

Psychotherapy, Ethics, and Society

Psychotherapy, Ethics, and Society:

Another Kind of Conversation

By

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For those I have loved

“.....We are such stuff

As dreams are made on; and our little life

Is rounded with a sleep.”

—William Shakespeare: *The Tempest*

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INTRODUCTION

Recent years have seen the resurgence of movements whose initiatives, launched in the name of moral or religious cleansing, bring death and desolation wherever they spread. Like the plague, it is an ancient affliction, the history and psychology have been extensively studied, as, for example, by the Centre For the Study of Collective Psychopathology, which flourished at Sussex University in the 1960s. The Columbus Centre, as it became known, was led by Norman Cohn, who described his research in the introduction to one of his books as concerned with “the urge to purify the world through the annihilation of some category of human beings imagined as agents of corruption and incarnations of evil”.¹ Cohn’s own work was mostly on manifestations of this urge in the middle ages, but other investigations sponsored by the Centre concentrated on episodes in much more recent history. A year or so before he died, I asked him how he had become interested in the subject. “Oh, that’s easy”, he replied, before telling me that he had served in Intelligence during the Second World War and had been asked to interview a former S.S. officer. During the course of this meeting, the interviewee said to him: “I know we did some terrible things, but you must understand that we had to do them to clean up society.” Some time later, Cohn was detailed to interview a KGB officer who had defected from the Soviet Union, and at one point the man said exactly the same thing. Cohn was struck by these identical admissions from individuals who came from societies based on very different social philosophies, and they led him to think that they represented the flaring up of a psychosocial syndrome that had appeared in various incarnations over two millennia. At the moment, movements claiming the sanction of Islam are attracting a great deal of attention, but some of the most famous examples in the past, such as the persecution of heretics and the great witch hunt, have been Christian. And, as Cohn’s story illustrates, the guise in which they appear may equally be aggressively secular.

For many historians, any notion of a psychosocial syndrome is misconceived because they are more impressed by the differences between one regime and another. The danger of this approach, however, is that we ignore the psychological patterns or “constants”, just as the danger of the psychosocial line is a psychological reductionism which, as I demonstrate

in a later chapter, ends up in absurdity. Perhaps it was because Cohn was aware of these problems that the Columbus Centre pioneered an interdisciplinary approach, drawing in historians, sociologists, social anthropologists, psychotherapists and psycho-analysts—anyone, in fact, who might be able to make a significant contribution to its concerns. The Centre also tried to avoid national bias by involving co-workers from different countries. Operating only twenty years or so years after the end of the Second World War, it tended to be preoccupied with the mass murder of the Jews: with ethnic cleansing, in other words. Yet, as we know only too well from the history of our “inner demons”, as Cohn calls them, genocide and the persecution of people on religious or moral grounds may easily go hand-in-hand.

It is the persecution of people on religious or moral grounds that I focus on in this book. It is not, however, a comparative study of current versions of it, of the teaching that has inspired them, their organisation, funding, affiliations and so forth: there are already quite a few people writing on these subjects. Although I do draw rather heavily on one particular example in a later chapter, I am more concerned with the deeper psychological processes that underlie this bewildering paradox. More specifically: what can psychodynamic psychology contribute to our understanding of it? Can we learn anything from it as to how we might prevent, or at least contain, the barbarism it sanctions? Can the practice of psychotherapy offer us any insights into a different, more inclusive, sort of ethics? And, if so, can we glean any guidance from it on steps we might take to further it? These are the questions that I intend to explore.

The recurrence of collective psychopathology has lent some urgency to them, yet the prevailing views about human motivation fail us when we look to them to try to fathom how groups become demonised and dehumanised or how we might counter such deadly developments. Many practitioners are very concerned, as I am myself, by the discrepancy between what we learn as therapists and the assumptions about human motivation that underlie so much current thinking about socio-political issues, dominated, as it has become, by “Economic Man”.

What are those assumptions? And how credible is the model, sometimes referred to as “homo economicus”, that has been fashioned out of them? Let’s take these questions in turn. Economic Man is a view of human nature that appears in several variants, a recent example being rational economic choice theory. However, they all boil down to the belief that we are fully conscious of the forces that govern us, and that we are driven solely by greed or fear of starvation; that we are essentially asocial individuals who gather together only out of calculated self-interest, and

that considered self-interest (whatever that means) rules, and indeed should rule our relationships; that we make our own lives according to something called “character”, rising heroically, if we have it, above the constraints that those of weaker moral fibre blame for their failures, and owing little or nothing to anyone for any success we attain. If we are poor, it is because we are lazy or lack control over our basic urges and find ourselves with more children than we can afford, a view very clearly illustrated by the recent call of a politician for the poor to undergo vasectomies.

These assumptions may be vague and contradictory, but like all such assumptions they have important implications for the way we organise our society for anyone who subscribes to them can only conclude that attempts to reduce inequality or even maintain a safety net are seriously misguided since they would undermine the main incentives to work and encourage fecklessness. Economic Man *requires* inequality. But the thinking of much of the Left (as well as of the Right) also rests on it, for left-wing writers have commonly dismissed any other views as “bourgeois ideology”, leaving one wondering how much the speed with which “communist” societies have converted to capitalism owes to the fact that they hold such fundamental assumptions in common.

In the early years of the twenty-first century, it is hard to imagine how beliefs such as these could be regarded as anything other than curiously archaic, and attempts to base social policy on them as anachronistic as trying to run a modern industrial economy on the technology of an era before the invention of the internal combustion engine, the aeroplane or indeed electric light. To be fair, they have been challenged, and even ridiculed, by a number of eminent economists, but their influence remains tenacious and very widespread. Earlier this year, Kate Raworth, an Oxford economist, published a book called *Doughnut Economics. Seven Ways to Think like a 21st Century Economist*, in which she writes:

At the heart of twentieth century economics stands the portrait of rational economic man: he has told us that we are self-interested, isolated, calculating, fixed in taste, and dominant over nature-and his portrait has shaped who we have become. But human nature is far richer than this, as early sketches of our new self-portrait reveal: we are social, interdependent, approximating, fluid in values, and dependent on the living world”.²

Examples of the imprint of rational economic man abound, but the following shows very lucidly the rigour with which its logic has been

applied. The passage is taken from *CentrePiece*, the magazine of the Centre for Economic Performance at the London School of Economics

The standard economic approach to crime is a simple one. It states that individuals weigh up the expected costs and benefits from a crime, taking into account the probability of getting caught, and participate in illegitimate activities only if the expected benefits outweigh the expected costs. If an individual is making a choice between work and crime, it is clear that a crucial factor will be the level of wages he or she could obtain.³

The crudity of this is breath-taking, as indeed are the questions it begs, yet the passage points to the strength of its ideological grip amongst those who may act as advisors to, and therefore have considerable influence on, governments. The authors offer no evidence that they ever interviewed anyone convicted of “illegitimate” activities”, nor indeed do they define the nature of those activities. Presumably they are referring to offences such a theft and fraud, rather than rape or sexual abuse or murder or deliberately causing bodily harm. Having stated what they call the “economic theory of crime”, however, they go on to argue that statistics for the rise in property crime from the mid 1970s to the mid 1990s confirm the accuracy of the model. I cannot claim extensive experience in this area, but two patients come to mind: a fifteen year-old boy with a string of convictions for stealing, and a young man who had served a prison sentence for robbing a bank. For the former, the thefts were impulsive and opportunistic, whilst for the latter the crime was clearly more planned. In neither case, however, did deliberations of the sort the economists imagine play any part at all in their thinking. The fifteen-year-old boy had been abandoned several years earlier by his father after an accident that had left the latter traumatised. His mother had become depressed and withdrawn, and the boy had initially attracted the attention of the police through his desperate, but clumsy, efforts to get her to relate to him. Prominent in the story of the bank robber, on the other hand, was persistent parental discord. Neither individual, so far as I know, continued in a life of crime: both were actually furthering their education and endeavouring to gain qualifications. The fifteen year old, in fact, contacted me several years later to say that he had written a play. Poverty had undeniably contributed to their drift into crime, for it was a drift and not a thought through choice, and the two stories illustrate how this came about and the more complex and subtle roots the “standard economic approach” ignores. Among the questions this approach fails to address are: why, then, does not everyone on very low wages turn to crime? Do those who refrain from theft have difficulty doing sums? Or do they lack intelligence? Or imagination? Or

are they emasculated by a morality that “standard” economics would regard as irrelevant and outmoded?

By contrast, consider the Cambridge Study in Delinquency.⁴ This provided feedback on a carefully defined group of 411 boys growing up in a working class area of London, some 95% of whom were observed between the ages of eight and thirty-two. Each individual was interviewed eight times, face-to-face, over a sixteen-year period, with the final report being sent to the Home Office, which had originally commissioned it, in 1988. Although this was eleven years before the *CentrePiece* article, the economists make no reference to it. Amongst those who became offenders, four factors were found to be significant. The first was poverty: eventual offenders were, as children, brought up in large, low-income families, living in bad housing; the second was failure at school in the form of low attainment, troublesome behaviour, hyperactivity and difficulty in concentrating; the third was unsatisfactory parenting, characterised by harsh, even cruel discipline, alternating erratically with passivity or neglect, or a setting, perhaps, of parental conflict; and fourth, one or both parents or other close relatives had criminal convictions, so criminality was to a greater or lesser degree part of the family culture. The Cambridge Study describes the main features of a “criminogenic” background, a background that essentially fails, in specific ways, to meet the child’s needs. The presence of such factors, however, does not imply that everyone from such a background will stray into a life of crime, but the one factor that stood out as preventive was, curiously, the absence of friends at the age of eight. The authors of the study could not account for this, but perhaps the absence of company at least meant that the child was not getting into bad company. In other words, some part of the picture may be the influence of peers.

In citing the Cambridge Study, I am in no way challenging the claim that there is a link, as the economists noted, between property crime and low wages, but arguing rather that the economic model does not explain it. The Cambridge Study, for example, shows that if children are engaged in delinquent behaviour at an early age, the likelihood is that they will continue on a criminal path. According to the economic model, this would presuppose that they have carried out a cost-benefit analysis of their career prospects before they have stopped playing children’s games in the playground. More worryingly, the economic model requires a division of society into rich and poor or, for the reasons I have pointed out, an underclass. In doing so, it ends up with the contradiction of requiring the relative deprivation both the economists and the criminologists single out as a major contributing factor to the very problem they are trying to solve.

I have digressed a little to draw attention to one area in which the notion of Economic Man fails to explain something it claims to be able to explain, but its defects let us down even more dismally when we track back to the pathology with which I began. Economic Man has no concept of belonging or meaning, so it cannot account for identity politics. Like creatures who herd, we cling to the familiar and the group as anxiety takes hold. Where loss of livelihood threatens or there are challenges to internalized ideas about gender roles or sexuality, where control over our lives seems to be diminishing and we increasingly face feelings of helplessness and humiliation, we become vulnerable to those who peddle apocalyptic ideas, whether sacred or secular. Encouragement to identify with the awesome power of an all-powerful, avenging god or trust in the irresistible force of historical destiny, becomes deeply seductive. The appeal of these fantasies, whatever form they take, may lie at a subliminal level, and people are more easily manipulated because of that, but they are clearly compensatory: they serve to alleviate the pain of the powerless or those who feel they have no place and no value in the world in which they may have been brought up.

Above all, however, is the perception that societies based on ideologies like capitalism, in which Economic Man plays a fundamental role, are deeply amoral because their core values are materialistic. That they are amoral is not strictly speaking true because their morality is that poverty is a moral failure, and material success, if you are a Calvinist, a sign of divine approval; or, if you are not religious, a reflection of virtues such as hard work, perseverance and manly courage in taking risks. Greed and selfishness are overtly embraced. For adherents of most of the world's great faiths, however, the flaunted omnipotence and materialism is deeply offensive: to see one's own worth or that of others as deriving in a narcissistic, self congratulatory way from how rich one is or what one owns, to make that the governing goal of one's life, is anathema. It generates anger.

Anger may drive individuals towards movements that make use of it and sanction its expression in violence towards some demonised other. Alternatively, it may take the form of individual acts of homicide or, where there is also despair, suicide. Two health economists, David Stuckler and Sanjay Basu, in a chapter of their book *The Body Economic* entitled "The Post Communist Mortality Crisis", describe what happened in the early 1990s in the wake of the collapse of the Soviet Union. Ten million Russian men died—a massive fall in the size of the population that was spotted by the United Nations, which instigated an investigation. What emerged from that investigation was that the deaths were due to the

speed of the transition from a communist economy to a capitalist one—as well as indifference to the effects that might have on those who would be caught up in it. How could it have happened? The authors tell us that in the Soviet era a number of towns had been established that were centred on a single industry. Such towns ranged in size from 10,000 to a 100,000 people. One would specialise in the milling of lumber, for example, another around nickel, another around coal; they were inextricably linked, the products and livelihood of one depending on the parts and products supplied by the others. There was a debate as to whether the countries that had replaced the Soviet Union should press ahead as quickly as possible with privatisation and other free market reforms or whether the pace should be more gradual. For various reasons, the “shock therapists”, as they came to be known, won, in part because they were able to promise massive American aid. The consequences were complex and disastrous, and amongst the most devastating were the effects on the former Soviet “mono” towns. They collapsed like dominoes one after the other and left their inhabitants without jobs, money to buy food or pay for housing, medication or access to healthcare. Hard evidence of the fatalities that followed was set out on their death certificates, examination of which revealed that many of the young men thrown out of work had perished from alcohol poisoning (or more direct forms of suicide), homicide or injuries. “Such deaths seem straightforward”, Stuckler and Basu write, “men whose factories had shut down and were out of work were experiencing a high level of mental distress and anxiety, and their response was to turn to alcohol, harming themselves and others”.⁵ The men had also, despite their relative youth, died from heart attacks, although coroners’ reports recorded that, according to the autopsies, their arteries were clean. In other words, the cause of death was stress.

Those who argued for and defended the lethal, headlong rush to introduce a market economy did so in the conviction that it would prevent a return to communism. Whether they would have been so enthusiastic if they had foreseen the death toll is hard to know, but they also believed that the quicker the transition to capitalism the quicker people would feel the benefits. Similar arguments were used by the leaders of the former Soviet Union to justify the collectivisation of agriculture in the years following the Russian Revolution. “But you can’t make an omelette without breaking eggs”, was the common reply of their supporters, just as the ideologues of Neo-Liberal economics acknowledge that their prescriptions will entail pain—pain, of course, for other people. On the face of it, they had carried out a cost-benefit analysis, though their comprehension of the costs was very limited. Nor were the benefits forthcoming, except for a select few:

the former insiders, for instance, who in many cases took over industries owned by the state, and instead of investing in them, stripped them of their assets, sold them, and deposited the proceeds in Swiss bank accounts. A large section of the population was plunged into poverty, and some years after the conversion to capitalism, the World Bank estimated that 25% were living on less than \$2 a day, and often lacked sufficient money to buy food.

Yet, there seems to have been some foreknowledge of the suffering this upheaval would inflict and a certain squeamishness at taking responsibility for it. Stuckler and Basu quote Milton Friedman's proposal that economic decisions should be left to a computer, because it would be willing to make "tough, painful decisions". The Scottish analyst Ronald Fairbairn describes this as essentially schizoid—the intellectual in love with a system. It has to be acknowledged, he says, that sometimes it can do good, but it may also cause untold harm to millions.⁶

Economic Man not only fails to explain, but is deeply implicated in the spread of the sort of malignant ideologies I likened earlier to the plague. Yet, as a psychology, it has no empirical base. This is in marked contrast to psychodynamic psychology, which has grown out of the practice of psychotherapy, from therapists listening to their patients session after session and labouring day after day with them to understand what lies behind their actions and their sometimes obscure and difficult states of mind. Psychodynamic psychology has emerged from the insights therapists have gained in this way, though attempts to enshrine them in a theory have not always been happy, and the psychology, notoriously, has been, and remains riven, with conflict. The convictions that define it, however, are more important than its differences.

What are these convictions? The picture is very different from that of Economic Man: the belief that we have inborn or, as we might say now, genetically encoded maturational processes, and that the environment, especially the most immediate environment of parents and family, can facilitate or frustrate those processes; that we react to such environmental failures with strategies that develop into more or less permanent patterns of relationship, like the patterns of speech that form a dialect or the phonetics that distinguish an accent; that "irrational" phenomena such as fantasies, dreams, neurotic and even psychotic symptoms can be understood in terms of those transformations, though we may be unaware of that or, indeed, of the basic, universal needs they strive to meet; and, lastly, that the patterns we develop in childhood may be inappropriate for later stages in life and create serious problems, but that because they are so

deeply entrenched, they can often only be ameliorated through professional help—and not always then.

Some of the phrases I have used in the foregoing may remind readers of the writings of Donald Winnicott, but I believe that in essence they are characteristic of all psychodynamic thinking. Within that tradition, practitioners have devised their own language for the processes they observe: the language of “projection”, “identification”, “repression”, “splitting”, and so on. Such phenomena have been noted, however, for centuries. There are few more famous examples of projection than the *New Testament* challenge to us to check the beams in our own eyes when we are waxing self-righteous about the motes in other peoples’. And the dynamics of envy, so widely associated with the writings of Melanie Klein, have rarely been more vividly described than by St. Augustine in his *Confessions*. In 397 A.D. he wrote:

I have myself seen jealousy in a baby and know what it means. He was not old enough to talk, but whenever he saw his foster-brother at the breast, he would grow pale with envy. This much is common knowledge. Mothers and nurses say they can work such things out of the system by one means or another, but surely it cannot be called innocence, when the milk flows in such abundance from its source, to object to a rival desperately in need and depending for his life on this one form of nourishment? Such faults are not small or unimportant, but we are tender-hearted and bear with them because we know that the child will grow out of them. It is clear that they are not mere peccadilloes because the same faults are intolerable in older persons.⁷

The same passage also draws our attention to a fact we commonly ignore: that envy may consume the “haves” as well as the “have-nots”, and that we often overlook our more fortunate state when we see love and care being lavished on the more needy, as in our facile denigration of dependence (“the culture of dependence”) and our resentment of refugees. Like the older child Augustine describes, we cannot bear to see another being nurtured, and we disparage them as undeserving and perceive in them an envy which is actually our own.

Another example of an insight that can be found in the very distant past is given by James Gilligan in *Preventing Violence*. Gilligan, a forensic psychiatrist and psychotherapist, tells us that he developed his theory that violence has its origins in feelings of shame and humiliation (or the threat of them) as a result of listening to prisoners in American jails over a period of more than a quarter of a century. When asked why they had committed the brutal acts that had led to their incarceration, the invariable answer was

that their victim had “dis’d” them—slang for disrespected, shamed or humiliated. Gilligan thought he had stumbled on something new, something previously unknown, until he discovered that this is the motivation ascribed to Cain for the murder of his brother Abel in the Old Testament. The Bible makes it crystal clear: in the King James version, in chapter 4 of Genesis, verses 4 and 5, we read that “the Lord had respect unto Abel and to his offering: But unto Cain and to his offering he had not respect”. Gilligan writes:

“In other words, God “dis’ed” Cain. Or rather Cain was dis’ed because of Abel—and he acted out his anger over this insult in exactly the same way as the murderers with whom I was working.⁸

For Jungians in particular it is precisely our alienation from (or neglect of) such ancient wisdom that lies behind so much of what they call “the neurosis of our time”. Whether or not we subscribe to that view, it is clear that the insights of psychodynamic psychology may be traced back to the beginnings of recorded history.

Psychodynamic psychology, nevertheless, remains extremely controversial, and one of the most controversial things about it is the idea that the therapist might learn anything from the patient. For someone like the philosopher and anthropologist Ernest Gellner, psychoanalysis (and by extension any psychology based on it) is a closed system, logically untestable, and therefore unscientific, a system that perpetuates itself through practitioners who teach their patients to think about themselves in a particular way and trainees who come to adopt their views through suggestion. In *The Psychoanalytic Movement*,⁹ Gellner derisively nicknames the model I call Economic Man “Accountant Bundleman”, linking the view that we are at heart all little businessmen who base our lives on simple calculations of profit and loss with Hume’s view that we are just bundles of sensations. Gellner argues that everyone knows that this “official” view of human motivation is nonsense and that the forces that animate us are far more subtle, contradictory, and complex; and that it is the truer and more realistic insights of psychoanalysis that have been responsible for its extraordinary success, which he likens to the conquest of the Roman empire by Christianity, except that it has been much more rapid. These positions, however, seem at war with each other: the suggestion on the one hand that psychoanalysis is eyewash, and the argument on the other that it has achieved dominance because its insights are so much more convincing. But part of the problem, as anyone familiar with the field knows, is that practice varies greatly, and there is a wide spectrum of views amongst therapists as to the role of theory in their work.

Gellner was in fact attacking one particular standpoint, one way of presenting it, a way we might call the classic analytic stance.

What does this involve? A key element is the idea of the analyst or psychotherapist as an expert; that this expert, when consulted by a patient, makes a diagnosis, and then treats the patient on the basis of that diagnosis, in much the same way as a physician would treat a patient in any other branch of medicine. The model is in fact the medical model—not surprisingly since many practitioners are medically qualified, and psychotherapy is widely included in the range of medical specialities offered by hospitals, clinics and GP surgeries.

Where does this expertise come from? How does one acquire it? The answer is that it derives from a long, expensive, and demanding training through which the trainee learns how to interpret material “correctly”, and that it is this skill in interpretation that “cures”. The practitioner certainly listens to the patient, and indeed listens to a patient who has been instructed to avoid all censorship and relate everything that comes into her or his mind, however trivial, offensive or obscene—a process the therapist is supposed to facilitate by refraining from judgement. However, as critics point out, such listening is listening in the light of a theory, a theory that is used to interpret all that transpires so that the “evidence” that emerges from practice is a product of the theory and cannot, therefore, be used to support it.

An alternative view might start with the idea that “cure” is far too crude a word to describe the relief that patients seek, and the concept of treatment almost crass. There is a person who suffers, as we all do, and a term derived from the Latin “*patiens*” conveys this, whereas words like “client” (management speak for someone looking for some thing or some service to buy), or “analysand” (which conjures up pictures of someone who offers him or herself up for psychological dissection or deconstruction) do not. The longed-for relief may be focused on a distressing symptom, but often that feels far too simple, for the problem may not be anything as easily identifiable, specific or discrete. Or the symptom someone brings might be clearly identifiable and life-threatening like an eating disorder, but the underlying problem may be about how one might feel more in charge of one’s own body. Similarly, the initial complaint might be of depression, but the issue at the root of it grief and some utterly irrational conviction that one was responsible for the death of someone dearly loved. A young man insists, for example, that he has motor neurone disease, though all the exhaustive medical checks he has undergone show that he is mistaken, but he will not be reassured. His beloved father died of it a year or so ago and he is identifying with him rather than mourning. To talk of

treatment or cure in such contexts feels absurd: there are no simple answers to conflicts about those whom we love, no cure for loss, no “fix” for life—and we should rightly be contemptuous if offered one. Therapy is not a treatment by one who is superior and “knows” of someone who is inferior and does not know, but an agreement by two individuals to talk over, share and compare their thinking on issues that trouble one of them. If it helps, it helps because the patient is able to find something he or she needs in the relationship for his or her own healing or maturation. Jung’s description of the role of the therapist in that relationship seems very apt:

If I wish to treat another individual psychologically at all, I must for better or worse give up all pretensions to superior knowledge, all authority and desire to influence. I must perforce adopt a dialectical procedure consisting in a comparison of our mutual findings. But this becomes possible only if I give the other person a chance to play his hand to the full, unhampered by my assumptions. In this way his system is geared to mine and acts upon it; my reaction is the only thing with which I can legitimately confront my patient.¹⁰

To argue that healing and growth arise from the relationship, however, risks setting up a dichotomy between the relationship and interpretation when, obviously, as in any relationship, what is said is an integral part of it. Winnicott famously described interpretation as naming something when it is on the tip of a patient’s tongue: not the application of the correct dose of theory, but a comment or intervention that leaves the other feeling understood—as perhaps never before. This deepens rapport and builds trust. Often we try to be more specific as to what is needed: a relationship, perhaps, where the patient feels neither invaded nor ignored or one in which he or she is able to feel some of the warm engagement that was lacking with one or both parents. This has led some practitioners to talk of therapy as an “emotionally corrective experience”, which sounds contrived and authoritarian, and carries with it the questionable implication that there is someone who knows how to provide better parenting. The relationship between therapist and patient is not one in which the therapist corrects someone who is misshapen, mistaken or deficient, but one characterised by what Erikson calls “mutuality”: there is a patient who needs a therapist and a therapist who needs a patient. Training for the therapist is less about learning theory and how to apply it than exploring his or her attraction to this kind of work, and addressing, in the process, unresolved difficulties and inhibitions that are likely get in the way. Theory, in fact, is not so much a set of verbal medicaments to be applied at suitable moments as the accumulated attempts of practitioners to clarify, reflect on and make sense

of the things they have learned in their day-to-day work over many years. Such attempts have often been incomplete, inconsistent and muddled, sometimes just wrong; in many ways they resemble old maps and travellers' tales, but they offer, nevertheless, the observations and reassurance of those who have travelled that terrain before. If this seems disrespectful, we should remember that it was actually the view Freud took when he wrote in his *Autobiographical Study* that he had made many beginnings, thrown out many suggestions, but found it hard to tell whether much or little would come of them.

For those who work in the psychodynamic tradition, some of these "beginnings" and "suggestions" have survived to form the framework of modern therapy, notably the idea, mentioned earlier, that we can discern patterns in the relationships we set up, and that these reflect the influences that have moulded us; the interest over the last half century or so (longer in the case of the Jungian tradition) in the impact of these patterns on the therapist and their value as a source of insight into the other's internal world; and the notion that the meaning of our life experiences is only really intelligible in terms of our history. If outcome studies reveal anything, they tell us that the crucial element in healing and development is the relationship, and these heirlooms of the psychodynamic tradition offer us vital clues to understanding that.

Therapy may be as much a learning experience for the therapist as for the patient, but the information the practitioner gleans is hardly problem free, and it is here that ideas such as transference and counter-transference are invaluable. Like highlights, they create new reliefs and cast different shadows: they illuminate connections, and enable us to gain insight. In doing so, they offer the possibility of change. Curiously, it is a process that is often derided: "So it is all because your brother broke a flower pot on your head when you were two years old", might be a typical example. Yet few of us imagine that peacemakers in troubled parts of the world would get very far unless they were adequately informed of the historical background of the warring parties, so how can we ridicule such awareness when we are striving for reconciliation between the conflicting parts of ourselves? Meaning stems from shared experience, and is intimately linked with belonging, with the story and context of our relationships. As Proust somewhere observes: "when we have understood, we hear in retrospect".

Hearing in retrospect is as good a description as any of the dissonances that led me to write this book. However, trying to convey the private and very subtle quality of what happens between patient and therapist not only leaves a discouraging sense of dissatisfaction, but also carries the danger

that understanding becomes fixed and identity frozen in a narrative that emerged from a particular time and place. Something is distilled, yet perspectives change as time passes and other insights dawn. For many readers, if they have read this far, the very notion that a psychology that derives from psychotherapy can help us in any way with broader socio-political issues is highly questionable. It tends to be written off as marginal, the realm of the “sad”, the “mad”, and the “bad”, as the tabloid press might put it. Those who seek such help, however, are often anything but unsuccessful in worldly terms. In fact, their very achievements and the unexamined values that drive them may lie close to the heart of their problems.

The argument of this book, then, if I may summarise and re-state it, is that the model of human motivation that has come to dominate our thinking about socio-political issues through economics cannot help us understand many of the issues that trouble us, in particular that of movements that cause widespread suffering in the name of moral and religious regeneration; that “Rational Economic Man” ignores key elements in our make-up or shifts them into the liminal, where they languish with the “feminine” and the “emotional”—and in so doing is deeply implicated in the recurrence of this ancient problem; that it is an ideology without any solid foundation; and that psychodynamic psychology, the stock of insights that therapists have acquired from their experience of listening to people can, by contrast, shed valuable light on these matters because ethical issues are the “stuff” of the work.

Practitioners, who scrupulously avoid being judgemental, often do not recognise this; but people who avail themselves of therapy (for all that they would deeply resent any attempt by a therapist to impose their values on them) nevertheless talk typically about matters that are essentially ethical in nature: relationships, for example, with partners, parents, children and colleagues; about love and hate, and how to cope with the conflict between the two; about envy and jealousy, anger and violent impulses, guilt and shame, sexuality, loss, belonging, meaning, and so on.

People only embark on therapy after they have come to feel that their own rational efforts will not take them any further. A highly intelligent and musically very gifted young man could have been speaking for all those who turn to a professional for help when, a few weeks into our work, he said, “I came to realise that I needed to seek another kind of conversation”: words that I’ve borrowed for my title.

Throughout this book, I have quoted extensively from these “conversations”, as they seem to me to be the best way of conveying the psychology and of illustrating my points. I cannot call them case histories

because case histories are written from the perspective of the therapist. Nor are they oral histories because oral histories are supposed to be verbatim records of what their subjects say, although they may well be edited or angled, consciously or unconsciously by the person who collates them. To try to ensure that I was not simply telling a one-sided story, I invited subjects to check on the accuracy of my recollections, and at the same time to satisfy themselves that their identity had been rigorously disguised and confidentiality properly preserved. Intriguingly, several felt I need not have been so fastidious, and mostly they did not want me to change very much. Some had not realised that a therapist might have feelings about what had transpired, and for one or two the whole exercise may have been therapeutic, possibly because it allowed closure.

The plan of the book is as follows: Chapter 1 considers two fundamental problems that face us when we try to think about psychotherapy and ethics: that the practice of psychotherapy is based on an ethic, and the problem of free-will. I suggest that Spinoza's ideas about free-will may help.

In Chapter 2, I examine the division in psychotherapy between practitioners who believe we are governed by all-powerful instincts and those who believe that our most fundamental need is for relationship. In trying to fathom the sources of demonisation and dehumanisation, is the notion of a "death instinct" helpful, or are we better served by Fairbairn's ideas about the origins and nature of schizoid states?

Chapter 3 looks at some historical examples of movements that have carried out persecutions in the name of moral or religious regeneration and studies of their psychological make-up.

Chapter 4 (Pascal's Paradox) describes one psychological model that may shed light on the inner conflicts of those who do evil in the name of conscience, and the way our inner and outer worlds interact.

Chapter 5 is concerned with the contrast between guilt and shame.

Chapter 6 tries to pull together the threads I've followed in the preceding chapters and attempts an answer to the question as to whether we can learn anything from psychotherapy about ethics. Can it help us understand the ethical puzzle with which I began? And can it offer us any guidance about a more inclusive ethics?

The conclusion, Chapter 7, briefly examines psychodynamic thinking over the past century as to the measures we might take to further humanism. It endeavours to link the findings of psychotherapists and analysts with those of medical epidemiologists, neuroscientists, and others in related fields like health economics, whose concern is with the mental and physical well-being of the community as a whole.

CHAPTER ONE

PSYCHOTHERAPY AND ETHICS

What can we learn about ethics from psychotherapy? People who seek out a therapist are rarely looking for someone to tell them how to live, though they may press for advice if they feel troubled by some particular dilemma; yet the language of ethics figures insistently throughout the narratives that unfold. Whether we are aware of it or not, they are shaped, constrained and indeed driven by themes that anyone with even a little acquaintance with the history of ethics would recognise as deeply familiar. As practitioners, we endeavour to create and maintain a non-judgemental stance because we know we would not get very far if we heaped blame and condemnation on our patients, yet we are faced all the time with people who, for one reason or another, are constantly passing judgement on themselves. As practitioners we are no more qualified than anyone else to judge others, but self recrimination (along with recrimination against others) is something we continually observe, and we have to respond as best we can. Let's go back then to the question with which I began and ask whether the experience can offer us any insights into, or guidance on, issues that have, for many centuries, been ethical concerns.

“None at all”, one is tempted to reply, and for two compelling reasons. The first is that the practice of psychotherapy assumes an ethic: the alleviation of suffering and the value of the individual. This is implied by the very act of offering time to people who are in trouble or distress. It is an ethic, moreover, that psychotherapy shares with Buddhism, though the thinking of each about the origins of suffering and their prescriptions for lessening it differ in some ways and in others overlap. For many Buddhists, for instance, it is a mistake to dwell on the past: past experience, however traumatic, needs to be transcended through meditation. Another example would be anger in that Buddhists accept it as an emotion but doubt the wisdom of expressing it as this tends to turn one into a monster. Psychotherapists, by contrast, are always concerned that anger that is not directly voiced will find more insidious ways of making itself felt: in depression, perhaps, or sulking—with all the damage these reactions do to relationships. Such differences have led some

commentators to believe that the two traditions are incompatible, whilst others see them as complementary, the one offering perceptions and paths to freedom the other lacks.

It could be argued that the divergences between Buddhism and psychotherapy are derived from the slightly different focuses of the two disciplines: Buddhism has always been concerned with suffering in general, whereas psychoanalysis, for Freud, was more narrowly about neurosis—with the modest aim, as Freud famously observed, of changing neurotic suffering into the kind we all have to bear as part of life. Such a transformation, however, might not make one a “better” person, and Freud tended to react impatiently to any suggestion that improving someone morally might form any part of his mission. In a letter in 1915 Freud writes:

The unworthiness of human beings, even of analysts, has always made a deep impression on me, but why should analysed people be altogether better than others? Analysis makes for unity, but not necessarily for goodness. I do not agree with Socrates and Putnam that all our faults arise from confusion and ignorance. I think that too heavy a burden is laid on analysis when one asks of it that it should be able to realise every precious ideal.¹¹

Putnam was an admirer and professor of neurology at Harvard. In another letter, this time to Oskar Pfister, a Swiss pastor and lifelong friend, Freud wrote: “I don’t cudgel my brains much about good and evil”,¹² a view we might expect given that one of his favourite observations was that “morality is self-evident”.¹³ It meant a sense of justice and consideration for others, and a dislike of making others suffer or of taking advantage of them. In other words, morality for Freud was primarily concerned with social relationships, whereas for the predominantly Christian culture of Middle Europe, it was supremely about sex. On that, however, Freud was adamant: writing to James Putnam on July 8, 1915 he declared: “I advocate an incomparably freer sexual life”.¹⁴

It would be hard to imagine a clearer statement of an ethical position. The primitive conscience Freud calls the superego, moreover, is the agency that curtails that freedom. It followed, therefore, that the aim of psychotherapeutic work could be described as one of dismantling the superego and replacing it with ego or more simply, replacing an irrational and unexamined conscience with a conscience rooted in reason.

For all that the superego might need to be modified or superseded, its initial formation was seen as a developmental achievement. Notions of development, however, along with terms such as “maturity” and “growth”,

are value laden: they all hold out some goal we are supposed to adopt, and against which we can be checked and either commended or condemned.

Take, for example, Erik Erikson's definition of maturity in terms of "genital primacy". Although many will protest that this concept is outmoded, it illustrates the problems very clearly. In classical psychoanalysis, development is supposed to proceed through the oral and anal stages to the genital phase, but the features of the latter were never as clearly spelt out as those of the earlier two. Erikson writes:

While psychoanalysis has, on occasion, gone too far in its emphasis on genitality as a universal cure for society and has thus provided a new addiction and a new commodity for many who wished to so interpret its teachings, it has not always indicated the goals that genitality actually should and must imply. In order to be of lasting social significance, the Utopia of genitality should include:

1. mutuality of orgasm
2. with a loved partner
3. of the other sex
4. with whom one is able and willing to share a mutual trust
5. and with whom one is able and willing to regulate the cycles of:
 - a. work
 - b. procreation
 - c. recreation
6. so as to secure to the offspring, too, all the stages of a satisfactory development.¹⁵

An ideal is laid before us: a socio-biological one. As such, at first sight it has a lot to commend it—both for the community or for the individual. The community, it could be argued, is merely encouraging heterosexuality, and in so doing indicating the value it places on continuity. For the individual, on the other hand, there is a simple and straightforward recipe for contentment in life—where, that is, no irremediable physical or psychological impediment renders that unrealistic. For those, however, for whom such a recipe does present problems, for example a fair proportion of those seeking psychotherapy, it may well feel prescriptive and excluding. Others might simply object to Erikson's prescriptions as mechanistic and parochial, narrowly rooted in the values of Middle America, to which they cannot or do not wish to subscribe. By contrast, Freud himself, when asked to say what he meant by "health", replied: "To love and to work", a formula whose laconic simplicity includes those who have not been able or have chosen not to follow Erikson's path, yet have found love and fulfilment in other ways.¹⁶ Monks and nuns, healers and artists in various parts of the world would be obvious examples. Some

societies are intolerant of difference, but others, as Erikson himself observes elsewhere, manage to accommodate it and find a place of value for those who do not or cannot conform, and this, it could be argued, is paradoxically a factor in their survival and continuity.

The practice of psychotherapy may indeed be based on an ethic, but it does not follow that it is pointless to examine it: on the contrary, what we are dealing with becomes clearer and more honest when we can lay bare assumptions and values, follow trains of reasoning, and consider and compare some of the thinking to which it has given rise.

The second reason why people might have difficulty with the idea that we can learn anything about ethical issues from psychotherapy is that most of us feel we can only legitimately talk about good and evil, praise and blame, guilt and responsibility if we believe we are in charge of our own lives. Michel Foucault is a relatively recent example of a philosopher who, as he turned his attention to these matters towards the end of his life, said that he regarded free will as “the ontological condition of ethics”.¹⁷ Foucault did not reckon that we have very much free will, and the practice of psychotherapy and the theory that has arisen from it present a serious challenge to any such belief. Freud himself was a determinist whose work was devoted to confronting us with the origins of our mental life and ways of relating to one another in human biology, and our understanding of this organic basis has been deeply enriched and refined in recent years by developments in genetics and neuroscience. What, then, remains of any belief in our own agency? The trouble is that most of us also find it very hard to imagine living without the idea that we have free will. In practice, we have to hold people responsible for their actions, good and bad, and in fact a sense of our own personal autonomy seems crucial for us. Indeed, one might argue that it is the very touchstone of mental health and that the concepts of neurosis and psychosis are simply medical ways of describing its impairment or absence. Freud, after all, introduced the idea of the “id” to signify that some force we feel to be alien, an “it”, is menacing us or has us in its grip, and the various forms of neurosis, and even psychosis, could all be seen as referring to different experiences of not feeling fully in control. This feeling of impaired autonomy, of the fight to hold on to some sense of agency and, if possible, extend it, is clearly illustrated in the following examples. The first is of a young woman I call “Fleur”.

Fleur was 19 when I first encountered her—a slim, if not rather slight, young woman of medium height, with soft, regular features and short, blond hair. Those who did not know her would ask if she was a girl or a boy, which always troubled her, but through all the years we met she invariably wore dark, loose fitting clothes, and for reasons that only later