

Dr Joseph Redfearn
Right and Wrong in Psychotherapy
The Guild of Psychotherapists
Annual Lecture - 5th September 2006

I want in this talk to highlight some of the dangers of having fixed and rigid or authoritarian views of the right way and the wrong way of doing psychotherapy. Even when there is in actual fact a right way and a wrong way of doing a thing, like cooking something without burning it, some of the difficulties of teaching someone how to do it are described in an article by Jamie Oliver on how to cook the Christmas meal, in which he recalls how he tried to supervise his wife Jules. He asks her how long the bird should cook for. "How big is it? Four and a half kilos – about five hours on a medium heat?" she guesses. "OK, stop there," he thinks, "That's going to be way overcooked." "Of course, there isn't a right or a wrong way," he starts to say, to keep her sweet. "Patronizing little shit" says she. After a few minutes she says to him, "I *can* cook you know, if you would just let me alone. You're dying for me to cook for you, but if I'm going to treat you to a nice dinner, I want you to accept it and enjoy it. If you always come in and take over, which you do, because you can't help it, it's no treat for you." Jamie replies, "Yes, but sometimes I smell things burning, and I just have to say 'Darling, if you turn down the heat at this point, then it will be cooked all the way through and not black on the outside and raw in the middle...'"

So I really am not trying to give you the impression that I think I know how to supervise and how to do therapy, and that you don't. In fact the main purpose of my contribution is to oppose the idea that there is always a right way and a wrong way of doing those things, and that *I* know the right way for everybody to work. What I have found right for me may be quite wrong for you.

Our narcissistic need to be right will only lead in our supervisees to compliance rather than working through difficulties and differences so that the trainee finds her own way. It is not all that infrequent for two supervisors to disagree about a trainee's trainability. This can sometimes have disastrous consequences for the trainee.

Differing views amongst a group of therapists about what is the right way and what is the wrong way to do psychotherapy can lead to impasse, discord, and splitting into opposing factions, as I have found over the past fifty years or so. In the late sixties and throughout the seventies of the past century I was on the committees of the S.A.P. which had to do with both training and qualification. In those days there arose two main factions led respectively by Michael Fordham and Gerhard Adler. Each had very different ideas about the right way and the wrong way to do analysis. Gerhard used an approach similar to that of Jung and the Zurich followers of Jung, whereas Michael, having had a great deal of experience with the psychotherapy and analysis of children, took a line nearer to that of Melanie Klein and child psycho-analysts. Michael and his analysands and trainees became dominant in the S.A.P. and it came to the point where analysands of Gerhard and his followers tended to be rejected when they applied for training, or for membership when trained. Gerhard had then no alternative but to split off from the S.A.P. and form

his own training group, the A.J.A. Gerhard was very powerful in the International Association of Analytical Psychology at that time so he and his group had no difficulties with regard to international recognition.

In the sixties and seventies there was as we all know a cultural trend throughout the western world against rigid authoritarianism, and society became very much more permissive. This movement was of course especially powerful among students, who in some universities demanded more say in what they were taught, and how, and even by whom. Feeling that there was a place for a training that was not so narrow and infantilizing as most of the existing psychotherapy trainings, several colleagues, including myself founded the Guild of Psychotherapists. We were trying to offer an eclectic training and even hoped that the trainees themselves should play the major role in saying what they needed to learn, and take a part in deciding the training syllabus itself. But over the years they found that in order to get the training, with more or less the same formal requirements as other psychotherapy training bodies had. This sequence of events, permissiveness, with its accompanying dangers of chaos and stalemate, followed by reversion to structure, paralleled the identical changes in society in general, with its bid for freedom in the Sixties and Seventies, and the abuses consequent upon that, bringing about a reaction in the opposite direction, which followed in the Eighties and Nineties. Now there is something of a climate of fear of broaching boundaries and of dire penalties, as we import from the States the promises of litigation.

In my role as Director of Training of the SAP throughout the Seventies and since then, I have been concerned with the occasional supervision or therapy which has gone wrong. I have known of several trainees who have not managed to work to their supervisor's satisfaction and have finally got into a stuck and tearful state when they have felt they could do nothing right for the supervisor. In these cases a change of supervisor is usually all that is required to resolve the impasse and end up with an analyst or therapist who is completely acceptable to the training body concerned. In other words, the character and the character defences of the supervisor cannot be ignored as a factor in the failure of trainees. Exactly the same thing has applied in the case of therapists and clients of course, and we all know of numerous examples where a change of therapist has made all the difference. Most often in these impasses the supervisor or therapist is being rigid and omnipotent and 'know' that the trainee or patient is doing it wrong, and how.

When I was first being analysed in the late Forties of the last century, it was not the done thing for the blank-screen analyst to have or at any rate to express any feelings. The analyst was simply always deemed to be objective and right – at least my analyst always was! If I passed an opinion on someone we both knew he never said 'I rather agree' or 'I'm not so sure about that'. He simply said either 'That is correct' or he would, if he disagreed, start analysing what I had said in terms of my projections on to the person concerned. So I developed my own way of finding out what he really felt about anything, by simply re-translating what he said back into how he felt, which of course was terribly important to me.

The feeling of being right is a feeling of well-being, strength and wholeness, a feeling of being at one with one's whole self. Paradoxically, it involves the suppression of, or dissociation from, opposite feelings. In the words of Sir Galahad, 'My strength is as the strength of 10, because my heart is pure.' Sir Galahad had apparently no awareness of his shadow side at the heady moments when he was feeling like this.

We **need** the feeling of being right when we are fighting. Let me read to you some of the notes retrieved from the luggage of one of the suicide bombers of September the 11th... "God, I trust in you. God, I lay myself in your hands. I ask in the light of your faith that has lit the whole world and lightened all darkness on this earth, to guide me until you approve of me."

"Remember the battle of the prophet... against the infidels, as he went on building the Islamic state."

"You should ask God for guidance, you should ask God for help."

"Purify your heart and clean it from all earthly matters."

"When you enter the plane, pray 'Oh God, ... I am asking you for your help... I am asking you to lighten my way... We are of God, and to God we return.'"

(Guardian, Saturday 29th September 2001)

We must remember that these young men are willing to die for what they believe is right and fighting against what they feel are evil western secular values, just as our soldiers are expected to be willing to die for democracy, freedom and western values. It is not so long ago since we burned witches and killed for our particular Christian beliefs, it being for the good of the victim's eternal soul rather than that of his temporary earthly body.

But going from the extreme of righteous self-sacrifice to the extremely everyday, we need to feel right enough in order to actually **do** anything at all. We need to make choices which involves suppressing the impulse to do the opposite. This applies not only fighting against external or internal opposition but actually to choosing to do anything at all. In the occupation of shopping, for instance, at which some people are much better than others, we have often to choose one particular thing, and this entails choosing not to buy the alternatives. And immediately one has bought it one may regret it and wish one had chosen the alternative! The act having been performed, the suppressed alternatives can now escape from the inhibitory process that had been necessary for decision, choice, and action to have occurred.

Again, in the field of caring for and bringing up our children, it would be far too dangerous to the baby or infant to let her learn simply from her own experience – we have only to think of touching a live electric wire or plug, or falling off a platform or wall – we have to teach her at every state of development and in every aspect of everyday life the safe way to do things. And however gentle we are, there are stages or times when tears result. Most of what we do as grown-ups is a matter of habits learned partly in this way, habits which later stand up to criteria of safety, usefulness and common sense. Questioning is normal, healthy and creative at the appropriate stage, and it is only when questioning is prevented by fear that it becomes the nucleus of the sort of fear/compliance complex to which I am referring here.

Sometimes we need to feel in the right and project wrongfulness on to the other person in order to keep feeling healthy and well.

Hazards paper, p.183-184:

For example, a patient who was in analysis with me for several years more than 30 years ago at first seemed to be positively glowing with health, and this was achieved in some measure by projecting all her shadow subpersonalities into me, as a father figure, and various other people (into the not-I part of herself). Sessions usually left me feeling considerably worse for wear. She felt that people were conspiring to prevent her success in life and at work. Later she accused me of writing damaging letters about her to colleagues, but these accusations only came out into the open when she was about ready to relinquish them.

For the first year or two, sessions were mostly spent in angry complaints about people not helping her. Mostly I was not allowed to say anything, but if I succeeded in hinting at another point of view, perhaps wondering out loud if she was playing some role in her various disasters for example, it seemed to give her pause for thought. But the next session she came back in glowing health and great form, having spent some of the night thinking or dreaming about what I had said, until she got an idea or revelation which proved I was wrong and she was right after all, and explained why. In other words, her intact sense of self, her 'paranoid defences' and her bodily health and well-being were restored by her dreaming activity. During this time she was paying her bills late and reluctantly. However, I was gradually allowed to say and be heard more and more, and express my ideas more and more robustly, which was a considerable relief to me. At this point, when I was feeling much better after each session than previously, she had a dream about vomiting out a foot-long object belonging to me, and she developed various digestive and other psychosomatic ailments connected with this bad part-object (bad phallic subpersonality in my terminology). She dreamt of rejecting her father whereas previously it was always the other way round. Then she developed a sexual relationship with a man and had more positive and warm feelings for me. Thus as I was beginning to be allowed to be normally phallic and feel better, she went through a short phase of ill-health.

So the feeling of wholeness should not be confused with functioning as a whole, which may require a holding and synthesis of opposites, and an awareness that there may be two or more sides to any question, an awareness of one's own faults. Even if one attains a feeling of harmony, wholeness and oneness, this feeling should not be mistaken for functioning as a whole.

The omnipotent narcissistic defence.

The feeling, indeed the 'knowledge', that one is in the right is to a certain degree necessary for the soldier, the politician, and the fanatic, although the more professional the soldier, the less is this feeling essential, and the more it becomes a feeling of being on balance right enough. And the more professional and healthily secure the therapist, the less she has to fall back on the feeling of knowing she is right (for we have to acknowledge that 'knowing' one is right is a feeling, even when it refers to a 'fact' such

as two and two make four.) In order to live in a community or even a nation, we need sufficiently shared feelings of what is right and acceptable in matters of property and ownership, sexual mores, consideration for the weak, ill, and elderly, and many other areas of behaviour. No two persons will have exactly the same values, but we need to take the attitude, very well put by the socialist politician Aneurin Bevan. He used to say, "This is my truth, this is what I think is right, now tell me what is your truth". A strong and sincere feeling of rightness, coupled with respect for the other person, is perfectly possible for the person who has a secure sense of personal identity.

In a short but powerful recent paper (*J. Anal Psychol.* 50, 35-40, 2005), entitled 'Why we can't get along', Coline Covington ascribes the schism and disputes which have been the plague of our profession from the beginning mainly due to the malignant narcissism that is a salient characteristic of us, its practitioners. She stresses the need for further analysis when this is a feature, but does not go into the question of distinguishing healthy from malignant, and its splitting-off, projection and acting out depends on the acceptance of its positive or at least its understandable side. Calling it malignant may be counterproductive in many cases, although it self-fulfils, self-propagates and escalates in groups and communities just like a cancer.

I cannot overstate the importance of **not** being sure that one is right and of not 'knowing' that the client is right (or is wrong). 'Knowing' that the client is right leads us consciously or unconsciously to side with her. We should not do this without weighing up the possible dangers, for instance the dangers of ill-advised explosions and disastrous confrontations with relatives, friends, colleagues, employers, and other authorities. The therapist is a doubtful and usually spurious ally when it comes to real help. I well remember a paranoid client of mine who mistook my generally supportive attitude for siding with him in his quarrel with his employers. He was soon demanding that I testify on his behalf in a court of law. When I did not agree to do this, he left the room screaming, and did not return for several weeks.

As we have seen, the need for certainty is usually based on fear in one form or another. At some times it may be necessary as an interim measure to provide alliance or re-assurance against the particular fear involved, of course. But the ultimate aim of therapy is to help the trainee or client to live with the fear or conflict concerned.

The psychotherapist as God.

For Jung, the main aim of analysis is to achieve a balance and a creative working relationship between the ego and the unconscious, or in a broader sense between ego and self. Jung's concept of the self was based primarily on his experiences in childhood and later of God and the all-powerful Other. He felt that he knew God in this sense, whereas his father and other clergymen had no such direct spiritual knowledge. Whether God is felt to be in a non-ego part of oneself, or as out there, it is arguable that the consciousness of God in this Jungian sense of the Greater Self should always be present in the analytical session, but must be differentiated from and not identified with. Identification with God is of course madness at least when it is unconscious. Insecurity makes some therapists

play God. The need to belong to the Chosen on the part of analyst, supervisor, analysand, or trainee may have a similar effect.

But to be aware of God's presence is not the same as to believe that one knows what God wishes or what God is teaching us. Certainty about God's will, and of what is right, can be, as we have seen, a comforting crutch. But, as Richard Dawkins, the evolutionary biologist wrote in the Guardian one month after September 11th, and as he repeatedly insists, revealed faith is not always harmless, it is sometimes lethally dangerous. Dangerous because it gives one unshakeable confidence in one's rightness, even righteousness, and in the need to deny, repudiate, expel or destroy one's opponent, who may become one's enemy. In the still sacrosanct area of religious belief, it can bring on the false courage to kill oneself or others. September 11th and its aftermath are still teaching us more about the psychotic, schizoid, wholeness-denying potentialities of feeling right. It teaches us by providing extreme examples carrying to lethal absurdity a necessary and healthy instinct or subpersonality in ourselves. But this part of ourselves is, like all instincts, only healthy when it is joined to a healthy functioning ego and not split off or denied. The arrogant dogmatism which is the subject-matter of this paper is not by any means confined to religious fundamentalists and fanatics. There are arguably just as many arrogantly dogmatic atheists, scientists, and psychotherapists.

As I said, we tend to project our unwanted shadow bits on to our colleagues and rivals, and this can lead to splitting into professional factions. We still, however, usually need to feel we belong to a group in order to have an identity. I well remember Gerhard Adler at the 1968 I.C.J.A. At the time when he was pitting himself against Michael Fordham and the Fordhamites, saying that the Fordhamites were not Jungians but more like Kleinians. He compared the two groups to the opposite ends of the spectrum, the blue end and the red end. I was Chairman of the S.A.P. at the time and was desperately trying my best to hold the two groups together. I got up and said how much it hurt not to be considered a Jungian, and there was considerable sympathy for me, and appreciation of my feelings, but it had not the slightest effect on the much more powerful antagonists.

The more basically secure one is, the more doubts, uncertainties and oppositions within ourselves can be contained in consciousness without loss of good-enough security. This enables dialogue, discussion and integration to continue. Basic mutual good feeling ensures that this takes place. Jung's concept of the *Mysterium Coniunctionis*, the union of opposites, including the opposites of love and hate, in a deeper synthesis, requires love as a background or medium in order to successfully occur.

Our feelings of right and wrong are without doubt based on our most primitive instinctual, archetypal reactions to things, such as what I find good to eat or suck and what I spit out or push away, and what is painful and what is pleasurable. No doubt this is the basis, in what we refer to as the paranoid-schizoid phase development, of me and not-me. But feelings of loving and caring also have their instinctual basis, being needed for parenting, living together and mating. Such feelings are beyond the right and wrong, and are the sort of feeling we use in healing and therapy. Being right is to do with the sympathetic nervous system, to do with self-defence, fight or flight. Therapy is often to

do with love and warmth and the parasympathetic nervous system, but this is not to assert that hating feelings are to be avoided.

Before the child can separate from the mother and learn to respect and care for others, she (the child) goes through a stage of relating to others which I call the stage of autistic expectation. One expects the other person to be like oneself, and think like one does oneself, walk like oneself, talk like oneself (to borrow a phrase from the song). If the other does not accommodate herself to this expectation, one may get into a temper, scream and shout and stamp one's feet, a condition I call autistic rage. Or you may call it omnipotent narcissistic rage. Supervisors may display slight degrees of this when the trainee does not do it in the manner the supervisor feels is right. The idea that there is such a thing as *the correct* interpretation is such an autistic expectation, as are many of the rules laid down by different factions. These rules begin with 'One should *always*', e.g. 'One should *always* interpret the transference'; one should *always* avoid being emotionally involved with the client.

Should one always interpret the transference? There be many times when this is contra-indicated. More often than not it is better to work with the client not in such a pontificated way, but arrange things so that insights are arrived at genuinely together. When people are close, mutual telepathy occurs quite frequently.

Can one ever say a dream means this or that? One can only say that it suggests this or that to me from where we are standing at the moment.

How far is the trainee an initiate? Discipleship, submission to the Teacher, the Master who knows, and who is always right, is to some extent demanded by all systems of training, and is obviously of value for many students. But, like all archetypal situations, an unconsciously acted out, one-fits-all scriptural teaching master-pupil dominance-submission way of transforming the trainee such as pertains in religious initiation is only part of supervisor-trainee relationship.

Supervision and the Circumcised Heart, William J. Ventimiglia, (p.23 & 24).

"A truly ethical practice of both analysis and supervision will be grounded in a consciousness of the religious dimension of human experience. In the Judeo-Christian tradition such consciousness has historically been conveyed through the symbol of the circumcised heart. The circumcised heart provides a useful image which may help us to value the fear with which trainees often approach those elders of their training institutes with the responsibility for initiating them into their profession. It also gives us a key toward the goal of working with patients and trainees in a therapeutic as opposed to a destructive frame."

"The Jewish custom of circumcision is (of course) the ... best known example. In return for dispensing with Akedah, the ancient sacrifice of the first born as an act of fealty, Abraham and God the Father accepted circumcision as a substitute. The son would wear this symbol of submission to the Father and in return would be assured of His protection

as one of the chosen people” The correspondence to training analysis and supervision should be obvious.

What impresses me personally about this metaphor is the tremendous power differential that is set up – power based on promises of admission to adult membership in a professional society on the one hand, and fear of shame, humiliation, failure, loss of professional standing, and even loss of self on the other hand. We all want to be members of a chosen people. As children we need to feel ‘chosen’ by the parents who conceived us. Likewise, as adults, there is a deep, life-long need to be special and to build for ourselves a secure base in the family of a professional society. However, there is an equally real fear, especially for trainees: a fear of separation, a fear of exclusion, and a fear of condemnation for either real or imagined and projected personal inadequacies – meaning shadow contents that training analysts may not adequately appreciate. Trainees submit to the alchemical solution and mortification of their training in an act of trust with profound vulnerability. Mario Jacoby, for example, in an article titled “Supervision and the Interactive Field” mentions examples where he had strong feelings that a certain candidate was unsuitable for the profession, only to realize later that he was seeing a candidate through a countertransferential lens that distorted his vision instead of offering greater accuracy of perception.

Training requires circumcision, but there is always a risk that the process will go wrong, or go too far. The process may fall victim to the unconsciousness of the elders. The process can regress to something akin to the killing-sacrifice of the firstborn as an act of fealty to the fathers, to the elders, to the tribe. Obviously, physical killing is not the issue, but a psychological sacrifice can and does occasionally go wrong. There is the risk that what is dissolved will be a trainee’s authenticity – his or her ‘true self’ – and that there may not be coagulatio, or a putting of Jack and Jill back together again. That is one reason why training candidates sometimes learn to grow a formidable persona that mirrors the philosophy and needs of their elder-in-power rather than risk more vulnerability. The elders are narcissistically supported and gratified, but the initiation turns destructive. This is one reason for unspoken terror and rage in training candidates. We run the risk of training clinicians who are unaware of the possibility of living and working out of the Self. The pearl without price is lost.”

So there is a need for the trainee, as a kind of disciple, to submit to the teaching of the group to which she aspires to belong, but this carries the danger of projecting too much of God, or the Self with a capital S, on to the supervisor or analyst. It could be argued that the Self as God should always be present in the analytical session, but of course not identified with by the supervisor, nor projected on to him by the trainee.

Training is the period of maximum change in trainees. This is partly because of the action of the group of seminarists but also because of openness to learning and respect for the training body and wish to belong. There are also many matters of a practical nature and of structure and of fact which the trainee will ask about. The supervisor freely uses his experience but should place it in context and avoid the right and wrong manner.

The supervisor needs to care about not hurting the trainee's (narcissistic) feelings. Nor use the supervision to bolster his ego-defences or ego-gratification.

Supervision and the Circumcised Heart, William J. Ventimiglia, (p.36).

“To refer to training as initiation is far from stating that the goal of initiation is membership in an exclusive club. Arguably, there may be cases where that is true. Perhaps Ekstrom is thinking of his own early days as a Zurich graduate. It seems to me, however, that acceptance in a professional society is the practical, external outcome of a profound inner transformation that is the real goal. Inner transformation happens by way of initiation. Initiation, as I understand it, has to do with external operations such as the teaching and learning of a body of knowledge occurring in parallel with inner archetypal experiences that can significantly alter a person's sense of identity. Meeting external requirement and encountering the personal shadow are the ordeal: and who of us feels that they were the same person at the conclusion of their formal training as they were at the beginning? In training it is hoped that a sufficiently in-depth psychological experience occurs so as to facilitate a candidate's connection to their unconscious and to what Winnicott referred to as a person's 'true self' and Jung spoke of as 'vocation'. This connection is important because, as is often stated, the most important tool an analyst has at his or her disposal is the analyst him or her self. I think that must be true regardless of whether the analyst is practicing in a classical Jungian modality or from a contemporary, psychoanalytically oriented Jungian frame of reference.”

We demand non-involvement from our trainees, but when we are assessing their work we demand that they produce therapeutic change. (See Coline's paper). This is not to deny the dangers of over-involvement. But I have found that the ones who dogmatize about maintaining a 'purely analytical attitude' are the ones who dominate and interfere with their patients most, without of course being aware of it. There tends to be a reciprocal relationship between one's ideal of analysis and the sort of person one is. I remember being very amused at a Jungian Congress many years ago by a very autocratic and aristocratic German analyst waxing very eloquent and impassioned on the need for an equal relationship with the patient. Involvement may be anything from mutually telepathic closeness when the patient is a self-object for the therapist, to mature, well-wishing separateness. Genuinely not being certain what is right or wrong for the patient is a prime requisite for full respect. It is simply an extension of how one feels towards friends, children, and grandchildren. It is a matter of respecting, liking, sharing, reflecting back more or less as with patients.

As I said earlier, certainty about right and wrong inevitably leads to splits and factions. Separating into factions may be the only way of maintaining function. For example it is not workable to have an analyst of one persuasion and a supervisor of another, so supervisors may have to be chosen carefully for trainees of certain analysts. Difference may be impossible to resolve and each faction may have to split off and become a separate administrative group. Jawjaw may often be better than warwar, but peaceful separation and sufficiently little contact to avoid quarrels may have to be chosen as a way

of avoiding war. Fruitful discussion between warring factions is only possible when the underlying bonds and loyalties between the factions are strong and deep enough.

Child's Omnipotence versus Parent's Omnipotence.

In 1969, in a paper entitled 'Several views of the self' (J. Analytical Psychol. 14, no. 1, 13-25), I contrasted two broad groups of therapists, those who like Winnicott and Jung were friendly and facilitatory towards the omnipotence and creativity of the child or client, and those like Edith Jacobson in her book 'The self and the object world' (1965, New York, International University Press) and Rene Spitz ('No and Yes', 1957, New York, International Universities Pres) who stress the need to forego omnipotence in the interests of adaptation to reality and to other people.

(Redfearn, 1969, 19)

"In health: the false self is represented by the whole organisation of the polite and mannered social attitude, a "not wearing the heart on the sleeve", as might be said. Much has gone to the individual's ability to forego omnipotence and the primary process in general, the gain being the place in society which can never be attained or maintained by the True Self alone." (Winnicott, 1965, p.143)

"Speaking of the mother's part in the degree of splitting between true and false self, Winnicott goes on (p.145): 'The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly... A true self does not become a living reality except as a result of the mother's repeated success in meeting the infant's spontaneous gesture or sensory hallucination... that is made real... the capacity of the infant to use a symbol is the result.

The mother who is not good enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead, she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the first stage of the false self.

The true self comes from the aliveness of the body tissues and the working of body functions, including the heart's action and breathing. It is closely linked with the idea of the primary process, and is, at the beginning, essentially not reactive to external stimuli, but primary. There is little point in formulating a true self idea except for the purpose of trying to understand the false self, because it does no more than collect the details of the experience of aliveness'"

This creative balance and interplay between omnipotence and adaptation to reality is achieved by the good-enough mother, therapist, and supervisor by means of their intuition and their love or good feelings towards their charge. However, as far as the therapists are concerned, some of us will side more with the client's or supervisee's omnipotence and some of us will be on the side of external reality. Thus some of us will tend to feel that the client or trainee is right, and others will tend to feel that the therapist, or trainer, tends to be the one who is right. It is clear that I feel that the danger of the therapist being right, or of knowing what is right, is that the client or trainee is hindered from daring to allow unconscious contents to emerge, and becomes spiritually dead and falsely compliant. On the other hand the dangers of too much of the omnipotence-friendly approach was amusingly summed up for me by Hannah Segal when we were sitting

together at a meal following a meeting at which we were both speakers. I was saying how much I and many Jungians admired and sympathised with Winnicott's omnipotence-friendly bias. She said "Yes, that's all right, but its hell for the relatives". She was of course referring to the dangers of becoming an ally of the client, and of the task of containing the emerging 'true self' parts of the personality which should be taken on by the therapist rather than the client's friends, relatives, and subordinates.

Some periods in therapy seem to be more creative and transforming than others. It feels good when there is a flow or fountain of emerging unconscious contents which is plenty to work on and process but not too much. The flow of unconscious contents can easily be cut off if the omnipotence of the client is crushed by a plonking interpretation. For example, early in my analysis I had a dream of eight golden trumpets arranged in a circle with the mouthpieces at the centre and the horns pointing outwards. I brought the vision proudly to my analyst who simply said 'That is your timidity'. This interpretation, though true, did nothing to help me with my timidity, in fact rather the chastening if not crushing reverse. It is necessary to feel, and feel sympathy with, the vulnerability of the omnipotent person and the omnipotent vision or experience, not crush it. Dostoyevski's Idiot.

Jung himself had a basically solitary, omnipotent subpersonality symbolised in his dream of the solitary frightening phallic divinity on the golden throne which he had when he was a child (mentioned in Memories Dreams, Reflections, p.26), compensated for by a convivial, even rather raucous outer side symbolised by a brass band in a dream of his late adult life (MDR p.204) "The brass band... suggested ostentatious jollity and worldliness" Much of his working life was devoted to reconciling his number one and number two personalities. (He saw Freud's habit of analysing his junior associates and followers as a way of dominating them and keeping control of them. When he was about to break with Freud and Freud interpreted the slip of the pen of Jung's, Jung exploded and told him to first see his own faults before pointing out those of other people.)

So Jung compensated for his own bossiness by advocating a view of analysis as a dialogue between equals, and his remarkable intuitive powers enabled him to relate to his clients on a very deep level. He saw the split with Freud as a conflict between Freud's extraverted scientific approach and his own introverted emphasis on the inner life.

The blank screen: showing and/or containing feelings. See M.A.O'D Melanie 14.1.05

Sometimes the failure to be a blank screen, to be perfectly containing and analytical turns out to be appropriate and therapeutic. When trainees fail to inhibit their emotions, say of annoyance or impatience or even slight anger, they are embarrassed to recount it to the supervisor afterwards. If this happens in supervision and is looked at in terms of what happened and what was said, in terms of the transference and counter-transference, and in terms of what ensued in that session and subsequent sessions, the effects of the 'lapse' in technique often turn out to have been therapeutic rather than antitherapeutic. I am indebted to Mary-Ann O'Donovan for a personal communication describing very clearly such an occurrence.

The patient was a married woman in her thirties who came into therapy because of marriage difficulties and general instability with suicidal feelings. Her mother had been, and still was, unreliable, often abroad with a lover, and the patient had had to learn to be the one who was reliable and was the one who coped. Her mother now wanted to come and live near her but she wanted nothing to do with her. She had been sexually abused by a male relative as a toddler. A few months after starting therapy, she and her husband moved abroad but she insisted on continuing therapy by telephone, email, and monthly visits involving two hours of therapy on successive days. The transference has tended to be more complaining than coping, and has often included the accusation 'you don't want me'.

In spite of the rather unsatisfactory arrangements for the therapy, which were not unlike the mother's roving unreliability in her childhood, she made steady progress in stability, and after several years she had dreams which indicated that she was ready to integrate her opposing, split, mother subpersonalities. She dreamt of a good mother and a bad mother alternating with each other, and a good and a bad husband alternating in the same way. A few days later her therapist had to go abroad in two or three weeks time on a family matter, and had to tell her that she would not be reachable by telephone for about five days.

Thereupon she exploded in a prolonged and explosively vituperative outpouring of complaints and accusations. During this she said 'I know I can be very demanding'. The therapist could not refrain from agreeing with her, and this slight lapse of continence on the part of the therapist was so obviously heartfelt that an even greater and more prolonged and explosive outburst resulted, with a flurry of similar calls over the next few days accusing the therapist of accusing her of being demanding. The therapist was finally able to say that they both knew why she could be demanding at times, and after about ten days, before the trip abroad, it all settled down, and the good-bad splitting was further worked on. At the same time her husband was able to take a firm stand against her complaints and demands on him. So it was not accidental that the therapist's risky remark and the husband's stance happened at the same time in her development. The dreams showed that she was ready for this to happen in a beneficial way.

Trainees are often upset when they are unable to prevent themselves from showing their feelings in a way that is in breach of the way they have been taught to do analysis, but it is not often that the timelines and efficacy of such a breach is so clear-cut.

When I had sketched out the essentials of this present offering of mine I had a dream which simply seems to show that it is an attempt to come to terms, and to cure, the bully in myself. The dream is so primitive, indeed childish, that I am embarrassed to recount it, but now that I have had it and it is so relevant to what I am saying this morning I feel it would be dishonest not to share it. In the dream I think I was half adult therapist, half older child. A child was bullying a smaller child and persecuting him verbally, I cannot remember quite how. I was distressed and incensed by what was going on. The grown-up part of me lost control of myself and in great anger I said to the bully "If you do that

again I'll thump you." This had the sort of therapeutic effect one can only dream about. He blushed, felt what a shit he had been, and said in wonderment "Nobody has ever talked to me like that" and was a changed lad after that. The scene was now a sort of reception and quite a few other therapists had seen what had happened. I was in charge of a training group and as I was going down some steps into the main concourse one of my group announced my entry with a humorous description of me as "our obsessional boss". There was a pleasant ripple of applause. Then my wife came down the steps to join me saying with a huge smile "I'm very very proud of you." We embraced and that was the very satisfying conclusion of the dream.

So if you, having heard what I have said today, should turn round and say "All he seems to have been saying is 'Stop bullying your trainees and patients'" I shall have no grounds for complaint, although that would be a somewhat reductive way of looking at it, and quite crushing to my omnipotence.