

## *The Psychotherapy Teacher—Getting Older*

### *Narrowing Down or Opening Out?\**

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I count myself most fortunate to have been living at this time, working in our profession, and to have chosen psychotherapy as a main interest, for it has been a period of quite extraordinary growth and constructive development. Exposed as one has been to such an exciting series of new discoveries, each following so hard on the heels of the last that one scarcely had time to absorb each new understanding and regain some equilibrium before it was upset again by the next wave of new ideas, it seems it would have been far more difficult to narrow down than to stay open.

When I began my training at the Maudsley in 1953 the ideas that so many psychologically-oriented psychiatrists now share about the dynamics of the individual were already well developed. In particular, the great clarification offered by object-relations theory was well worked out, and not only offered an explanation of human behaviour that instantly made sense to me, but also provided a bridge between older psycho-analytic concepts and those of the neo-Freudians like Suttie and Hadfield in this country, and Sullivan, Horney and Fromm in the US. They also offered linking concepts to learning theory and behavioural approaches, then rapidly gaining acceptance through the influence of Eysenck and his colleagues, as well as to group therapy and family therapy which were to gather momentum later.

So in those first few years, I had the good fortune to be learning individual therapy under Willi Hoffer, and studying group-analysis and running my first group under the guidance of S. H. Foulkes, while in the library the first papers on the startling new technique of family therapy by Lyman Wynne, Murray Bowen, Nathan Ackerman, Gregory Bateson and other pioneers, were arriving in the American journals. I did not feel confident enough to try this then-revolutionary idea myself until 1962, but work with groups of children and adolescents prepared the ground by forcing me to become more aware of the therapist's inevitable role, whether one wanted it or not, as an authority, educator and model rather than a neutral conveyor of understanding alone.

Aubrey Lewis, who was always kinder to me than I am sure I deserved, made a last effort to stop me going completely overboard by sending me to the department of neuroendocrinology to assist Professor G. W. Harris in his research on hypothalamic/pituitary connections. "I understand you want to be a scientist, Skynner?" he said, in the friendly tones of an army sergeant asking a squad if anyone

knows how to play the piano, while actually seeking a 'volunteer' for the job of pushing it to the other side of the parade ground. As I had said something of the kind at the appointment interview, in order to get in, I couldn't very well refuse, and I had indeed arrived with the belief that the 'harder' sciences offered a greater objectivity and was hopeful at what I might learn by this experience.

While working in the Animal House, I continued treating two individual psychotherapy patients and running my group under Foulkes' guidance, so during this short time I had the simultaneous experience of these two kinds of exploration. Which of them was the more scientific, the more 'objective'? Well, I came to the conclusion that what was going on in Foulkes's seminars, at least, was much closer to the scientific paradigm as I had understood it from my readings in epistemology and the philosophy of science, and from discussions I had been fortunate to become involved in during my medical training with philosophers like Russell, Ayer, Hampshire and Popper, and scientists like Medawar, Penrose and J. Z. Young.

Why? Because some attempt at least was made to 'include the observer in the equation', to allow for the fact, encountered everywhere in physics, the hardest science of all, that our theories inevitably affect our observations as well as our observations affecting our choice of theories, in a circular fashion which makes every theory to some extent a self-fulfilling prophesy. And I think it is this idea, the idea that the observer has to include the effects of his own nature in the equation if any investigation is to be objective, that has been the main factor helping me to remain open to new ideas and so to have been more likely to grow than to become rigid and closed, to the extent that this has been true of me at all.

At the start I understood this principle more in an abstract, intellectual sense, as it applied in physics with Heisenberg's uncertainty principle—the impossibility of simultaneously determining the position and the speed of an electron, or Einstein's principle of relativity—the impossibility of any absolute measure of velocity at all. But as I began to practise psychotherapy, and to learn about transference and counter-transference, I began to be aware that this principle affected every aspect of our lives, particularly in the way we distort our perceptions to try to keep our relationships in later life as similar as possible to those we experienced in our family of origin. The animal ethologists, and those like John Bowlby who have extended attachment theory to human behaviour, have shown us why. Change, difference, meeting the unexpected, are all disturbing, upsetting, stressful. Too much can make us mentally or physically ill. So we need attachment, sameness, stability, in order to get our bearings again and recover our equilibrium.

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I think it was around the time I was training that the word 'counter-transference' changed its significance profoundly. At the time when I began learning psychotherapy it seemed to have an entirely negative meaning, namely, distorted perceptions of the patient by the therapist, indicating that self-understanding derived from the therapist's training analysis had been insufficient. By the time I finished training it had begun to mean something positive to me as well. The influence of object-relations theorists like Winnicott and Balint was bringing an increasing awareness that the therapist's emotional reactions to the patient, however 'irrational' these might appear at first, could be a rich source of information if attended to but not acted upon—or at least, not acted upon without adequate delay for reflection about their meaning.

However, even my psycho-analyst colleagues tended then, as they still on the whole do now, to distance themselves from these emotional responses by basing themselves safely in the head, taking a fairly cognitive stance in dealing with counter-transference and using such feelings just as background information helpful for formulating an interpretation. But gradually, I found myself using the emotional information by reactions provided in more raw, immediate, emotional form, which had a direct impact on the patient, group or family through an emotional channel. I found myself increasingly using interventions which were more behavioural than intellectual—interventions which would indeed probably still be regarded as 'acting out' by conventional analysts—though they appeared to convey the same understanding in a non-verbal way and to my surprise did so often with extremely rapid effect, so that changes were often seen in the course of a single session or at the next attendance.

The earliest example I can recall where I noticed this was with one of my first family interviews, which at first I used to give as an example of one of my worst failures until I saw how it anticipated techniques I did not develop and understand fully for 20 years.

One question people always ask about family therapy is: 'Is it dangerous?'. Well, as those here who practise it will know, it is sometimes, but only for the therapist! I can put my hand on my heart and say that I have been trying to damage families for over 20 years now, and I've never been successful! I've followed up cases where there were the most horrendous scenes, but as John Bowlby found before me in his early experiments with families soon after the war, not only was there never any permanent harm, but the most alarming interviews usually proved in the long run to have had a positive effect. But at the time I saw the case I'm now going to describe, which was in 1963 about a year after I had begun experimenting with seeing families together, I thought of it as my greatest disaster. As you'll see, it very nearly was a disaster for me!

Tim, nine years old, was referred by the GP because he was showing signs of strong anxiety and refusing to attend school. The parents were written to, offering an appointment and asking them to bring the whole family.

Entering the waiting room to collect them, I found Tim,

three elder sisters in early teen-age, and mother—a heavy, grim-looking woman—but no father. I asked why he hadn't come as we had requested. The mother replied that he *had* come, had indeed driven them to the clinic, but she had sent him shopping. A warning signal of storms ahead, if ever there was one! But I was not then wise enough to tell them we would not be able to make progress without the father—fathers being important in children's management—offering them another appointment so he could be there as well.

Once we were seated in my office, I learned that Tim's anxiety and fear of school had followed a visit to the dentist, at which the dentist had told him that if he did not stop sucking his thumb his teeth would fall out. Though obviously not the wisest dental management from a psychological point of view, I nevertheless found it difficult to get much more out of the boy to explain the severity of his reaction.

However, what I did encounter repeatedly, as I tried to explore how the whole family dealt with emotions, was a powerful resistance by the mother to any mention by the children that they sometimes got angry. Although they seemed eager to respond to my questions as to what kind of things made them cross, mother always cut in and answered for them. "We *never* get angry in our family," she said repeatedly, after each child had begun to describe some episode of angry feelings.

I asked what would happen if someone did something to *her* which would make most *other* people angry. She replied that she would not get angry even then; she would just cry, and leave the room. She then turned the questioning onto me and said that surely I, a doctor, didn't ever get angry?

By this time I was feeling very frustrated by her interruptions, and said that I certainly did; I added that I was in fact getting increasingly angry at the way she was trying to take over the interview and control my clinic, as well as her family.

At this, true to her word, she burst into tears and, sobbing loudly, rose from her chair and strode majestically to the door. The children all fell in line behind in single file, like little ducklings, and followed her out. I have never felt so disturbed in the whole of my career; indeed, there was something in the way she did it which made me feel like a brutal murderer or rapist. However, my horror was somewhat relieved when Tim, who as the youngest was at the end of the file and the last to leave the room, turned round in the doorway, spread his hands, shook his head as if to say "That's my mother," and shrugged his shoulders in a commiserating way. I felt a bit better, but not much.

Half-an-hour later I was still shaking with the powerful emotion this incident had aroused, when my phone rang. My secretary was on the line: "That family's back again," she said, "And there's a very angry man with them in the waiting room who wants to see you, right away."

As I walked down the corridor, I could see him through the glass doors. Luckily, I had the presence of mind to stride quickly into the room, smiling warmly, grasping him firmly by the right hand as I said how very glad I was he had come,

since the father's involvement in therapy was so important, and, still clasping and pumping his hand vigorously with my own, pulled him quickly out through the door before his wife could have time to ask him what he was going to do about it.

Once in my office, the father and I got on well. He was glad to have the chance to talk to someone about his wife's problems, he said. She had phobias of different sorts, was very critical and controlling in the home so that even he didn't dare to argue with her, and their sexual life was not good, indeed, it was non-existent. I was sympathetic, and we agreed women could sometimes go through difficult times and needed understanding. By the time I returned him to the waiting room he had made a good relationship, his wife had cooled off, and we made another appointment for them all to come again a month later.

Nevertheless, I felt upset and disturbed for the rest of the day, and feared I had made a terrible mess of things, perhaps even lost Tim a chance of solving his problem. The next day I received a phone-call from his head teacher, and I feared he had called to condemn my behaviour too. "What did you do?," he began. My heart sank as I waited to hear the worst. "It's a miracle," he continued, "he's back in school and he's fine." I said modestly that these new methods of family therapy were very powerful, and did often get very quick results, even though we didn't yet understand completely how they worked. A month later, all the family came again and confirmed there had been no further problem since the first interview. There was no mention of what had happened in that first session, and the whole family were friendly and appreciative of the result. Mother looked particularly positive, and the glint in her eye explained to me the trap I had fallen into.

Later on I was able to develop a theory to account for this, at first combining psychoanalytic and behavioural ideas and more recently the systemic, so-called 'paradoxical' methods as well. Foulkes had taught us to trust the emotions and fantasies we experienced while leading groups, assuring us that they were best considered as group-associations, as much a part of the group-process as the spontaneous thoughts and feelings of patients and often best fed into the pool with the rest. My experience convinced me that he was right, for early on I would often arrive at a group to find to my surprise that patients were echoing themes that I had believed to be personal to me, which had preoccupied me throughout the previous week.

Foulkes defined group-analysis as 'psychotherapy by the group, of the group, including the conductor'. This can be understood as meaning that not only the therapist, but the whole group, is the therapeutic agent. Some treat it like that. But I soon discovered that it could also mean that it is not only the group, but also the therapist as part of the group, which undergoes the treatment. As time went on I came to see psychotherapy as a reciprocal, two-way process, where the failure of either patient or therapist to change inevitably limited the beneficial effect on both. I don't mean that patient and therapist have similar or equal responsibilities, of course, any more than mother and baby are doing the

same job just because the baby is cueing the mother's responses as well as vice versa, or because the mother must enjoy the baby to produce a contented child.

This ultimately led me to the powerful method of family therapy I have called a 'group-analytic approach'. In this method 'the therapist . . . picks up the family's non-verbal signals (not necessarily consciously), shares their experience, and leads the way in facing the [emotion the family are avoiding and denying]. Instead of picking up the family secret like an unexploded 'bomb' and running with it to the mental hospital to protect the family (as the identified patient may volunteer to do); or instead of protecting himself by 'lobbing it back into the family bunker' like an interpretation; the therapist actually defuses the bomb in front of the family and shows them how it can be made safe—indeed, shows them it may not be a bomb at all.'

Once one has succeeded in clarifying the mechanisms underlying some new and effective method one has developed intuitively—often indeed almost by accident as in the example I have described—one not only feels more confident but the results become more predictable and one can explain and justify the method to others. But while you are learning and searching for the truth you not only do not get it right a lot of the time; there is at that stage no right way to follow. You must be prepared to live a life of mistakes, rather than being able to follow a correct, approved body of knowledge where at least one knows one is in step with everyone else, even if you are all going round in a circle or marching over the edge of a cliff.

However, although in the final analysis one is always alone, and at times must be prepared to find oneself absolutely out on a limb, one needs companions on a journey of this kind. Best of all, one needs a group of like-minded individuals who are all similarly dissatisfied with existing knowledge and searching for something better. This need not be a permanent association of a formal kind, but ideally is more a temporary alliance of individuals who can share a common cause and be useful to each other's development for the moment. Once a more permanent group is formed, one has the beginnings of an institution, where those who are ready to crystallise out will stop and settle down, while others who need to continue to change will move on.

My first such support group was the one gathered around Foulkes at the Maudsley. When I left there it was replaced by a peer-group which grew out of that first association—indeed, all my subsequent support-groups grew out of it—and which met once a month to discuss a case-presentation given by members in rotation. There were about 12 or 15 of us altogether, several of whom have since become leaders in our profession. We all took turns at chairing the meeting, and it worked well for two or three years, finally fading out as we all moved on to other things.

My next support-group was the Group-Analytic Practice, where Foulkes became a peer, even though a respected elder peer. Out of this developed the Institute of Group Analysis, from an Introductory Group-Work Course I took the initiative in forming in 1964, and after that the Institute

of Family Therapy from another course I started within the former Institute in 1973, both of which remained important support-groups for me for many years. Each of us will have his or her own history of this kind.

On reflection, I realise that each group ceased to be useful to me in a personal sense at the point when other members no longer wanted the therapist included in the equation to the degree which I considered necessary, and when this point was reached I was obliged to move on reluctantly and find new companions for the next part of the search. Each change was experienced at the time as a painful loss.

More recently, running out altogether of professional colleagues to share the exploration with me, I have had to go right outside our own field of work to find companions who wanted to keep boundaries open to the same degree. One form of support has comprised groups of Church of England bishops that my wife and I were asked to lead in an exploration of personal, marital, family and vocational issues, but which we treated to some extent like the peer-group of colleagues mentioned earlier, leading by sharing our own personal experience rather than conducting the group from a position of detachment. The other main collaboration has been with the actor John Cleese, a former patient whom I later met again and who suggested, and joined me in co-authoring, the popular text *Families and How to Survive Them*.

As I tried to work out the structure of the book under the impact of John's persistent questioning, and our shared search for the clearest, simplest language in which to express the basic principles on which our profession bases its work, I found that areas of knowledge that had previously seemed disconnected or incompatible—psycho-analysis, biological psychiatry, systems theory, behaviourism—were beginning unexpectedly to mesh together and form a coherent whole, each appearing to follow logically from the same simple principles that our use of everyday language was forcing us to uncover.

Although we tried as far as possible to approximate a consensus of established views, or to acknowledge major conflicts of opinion, we also examined ourselves closely for minor, 'everyday' examples of each type of emotional disorder and found this 'self-analysis' the richest source of integrative ideas. But one unexpected consequence was that we found ourselves 'living' each chapter as we wrote it and at times feeling profoundly affected by emotional patterns we thought we had outgrown. Having already had more extensive psychotherapy than John this process affected me more deeply, and the intense experience of unexpected residues of schizophrenic and autistic functioning threw vital light on the real meaning of these disorders. John did not experience these very primitive levels, but recalls how he found himself writing painfully slowly about depression, then racing through the section on mania! An unexpected consequence of this emotional involvement with our subject was a great deal of beneficial change not only in ourselves but also in our marriages and other relationships, often occurring to both of us about the same time. Though I learned different things from my earlier therapy during

training and from writing the book, the results were similar and equally valuable to me.

Like my teacher, Foulkes, I have always believed that an unresolved transference is a sign of bad therapy, while successful therapy is characterised by increasing transparency and ordinariness. But the fact that John was a former patient obviously posed a problem for some colleagues, notably at the Tavistock Clinic where we spent an evening talking about the book at a crowded meeting to help raise money for their house-journal. John was asked how he could be *absolutely* sure he hadn't written the book to get some more therapy. The question was put in a somewhat anxious, critical tone which he didn't understand and, wanting to be honest and still believing we psychotherapists are all terribly nice people who just want to be helpful to others—I had warned him it might be more like a swim in a tankful of Piranas—he said: Yes, of course that was the whole idea—could anyone ever have too much self-knowledge and what was the problem, surely all of them would be glad of a bit more too? I added that it had certainly been one of my main reasons for the collaboration, and the question was not pursued.

This is only one example of the fact that if one tries to operate according to these principles, one can no longer maintain the sharp divisions we often try to establish between different aspects of our lives. If everything is connected, to a greater or lesser extent, it is probably just not possible to be a really first-class therapist and at the same time a third-rate husband or wife. And one will at some point experience limitations in treating couples for sexual difficulties if one has not achieved a reasonably comfortable sexual relationship oneself, or at least faced up to one's inadequacies in this and other spheres.

I have certainly noticed how my own limitations obstruct the progress of patients at a certain point in their progress. This is particularly noticeable in doing group therapy. To start with, provided patients do not come with an identical problem to one's own, there is plenty of work for them to do in areas where one is reasonably well-adjusted and comfortable oneself. But as the ground begins to be made up and the gap is closed between the patients' level of adjustment and that of the therapist, there is an increasing sense that a kind of 'lobster quadrille' is beginning: "Will you walk a little faster?" said a whiting to a snail, "there's a porpoise close behind us and he's treading on my tail". At this point I experience myself as under pressure, and as standing in their way until I can gain some greater understanding and move on myself in my own development.

Usually the group themes help me at this point to grasp some issue I have not been able to grapple with effectively before, and though I do not normally bring my own problems into the group in an explicit way (unless I have become completely stuck and there is no alternative, when I do) I am very aware of how much I am helped myself, when I am practising as a group therapist, towards dealing with my own problems more effectively. Indeed, this is a major reason why I particularly like to work with stranger-groups, since they force one to become aware of, and to struggle



with, one's own unresolved problems in a way I have never experienced either with individual therapy or family therapy.

However, I have found that this process also spins off into one's life outside the therapy-room. The opening up of new areas of exploration in oneself, provoked by exploration of these issues in the therapy situation, often continues in relationships with intimates, particularly in the most intimate of all, the marital or couple relationship. This does not necessarily, or usually, involve an explicit discussion of the issues, or even at first any awareness that something of this kind is happening. Often it is only on later reflection that one realises that one has begun to reveal some new aspect of oneself to one's partner, or is able to perceive and cope with some aspect of one's partner's personality which has previously been avoided and denied. But it can lead to a deeper fruitful interaction between the couple, or among family members as a whole, from which new understanding ultimately spins off back into the therapy group situation, leading to progress of all the patients there—again, without any of this being made explicit.

If one works with one's spouse professionally, as my wife and I have done for the past 13 or 14 years now, the whole process is accelerated, though it still tends to take place in a natural way through the interaction of the couple rather than through conscious and deliberate discussion. I gave an example of this in my text-book *One Flesh: Separate Persons*, where my wife and I reproduced unconsciously, over supper following a session of leading our most destructive set of couples, which we had taken to calling our *Who's Afraid of Virginia Woolf* group, the typical quarrels that each of these couples had described in turn in previous sessions. However, the next morning insight dawned, and we were later able to feed this information back into the group with beneficial consequences for all concerned.

Of course, one has to feel considerable confidence about being able to weather emotional storms before one dares to work with couples' groups at all. My wife and I began quite late in life, round about the age of 50, when we felt we were ready. How did we know we were ready? I can remember very vividly the family incident which made us reasonably confident that we could begin to expose ourselves to the marital tensions of others, and you may be amused to know what it was.

When our children were about 8 and 10, which would make it about 14 years ago, I had been prevailed upon to accompany them, and my wife, to a Saturday afternoon at the pictures. It was one of the worse Walt Disney whimsies, which I particularly dislike. I had agreed to go to show what a good father I was, since my occupation at that time as a Consultant Child Psychiatrist made it difficult to deny that good fathers should take part in family outings. However, I went with a bad grace, and as soon as it was over, which certainly couldn't have been soon enough for me, we piled into the car to return home.

Driving home, the children in the back seat asked for an ice-cream. I was looking forward to a stiff whisky as soon as we got inside the door, but before I could even have a chance

to show I was a good father again, my wife told me the children wanted an ice-cream and could I stop. With a screech of brakes we drew up at the ice-cream shop, my wife got out, leaned back into the car, and said "That's three cornets then?". I asked: "Why can't I have a cornet? I've driven you all to the pictures; why am I the only one who doesn't get an ice-cream?"

My wife behaved with admirable restraint, and refused to be provoked. She just said: "All right, *four* cornets then," and went off to get them. When she returned, she handed two cornets to the children in the back seat, gave one to me, got back in the car holding hers, and shut her door ready for us to drive off again. Just as I was about to let the clutch in to do so, my ice-cream fell off the top of my cone onto the floor.

Now if you have, or have had, children you will know that at this stage of life the floors of cars are covered with sand and grass. My wife said: "Your cornet has fallen on the floor," stifling her amusement. "I know my cornet is on the floor," I replied: "Pick it up and put it back on my cone." The whole family were now convulsed with laughter. "But it's got grass and sand all over it," she said. "I know it's got grass and sand all over it," I replied, "I'm not blind. Please pick it up, scrape the grass off, and put it back on top again."

"But I've only got one hand. I'm holding my own cornet," she replied. "I'll hold your cornet, now pick up *my* ice-cream and give it back to me," I repeated. I took her cornet in one hand, and held out my empty cone with the other, waiting for her to replace my refurbished but shrunken ice-cream on the top.

Eventually, she had it reasonably clean, took the empty cone from my hand, and began to press it firmly down, but she took her time over it and laughed once too often. It was a fine summer evening, so the car windows were down, and I flung *her* ice-cream out of the window on my side. She said: "Oh! All right," and threw *my* ice-cream out of *her* window. I let in the clutch and we sped home, both now laughing and in the most marvellous good spirits, my bad mood completely gone, having achieved the first really 'good clean row' of our relationship. We later realised that this new-found ability to release, and instantly recover from, such intense negative emotions had signalled our readiness to survive working together as co-therapists with couples' groups.

There was silence from the back seat for a few moments, and then my heart sank, and my enjoyment was temporarily subdued, as I heard my son say "Daddy!" in a reproving, anguished tone. I suddenly became aware of how this episode might appear to those looking on. We were in NW3, psychoanalyst country; suppose there had been one passing by, or a member of the Royal College of Psychiatrists or the Association of Child Psychology and Psychiatry, speculating on the damage I was doing to our hapless children. Perhaps we had even hit this innocent bystander with one of the ice-creams. However, I was quickly reassured as our son added: "Daddy! Don't you realise those ice-creams cost a *shilling each!*?"