

Healing the Mind—What is the Healer’s Task?

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We have looked at the process through which the mind heals itself and I shall summarise it briefly. My mind is overwhelmed by inner and outer turbulence. Have you ever been in a plane that is passing through the edge of a thunderstorm? It bumps and rocks from one side to the other. It shakes you up and down and your insides are also heaving and sighing. So you are overwhelmed by this turbulent fury and then something well-nigh miraculous happens. The plane passes into a sea of tranquility. The mind divides into two parts—one that is a turbulent storm and the other a calm peaceful painting and the latter absorbs the former into its tranquil self. So this is what happens inwardly. Psychotherapy aims to bring this about, but how?

Now this very summary sketch may give the wrong impression. It may conjure up a picture of inactive passivity. If that picture has given that impression then it is seriously defective. The storm that has been enveloped within an image has not lost its force, its strength, its power to transform the world. I cannot help quoting a passage that comes from Graham Greene’s autobiography and which I have quoted often before. It is a sketch of his friend Herbert Read:

Certainly my meeting with Herbert Read was an important event in my life. He was the most gentle man I have ever known, but it was a gentleness which had been tested in the worst experiences of his generation. The young officer, who gained the Military Cross and a DSO in action on the Western Front, had carried with him to all that mud and death Robert Bridges’s anthology *The Spirit of Man*, Plato’s *Republic* and *Don Quixote*. Nothing had changed in him. It was the same man who twenty years later could come into a room full of people and you wouldn’t notice his coming—only you noticed that the whole atmosphere of a discussion had quietly changed. No one any longer would be talking for effect, and when you looked round for an explanation there he was—complete honesty, born of complete experience had entered the room and unobtrusively taken a chair. (Greene, 1980, p. 39)

As the painting by Cézanne had the power to bring my friend to tears so also the presence of Herbert Read had the power to transform the atmosphere of a room. If one follows the line of thinking that I have been pursuing then one might say that ‘all that mud and death’ had been transformed into a representation inside of Herbert Read and this had an enormous power; that although he was sitting unobtrusively in a crowded room he exerted great power upon the people inside it. One might conjecture that Nelson Mandela had transformed the horrors of

twenty-seven years of imprisonment into a representation so powerful that the transition from white to black power took place, not with no savagery, but without the bloodbath that had been predicted. So what I am talking about is the way a roaring tempest of guns and human cruelty can be transformed into a new energy, capable of turning destruction and death into beauty and life. This is no passive strength that I am talking of but a renewal capable first of transforming the individual in whom it occurs and then having a flow-on effect upon those in intimate relations with him or her. So I return now to the question I posed at the beginning: How is the psychotherapist to act so as to favour such a transformation?

We have first to accept the fact that this is a free act from within. No one can make me have that act, no one can persuade me to do it. It is an entirely free act so, you will ask, can the presence of another have any effect at all? I am sure, certain in fact, that it can and this certitude is based upon a view of human activity that is difficult to convey but, I believe, essential for all people of good-will and crucial for all of us who work professionally as psychotherapists. It is a form of activity which I have called in some lectures and writings: *creative communication*. I shall try to explain what I mean by it.

This phenomenon is based on the idea that there is a creative energy in each one of us. It is this very creative energy which is responsible for the fashioning of the inner representation which I have been trying to describe. Where does it come from? How do we explain it? If we were able to explain it then it would not be what it is. It is a property of human life. We may be able to trace its ancestry through the primates, back through the mammals and back down to the unicellular organisms with which life began on the planet but this only tells us its history. Even the DNA discovered by Crick and Watson brings us to what one might call the foetal stage in life's history on the planet but it does not explain it. It is like the fact of existence, the fact that there is a universe. It cannot be explained. But that there is a universe is a certain fact, that there is a creative force within the human frame is also a fact. My contention here is that this creative force can be fostered or strangled. The psychotherapist's job is to foster it. I regret that instead of fostering it we often strangle it.

There are certain conditions in the psychotherapist that foster the patient's capacity to create an inner representation and these are: *freedom, the personal, scientific enquiry and compassion* and it is not just one of these that is needed but all four. In fact they are not four but one; one reality looked at from different angles. You may remember my story of an experience I had when I was staying at the cottage of my friend on the saddle of the mountain. What did he do which, I believe, favoured the creation inside me of an inner image? First, he totally respected my freedom. When he, his brother and two colleagues, played cards he put not the slightest pressure upon me to do so too. I wanted to go into the garden and read. I felt totally comfortable in doing so and I knew my friend was in warm support of my intention. I had not the slightest presentiment that he would have preferred me to be playing cards, that he thought I was being an ungracious guest. He respected my freedom and I respected his.

Now freedom in relation to another is rare and difficult and yet is an emotional attitude that generates spontaneous acts in another and it is out of such spontaneity that representations are fashioned in the personality. Now any reader may say that he respects utterly the freedom of his or her patients. Let me put us all to the test and see whether this is true or not. I am in my consulting-room and a patient whom I have been seeing for some time and who has been progressing especially well recently comes in and says,

'I am going to finish my therapy. I am not getting anything more from it.'

How many of us would try to persuade the patient to come for a few more sessions to work it through or start pointing out that the therapy is reaching a crucial point which may be painful and the patient is now trying to avoid this? These are two conjectures but there are many other possibilities. These matters are subtle but the implication is that the patient should not be doing what he is about to do. This is not our job. Our job is to understand the action not to prohibit it through condemnation or subtle disapproval.

Another example: a patient comes in and says he has decided to go on Prozac. He is so depressed that he does not think he can go on coming unless he takes it. It is common for the therapist to counsel against taking the drug or, on the other hand, to encourage it rather than to understand it.

Another example: a patient falls into silence and remains such for the whole session and in the next session the patient also remains silent. How many of us might say, 'I think you are being silent because you are hurt that I am shortly going away on holiday ...' or: 'I think you are silent because you are afraid to express your anger towards me ...' but there is the subtle implication, or possible implication, in the first one that the patient should not be so hurt or that if he is that his expression of it is somehow not appropriate and in the second one that the patient should be expressing anger in some way that seems to the therapist to be appropriate. There are models of the right way to do things. In none of these examples is the therapist in an attitude of free exchange with his patient. If we really believed that the patient is free to stop his treatment, free to go on Prozac, free to be silent then our responses will respect that freedom, will discover the meaning of the activity.

There is behind these examples a whole theoretical framework which supports restriction rather than freedom. I never now speak of someone defending herself against a certain truth. Such a statement bears within it the implication that the patient has within her the capacity not to defend herself but this is an assumption that may be right but it may also be false. In a similar way I do not say to patients that they are denying a truth. There are two or more ways of looking at nearly all human events and if a patient is denying a truth and I point it out then there is again the implication that this is not something that they should be doing. I am instructing therefore and not interpreting.

The problem one is dealing with here is a critical negative figure that is already operating within the patient and the psychotherapist is being scooped into its field of operation. However there is an opposite way in which the therapist can be sucked into its whirlpool: through an opposite manner. For instance it is common for a patient to say:

'I have had a thought but I am afraid to say it ... I have the feeling that you will disapprove ...'

and it is very common for the therapist to reply:

'But I wonder what it is that makes you think I will disapprove ...'

The implication is that I, the therapist, will not disapprove. Here the problem is the same but located in the patient. You will see from the previous examples that the therapist is implying that the patient is not doing things right but here the patient is saying

‘Look I cannot say something if I feel that the other person will disapprove’—

in other words the patient is saying,

‘I am not free—in the face of disapproval I become paralyzed.’

So here the patient is revealing his problem: i.e. that in a disapproving atmosphere he becomes paralyzed, that he is not free. So instead of addressing the problem the therapist by-passes it. So there is one group of therapists who embody an imprisoning attitude and another group who, when they are confronted with the patient’s own imprisoning attitude, do not address the problem, do not hear the patient’s declaration of what is hampering her freedom. So we get, within the psychotherapy world, those schools of psychotherapy who imprison their patients through embodying the inner disapproving critic and then another school that does not help the patient face and transform this inner tyrant. The first school looks persecutory and is so and the other school, in oppositional revolt, are kind and benign to their patients but in each case a core problem remains: that the patient is imprisoned through a powerful inner critic who is embodied in the therapist or remains so imprisoned because the atmosphere generated by the inner critic is not addressed. If therapists of all kinds valued freedom and had a concept of it inside them then when it is being hampered they would address the issue.

In an ideal world a patient, after finishing a course of psychotherapy, is now fit to face the world, to face disapproval, to face hostility, to stand by his or her own inner convictions without being dogmatic yet the opposite seems to be the case. The patient either fanatically joins forces with the moralising attitude of his therapist or escapes from any confrontation with disapproval or hostility by attaching himself to those who support him against such tyrannical attitudes. In neither case is he free. He remains in chains. I am quite often asked to what school of psychotherapy do I belong. In particular in Australia I am asked ‘Do you belong to the Object Relations School or the School of Self Psychology?’ I am left floundering because I do not belong to either. There are certain currents in the Object Relations School that I feel certain are correct but there are others that send me into revolt. There are certain strands in the Self Psychology School that I am certain are right but there are others which I am sure are wrong. What is happening when we swallow whole the doctrine of one master, or mistress for that matter? What on earth have I done to my mind? Have I just let it be trampled into an amorphous mass under the feet of a tyrant? Even if it be a benevolent tyrant? Surely I am in submission to another whether it be a Master, a Mistress or the School of either? But if that is the case then where is the person that discriminates according to the inner spontaneous inclinations of the heart? I have for instance been enormously influenced by Wilfred Bion and in fact my wife and I wrote a book on him, yet I disagree with some of his presuppositions. The problem however is more serious than just this. One might say that this is an intellectual matter but it is not so. The problem that I am groping to put into words is the failure in a therapy for the individual to come into possession of a subjective knowledge of himself. This subjective knowledge arises out of an inner patterning of representations. Bettelheim (1983) drew attention to this lack of self-knowledge among psycho-analysts in the United States. We can only do psychotherapy if we are aware of our own selves; if we can see ourselves with light and shade. So I will come back now to myself and the beneficial presence of my friend.

I believe that an image was able to surge out of me when I was at my friend’s cottage because there was an emotional freedom while I was in relationship to him in friendship. Then the second element which I indicated was what I have called the personal. Now in these conversations my friend spoke of two areas of experience. The first were two recent experiences

in which he had taken a painful and difficult stance in relation to two prominent and well-respected figures both of whom were on committees holding positions of social responsibility. His emotional capacity to face a painful and almost dangerous situation was not new to me. I knew he had done such things in the past. My own experience tells me that such a capacity indicates considerable emotional self-containment. It correlates for me with his relating to me as a free human being. To be able to live with another in freedom requires emotional self-containment. If I am not so contained then I discharge what cannot be contained upon the other and thereby become controlling of the other. The other area of experience that my friend spoke to me about was the extreme narcissism in his youth and he told me of his self-centred treatment of family members who were close to him, particularly one. It was clear that he had confronted this in himself, that he was now talking from a place in which this narcissism was now contained, transformed even, into something personally and socially beneficial.

Now the point I am stressing here is firstly that he was aware of his own character defect and also he spoke about it to me. He was sharing it I believe not just for his own benefit but also for mine. I had told him that I was in a dark place without indicating its particular contours. All personal difficulties flow from our own areas of narcissism. What he was describing was not the same as mine but it was the same arena—plants out of the same soil. I think as a friend he wanted to convey that he was not in a different universe to myself. In a nutshell he gave something of *himself* in these conversations. He did not generalize, give advice or say how he thought people should act. He told me something of himself and something that was still painful to him. He made to me a very personal statement and, like all statements which are truly personal, it is not something that I shall forget. A personal statement makes a deep impression. As a psycho-analyst, as a psychotherapist I have a rule with myself which is: *Don't ever say any thing which is not a personal statement*. It is only such statements that foster that movement in the other that transforms the inner storms into a representation, into a creative force, into a force that is able to transform not only the inner but also the outer circumstances of someone's life. So I believe that two of the elements that fostered the emergence of images that signalled that a transformation had occurred within, were the atmosphere of freedom plus the personal engagement of my friend with me. I laid out two other factors that I believe were important in those five days of emotional refreshment: *scientific enquiry* and *compassion*.

I was seeking the solution to a problem. But the atmosphere here during those five days was of scientific enquiry. My friend's brother suffered from severe bouts of depression. We discussed why we thought he suffered in this way but, in such a discussion, there was always that tone suggesting that the reasons that led his brother to be depressed, although particular to him, probably had a more general application. We were then in those particular discussions probing into the problems of human life, why depression was so widespread, was it more so in his culture than in ours? What particular factors in modern life might contribute to it and was it worse in my culture than in his? You may be relieved to know that we did not only discuss depression but also historical factors in his culture that were giving rise to national problems in the present. We also discussed the way in which industrialization had been implemented in his country and the ways in which it may have failed to take account of the national skills. We also discussed holistic medicine, differences between two world religions and reasons for some economic failings in my own culture and so on. What I am wanting to convey is that there was an atmosphere of scientific inquiry.

I see psycho-analysis and those forms of therapy that have derived from it as a scientific inquiry. For some reasons I have asked questions about the world and life since I was a child and I would not be a psycho-analyst if, for me, the enterprise was not an attempt to solve some of the riddles

of our existence. My consulting-room is for me a laboratory but, as much as possible, the type of laboratory favoured by ethologists rather than psychologists. In other words looking at a human situation in as natural an environment as possible. Of course the consulting-room is not natural but there is no reason why the psychotherapist cannot be natural. The more natural you are the more a patient will reveal the secrets of the heart. By natural I don't mean being over-polite. I mean the opposite—no poise whatever. Our place is to be *in* a role not *acting* a role. But back to my point: that the patient comes with a problem, more than one usually. If you believe that because you have done an excellent training in psychotherapy that you will know the answer to the problem then it is time to pack up and take long service leave, preferably of indefinite duration. You are a scientist probing for an answer. But a curiosity about our problem-studded world is the base line. If you are not puzzled, if you do not ask yourself *why the hell does this person so despise people who play golf or why is it that this fellow who is so gifted in so many fields has such a poor opinion of himself or why does this woman always muck things up the moment she is really enjoying a new relationship*. And please I beg you do not say to yourself *It's a negative therapeutic reaction or he's masochistic or he's arrogant*. These are not answers, they are descriptions and ones that are repeated from therapist master to therapist apprentice, from one conference to another. There used to be a rather funny radio game in Britain called *Just a Minute*. The victim was given a subject and had to speak on it without hesitation, deviation or repetition for a minute. It was funny because it was so difficult and the contortions that Clement Freud, Derek Nimmo and Kenneth Williams got into to avoid repeating the same word were hilarious. I would like to give us psychotherapists a game on that model: a minute's discussion of a patient without speaking of *depression, masochism, sadism, omnipotence, identification, idealization, denigration, paranoia, envy, jealousy, narcissism, neurosis, psychosis, borderline conditions, addictive disorders, the self, the ego, internal object*. My point is when I say *it's negative therapeutic reaction or it's masochism* it means I do not know why this patient behaves in the way he describes but instead of acknowledging it I put in a phrase to plug that gaping hole in my knowledge. Say to yourself *I don't know why this woman always mucks it up when she has just got into a satisfying relationship but my God I would love to find out*—and then set out on your journey of enquiry. Sometimes it may take you a few minutes, sometimes a few hours, sometimes a few weeks, sometimes a few months, sometimes a few years. There was something that always puzzled me in the analysis of my first training case which was over twenty-five years ago. It was only two months ago that the reason suddenly dawned on me. *A bit late for her* I can hear the cynics cackle but better I believe than a pretence at knowing. Every therapy, every psychoanalysis ends with many unsolved puzzles and I hope that this is openly acknowledged between therapist and patient. But to return to my point. Every psychotherapeutic enterprise is a scientific enquiry. I can with honesty say that a day never passes when I don't understand something which I had not understood before. When one thing is understood another question stares me in the face—and thank heavens for it. If what I am engaged in is not a scientific enquiry then I hope that all would-be patients will avoid my consulting-room.

So now to the last factor: *compassion*. I think *compassion* finds its root in the knowledge that the state of things prior to representation, where the personality is in the grip of storms and passions, that this state of affairs is the flow on effect of disaster. It is not due to untamed instincts but rather to the radiation still being emitted in the personality from an atom bomb. The bomb may have gone off in the individual's childhood, or in his mother's childhood, or in the cataclysmic events that surrounded his grandparents.

These things pass from generation to generation. A severe trauma and not raw instincts are the source of overwhelming turbulence. Herein is the origin of all the ailments of the psychiatric textbook. This commands a response from us. That response is *compassion*. The person in front

of me has suffered a shocking blow from which he is still suffering.

So I think it was these four factors: *freedom, the personal, scientific enquiry* and *compassion* that favoured the transformation of a storm within me into a calm but active representation. These I believe are the factors needed in the psychotherapist's consulting-room.

References

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