Controversies in Psychotherapy and Counselling

edited by

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1 Controversies in psychotherapy and counselling

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> An honest man speaks the truth, though it may give offence; a vain man, in order that it may.
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> When a thing ceases to be a subject of controversy, it ceases to be a subject of interest.
>
> (William Hazlitt, 1778–1830)

It is easily forgotten perhaps that psychotherapy has always been (or originally was) a deeply controversial field, many of its early controversies being associated with theories of the unconscious and infantile sexuality which offended ordinary citizens 100 years ago. But it has also been controversial within professional ranks, medical practitioners and lay analysts having had their share of conflict over ownership, effectiveness and theoretical correctness. Therapist has fought with therapist, sometimes quite acrimoniously, and broken away from close colleagues to form new alliances. So in itself the presentation of controversy here is nothing new.

What we see in our own time is a mixture of controversies old and new. There are still debates about what the unconscious is and whether it is a valid concept, for example, and there are still debates about who has the right to own and control the field. Indeed there is very little about which consensus exists. In an emerging profession that is characterized by over 400 different schools of thought and practice, practitioners agree on almost nothing – except perhaps the general worthwhileness and effectiveness of therapy, the sacrosanct nature of confidentiality and the taboo against sexual contact with clients. Disagreement is rife on the best ways to train practitioners, who has the right to oversee the field, which theories and methods are valid and proven. Beneath the public relations front and professional alliances made for economic and survival purposes, controversy rules!

For the sake of making progress with this introduction, I have already had to overlook the problem of terminology: exactly what the differences are between psychotherapy, counselling, counselling psychology, clinical psychology and related activities; whether it is more accurate to speak of clients, patients, analysands, helpees, and so on, are all topics of ongoing

debate. One speaks as if this is in some sense a unified field – and no doubt it is if compared with completely different fields of endeavour – but beneath the public image of its professional umbrella bodies it may be said to be at best a lively arena of restless debate on best methods for alleviating human suffering, at worst an utterly dishonest and disorganized mess of warring factions.

So controversy is unavoidable, unless one buries one's head in the sand of one or another of the many orthodoxies available. However, colleagues often point out to me that media and academic critics already do a good hatchet job, therefore why should any of us within the profession add to our problems? I depart company from some colleagues here. For some, counselling and therapy are legitimate acts of faith based on deeply subjective truths, on the personally transformational experience of therapy received as trainees, for example. Criticisms, analyses and research may often be regarded by such defenders of the faith as completely missing the point, as merely betraying their authors' own defensive attitudes. In this scenario, therapy resembles religious experience: those who have been saved *know* the truth of the matter and *know* that the content of most of these controversies is stale and trivial.

Having been a client in a number of therapies, a practitioner, colleague, supervisor, trainer and academic in this field for many years, I cannot *not* know just how divided and controversial it is. I know that what one colleague believes (apparently *knows*) passionately, another considers complete nonsense. Very little has been established beyond dispute except that many (but not all) people report positive experiences of therapy (however so defined) as consumers, and often report therapists' attitudes as the most significantly helpful factors. It is not even established what the contribution of training is to clients' perceived satisfaction, or whether training adds much if anything to ordinary human qualities like warmth, interest, concern, and so on. There is plenty of debate, much research and many assertions in this as in other areas.

In irresistible ways therapy can and perhaps should be compared with religion. People want it and are often very emotional about it, but all its central tenets are highly questionable. Is there a God at all? Should we have priests, and if so, how should they be trained? How can the public be protected from errant priests? How do I know if I am saved? Can I save myself or must I attend church and engage in particular rituals? How can I know which is the most suitable church for me? Whose version of theology of which aspects of my religion is to be believed above others'? How can I know if I am or am not deluding myself? If I am happy with what I get, does all this matter anyway? Psychotherapy and counselling are in a similar position, facing the same kinds of questions and engendering similar passions.

Although I am a practitioner, I have never regarded it as my role to be unquestioningly faithful to any particular position in the field of therapy and counselling. Although a public relations avoidance of controversy may

be expedient, there is ultimately no purpose in defending theories and practices that cannot stand up to challenge. Falsification, exaggeration, convenience and lies surely have no place in therapy. Arguably what heals is truth, an old-fashioned and often derided concept. Rightly understood, as a relentless logical *and* emotional erosion of untruths, truth seeking has a perennial function, and controversy tends to be a rich opportunity for truth seeking.

Controversy may be presented as simply unavoidable, then. It may be served up as of historical or academic importance. It is certainly often used as a means of sniping, offloading grievances, seeking sensation, media attention and newspaper and book sales. Soberly, it is often defended as something from which we can and should learn how to improve our practice, clean up our act, and so on. Controversy can and arguably should be utilized as a teaching aid, prompting students to think critically about the subject from the outset. Or it can be regarded simply as one part of the field itself and as part of the larger human search for truth, or passion for eliminating untruths, of which (I believe) psychotherapy and counselling are ultimately dispensable components.

Structure of the book

Taking a number of obvious and not so obvious, but largely current, debates and controversies in the field, I invited known authors to agree to 'take sides' on various issues. This book does not represent every conceivable controversy. Not represented, for example, are arguments as to whether homosexuality is psychopathological (a debate almost too controversial to be included, and considered by most to have been firmly resolved); whether psychotherapy is simply a substitute religion; whether it is a scientific pursuit; whether research in this area is useful and conclusive or trivial and inconclusive; and so on. The final, necessarily non-exhaustive selection of controversies is based on certain expressed interests, current debates and willing authors.

I have ordered the book in more or less opposing pairs. In some cases viewpoints are diametrically opposed, in others different but not necessarily polar opposite viewpoints are presented. The writers were not shown each other's chapters but were asked to present or defend a certain case. Readers may be interested to decide on what basis they themselves take sides, and to judge how and why the present writers have come to the acceptant or sceptical positions they adopt. I have divided the controversies into areas of interest but I make no pretence that these are in any way watertight areas.

The book opens with a number of theoretical issues. In Part I E.M. Thornton questions the very concept of an unconscious mind, something upon which many consider the whole psychoanalytic edifice to stand or fall; and Tim Kendall and Peter Speedwell defend the concept. Jennifer M. Cunningham denies the existence of retrievable accurate memories of birth

trauma and casts serious doubt on therapies built on the retrieval of such early memories; John Rowan puts the case for the reality of such trauma and argues that it is of crucial importance in therapeutic work. Roger Scotford presents the case for a critical stance on behalf of false memory syndrome, in particular against the recovered memory movement which claims to have unearthed widespread childhood sexual abuse and concomitant phenomena; Majorie Orr presents the counter-evidence.

Part II, on what I have called 'clinical issues', opens with the ongoing debate on clinical outcomes, which owes much of its initial thrust to Hans Eysenck. W.M. Epstein questions the research methods and evidence of those claiming to have firmly established the effectiveness of psychotherapy, while Stephen Saunders puts the case for the strength of the evidence for proven effectiveness. Albert Ellis challenges the currently fashionable view that the therapeutic relationship is the main change agent in psychotherapy, while David Howe puts forward the argument for its centrality. The traditional diagnosis of psychopathology, its underlying assumptions and consequences, are deconstructed by Ian Parker, while Norman D. Macaskill describes the positive and perhaps indispensable contributions of psychodiagnosis. Boundaries, considered so crucial by many therapists, are stretched and questioned by Derek Gale, and sharply defended by David Livingstone Smith.

Exactly how professional this field is, and what constitutes the parameters and assumptions of this professionalism, are the ingredients of the Part III of the book. Ann Macaskill reviews the evidence, or lack of it, in support of the argument that personal therapy for trainees is necessary and beneficial, a position that is hotly contested by many therapists and psychotherapy organizations, here represented by Valerie Sinason. Going to the very core of professionalism, Jim McLennan presents the evidence against the assumption that training and supervision are necessary and of proven impact; Mary Connor, to the contrary, argues strongly for the need for and the known benefits of rigorous training. A common assumption across most trainings is that a core theoretical model must be identified and should permeate courses; Colin Feltham denies the validity of this assumption whereas Sue Wheeler champions it. On the topical issue of the means of professionalism, that is to say, on the question of accreditation and registration, Richard Mowbray argues that this is not the best or inevitable way forward, and that it does not protect clients; Digby Tantam, however, presents the case for the necessity and benefits of registration. Finally in this part, Brian Thorne refutes the common assertion that counselling and psychotherapy are distinguishable, while Jan Harvie-Clark defends the case for separation.

Part IV opens with an analysis by Tim Newton of popular stress discourse which suggests that all is not at all what it seems in the world of stress management and employee counselling; and John Berridge presents the case for the reality and peculiarity of contemporary stress, its effects, management and treatment. Alex Howard radically questions whether

counselling and psychotherapy and their recent rapid growth are desirable and defensible; Jeremy Holmes, to the contrary, argues strongly in favour of therapy as of demonstrated benefit and suggests that it is an important health provision to which people should have the right of access. Finally, Fay Weldon renews her attack on therapy, or Therapism, as something of a substitute religion, something which perhaps offered real hope when it began but is now enfeeblingly pervasive and dubious; Sheelagh Strawbridge argues that, for all its faults, therapy has provided a voice, a narrative channel for many seriously hurt and traumatized people, and is therefore ultimately more empowering than otherwise.

It is my belief that many of these controversies go to the core of what psychotherapy and counselling are all about. In certain instances we do seem faced with either–or dilemmas to be resolved: either there is or there is not an unconscious; birth may or may not be traumatic and therapy capable or not of unearthing and healing such traumas; training is or is not necessary and beneficial, an improvement on good intentions or common wisdom; registration is or is not inevitable and beneficial. In such dilemmas we are faced with questions resembling a crisis in religious faith: either there is or is not a God; either there is one true God or there are many gods; and so on. It may be that therapy, like religion, works by placebo effect, by faith alone. It can certainly be argued that science, scientific method and scientific demands for evidence ultimately have no place in the therapeutic enterprise. Yet, without some scientific anchorage, therapy inevitably becomes a matter of emotional faith alone. The tension within these controversies is perhaps that between what we want to believe and what we are called to question. The survival of psychotherapy and counselling is of course economically and ideologically important to its practitioners but relatively unimportant in the larger historical context of the overriding human quest for an understanding of suffering and its alleviation. Given the quite pervasive human tendency towards self-deceit and delusion, what would surely be the most controversial position of all is to assert that in psychotherapy and counselling we have finally found the solutions to our most profound human dilemmas.

PART I

THEORETICAL ISSUES

2 Does the unconscious mind really exist?

E.M. Thornton

Can there be such a thing as an *unconscious* mind? And is the concept in itself not a contradiction in terms? After all, what we call the mind is not a substantive entity with volume and dimensions. Thus it cannot have 'hidden depths', 'deeper layers' or repressed material 'brought to the surface' (into *what* has it been repressed?). 'The mind' is a mere descriptive term, a convenient abstract appellation to encompass our *conscious* awareness of ourselves and our surroundings, and the cognitive activities involved in their interaction, perceiving, thinking, remembering, feeling. All these functions are co-existent with consciousness. On purely rational grounds, therefore, the term 'unconscious mind' is a contradiction in terms.

True, there are underlying *brain* processes subserving mental activity of which we are unaware, in the same way as we are normally unaware of the circulation of the blood, but these do not in the aggregate constitute a mind. It is only when the end products emerge into consciousness that mental activity begins to take place. We know, for instance, that there are vast stores of memories present in the temporal lobes of our brains, but we have to recall a memory to consciousness before we can make use of it. Experiments have been performed with brain-damaged patients showing that some elements of perception are still present even when their sight has been irreparably damaged. But isolated instances of perception do not make a mind. Similarly experiments on patients who have undergone cerebral commisurotomy for the treatment of severe epilepsy have been cited to show that neither hemisphere appears to know what the other is doing, and these have been put forward as showing some evidence of unconscious mental activity. However, all these experiments were performed on *fully conscious* subjects and thus can have no valid application to the subject of an *unconscious* mind. Subliminal advertising was once put

forward as a feasible option for attracting trade, but was soon discarded by hard-headed businessmen to whom results were more important than theory. Similarly, nothing is now heard of 'sleep learning', once entertained as a workable proposition. The hard fact remains that if a student falls asleep during a dull lecture, or even allows his or her attention momentarily to wander, that part of the lecture is lost to him or her for ever.

The astonishing thing about the concept of the unconscious mind is that its existence has never been experimentally proved, nor even scientifically investigated with any rigour. It has entered common currency by the back door as it were, as a component of the entire Freudian corpus, without any of the controversy and critical appraisal that would be normal in the consideration of such a fundamental issue. When all the historical leads are explored, the concept of the unconscious mind appears to have received its wide acceptance solely on the untested and unopposed word of Sigmund Freud.

What were Freud's grounds for adopting the concept, and, moreover, for making it the central postulate of his psychology?

Freud had become convinced of the existence of an unconscious mind from the phenomena of hypnotism. At the time he was formulating his basic postulates in the 1890s, hypnotism had been undergoing a major revival and was being investigated in many important medical centres in Europe. The phenomena themselves were called 'somnambulism' as the hypnotized subjects were assumed to be walking and talking in their sleep, though still appearing capable of rational thought processes, hence the emergence of the concept of the unconscious mind. It was not a new one and Freud claimed for it no originality. It had, in fact, enjoyed a considerable vogue earlier in the century, again inspired by hypnotism (then called 'animal magnetism'). Eduard von Hartman had written an influential book on it, *The Philosophy of the Unconscious*, in 1870. Ideas of an unconscious mind had indeed persisted since the days of the ancients, who, ignorant of the autonomic nervous system, had explained the continuation of breathing and other vital functions during sleep by claiming for the soul an unconscious faculty.

Freud regarded hypnotism as the decisive evidence for the existence of the unconscious mind. 'The "unconscious"', he wrote, 'had, it is true, long been under discussion among philosophers as a theoretical concept, but now, for the first time, in the phenomena of hypnotism, it became something actual, tangible and subject to experiment' (Freud, 1924). His disciples, in their own writings, echoed him in citing hypnotism as their authority for the existence of the unconscious mind. For Freud, the 'unconscious mind' contained sinister forces, homicidal impulses and incestuous desires repressed only with the greatest difficulty by the conscious mind. It could, however, be explored by psychoanalysis 'for the purpose of making conscious what has so far been unconscious' (Freud, 1914).

Dreams were 'the royal road to the unconscious' and thus dream interpretation became an important part of psychoanalytical practice. The

unconscious 'wishful impulses' requiring such treatment were generally of a repellent kind. 'They are an expression of immoral, incestuous and perverse impulses or of murderous and sadistic lusts' (Freud, 1925).

There are two things wrong with this exposition. In the first place its central postulate is untrue. Subjects in the hypnotic trance are *not unconscious*: numerous electroencephalographic (EEG) studies in the decades since its discovery in 1929 have shown no evidence of sleep. Without exception they show only the typical tracing of a waking record.

Second, modern research on dream physiology has overtaken Freud's theory of the dream. It has been revealed by the electroencephalogram that sleep passes through regular cycles, progressing in orderly sequence from Stages I to IV and then back to Stage I every 90 minutes or so, these stages having definite EEG correlates. It has been found that the 'rapid eye movement' (REM) stage in which dreaming takes place occurs in regular cycles throughout the night in orderly sequence and that the proportion of REM sleep to non-dreaming sleep is constant. If the subject is deprived of sleep for a considerable time, the length of the periods of REM sleep in proportion to non-dreaming sleep is extended in compensation, but the pattern remains regular and constant.

It is difficult to conceive of forbidden wishes arising in orderly sequence at regular intervals throughout the night, lasting for a fixed period of time, the length of which is in fixed proportions to non-dreaming sleep and only at these times. It has also been found that infants have a much larger proportion of REM sleep to non-dreaming sleep and it is difficult to believe that newborn infants need to dream to disguise *their* repressed wishes. So once again another of Freud's central postulates falls to the ground.

How, then, did Freud and countless psychoanalysts after him imagine they were penetrating the secrets of the unconscious mind? It is evident that psychoanalysis is ultimately a process of *interpretation* – of the random associations and dreams of the subject under analysis. The question is: is this interpretation derived from the subject's unconscious mind or *from the psychoanalyst's own conscious mind*? This question is aptly illustrated in the first comprehensive psychoanalytical case history Freud published – the 'Dora analysis' of 1900 (Freud, 1905).

Dora, the subject of the analysis, was sent to Freud in 1900 for treatment. An intelligent girl of 18 with 'engaging looks', she suffered from epileptiform attacks and recurrent episodes of an illness accompanied by cough and loss of voice lasting for several months at a time. Dora had been the object of unwelcome attentions from a friend of the family, Herr K. To complicate the situation, Dora's father had shows signs of having an illicit affair with Herr K's wife. The two families lived in close contact and Dora had formerly been on good terms with Frau K, but since her suspicions of her father's attachment, this friendship had ceased. So distressed was she by the whole situation she had threatened suicide. It was in these circumstances that Freud began his analysis.

The analysis revolved around two dreams. In the first, Dora woke to find her father beside her bed telling her the house was on fire. She dressed quickly. Her mother wanted to stop and save her jewel-case, but her father said he refused to let himself and his two children be burned for the sake of the jewel-case. Asked by Freud to make associations from this dream, Dora produced the information that her parents had been arguing about her mother's practice of locking the dining room at night from which her brother's room had its sole exit. This led *Freud* to associate – and with a characteristic flight of ideas. 'The word "Zimmer" ["room"] in dreams', he said, 'stands very frequently for "*Frauenzimmer*" [literally, "women's apartment"].' 'The question whether a women is "open" or "shut" can naturally not be a matter of indifference,' he continued. 'It is well known too, what sort of "key" effects the opening in such a case' (Freud, 1905).

The fact of her mother wanting to save her jewel-case caused Dora to mention that Herr K had made her a present of an expensive jewel-case a little while before. This led to the following exchange:

> 'Then a return present would have been very appropriate. Perhaps you do not know that "jewel-case" is a favourite expression for the same thing that you alluded to not long ago by means of the reticule you were wearing – for the female genitals, I mean.'
>
> 'I knew you would say that.'
>
> 'That is to say, you knew that it *was* so. The meaning of the dream is now becoming even clearer.' (Freud, 1905)

The allusion to the reticule was as follows: having been invited to confess that she had masturbated in childhood, Dora had flatly denied that she had ever done so. But her fidgeting with her purse was interpreted by Freud as 'a fantasy of masturbation', the purse being (to him) a representation of the female genitals.

In the second dream, Dora dreamed she was walking about in a town she did not know, with streets and squares strange to her. Then she came to the house where she lived and went up to her room, where she found a letter from her mother lying there. Her mother had written to her to say that as Dora had left home without her parents' knowledge, she had not wished to tell her that her father was ill. 'Now he is dead, and if you like you can come' (Freud, 1905). Dora went to the railway station, which she had difficulty in finding, going through a thick wood to reach it. Then she arrived home to be told that her mother and others were already at the cemetery. She went upstairs to her room and began reading a big book that lay on her writing table. The patient had seen precisely the same thick wood the day before, in a picture at the Secessionist exhibition. In the background of the picture there were nymphs. This last item played an important part in Freud's interpretation.

> At this point a certain suspicion of mine became a certainty. The use of '*Bahnhof*' ['station', literally 'railway court'] and '*Friedhof*' [literally 'peace court'] to

> represent the female genitals was striking enough in itself, but it also served to direct my awakened curiosity to the similarly formed *Vorhof* ['vestibulum', literally 'forecourt'] – an anatomical term for a particular region of the female genitals. (Freud, 1905)

The nymphs in the background of the thick wood were declared to be the nymphae (labia minora) 'which lie in the background of the "thick wood" of the pubic hair'. Freud acknowledged that his patient would have been unlikely to know such anatomical terms. The 'big book' Dora was reading on her return home was therefore arbitarily declared to have been an encyclopaedia – 'the common refuge of youth devoured by sexual curiosity'. Thus the dream represented 'the fantasy of a man seeking to force an entrance into the female genitals' (Freud, 1905).

But the patient had *not used the anatomical terms* – they had been associated not by her but by Freud himself from the ordinary everyday words 'station' and 'cemetery'. And Freud *did* have a medical training and *did* know the anatomical terms. In addition, there was a significant selection in the association to the word 'vestibulum' and hence to the female genitals. In anatomy, the term 'vestibulum' simply means the space at the entrance to a canal. It can be applied to several other organs in the body, but its usual application is to the oval cavity of the internal ear forming the approach to the cochlea. The use of the term without other qualification in describing the female genitals would be unlikely to be found in any encyclopaedia. A recent researcher (Anthony Studland) has in fact examined the extant encyclopaedias which Dora could have consulted in 1899. 'The word "Vorhof" does not appear at all,' he says, 'either in its own right or under an entry on sexuality. Nymphen is mentioned only fleetingly. Thus, Freud's assertion that Dora had read both words in the encyclopaedias is empirically disproved' (Studland, 1989: 199).

Freud's interpretation of this dream is therefore the clearest indication that what purported to be emanations from the patient's 'unconscious' were, in fact, the products of his own *conscious* mind, showing, in its strained strivings after sexual connotations, his own peculiar monomania.

The analysis proceeds along similar lines. Freud's final interpretation of his patient's throat symptoms illustrates his current preoccupation with incest and sexual deviations. Dora had insisted that Frau K only loved her father because he was a 'man of means'. This led Freud to infer that 'behind this phrase its opposite was concealed' and that her father, as a man of means, was, in fact, impotent (this might have been a fact known to Freud as the father had also been his patient, but is hardly likely to have been known by a young daughter in the nineteenth century). From there he deduced that Dora, knowing of her father's impotence, had pictured his affair with Frau K in 'scenes of sexual gratification *per os*'; moreover, she must have, in that fantasy, been putting herself in Frau K's place and 'identifying' with her, thus revealing an unconscious desire to indulge in oral sex with her own father.

The Dora analysis provides irrefutable evidence that what Freud claimed to be material emanating from his patient's 'unconscious' was in reality derived from his own *conscious* mind. He was, at the time of the analysis, currently preoccupied with his Oedipus theory and interpreted her dreams accordingly. Yet only a few years previously he had been interpreting his patients' dreams and associations to fit in with his then current theory of infantile seduction.

Many years ago, Hans Eysenck (1973) pointed out that Freudian analysts interpreted their material according to Freudian symbols while Jungian analysts used totally different ones. Psychoanalysis therefore would seem to be largely a process of *interpretation*, and, moreover, interpretation guided by theories and principles very much in the analysts' *conscious* minds. Since there are now said to be over 400 competing schools of psychotherapy, it is woefully probable that their advocates are all interpreting their clients' material according to the various rules and principles of their different systems.

The dependency on interpretation can be traced further. Up to 1984, Freudian analysts gave the orthodox Oedipal interpretation, or derivatives of it, to the material gleaned from their clients. With the publication of Jeffrey Masson's book that year, *Freud: The Assault on Truth* (Masson, 1984), all this changed almost overnight. In this book, Masson claimed that, in abandoning his infantile seduction theory, Freud had shown a 'failure of courage' and that he should have believed his patients when they told him of their childhood experiences of sexual abuse. In fact, they had *not* told him of any such experiences. *Freud* had told *them* they had been seduced in childhood. They themselves had strenuously denied any memory of such events. This is clear from the original papers Freud published at the time. Additionally the Oedipus theory, which replaced the seduction theory as, for instance, explored in the Dora analysis, was, with its reliance on infantile sexuality, to the nineteenth-century Viennese, potentially far more scandalous than the latter. Nevertheless these deficiencies in Masson's thesis appear to have been overlooked and it was taken up with enthusiasm. No-one evidently took the precaution to check the original contemporary papers. Before long, analysts and psychotherapists all over the United States were interpreting their material in terms of childhood sexual abuse, generally by the father. The trend spread to other countries. Astonishingly this dubious material was accepted by the courts and fathers were sent to prison and families broken up as a consequence. The recent condemnation by the Royal College of Psychiatrists, London, (Brandon et al., 1998) may help to redress these iniquities, but for many it will have come too late.

Even if the concept of the unconscious mind were true, how would it be possible to disentangle the contributions from the conscious mind of the analyst from those of the so-called 'unconscious' of the analysand? Once an unconscious mind to which the analysand does not have access, the contents of which can only be revealed by psychoanalysis, is postulated, anyone can

put into it anything they wish without fear of being disproved – even the murderous or incestuous impulses cited by Freud, whose heavy use of cocaine at the time undoubtedly influenced his judgement (Thornton, 1983). Events the analysand denies remembering are accounted for by the premise that they have been 'repressed' into the 'unconscious'.

The dubious concept of 'repression' is also coming under critical scrutiny, many reputable authorities denying its existence altogether. Raymond Tallis, for instance, following Sartre's argument, points out that

> the unconscious has to know what it is that has to be repressed in order (actively) to repress it; it has also to know that it is shameful material appropriate for repression. If, however, it knows both these things, it is difficult to understand how it can avoid being conscious of it. (1996)

There is, to my knowledge, no experimental or empirical evidence that memories *can* be repressed. Repression appears to be another concept that has crept in via the back door as part of the entire Freud package. On the common-sense level, it is completely contrary to everyday experience, which is that unhappy and traumatic events are those that stand out most vividly in the memory. We may try to 'put them out of our head', that is, turn out attention to something else, but they will return unbidden in all their pristine freshness when recalled to memory by some chance association. But the concept of repression was of immense value to Freud in allowing him to postulate in his patients any motive his fertile imagination could conceive, and has continued to be so in succeeding generations of psychoanalysts.

What if the analyst has a somewhat morbid imagination, which *has* happened? Allegations of witchcraft and human sacrifice have been made under these conditions which have proved to be completely without foundation when investigated, but the trauma inflicted on families by the allegations has been immense. Children have been taken from their beds in midnight raids by social workers with police back-up and put into care, with fathers arrested and imprisoned as a result of these dubious allegations.

Psychoanalysis, previously regarded as the harmless preoccupation of the bored, the self-absorbed or the unhappy, has suddenly assumed a more sinister aspect. But it is not only in the psychoanalytical relationship that danger lies. Freudian concepts, including that of the unconscious mind, form the backbone of the theoretical foundation of the training of many social workers, probation officers, educationists and others who not only accept the untested and unproven theories of Sigmund Freud but actually put them into practice in their daily work. As a result of the large input of Freudian theory absorbed in their training, many social workers see their function as that of psychoanalysing their clients rather than giving them the practical help they need. They are conversant with all the jargon of Freudian theory while being woefully ignorant of the rules governing the social security system, for instance. The heavy involvement of social

workers in the witchcraft and similar false memory cases testifies to the harm that can result from the application of Freudian theory to social casework.

Up until recent years, psychoanalytical theory did little serious harm. But the potential for harm was always present in the very nature of the concept of an unconscious mind. The events of recent years have shown us the formidable extent of this potential. It has now become urgently necessary that the whole concept of the unconscious mind be brought under rigorous scientific scrutiny before further damage is done and fresh traumas are inflicted on innocent people.

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3 On the existence of the unconscious

Tim Kendall and Peter Speedwell

An impractical notion

The idea of the unconscious, as conceived by Freud in the closing years of the nineteenth century, is at best a metaphor. At worst, the unconscious appears to be not much more than a misused and abused caricature of a much richer Nietzschean version of beasts, bodies or 'The Self' (Nietszche, 1969: 61–3). Its paradoxes produce a kind of dyspepsia, so that whatever you have swallowed keeps returning, as if to tell you that you should be more careful about what you consume. On the one hand, the unconscious simply refers to those ideas and motivations within ourselves of which we are usually unaware, the personal psychological unknown (with no connotations of some sleeping giant lying in wait for us). However, if, by definition, we are not aware of the unconscious, can we be sure it exists? We can't touch it, smell it or see it, and yet Freud assured us that it exists and the reason that we don't know about it is because it's unconscious. It appears that we are being asked to believe in something because we are unable to experience it. This, it seems, is a triumph in double talk.

From our dreams and phantasies, from our jokes and slips of the tongue and from all the odd quirks of human behaviour, *fin-de-siècle* Freud began to elaborate a Gothic edifice and sunk it below ground like an Ethiopian religious temple (Freud, 1900/1953). Now the unconscious was a seething cauldron of violent and amorous desires, of murderous and incestuous wishes, which, if not sublimated or indirectly expressed in socially acceptable ways, would explode into apparently senseless action or mental illness. In any case, and this is true for everyone of us, in investigating the unconscious routes to what we are and what we do, Freud revealed the unstable, lustful and violent core of human subjectivity. (Surely this is a testament to the sort of person Freud was: half-crazed through the use of cocaine and seeking 'unconscious' excuses for his immoral relationships and desires.)

For Freud, the deeper historical core of this human interiority was indeed the unexplored 'dark continent' of our primitive and incestuous desires, those arising within the world of mother and infant. But (and here's the rub) Africa could be proved to exist. The unconscious could not. It seems absurd that Freud wished to be considered seriously as a scientist.

After all, a scientist is most assuredly interested in what can be proved, and what can be proved is surely a matter of empirical inquiry.[1]

Further peculiar practices took place under the aegis of this most questionable non-phenomenon. Psychoanalysts were now given *carte blanche* to ask invasive questions concerning their patients' murderous or sexual desires and, when the reply was a negative, the psychoanalyst could smile smugly with the rejoinder, 'I wonder if you aren't resisting your own impulses and wishes.' Angry at the suggestion, the patient protests. But the analyst insists on the reality of the unconscious, by way of the reality of resistance, to prove that the patient really is dominated by wishes that are beyond his or her ken! 'We are sure it's there, because you are sure it isn't. And when you're really sure it isn't there, we're convinced it is.' From double talk to perfect double bind.

This widely disseminated caricature of Freud, whether taken up by his 'followers' (and few psychoanalysts would class themselves as followers of this interpretation of Freud) or his accusers (Thornton, 1983; Webster, 1995), does not take into account the complexity of Freud's thought. Nor do these very polarized and, we believe, unengaged accounts of psychoanalysis take cognizance of the continual revision to which the dissatisfied Freud subjected his theories.

Justification

In 1915, Freud wrote a paper called 'The Unconscious' which laid out a genuinely radical concept of human subjectivity (Freud, 1915b/1957). In many ways it exploited the radical aspects of some of his earlier works which placed language as central to the psychoanalytic venture, such as *The Interpretation of Dreams* (Freud, 1900/1953) or perhaps *The Psychopathology of Everyday Life* (Freud, 1901/1960). The 1915 paper was an important summary of Freud's view of how conscious human experience was influenced by motivations, intentions, desires, hopes, wishes and fears. Most importantly, this paper was a clear and accessible theory of these influences as they occurred unconsciously, that is, without the person being aware of this happening. Freud went further in his theories and provided a very necessary justification for the use of the concept (Freud, 1915b/1967: 166–71).

First, our consciousness contains so many 'gaps' that we really cannot begin to understand our actions and thoughts in their entirety without some notion of mental processes of which we are not aware. These gaps in conscious experience include psychotic and neurotic symptoms, dreams, slips of action and comprehension, and jokes.[2] Second, as Freud found out through the analysis of his own neurotic symptoms, our conscious experience of these symptoms or gaps can be changed through finding a different meaning for those neurotic symptoms, meanings not derived from consciousness. This is one example of how our conception of the unconscious

can be used to design methods (in this case psychoanalysis) that can influence our conscious experience. Alternative methods include hypnosis and post-hypnotic suggestion, in which it is possible to show that people are capable of acting under commands of which they are not consciously aware. Third, the notion of the 'unconscious' leads to a gain in meaning, to an increase in our sum of knowledge about ourselves and our subjective lives (through the conception of internal objects, drives, unconscious processes, and so on).

One of the crucial points concerning our understanding of the unconscious, raised in the 1915 paper, is how useful it is to us. After all, we do not know, at least we cannot directly prove, that atoms exist. We cannot touch them, taste them or see them. And yet by using this concept we make sense of, and we can alter more predictably, the physical world in a way that is now widely regarded to be indispensable. Is the unconscious a practical notion that can be made use of, or is it some kind of poetical notion that has its beauty but which cannot be applied?[3]

Although the notion of the unconscious may appear illogical, in many ways it is a simple idea. Those ideas which are not in consciousness but have an influence upon our behaviour or activity are rightly regarded as unconscious (non-conscious if you prefer, as the cognitive psychologists do). Now it is not difficult to show empirically that someone's consciously executed performance on simple exercises can be influenced by non-conscious factors, and that the impact of these non-conscious factors upon consciousness is directly related to their emotional content. There are some creditable experiments that persuade us that, parallel to our conscious life, unconscious conflicts exert great pressure (Shevrin et al., 1996). Sometimes these experiments can have quite startling or funny results, as in the following example.

Using a tachistoscope you can flash up onto a screen words or images for periods of time that are too short for a person to be able to consciously perceive what he or she has seen. Using such an instrument a woman, an academic, who was in her middle years, and who was deeply sceptical of psychoanalysis and in particular of the concept of the unconscious, was exposed to the word 'Mother' for gradually increasing periods of time starting at one millisecond exposure. Normally, people see nothing up until between 8 and 12 milliseconds and can only see the word clearly at between 12 and 15 milliseconds. This woman saw the word 'Conflict' from 12 to 14 milliseconds and, at 15 milliseconds, blushed with an intense sense of embarrassment when she realized her error.[4]

Freud wrote the paper on the unconscious shortly after the 'technical papers' had been largely completed (Freud, 1911–15/1958). These can be seen as a culmination of a series of very practical papers with very practical instructions and justifications: how to do psychoanalysis and why we do it this way. As such, this period of Freud's writing (1911–15) knits free association, and therefore language, into a meta-psychological and practical framework for the treatment of neuroses.[5] The unconscious becomes

directly understood in terms of the analytic interaction, and in two contemporaneous papers Freud outlines how the transference, as an unconscious process, can be utilized to redirect repetitive actions and behaviour patterns into speech (Freud, 1914/1958, 1915a/1957). In one of these papers what is forgotten, what becomes unconscious and forces an endless sequence of seemingly inexplicable repetitions, is early hurts in love. Once the analysand becomes attached to the physician (therapist or analyst), these are unconsciously repeated in the relationship with him/her in an unconscious process central to all of human life, the transference.

For Freud discovered in his clinical work that patients would reveal extremely strong feelings about the analyst, of intense love or hatred, which were not necessarily appropriate to the clinical setting. It was Freud's theory that these feelings belonged to the history of the patient and his/her relationships and that they were being 'transferred' to the analyst. In fact, if we consider it, all feelings of intense love (or hate) may be called transference. For, in love, we are capable of the most extraordinary self-deceptions and idealizations to keep our beloved on his/her pedestal. But in psychoanalysis, it is hoped, the pattern might be changed and the sad repetition of disastrous romantic engagements might be resolved in analysis rather than replayed, once again.

Thus, Freud in this period was beginning to see the importance of relationships (especially our very early relationships, given their 'affective power') in unconsciously dominating the present. He also began to see how these early relationships might dominate the way we view ourselves. In 'Mourning and melancholia', which was also written during this fertile reworking of his theories, Freud began to ask the question why some people, especially those in depression, should be so hostile to themselves and continually berate themselves (Freud, 1917/1957). Freud related depression (melancholia) to the natural process of mourning whereby, after a certain period of grief, the mourner identifies with the lost loved one and internalizes him/her. This seems to be the ego fooling us into thinking that we really have not lost the one who has died: he or she lives on in us, and this offsets the immense and inexplicable pain of loss.[6]

For the depressive, something similar is going on, but the relationship with the internalized parent (usually) has been much more problematic in that there has been a deal of uncommunicated, unthinkable and therefore unconscious hatred between the depressive and the one he/she mourns. By internalizing the lost and ambivalently loved one, the depressive offsets the loss only to find him- or herself full of self-hatred. Moreover, the extent of these self-attacks increases in proportion to the degree that the depressed person could not communicate his or her hatred to the lost person in question during life. Incidentally, Freud's 'Mourning and melancholia' is widely valued, even by his more ferocious critics (Webster, 1995: 166).

That human beings go through serial losses, identifications and ambivalent identifications, led Freud to a more dynamic conception of internal life, in which we are built up from forces and relationships which do not

always co-exist in harmony. Deduced from the point of view that symptoms and language, indeed conscious life itself, were the product of the interaction of these antagonistic internal forces and relationships, and which (when seriously divided) operate like separate internal psychological agencies, Freud (1923/1961) developed a dynamic and structural model of the human mind made up of 'I', 'It' and 'Over-I'. These 'parts', or 'psychic agencies' (ego, id and superego), are most clearly formed during the period of very intense and mostly ambivalent attachments during early childhood. This is Freud's Oedipal period that ends in the formation of the superego.

Freud believed that the superego was formed from a child's reactions to his or her mixed feelings and ambivalent identifications with parents (against incest, rivalry or murderous rage, for example), combined with his or her internalized commands, prohibitions and ideals. The superego rejected the wishes and impulses of the id, that part of us that is made up of the drives that overtake us without social negotiation (represented by phrases such as 'It gripped me', or 'It affected me'). The third in the triad is the ego, which, having cut its teeth on mediating between a greedy and uncontrolled infantile id, has now developed to become a mediator between the two conflicting forces of id and superego as well.

Communication and the unconscious

One of Freud's crucial insights in his essay on the unconscious is that for an idea to become conscious it needs to be attached to language, in other words it needs to take part in communication. As psychoanalysis in large part takes place through language and communication, and these internal conflicts, forces, relationships and agencies are capable of 'talking' and 'not talking', of being thought and 'unthought', then the picture of our internal and external relationships can be seen either as a result of communication and 'excommunication', or in terms of conscious and unconscious (Speedwell, 1998). In both cases the conception is dynamic in that our experience is the synthesized product of conflicting forces. Moreover, to the degree that our conscious experience of our selves and our world is coherent and well synthesized, we can assume that such experience is also mediated by an ego whose prime functions are compromise and synthesis.

So, the ego (which will therefore be divided between communication and 'excommunication', between conscious and unconscious) synthesizes our experience and maintains the coherence of our perceptions. It gathers together the disparate, fragmented and conflictual elements of our internal and external world and turns it into a coherent whole, a gestalt, upon which we can rely. But part of this synthesis includes how we see ourselves; and we like to see ourselves as rational, consistent beings and not as divided persons, so when we do something strange we need an explanation. Our conscious part excludes contradiction and puts together a rational explanation as far as possible, until things begin to break down.

We might say that the conscious ego constructs little narratives to fool itself, to maintain a coherent narrative. But any coherent narrative excludes the details and contradictions that make up a rich pattern of life. Thus, there will be a part that is 'excommunicated' from the stories that we tell about ourselves and that society tells about us (Speedwell, 1998).

Thus, at one level, the id is comprised of that which has been dialogically excluded from the narrative of how we know ourselves. If we wish to belong to a rational society, we do not want to know that we harbour murderous thoughts against our loved ones, we do not wish to know that we entertain incestuous impulses, and so we excommunicate them. We do not let them see the light of language. However, because these desires are not negotiated through language, they can act upon us in the most forceful way through direct influence upon our behaviour, actions and conduct. Thus psychoanalysis is something very different from some kind of liberation theology based on the de-repression of desires. Rather, it is a technique for self-mastery where excommunicated desires can be communicated, and therefore made conscious, and then can be mastered and controlled.

We would readily recognize that this formulation of the unconscious is a reworking of Freud's theory, and in particular of his drive model of repression. However, we believe that the conception of the unconscious as that which is excommunicated from our self-narratives has many advantages.[7] First, it is a flexible notion and does not have to be filled with preconceived ideas concerning the contents of the excluded narrative. Second, it gives room for historical change and can account to some extent for the fact that symptoms change over historical time and do not always demonstrate the eternal verities of Freud's versions of the unconscious. Third, it embraces some notions of the unconscious which were inimical to Freud's theories, particularly the existential conception of 'bad faith', which is reformulated as 'self-deception' by Mirvish (1990). Finally, it helps us to explain the importance of language and communication as the medium for what takes place in the consulting room.

The unconscious in practice

Let us take a couple of practical examples. A young, intelligent boy suddenly begins to do badly at school. He fails in all his tests. Where has his intelligence (in itself a highly disputed notion) gone? When asked about his difficulties, the child cannot give a proper account in spite of efforts to do so. Such a child may be sent to a child therapist. As he begins to play or talk and as he builds up trust in his therapist, he may begin to communicate his difficulties. However, before this moment, we have to accept that the causes of his difficulties were unknown to him. He was unconscious or unaware of them. This does not mean that the cause is locked away in a vault somewhere. It is rather that their connections with

language have been severed or never developed. It is quite possible and quite likely that his difficulties are incommunicable to his parents in the home, that they are excluded from allowed or acceptable family narratives. The failures at school are a communication only that something is going wrong.[8]

Or: A man in his mid-sixties comes to see me (TK) with a full-blown delusion. He believes that something is wrong with his drains at home. He has called plumbers, heating engineers, 'sewerage experts' and used hundreds of cleaning agents in his sinks, bath and toilets. He has had the hot-water tank changed and is considering replacing his central heating and cold-water plumbing systems. He isn't sure if there might not be a nasty and unseemly smell emanating from his drains (although he cannot smell it). He is convinced that the draining of his 'water-works' is the prime problem, although he cannot be sure that someone isn't tampering with them. But something is still wrong. I begin to talk to this man, who is frightened to see me because I am a psychiatrist. He has been rejected by his family; they have insisted that he should seek medical (psychiatric) treatment.

Now it is possible to operate on the preconception that his symptoms are the results of a chemical imbalance in the brain. This would lead to a conclusion that the form of his experience (fixed and false belief held tenaciously against all the evidence) is the result of such imbalance, but the content of his experience (that his 'water works' were seriously faulty) is irrelevant to his 'illness'. In other words he is talking nonsense and will continue to do so until the balance is chemically restored, when he would begin to talk sense again. I could assume, on the other hand, that he is showing evidence of deeply placed and repressed homo-erotic tendencies. Or even that he has become possessed by evil spirits! In any of these interpretations what he says is only for diagnostic purposes, and there would be little concern with why he says it, nor to whom he is saying it, and whom, we could assume, he wants to hear it. This is not to say that in some ways these 'diagnoses' may not contain some truths.

Alternatively, I could maintain a respect for what I am being told, and then all I can presume is that within the metaphor of the rotten drains he is telling his family (and me) there is a story. It is both pointing towards and hiding, at the same time, something that he and his family would collusively prefer not to share or be conscious of.[9]

I continue to talk to this man. I find out that his wife died some four years ago of a sexually transmitted disease and that at this time he had discovered that his wife had a long-term affair with a man in the South of England. After his wife's death the lover from the South of England telephoned my patient and asked what his wife had died from. He could not tell the truth and pretended it was cancer, although he felt a strong desire to reveal the true cause of his wife's death. A couple of years later, the lover's own wife telephoned to tell my patient that her husband (the lover) was dying and asked if her husband had had an affair with my patient's wife. My patient felt again a strong desire to reveal the true cause

of his wife's death, but he could not follow this through. His depressive 'symptoms' developed from this time.

I ask the patient how his wife's terminal illness had manifested itself before she died. She had developed urinary tract infections and blockages, and eventually renal failure, a complication associated with her illness. I consider that there may well be some connection between his wife's renal failure and the difficulties he experienced with the drains. I ask him if he might be confusing the two. It was as if her diseased and faulty 'water-works' had become the 'diseased' and faulty water-works in the house. He could not accept her death, nor undertake the work of mourning so long as he could not communicate it (along with how he felt about her and her disease) to himself or others.[10] The effect of my tentative suggestion was palpable and physical. He became shocked. He was stunned by what I had said, reiterating it with a sense of realization. His delusions quickly abated, becoming something more like a neurotic obsession with keeping the drains clean, although he became more miserable and despairing over the coming weeks.

I could not help this man without some conception of the unconscious and of necessary self-deception. Indeed this accepts that there are some facts of life and death that are so powerfully painful that they seem unbearable. This is why we hide the awful truth from ourselves and others and can only hint at it. This is why we hide from ourselves, and our nearest-and-dearest, the forcefulness of our love and hate, and how much we fear our own destructiveness.

As connections are progressively made and the patient begins to make a new pattern or narrative concerning his life, something comes to the fore, sometimes quite slowly, as he pieces together the events and fictions concerning his family life. On the other hand, sometimes (but less often than is popularly believed) a traumatic memory is unearthed which either shakes the conventional family narrative to the roots or confirms the new perspectives that the patient has achieved.

The pursuit of self-knowledge has been, since the ancient Greeks, an honoured practice both necessary and useful to gain a greater degree of mastery over ourselves. This implies that what we don't know about ourselves tends to make us unstable and out of control, and, further, that knowing about these darker sides of ourselves helps to give us a greater degree of stability in our lives. The ideas that seem the most repugnant and destabilizing will also often be the most forceful in determining our behaviour (hence the need to know ourselves better and so gain better control).

It is a great pity that some critics of Freud have reduced his concepts (plural intended) of the unconscious to a narrow dogma as a rhetorical sparring partner against which to promote their own dogmatic theories. Indeed, it seems more than curious that the notion of the unconscious should be rejected. Do we really think that all our motivations are rational and known, or that we hide nothing from ourselves? If we do, we are in

danger of sliding into a quite irrational confidence in our conscious rationality, the dangers of which we have already seen in this century.

Notes

1. Science is not a unified way of investigating the world which is reducible to empiricism (for example, compare the different methods used in cosmology, non-observable physics, chemistry and health services research, each of which has very different standards for evidence, verification and the point at which one claims something to be true). Nevertheless, 'scientific' psychology and psychiatry regard nomothetic inquiry to be *the* paradigm for investigating our psychological lives (and the Randomized Control Trial is the gold standard of investigation).
2. From Descartes to the end of the nineteenth century, we assumed an identity between what is conscious and what is mental. This was purely a matter of convention, not one based upon evidence. Moreover, Freud argues, to take such a view dooms us to psychophysical parallelism in which events in our minds are causally connected.
3. These are not mutually exclusive positions for either atoms or the unconscious: both concepts have their beauty and are practically useful.
4. This sort of error can be understood most easily by comparison to errors in typing. For example, when we mix up the letters 'm' and 'n' we are unsure if this is a result of their similarity of appearance or sound. Alternatively, we might mix them up because, for some psychological reason, we were drawn to type 'mumbers' instead of 'numbers' and we never mixed the letters 'm' and 'n' when typing other words. Finally, it might be because 'm' and 'n' are simply next to each other on the keyboard. The error of subliminally confusing 'Mother' and 'Conflict' most likely fits the latter type of error: that is, that the subjects 'Mother' and 'Conflict' are physically close to each other, in the way that her internal life is linguistically structured.
5. The term 'neurosis' is a complicated and rather broadly used concept. It is useful as a term applied to conscious waking experiences (behaviours, thoughts and images) which do not make meaningful sense without reference to (and interpretation of) unconscious processes and 'objects'. This is a psychoanalytic use of the term and can be applied to some aspects of everyone's experience. However, to use the term 'neurosis' as a distinction from the normal and psychotic is, we would suggest, more problematic. This is a psychiatric use of the term (mixing up the two has not worked well).
6. In Freud's words: 'The shadow of the object fell upon the ego . . .' (1917/1957: 249).
7. Although it may be objected that the unconscious is still an unwieldy notion, it is worth maintaining, for the following reasons: as a direct translation of Freud's *Unbewusste* it means simply that which we are not aware of. Thus it need not be visualized as a dustbin for our more bestial desires but, rather, can be understood as dispersed throughout the psyche–soma as long as the link of communication is broken. Thus the unconscious, although socially determined, is a burden borne by the individual as it is unshared knowledge (see note 9, below).
8. It is worth noting that Thomas Szasz elaborated an important distinction in communicative modes between discursive (two-way, more sophisticated and socially accessible) and iconic (one-way, like a picture, idiosyncratic, less sophisticated). The latter is developed and most easily seen in family life and in religious domains, and is typified by 'sulking' and 'mental illness'. When discursive communication fails, we all tend to revert to iconic signs. In other words, psychological symptoms are

metaphorical and idiosyncratic and 'one-way' communications are used when more social forms of communication fail (Szasz, 1972: 111–52).

9. Etymologically, 'conscious' means 'knowing together', and has the same etymological route as 'conscience' (many languages, including French, do not distinguish conscious from conscience).

10. It may be important to know that his own mother died when he was just seven years old, a fact that he could communicate very little about.

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