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The Shame of the Psychotherapist

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I am flattered to have been invited to participate in your Thursday evening conversations. I am conscious of, and a bit intimidated by, the philosophical pedigree of the Philadelphia Association; so while our theme is the shame of the psychotherapist, I hope that I will not shame myself.

I am not focussing tonight on the shame of the client or patient nor on a psychoanalysis *of* shame. Someone has described shame as the Cinderella of emotions and for many years it was virtually ignored in psychoanalytic theory, but in the past 15 or so years there has been steady development of psychoanalytic thinking about shame. For this evening I would like to bracket so-called clinical issues to do with shame, to let the poor clients and patients off the hook and turn our attention to the therapists and analysts.

In tandem with this I am also not fussed about arriving at a detailed definition of shame. I assume that we have all felt shame, have been shamed and have shamed others. Obviously if clinical and theoretical issues are of interest to you, please raise them in the discussion.

As far as I am concerned the labels counsellor, psychotherapist and analyst are pretty much interchangeable. What I am interested in is what you might call the analytic bit within each of these identities or personae. I associate this analytic bit, moment, possibility or attitude, within contemporary psychotherapy with the hermit. In other words for me the analyst is a contemporary incarnation of the hermit. Hermits appear in every literate culture. I think that they share with analysts eight key elements, qualities or problematics, these are: solitude, liminality, humility, craft, ecstasy, kindness, zeal and shame.

So we could equally well be embarking on a conversation about the solitude of the psychotherapist, the liminality of the psychotherapist, the craft of the psychotherapist,

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and so on. From this I hope you can see that I am not suggesting that all there is to the psychotherapist's identity is shame. Far from it. But what I hope you will become convinced of by the end of the evening is that the element of shame in the professional life of the therapist is unavoidable and is a particularly problematic thread at the present time.

In a nutshell what I want to say is that the practice of psychoanalytic psychotherapy is inherently shameful and failure to grasp this fact distorts our understanding of the nature of what we do and who we are as therapists. I will sketch out four aspects of this shame that are unavoidable. These sketches do not build an argument. They are attempts to describe a landscape.

The first is social. One of the most important contributions of the analytic frame within society's psychic ecology is as a receptacle for shame. It is one of the few places where people can feel, talk about and act out their shame. The forbearance of the analytic container allows time and space for the many dimensions of shame to be endured.

There are unflattering images of the psychotherapist in the collective imagination, prisms through which the therapist is viewed as an object of envy, disgust, derision and suspicion. The therapist as psychic container of shameful secrets is treated as a toilet, urinal or cesspit. The therapist as object of sexual longing is seen as a prostitute, lecher or pervert. Therapists are charlatans who charge exorbitant fees for dubious comfort and advice. As a confessor manqué the therapist is a sin-eater, consuming peoples' guilt, bad faith and self-hatred in exchange for money.

People are often ashamed to admit that they are in therapy. And therapists are often wary about telling people what they do for a living. There is a steady stream of pieces in the media insinuating that counsellors and therapists are dangerous and need to be controlled. I remember a discussion at a UKCP meeting in which an influential proponent of the statutory regulation of psychotherapists compared the situation within the profession to Northern Ireland – in other words therapists are terrorists. He also said that the government is eager to avoid a repeat of the Harold Shipman case – here we have the therapist as serial killers. With crazy inflammatory rhetoric like that

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within the profession itself, one can only despair. There is *something* about psychotherapy that spooks people, including therapists.

A second dimension of the landscape is epistemological. What is psychoanalytic knowledge? *Is* there psychoanalytic knowledge? Today psychoanalysis is largely discredited and fragmented. Is there more to it than some common sense and, with any luck, the occasional flash of wisdom?

When people enquire about therapy it is not uncommon for them to ask, “how you work,” or “what approach do you use.” I often wonder whether my evasive response is heard as a mysterious oracular invitation, rather than the genuine tongue—tied expression of confusion that it so often is. There is a temptation to sound authoritative as an escape from this shameful intellectual incontinence. With the huge range of psychoanalytic theories and schools it takes a practitioner many years to cobble together a working synthesis for him/her self, much less come up with a sound bite that does justice to the process.

In the wider world of counselling and psychotherapy there is pressure to create a map that can be marketed to the public and the government. This includes the by now traditional hierarchy: counselling, psychotherapy, analysis. In the NHS CBT is definitely top dog. It seems to me that the notion that there is *a* profession of psychotherapy is a fiction that hamstring therapists and misleads the public. Much better to admit candidly that there is a kaleidoscope of psychotherapies that are epistemologically incompatible. The attempt to use the regulatory process and the internal market of the NHS to magic a coherent profession into existence out of the chaos of psyche is unseemly.

The third aspect of the landscape we are looking at is political. There is nothing in the training of an individual psychotherapist that would contribute to a capacity to deal creatively with the political conflicts within the profession, let alone with those in the wider world. Even training in group therapy is not education for political awareness and action. So there is no reason that psychotherapists, as a collective, should have the *nous* to protect their patch or fight their corner.

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During and after the Second World War some therapists wondered how it was that millions of people had colluded in fascism regimes that were so contrary to their long-term interests. Wilhelm Reich wrote about the inner fascist. I see the current epidemic of regulatory activity in Britain as a form of self-colonisation, the work of the inner colonial bureaucrat. Having lost her colonies Britain has turned on herself and is imposing the same regimentation and bureaucracy on herself that she once employed to civilize natives and turn them into productive workers and consumers.

Psychotherapists seem to be willing accomplices in this process, which includes the commoditisation of the psyche. It strikes me as objectively shameful that psychoanalytic theory seems impotent to analyse the ideology of transparency and accountability. If one makes a fuss about what is happening the reaction is more likely to focus on one's unresolved oedipal issues or one's unconscious envy than on a consideration of how psychotherapy and the interests of the public might be damaged by the process that is underway.

I am not sure what to call the fourth area of the landscape we are exploring. It might be thought of as an aspect of the phenomenology of consciousness or the alchemical dimension of psychotherapy. It is akin to what the desert fathers called *acedia* or the noonday devil. According to Cassian, the chronicler of life in the desert, it is what “we may term weariness and distress of heart... dejection and, especially trying to solitaires, and a dangerous and frequent foe of dwellers in the desert.” *The Cloud of Unknowing*, the 14th century guide for contemplatives describes one stage of prayer like this: “Perfect correspondence to his grace consists in a strong deep interior sorrow... Every man has plenty of cause for sorrow but he alone understands the deep universal reason for sorrow who experiences *that he is*.” This resonates with the alchemical imagery of *mortificatio*, *putrificatio* and *negredo*.

These monks of late antiquity, alchemists and medieval contemplatives share with analytic therapists a practice, which involves prolonged periods of alert receptivity. The energetic tone of our free-floating attention in sessions is constantly sapped by entropy, producing a feeling that we might call shame. It is associated with death, impotence and failure. It seems to me that these are inevitable features of the psychoanalytic therapists psychic environment. One can busy one's self with making interpretations, giving advice, daydreaming, mulling over the latest gossip or writing

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shopping lists in one's mind, but at the end of the day one must traverse this territory. As Beckett advised, "Fail again, fail better." This is an aspect of the job that is not highlighted in the training prospectus.

Finally, I will end with two anecdotes that for me exemplify ways in which psychotherapists try to deal with shame – I call these the shame-faced and the shameless approaches.

This coming weekend there is a conference here in London on intergenerational conflict within psychotherapy organisations. It is about the relationship between founders of psychoanalytic trainings and centres and their successors. One of the presenters cannot be present due to illness and his paper has been distributed by e-mail so that attendees can read it beforehand and discuss it on the day.

In his excellent paper he describes the acrimonious break-up of the single Israeli Jungian association into three competing associations. To amplify his own experience he uses a Talmudic story about two rabbis who shame each other and fight for control of the House of Study. He demonstrates how central the issue of shame and shaming behaviour are to relationships between analysts. At the end of his paper he writes:

Collectives need to create a firm consensus concerning which types of behaviour are unacceptable in a public forum and to create situation-appropriate sanctions against violators... all individuals in a training group might take upon themselves a pledge not to shame each other in public and agree in advance what sanctions violators would voluntarily impose upon themselves.

I would characterise this as the shame-faced approach. There is recognition that shame is a problem, but the instinct is to deal with it by legislation.

The second anecdote arises from a recent visit to a UCKP organisation as a member of a visiting team engaged in a review of that organisation's psychoanalytic training. I was amazed when one of the organisers of the training launched into an enthusiastic description of how they are developing evidence-based practice. To me it felt like

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capitulation to and cashing in on the culture of accountability. I think of this as the shameless approach.

Analytic psychotherapists are opting for either the shame-faced treadmill of legislation or the shame-less wasteland of accountability, transparency and evidence-based practice. The current approach to the regulation of psychotherapy seems to me to be built on these two perspectives. Therapists are desperate to build defences against the many aspects of shame that are inherent in the practice of psychoanalytic psychotherapy.

It seems to me that in order to have the freedom, courage and clarity of thought to defend the genius of the psychoanalytic vocation we have to find a more multifaceted appreciation of the shame of the psychotherapist. It *will* be a shame if due to timidity and lack of imagination we throw away the very thing we love.