Ethical Dialogues

Edited by **Andy Rogers**

The Dilemma

After a meal and few drinks one evening, Calvin, a friend, begins to be uncharacteristically open about some questions he has around his sexuality. He always seemed happy in his current, long-term heterosexual relationship, but tells you that he's been feeling attracted to men for some years now and 'can't stand it any more', so has sought out a therapist. Calvin says he is 'over the moon' because the therapist has agreed to help him find a 'cure'. As he talks more about the therapy, it transpires that you know the therapist, Esther, and have met her a few times at training events locally and as part of a group socially. Esther, who shares your professional affiliations and has had similar training, has always seemed very open-minded, with no hint of prejudice around sexual preference. Are there dilemmas here for you?

The Dialogue

S&S: What are your first responses to this dilemma?
Janet Haney: If a friend of mine said what Calvin does here, then I would have to remind him how our friendship was rooted in late-night discussions of Freud's three essays on sexuality and more recently on Lacan's *Seminar 20*, and then suggest that he has fallen under the spell of neo-liberal bullshit and abdicated his responsibility for his own life, whereupon he would admit he was 'having a larf', and the conversation might then return to the complicated nature of sexual identity, love and sexual enjoyment, and how, if we don't take responsibility for our own unconscious, then we leave ourselves wide open to exploitation by any old unscrupulous other.

Leaving that aside, if Esther, the therapist Calvin mentions, shares my training and affiliations, then she is practising in the Lacanian orientation and would not offer a 'cure for same sex attraction'. So, if we stretch the imagination a bit further, we might think that she has 'welcomed' Calvin's words, not refuted them, but has agreed to work with him (where the idea of 'cure' would be in relation to the excessive anxiety that has led him to seek her out, rather than to 'cure' the 'same-sex attraction'). She would be working in the analytical way, finding out about the backcloth of the love relations in his life, and if Calvin goes with her in this way, he will find himself getting interested in his own questions, in the patterns of his life, and the opportunity to think about his identity, his relationships, and his modes of enjoyment. His initial question – of 'curing' his attraction to men – would become transformed into one which could allow him to discover other more vital questions and unexpected outcomes, which would allow him to get on and take responsibility for his life.

I recently read a case from a colleague in Italy, for example, of whom someone had asked to be 'cured' of his same-sex attractions. In fact, I had to search a long way before I found a case where someone actually presented this very question. The case showed how the analyst's stance allowed the man to see how his question was linked to other questions and aspects of his life, and then to gradually make some quite different choices, which led to changes at work and in his public identity.

Looking again at the dilemma here, though, and imagining that the therapist belongs to a much wider

network of 'colleagues', such as the BACP, then I wouldn't know what her training and orientation was, and would not know what 'offering a cure' really meant. She may, like my more immediate colleagues, simply welcome the demand, and then carefully work with the man until the original 'demand' becomes one that can be worked with in a counselling framework – so, to wonder why these feelings have arisen now, how they relate to other things going on in his life, if there are links to special events in the past, and to gradually unfold the complex web in which his life has unexpectedly become stuck.

Thinking more widely still, if Esther is participating in regular therapy-related events, I suppose she will be open to discussions with others. This would open up all kinds of other avenues, including the possibility of suggesting a seminar at a local event that addresses practical questions and experience in this domain, and to think about how different practitioners (trained in the different ways) work with these questions in practice.

S&S: It struck me that the 'welcoming not refuting' approach you imagine Esther to be taking is pretty consistent with a humanistic one! Aside from that, I guess there are all sorts of theoretical interpretations we could make of Calvin's wish to be 'cured', but I was interested in your suggestion that perhaps he's fallen under the spell of neo-liberalism. How might the political climate be impacting on the psy-field's recent worries around 'curing' homosexuality?

JH: Yes, it's a good question about neo-liberalism and 'cure'. I begin by assuming, with Freud and Lacan, that sexuality is a problem for we humans because of the disjunction between bodies and language, and it is only 'resolved' by each of us, one by one, in relation to the society in which we live. Then it is possible to imagine that a demand would be ever-present, no matter what kind of society we live in (because we continue to be speaking beings – *parlêtres*), and that each different kind of ideology will produce different manifestations of the 'problem' and solution.

So, 50 years ago, someone with same-sex attraction found themself confronted by the Big Other of the State: either the penitentiary or Medicine – two slightly different, yet both sadistic responses – both punishing someone for not 'fitting into the usual description'. But now that the law is changed and the ideology of society is changed, instead of the Big Other calling you to a cure through instruments of the State, we have people demanding a cure for themselves, and not from the Big Other of the State or Medical Science, but from the market. This is one reason why it is vital that counsellors and psychotherapists avoid thinking of themselves as part of the market.

The neo-lib idea reduces everything (including us) to objects of exchange in a 'market place' (i.e. the 'market' is also transformed by the ideology). The demand for a cure for a defined problem is part of the current fantasy. The Calvin that I imagined was someone who was temporarily seduced by the idea that something difficult and perhaps painful (or embarrassing) could be treated by the logic of the market and resolved. The quid pro quo would be to allow himself to be treated as an object from which surplus value could be extracted by someone pretending to 'cure' a non-existent illness. He becomes the fodder of the thoughtless system in which truth lies dying in the gutter.

So it is not so much that 'cures for homosexuality' are part of neo-liberalism, but that someone's moment of distress can enter the neo-lib logic and be transformed into someone else's profit, where profit is the end-all and is cut off from ideas of truth. How we theorize money is, therefore, a vital part of our work, because I am not suggesting that the act of taking a fee is a neo-lib act, nor that money is intrinsically bad. No. It is how it functions within the particular discourse that is at work in the relation.

S&S: But therapeutic discourse has some questions to answer too, doesn't it? Can we blame neo-liberalism entirely, or have we been complicit? Psychoanalysis speaks of 'patients' and 'treatment', we have the 'talking cure'; and despite the humanistic challenge in the middle of the last century, the medical model has returned with a vengeance, as therapy seeks professional status and becomes mobilized – or co-opted – by the State for the purposes of public health, the wellbeing/happiness agenda, and back-to-work economics. Even the most de-medicalized of all therapeutic approaches, person-centred therapy, has re-branded itself as a manualized treatment for a supposedly diagnosable 'disorder' ('Counselling for Depression'), and negotiated its way into UK Health Service guidance.

So when it suits its own (market) interests, therapy is all too ready to suggest itself as a 'cure', even when quietly it critiques the legitimacy of this approach to distress and the human condition. And of course it is not that long since homosexuality was itself a psychiatric diagnosis, a 'mental illness'. I wonder if the organizational panic

around 'reparative therapy' and the related calls for more regulation betray these uncomfortable parallels a little?

JH: Well, it's probably not that useful to blame anything, but let's try to understand how the things work, so that we can take a position which we can then be accountable for. The troubles arise not from this or that particular word, but from the structures of discourses, especially if you don't realize how you are caught up in them. The Master's discourse is the discourse of the unconscious, the Analyst's discourse is the flip side of that (see Lacan's Seminar 17). I'm not sure that 'medical model' is a sufficiently clear description of the problem any more: we are tangled up in a capitalist discourse and a really odd version of science (e.g. a massive reliance on statistics, and scant regard for 'truth'), and together these seem to have colonized medicine, and make it really difficult for doctors to exercise their own knowledge and power.

As you say, branding and re-branding has come to the fore, and a kind of Fordism, or Taylorist approach to organizing the 'workforce', has gained strength amongst what used to be the professions. And patients are seen as sites of new markets, their suffering carved up according to whatever kind of cure is on offer. Everything is being subjected to the same logic – extraction of surplus value – and this includes extracting the *plus de jouir* of the suffering human subject. It is all grist for the modern money-making mill. Yet money is a signifier, signifying nothing, except perhaps 'to have' and 'to have not'. It is time to return to a radical reassessment of what we think it is, and how it plays out in our lives.

S&S: As someone with only a beginner's grasp of Lacanian thought, your reference to the Master's and Analyst's discourses threw me a little. Are you saying that the structure of capitalist discourse – the way power operates through language – is most troublesome here when we are unaware of how it is carving up our subjectivities into more or less uniform categories (e.g. disorders) in order to generate new markets for the latest cure/product, whether that product be CBT, Counselling for Depression, 'reparative therapy' or 'anti-depressant' medication? And that the therapist's approach should involve bringing all this into awareness through an alternatively structured discourse?

So – to return to our dilemma – rather than offering 'cures' or knee-jerking into thoughts of regulation, complaints, professional ethics and so on, we might engage Calvin and Esther in a dialogue that is sufficiently explorative and free from the 'neo-lib' agenda we have been discussing, that it can allow such personal and political meanings to emerge? A thunderingly obvious but often ignored dilemma being that such dialogue is impossible if, in our therapeutic thought and practice, we have become enmeshed with the particular tangle of medicine, science and 'everything-is-a-product-or-market' capitalism you describe.

JH: Yes. It is perhaps even more important now how we speak about the work we do with those people who consult us, and to take care not to let the new forms of regulatory machinery change the way we relate to this work. These new frameworks aim to shift our attention away from the place of truth in the work – the place of real discovery for the people who come to talk to us – and offer a truly vacuous alternative. Not the powerful emptiness of a zero carefully put to work by a skilled practitioner, but the chaotic vacuum of the void which turns everything into rubbish and ends up giving rise to a clamouring for Order, any kind of Order, and from an Other, any kind of Other. S

Janet Haney is a member of the British Association for Counselling and Psychotherapy, the New Lacanian School, and the World Association of Psychoanalysis. She practises in London.

The New Dilemma

A new client tells you that she writes an online blog about her 'anxiety disorder' and her efforts to 'get well and be happy', including using therapy. She says she has 'had lots of counselling before' but hasn't found it very helpful. Are there dilemmas here?

If you would like to participate in the next ethical dialogue, which is conducted via email, please get in touch. Also, please send suggested dilemmas for future dialogues and other correspondence to: **andy.rogers@sparsholt.ac.uk**