

Therapy has no goal: a radical model of practice

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Talk to BACP Conference, 2008

Acceptance of not-knowing produces tremendous relief.

DW Winnicott

In this presentation I intend to argue that the core value of psychotherapy is that it can offer a space free of all goals and intentions. This is valuable because goals, however benign, tend to be experienced as *demands* for their achievement; and demands are what we suffer from, what brings us into therapy in the first place, and what therapy can potentially alleviate. This of course is paradoxical: freeing us from demands is itself a goal, and therefore a demand, one from which the therapeutic space must in turn be freed – which becomes a further demand, and so on... But I suggest that this type of paradox is in fact fruitful, and a feature of many successful techniques of psychological freedom.

Let me start, though, by speaking to a probably largely imaginary audience: people who follow my work year by year, and who *demand* from me (notice the word) a basic consistency of discourse. If there are any such listeners here – and in reality most of you have probably never heard of me - they will be wondering how I can reconcile the argument I am making now with my often-expressed view that therapy always takes a position, explicit or implicit, on *how people should be*. You may be wondering this; my internal critic certainly is.

And that allows me to make an instant demonstration of what I am saying about demands, and how they bring people to therapy. Unless we are sociopaths, we all suffer from our internal critics: from a set of essentially imaginary requirements that we be a certain way, achieve certain standards, meet certain criteria. Witnessing your own process you may have noticed that there is a built in impossibility about these demands, in that the goalposts are constantly moving. It's rather like accreditation: as soon as you think you're almost there, the target recedes in front of you. Our internal critic doesn't actually *care* about our efforts to meet its demands. Its function is to attack us for failing to do so.

Why don't you each take a moment to think about your own internal critic's favourite ways of attacking you. If possible, listen to what it wants to attack you for right *now*. It can probably find something to get its teeth into, if only your difficulty in thinking up an answer to the question!

Now turn to a neighbour, and *see how you feel about the idea of* sharing those internal criticisms with them. The emphasis is not on actually sharing the criticisms, though you may choose to do so – but on taking a couple of minutes for you both to share how it makes you feel to imagine revealing the internal critical process.

I'll come back to these issues; but in this instance I have an answer to my internal/imaginary critic about the apparent inconsistency between my two positions, one that therapy has no goals, and the other that therapists always takes a view on how people should be. The point is not that therapists *should* take such a view; or that they shouldn't. We do it because this is something that human beings do, just as we live in groups, adorn our bodies, and assess each other's relative status. It's no more use arguing with this sort of trait than it is arguing with the weather. What is useful and important is bringing awareness to our own positions as we deploy them in the therapy room, and bringing awareness to our clients' responses.

Notice also the distinction between *therapists* and *therapy*. Therapeutic practice, from a certain point of view, is an ongoing struggle by the therapist to live up to the aspirations of therapy – to become aware of and let go of her biases, judgements, wishes, demands on the client and on reality to be a certain way. That's why and how being therapists, as well as hopefully being good for the clients, is good for *us*. But the continuing paradox of therapy is that it can only be good for anybody insofar as it brings into question and gives up its *intention* to be good for them. This is an extension of the paradoxical theory of change: not only does change happen when the client stops trying to change – it happens when the therapist stops trying to change them.

For most or all clients, at the beginning of the work and for much of the time thereafter the therapist *represents* their internal critic, the listener who demands many things of them, including consistency – much as you the audience represent *my* internal critic. As clients, we project onto our therapist the demands which we are accustomed to experiencing in our lives, and out of which, and out of our resistance to which, we have constructed our identity. The French philosopher Althusser says that identity is created through a process of 'interpellation', which can roughly be translated as 'hailing' - 'Hey, you!' – in the way that a cop hails a suspect. If we are addressed repeatedly in certain ways, then we take on the identity which is ascribed to us, together with the requirements that attach to it. Equally, we may devote our energy to *denying* this identity, refusing to be the person whom our family and our society tell us to that we are. Maintaining or denying this interpellated self becomes the source of tremendous anxiety and tension. As a body psychotherapist, I perceive this tension to be anchored in the voluntary musculature, as we habitually tighten our bodies to express, and to resist, the 'self' which has been imposed on us; to resist, and to express, the spontaneous impulses of the bodymind.

There are at least three levels to this interpellated self. One level is made up of the specific requirements of our family, its specific rules about which emotions can be expressed when, about what lifestyles and occupations are permissible, about whether and when we are allowed to enjoy ourselves, and so on. Also about our particular *role* in the family, scapegoat or hero, invalid or supermum. Then there is the level of our culture's demands on us – injunctions about gender, for example, about ambition, about aggression. But also there is the meta-demand which enjoins us to *be consistent*, to *stay the same*. As I listen to my clients and to my own internal monologue, I hear a lot of energy being expended on producing a consistent narrative, ironing out contradictions and ambiguities. But contradictions and ambiguities, for example

feeling more than one thing at the same time, are a fundamental aspect of being human. Our friends and family very often police this injunction; you have probably noticed how little most people like it when we *change* noticeably, even when the change is plainly an improvement. And, of course, we police our friends and family in the same way: 'You're really different today, not like yourself!'

Take a moment to make a list – mental or on paper – of 'things that you would never do'. Don't think about it too much, just list the first half a dozen things that occur to you which feel right over your edge of comfortable behaviour.

Now turn to someone and take five minutes each to talk about your list and what it implies about you. You might want to consider whether there is *one* of these activities that you could actually benefit from carrying out, and to ask yourself how you might become able to do so.

Clearly, therapists have every opportunity to reinforce this process of interpellation, to 'hail' the client in ways that they are accustomed to, telling them that their story is consistent, that they are the person they have always been told they are. We also have the opportunity to tell them that they are in fact someone else, someone new – someone who conforms better to *our own* picture of what people should be like. We can offer them a *new* consistent narrative. Not only can we do one or both of these things to our clients – they can do the same to us! All this is what we call 'transference and countertransference'. But I am suggesting that we might also have a wonderful opportunity *not* to tell them who they are: neither to feed back the familiar picture, nor to create a new one, but rather to work 'without memory or desire', as WR Bion famously put it, allowing the familiar self gently to deconstruct and to loosen its grip on the bodymind. This involves a subtle and continuous exploration of transference and countertransference - the client's ways of 'recognising' us as the familiar critic, and our ways of responding to this recognition.

Therapy thus understood is an *enlightenment practice*, paralleling other such other practices which occur within Buddhism, Hinduism, Islam, Taoism, Judaism, Christianity, and a few other settings. Not that therapy is identical or similar to any one of the above, any more than they are identical or similar to each other. But what I am calling 'enlightenment practices' have some features in common, which therapy - in at least some of its forms – shares, sufficiently to be seen as another approach to the same task. Broadly speaking, the enlightenment practices all lead us to the sense that something which previously seemed hugely important and hugely difficult is now quite unimportant. The relief which this entails is enormous and life changing.

Like other enlightenment practices, psychotherapy works by temporarily substituting its own 'impossible demands' for those which we experience in life in general. This can have the effect of bringing the client to a realisation that other tasks which life seems to involve - for example, reparation, spontaneity, consistency - are impossible: that they are paradoxical, and finally meaningless. Each enlightenment practice has its own techniques for doing this. In Zen there are koans, for instance: unanswerable questions which one is required to answer, like 'What is the sound of one hand clapping?'. In almost every tradition there is some form of meditation: where one is required to attend closely to one's spontaneous process without changing it.

In therapy, the original, classic technique which corresponds to these is free association, the demand that the client says everything which passes through their mind. This is a demand with which no one can fully comply; as Ferenczi first pointed out, it 'represents an ideal which ... can only be fulfilled after the analysis has ended'. In other words, as Adam Phillips puts it, one is cured not *by* free association, but when one *can* free associate. I'm not actually sure that anyone can free associate; or rather that, while free associating, anyone can remain 'themselves', continue to scan their process for consistency.

One function of the demand to free associate, then, is to highlight its *impossibility*: to make us forcibly aware of our resistances and inhibitions - and, more deeply, of our lack of title, so to speak, in what is said, thought and felt: that the 'I' who is supposed to be the source and origin of our thoughts and words is in reality a fiction, an artefact. Very few therapists these days work explicitly with free association, which is perhaps a shame; but many of us certainly put a steady, implicit pressure on clients to respond spontaneously and authentically - which is ultimately a generalised version of free association, and every bit as tricky to comply with: another form of paradoxical hailing.

Again, let's try a simple experiment. Turn to your neighbour, and take three minutes each to try to share everything which comes into your mind. If 'nothing comes to mind', then you are either dead; or enlightened; or censoring yourself. Censoring yourself is perfectly natural, and I'm not trying to stop you doing it; just to help you be aware of how much of it you do.

The simple tactic of free association cuts deeply through our illusions, and single-handedly de-centres the ego: the impossibility of 'saying whatever comes into your head' reveals the impossibility of accounting for oneself, the impossibility of manifesting both consistency and spontaneity. We cannot *deliberately* be spontaneous, because we can never be anything else but spontaneous. The more we *try* to be spontaneous, the more stiff and anxious we get! - which of course doesn't mean that we are no longer spontaneous, just that we don't *feel* spontaneous. Equally, we feel inconsistent, because we imagine consistency as being a state in which everything is available to consciousness and fits together seamlessly. We also confuse this with authenticity. But there is no such state. The consistent thing about us is that we are in a process of continual and uneven change, so that different parts of us are occupying different positions. We tend to struggle desperately against this reality as we try to meet the demand for spontaneous authenticity which we experience in therapy.

If therapy succeeds in bringing enough non-critical awareness to this struggle, then the ego, which takes charge of our efforts to comply with such demands, is gradually seen to be only a figure of speech, a trick of the light - a state of bodily tension or of mental attention. The ego, in fact, is precisely, and is even nothing more than, the internalised demand for consistency; like a Polaroid camera which constantly takes photos to establish where we are. In Winnicott's terms, it is the 'mind' as something distinct from and over against the bodymind unity; he suggests that the experience of a mind/body opposition stems precisely from an experienced lack of steady, non-judgemental acceptance.

In the overgrowth of the mental function reactive to erratic mothering, we see that there can develop an opposition between the mind and the psyche-soma. A therapeutic space without goals, without demands, without interpellation – or rather, a space where these phenomena are noticed and deconstructed as they arise – may be able to heal this opposition and help what I call the ‘spastic ego’ to relax.

But my internal critic, in the guise of you my real but imaginary audience, is making a further objection. What do I mean by saying that freedom from goals is the most effective aspect of therapy in general, of all therapy, when clearly many therapists and many approaches take a very different view? In order to remotely justify this very arrogant claim (says my critic), I need to pin down how I am using the term ‘effectiveness’.

At the present moment in the history of therapy, we are suffering from a dominant approach which thinks that ‘effectiveness’ is about the relief of symptoms. There is a certain logic to this: if I go to see a therapist because I am suffering from anxiety or obsession or insomnia, then it makes crude sense to judge the effectiveness of the work in terms of how much this suffering has been alleviated by the time therapy ends. It is also what governments and insurance companies require.

But how does this model make sense of the experience which I, like most therapists, have had many times, that someone says when leaving therapy ‘I still have my original symptom, but therapy has been a wonderful, life-changing process’? The symptom is still there, but the person’s *relationship* with it has changed: it no longer stops them having a fulfilling, creative life. And it is the capacity to have a fulfilling life which I see as the real measure of therapeutic effectiveness. This what people often refer to as ‘feeling better’; which is why that rather unscientific term is a crucial element of any worthwhile measurement of therapy’s usefulness. Of course symptoms do often improve or disappear after therapy; but there is no evidence *at all* that symptom-focused treatment does better at this than more global, relational approaches.

What appears to be such evidence is actually rigged in two very fundamental ways. Double-blind trials of therapy follow the protocols of medicine: they aim to standardise both the symptom being treated, and the treatment itself. Hence they aim to identify patients with the ‘same’ symptom of the ‘same’ severity, so as to compare the effectiveness of different treatments. But no two people have identical symptoms – one can only compare them by abstracting the symptom from the individual. However, it is the individual with whom most therapy works, rather than the abstracted symptom.

Such trials also try to abstract the therapist from the therapy – they ‘manualise’ the approach being used, turn it into a set of rules, specifically so as to eliminate the effect of the therapist. Yet a great deal of research, plus our common sense, shows that the effect of the therapist and of their relationship with the client is central to the usefulness of psychotherapy! So you can see, I hope, that this is again about the impossible demand for consistency, which ends up eliminating from what is being measured the precise factors that are most important to the work.

I don't have space to rehearse the whole argument from research about what works in therapy. We don't really know the answer; and what I am saying here is in any case that therapy is based on *not* knowing. The Winnicott quote with which I started is relevant for us as therapists as well as for us as clients. An attitude of 'not knowing' how to do therapy, or what works – a refusal of technical expertise, in other words – is, paradoxically, the most effective approach to our work; because it makes it possible for the client to experience the 'tremendous relief' of which Winnicott speaks. It is frightening not to know, for both therapist and client; but not knowing accurately represents the truth of human life, and helps us to accept it.

I perhaps need to underline that I am not advocating clinical incompetence. Simply not knowing how to do our job will be of no help to anyone. I'm talking about an attitude that uses training and skill acquisition as a way to get somewhere, and then lets go of the skills once one has got there – like kicking away the ladder once one has climbed into the tree. This is possible once the skills have become a part of our procedural memory, a part of our bodymind. The most important skill of the therapist is the ability to be present in the here and now; most other skills, consciously exercised, tend to work against this.

What is it, then, in therapy that helps people become more able to live fulfilling lives? No doubt a number of factors are involved, but I am highlighting here the importance of creating a space without goals, a space for *being* rather than *doing*. As I have suggested, this is an enlightenment practice, a technique of psychological freedom. The shift that is attempted by the various techniques can be described and conceptualised in many ways. But it involves a radical lessening of anxiety: a relaxation which follows from a reappraisal of our situation as human beings. As I said earlier, 'Broadly speaking, the enlightenment practices all lead us to the sense that something which previously seemed hugely important and hugely difficult is now quite unimportant. The relief which this entails is enormous and lifechanging.' Through the techniques of an enlightenment practice, we typically become aware that we experience ourselves as subject to impossible demands. We further realise that these demands are, indeed and strictly, impossible: in other words, that they do not really exist.

My argument is that psychotherapy and counselling, in the different conditions of modern times, have developed as secular forms of enlightenment practice, often swimming within the protective sea of medicine in the same way that other enlightenment practices use the camouflage of religion. Of course, many therapists are wholly unaware of this situation - different practitioners have very different ideas of what they are about. And just as within Buddhism, Sufism, and so on, there is always a powerful tendency away from the enlightenment awareness, into institutionalisation, religion, superstition, even bureaucracy, so the same holds for psychotherapy and counselling. Again, I'm talking about the difference between 'therapy; and 'therapists' – and, even more, 'therapy institutions'.

If therapy is an enlightenment practice in the sense I have described, what are its specific goals and techniques? What is it that disappears, is seen to be nonexistent, through a successful therapy? Among the entities which are said by different schools to disappear, or at any rate to diminish, are the centrality of the ego; sexual shame; Oedipal or pre-Oedipal guilt; the 'false self'; 'not-OK-ness'; character armouring.

Often, of course, these entities have had to be created by the theory in order to make them disappear again! One might say that each formulation is what Zen Buddhists would call 'a finger pointing at the moon': a more or less helpful indication of an experience which it cannot fully describe.

Let me offer my own version of the finger pointing at the moon: what 'disappears', it seems to me, is the apparent distinction between **me** and **myself** – me as the witness of my process, and myself as that which is witnessed. And in true paradoxical fashion, characteristic of the enlightenment practices wherever they are found, the distinction disappears through being made absolute. The ego is our attempted bridge between me and myself, our attempt to manage our own spontaneity – to *know* what is going on, rather than simply to *be* what is going on. 'Acceptance of not-knowing,' Winnicott says. 'produces tremendous relief'.

And the ego, the I, is of course a function of the Other, an attempt to meet the imagined demands of the Other. This is what we explore by working with the transference. Transference is bound up with demand: the demands the client makes or would like to make on the therapist - and also the demands the client experiences the therapist as making, centred on the one actual demand that is expressed, in however liberal and moderate a form: the demand to free associate, to witness one's process without changing it. The transference relationship is a laboratory for all the impossible demands we experience in life, demands to perform in various ways, to make reparation in various ways, to be a socially acceptable personality. It opens the possibility of substituting for demand, desire. And this sort of intense relationship, calculated to both foster and dispel illusion, is found in different forms in many enlightenment practices.

Take, for example, the following passage.

The first stage of meeting one's therapist is like going to a supermarket. You are excited and you dream of all the different things that you are going to buy: the richness of your therapist and the colourful qualities of her personality. The second stage of your relationship is like going to court, as though you were a criminal. You are not able to meet your therapist's demands and you begin to feel self-conscious, because you know that she knows as much as you know about yourself, which is extremely embarrassing. In the third stage when you go to see your therapist, it is like seeing a cow happily grazing in a meadow. You just admire its peacefulness and the landscape and then you pass on. Finally the fourth stage with one's therapist is like passing a rock on the road. You do not even pay attention to it: you just pass by and walk away.

At the beginning a kind of courtship with the therapist is taking place. How much are you able to win this person over to you? There is a tendency to want to be closer to your therapist, because you really want to learn. You feel such admiration for her. But at the same time she is very frightening; she puts you off. Either the situation does not coincide with your expectations or there is a self-conscious feeling that 'I may not be able to open completely and thoroughly'. A love-hate relationship, a kind of surrendering and running away process develops. In other words we begin to play a game, a game of wanting to open, wanting to be involved in a love affair with our therapist, and then wanting to run away from her.

As you may have guessed, this is not originally about therapy at all: it is a passage from a Tibetan teacher, Chogyam Trungpa Rinpoche. I have changed ‘guru’ in the original to ‘therapist’ each time it appears, but otherwise made only tiny alterations. I think you will agree that the experience it describes a Buddhist disciple having is very closely similar to many people’s experience of psychotherapy: the therapist becomes, temporarily, enormously important to us ‘You are not able to meet your therapist’s demands’, Trungpa says, ‘and you begin to feel self-conscious, because you know’ - or rather, imagine – ‘that he knows as much as you know about yourself’. And yet, through a crucial transition, in the next stage ‘when you go to see your therapist, it is like seeing a cow happily grazing in a meadow’. If therapy goes well, the client *drops* this enormous, imaginary demand from the therapist, and realises that there are just two people present, each living their life. And therefore they can make similar realisations about other people in their life, and about their own internal demands.

How do we make this momentous transition? Perhaps it is easier to think about what sometimes goes wrong, so that the transition cannot be made and the therapy falls apart. I think that this can be summed up as the therapist *taking the transference too seriously*, or seriously in the wrong way. Transference will always tend to stick, to find a receptor site in us; Freud’s idea of a smooth teflon coating, the therapist as a reflective mirror, is hopeful and imaginary. The powerful work of therapy is in this transference-countertransference drama, very serious but also thoroughly absurd.

Let me give an example of taking the transference, and the counter-transference, too seriously. Psychodynamic therapists and counsellors very frequently privilege the mother-infant metaphor of the relationship between therapist and client. They slide from observing, quite rightly, that the two people in the consulting room are interacting *as if they were a mother and a baby*, to taking this as a model of what therapy is about, of what the interaction *should* be. So rather than simply encouraging the client, and themselves, to be aware that they are seeing the therapist as a mother, they slip into *modelling* themselves on an idea of a good mother, trying to act as if they were in fact the client’s mother and the client was indeed a baby, requiring ‘holding’, ‘containment’, ‘feeding’.

This has several effects which seem to me unhelpful. It tends to infantilise the client, to encourage them to act as if they *were* a baby. It encourages both people to see the goal of therapy as being reparative, with the therapist offering an experience of *good* mothering which makes up for the client’s lack – a grandiose and charismatic project. And, of course, it forces the client to join in the discourse of mother and infant if they want to be heard by their therapist. And this is a very general problem about therapy: we have to take great care in order to avoid *training the client* to match our theories and expectations about therapy and about life.

Another simple exercise: find a partner, and take eight minutes each to outline some current life problem. Pick something not too big and stirring, something you feel comfortable sharing in this sort of context. The helper’s task here, as well as offering attention, is to interpret everything the client is telling you as referring indirectly to yourself. So for example if the client mentions a frustrating situation, you can ask them whether they are frustrated with your reactions. If they talk about an authority figure, ask them whether they are experiencing you as an authority. If they mention being attracted to someone,

ask if they are attracted to you. And so on. Both of you notice what effect this has.

So does this problem about training clients apply also to the sort of therapy which I am recommending? Of course it does. Therapy has no goals; but the practice of therapy constantly generates goals. And this is very useful! – Identifying and letting go of the goals which we and our clients import into the situation is a major way in which the work proceeds. And of course some of these goals will slip through the net; we will spend quite a lot of our time pursuing them, trying to be ‘helpful’ in one way or another, taking care of the client, offering them strategies for improving their lives. It’s OK; it’s human. We need to be vigilant – but not *too* vigilant; otherwise having no goals becomes another oppressive constraint on the free flow of the work. When client and therapist can relax together, whatever needs to happen will begin to happen.

I have been one-sided in this presentation, taken one position to extremes. My intention has been to highlight how far the opposite position dominates most current thinking about counselling and therapy: the assumption that we are in a ‘helping profession’, that our work is about identifying our client’s problems and helping them see how to solve them. I think that our work is much stranger than that. To paraphrase an early 20th century physicist, therapy is not only stranger than we think; it is stranger than we *can* think. Through paradox and stillness, we stalk the unconscious; or rather, the unconscious stalks *us*. These days we tend to call the unconscious ‘process’; but a new name doesn’t make it any less strange.

What enables unconscious process to make itself known is a space of *not*-knowing; as I said at the start of this talk, a space without goals or intentions. Our conscious self is enormously sensitive to the goals and intentions of others, and to the goals and intentions which it has already internalised. The shared work of deconstructing these demands and moving into a space where process can unfold freely is, I have been arguing, the core of therapy.

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