

Shame as an achievement in analytic training*

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The identity of the analytical psychotherapist can be seen as a particular constellation of psychological qualities. Key among these qualities, it seems to me, are: solitude, humility, liminality, ecstasy, craft, kindness, zeal and shame (Henderson, 1998, 1999). Each of these contributes to the vitality, depth and complexity of the analytic identity. The task of psychotherapy education is to facilitate the capacity of the therapist to embody these elements in their relationships with clients. In this paper I will consider the place of shame in the identity of the psychotherapist. Pattison (2000, p. 1) describes shame in this way:

Shame itself is an entrance to the self. It is the affect of indignity, of defeat, or transgression, of inferiority, and of alienation. No other affect is closer to the experienced self. None is more central to the sense of identity. Shame is felt as an inner torment, a sickness of the soul. It is the most poignant experience of the self by the self, whether felt in the humiliation of cowardice, or in the sense of failure to cope successfully with a challenge. Shame is a wound felt from the inside, dividing us both from ourselves and from one another.

One of the challenges in the education of a psychotherapist is the development of a secure psychotherapeutic identity which integrates the inherent shame of being a psychotherapist. Psychotherapists who cling to the power and respectability of their professional status as a defence against shame are dangerous to themselves and their clients. An important test of maturity in a psychotherapist in the present environment is his/her capacity to live with the shame. Can a psychotherapist tolerate being useless, powerless, disgusting, embarrassing, disreputable, perverse and risable?

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The shame of the psychotherapist is affective, social and epistemological. The therapist's experience of shame in sessions are usually interpreted as countertransference, which expresses in some way the psychopathology of the client or unresolved psychopathology of the therapist. As essential as it is to the therapeutic task to identify psychopathology, I think that it is important to postulate an objective dimension to shame, which cannot be resolved or interpreted away. There is an inherent, inevitable human shame. It is part of our human birthright.

We have become accustomed to thinking about depression as an achievement, such as in the depressive position or the stage of concern. It seems to me that a position of shame or capacity for shame is also an achievement. This perspective resonates with Winnicott's concept of 'objective hate'. While he recognizes the pathological and transference dimensions of hate in the analytic relationship he argues that it is vital for the therapist to acknowledge objective hate for his client when it is a feature of the relationship. It seems to me important that we do not hide from the 'objective shame' of being psychotherapists.

The social location of psychotherapists is on the margins. Psychotherapy is where people take their unacceptable thoughts and feelings. The psychotherapist is not just contaminated by the shaming effects of society, but contaminated by the unconscious. The therapist occupies a position that is unstable. We are undermined by our own anxieties and complexes as well as those of our clients. We are on the cusp of form and formlessness. We are let down by the inadequacy of psychological theory and knowledge. We bounce between the known, the barely known, the unknown and the unknowable. Psychotherapy is an impossible profession. You can't win. There is no moral highground for the therapist.

Let me run through a list of things that are said about psychotherapists. I won't expand on any of them at the moment. I'm sure you are familiar with the tone. I am asking you to hear these, not as defensive, aggressive or prejudiced statements, but as true.

The psychotherapist is a joke.

The psychotherapist is dangerous.

The psychotherapist is a scandal.

The psychotherapist is full of shit.

The psychotherapist is mad.

The psychotherapist is disgusting.

The psychotherapist is impotent.

The psychotherapist is perverted.

The psychotherapist is ignorant.

The psychotherapist is dying.

The psychotherapist is slow.

You have to ask yourself why anyone devoted to the active, effective, feel-good values of our society would want to train as an analytical psychotherapist. One thing that brings analytical therapists together is our anxiety about our trainings and the lack of trainees. I think that it would be a mistake and dishonest to market our courses merely in terms of skills enhancement and professional development and to gloss over the darker, stickier stuff, because it will come out anyway during training.

In my experience the place where trainee psychotherapists come face to face with shame and humiliation is in their relationships with their clients. Many trainees go through a deep crisis when it begins to dawn on them that their good, loving and rational intentions toward their clients are being frustrated and undermined. In supervision there are expressions not only of the narcissistic shock of discovering the limits of their love and understanding, but also the horror and disgust of having glimpsed the depth and intractable nature of human misery, envy, self-deception, hatred and fear within their clients and themselves. They feel shame about their limited powers as therapists, but beyond this they are being initiated into the common human heritage of shame and humiliation.

A therapist is in many respects at the mercy of the transference. Some transferences of a negative or demeaning quality, or of an excessively positive or stimulating nature, can last for months or even years. Regardless of how fulfilling the rest of one's life is, this situation does extract a real emotional and psychic price. Trainees are sometimes enraged when they discover the depth of sacrifice they are being called upon to make in the service of a particular client. They are genuinely put-out when they grasp the depth of need and irrationality of demand that is being placed on them by their clients. They question whether they want to engage in relationships that appear to invite inordinate levels of dependency or whether they would not be better off with a regular job in the real world.

One of the exciting aspects of training is learning new words and concepts. Seminars and case discussions are an opportunity to try out these new wings. There is a growing faith that these words and concepts will

guide and protect one in the exploration of this new territory. They will contain the demonic energies and cast light into dark corners of the psyche. For some people it is troubling to sense that psychoanalytic theory is a patchwork of mostly incompatible concepts. Psychoanalysis is not a field with boundaries. Probably psychoanalysis does not exist. Analytic theory is not a reliable roadmap of reality. Not only that, but one's own capacity to think is seriously compromised by hanging out all day with the unconscious. It reminds me of the father of a friend of mine who once said, 'If you're still hanging out with that David Henderson, you're not out of the woods, yet'. If we hang out with the unconscious day in AND day out we are most definitely *not* out of the woods yet. If a trainee is undertaking a training, expecting to be initiated into a proper, respectable body of knowledge and practice, it can be disconcerting to find him/herself turning into a backwoods man or woman.

The power of psychotherapists in relation to their clients or patients is often exaggerated. Just as the potency of theory can be a mirage, so can the vision of the promised land of private practice be a mirage. Many are called, but few are chosen. Trainees who are gradually developing private practice can experience real anxiety about their financial prospects. They discover their actual dependence on their clients. This can evoke timidity, compliance, greed, envy or rage in relation to clients. One can feel ashamed about taking money from a very needy person or even from someone who has been very gratifying to work with. It is worth acknowledging that in many respects the client is the more powerful partner in the analytic couple.

Adults ranging in age from 30 to 60 years old usually find that training is exciting and challenging, but it may have a bitter side as well. It can be humiliating for adult learners to find themselves in the grip of strong transferences to training organizations or teachers and supervisors. These transferences may initially be (perhaps need to be?) positive, they can become much more complex and negative as the training unfolds. Trainees often re-enact the dynamics of their family of origin within the setting of the training. This can have a reparative outcome, but often enough it is a mere revival of anguished, confusing feelings. If there is not some resolution of these feelings the student's post-qualification relationship with the organization is bound to be affected.

Students may be competent professionals in their own fields and find it difficult to accept the status of a beginner. People feel de-skilled. Sometimes the closer the student's previous profession is to psychotherapy the more difficult it is to relinquish familiar ways of thinking and interacting. Doctors, nurses and social workers often find the transition more painful than people with a background in the arts or business. Defences against feelings of being a middle-aged novice can add years to someone's training.

Psychoanalytic culture with its secrecy, incestuousness and rigid caste relationships breeds shame. It can come as a shock to realize that many of the seminal writers in psychoanalysis have engaged in boundary violations that would be considered to be unacceptable under most codes of ethics, let alone at the bar of public opinion. Perhaps psychoanalytic knowledge is by nature the fruit of transgression. Trainee psychotherapists are gradually initiated into the oral tradition of psychoanalysis that includes stories about the sins of the analytic parents: Freud, Jung, Ferenczi, Klein, Winnicott, Laing, *et al.* One feels driven to the uncomfortable conclusion that the most creative spirits in psychoanalysis have also been the most prolific boundary breakers. To become a psychoanalytic psychotherapist is to become the carrier of a share of the burden of shame incubated by the family secrets of one's own organization and of the wider psychoanalytic family. In Pattison's words:

A shame-bound family is a group of people, all of whom feel alone together. To the individuals in the family, shame feels unique and lonely... The shame that feels so peculiar to the self paradoxically is a product not of the individual... but of the system. Within the family secrecy is rampant and relationships are thin and brittle (Pattison, 2000, p. 106).

There may even be a thread of shame in our meeting today. Some of us may be wondering: why have we not been able to protect and develop our organizations, why are they under risk, why have our trainers allowed the numbers on our course to dwindle, why is it so hard to get referrals?

The issue of shame also arises in the relationship between the United Kingdom Council for Psychotherapy (UKCP) and the British Confederation of Psychotherapists (BPC). Many people have the perception that quality therapists and trainings are in the BPC. UKCP psychoanalytic psychotherapists and trainings are often considered to be lightweight. Joining the BPC can be a way of boosting one's self-esteem as a therapist. BPC registration is a move out of the peasant class into the upper middle class.

The relationship between trainee and supervisor is a particularly sensitive one. I often feel that it is more difficult to find the 'right' supervisor than it is to find the 'right' therapist or analyst. When presenting oneself to a supervisor what is at stake is one's identity as a psychotherapist. The supervisor is in the position to foster that identity or undermine its growth. Within the context of training the supervision relationship is further burdened by anxieties about assessment.

For many of our clients the fact of being in therapy is in itself a source of shame. This is not usually the case for trainee psychotherapists who invest the experience with very different meanings. The fact of being in therapy is

part of a path to a new profession or way of life. Their training therapist or analyst is not only a transference parent, but fulfills a concrete parental role within the professional environment. Therefore a failed or failing relationship with their therapist or analyst poses a huge challenge to the trainee. Should they tell the training about the difficulties? Will the training therapist or analyst unilaterally inform the training organizers, or terminate the therapy? Will a therapist or analyst refuse to continue to see someone who has applied to a training of which they do not approve? Will a good match between a trainee and their own therapist be broken up by the training organization for bureaucratic reasons?

In conclusion, shame, along with solitude, humility, liminality, ecstasy, craft, kindness and zeal, is one of the core elements of the identity of the analytical psychotherapist. It is one of these elements that is most problematic for trainees, for qualified therapists and for the public. Shame is one of the energies fuelling the drive for regulation and registration. An essential task in the education of an analytical psychotherapist is the achievement of a mature, honest and grounded relationship with shame.

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