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Everything you always wanted to know about therapy (but were afraid to ask): Social, political, economic and clinical fragments of a critical psychotherapy

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Three seemingly consensual propositions concerning psychotherapy and counselling are examined critically. All turn out to be unreliable, tendentious and even damaging: (i) Psychotherapy and counselling can be free and independent professions provided therapists, acting together, fight for them to be that way. (ii) Psychotherapy and counselling are private and personal activities, operating in the realms of feelings and emotions – the psyche, the unconscious, affects rooted in the body. Above all other factors, the single most important thing is the therapy relationship between two people. (iii) Psychotherapy and counselling, and psychotherapy are vocations, not jobs. Therapists are not only motivated by money. In developing his critiques of these propositions, the author utilizes social, political and economic perspectives. The author reviews new clinical thinking on the active role of the client in therapeutic process and suggests that a turn to the legendary figure of the Trickster might be of benefit to the field. The author locates his arguments in his experience of the politics and practices of psychotherapy and counselling, and engages in self-criticism.

Keywords: client; critical psychotherapy; economics; government; Hermes; politics; privacy; statutory regulation; therapy relationship; Trickster

Im Folgenden werden drei scheinbar allgemeingültige Annahmen bezüglich Psychotherapie und Beratung einer kritischen Betrachtung unterzogen. Das Ergebnis ist schließlich folgendes: alle drei Annahmen erweisen sich als unseriös, tendenziös und sogar schädlich: (i) Beratung und Psychotherapie sind freie, unabhängige Berufsfelder mit Therapeuten und Beratern, die genau dafür Sorge tragen. (ii) Psychotherapie und Beratung sind private und persönliche Prozesse Vorgänge, die innerhalb der Ebene von Gefühlen und Emotionen operieren – der Psyche, dem Unbewussten oder leibbezogenen Affekten. Und über allem anderen steht, ohne Frage, die therapeutische Beziehung zwischen zwei Menschen. (iii) Psychotherapie und Beratung sind Berufungen, nicht Jobs – und Therapeuten und Berater nicht nur getriebene des Geldes. Anhand sozialer, politischer und ökonomischer Perspektiven unternimmt der Autor eine Kritik dieser drei vermeintlich

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professionsspezifischen Grundannahmen. Hierzu wird insbesondere die (neue) klinische Haltung zum aktiven Klienten analysiert und damit einhergehend der Vorschlag unterbreitet, dass eine Rückkehr zur legendären Figur des "Tricksters" ein Gewinn für die ganze Branche sein würde. Dabei greift der Autor auf seine Erfahrungen aus Politik, psychotherapeutischer Praxis, Beratung sowie seiner Beschäftigung mit Selbstkritik zurück.

Schlüsselwörter: Klient; kritische Psychotherapie; Ökonomie; Regierung; Hermes; Politik; Privatsphäre; Rechtsvorschriften; therapeutische Verhältnis; Trickster

Existen tres proposiciones acerca de las cuales hay un aparente consenso en lo que se refiere a la Psicoterapia y a la Orientación Psicológica, las cuales se examinan de manera crítica en este artículo. Todas resultan ser inestables, tendenciosas y perjudiciales: (i) psicoterapia y orientación psicológica pueden ser profesiones libres e independientes si los terapeutas actuando juntos, luchan para que sea de esa manera; (ii) psicoterapia y orientación psicológica son actividades privadas y personales operando en el campo de los sentimientos y las emociones –la mente, el inconsciente, afectos enraizados en el cuerpo. Sobre todo lo más importante es la relación terapéutica entre dos personas; (iii) psicoterapia y orientación psicológica son vocaciones, no empleos: la motivación de los terapeutas no es sólo el dinero. El autor utiliza perspectivas sociales, políticas y económicas para desarrollar su crítica a estas tres proposiciones. Revisa el nuevo pensamiento clínico acerca del papel activo del cliente en el proceso terapéutico y sugiere que recurrir a la figura legendaria del "embaucador" puede ser beneficioso. El autor basa su discusión en su experiencia de las políticas y prácticas de la psicoterapia y la orientación psicológica y se compromete con su auto-crítica.

Palabras clave: cliente; psicoterapia crítica; economía; gobierno; Hermes; política; privacidad; regulación obligatoria; relación terapéutica; "embaucador"

Vengono considerate criticamente tre posizioni apparentemente consensuali sulla psicoterapia e il counselling. Tutte si mostrano irrealizzabili, tendenziose e persino dannose: (i) La psicoterapia e il counselling sono attività libere ed indipendenti, praticate da terapeuti che, agendo insieme, combattono per questo. (ii) La psicoterapia e il counselling sono attività private e personali, operanti nel regno dei sentimenti e delle emozioni – la psiche, l'inconscio, affetti radicati nel corpo. Tra tutti i fattori la relazione terapeutica tra due persone è il più importante. (iii) La psicoterapia e il counselling non sono lavori, ma vocazioni. I terapeuti non sono motivati dal solo guadagno. Nello sviluppare una critica a queste affermazioni l'autore utilizza una prospettiva sociale, politica ed economica. L'autore rivede il recente pensiero clinico ca. il ruolo attivo del cliente nel processo terapeutico e suggerisce che potrebbe essere utile riferirsi alla leggendaria figura del Prestigiatore. L'autore connette le sue argomentazioni alla sua esperienza nella pratica politica e in quella terapeutica e assume un atteggiamento autocritico.

Parole chiave: Cliente; psicoterapia critica; economia; governo; Hermes; Politica; Privacy; norma di legge; relazione terapeutica; prestigiatore

Trois propositions apparemment consensuelles concernant la psychothérapie et le 'counselling' sont examinées de manière critique. Il se trouve qu'elles s'avèrent toutes les trois peu fiables, tendancieuses et même préjudiciables: (i) la psychothérapie et le 'counselling' peuvent être des professions libres et indépendantes à condition que les thérapeutes, agissant de concert, se battent pour qu'il en soit ainsi. (ii) la psychothérapie et le 'counselling' sont des activités privées et personnelles, opérant dans le champ des sentiments et des émotions – la psychè, l'inconscient, les affects enracinés dans le corps. La relation thérapeutique entre deux personnes est, de tous les autres facteurs, le plus important. (iii) la psychothérapie et le 'counselling' sont une vocation, pas un travail. Les thérapeutes ne sont pas uniquement motivés par l'argent. Développant ses critiques de ces propositions, l'auteur utilise des perceptives sociales, politiques et économiques. L'auteur passe en revue la nouvelle pensée critique concernant le rôle actif du client au sein du processus thérapeutique et suggère qu'un retour vers la figure légendaire du Fripon pourrait s'avérer utile. L'auteur établit ses arguments sur la base de son expérience de la politique et des pratiques de la psychothérapie et du 'counselling' et s'engage dans l'autocritique.

Mots-clés: Client; psychothérapie critique; économie; gouvernement; Hermès; Politique; Privé; régulation d'état; relation thérapeutique; Fripon

Στο παρόν άρθρο εξετάζονται κριτικά τρεις φαινομενικά συναινετικές προτάσεις σχετικά με την ψυχοθεραπεία και τη συμβουλευτική. Όλες αποδεικνύονται αναξιόπιστες, προκατειλημμένες και ακόμη και επιβλαβείς: (i) Η ψυχοθεραπεία και η συμβουλευτική μπορούν να είναι ελεύθερα και ανεξάρτητα επαγγέλματα, εφόσον οι θεραπευτές, ενεργώντας από κοινού, αγωνιστούν ώστε να λειτουργούν κατ' αυτόν τον τρόπο. (ii) Η ψυχοθεραπεία και η συμβουλευτική αποτελούν ιδιωτικές και προσωπικές δραστηριότητες, που λειτουργούν στη σφαίρα των συναισθημάτων και των συγκινήσεων – την ψυχή, το ασυνείδητο, τα συναισθήματα που είναι ριζωμένα στο σώμα. Ο πιο σημαντικός από όλους τους παράγοντες είναι η θεραπευτική σχέση μεταξύ δύο ανθρώπων. (iii) Η ψυχοθεραπεία και συμβουλευτική είναι λειτουργήματα όχι επαγγέλματα. Οι θεραπευτές δε λειτουργούν με βασικό κίνητρο τα χρήματα. Ο συγγραφέας, αναπτύσσει την κριτική του σχετικά με τις εν λόγω προτάσεις χρησιμοποιώντας κοινωνικές, πολιτικές και οικονομικές προσεγγίσεις. Εξετάζει νεότερες κλινικές θεωρήσεις που αφορούν τον ενεργό ρόλο του πελάτη στη θεραπευτική διεργασία και υποστηρίζει ότι η στροφή προς από τη θρυλική μορφή του Κατεργάρη (Trickster) μπορεί να είναι προς όφελος του τομέα. Ο συγγραφέας αντλεί τα επιχειρήματά του από την εμπειρία του από την πολιτική και τις πρακτικές της ψυχοθεραπείας και της συμβουλευτικής, και κάνει και αυτοκριτική.

Λέξεις κλειδιά: Πελάτης; κριτική ψυχοθεραπεία; οικονομική επιστήμη; κυβέρνηση; ερμής; πολιτική; ιδιωτικότητα; νομοθετική ρύθμιση; θεραπευτική σχέση; Κατεργάρης

Introduction

To be critical without reference to the critic would be fatuous. This paper attempts to share some of what the author has learned in the past 40 or so years about the challenges and crises facing psychotherapy and counselling. Prominent experiences have been the founding and successful operation of the Alliance for Counselling and Psychotherapy which led the campaign to thwart

the Government's plans for state regulation of counselling and psychotherapy in Britain. The minister responsible for regulation of health professionals was kind enough to say to the Alliance that we had 'won the argument'. It was not all due to a change of Government. Indeed, it is fascinating to observe, as with whites in apartheid South Africa, that for a period of time, it was hard to find anyone who supported the absurd and overblown regulatory plans of the then Health Professions Council. Nevertheless, at the time of writing (August 2014), there had been a Private Member's Bill with the aim of bringing counselling and psychotherapy into statutory regulation under the newly named Health and Care Professions Council. It could be that the whole divisive battle will be fought all over again.

Created in 2006, the Alliance brought together progressive thinkers from all the modalities and traditions of psychotherapy. We had Lacanian analysts working alongside libertarian humanistic people who rejected the very term 'psychotherapist'. Putting aside considerable distrust of legal process, the Alliance strongly supported the successful application for Judicial Review that a group of psychoanalysts mounted. Although this was by no means my first exposure to working harmoniously via difference in the professional field – a similar pluralism characterized the earlier formation (by Judy Ryde and myself) in 1994 of Psychotherapists and Counsellors for Social Responsibility (PCSR) – it was a memorable experience (see Samuels, 1993).

PCSR had also tangled with the Government by drawing the attention of the then health ministers to discrimination against members of sexual minorities with regard to training at a number of psychoanalytic institutes and also in some important NHS centres of excellence in psychotherapy. The campaign was greatly helped by what some have called the idiocy of the most prominent theoretician Charles Socarides, who had been invited to give an important NHS lecture and to get an award. The dressing-up of his out-of-date prejudices as psychoanalytic theory was so obvious that even a Conservative politician was incredulous. It has been amusing to see how the institutes I referred to above nowadays stroke themselves with pride at having scrapped their discriminatory practices. But what is actually taught on those trainings regarding sexuality may be another matter entirely.

A second relevant experience was my unexpected (though decisive) election as chair of the United Kingdom Council for Psychotherapy (UKCP) in 2009. In my three years in office, I was made forcefully aware of the destructive threats facing psychotherapy, especially but not exclusively in the public sector – and also of the significant extent to which psychotherapy had contributed to its own crisis: by incorrigible infighting, pathological deference to authority, adoption of a falsely 'deep' perspective on issues that inhibited action and, generally, living in a series of interconnected bubbles. There was a failure to engage with new thinking on therapy provision, such as national low-cost schemes, community-based endeavours and ideas about there being a psychological 'commons' (Postle, 2013, 2014). Sometimes, it was clear to me that, despite the overall goodness of the project to defend and extend psychotherapy in the NHS, much of what existed prior to the cuts was difficult to justify. For example, certain modalities had 'captured' certain localities, and

people with different training backgrounds could not get jobs. People reading this may be interested to note that, where UKCP and its sister organizations were successful in campaigning against cuts, the support of the local community and its elected councillors was decisive.

On a more personal level, finding myself established in the profession, I have been more able, in recent years, to reconnect to the earlier passions of my life: to political activism, to an ongoing love affair with the theatre and to humanistic psychology. My first work as anything resembling a therapist was in the context of theatre work with massively deprived young people. Then, followed a time, as an encounter group leader, leading, in an epiphany, to training as a Jungian analyst. Subsequent extra periods in body psychotherapy, marital therapy and systemic therapy on an individual basis have helped to give me a sense of proportion with regard to many of the issues that upset colleagues.

For years, I quoted the French writer on religious themes, Charles Peguy, who claimed that 'Everything starts in mysticism and ends in politics'. Perhaps now, as I enter my mid-60s, the poles of that aphorism are starting to reverse. Hence, these fragments of a critical psychotherapy are intended to be compassionate as well – and to look to the future as well as bemoaning and slashing the present.

I write as an insider so, if there is bubble in place, enveloping the world of counselling and psychotherapy, I am probably in it. Hence, what I and many others in the bubble see as radical will, to someone who believes themselves to be outside of the bubble, seem rather conservative. Whilst this may be so, I doubt that anyone is so free of their context as to be 100% outside of the bubble. One way of reconciling this is to say that the bubble will benefit if ideas developed externally penetrate into it.

In the paper, I discuss three assertions about psychotherapy that, as far as I can tell, would find substantial if not universal support. (You never will find unanimity in the therapy field.) Then, as stated, I will discuss each of them critically, compassionately and with an eye to the future.

(1) Counselling and psychotherapy can be free and independent professions, provided we, acting together, fight for them to be that way. (The one-word tag for this topic is 'Freedom')
(2) Counselling and psychotherapy are private and personal activities, operating in the realms of feelings and emotions – the psyche, the unconscious, affects rooted in the body. Above all other factors, the single most important thing is the therapy relationship between two people. ('Relationship')
(3) Counselling and psychotherapy are vocations, not jobs. Therapists are not only motivated by money. ('Vocation'.)

Freedom

Much of what follows derives from reflection after the successful campaigns to remove discrimination against sexual minorities in terms of psychoanalytic training, and to stop the project of state regulation. Whilst I am pleased that all

of it happened, I have come to see that a notion has developed that, provided we are organized and energetic enough, we can 'save' psychotherapy, and can recuperate its independence and its awkward nature (awkward from the point of view of the powerful, that is). Now, painfully, I am not sure.

These are never going to be free and independent professions (and nor are any of the other professions in our society). Some would say that psychotherapy isn't really a profession at all. But the point is that the state is omnipresent and this is true even if its mode of regulation is said to be 'voluntary'. The legal system, including legislation about 'equality', sets parameters for clinical work. Therapy takes place within what sometimes seems like an immutable economic system with its concomitant values of an anti-humanistic nature. We are all subject to ethics codes, sometimes called Fitness to Practise, and even supervision and peer supervision, temper any illusion of freedom. There is no free association, in all senses.

The 'supervisor on your shoulder' is a phrase with which every therapist is familiar. I have often wondered if the old-fashioned term 'control analysis' doesn't describe the supervisory process more precisely. There is a politics of supervision, to do with power generally, but also with clashes of values and experiences. Also, your supervisor has desire too. I do not refer here to the erotics of supervision, a powerful phenomenon that has yet to be written about very much. I am referring to the manifold ways in which supervisors seek mirroring that they are good and even brilliant supervisors. It would then mean that they are good and even brilliant therapists. This requires, *au fond*, agreement – and it remains true even when the official line is that robust differences of opinion are welcomed. One learns pretty quickly, if one's supervisor is psychoanalytically oriented, that you must not see your work as educative; that you must not reassure or promise the client that things will be OK; and that you really need to think extremely carefully and reflect deeply and discuss with the supervisor before you disclose any personal information. If you make a mistake, then saying sorry is not the default position.

I turn now to what could be called 'the profession in the mind of the therapist' – a serious inhibitor of freedom. The various experiences described in the introduction have made me sensitive to the internalized professional hierarchies that exist in the therapy world. Though things are changing, one can still discern, by interpreting the intensity of cries of protest that it is not so, that psychoanalysis remains at the top of the therapy pile, something that belies its general cultural decline. It is clear that when therapists undertake second therapies wherein they can choose the modality of their therapist, they go to psychoanalysts. Jungians can tell you a lot about the hierarchy. I said, many years ago, aping Avis in its battle with behemoth Hertz: 'We're number two – we try harder'.

Humanistic and integrative psychotherapists have tended to welcome government projects to map the skills of therapy practice, and even to welcome regulation, because it would 'level the playing field'. All state-regulated therapists would be equal. I have always said that, in this particular regard, such humanistic and integrative supporters of regulation have got a point. But the fact that some people are complaining that the playing field is not level means,

surely, that they are admitting that the playing field is *not* level – which is the point I am developing here.

Finally, therapists do not strike me as wanting to be free. I have already noted a deference to authority and, given unconscious dynamics, this deference may also be present in some shadowy form when therapists seem rabidly against authority of any kind. We are, for the most part, a conventional and conformist group of people. Generally, the highest clinical value is attached to settled long-term relationships that produce children, to 'normal' families and not to lone-parent families or families headed by two parents of the same sex. The profession is not as reprehensibly homophobic as it used to be, but the plumb-line for the majority remains heteronormative.

We know now how much the composition of the therapy pair or group matters, and that it profoundly affects the therapy process – as does everything in society such as violence, war, ecological disaster, unemployment and poverty, and major state-sponsored surveillance intrusions into privacy. Therapy is not hygienically insulated from the infection of such phenomena, and, if we continue in critical vein, we find that it means that therapy is not really free to define itself in any way. For, differing cultural and ethical specifics may make an approach based on the therapy relationship or the therapeutic alliance inappropriate or damaging in some instances. In a sense, the client may have to resist the way in which the therapist predefines their joint activity.

Let me pose a few relevant questions at this juncture. The matter of therapists from minorities working with clients, and not from those minorities (i.e. so-called 'majority' clients), is important. How white clients feel when confronted with black therapists, or straight clients with a therapist from a sexual minority (yes, such things can sometimes be visible or are acknowledged/disclosed) are not talked or written about very much. Yet, in conversation with Black and ethnic-minority therapists, there is a considerable fear that one will be sequestered into working only with clients who resemble their therapist.

We know, too, that the history of relations between the groups the two participants come from is important. There are ancestral as well as here-and-now dynamics when a black person and a white person work therapeutically together, or when a German and a Jew find themselves in the same therapy room.

In addition, economic inequality, and its concomitant envy and sense of failure or success, skew the transference–countertransference. Sometimes, the client has more wealth, sometimes the therapist. Money is always a hot issue (see Samuels, 2014b). Much the same can be said about the physical health and disability characteristics of both participants.

What about similars working together as therapist and client? Of course, it is a truism that apparent cultural and identity similarities mask deeper differences in culture and background so there is always cultural difference in the room. But to focus on it avoids the sharp point I wish to make here: palpable difference and inequality inevitably impact on the level of professional freedom that can exist.

Relationship

'It's the relationship, stupid!' Taking off from ex-US President Bill Clinton's famous 'it's the economy, stupid!', this slogan was seriously considered for use in an advertising and PR campaign in support of psychotherapy and counselling. This was possible because it was the therapy relationship that was considered the unique selling point of psychotherapy and counselling. This is stated to be what the clients want, and it is what the therapists want to offer. It has become a marker of difference between psychotherapy and Cognitive Behaviour Therapy (CBT) – which may be one rhetorical reason why CBT practitioners these days emphasize that there, too, the client will find a relationship. We're all relational now (see Loewenthal and Samuels, 2014).

Hence, in a recent paper, I have asked (Samuels, 2014a) whether relationality in therapy was still cutting edge or had become conformist. I said it could well be both. But, I also argued that the emphasis on relationship, with notions of safety, containment, holding and diminution of risk, tended in the conformist direction. Without going so far as to say that making therapy safe is all done in the interests of the therapist, I think we have to consider what our professional expectation – that safety is what clients need – has done to the way we work. Does it not reinforce the idea of the client as needy, dependent, infantile, caught between flight and fight? Such clients exist. Perhaps, every client is like this at some time. But pushed just a little bit further, this apparently profoundly psychotherapeutic set of assumptions about clients comes perilously close to imitating what the government's state therapy scheme (Improving Access to Psychological Therapies or IAPT) wants to see in its clients. The clients of state therapy are to be compliant and grateful, do what the therapist wants them to do and, above all, get off state benefits and back to work. The therapist is situated as an expert, working out of evidence base, something like a surgeon whose recommendations one would be very misguided to disobey. When psychotherapists and counsellors say to clients 'You must relate to me', they are as mistrustful of the client's autonomy as anyone working as a state therapist would be.

What we are seeing in the literature, and hence, we may assume is taking place in practice, is the emergence of a wholly different conception of the client, a perspective that sees *the client as the motor of therapy* (summarized in Norcross, 2011). This client is a heroic client, a client who knows what she needs, a client who can manage her own distress. As Postle (personal communication, 2013) has pointed out there is also a client who engages less in a process of healing or cure and more in a process of ongoing enquiry. This multifaceted new client is potentially a healer of others, especially the therapist, and, in a sense, of the world. *Client as healer*.

Summarizing a mass of research findings, Norcross (2011) has forced us to consider whether it truly is the therapy relationship that is *the* decisive factor. Is the private and highly personal therapy relationship the main thing that makes therapy work? Not really. Unexplained and extra-therapeutic factors amount to some 40% of efficacy variance, the client accounts for 30%, the therapy relationship 12%, the actual therapist 8% and the school or tradition or

modality of the therapist 7%. Of course, Norcross would be the first to admit that therapy is a melange of all of these, and I would add that the findings do not do more than force us to consider our ideas about our clients. These figures are far from veridical. But let us take them as heuristic, stimulants to critical thinking about clients. Who they are, what do they want and what point in their life journey have they reached? What stage have they reached in what Norcross calls their 'trajectory of change'?

There are some clients from whom one learns great lessons. My first training 'case' had a dream early on in the analysis. She dreamt: 'I visit a doctor who is ill in bed. He begs me to stay'. Her associations to 'bed' were of illness, not of sexuality. How else could we understand this dream? Was the doctor in fact me?! Or was this an assumption, intended to justify what has been called a 'you mean me' interpretation (also known as a here-and-now transference interpretation)? Was there denial here, in that she is the ill one and I am truly the doctor? Or is she in the grip of an inflation, of herself as the one who brings life and succour, more than a human mother? Or was this dream, perhaps, *an accurate perception*? I did need something from her, and not just that she stick with me so I could get through the training. Crucially, there would be a further accurate perception in the dream: that she could in fact help/heal this doctor. This was in 1974, and, at that time, it would have been difficult to think of the client as healer. Has much changed? (I write at length about working with this client, 'D', in Samuels, 1985.)

Thinking of the client as a healer, we see that recent thinking about the client has moved in that general direction. From the person-centred approach, we find Bohart and Tallman (1999) referring to the 'active client'. Rogers (1951), in the era when the discourse was of 'client-centred' therapy, makes it clear that the client knows for herself what is needed, where she wants to go. Jung (1946) writes of entropy in the client, an innate process of self-regulation. From relational psychoanalysis, we read that Hoffman (2006) regards the client as having responsibilities to the analyst and the analysis, more than just for the co-creation of the therapy relationship.

So the therapist is, in a way, adjunct to the therapy process. But she is also a contingent figure, product of a particular social circumstance. Franks (1961) suggested that what makes the therapist is not only training, techniques, wounds – but also being socially sanctioned as a therapist, a sort of overarching placebo effect. The therapist is being socially sanctioned, granted permission to be a therapist – by society, and by the client. This is a new version of the client who does not want the analyst to be the one who knows, or even one who is supposed to know.

Let us see what happens if we revision the therapy relationship with all of these thoughts about the client in mind. I am putting it like this because it has gradually dawned on me that clients sometimes do not dare to deploy their tacit knowledge and emotional literacy. We therapists are cool with this because it leaves us free to do our work. But that could, and, from a critical perspective, perhaps should change.

Almost no one argues for discarding the idea of the therapy relationship completely, which is a rare phenomenon in our field. As already mentioned,

even CBT therapists are now aware of it and work it these days. *But the therapy relationship is a limited lens through which to view therapy.* It is also far too monolithic. Based on Jung's alchemical metaphor for transference–countertransference, I suggested (in Samuels, 1985) that the question we should ask is: 'One therapy relationship or many?' Similarly, Clarkson (1986) acutely delineated five levels of the therapy relationship. So what gets called 'the therapy relationship' is in fact only one aspect or level of the therapy relationship. Sticking my neck out, and aware that I am generalizing, could it be that we have conflated all the others into what is accurately termed the therapeutic alliance or working alliance? If there is *co*-creation, it stems from the alliance. If there is an *inter*-subjective process, it is sustained by the therapeutic alliance. But there are problems with the idea of the therapeutic alliance and these are not much discussed.

Focus on the therapeutic alliance can also be a very one-sided perspective on therapy. For it is as if the therapist is the one who is ready, willing and able to enter the alliance – whereas the client has to struggle to enter it. 'Well done, client, for getting to where I, your therapist, have already got!' Now, I expect some people who are therapists to object to this and say that they do sometimes struggle to enter the alliance. But be honest about it – don't you usually regard your struggle to enter the alliance as more to do with the client or type of client you are with? The client is a sort of obstacle to your entering the therapeutic alliance? How can borderline clients or traumatized clients or regressed clients do what their therapists have done, reach the level of therapeutic alliance-readiness?

If what I am saying is at all reasonable, then the very attempt to have a kind of ethical equality in therapy – the stress on the therapeutic alliance – can lead to a radical inequality. Herein, the therapist is the one who is 'sorted' about the project of therapy, and the client as having to 'commit' to it. Not fair. I do not think that much of what is regarded as the therapy relationship can achieve what Jung (1946, p. 219) meant when he wrote: 'The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed'.

A number of specific critiques of the proposition that it is 'the relationship' that is central to the therapy process will now be outlined.

(1) Social critiques: therapy is an induced relationship, not a natural one. The therapy relationship is imbued with the history, power dynamics and authority structures of therapy itself.
(2) Systemic critiques: focus on the therapy relationship misses out the presence and impact of the wider human systems in which client and therapist are embedded: families, friends, other people at work and so on. Just to give a simple example, it has been illuminating to listen to the answers when I ask a potential new client what their partner or family thinks about their having therapy. Paradoxically, nothing is more potent in this regard than to be told that the client has not told anyone.
(3) Reality critiques: this is a critique of those, mainly but not only in psychoanalysis, who see hints and references to the therapist in the

discourse of the client. Sometimes, as I mentioned earlier, these are called 'you mean me' interpretations', so the inefficient car mechanic is the inadequate therapist in disguised form. Or, there is simply a symbolic interpretation made. Mrs. Thatcher is your Mum, David Cameron (or Saddam Hussein) your shadow. But sometimes the car mechanic (or the boss at work) is just the mechanic or the boss, Mrs. Thatcher is Mrs. Thatcher and David Cameron plays himself. (And sometimes clients are late because there really has been a body on the line.)

(4) Ecological and political critiques: emphasis on the therapy relationship makes it even more difficult for the client to express the impact on herself of planetary/environmental crisis or any other collective field of emotional distress. When I first began to advocate the therapist picking up on political aspects of the client's material, I was told that I might be depriving the client of the opportunity to talk about her mother if I kept her references to Mrs. Thatcher on the level of Mrs. Thatcher. I replied that I was worried about the opposite: that a client who needed to talk about Mrs. Thatcher would be definitely if indirectly discouraged from so doing because talking about mother is what one does in therapy. In principle, any political theme can be taken under the umbrella of the therapy relationship and it is an important development in our field that people are doing that to an ever-increasing extent. But whether the focus moves off the two humans in the room is another question, one that deserves a fuller discussion at some point (see Samuels, 2006).

(5) Ethical and epistemological critiques: without intending it, proponents of the centrality of the therapy relationship are buying into a particular view of human relationships. In this view, people are regarded as atomized, isolated beings who have to *struggle* into relationship and when they achieve relationship with a therapist, the two people in the relationship 'own' it. But this is not the only narrative of relationality. What about those narratives in which people are always already in connection and relationship? They do not meet each other via the hurling of projections (from the Latin *proicere*, to throw a spear) across empty space. For there does not exist any empty space between people, even though it may look that way. What if we conceive of a rhizome, or nutrient to be, buried out of sight, which throws up separate stalks that are, nevertheless, already connected? What if we understand the two people as linked by their citizenship, their membership of the polis, no matter how different that experience might be for them? Or, as Totton has suggested (personal communication, 2013), perhaps we should understand the members of the therapy pair as linked via their experiencing and perhaps exploring the manifold bodily, physical phenomena present in the therapy room?

It would be ironic as well as tragic if, just as we discover the importance of the created therapy relationship, we omit to recognize (and experience) the relationship that is always there. One need hardly add that the autonomous, separate, 'individuated' person is exactly the person that capitalism and free

market theorizing assumes to exist. So, relationality in therapy is not a politically neutral notion.

This observation on the politics of the idea of therapy relationship leads me to suggest that the new model client, the client as the motor of therapy, is increasingly a politically active and aware client. One possible goal of therapy might be that, during the work, the client may develop her capacity for alterity, meaning, amongst other things, an empathic concern for the other. Yes, this does mean other people – but there is a more-than-personal version of alterity to consider. For example, in a multicultural world, meeting one's inner diversity could lead to support for outer (cultural) diversity and hence, to support for those hitherto subjects to social inclusion. To the idea that a client is also a healer, we can now add that clients have the potential to be citizen-therapists for the wider world, with its environmental problems, economic injustice and ubiquitous violence. The therapy client, revisioned as a healer, may now be understood to be a socially responsible agent of *Tikkun Olam*, the drive to repair and restore the world.

My research (2006) shows that, in many countries, clients bring political, social and cultural material to therapy much more than they did (and, I would add, they will bring even more when they know it is permitted to do so). Therapy becomes a place where, in political dialogue, client and therapist work out their political attitudes and engagements. This can be as transformative as a more personal alchemy, and can be done even when one of them finds the political position of the other to be horrid or reprehensible.

As so often, when one thinks one is gathering in some new ideas in the therapy field, one finds that there is a back story. In 1957, Racker stressed that analysis is not something done by a sane person to a neurotic one. In 1975, Searles wrote his paper 'The patient as therapist of his analyst'. If part of 'mental health' is to want and be able to help and heal others, then is not this something to work on in analysis? If so, then is not the obvious relationship within which the client can develop skills as a healer the one with the analyst? (Searles, 1975).

A few years earlier, in *Power in the Helping Professions*, the Jungian analyst Guggenbuhl-Craig (1971) pointed out that the sharp split in Western culture between health and woundedness impacts on psychotherapy. Therapists get assigned health and clients left with their woundedness. But in the inner worlds of each resides the opposite. We know about wounded therapists (and I will soon devote a whole section of this paper to them). But even Guggenbuhl-Craig does not write much about clients as healers.

The word 'healing' is much used, and I suppose, there is intended a contradistinction to curing and cure. This was developed in some detail by Gordon (1978) in her book *Dying and Creating: A Search for Meaning*. But, with healing in mind, perhaps one does not have to do very much. Meier (1949) showed this in his account of classical Greek healing practices in *Ancient Incubation and Modern Healing:* If you are ill, enter the *temenos*, the sacred temple precinct, lie down, sleep and take your dreams to the priests ….

Vocation

This section is written with students and recently qualified therapists in mind, though the concerns raised apply to all of us. Therapy is not only a vocation, it is a job! This brings up the usual range of Trades Union issues: money, job security, status. Conventionally, money is the shadow of vocation but, as Stone suggests (personal communication, 2013), there is a complicated relationship between vocation and money.

New entrants into the profession find themselves in what I have called a 'battle for the soul'. This is the context in which today's therapy is being practised. In the United States and Britain, with resonances in other Western countries, a full-scale war has broken out regarding emotional distress (and 'illness'): how we talk about it, whether we try to measure it or not and – crucially – what we do about it. Behind this battle for ownership of the soul lies contemporary culture's profound ambivalence regarding psychotherapy and counselling. Many countries have now opted for what they believe to be a quick and effective form of therapy, CBT, which, proponents maintain, has been scientifically measured to have proven effects in relation to those suffering from anxiety and depression.

But if you read the previous sentence again, you will see just below its surface the main grounds upon which the war is being fought. Are there really separate illnesses or diseases called 'anxiety' and 'depression'? No one in the field seriously believes that – hence the coinage 'co-morbidity'. And whether or not one can measure either the illness or the cure is such a hot topic that it will be keeping university philosophy of science departments busy for years. Is there such a thing as an 'effective' therapy? Don't people keep coming back?

Recently, a further front opened up in connection with the fifth version of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V). Many established professional bodies are concerned that 'the psychiatrists' bible' adopts an over-easy pathologization of what are really ordinary – if difficult and painful – human experiences, such as grief. Others have protested that DSM-V is not scientific enough, failing to consider genetic determinants of mental illness. At the time of writing, it seems that the DSM psychiatrists have seen off the opposition. What is your problem, they say, with taking a systematic approach to mental illness? How can that fail to help? The media agreed.

But will they actually win? The stock-in-trade of psychiatry remains drug treatments and, recently, a series of books and scholarly papers have appeared (notably Irwin Kirsch's *The Emperor's New Drugs: Exploding the Antidepressant Myth,* 2010) that cast doubt on the reliability of the research that seems to support such treatments. Kirsch's point, made by many others as well, is that the methodology that underpins such research – randomized controlled trials (RCTs) – is liable to many kinds of distortion. For example, if a patient is given a placebo with a mild irritant in it, she/he will assume they have been given the actual drug being trialled (everyone knows that drugs have side effects, you see), and Hey Presto! – they get better.

In Britain, there is great interest now in discussing the pros and cons of RCTs because they are used to ration therapy on the National Health Service (NHS). Well-established approaches, such as humanistic, integrative, family systemic and psychodynamic are vanishing from the NHS. Either CBT, or a watered-down version of it that I call 'state therapy', secure the funding. This has led some to say that we should do RCTs of our own. I understand the tactic of 'If you can't beat them join them' but what if it doesn't work?!

Others point to the fact that there is a huge amount of *non-RCT* evidence for the efficacy of psychotherapy and counselling. But the government agency that draws up guidelines for treatments on the NHS does not recognize the methodologies that underpin this research. At times, this National Institute for Healthcare Excellence (NICE) does seem to have been captured by the proponents of RCTs and – due to the way in which it has been researched via RCTs – CBT. The Department of Health claims that NICE is beyond its control, which has left many observers speechless.

That is the world a new therapist is going to encounter. But there is worse to consider. We also need to ask about what it means to train to be a therapist in the age of austerity. Where are the jobs going to come from? If courses in counselling and psychotherapy are not transparent and honest, is there not a risk of a scandal of mis-selling?

Ending: the future, failure and the Trickster-therapist

I said I would be compassionate and look to the future.

Here are a few intuitive suggestions for the themes of the future: deconstructing the idea of trauma, deepening our understanding about how one variant of masculinity has shaped our world, debating whether or not the past really does shape the present, how we apprehend relations between individual and collective – can individuals make a contribution to social and political change? Above all, it would be constructive to engage with these themes as a cohesive profession, putting aside preciously held in-house ideas and assumptions. If we are going to arrest the decline of psychotherapy in our society, we had better do it from as united a base as possible.

In terms of compassion, I think it is very important not to be too hard on ourselves. However, we will fail to be self-compassionate. Yet, failure is at the centre of what we do and what we deal with. Consider:

- every attempt is a wholly new start, and a different kind of failure (Eliot);
- fail better (Beckett);
- there's no such thing as failure and failure's no success at all (Dylan);
- failure is the key to the kingdom (Rumi).

But it is hard to let a thousand flowers bloom if we are frightened that the garden is going to get untidy and overgrown. I am not sure there is a solution to many of the problems I have been writing 'critically' about in this paper.

Hence, even a critical project has the most severe limitations, and is subject to critique.

I wish that therapists were more spontaneous, trusting more in the revelatory aspects of their own minds. Perhaps, we should be less frightened of embracing contradictory positions. And perhaps, we should show more respect for people's pet ideas, the bees in their bonnets, the *idees fixe*, today's bright ideas. Do not be afraid to be foolish, do not seek to avoid shame, let it all hang out, for no one in our profession is all wise, all deep, all spiritual, always reflective or always related.

This lacklustre characterization of today's therapist brings me to some thoughts about the legendary figure of the Trickster in general, and to Hermes in particular. These personifications are intended to jazz things up a bit in our field. What attracts me to the Trickster-therapist is his very lack of a coherent psychological project. In fact, he lacks ambition to do good. If he does good, it is often by accident. This is how I have come to think of healing and cure in psychotherapy. There can be little or no cleaning up of our Trickster-therapist. His primitivity makes him what he is. And 'he' is not only a 'he'.

The Greek Trickster God was Hermes – responsible for trade and commerce, maintenance and penetration of boundaries, and for carrying the messages of the Gods, as well as carrying out practical jokes and mockery of the powerful. Can this coarsely energetic figure be re-fashioned so as to speak to therapists? This is perhaps the deeper project of the paper.

On this note let me end by providing a brief summary of the overall thrust of this essay in critical psychotherapy. I wanted to show how many of the core ideals, values and practices of psychotherapy are not what they seem, not as valuable as they seem, and even capable of doing harm to whatever therapeutic project might exist. It was not a comfortable paper to write because there is so much self-criticism in it – but that's my punishment at Trickster's hands, I should think.

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