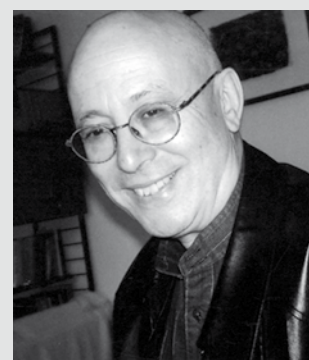


Working with political, social and cultural material in the therapy session: An interview with Andrew Samuels

LIZ SHEEAN and PAUL GIBNEY

Professor Andrew Samuels, a Jungian analyst, is recognised internationally as one of the leading commentators on social, cultural and political issues using therapy thinking. In his latest work on relationships, he challenges many of the conventional ‘truths’ of therapy and works the relational interface between private and public dynamics. Clinically, he seeks to integrate approaches from Jungian and Post-Jungian analysis, with humanistic psychology and relational psychoanalysis. He is the current Chair of the United Kingdom Council for Psychotherapy. In this interview he discusses: working with political, social and cultural issues in the therapy session; ‘political depression’, characterised by a sense of helplessness to make a difference on social issues that cause deep disquiet such as action on climate change, the environment and species depletion; the danger that the current discourse on the therapeutic relationship risks it becoming a cliché; and, the implications of recent moves by the British government to regulate counselling and psychotherapy through the Health Professions Council (HCP).



You provide a unique and important voice in the psychotherapy field for therapists who want to think critically and expand the context of their work to embrace social, cultural and political issues. Can you explain how you use ‘therapy thinking’ for this purpose?

Since the beginnings of psychotherapy there has been this desire to contribute to thinking about social and political problems. It is definitely not new. What I’ve tried to do is to take very ordinary ideas from ‘therapy thinking’ and apply them to contemporary conundrums. For example, when considering leadership, we can ask if there is a third way to add to the heroic, top-down style of leadership on the one hand, and the sibling (collaborative) model on

the other. ‘Good-enough leadership’, based on Winnicott’s idea of the good-enough mother (or parent) means that the inevitability of a degree of failure is factored in from the word go. I’ve managed to explain this to a fairly wide range of political and business leaders.

In addition to clinical work, research and writing, I run a political and organisational consultancy called ‘Telos’. Over the past 20 years I’ve worked internationally with senior politicians and political parties, as well as activist and campaigning groups, and companies.

In terms of clinical practice, it is a question of accepting that the client’s distress (or joy) at what is happening in society and in politics is a central part of what needs to be attended to in

therapy—it is not a chatty add-on that lots of therapists probably do and feel professionally guilty about. I’ve worked out a disciplined and responsible way for all therapists to work with political, social and cultural material when this comes up. I think that such work is far more central to the therapy relationship than we had believed—and this will be explored in my forthcoming workshops in Australia. I have written a chapter on this, ‘Working directly with political, social and cultural material in the therapy session’ in an edited book by Layton, Hollander and Gutwill (2006). There are also some ‘rants’ on a range of related topics at my website at www.andrewsamuels.com.

In your website 'rant', The Guilty Citizen', you say that surveys of psychotherapists and counsellors show they hear more from their clients than they used to about the political world—there are links between what is seen on the news and our emotional lives. You comment on a new kind of depression, 'political depression', characterised by a sense of helplessness to make a difference on social issues that cause deep disquiet such as action on climate change, the environment and species depletion. You suggest that 'cutting-edge' thinking considers that depression has social and political roots, and is not only to do with mums, dads, partners, sex and all the usual therapy lines. Can you say more about this?

Unemployment makes you depressed—and being aware of someone else's unemployment makes you depressed as well. The various features of personal depression can be mapped off onto political depression: sense of guilt and self-reproach for being/doing something destructive, becoming slowed down both physically and mentally, feeling paralysed and helpless. When you go into it in depth in therapy many people share that their attitude to politics twins a sense of helplessness and guilt. Climate change and other environmental challenges in particular seem to elicit these features of political depression.

The outline for your forthcoming training describes it as an opportunity 'to explore and challenge what we take for granted in our work as therapists' with a focus on 'the therapeutic relationship'. Therapists talk a lot about the centrality of the therapeutic relationship to effective therapeutic work, but you have some doubts... How do we avoid the therapeutic relationship becoming a cliché?

Much of the discourse on the therapy relationship resembles a conservative and preachy tract on monogamy! I worry that a secret conformism and adherence to safety has penetrated therapeutic work that should, above all, be highly individual and idiosyncratic. The research findings also show that maybe the relationship is not, in and of itself, the main thing. Rather, it is the particular individual qualities of both therapist

and client that are more important. So, in the workshop I'll suggest we look at what it is that helps to form a 'good-enough therapist', and also at the crucial role of the client in the outcome of therapy. The stress on the therapy relationship is not entirely misplaced—the task is to rediscover its cutting edge aspects once again.

You are the current Chair of the United Kingdom Council for Psychotherapy. What moved you to put your hand up for this role?

I've long been active in the politics of the professions of psychotherapy and counselling. How can one be involved in 'real' politics, but ignore the politics of the profession? I want to leave my mark in both domains! For example, I was the co-founder of *Psychotherapists and Counsellors for Social Responsibility*, one of whose goals was what we now call the whole diversity/equalities/

I worry that a secret conformism and adherence to safety has penetrated therapeutic work that should, above all, be highly individual and idiosyncratic.

equal opportunities/inclusivity agenda. And I was the joint leader of the campaign to remove discrimination in psychoanalytic trainings against LGBT people (lesbian, gay, bisexual and transgender). I was able to make use of my establishment status as a straight man and a training analyst to bring about some changes (though I still worry that these were cosmetic).

But the UKCP job arose because of my intense disquiet over the Government's plans to regulate counselling and psychotherapy via the Health Professions Council (HPC). We are not a health profession and the arrangements proposed seemed to be both mad and bad, redolent of the worst features of the audit-happy, surveillance society that New Labour under Tony Blair had created. I won a massive victory (two to one on a huge turnout) by promising to attend to the needs of those who wanted to register with HPC, as well as the needs of the significant minority who

did not. Succinctly, we have found a legally viable and fully accountable way not to register with HPC. It will be quite a struggle because you can't then call yourself a 'psychotherapist' or a 'counsellor'—but people have turned against HPC on deepest principle, not because they are rogues and charlatans, and they are prepared to make sacrifices. I am proud of what we've achieved.

In the UK, the HPC were proposing legal separation of the titles 'counsellor' and 'psychotherapist'. What was the outcome of this and how does the UKCP distinguish between 'psychotherapists' and 'psychotherapeutic counsellors'?

Counselling and psychotherapy can be identical, or, given their different traditions, they can be different. At one end of the spectrum, there are counselling trainings that focus on specific problems and do not achieve

masters degree status. At the other end, some counselling trainings could just as easily be termed psychotherapy trainings. How do we distinguish? Well, by all the usual bureaucratic markers: length of the course, final qualification, what is studied, status of personal therapy for the student.

Personally, I have learned a lot from reading texts on counselling because there is a stress on access to counselling that is missing in the evolution of psychotherapy, at least in Britain. Counselling, if I can make an image, moves towards people with arms outstretched, but without suffocating them. Psychotherapy, even in the non-analytic traditions, quietly waits, sitting back relaxed and attentive, for the client to declare herself. Although I am a Jungian analyst, I am a counsellor in my soul.

Until recently, psychotherapy in the

UK has lived in a self-regulatory environment away from the controls of statutory regulation. In theory, statutory regulation brings an authority to set high standards for service delivery and provides protection to the public. On

Good psychotherapy is radical, unsettling, and far from conventional in process and outcome.

the other hand, it carries the risk of forcing psychotherapy into orthodoxies and accountabilities that compromise the 'soul' of the work? What do you see as the major arguments for and against statutory regulation?

State regulation (because that is what it is) actually lowers standards because, as a government activity, everyone who could conceivably be registered has to be registered. That is fair and proper, but is it right? I am not really a terrific believer in high standards as a goal because this is often completely hypocritical and professionally self-protective—pulling up the ladder once one is protected from the flood waters via finishing a training. In Britain, the debate is more focused on asking what is wrong with the elaborate, tried and tested systems of voluntary regulation that have evolved over decades. At the time of writing, the Government is undecided as to whether to push through the previous Government's policy of state regulation, or to find a way to accredit the voluntary arrangements that exist. Watch this space.

In your rant, 'What are GPs supposed to do? (Where have all the Psychotherapists gone?)', you comment that psychotherapy and counselling are 'going missing' in GP surgeries across Britain as their services are axed in favour of 'quick-fix, no-real-lasting-effect approach' services offered by the IAPT (Improving Access to Psychological Therapies) scheme. Do you see a place for psychotherapy in this process?

Governments want quick fixes and they also want—even if they never state it—subservient and passive populations. Good psychotherapy is radical, unsettling, and far from conventional in process and outcome.

It is becoming very concerning how state-funded psychotherapy the world over tends to lead to CBT. Personally, I think CBT is a good therapy, but the IAPT scheme in Britain is very much watered-down CBT. There is a

bit of a scandal going on right now in that IAPT is being accused of cooking the books, and also of causing other psychotherapists to lose their jobs. Yes, this is the amazing thing we are faced with in Britain: the Government's investment in what they call 'psychological therapy' is destroying counselling and psychotherapy. Could this happen in Australia?

On 'evidence-based', I think that the methodology and the motivation of much of the research is pretty dubious. Although a part of me welcomes the fact that the 'depth therapies' now do their own outcome studies, another part is just as sceptical as I am about the outcome studies done by CBT-oriented academics. We need to name that this is also about money, power, and influence. That said, I have been altering the way I practice in line with what I have been reading about the key role of the client in the therapy outcome.

How has university-based therapy training enhanced or damaged the integrity of the psychotherapeutic domain? Has university culture—fees for degrees, pass or fail, higher degrees as a pathway to better jobs, no personal therapy as it cannot be quantified in a markable format—robbed the domain of personal investment and surrendered it into the hands of quasi-science and CBT?

At their best, universities remain bastions of independent thinking in an era of conformism and centralisation. At their worst, when considering therapy, they can tend to miss the point. There is huge local and international variation here. Much depends on the course leadership. I am lucky in that my Centre for Psychoanalytic Studies at the University of Essex is exclusively

academic, although many of the masters and doctoral students are fully accredited psychotherapists and counsellors. The work they do with us suggests that the academy is perhaps the most useful and profound critic the clinic could wish for.

What do you feel is the best model for teaching therapy—apprentice, student, initiate, consumer? What archetypal metaphor best describes for you the crucible in which the vocation of therapist can best be learnt?

All of the above resonate for me, and I would hope that a training makes use of the archetypal energies captured by all of these images. Let there be a tension between them! That is how it is in the psyche anyway—these are professional part-selves. I would also say 'none of the above' resonates in one sense. Why do we have to reach outside therapy for a metaphor? Why isn't the best model for teaching therapy captured by the term 'therapist'? The question shows up the cultural weakness that still attaches to our work.

James Hillman has said that sanitising therapy—six sessions, regulation, accreditation—will see psyche deserting the therapeutic arena and presenting itself elsewhere, e.g., theatre, ecology, religion. Do you feel that acceptance of therapy as Governmental mental health strategy is actually the death of the Dionysian involvement that we once called psychotherapy?

Yes.

References

Samuels, A. (2006). Working directly with political, social and cultural material in the therapy session. In Lynne Layton, Nancy Caro Hollander & Susan Gutwill (Eds.), *Psychoanalysis, class and politics: Encounters in the clinical setting*. London and New York: Routledge.

www.andrewsamuels.com

AUTHOR NOTES

ANDREW SAMUELS is Professor of Analytical Psychology at Essex University, Visiting Adjunct Clinical Professor of Psychoanalysis at New York University, Visiting Professor of Psychoanalytic Studies at Goldsmiths College, University of London, and Honorary Professor of Psychology and Therapeutic Studies at Roehampton University. He is a Training Analyst of the *Society of Analytical Psychology*. Samuels is a Founder Board Member of the *International Association for Relational Psychoanalysis and Psychotherapy*. He works internationally as a political consultant, was co-founder of *Psychotherapists and Counsellors for Social Responsibility*, and created the journal *Psychotherapy and Politics International*.

Formerly, he was Honorary Secretary of the *International Association for Analytical Psychology*, a Scientific Associate of the *American Academy of Psychoanalysis*, and 2003 winner of the Hans W. Loewald award of the *International Federation for Psychoanalytic Education*.

His books have been translated into 19 languages and include *Jung and the Post-Jungians* (1985), *The Father* (1986), *Critical Dictionary of Jungian Analysis* (1986), *The Plural Psyche: Personality, Morality and the Father* (1989), *Psychopathology* (1989), *The Political Psyche* (1993), and the National Association for the Advancement of Psychoanalysis Gradiva prize-winning *Politics on the Couch: Citizenship and the Internal Life* (2001).

www.andrewsamuels.com