against the tide of expectations

from home. For students the idealised tutor or training institute may temporarily become the needed idealised parental imago. A leader's vision may be inspirational and hold the ideal thus creating an institutional culture that may have a transpersonal edge (Robertson 1993). This I believe can make a dangerous combination for the vulnerable student.

The shadow of care is neglect and abuse. If we apply this to the teaching arena and couple it with a pupil/teacher transferential relationship of idealisation, we can see the possible consequences where an adored charismatic teacher may project and then pathologise the student leaving a trail of disappointment and confusion within the victim.

Similarly, psychotherapy institutes are stressful places with environments where inbuilt defences of students and trainers will occur. Caring for others' psychological well being and connectedness are overt aims. Students are struggling with a training that requires the uncovering, understanding and integrating of repressed aspects of themselves. Stressed and busy trainers, usually part-time, are contributing with the necessary and extra voluntary commitments that institutes require while running private practices or being in employment elsewhere. As for those in management, and perhaps particularly the leaders, talking to others outside the organisation may open up potential fear of competition, failure and shame. I believe that this is fertile ground for shadow issues and ample reason for unconsciously creating the myth of 'Everything's fine here'.

Power and communication

Communication in all the institutes was described as 'poor', or 'lacking'. The most worrying aspect of communication was that issues of conflict were closed down by minimising the number of meetings, supporting the findings from PHASE 1. There seemed an optimism and passion that clouded the reality. My hypothesis was that the leaders needed to defend against the anxiety of system failure. All of the institutes were short of money. I was aware that most institutes are charities or trusts. The group narcissism seemed to reinforce a delusion of 'specialness' in the system so that reality was denied. My interpretation was that the dependency, commonly seen as part of the transferential relationship between tutor and student, tends to create an environment where each other's narcissistic needs are met and protects each other from painful disconfirmation (Guggenbuhl-Craig 1971, Lipman-Blumen 2005:241). I heard from every institute about charismatic and narcissistic leaders. These were accompanied by stories of ethical breaches, secrets, favouritism, and sexual misdemeanours and blame. The drive of the narcissist seemed to be a common way an institute was conceived. The difficulty was often that the culture was carried forward when he or she had left, usually with a crisis or under a cloud.

The transcripts were full of woolly, complex sentences with familiar psychotherapy jargon i.e. 'congruent', 'contact' 'confidentiality' and 'respect'. I felt jargon was to be expected in any environment but was left reflecting on whether individuals used their skills of emotional literacy as a defence.

In addressing the subject of organisational culture, Armstrong (2005) draws strongly from the work of Bion (1961, 1962, and 1970) and focuses on emotional experiences in groups. He suggests that there are two lives within

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a group: one concerned with consciously addressing the requirements of particular tasks; and another unconsciously 'externalizing those impulses and internal objects that would otherwise give rise to psychotic anxiety, and pooling them in the life of the social institutions in which they (as individuals) associate' (Jaques, 1955:479). This supports the research of Menzies Lyth (1988) that shows how nurses defend against the unbearable existential anxiety in the ward situation. It also supports the shadow that can be identified through the defensive routines of organisational members.

I discovered that all psychotherapy institutes are very busy places. People at the top were generally multi-tasking, under pressure and saying 'Everything is fine here'! People under pressure make mistakes and cut corners. Leaders hold the burden of responsibility and juggle extra, unpaid administrative tasks while running successful private practices of their own. I discovered leaders had little or no business training and were having to learn different skills in a system fraught with managerial responsibilities, marketing needs, academic demands and employment issues. All these things have to be managed amongst the complexities of the inevitable transferential relationships found in training institutes such as dependency, attachment and authority. Throughout the project I became increasingly conscious of the importance and status of those in leadership positions, the multi-tasking that is required and the influence that the personality of the leader has on the whole. I experienced many energetic leaders who held the vision and worked long hours putting in voluntary time in order to contain the system. Trainers also put in voluntary time between their own practices in order to keep the show on the road.

Emotional literacy (Goleman 1996) is at the heart of psychotherapy. What I found in my interviews was that the ability to express and understand one's own and another's emotional states is a mixed blessing. Like the use of power, it can be consciously or unconsciously misused. At its worst it can be used to attune to another and then corrupt or control. It may also be used as justification for bad decision making, rationalising one's own behaviours as 'feeling right'. When clarity is needed it can muddy the waters.

This can be seen within one of the individual interviews eg:

'She left the course making a complaint of abusive and inappropriate behaviour. He (the tutor) said she unconsciously saw him as her withholding father and wanted him to be affectionate so he was and that made it ok'.

Particularly worryingly was that emotional literacy seemed to be used as a defensive attack against personal threat. This was described to me by many as unnecessary 'psychobabble' or 'manipulative use of psychopathology'. Conflict very frequently appeared to be managed by staff using psychopathology as a powerful tool. Pathologising and scapegoating the other was an issue that arose time and time again, leading to the curious situation of psychotherapists whose skills lie in therapeutic relating and open communication, using theory in order to close down communication.

In interviewing psychotherapy trainers in their own settings, I saw for myself the pressure for staff to toe the party-line. I was struck by how

frequently initially 'coded' communication was present which I felt was used to communicate to me concerns that could not be openly expressed. I sensed that individuals were trying to communicate to me their difficulties while remaining loyal to their systems, eg: *'The training institute is owned by a sole person who calls herself a director'.* The emphasis was on *'calls herself'.* By probing a little the person went on to clarify that the institute which was referred to as democratic was in reality far from the truth.

Frequently the narrator was initially guarded and defensive and gave an outwardly confident but woolly response. Individuals described organisations that seemed to have within them secrets and whisperings, often justified by the need to keep confidentiality. They described the phenomenon that when something *was* identified as a problem, pathology was used to make meaning of it, usually directed at the students who were blamed for disharmony. I found this frequently resulted in misunderstood conflict presenting as personality clashes and complaints about the quality and quantity of incoming students.

I found secrets everywhere and in both phases of the project. In each institute and each individual narrative, statements were made about misdemeanours of others and then described as 'confidential'. The concept of confidentiality both enabled these to be told and enabled them to remain secret. I was told of several situations where the breach of sexual boundaries by a trainer remained a secret as 'the student's confidentiality had to be protected'. I recognise that the nature of the research might have invited the breaking of confidentiality but this left me feeling uneasy about how we use our understanding of confidentiality in psychotherapy.

I was surprised to find how few forums in general there were for open dialogue. Where there were staff meetings they were not obligatory, poorly attended or agendas were so packed there was little time for free communication. I found that what was really being felt by individuals was not able to be openly transparent in the system. A tendency to control by pathologising, combined with a 'be nice' culture drove conflict and any emergence of shadow underground.

I found frequent evidence of narcissistic leaders who required their 'followers' to admire them and share their vision. Although this can be found in any non-training organisation my belief is that this, combined with the closed and incestuous system of recruitment, which seemed to be common practice, becomes a narcissistic culture characterised by closed thinking, a strongly idealised organisational self image and stagnation of ideas. In the data this type of culture seemed to linger even after a leader had left. The organisation was unable to look inwards and if challenged pushed all undesirable aspects outside onto a safe target or alternatively scapegoated someone within who could then be pushed out or sidelined, leaving the power where it was and the system intact. The grandiose self image survived despite the cuckoo having flown the nest.

To be concluded next issue

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