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Response to Lecture by Farhad Dalal

Sylvia Hutchinson

Introduction

When you invited me to be the respondent to your lecture, my reaction was unhesitating—I felt moved—and very honoured.

Your boldness in questioning cherished orthodoxies is evident in all your writings: from your challenge to our founding father, Foulkes, and his failure to fully embrace his radical vision, to our avoidance of thinking about power relations, difference, and the processes that exclude and marginalize. Tonight you have taken us on a philosophical journey back to essentials, back to where we all begin.

I have followed with interest and appreciation your writings over the years, from your early article in the Journal of Group Analysis, *Conductor Interventions: To 'Do' or To 'be'?* (1995), and through your books, mentioned earlier this evening. The scholarship and, especially, the clarity and profound depth of thought have always impressed me, and continue so to do.

The talk tonight, in engaging with the notion of the non-responsive practitioner as potentially de-humanizing, has taken us further into a radical Foulkesian frame and away from orthodox Foulkes. Your theoretical critique and exposition of group-analytic theory is now complemented with a philosophical treatise on therapeutic encounter and relationship, and the assumptions, values, and attitudes that shape our clinical practice. So doing, you bring theory and practice together, segueing us firmly into the intersubjective frame, whose discourse includes the language of relational ethics.

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Foulkes on the Conductor

Aspects of what you have proposed as ethical practice are evident in Foulkes, particularly in his later writings regarding the person and conduct of the group analyst:

Some quotes from Foulkes. First:

> Ours is a creative task. The group analyst should be flexible, natural, spontaneous, follow the group's lead and learn from them. (Foulkes, 1968: 184)

And another:

> There is no doubt that the analyst should be receptive and responsive to everything the patient does or says, and he may be involved with his whole body and person in this reception. (Foulkes,1974: 274)

And, in his article on *The Leader in the Group* (1975), he says

> His [the therapist's] detachment is in no way contradictory to warmly and genuinely responding to, and feeling with his patient; without such feelings he could not work at all. (Foulkes, 1975: 296)

In this I think Foulkes was proposing what you, Farhad, have been elaborating tonight, promoting the notion of the responsive therapist who can simultaneously hold the reflective, 'analytic attitude', an attitude characterized by receptivity, active listening, reflection, and enquiry. This is different to the concept of the blank screen analyst, buried in classical psychoanalytic *method*, but such an attitude of enquiry and reflection *is* a crucial part of our *psychoanalytic* inheritance.

It is this internalization of a reflective, 'analytic attitude' whilst maintaining a feeling/thinking self, which I think helps discipline us, into making us trustworthy practitioners. The alternative, learning a 'technique', is likely to make us more predictable, but not necessarily more trustworthy!

Meaning-making versus Manualised Approaches

This topic takes us straight into the current debate as to whether or not, and how, group analysis should be adapting to the current privileging of manualized approaches, particularly those that have a strong 'gold standard' evidence-base. I do find myself aligned with your view, Farhad, of therapy as a meaning-making, moral

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endeavour—and of the *relationship* and its relational resources as the prime source of therapeutic change and self-development. And I echo your injunction for us not to panic—and not to manualize!

So how do we stay alive as a potential therapeutic approach—when long-term and analytic therapies have been, and are being, so eroded in the NHS? How do we combine the political with the moral endeavour?

I would like to distinguish between therapies that aim to engage the *whole* person in a transformative, self-developing endeavour, as against 'treatments' that aim to change an *aspect* of the person, e.g. a symptom or particular cognitive schemas and behavioural sequences. There will always be a demand for some such aspect to be fixed—a bit like a part of a machine that is malfunctioning. Techniques and manuals seem to me to be very appropriate to such tasks. A technique is a means to produce a specific end. Meaning-making therapies however, are more to do with the art of living, and do not lend themselves to such specification, dissection and isolating of parts and functions from the whole—*and* they rely heavily on the person of the therapist and their empathic/reflective capacities. The development of such capacities relies on personality resources, therapeutic experience, and life experience, and can only be *diminished* by training using manualized techniques.

I see no reason, however, why group analysts should not adapt their privileged understanding of group process and method, and of how best to create a group environment that facilitates particular functions, whether that be the individuation or development of the self in the context of a group, or a group environment aimed at addressing particular symptoms or goals or functions (e.g. improving mentalizing capacities, such as the groups we heard about in last year's Foulkes lecture). We can adapt our method to different tasks and aims, including those that treat a specific disorder or dysfunction.

As you have said, instrumental and empathic morality *cannot* be (or perhaps should not be) completely separated from each other. Alongside our attachment-seeking-behaviour and love-bonds is our human capacity to disconnect, to mis-attune, to fail to recognize and acknowledge the other, to objectify—all these being universal and familiar processes. These stand in a constant dialectic with empathic responsiveness. We all rely in our judgements on generalizations, and generalizations always offer the potential to objectify 'the other'.

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But this poses a problem for practitioners: the values and assumptions guiding these different approaches, based as they are on different forms of morality, do not necessarily sit comfortably together. Earlier in my professional career, when working in the NHS, I *experienced* the dissonance arising from the simultaneous use of technique-based and meaning-making approaches. Can such dissonance be tolerated without our identity—as practitioners committed to an approach based on empathic responsiveness—without our identity being corrupted? I think as long as we are honest with ourselves about what we are doing, and how and why we are doing it, in other words if we retain our feeling and reflective mode, that this can *protect* us from losing our heart and our spirit, whilst, as you say, we wait to be re-found, 'for yet another first time' (p. 406).

The art of living will always challenge us—and I think group analysis offers an arena for deeply engaging with such existential issues.

Moral Authority: Regulation and Codes

Now, returning to the question of ethics:

The location of moral authority has shifted. The rules and conventions that define ethical practice are no longer left to the moral integrity of the individual practitioner, or held by the leader of a school, or a particular doctrine. Control and regulation of the profession has become increasingly remote and is now enshrined in codes and procedures in our various organizations. Such codes are an expression of what I think you, Farhad, refer to as 'socio-genetic morality'. These codes are part of a wider, developing consciousness of human rights and its abuses, over the past 50 years or so—in this sense, held, I think, in the social unconscious.

'Psychotherapy as a moral endeavour' (as I understand you) is not covered by our codes. Our codes do not cover abuses that may be potentiated by different psychotherapy methodologies, such as the blank screen approach, or CBT, with its vulnerability to being harnessed to support oppressive social policies.

Our ethical codes are a form of collective superego. They fit more within the frame of instrumental morality rather than empathic morality. But codes are devised by humans and reflect the times, and are themselves subject to abusive use. What is often missing in the use of these codes is a continuous *reflection* on the moral imperative, a real reflection on the rights and wrongs of our practice/behaviour. Codes and procedures that are followed without thought offer the same

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possibilities for abuse. These codes are designed to discipline us and make us trustworthy (rather than control us and make us predictable). In the unreflected, unthinking adherence to rules we are in danger of enacting what we are attempting to counter.

It is, I think, very timely that you have put under the spotlight the dangers of objectifying and de-humanizing 'the other' in the therapeutic relationship. Forces that press us to de-humanize and objectify are shaped by the world we live in, and are forever changing.

Changing Communication Patterns

In recent times I have been preoccupied by the profound changes in patterns of communication that accompany accelerating advances of new technologies. We now spend more time than ever in communications with each other that are *mediated* by machines. I have been stirred by the writings of Sherry Turkle (2011). She is a psychoanalytically trained psychologist, currently a professor and director of the MIT Initiative on Technology and the Self. She has spent many years in anthropological research interviewing children, teenagers and adults regarding their views and practices in the digital world (which is reported in her trilogy of books). She suggests that technology has changed the rules of engagement, and that the characteristic of online communication is our tendency to see other people as things, and that we invent ways of being with people that turns them into objects; that we enliven machines and robots and objectify people. I find it extraordinary to watch babies and toddlers playing with modern, interactive toys that might speak to them or cry, or run away, or simulate human behaviour in some other way. This must affect the developmental process of learning to differentiate self from other.

What are the possibilities for empathy in online communication? We know that online communication is not without affects, but these affects in the absence of face to face interaction and eye contact between subjects are unlikely to be attuned in the same way. Online communication avoids the *spontaneity* of immediate face to face or telephone contact, avoids the '*unhesitating'* response in favour of performance, and is conducive to more control over how we present ourselves and how we respond.

Connectivity online allows for immediate intimacy without reality testing. Separation is both facilitated and inhibited. The text-driven world of rapid response does little to cultivate self-reflection. We are spending more time living in phantasy, with the boundary

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increasingly blurred between phantasy and reality, private and public, and between self and other.

Turkle tells some chilling stories: of her seven year-old daughter, already expert in simulated fish tanks, who during a boat-ride on the Mediterranean saw a jellyfish and said: 'Look Mommy, a jellyfish. It looks so realistic'. Clearly for her daughter the simulated jellyfish was the familiar one and therefore constituted her reality. She tells other stories of children who prefer the simulated to the real.

Human beings are not things! Even more important in the current climate where distinctions between reality and virtual reality are increasingly blurred, and machines are being humanized, is that we hold onto the distinction between humans and machines. As we have been told: predictability and cause speak to the world of things, reason and trust speak to the world of human interaction.

And finally—just to say—it is good to hear about love. We do not refer much to love in the consulting room, particularly not with reference to love in relation to the therapist—and we are careful to frame the love that comes from the subject (the-one-who-comes-for-help) as 'transference love'. I do believe that what you describe as empathic responsiveness is difficult to separate from the feeling we call love—and that without such feelings, therapy loses its spirit and its heart.

Thank you Farhad for a stimulating and inspiring talk.

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