

# The Analytic and the Relational: Inquiring into Practice

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*In this article I track the shift in my practice from the ‘analytic’ towards a ‘relational’. I contrast the positivist stance of the classical analyst with a post-modernist stance of the relationist. I argue that whilst the ‘analytic’ norm requires the therapist to be opaque and detached, the ‘relational’ stance requires the therapist to be involved and transparent. I suggest that a form of radical uncertainty is at the heart of the therapeutic process. I argue for the therapist navigating the turbulent waters of radical uncertainty not through composed neutrality, but through a value-laden commitment to their partial sense of things in the moment.*

*Key words:* relational psychoanalysis, ethics, technique, post-modernism, radical uncertainty

## Introduction

Today, all kinds of disciplines have suddenly declared themselves to be relational. There is relational sociology and relational psychology. In psychoanalysis, the relational turn was inaugurated in 1983 with the publication of Stephen Mitchell and Jay Greenberg’s epic work—*Object Relations in Psychoanalytic Theory* (1983).

In what follows I will not be providing you with a survey of the field. Rather I will be telling you something about my personal professional journey about how I come to be here.

A few years ago, I slowly started to become aware that my practice as a therapist had changed quite a lot. I started to become conscious of a growing difference with some colleagues and the conventions that they took as unquestioned givens. These conventions and the world view from which they emerge, I will characterize for the purposes of this article as ‘the analytic’.

I was a bit embarrassed about my diverging and divergent form of practice, and kept it to myself for some time. I was pretty sure that I would be judged as having become casual and careless, of having become slack and lazy, of having lost my analytic way. Indeed to some degree I thought this too, that I was getting away with something shameful under the cover of darkness.

But to say ‘my way of working’ makes it sound like I made a conscious decision about changing my way of working. This was not the case. I had slowly, without realizing it, drifted off-pisté. And because the shift was born of unconscious drift, there are grounds for the view that I had not found a way, rather than I had lost my way.

Anyhow, found or lost, I eventually began to gain some conviction in what I was doing, and a bit braver in speaking out my differences with some of the established norms of practice. I then re-discovered, ‘for yet another first time’ (Garfinkel, 1967: 9), hiding in plain sight as it were, a whole other world outside the sort of analytic regime that prevailed and prevails in the UK context.

The name of this world was ‘relational psychoanalysis’. This relational world view positioned itself explicitly against the classical analytic paradigm that I was finding myself at odds with.

### **The Relational and the Analytic**

But in making the opposition ‘relational and analytic’ I have to some degree produced a false dichotomy.

False because of the implication that those who are relational are not analytic, and those who are analytic are not relational. The fact that the term ‘relational psychoanalysis’ includes both terms invites the following refinement, that the distinction ought to be that of classical psychoanalysis and relational psychoanalysis. However, for reasons that will become apparent, I intend to stick with the relational/analytic distinction. The other problem with the dichotomy is that it obscures the differences that exist within each category—there are varieties of the relational, and varieties of the analytic.

For example, in different ways and to different degrees the object relationists Klein, Winnicott or Fairbairn, all conceive of the infant as necessarily and already connected to the world. The same is true of Bowlby. Those who subscribe to one or other of these versions of developmental theory are likely to consider themselves as relational. And they are in the sense that they concur with the view that individuals are necessarily related to other individuals.

However, the form of clinical practice that they engage in, to my mind, is singularly non-relational and for this reason I locate them under ‘analytic’. The relationist Irwin Hoffman thinks similarly, when he says:

Ego psychology, object relations theory, self-psychology, and interpersonal theory, despite their varied and rich contributions, have perpetuated the positivist aspect of Freudian theory, even while, in many instances, disclaiming it. (Hoffman, 2002: 35)

This is why the distinction between the analytic and the relational remains a meaningful dichotomy. My thesis is this:

*Even though many colleagues might subscribe to a relational view of life, their form of clinical practice is antithetical to it.*

### **Positivism**

What I am calling the classical analytic attitude, is the one in which the analyst is thought to be a detached objective observer of clinical phenomena. The primary purpose of the analysis is the disinterested scientific pursuit of truth. In this way the classical analyst subscribes to the values and methods of positivist science and construes of clinical practice and the knowledge it generates as objective.

This is not *my* construal of the attitude of the classical analyst. Rather, it is the construal that is advocated and put forward by the classical analysts themselves. It is the deliberate intention of the classical analyst to be non-relational. To their way of thinking, to get caught up in relating would compromise the scientific integrity of the treatment.

This scientific stance emanated in the first place with Freud himself. He thought of himself as a scientist and the project of psychoanalysis as scientific inquiry. The resolute focus of this inquiry is the internal world of the patient. But it was not always so.

As is well known, in his early theorizations Freud gave actual experience (say, abusive parents) a significant role in the creation of neurosis. But then he came to think that the sources of neuroses were

not founded in fact (actual events) but in fantasy. This fantasy was thought to be generated by the psychological correlate of the conflict between endogenous instincts. Henceforth it was psychoanalytic blasphemy to give any credence to the idea that actual external events played a role in the creation of neurosis and psychological distress. When analysts found themselves seduced by this error, it was regarded by the profession as ‘acting out’.

The profession as a whole followed him into this turn where many remain marooned even to this day.

### **The ‘Science’ of Psychoanalysis**

Schematically, one can describe positivist psychoanalytic technique as follows: ‘The psychoanalyst observes the ‘patient’s characteristic forms of distortion’ (Hinshelwood 1991:301) of external reality, and uses this to construct interpretations and hypotheses about the structure of the patient’s internal world.

The analyst ‘measures’ the patient’s distortion of the external world (the room is stuffy), by contrasting the patient’s version with the analyst’s version (this is not the case). The analyst uses this distortion to make interpretations, which are not only descriptions of reality in contrast to the patient’s fantasy, but also crucially, included in the interpretation is a reason that explains how and why the distortion has come about.

Now, the first problem is evident. The patient’s narrative mostly refers to events that are beyond the direct experience of the analyst, and so the analyst cannot know the patient’s experiences in any objective sense. This is why the frame of the experiment is moved firmly from the ‘there and then’ to the ‘here and now’, and specifically the patient’s distortion of the analyst. This kind of distortion is called ‘transference’.

The analyst now uses his or her experience and self-knowledge to gauge the extent of the patient’s distortion of the analyst. The analyst treats his or her subjective experiences as data, and uses them to make inferences about the patient’s psyche. This data is called counter-transference.

Integral and essential to this ‘scientific’ method is the assumption, that the analyst’s presence is the ‘constant’ which the ‘distortion’ is measured against. The actual presence of the analyst is taken to be ‘neutral’ and detached and in this way avoiding influencing the data emerging from the patient.

### The Relational Critique

This assumption is exactly where the relational ethos parts ways with the classical psychoanalytic. The analytic methodology claims to present the patient with a blank slate, and the patient fills in the blank with material from their internal worlds. Whilst this is true to some degree, the method does not take into account *the effect of being faced with a blank*. The orthodox account has a linear understanding of cause and effect; the patient is the ‘cause’, and whatever is provoked in the analyst is the effect. The analyst feeling sleepy is a consequence of the state of the patient’s internal world, or is being caused by some projection emanating from the patient.

The relationists say that the analyst cannot not-participate in the analytic process; the analyst necessarily has an influence on the proceedings. Whatever is taking place in the consulting room is being *co-created* by all those present in the room.

The progenitor of group analysis, S.H. Foulkes was well aware of this when he said.

Every interpretation has transference implications, and for that matter counter transference implications...the mere fact that the therapist responds to material by interpreting it has considerable transference implications; *similarly the absence of response on his part*. (Foulkes 1986: 116)

On this basis, Foulkes (in his radical incarnation) is also relational. Radical Foulkes was clear that whatever the therapist does, or does not do, it will necessarily have consequences for the therapeutic encounter. With this in mind, he says:

It is important for the therapist to admit that his personal influence is inevitably strong in spite of all his precautions to minimize this . . . , [therefore he] should use it consciously rather than haphazardly or unconsciously. (Foulkes 1986: 129)

What does he mean by this? In what sense should one ‘use one’s influence consciously’? I will come back to this question in the latter part of the article.

### The Social

Next, I want to tease out the distinction between the relational and the social.

The significance of the social is brought to light by contrasting it with individualism. To individualism, the individual exists first, who

secondarily joins with other pre-existing individuals to generate the social and society. Individualism locates the causes of the difficulties of social life in the internal worlds of the individuals interacting with each other.

Meanwhile, according to Elias, Foulkes and others, the social exists prior to the individual. Each individual is born into a pre-existing social, and so the social is already a part of each of their unique individualities from the first moments of their existence. Importantly, the social is constituted by, and is an expression of power-relations. And so our psyche is constituted in part by power-relations too.

We are born into multiple discourses which we unknowingly imbibe and form the basis for the ways that we come to think about and experience the world. From this it follows that our perceptions and theories, however objective we think them to be, are intrinsically compromised by the ideologies one is constituted by. Ideologies are the rationalized self-interest of the more powerful (Dalal, 2011).

### **The Relational**

In the individualistic account, individuals exist first, and then secondarily relate to each other. In the relational paradigm, that which relates (the individual) emerges out of the relationship. In other words, and counterintuitively, the relationship is prior to that which relates, or to put it in other language, intersubjectivity is prior not only to subjectivity, but also objectivity (Stolorow and Atwood, 2002).

I think of ‘the relational’ as ‘the social’ made manifest, the relational is the lived embodiment of the social. On this basis I am able to say, that if the social is constituted by power-relations (as I have argued elsewhere), then so is the relational, so is the intersubjective field.

This is important because in some renditions, the intersubjective field is spoken of as though it existed in a sociological vacuum with no mention of power-relations. The absence of power-relations would make it appear that all persons have equal status and contribute uniformly to the intersubjective field.

### **Post-modernism and Post-Structuralism**

Many relational psychoanalysts would describe themselves as post-modernist or/and post-structuralist (Fairfield, Layton and Stack, 2002). Their ways of thinking subverts the comforting certainties of positivism, such that:

‘reality’ and ‘subjective experience’ are always co-constructed events and as such are open to socio-political analysis. (Fairfield, Layton and Stack, 2002: 2)

Although postmodernists tend to emphasize structure and discourse over agency, it remains the case that humans are not simply pawns of social forces; they are also Kantian beings capable of *acting* and not just *reacting*. We are free to choose, but the choices themselves are to a large degree shaped by the discourses that shape us. I am speaking here of *recursive* processes: we form even whilst in the same moment we are being formed. We are a part of it, and it is a part of us.

For post-modernists this problematizes not only the observer/observed distinction, it also problematizes the very notion of objective reality. Because we are immersed forever within ideology, we can only experience the world through its veil, and so we can never have a value-free access objective reality.

The post modernist’s solution to this existential predicament in which nothing can be taken at face value—even one’s very own thoughts and experiences—is to take up an attitude of irony towards all claims of knowledge and more importantly all experience. All things can be and are deconstructed, including the one doing the deconstructing. Irony looks askance at experience, and asks with a raised eyebrow ‘really? Let’s look at why you come to think this to be the case’.

There is a real virtue to this kind of questioning as it opens things up to expose the hidden workings of power-relations, ideology and self-interest. However, it can also lead to a situation in which existence and experience is ultimately rendered shallow and nihilistic because it can lead to a sterile version of relativism in which anything goes.

*Ultimately, irony is a form of detachment.*

### **Radical Uncertainty**

And this is where I part ways with this version of post-modernism. I broadly subscribe to the post-modernist version of existence and the predicaments it gives rise to. But I also think that there is an objective reality beyond me, even though I am only able to access it in the limited and distorted ways that have just been described. In this sense, I am a *critical realist* in that I think that I can say things about objective reality, even whilst I realize that what I say is always problematic and is always open to revision.

On this basis, I want to argue for another sort of stance in relation to this existential predicament from that of ironic detachment. I want to argue for a form of *commitment in the face of radical uncertainty*, which in turn will require of the analyst a deep form of reflexivity and engagement rather than detachment. It will require of the analyst a deep form of involvement, so much so that it will bring into question whether we should retain the very categories of analyst and treatment.

### **The Relational in the North American Context**

Given that the relational ethos is of the view that there is no one, ‘royal road’ to therapeutic success, and given that it takes a stance against the very idea of generalizable technique, Greenberg (2002) points out that there is a surprising uniformity in the literature about the trajectory followed by treatments.

The story in each clinical example goes as follows: After a period of work, the analysis comes to some impasse, which gives rise to unbearable tensions and anxieties in both protagonists. Under intense pressure, the analyst unwittingly exposes something of their own person in ways that the orthodoxy would construe as acting out and analytic failure.

For the relationists, however, this is not ‘acting out’ but a necessary unconscious *enactment*, in which the analyst is triggered into some action that is revealing of their person. The enactment (which shocks all parties) is followed by some form of working through which frees the process to continue in more productive ways.

Greenberg suggests that there is growing implication that this is how all good analyses *should* proceed. There *will be* a crisis, there *will be* an enactment, the resolution of which is the therapy. Greenberg says that this starts to look suspiciously like the relational royal road.

The sample list of enactments that Greenberg provides includes instances of the analyst admitting to the patient:

that he has lied to her, and then enlists her collaboration in understanding his reasons for doing so . . . [another] confesses her erotic feelings for her patient . . . [another] recognizes that his patient is cold and brings her a blanket . . . [another] puts his face in front of his patient and screams ‘Shut up!’ (Greenberg, 2002: 330)

Whilst reading this, it occurred to me that contemporary Codes of Conduct of The Institute of Group Analysis, its affiliates, as well as pretty much every psychoanalytic, psychotherapy and counselling institution in the UK, would deem each of these practitioners to have

acted unethically in each of these situations; they would be charged with gross professional misconduct and be heavily censured. In part this is because as our profession is becoming more and more bureaucratized, and consequently its values are becoming increasingly aligned with the litigation-phobic, defensive, command-and-control ethos of bureaucracies generally. The ethos that is being promoted is increasingly positivist, and accords with what Schön has called Technical Rationality, in which:

Professional activity consists in instrumental problem solving made rigorous by the application of scientific theory and technique. (Schön, 1983: 21)

I would actually want to say something stronger:

professional activity consists in instrumental problem solving made [allegedly] rigorous by the [alleged] application of scientific theory and technique.

But that is a topic for another day. My point here is that whatever the intention of the Codes, there is a real danger that the way our codes of conduct are worded, they end up outlawing relationists of this hue.

So let me now turn to my way of working, and my ramshackle, cut-and-paste version of the relational. I want to stress again the fact that it was not the case that I learnt a relational methodology which I then put into practice. Rather my way of working and thinking about the work, which I have drifted into, has *affinities* with what I discover to be the case in the relational streams.

### **My Ways of Working**

First problem: to announce ‘my ways of working’, suggests that I have *a* way of working. I do of course to some degree, but this way of putting it, makes me nervous, as it starts pinning me down, to something that might well suit one context, but not another.

The primary reason that I would call my way(s) of working ‘relational’ is because I think that it is the relationship itself that is potentially therapeutic. To say this is hardly newsworthy. But it is not simply the fact of the relationship that makes it therapeutic, but *the kind of relationship*; it is the depth, quality and nature of the relationship that makes it significant. The classical analyst also has relationship to the patient, albeit one that is hierarchical, detached, and emotionally closed off. The analyst is trained to take up a stance of neutrality, of emotional reserve, of abstinence, of not gratifying any

of the emotional demands of the patient. All this is in the service of not muddying the transferential waters.

In contrast the kind of relationship I am inclined to develop has connotations with engagement, reciprocity and mutuality, and often is very muddy and muddled indeed.

But subscribing to the values of reciprocity and mutuality, does not do away with the fact that it is the wellbeing of the ones-who-come-for-help that is central to the encounter, not mine. The therapeutic relationship is, and remains, a deeply asymmetric, patterned by the power configurations born of roles and functions of the ones-who-come-for-help, and me, the-one-who-is-employed-to-help.

It follows from the preceding discussions that my perceptions are amongst other things, partial, imperfect, compromised, subjective, partisan, defensive, self-serving, value-laden and ideologically driven. There is no neutral objectivity to be found here. But it is all I have. This is equally true of the one-who-comes-for-help.

The therapeutic encounter is emergent, non-linear and therefore unpredictable. I do not know what responses will be called out by my gestures, responses in myself as much as in others, and what gestures these responses will call out in turn. I am constantly being caught out by the thoughts and feelings that emerge unbidden in me. What should I do then, caught as I am in muddle and darkness?

I begin my answer to this question with Foulkes' statement which I had cited earlier.

It is important for the therapist to admit that his personal influence is inevitably strong in spite of all his precautions to minimize this . . . , [therefore he] should use it consciously rather than haphazardly or unconsciously. (Foulkes 1986: 129)

Nothing in Foulkes' writings would suggest that he means that the therapist should use their influence deliberately in the service of manipulation. To do this would this be unethical, as it would be '*doing*' something '*to*' the patient without their knowledge or consent. I think what he might mean is found in another phrase uttered in another place. He says that:

[the therapist should] have the courage to be his natural self. (Foulkes, 1984: 142)

I find affinity with the idea of the natural self, but want to distinguish it from the notion of a true-self which arises out of the essentialist asocial vision of the Romantics.

I take natural to mean ‘unadorned’, unadorned by the mystique that cloaks the classical analyst. This mystique is actively produced by many of the norms of what are thought to be good analytic practice. For example, to habitually meet and greet the patient impersonally; the practice of group analysts entering the group room at the appointed hour, uttering no word, looking at no person, only the floor; the convention of speaking in a disembodied voice in the objectivist language of the third person; giving no clue as to what the analyst is thinking or feeling about some predicament, and so on.

None of these practices are ‘natural’, in the sense that this is not how one would normally behave on meeting other human beings; and if one did indeed behave like this then one would give the impression of being a disturbed and very peculiar human being.

We habituate our patients into accepting these peculiar behaviours as meaningful. If they do not comply and instead find the analytic situation disturbing or troubling, then their response is readily interpreted as some resistance and difficulty emanating from within them.

The group analyst Dennis Brown once said that in his view one should extend the same courtesies to patients as one would to a guest. I agree. But even here there remains the distance engendered by the formalities required of guest and host. For this reason I am inclined to head further, past courtesy, towards familiarity and authenticity, and if we are lucky, intimacy. As to why I think this to be a good thing, I will come to later.

But how to get there, when I do not even know in which direction it lies? And even if I did know, what I would need to do to start heading in that direction?

In this way I find myself in a state of radical uncertainty, radical ontological uncertainty about the status of everything *including my very thoughts and experiences*.

### A Peculiar Uncertainty

But this radical uncertainty, although genuine, is of a particular and peculiar kind. It is the kind of uncertainty that afflicted Descartes and made him doubt everything but his own thought.

It was the same kind of deep radical uncertainty that famously drove the younger Wittgenstein to insist in Bertrand Russell’s study, that they could never be certain that there was not a rhinoceros in the room.

But this kind of profound uncertainty arises is generated by the principles of rationalism taken to extremes. It is peculiar because it

only arises by virtue of having amputated all the sense organs, the means by which we come to *experience* the world. It is tantamount to me closing my eyes and then wondering whether you are actually there or not. Of course the reason behind this manoeuvre is to do away with subjectivity in order to get a value-free objective purchase on reality. The later post-Tractatus Wittgenstein changed his mind about the rhinoceros and rehabilitated experience in the production of knowledge.

But even though I can never objectively and absolutely prove something to be the case, somehow I nevertheless *know* it to be the case. The basis of this knowing is my emotional life and my lived experience, neither of which can be captured by the measuring protocols of positivist science. There is no certainty in this way of knowing, yet it is all I have.

It is in this place of deep uncertainty, that I require commitment. And what I am committing to is my sense of things in the moment, my thoughts, emotions and experiences as they arise in me, committing to the gestures and responses that are being called out of me. I am trying to be true in the moment, in relation to the person or persons I am sitting with, and with whatever is taking place between us in that moment.

The sort of truth that I am alluding to in the phrase ‘true in the moment’ makes no claim to objectivity; nor does it have much to do with the sort of scientific truth that classical analysts imagine that their interpretations are revealing. The way I am using the term true has more to do with notions of authenticity and sincerity.

What I feel or think is not true in any kind of objective sense, yet it is all I have, and so I have to commit to it, and I have to commit to it sincerely. I commit to it in this moment, even whilst it is fully possible and even likely that this will be overturned in the next moment.

In contrast to the analytic stance of being deliberately contained and opaque and not reacting or revealing, I am inclined to let my reactions to what is occurring be more visible and so known. I expose quite a lot of myself as it arises in the moment.

I do this because I think that *my responsivity* is critical and necessary to the therapeutic process. I think it to be a part of the antidote to the damaged capacity for responsivity in the one-who-comes-for-help. It is mostly the case that the ones-who-come-for-help have difficulties in noticing and naming the responses arsing in them, or they have learnt to keep them under wraps, or perhaps their capacity for responsivity has atrophied almost entirely.

All the so-called diagnostic categories of the DSM can be reduced to the simple statement that the ones-who-come-for-help have difficulties with relationships, with being *in* relationships. My responsiveness then is an invitation to relationship, with all the consequent difficulties of attunement. In this way the relationship is the *crucible* in which thoughts and feelings that have previously been banished can come to have a life. In this task, I need to be a real presence for the ones-who-come-for-help, I need to be responsive being for them *to respond to*.

But I have made my part in the process sound too simple. I said that I commit. True. But I also hesitate, I also prevaricate. I feel fear and I feel caution. But this too is a part of the process. At times I find myself spontaneously reacting even before I know what my reaction is. I come to know it and name it only after it has occurred. I find some consolation in E.M. Forster's (1927: 101) adage 'How can I tell what I think till I see what I say?'<sup>1</sup>, which gives me grounds for an extension of the sentiment: How can I know what I feel before I have experienced it?

What I try to do in the face of muddle and contradiction, is to be transparent. By transparent I mean to reveal what is arising in me in relation to what is taking place in the room. I am not suggesting that one should necessarily and continually do this, rather, that one should always be open to this possibility. I am not proposing an injunction that says that the therapist *must be* responsive and transparent, because I am inclined to the relational view that there is no 'fixed [universal] psychoanalytic methodology applicable to all analyses' (Greenberg, 2002: 331).

So although I am arguing for an openness that allows for spontaneity and responsiveness, I am not arguing for a situation in which 'anything goes'. I am circumspect. I try to be thoughtful, but I do not necessarily use thought to corral and subjugate emotion—although I might.

### **Some Vicissitudes of Responsibility**

My guide in my decision about which course to take, can only be my intuition. Intuition is not some magical sense, but simply the unreflected sum of my thoughts, theories and experiences formed and constrained as they are by the discourses I inhabit, which generates an intuition which is not amenable to being ratified by the positivist protocols. Anyhow, I use this intuition, I commit to it. But my

intuition is often wrong. And so I have to be continually open to be prospect of being challenged and corrected. But even on the occasions that the ones-who-come-for-help disagree with me, it is not the case that I should necessarily give way and let them have the last word. This is the error of person-centred counselling; they re-locate authority and expertness from the person of the analyst into that of the client. The Rogerian counsellor imagines that they can absent themselves from the proceedings through the device of employing the apparently neutral techniques of ‘summarising’ and ‘reflecting-back’. In this way both the classical analyst as well as the Rogerian, divest themselves of responsibility which they locate in the client.

Meanwhile, those who subscribe to a systemic, co-constructed conception of reality, are in danger of falling into the opposite error: of absolving individuals of responsibility entirely. It is reasoned, that because experiential processes are being co-created and co-constructed, we cannot lay the cause (in other words, the blame) for a set of sequences in one or other person. Therefore, all the protagonists are complicit in what takes place. Whilst this is true, it is only true at a conceptual, meta-level, at the level of analysis. But in actual fact this is not how we experience each other and the world, from some abstract position above and outside what is taking place. We necessarily experience the world from a particular place and perspective: I am embedded in the world; I am embedded in the interactional field in the clinic, and cannot get outside it.

In order to grasp the consequences of this way of thinking on clinical practice, I need first to say something more about authenticity.

### **Back to Authenticity**

What makes a response authentic? First and foremost, the response should be sincere. By sincere, I mean that the response emanates from, and is congruent with, my ethical being, my sense of right and wrong. Because the domain of ethics is by its very nature value-laden, it follows that an authentic response will also be value-laden rather than neutral.

In advocating for deliberately inhabiting and participating from within a value-laden ethic, I am immediately at odds with the scientific conception of psychological treatment that the classical analytic paradigm subscribes to.

The natural scientist’s attitude, in their quest to know things as they really are, deliberately brackets out values, beliefs and ethics; they

deliberately bracket out their subjectivity. Their aspiration is to be fully neutral in order to be objective.

Whilst this makes total sense when engaging with minerals, it makes no sense whatsoever when engaging with persons. This is because ethics and values are what makes us human. Remove them, and we cease to be human. The kind of relationship that I am advocating for is the I-Thou, person to person kind, not scientist to person, nor analyst to person, nor psychologist to person.

Let me return now to the previous discussion on responsibility. The fact that the intersubjective field is co-constructed and co-created, does not absolve the participants from personal responsibility. In this, I include myself, the one-who-tries-to-help. We are actors and not just acted upon. In this regard many of the ones-who-come-for-help experience themselves primarily as being acted upon, as bystanders in their lives. The work then becomes in part, one of daring to voice responses to what is occurring—this includes the-one-who-tries-to-help as much as those who-come-for-help. If the responses are sincere, they will necessarily disclose and express the judgements that accord with the person's ethical frame. It is through this process that we come to inhabit our humanity. For me it is what therapy is all about. There is no neutrality here, but expressions of right and wrong, of good and bad, of likes and dislikes, of hopes and fears. Neutrality requires detachment. I meanwhile, am advocating for engagement, and this requires involvement. To my mind responsibility and responsiveness are two sides of the same coin.

### **Objectivity versus Neutrality**

In anticipation of the charge that I am playing fast and loose with the precious principles of objectivity and neutrality, I turn to the writings of the journalist Ed Vulliamy (2003). He was criticized for not remaining neutral in his reporting of the carnage that took place in Bosnia. Because he laid the blame firmly on Milosevic's supporters, he was accused of losing his journalistic duty to remain objective.

Vulliamy's response is to say that his reports were objective, but being objective is not the same as being neutral.

When I read this, I was stopped in my tracks, because the realization that objectivity is not the same as neutrality, changes everything. The only way one can remain neutral in relation to a situation in which one witnesses horrors being perpetrated by one party on another, is by cutting oneself off from one's ethical responses to the

injustices one witnesses. If a person were to cut themselves off from their emotional responses—in other words their *ethical* responses—then they would have cut themselves off from their humanity.

With this thought, it became evident to me that our professional conventions reproduce this same error in the consulting room—the conflation of objectivity and neutrality. We mistakenly think that to take sides, to have a view, is to lose analytic objectivity.

### **Back to the Consulting Room**

With this insight in mind, let me turn back to the consulting room. Each of us imagines that we will know what being better or feeling better will look like, but we do not know this for sure, nor do we really know how to get there, and even when one thinks that we are getting there or at least moving in the right direction, there is no guarantee that the other(s) will agree that this is the case. Is it even sensible to speak of ‘better’? Should one speak instead of ‘deeper’? And if we do, then deeper into what?

We are all stumbling in the dark. And if we are very lucky, we will occasionally and accidentally stumble over something and in this way come to know of its existence.

To engage in the process of psychotherapy in this kind of way requires courage from all those who engage in it, including the therapist; recall Foulkes saying ‘[the therapist should] have the *courage* to be his natural self’. And where courage fails, the work is to help build it.

I find myself less and less thinking of what I do as therapist as delivering some form of treatment, and think of the work more as a kind of healing rather than of fixing or curing. And I think that the relationship and the *way of participating* in the relationship key to this project.

### **Corrective Emotional Experience**

All this sounds suspiciously like a version of the ‘corrective emotional experience’—the bête noir of the classical analyst. One reason why the notion is anathema to many Kleinians and Freudians is because the notion gives weight to actual lived relationships over and above internal structures and dynamics. This goes against the turn taken by Freud alluded to earlier, from lived experiences to internally derived fantasized experiences.

But many other psychoanalysts did not follow Freud into this turn—Sandor Ferenczi and Heinz Kohut, amongst others. For them, the corrective emotional experience is itself the therapy. I tend to agree, but want to introduce some caveats and put it a bit differently.

My hesitation is this: as soon as I have an intention to produce a ‘corrective emotional experience’, I will immediately instrumentalize my responses. I say instrumental because I will be mobilizing my responses for certain ends—to create certain effects. Consequently they will no longer be authentic responses *per se*, but instrumental responses. Further, because all encounters between humans are emergent and unpredictable, there is no way of knowing in advance, what it is that I might do to produce this corrective emotional experience. We will all have had experiences in which some inconsequential remark or gesture evokes an unexpectedly deep response.

I recall a moment from some years ago that took place near the end of a session. I said something (I forget what) and suddenly the person in front of me found herself full tears without knowing why. What I do remember is her saying that she had just been hit by a depth charge. Whatever it was that we hit, remained hidden, what we registered was the disturbance as it broke through the surface. It was a moment of grace in which we were visited and moved by something precious yet unknown.

But I cannot try to intentionally foster this kind of experience of meaningfulness and intimacy. Rather intimacy emerges occasionally, unbidden and unexpectedly, and it emerges out of the mix of exchanges, sometimes deep, sometimes banal.

Even so, I do have ends in mind somewhere, in that I wish for the one-who-comes-for-help to feel better in some way and be more fulfilled in their lives. Although this is my wish, I cannot get there in any directed and deliberate way. I enter the conversation, and I involve myself with my being. I have to trust that this little will be enough.

Kierkegaard’s (1844) well known aphorism captures why psychotherapy cannot be an instrumental endeavour:

Life can only be understood backwards; but it must be lived forwards. (Kierkegaard, 1844)

Having understood a particular life or a particular therapy by looking back on it, we mistakenly think that we can instrumentalize this understanding in a version of ‘reverse-engineering’ to determine

future outcomes of other lives and other therapies. We then write manuals and codes of practice.

But I am overstating it. Surely, and hopefully the reason that my practice has shifted is because of the ways that experience has changed me. I have learnt something from experience, albeit subliminally. The situation is one of paradoxical tension, a tension that cannot be, and ought not to be resolved. I try to immerse myself in the moment and trust that I will be able to manage to stay true in the turbulence *that is bound to follow*.

My argument has been this: that more important than what the therapist does, is the kind of person the therapist is, and the way the therapist is. The work is in the territory of Being, and Being-With, rather than Doing and Doing-To.

In conclusion: The detached stance of the classical analyst is congruent with, and true to the scientific conception of psychoanalysis. Although many practitioners have taken the relational turn, they have done so only partially. They might well have shifted allegiance to a relational conception of human life, but their form of practice is discordant with the conception, as it continues the ways of the detached scientific analyst.

I give the last word to Hoffman, who said:

I think the reports of the death of . . . [the classical stance] are highly exaggerated. On the contrary, I agree with Greenberg that the asocial view of transference is ‘alive and well in contemporary psychoanalytic practice’ (Hoffman, 2002: 38)

## Note

1. Thanks to Kevin Power who spotted that I had misattributed this to Weik.

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