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The Personality of the Psychotherapist

Since individual psychotherapy depends upon an interaction between two personalities, it follows that we ought to make some attempt to understand the personality of the psychotherapist. In this chapter, I want to consider what kind of person is attracted toward the practice of psychotherapy and why. I shall also have something to say about the effects of practising psychotherapy upon the therapist. Are those who are attracted toward the profession the best kind of people to become psychotherapists? And are there some who should be discouraged or prevented from pursuing this branch of psychiatry?

In my submission, the traits of personality which attract people toward becoming psychotherapists are deep-rooted, just as are those which determine other choices of occupation demanding special qualities. It is unlikely that peculiarities of personality are important factors determining whether a man becomes a shop assistant, a farm labourer, or a milk-rounder. But whether or not a man becomes an artist, a scientist, a philosopher or a priest is determined less by accident than by his possessing a particular combination of gifts and temperamental traits. I believe the same to be true of the psychotherapist. Moreover, some of the personality characteristics required by psychotherapists are double-edged. The traits that go to make a good therapist may be disadvantageous in other spheres. Habitual attitudes which are appropriate in

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the consulting-room may not be so elsewhere. Every type of temperament which is at all strongly defined is bound to have both advantages and disadvantages and that which distinguishes many psychotherapists is no exception.

The man in the street generally regards psychotherapy as an eccentric occupation. Most people have a rather limited capacity for sympathy with the troubles of others, and find it inconceivable that anyone, all day and every day, should choose to listen to stories of distress. Some imagine that, were they in the shoes of the psychotherapist, they would become intensely impatient; others that they would succumb to despair. In their eyes, the psychotherapist is regarded either as mentally ill himself, or else as a kind of secular saint who is able to rise above ordinary human limitations. Neither view is true. Although some psychotherapists are eccentric, others are not notably so, and none, in my experience, is a saint. Are psychotherapists particularly neurotic? Most will admit that their interest in the subject took origin from their own emotional problems; but this is too banal and general a statement to be illuminating. There can be few intelligent adolescents who have not read something about psychology in the hope of understanding themselves better, and the fact that psychotherapists have often done the same does not tell us much about them. I once had a conversation with the director of a monastery. 'Everyone who comes to us', he said, 'does so for the wrong reasons.' The same is generally true of people who become psychotherapists. It is sometimes possible to persuade people to become psychotherapists who have not chosen the profession for their own personal reasons; but, for the most part, we have to put up with what we can get; namely, ourselves. However, it is not simply because they want to understand themselves better that people take up psychotherapy professionally. It is because certain features of their personalities make the practice of psychotherapy rewarding. I shall first try to depict what seem to me to be some of the personality traits displayed by those who seem to be successful psychotherapists, and then consider what may be the psychopathology of such traits; their possible origin, their advantages and disadvantages.

It is obvious that psychotherapists must be 'interested in people'; that is, in the world of the personal rather than the

impersonal. In my experience, most psychotherapists, whether medically qualified or not, are not primarily scientists. There is a considerable body of work which points to the fact that people who are attracted toward the exact sciences and those who are drawn toward the arts and humanities differ in temperament, and that this difference manifests itself early in life. From Liam Hudson's research, it appears that potential scientists tend to show little capacity for introspection, or for emotional response to others. They make a sharp distinction between their private lives and their professional activities, and are usually rather conventional in social behaviour. Those who are attracted by the arts, in contrast, show a greater capacity for introspection; react more emotionally toward others; make little separation between their work and their private lives; and take longer than scientists to settle down and achieve stability in life. Liam Hudson notes that popular imagination associates ideas of pleasure with artists, ideas of value with scientists. 'Artist, poet and novelist are all seen in my studies as warm and exciting, but as of little worth. Mathematicians, physicists, and engineers are all seen as extremely valuable, but also as dull and cold.'¹ There is reason to think that those who become scientists are temperamentally governed by the notion of self-control, whilst those who turn toward the arts are more influenced by the idea of self-expression.

Another way of putting this is to say that scientists are equipped with a better mechanism of repression by which they tend to exclude the emotional and the irrational from their experience; and that this partly determines their choice of an occupation which requires the greatest possible objectivity and elimination of the personal. I think it is clear that the good psychotherapist is likely to fall on the arts side of the line, and that this is appropriate. Research into the personalities of therapists has suggested that 'Therapists effective with neurotics like literature and art.'² As we have seen, results in psychotherapy are difficult to quantify; but temperamental characteristics also partly account for the lack of interest in quantification shown by psychotherapists; a trait which has brought them into disrepute with experimental psychologists. Although psychotherapists must be capable of a certain degree of detachment and objectivity, they, like those who choose the

arts and humanities, must seek to experience and include the emotional and irrational. Openness toward one's own emotions and openness toward the emotions of others go hand-in-hand; and so the psychotherapist is attracted toward work in which the expression of emotion is not forbidden, but actually encouraged; and in which he has the opportunity of reaching a better understanding of his own emotions as well as those of his patients.

I wrote in Chapter 13 that when psychotherapy becomes concerned with understanding persons rather than with abolishing symptoms, it cannot be a scientific enterprise. Psychotherapists who guiltily feel that they are not as 'scientific' as their medical colleagues in other specialities can comfort themselves with the reflection that, if they were so, they would not be any good at their job. Carl Rogers wrote in one of his books: 'There are also many whose concept of the individual is that of an object to be dissected, diagnosed, manipulated. Such professional workers may find it very difficult to learn or to practise a client-centred form of psychotherapy.'³

The radical behaviourists, of whom B. F. Skinner is the most famous example, take precisely this attitude to human beings; and, although their way of thinking is no longer seriously entertained by academic psychologists, their claim that behaviourism is the only truly scientific way of understanding human beings has left its mark. Skinner, it will be recalled, has a notion of Utopia in which the environment is so controlled that appropriate 'contingencies of reinforcement' will automatically produce socially desirable behaviour and general happiness. Skinner writes: 'What is being abolished is autonomous man - the inner man . . . the man defended by the literatures of freedom and dignity. His abolition has long been overdue . . . A scientific analysis of behaviour dispossesses autonomous man and turns the control he has been said to exert over to the environment . . . What is needed is more control, not less . . . The problem is to design a world which will be liked not by people as they now are but by those who live in it . . . It is science or nothing . . .'⁴

But the attitude which treats human beings as objects which can be scientifically manipulated and controlled in the same way in which inanimate objects can be manipulated and con-

trolled, robs the human being of autonomy, is impossible to sustain in social life, and actually deprives the observer of an important source of understanding of his fellow-men. Although those who have been trained in the tradition of the exact sciences would like to see the difference abolished, there really is a sense in which understanding another person is different from understanding a disease, an animal, or a tree. Isaiah Berlin makes the point with his customary clarity in his book, *Vico and Herder*.

'Understanding other men's motives or acts, however imperfect or corrigible, is a state of mind or activity in principle different from learning about, or knowledge of, the external world.

'Just as we can say with assurance that we ourselves are not only bodies in space, acted upon by measurable natural forces, but that we think, choose, follow rules, make decisions, in other words, possess an inner life of which we are aware and which we can describe, so we take for granted – and, if questioned, say that we are certain – that others possess a similar inner life, without which the notion of communication, or language, or of human society, as opposed to an aggregate of human bodies, becomes unintelligible.'⁵

Understanding other human beings, therefore, requires that the observer does not simply note their behaviour as if they were machines or totally different from himself, but demands that he make use of his own understanding of himself, his own feelings, thoughts, intentions, and motives in order to understand others.

This kind of understanding, as Isaiah Berlin implies, is a refinement and deepening of the kind of understanding which we employ every day in our social lives, and without which social life would be impossible. To adopt an impersonal, scientific attitude to human beings tells us only about their behaviour; it is to treat them as not possessing an inner life, more particularly, as not possessing will or intention. D. C. Dennett, in his essay on *Mechanism and Responsibility*, refers to 'intentional explanations' which 'cite thoughts, desires, beliefs, intentions, rather than chemical reactions, explosions, electric impulses, in explaining the occurrences of human motions'.⁶ The impersonal, scientific stance (referred to by Dennett as

'mechanistic') can only inform us about another person's behaviour; and although, by adopting this attitude, we may be able to discern *causes* for this behaviour, our explanation cannot be in terms of intention, nor can we determine what this behaviour *means* to the individual concerned.

In our ordinary day-to-day encounters with individuals, we are bound to adopt the intentional stance. I cannot but assume that I myself have feelings, desires, thoughts, beliefs, and intentions, and, in the ordinary way, inevitably assume that others are similarly constituted. In *Fights, Games and Debates*, Anatol Rapoport⁷ points out that when we are playing a game, we are bound to make what he calls 'the assumption of similarity' about our opponent; that is, that he intends to win if he can, and that, in trying to do so, he will be influenced by the same sort of considerations, and have in mind the same kinds of strategy as we do ourselves. If we could not make the assumption of similarity, games would be impossible, and so, in fact, would social life.

The skills which the psychotherapist must develop, therefore, depend upon reciprocal understanding. The more he learns about himself, the more will he be able to understand his patients. The more he learns about his patients, the more will he be able to understand himself.

Good psychotherapists must not only be interested in people, but also possess the capacity for empathy with a wide range of different types of personality. We all have our limitations; and no-one can empathise with every kind of person. But psychotherapists must have an interest in people who, at first sight, may not resemble themselves or share their interests. I think this capacity is also connected with a relative absence of repression. For it is when one can recognise that embryonic features of the same emotional problems with which the patient is struggling are present in oneself that one can begin to empathise with what the patient is feeling; and this capacity, I believe, argues that one has not, too early in life, excluded from consciousness, and from what one conceives to be one's own character, possibilities that one might have developed entirely differently. This includes, for example, the possibility that one might have become an exact scientist, with the capacity for repression which that implies. Perhaps one can fully under-

stand only those aspects of personality in others of which one can find traces in oneself. The fact that psychotherapy demands a kind of flexibility toward oneself as well as toward the patient has its disadvantages, as I shall later discuss.

Openness toward emotion should imply that psychotherapists display an unusual tolerance of emotional expression in others. If someone starts to shed tears, many people become embarrassed, angry, or feel at a loss and run away from the situation. Psychotherapists, on the other hand, need to be able to facilitate the expression of distress on the part of the patient without themselves becoming so distressed that they want to escape. It is important that patients be allowed to weep without the therapist immediately trying to stop them. A good deal of conventional comforting is as much aimed at relieving the distress of the comforter as that of the sufferer. Therapists must also be capable of facilitating the expression of anger, even when it may be directed toward themselves; another feature of psychotherapy which the layman finds hard to understand. A tolerant awareness of one's own angry potential is essential if this is to be accomplished.

Although the psychotherapist needs to be aware of his own feelings if he is to understand those of the patient, he must not use the psychotherapeutic session as a forum for displaying them. In Chapter 7 I indicated why it was inadvisable for the therapist to talk intimately to the patient about himself. This is not to say that the therapist should try to be detached or cold. Psychotherapists need to be affected by their patients' emotions if they are to understand them; and the fact that they do understand will manifest itself in their manner and tone of voice, without their competing with the patient in emotional display. This requires considerable control and self-abnegation on the part of the therapist. It is easy for intellectual, remote persons to tolerate the emotions of others; they do so by detachment and avoidance. It is easy for warm, sympathetic human beings to enter into another's distress; to proffer tea, sympathy, or love, and to share with the other person their own, not dissimilar experience. The therapist's task is more difficult. He has to be affected without acting upon his own feelings: to feel, but to use his own feelings in the service of the patient, as a guide to understanding, not as a way of demon-

strating how kind, how loving, how sympathetic he himself is. Only thus will he be able to help the patient better to understand and to master his own emotional problems.

The capacity for self-abnegation, for not using such situations for personal ends is essential and, I think, unusual. It is, I believe, more often found in women than in men. In the U.S.A. Margaret Rioch, a clinical psychologist, instituted a programme of training for married women whose children were about to leave home and who were looking for a new occupation, but who had not considered practising psychotherapy as a possibility. This programme has been successful; and opens the way to recruiting a new kind of therapist; one who has not been driven to seek training is psychotherapy on account of her own need for help.⁸

It is certainly one of the more peculiar features of the practice of psychotherapy that the therapist spends the bulk of his professional life in situations in which his own self-expression is forbidden, or at least severely restricted. If one compares the life of a psychotherapist with that of a politician, a journalist, a teacher, or a barrister, this restriction is evident. It is less manifest in comparison with the lives of medical practitioners or solicitors, who ought also to be governed more by their clients' needs than by any desire to express themselves directly; but it is still more restricted than those. Much more than any other professional, the psychotherapist, whilst on the job, needs to be less than normally self-assertive; if not an enigma, at least not a completely known quantity. His own personality is never fully expressed, but always orientated toward the needs of the other.

Closely related with the capacity for self-abnegation is another important trait. This may be described as a reluctance on the part of the therapist to take over, to give orders, or to seek immediate practical solutions to problems. There is some evidence from research to support this opinion. 'Neurotics are not well served by therapists who like to solve problems', alleges James K. Dent,⁹ from whose work I have already quoted. Parker found that 'therapists who tended to dominate their clients and to respond to them in a directive manner were less successful than those who did not in bringing about client statements indicative of understanding and insight'.¹⁰

It is difficult for people who are natural leaders, who enjoy telling others what to do, to become good psychotherapists. The opposite is also true. In *The Psychology of Human Communication*, John Parry writes: 'It has been said of two British Prime Ministers that one possessed no antennae, while the other possessed nothing else. If by antennae we understand alertness to nuance and undertone, it is easy to see how either tendency can lead to failure in business and government. The man who is all perception is likely to reflect the prevailing mood without adding direction of his own; the leader deaf to the moods and feelings of others may produce clear-cut plans but will be unable to gauge their acceptability.'¹¹ Either tendency can lead to failure in psychotherapy in that the therapist with antennae can so identify himself with the patient's experience that he, like the patient, is unable critically to distance himself from that experience: but this is less common than the failure which arises from the therapist's lack of perception.

Before the days of Freud, psychotherapists were often authoritarian and didactic; more like ordinary doctors. Freud himself began by treating neurotics with hypnosis; a treatment which, more than any other, depends upon the prestige and authority of the therapist, in conjunction with the passivity and acquiescence of the patient. Freud did not finally abandon hypnosis until 1896; but, during the years from 1892 onwards, he was gradually modifying his technique.

He gave up using symptoms as starting-points in sessions, and ceased persuading or urging patients to recall apparently forgotten memories. Instead, he substituted the technique of free association; and I think it is arguable that this handing over the lead to the patient with a consequent alteration in the role of the doctor is the greatest of Freud's discoveries.

The training of psychotherapists ought to reinforce their disinclination to be authoritarian, in that their task is usually presented as one of helping the patient to help himself rather than telling him what to do, or proffering direct assistance. To be able habitually to behave in this way with patients argues a degree of passivity on the part of the therapist, which may be why one seldom finds psychotherapists as heads of departments. Their lack of overt aggression may, of course, mask considerable aggressiveness within; but its absence as an easily

accessible ego-function is noticeable in people drawn to psychotherapy as a profession, who prefer to exercise power in ways which do not require quick decision, giving orders, or any other form of acting directly or assertively upon the world and the persons round them.

It is now well established that psychotherapists need to be capable of genuine concern and warmth toward their patients. Research, quite apart from common sense, has shown that warm acceptance facilitates personality change, just as criticism tends to arouse hostility, and therefore makes change more difficult. Psychotherapists must, of course, say critical things from time to time; but, if the patient feels that the therapist is unequivocally on his side, it is astonishing how well he will be able to accept a critical assessment of his attitudes and relationships. My phrase 'unequivocally on his side' may be taken as equivalent to Rogers' 'unconditional positive regard'; perhaps the most powerful of all therapeutic factors in psychotherapy. Psychotherapists should be especially able to extend positive regard toward those whom the world has rejected. Successful therapists, I think, generally possess an especial capacity for identifying with the insulted and injured. This capacity is seldom possessed by the general run of mankind, who, even if not contemptuous of, or impatient with, those who feel neurotically ill-at-ease in the world, do not find it easy to display especial compassion toward them.

Psychotherapists often have some personal knowledge of what it is like to feel insulted and injured, a kind of knowledge which they might rather be without, but which actually extends the range of their compassion. Freud himself experienced ridicule and hostility during the earlier part of his life, and, in old age, had to flee Vienna in order to escape from Nazi persecution. Many of his followers also became refugees. The experience of being rejected by one's fellows, whether for reasons of race, or because of personal difficulties in making peer relationships in childhood may leave the individual with a curious mixture of hostility and suspicion directed toward ordinary people combined with an especial compassion with those whom he feels have been rejected like himself. It is a mixture which I think I have often detected in the personalities of psychotherapists.

Ideally, psychotherapists should be, and often are, persons of wide sympathies who are open both to their own emotions and to those of others: able to identify with a wide range of people; tolerant of the expression of both grief and rage; warm and sympathetic without being sentimental; predominantly non-assertive, but capable of quietly maintaining their own position: able to put themselves at the patient's service, and to accept that their reward for doing so may be both long-delayed and indirect. This picture may sound too good to be true; but if we study the psychopathology which I believe to be associated with it, it will no longer appear so.

A psychoanalyst who has had as patients or trainees rather a large number of psychotherapists once remarked to me that he had found a good many of them to have had depressed mothers. I have no statistics which would prove or disprove this statement, but if it were true, it would not surprise me. Sensitivity toward the feelings of others is an essential part of the psychotherapist's equipment; and such sensitivity can, I believe, generally be traced to the circumstances of the therapist's childhood. Why should it be necessary for a child to develop a particularly sensitive awareness of what others are feeling? Often, I think, because such sensitivity springs from an anxiety not to upset or anger or distress one or both parents. Suppose, for example, that a child has a particularly irritable, difficult father. He will surely learn to watch out for danger signals; to be more than usually alert to what might upset his father; to study the father's wishes, and comply with them, in order to avoid arousing wrath.

Or suppose that the child's mother is ailing or low-spirited. He will have to learn not to make demands upon his mother, and will also become sensitive to what factors seem to make her tired or ill or depressed. This anxious awareness of what may upset parents may inhibit natural, spontaneous behaviour, and sometimes has the result of making the child feel that his demands are selfish, illegitimate, or even potentially harmful. Instead of a freely expressed demand which a parent might as freely either meet or refuse, such a child may come to feel that his own need for love is likely to be destructive. Moreover, if he comes to feel that his own needs and demands are bad, he will be left with an anxiety as to whether he is likeable or lovable,

and an especial need to prove that he is so. This will reinforce his tendency to be over-anxious to please, or even ingratiating. No-one likes to be labelled ingratiating; but anxiety to please and sensitivity to what may be upsetting to others are useful traits which help the psychotherapist to make an initial contact with patients who begin by being hostile or suspicious.

If we follow the consequences of this presumed psychopathology a little further, we shall see that it links in with other features of the psychotherapist's personality. For, if a child's behaviour is governed by anxiety over the effects which his demands may have upon his parents, he is, it is clear, relegating himself to second place. He is giving precedence to his parents' needs. A child of this kind might, therefore, grow up to be an adult who is not only sensitively orientated towards what others are feeling, but who also has a tendency toward self-abnegation and putting others first.

This attitude also has the effect of encouraging repression of the child's aggressive feelings; since self-assertion is forbidden, and self-assertion cannot be separated from aggression. I do not think that anyone can be primarily orientated toward the feelings of others without repressing considerable aggression. Psychotherapists, therefore, are not so 'nice' as they sometimes appear; a trait which did not escape the notice of Freud, who thought that therapeutic enthusiasm was a defence against sadism. During their training, I believe that many of those in the 'helping' professions have, reluctantly, to face and accept an aggressive aspect of their personalities which they might not have realised existed. If they succeed in doing so, it will be easier for them to tolerate any aggression which patients may display toward them, and easier for them to assert their own opinions and needs in social life, where this is appropriate.

Lack of self-assertion seems to go hand-in-hand with some uncertainty about identity. There is a tendency for psychotherapists to be all things to all men, and hence to lack firmness, consistency, and definiteness of personality; qualities which we usually associate with those we admire. If a therapist is constantly orientated toward understanding others rather than toward expressing his own views, those views may never be explicitly or firmly formulated. It is desirable that therapists should be as free as possible of prejudice, although this is an

ideal impossible of attainment. But lack of prejudice may also reflect a lack of genuine conviction, of any formed, positive attitude toward the world.

However, there is one sphere in which a somewhat fluid sense of identity is a positive advantage. It is desirable that psychotherapists should not identify themselves too closely with the sexual stereotypes operating in whatever society they live in. They must be capable of receiving both the masculine and the feminine projections of their patients; to be both 'mother' and 'father'. If the therapist is too markedly feminine, or too obviously masculine, it is more difficult for the patient to project both kinds of image. Projections need hooks to which to attach themselves. It is also valuable for the therapist to be able to identify with either sex; to imagine what it would be like to be the opposite sex. This implies being aware of one's own contrasexual traits. It is interesting that, in studies of creative men, psychologists have consistently reported high scores on tests measuring femininity. The greatest novelists, of whom Tolstoy is the supreme example can identify with, and depict, the opposite sex with entire conviction. It is interesting that Tolstoy, who found difficulty in controlling his very powerful sexual drive, never achieved a consistent, firm identity. All his life, he alternated between sensuality and asceticism, arrogance and humility, idealism and cynicism. His lack of consistency may have contributed to his achievement as a novelist, but made him extremely difficult to live with. The same may be true of some psychotherapists.

Persons who are attracted to the practice of psychotherapy often seem to relate to others by identification with the other rather than by mutual self-affirmation on equal terms. Whilst a large measure of identification with the patient may be necessary within the therapeutic setting, it is undesirable in relationships with friends, although an easy way of being initially accepted by them. It is tempting, but wrong, for the psychotherapist to take into social life a way of relating to people which is more appropriate to the consulting room. Most people are only too willing to talk at length about themselves, and, since therapists are, or ought to be, experts at 'drawing people out', some of their social encounters may consist of a monologue on the part of the person with whom they are

talking, with the therapist making no more contribution than he would when a patient was freely associating. Although such a conversation may leave the other participant with a conviction that he has been talking to someone particularly 'nice', he may, on reflection, recall that the therapist has not said anything about himself, and that he therefore had had no real opportunity of judging whether he was nice or not. There are a number of ruthlessly narcissistic people for whom the monologue is a substitute for conversation; but most of those who are less self-absorbed do regard social encounters as an opportunity for interchange on more or less equal terms. After being trapped into a monologue, such a person may rightly conclude that the therapist's apparent modesty was actually a devious way of putting himself in the superior position, reminiscent of those catalogued by the late Stephen Potter.

The fact that people who are attracted to the practice of psychotherapy tend to relate to others by identification rather than by mutual self-affirmation on equal terms has the consequence that the desire for power which they share with others is somewhat muted, and may not be obvious either to their patients or to themselves. Although psychotherapists put their personalities and skills at the service of their patients, they are, in reality, in an exceptionally powerful position. First, they are in a position where they may either graciously condescend to 'take on' the patient, or else refuse to do so. Since psychotherapists have been in short supply in this country, psychotherapy has been a seller's market for many years; and some analysts, although charging very high fees, have not scrupled to make the patient feel that he is fortunate in being allowed to recline on their particular couch. Since one of the objects of psychotherapy is to help those who are immature and uncertain of themselves attain a conviction of their own equality with other men, such an attitude on the part of the therapist is not conducive to the patient's recovery. It is also gratifying, though often worrying, to have patients who are very dependent upon one, a fact to which I drew attention in Chapter 7; and some therapists who are particularly unaware of their own desire for power may, unconsciously in most cases, but not in all, encourage dependency by failing to make manifest the patient's dependency or encourage him to overcome it. This is obviously more

likely to happen in private practice, especially if the patient is well-off and settles his accounts promptly. Psychotherapists may not exercise power in an obvious, direct fashion; but they are *eminences grises* who have more power than some of them realise; and the temptation to abuse this power is something of which psychotherapists should constantly remind themselves. What I have just written applies to all those in the 'helping' professions to a lesser extent.

I wrote above that psychotherapists have been, and still are, in short supply. This obviously raises the question of whether some of those who take up this profession do so because they realise this, whilst fearing that they might fail at anything more competitive. There may be a few instances of such hard-headed calculation, but I think such people are uncommon. As I hope I have indicated, the personality traits which draw people toward psychotherapy originate in childhood, before considerations of how to make a living are as important as they become in later life.

Sensitivity toward the feelings of others combined with the repression of self-assertive tendencies may not, in childhood, be a mixture of traits conducive to ease in mixing with peers. Children of both sexes need to be sufficiently overtly 'aggressive' to stand up for themselves. I have the impression that a number of those who become psychotherapists do so not only because sensitivity and an absence of self-assertion are traits which are useful in practice, but because their early difficulties in mixing have led them to choose a structured situation in which conventions and rules govern the interchange and in which intimacy is of necessity one-sided. Provided that the therapist is aware of how his own psychopathology has contributed to his choice of profession, he can make use of it in the constructive way which, I wrote in Chapter 13, was what we should help our patients to achieve. Indeed, without some of the traits I have outlined, the potential therapist would neither be attracted toward the profession, nor be any good at it once he had adopted it.

However, there are two types of person who sometimes become psychotherapists who do so for reasons even more 'wrong' than the ones I have outlined. In his book *Anxiety and Neurosis*, Charles Rycroft writes: 'Obsessional characters are

often attracted to psychology, since it seems to hold out the possibility of knowing about and therefore being able to control precisely those aspects of themselves and others which are most elusive and unpredictable. They find psychological theories which ignore intuition, which rely on statistical analyses, and which include the idea or ideal of 'normality' particularly fascinating, since they encourage the notion that emotions can be mastered intellectually and that there is a known and desirable pattern of behaviour to which one can adjust oneself – thereby enabling them to feel that it is always possible to tread on safe and familiar territory.

'They are also attracted by philosophical systems since they create the illusion that it might be possible to discover a key to the universe which would enable one to understand everything in general and thus become immune to anxiety-provoking encounters with unknown particulars.'¹²

Although the first part of Rycroft's statement may more usually be applied to those who are attracted by experimental psychology, a group of people who, in this country, generally repudiate psychotherapists and all their works, there are a few psychotherapists who, unfortunately, do correspond to this description. They include some who appear to have no antennae, no trace whatever of any understanding either of themselves or of others, and who are drawn to psychotherapy because they believe, quite wrongly, that its practice will dispel the mists of their unperceptiveness.

The latter part of Rycroft's statement, that concerned with philosophical systems, more fittingly applies to those analysts who elevate their particular 'school' into a dogmatic faith; and who believe that only they, and a few other chosen spirits, preferably analysed by themselves, have any deep understanding of human nature. Such are the analysts who believe in some mythical ideal of being 'completely analysed', and who denigrate those who do not subscribe to their beliefs as being insufficiently trained (they mean 'converted'); who create splinter groups within analytic institutions, and who entirely fail to recognise that, in a relatively new discipline to which many and various types of mind may each have something to contribute, dogmatism is both out of place and a sign of their own insecurity. Analysts of this kind have not, in Kleinian

terminology, advanced beyond the paranoid-schizoid position to acquire the capacity for being depressed. For is not a characteristic of the paranoid personality to *know* that he is right and that others are wrong, whilst the person who has reached the depressive position is more easily able to doubt whether he himself or anyone else has the only key to understanding human beings? Inexperienced psychotherapists tend to be over-awed by those with strong convictions. I would recommend that they read *The Pursuit of the Millennium* by Norman Cohn,¹³ which is a learned exposé of the paranoid nature of sectarian movements. These invariably display three features: a leader who is sure that he is right and who makes promises of future bliss: an enemy, be it the Establishment, Anti-Christ, or anyone else who does not subscribe to the doctrine being promulgated; and a group of followers who for reasons connected either with external circumstances or with their own psychology, are sufficiently at a disadvantage or insecure enough to need to become attached to such a leader.

I have outlined some of the psychological characteristics which distinguish at least a number of those who are attracted toward the practice of psychotherapy. This outline is partly based on introspection, and partly on knowledge of other psychotherapists, either as patients or colleagues. I hope that what I have written goes some way to answering the naive question of whether psychotherapists are as neurotic, or even need to be as neurotic, as those whom they purport to treat. I believe that neurosis is more a matter of being overwhelmed by, or at the mercy of, one's psychopathology than of possessing any particular pattern of psychopathology. I think it is clear that those who are going through some crisis, or who are partially overwhelmed by their personal problems, are not likely to be able to give the kind of attention to the problems of others which is required of the psychotherapist. On the other hand, those who think that they have no personal problems at all are still more unsuitable. Mental health is not to be defined as absence of problems. The only persons who have no problems are those that are dead, or else so rigid and so unaware of themselves that they have ceased to develop. I suggested earlier that psychotherapists are more like artists than scientists. One characteristic of creative people who work in the arts is that they

continue to change and develop, and are constantly tackling new problems. Those that do not cease to produce anything of interest. Directly one attains a rigid point of view, an absolute certainty in life, in which one has the illusion of being free of problems, one loses the capacity for personal growth, and also the capacity to identify with others and understand their problems. Since we all tend toward increasing rigidity as we grow older, it is arguable that psychotherapy is better practised by the young; and it is true that both Freud and Jung, as they became elderly, tended to lose interest in therapy, and to show more interest in problems of theory. However, we may take courage from the example shown by some of the great creators, who continued to change and develop into extreme old age. Verdi, for example, wrote *Falstaff* when he was eighty; an opera which, in many respects, is a new departure. Michelangelo, who was almost eighty-nine when he died, was working on the Rondanini Pietà six days before his death; and this, too, is a new departure, a paring down to essentials. These great men had problems; problems of integration, of striving after a yet more perfect manner of expression; problems which were not just matters of technique, but closely bound up with the fact that they themselves were developing and changing, right up to their deaths. They did not know all the answers; they never arrived, but always continued to travel hopefully. This, I think, should be the attitude which the psychotherapist should have, both to his own problems and to those of others.

I am often asked by pupils whether I think that psychotherapists need to be analysed. My answer is that most people who take up psychotherapy as a major part of their professional lives do feel the need to explore their personal problems in this way at some time during their careers. Moreover, doctors are better doctors if, at some time, they have had to be patients; and I think it is valuable for psychotherapists to be exposed to psychotherapy in order to make it easier for them imaginatively to enter into what their patients are experiencing. Psychotherapy is difficult to teach, and personal exposure as a subject is a good way to learn something about its practice. However, there is no study known to me which shows that psychotherapists who have had psychotherapy are more effective than psychotherapists who have not. There are some people who

seem to be natural psychotherapists; who are gifted with intuition, empathy, and compassion combined with the necessary degree of detachment; and I am far from suggesting that highly skilled, sophisticated psychotherapy can only be practised by those who have been through a full-scale analytical training.

I turn now to the effects of practising psychotherapy upon the psychotherapist. First, I would like to emphasise that it is an intensely interesting and rewarding profession. What other occupation can permit one to get to know, extremely intimately, so large and so varied a collection of people? Second, it is obvious that it is a pleasure to feel that one is valued by, and some help to, one's patients. However, I am not primarily concerned with extolling the merits of the profession, but with looking at effects which are not always clearly seen.

Since the practice of psychotherapy demands some of the traits of personality that I have outlined, it is natural that these should be reinforced. There comes a point at which a certain kind of therapist may almost disappear as a definable individual, in rather the way that some self-sacrificing, Christian ladies become nonentities; people who are simply there for others, rather than existing in their own right. When psychotherapy is practised every day and all day, there is a danger of the therapist becoming a non-person; a prostitute parent whose children are not only all illegitimate, but more imaginary than real. Psychotherapists tend to forget that, although they probably get to know their patients better than anyone else, they see them under special conditions for only a short time. They do not see their patients in action in the external world; and, naturally enough, hear more about their anxieties, failures, and hesitations than they do about their successes. In imagination, therefore, they may have a somewhat distorted picture of them as less competent than in fact they are. However, living vicariously, through one's patients, is as much a danger for some psychotherapists as it is for some parents; and it is essential for the therapist to find some area in which he lives for himself alone, in which self-expression, rather than self-abnegation, is demanded. I agree with Thomas Szasz when he writes: 'If you see eight or ten patients day in and day out, the chances are that the level of your work may not be consistently high. A good solution to this dilemma is to com-

bine analytic work with other activities compatible with it, for example, with teaching, research, or writing.'¹⁴

I also want to draw attention to the fact that the families of psychotherapists tend to suffer; for two reasons. First, professional discretion means that the therapist is virtually unable to discuss his work with his family, who often have very little idea of what his work entails. If either parent is a full-time, or even part-time therapist, this means that interchange with the family is diminished, to the disadvantage of both sides. If the most important thing which has happened to one during the day is that a particular patient has shown a sudden improvement, or that another has broken off treatment, being unable to talk about this 'in front of the children' may increase a parent's remoteness and make the children feel excluded. I often wonder whether the families of spies, or even of politicians in possession of State secrets, who constantly have to watch what they are saying, suffer similarly. Of course psychotherapists are likely to discuss some aspects of cases with their spouses, who are also required to be discreet: but I have generally been extremely reluctant to go into any details, feeling this to be a breach of confidentiality, although most patients seem to expect that one will talk about one's work to one's wife, and I always answer truthfully about this if the subject is raised.

The second reason that the practice of psychotherapy may be deleterious to family life is that, since psychotherapy is an emotionally demanding profession, the therapist may well have little emotional energy to spare for wife and family. If, all day long, one has been listening to the troubles of others, one is less likely to be patient with the tribulations of one's spouse, or with the ups and downs of one's children's school lives, than if one was employed by an insurance firm. Some psychotherapists want to escape into something quite impersonal. I found my own interest in reading novels greatly curtailed when I was in full-time practice, although I have learned much from novelists about human nature.

Another danger is what Jung called 'unconscious infection'. However balanced the therapist may be, he is likely to encounter a few patients whose material is both particularly disturbing and fascinating, so that his own equilibrium is threatened. I am not referring to the danger of falling in love

with the patient, since this is a well-recognised risk which applies not only to psychotherapists but to doctors in ordinary practice, clergymen, and many other counsellors of various kinds. What I have in mind is something to do with unconscious areas within the therapist's own psyche which, in ordinary life, might never have been stirred up, or even seen the light of day in his own personal analysis. I decided many years ago that I was not going to be one of those bold analysts who undertake therapy with psychotic patients; for although I believe that the majority of such patients are not suitable for psychotherapy of an uncovering kind, I do recognise that a few are, although their treatment is generally difficult and time-consuming. I simply found that close encounters with schizophrenics seemed perilously upsetting. Bertrand Russell said of his friend the novelist, Joseph Conrad: 'He thought of civilized and morally tolerable human life as a dangerous walk on a thin crust of barely cooled lava which at any moment might break and let the unwary sink into fiery depths.'¹⁵ In intimate contact with psychotics, I felt the same. If a therapist finds himself threatened in this way, he should talk it over with a colleague. He might find that further analysis for himself was called for: on the other hand, he might have to recognise his own limitations.

Another danger for the therapist is that of being cut off from contact with ordinary people. Some analysts are quite unable to communicate with anyone other than patients and other analysts. These are the analysts who spend eight or more hours per day seeing patients and then, when evening comes, dutifully attend an analytic seminar. Such a life diminishes one as a human being, besides reinforcing the esoteric, dogmatic and faith-like aspect of some analytic groups to which I have already drawn attention. I think it very important that therapists have as normal a social life as possible, in which they meet as friends people in entirely different walks of life who pursue entirely different vocations. Some psychotherapists carry their professional set into ordinary life to such an extent that they are unable to distinguish people whom they really like and find interesting from those whom they do not.

However, I do not want to end by leaving an impression that psychotherapy is so full of dangers that I deter anyone who is

likely to be good at it from taking it up. Psychotherapy, like other professional activities, has its disadvantages; but its interest far outweighs them. Human beings are endlessly fascinating; complex amalgams of all kinds of qualities, good and bad. There is no trait of personality, no human characteristic, which does not have two sides to it. If I had to choose one overriding impression which I have received from my practice as a psychotherapist, I would point to this ambivalent complexity. My life has been greatly enriched by my profession; and I am grateful for having had the opportunity of penetrating deeply into the lives of so many interesting, and often lovable, people.

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