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Keeping Psychotherapy Trainees in "Their Place" — How Training Institutions can Stifle Love and Breed Compliance

This paper pays homage to a paper by Otto F. Kernberg entitled "Thirty Ways to Destroy the Creativity of Psychoanalytic Candidates" (1996) which echoes much of what I have met as a consultant and practitioner-researcher. — In this article I first review major critiques of psychotherapy we have received over the years; introduce principles I associate with healthy psychotherapy; list the ways shadow-driven behaviors can flower in training institutions that forsake healthy principles; before considering what the shadow of psychotherapy and its training may be 'selling' its clients and trainees at a subliminal and shadow level.

As a supervisor and community facilitator in my time to several training institutions, some humanistic others psychodynamic, I have ceased to be amazed by how many organizations simultaneously undermine the principles they espouse. Fermenting conditions that promote the exact opposite of their formally stated intentions, such bodies informally end up acting against everything they formally hold dear. Indeed, the raw and un-civilizable "shadow" seems to always win out in the end. Globally we see the shadows' emergence in wars, nationally in unbridled patriotism; personally we experience it when we rage or fall in love. For the shadow houses not just the worst of us but the best of us, our ability to sink to the depths or rise to the peaks of human endeavor, everything society has attempted to socialize out of us — both animal and soul.

The shadow, like a psychic immune system, defines 'what is self' and 'not self' (see Zweig & Abrams, 1991):

> *When an individual makes an attempt to see his shadow, he becomes*
> *aware of (and often ashamed of) those qualities and impulses he denies*
> *in himself but can plainly see in other people – such as egotism, mental*
> *laziness, and sloppiness; unreal fantasies, schemes and plots" (Franz*
> *in Zweig & Abrams 1991 p34-35).*

Just as people have shadows, so also it has been recognized do organizations and professional communities (Menzies 1960).

As to the shadow attributed to psychotherapy and psychotherapists, we see in this paper how psychotherapists have been criticized at one end of the critical continuum as representative of social repression and an organ of 'psychological imperialism,' and at the other by protagonists of the pure sciences for perpetuating a confidence trick. In this regard psychotherapists are damned if they conform and damned if they do not!

Although this paper initially reviews how others see our shadow, it is primarily concerned with how psychotherapy's shadow evidences itself in trainers and training organizations and its effects on educational culture.

What motivates the shadowy behaviors described in this paper? Fear, in service of social control, is the simple answer, but then "context" also plays an important part; for fear is a common currency of training organizations and in assessment cultures where trainers — akin to anxious parents — are often overwhelmed by multiple responsibilities, and trainees — fearful of rejection and shame-filled failure — feel induced to act in the manner of needy children. In this context, the institutional responses listed below may be appreciated as perverse fear-fuelled attempts at socialization, as common to family and school as the 'talking profession.' At the last we are reminded that the shadow is ever powerful, the more so when we avoid opportunities where others might challenge or alert us to our blind spots.

But before reviewing the institutionalized behaviors that populate over-eager and fearful therapeutic training communities, it is well we acquaint ourselves with literature that purports to illuminate the shadow side of psychotherapy; sources that besmirch our professional image.

Critiques of Psychotherapy — Glimpses of Psychotherapy's Shadow?

As early as the 1950's Eysenck's (1952) scrutiny of psychotherapy surfaced the 'outcome problem' of therapy, namely the inverse correlation between 'recovery' and the amount of 'psychotherapy' a client receives. Concluding that psychotherapy was no more effective than a placebo and that all forms failed to improve on the recovery rate obtained through ordinary life experiences or a supportive friendship, Eysenck concluded that too much therapeutic introspection reinforced rather than relieved a client's initial problem! Granted, we may comfort ourselves in the thought there were few humanistic therapies in evidence in the 1950's, that Eysenck was notoriously behaviorist in his stance and we are not privy to his so-called scientific statistical methods.

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However, the fact remains that even in the 1950's psychotherapy, though a fledgling movement, was sufficiently threatening to merit attack from a leading member of the *status quo*. In relation to the accusation that psychotherapy never transcends the benefits of 'a normal constructive human relationship', this theme has continued to haunt us, and is seen in Masson's (1988) suggestion that better a good friend than a therapist. In these terms, psychotherapists are at best accused of self-delusion and at worst of quackery. I wonder here as to the professional politics fuelling such charges.

I am reminded of how in the 1970's as a psychiatric nurse managing an acute admission ward I initiated — with managerial support — a therapeutic community approach to care, wherein we commenced each day with a morning community meeting where staff and clients conjointly set the therapeutic agenda for the day. In the evening we communally reviewed our living and learning together; and in between as senior nurse I facilitated post-group debriefs, group facilitation training for staff and helped arrange social evenings and support groups for clients. All went well until clients and their kin praised the nursing staff and our regime of social therapies once too often in the weekly clinical conference. At this point the consultant psychiatrist (Dr. D.) took umbrage, placed 'his patients' on modified narcosis (chemically induced sleep-treatment) and ECT (electro-convulsive therapy) so as to disrupt group attendance and effectively put stop to a successful system of support not of his own making, even though we had a faster turn-around of clients and had produced a fall in re-admission rates.

Goya's chalk drawing of *Saturn Devouring His Children* comes into my mind here. The introduction of a social model of care where nurses played a therapeutic role, though initially sanctioned by Dr. D. as an interesting nursing experiment, was fine, but not when its success threatened to undermine medical influence. In this regard nothing fails like success, especially when it rocks the *status quo* and those it best serves.

Professionalisation – A Seduction to Social Confluence?

In the 1970's, Hurvitz (1974), who was less concerned with outcome and more with 'process,' seeded a second challenge which has haunted psychotherapy throughout its history, namely that it labels, manipulates, rejects, and corrects those who are attempting to challenge society's conventional ways of doing things. Here we are condemned not so much for being counter-cultural but for being confluent with society. From this stance, psychotherapy's conservative influence — in a similar way to medical psychiatry — is seen to support the established social order. Just as state education acts as a mechanism of social control, so it is claimed does psychotherapy. Again, the

blossoming of professionalism, post-graduate training and the growing acceptance of psychotherapy makes this an increasingly difficult charge to refute.

Standing back to consider the positive influences of 'friendship' — possibly the shadow-side of professionalism —, I am drawn to the memory of Dr. L., a consultant psychiatrist of Jewish and Russian extraction who worked at Horton Hospital in the mid-70's. He was a hearty soul who used to meet fellow dissidents fleeing from Russia on the tarmac at UK airports, refugees recently released from state asylums where they had been given large doses of *Largactil*. This was the drug of first choice at that time to counter schizophrenia which paradoxically, when given in high doses to normal individuals, *induced* schizophrenia! Note the shadow implications here!

Dr. L.'s job was to bring these unfortunate beings back to health. This he did by taking them on long walks and by relating to them in a friendly, normalizing and empathetic way. I went on walks with him myself, he was a robust and gregarious man who set up menageries of guinea pigs, rabbits and golden pheasants within the gardens of his more chronic wards. He also attempted to turn the asylum grounds into a deer park; but that is another story.

Though working in 'the authorized quackery of state psychiatry' with its psychotropic drugs and electro-convulsive therapy (ECT) and skeptical of psychotherapy, he was nevertheless profoundly therapeutic through his charismatically healing demeanor. In this regard (and maybe Eysenck has a point) normalization can be a very potent tool on the side of health in a humanizing relationship. Far better a friendly quack then an authoritarian and perverse professional figure like Dr. D. who places you on modified narcosis or *Largactil* to achieve his political ends. This is not to say psychiatrists do not listen to their patients, but rather that some listen to their medical and professional training more. I also wonder as to how psychotherapeutic training may similarly warp person-to-person perception and obscure our humanity.

So now we have a baddie, Dr. D., and a goodie, Dr. L., both consultant psychiatrists steeped in medicine and products of the same era. But here the similarity ends, for while Dr. L.'s shadow worked for him enhancing his therapeutic camaraderie, Dr. D.'s seems to have provided him with an empathy bypass. While Dr. D.'s shadow defended his status and professional power, Dr. L.'s dissolved the same to liberate his human ordinariness. In this context, aspects of shadow that enhance our therapeutic charisma through an injection of "mankind as my kind" (Erickson, 1950) may be suggested to help us craft an "I-Thou" relationship (Dr. L), while shadow forces which empower and defend territory of our professional ego foster an "I-It" relationship (Dr. D.) which diminishes us.

So better a well-meaning charlatan than a self-serving professional! I knew both these men well, Dr. D. was no monster and Dr. L. was no saint, but while Dr. L. loved

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life, Dr. D. seemed to fear it. And here is the rub, for 'love' and 'fear' are exiled to the shadow in our attempt to become the mature social animal society demands, and the subsequent leakage of both these influences subliminally sculpt our therapeutic presence and endeavors.

Psychotherapy – A Quasi Religious Ideology?

At the same time as Dr. L. was conversing with clients, other influences were afoot suggesting that psychotherapy's calculated obscurity made it all the more compelling by adding to its attraction as an intriguing and mysterious quasi-religious nature which had a tendency to raise psychotherapists to the status of priests and gurus! For instance Szasz (1962) no sooner completed his broadside upon *The Myth of Mental Illness* than he took up the cudgel to psychotherapy (1979). Describing psychotherapy as a self-congratulatory mechanic of coercion and deception that imitated religion's contrition, confession, invitation of faith, and cultivation of inner resolution, Szasz saw psychotherapy as replacing 'sin' with sickness, 'soul' with psyche, and 'personal salvation' with psycho-therapeutic ritual.

Personally, I find it profoundly worrying that some thirty years before psychotherapy had been professionalized to its current degree Szasz was already harnessing it with psychiatry — to form twin organs of 'the state.' Whether psychotherapy loses potency when drawn too close to the *status quo* we will examine this later.

In the 1980's building upon the vision of Szasz, Canguilheim (1980) saw psychotherapy as not so much a political organ of the state but of psychology. Suggesting that psychotherapists through their association with the "religion of psychology" acquire an evaluative function which accords them the status of powerful professionals, Canguilheim claimed that by sheltering under the wing of the religion of psychology psychotherapists acquired sanctification and popular acceptance. Similarly, Laing (1985) saw clinical psychology as disempowering and dehumanizing. Indeed, he compared psychologically supported psychotherapy to medieval "witch confessionals" where the witch (client) is persecuted from a vulnerable indefensible position. Here a client was suggested to be further disempowered by the policing and socializing power of the psychotherapeutic process. Sampson (1988) also saw psychology as "the villain of the piece." As soon as you court respectability and affiliate with the established order, it appears you run the risk of being seen as confluent with society's political malaise and the 'It'-centered territory of Dr. D.

Psychotherapy – A Political Movement?

Over the years as psychotherapy has increasingly quenched its thirst for social acceptance, gained respectability, and grown ever more 'professional,' it has become increasingly difficult for us to refute the charge that by supporting the vested interests of society we recreate and perpetuate the self-same causes of psychological discomfort that bring our clients to us in the first place (Sampson, 1988; Barber, 2004). Indeed, Cushman (1990) suggests that as agents of a sick society, psychotherapists perpetuate rather than cure social dis-at-ease. In this context, psychotherapy becomes part of a wider social problem!

As to why society should wish to co-opt psychotherapy into its fold, Foucault (1977) — who crafted many of the philosophical bullets Masson (1988) fired in his much publicized 'anti-psychotherapy' debate — observes that the social sciences developed at the same time as the emergence of the "individual self" and the modern state's need to control that self. He intimates that psychotherapy, as a tool of "intra-psychic self-discipline" operates in the manner of a culturally instituted confessional where the therapist is father confessor. Continuing in this vein, Cushman (1992) portrays psychotherapists as "doctors of the psychological interior" with the cultural justification and the technological means to enact intrapsychic penetration or, if you like, social surgery or mind-control. He suggests psychotherapy furthers society's attempts to control a population of self-contained individuals, and notes as Canguilheim (1980) did that psychotherapy is rewarded for this service by the provision of a rationale for its existence as an independent discipline. As to the relational politics psychotherapy falls prey to here, Cushman notes that: "The wish to over-idealize and psychologically merge with an admired figure . . . . and the pull to exhibit before and please the . . . figure are exceedingly powerful psychological motives. These impulses are regressive and destructive of critical thought" (1992, p. 607).

So here we glean something of the cost of becoming a signatory of society, namely, we wander further into the territory of Dr. D. But can we really champion anything other than a socialized concept of health when we depend so much and are nourished so well by the prevailing social order? A social order from which our clients emerge as damaged goods! Cushman (1992) is in no doubt; he states psychotherapy is fundamentally damaging, abusive and exploitative, largely because one's own psyche is now assessed through conventional and formalized channels which recreate many of the self-ostracizing, unempathetic and pathologizing elements of the outside world and through a similar discourse and ideological frame that harmed the client in the first place.

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Psychotherapy – An Agent of the 'Thought Police'?

Dear readers, especially those humanistically informed gestalt therapists or psychodynamic practitioners with their feigned objectivity who deem themselves more person- and process-centered than most and distance themselves from this debate — you have little reason to rest on your laurels, for here is a health warning specifically for you:

We imagine that by avoiding objectification and medicalization, the hermeneutic, psychodynamic and humanistic trends in psychology somehow transcend the job of social control that is explicit in other forms of psychology. Nothing could be farther from the truth. In the end, the prying interpretations of humanistic and psycho-dynamic approaches are far more efficient at normalizing than are either the anti-psychotic drugs of the medical approach or the shaping techniques of behaviorism. Psychology — all of it — is a branch of the police; psychodynamic and humanistic psychologies are the secret police. (Richer, 1992, p. 118)

With such notions as these in ascendance it is but a small step for Masson (1988) to contend that psychotherapy changes people according to the ideas and prejudices of the therapist. After all, no psychotherapy is value-free.

In the mid-90's Isack & Hook (1995) from a post-modern vantage point exhumed the earlier suggestion that psychotherapy is best appreciated as an ideology and discourse. Suggesting that the psychological value base of psychotherapy can best be appreciated as a language game — where validation and meaning are dependent upon the psychological ideals enshrined in therapeutic language — they observed that psychotherapy portrays a "structural truth" that defies further scrutiny or validation. In these terms 'cure' includes the development of competence to converse in therapeutic terms, hence the notion of a "language game."

There is some evidence for the "game of psychotherapy" in the inter-professional discourses psychotherapists enact politically. For instance, an account of the political shadow and gaminess that attended The Rugby Conference — which eventually transformed itself into the United Kingdom Standing Conference on Psychotherapy and later (in 1993) into the UK Council for Psychotherapy (UKCP) — has been aptly described by Young (1997):

One leading figure was routinely referred to as a used car salesman, another a sadist, another a bully, another a dupe or stooge. The behaviour and attitudes of the analysts have been referred to in my hearing as paternalistic, condescending, dishonest. (Young 1997, p.4)

Though primarily concerned with psychoanalytic schisms, Young's account illustrates how the most eminent of psychotherapists — its esteemed leaders — themselves fell prey to shadowy personal politics. For example, when it came to voting for representatives of the leading training bodies some professional representative chose to unconstitutionally withdraw their professional body's affiliation without prior consultation with the membership, withholding votes because a 59% majority was deemed "insufficiently large" to act upon! Similar dynamics as these, Young notes, were also paralleled some years ago in the court case between lay psychotherapists and the American Psychoanalytic Association (APA), which is now legally obliged to accept people for training who are not medically qualified.

So where does all this leave us and what does the above review say about what we become — actually and symbolically — when we en-role ourselves as a psychotherapist? At one level we are cautioned that the shadow is more likely to assert itself when we lose sight of our ordinariness and step beyond the humanity enshrined in a genuine human relationship, or when we mystify our offering or align ourselves with society or other established influences such as psychology (Barber, in press). We fuel the above criticisms and court the shadow, it appears, when we lose contact with the common humanity we share with our clients. To my mind it appears that most of psychotherapy's benefits are rooted in the co-creation of an authentic, research-minded and person valuing relationship; as the old Chinese reminds us: A bird that flies too high sings out of tune. In this context, our critics bring us down to earth and proffer the wisdom of friends.

The Contributions of Humanism to Ethical Gestalt Practice

Personally, I believe I align myself more centrally with relational health and better purge myself from the territory of Dr. D. when I dovetail humanistic principles of human inquiry to gestalt therapy (Barber, 2002). For instance, when I align myself with such core humanistic principles as holism, autonomy, experiential inquiry and democracy, I find such references encourage me to continually explore myself and the relational processes I help create. They also influence my practice in the following way:

Holism
Holism suggests that a person's mental, physical, intellectual, emotional, and spiritual qualities are integral to 'everything they do' and 'all they are.' Consequently, an individual is best approached as a whole mind-body-spiritual being rather than reduced to one or more of their parts. As every thing is multi-faceted and multi-

influenced, we are cautioned that there are no easy answers or simple solutions to human problems.

Influence upon my Practice

As a gestalt informed facilitator and therapist, holism encourages me to approach my therapeutic groups as organic entities, which, though composed of conscious and unconscious elements of the individuals within them, nevertheless express a life of their own. Attending to the whole I endeavor to foster a dialogue between 'the group' and the 'individuals within,' which illuminates the interplay of all that emerges, inclusive of humankind's physical, social, emotional, imagined, and spiritual natures.

Autonomy

Autonomy supports the notion that given the opportunity and resources, individuals are best placed to diagnose and resolve their own problems, for they know more about themselves than I or anyone else will ever do.

Influence upon my Practice

As a gestalt informed facilitator and therapist alert to autonomy I watch and listen very carefully to what the group and individuals present. Guided by a client's or a group's own wisdom and energetic currents I follow what emerges, sharing my observations while inquiring into the emerging dynamics. In this way I attempt to act as a flexible relational resource who works alongside others on a journey towards autonomy and self-empowerment.

Experiential Inquiry

Experiential inquiry, in service of personal development, suggests it is important to meet life in an open and inquiring way, to attend to the unique nature of our present relationships and to experiment with becoming the whole of ourselves.

Influence upon my Practice

As a gestalt informed facilitator and therapist I encourage people to take nothing for granted, but rather to question everything. Through a focus upon 'what is unique' coupled with ongoing inquiry into our perceptions, beliefs, and relationships with others, I seek to illuminate through experiential inquiry insight born from experience.

Democracy

Democracy supports the notion that we are interdependent rather than independent, and suggests that reason and negotiation should inform all we do. As we are social beings who share much in common, to further the common good democratic process should underpin all decision making and debate. Sharing and transparency, rather than

authoritative imposition and covert agendas, should therefore inform a group or a community's norms.

Influence upon my Practice

As a gestalt informed facilitator and therapist I work to negotiate a client-centered menu where everyone may be involved in forming the 'how' and the 'what' of what is on offer. Democracy also keeps me alert to the need for healthy "I-Thou" relationships, and causes me to be watchful of communication that slides towards an ego-centric "I-I" or a reductionist "I-It" stance to life, the self or others.

Having glimpsed something of the shadow other professions attribute to psychotherapy, and the projective currents we can drown within when we step beyond our psychic depth, I will now attempt to illuminate a few of the shadow dynamics I have found in psychotherapy training institutes where the authority of the profession is sometimes over-enthusiastically defended as egos, cherished traditions, and beliefs come under scrutiny.

Remember, though psychotherapy training is the prime focus of this paper, the features listed below are common to some degree in all families, educational trainings, academic programs, board rooms, martial art *dojos*, learning communities, and editorial boards; in all places where people attempt to co-create a power-base or to preserve themselves through alignment with an actual or imagined *status quo*.

Shadowy Educational Interventions Common to Psychotherapy Training

Having reviewed aspects of shadow others accord to psychotherapy, we will explore now the shadowy behaviors we may inadvertently be fed those who enter our profession. To this end I have reworked below some of the internecine behaviors previously associated with psychoanalytic training (Kernberg, 1996), behaviors which I have encountered as a trainee, trainer, and community facilitator in many training humanistic institutions over the years.

Though on first reading you might want to laugh at the absurdity of the perverse instructions cited here, after all no one in their right mind would really wish to perpetuate the same, yet, unintended though they are, look carefully and you will likely meet the same in most if not all training organizations you encounter. In order to draw attention to the contrary nature of shadow behavior I have chosen to style my observations in the manner of perverse instructions, ones we must reverse if we are to build a research-minded educational culture of excellence.

Systemically Slowing Trainees Down

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- Always double the number of publications that you could reasonably expect students to absorb from one seminar to the next and insist that they read exhaustively and in chronological order the original texts to enforce the point that critical analysis of any conclusions has to be postponed until they have read, re-read, and digested the original sources (sometimes a consequence of trainers trying misguidedly to strengthen the academic worth of their therapeutic perspective).

- Slow down the flow of information to students, for if a student's written work is regularly subject to numerous petty revisions and if long periods of waiting in uncertainty become a regular part of their training they will naturally be slow to take initiatives (a consequence of over-zealous detail-chasing and a fear of having to prove ones respectability).

- Keep in mind that the main objective of education is not to help students to access 'what is known' in order to develop new knowledge but rather to acquire 'well-proven knowledge' and to avoid the dilution and distortion of such knowledge (often a consequence of trainers attempting to honor core theory and to preserve known standards).

- Put in as many hurdles to qualification as possible, for the slower the process of acceptance and more torturous their progression the more students will avoid the final steps to graduation and professional autonomy and the longer it will take for them to make a significant contribution to the profession — if indeed they ever do (an unintended consequence of attending to the letter rather than the spirit of academic preparation and perhaps a fear of releasing ill prepared practitioners upon the world at large).

- Stress to students that it takes many years of clinical experience before one can integrate an understanding of psychotherapy to the degree it becomes effective, while reinforcing the importance of constantly practicing basic skills and the danger of experimentation (the natural result of an unbridled effort to maintain and control clinical standards).

Dividing and Conquering so Trainees Will not Get Beyond Themselves

- It is important for the teacher to teach the conclusions that Freud, Perls, and others reached rather than the process of their thinking, otherwise students might grasp their original and revolutionary nature and begin to identify with the same (an effort to instill the basics of a specific practice).

- As a helpful dampener of excitement that might otherwise arise from certain literary sources, get students to go over in ever deepening detail what Freud or Perls actually said and to summarize the same, thus desensitizing them to the originality of the works (over veneration and attention to the founders' leads to this).

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- Teachers should convey the message that critical thinking is welcome as long as it leads to a confirmation of your dominant leaders' views, do this regularly and reward those who do the same and any deviant or original contributions should gradually disappear (over-respectful protection of the training director and staff group will commonly lead to this).

- Protect your students from participating in meetings or gatherings where respected colleagues may sharply disagree with each other lest they do the same (here we see further preservation of a bespoke tradition).

- It may be helpful to point out that therapy of excellence is only really understood and carried out properly in distant places, say in another country far away from your own institution — preferably in a language not known by your students — so that they become convinced it is futile for them to ever aspire to excellence (largely due to an over veneration of the original sources).

Keeping Things in the Family by Tightening the Academic Noose

- Students should be discouraged from visits to other institutes or training bodies to avoid potentially damaging comparisons or experimentation with new educational methods and contamination by a questionable spirit of change and innovation (another consequence of attempting to preserve an institution's traditions).

- Arrange meetings in which problematic candidates are critically discussed and ensure that the information about these discussions gets back to students indirectly through friendly personal tutors, who, in a friendly way, convey the negative attitude that exists in the institute towards them, so as to encourage their withdrawal (often conveyed by tutors who inadvertently in their support for the person of the student dis-identify with institution).

- The preservation of a 'healthy respect for elders' may also be achieved by keeping a clear hierarchy of older and younger members of the training faculty — if juniors are caused to respectfully defer to senior views the unquestioning acceptance of senior authority will be greatly strengthened (attempts to preserve the continuing respect of students may result in this).

- Strengthen graduation rituals by subjecting student case-studies to numerous revisions and corrections so that they acquire a healthy respect for the difficulties in writing papers for publication (an effort to foster and preserve academic respectability is often behind this dynamic).

- Once a student has resigned or been asked to resign do not mention his name again and maintain a discreet silence about the whole affair, the message that something frightening and dangerous has occurred about which, mercifully, nobody

wants to talk about, will have a powerfully constraining impact on the student body (sometimes this can surface due to an over-attendance to confidentiality).

Making Sure Trainees Do not Run Before They Can Walk via Routines and Rules

- Try to convey the subtle message that psychotherapy is really an art that must be mastered intuitively and that therapeutic growth and intuition depend on progress being made in personal therapy and in supervision and upon mysterious processes beyond the student's own control (lack of unpacking and over-protection of knowledge and skill throw up this dynamic).

- A supervisee should be discouraged from questioning their supervisor to prevent them integrating for themselves a personal frame of reference, theory, or hypothesis they might creatively build upon or test out in practice (a lack of opportunity or invitation to explore and question can often lead to this).

- Ensure supervisors never come together to discuss their educational approaches to supervision and endeavor to maintain a complete split between the faculty who teach and supervisors — so that a productive chaos and helpful confusion may be brought about (this all too often results as a natural consequence from the separation out of trainers from supervisors).

- Make sure that critical or rebellious students who threaten the atmosphere of harmony at seminars and who challenge senior instructors are gently kept back or stimulated to resign by delaying approval of their papers or placements (taking extra care to preserve the faith and an inability to self-critique may lead here).

- What is particularly helpful is the development of powerful barriers at each step of a student's progression so as to ensure that ways to proceed from one step to the next are uncertain enough to maintain an air of insecurity and paranoia (over complex procedures and documentation can add to this).

Keeping Trainees Guessing by Moving the Goal-Posts

- Another perfectly legitimate method for increasing paranoid fearfulness in students is to simply not conveying full and adequate information about requirements, expectations, rules, regulations, and channels for redress of grievances (insufficient course information and a lack of orientation to a program can generate this).

- Supervisors should not be outspoken or explicit with their supervisees so that students only learn indirectly from the other sources or through the rumor-mill, this will help to reinforce paranoid attitudes (over-careful supervisors who pussy-foot around rather than deliver challenging feedback may play into this dynamic).

- Remember that if a student receives sufficient information through third and fourth parties of what is said about him he will eventually either change his attitude in the desired direction or else they will be stimulated to withdraw from training (another

consequence of the lack of open communication systems and indirect or informal feedback).

- Refer all students' questions to the official brochure and avoid periodic information-gathering or information-sharing meetings (a consequence of being over-careful or expedient).
- In order to protect the purity of the transference of students to teachers caution teachers never to open their mouths in public and discourage tutor-student friendships so as to foster idealization and passivity (may result from inappropriate professionalism and tutorial distance from the student body).

Letting Trainees Know Who is Boss by Treating Them as Patients

- It is important that supervisors remain in role and talk as little as possible so that they recreate a therapist-client relationship with their supervisee. If supervisors listen very carefully and silently to their supervisee's presentation of work with an occasional comment illustrating what they have done wrong this will keep the trainee in healthy uncertainty and humility regarding their work (role-modeling good therapeutic practice without clarifying such enactment can lead here).
- Relate all problems involving teachers and students, seminars and supervision, plus all conflicts between students and the faculty to regression while keeping to mind that transference and acting-out always accounts for any student dissatisfaction (reviewing a student's personal development through a client-centered lens fosters this view).
- Ensure that teachers when faced with challenges from individual students or the student body always stick together on principle and remember that a united faculty provides a firm and stable structure against which the transferential regression of the student body can be diagnosed and referred back to their need for more individual therapy (the close relationship of personal development through ongoing therapy and professional development through training can easily slide towards this).
- Have frequent secret votes determining progression at all levels with a clear message to everybody that such votes are influenced by the political processes in your training community (the lack of open systems of evaluation and self-and-peer assessment can lead here).
- Maintain discretion, secrecy, and uncertainty about what is required to become a qualified psychotherapist and keep hidden how such decisions are made so as to maintain a healthy fear of the traumatic implications of being considered and rejected (an over-attention to confidentiality for student and staff alike accompanied by opaque institutional systems may ferment this condition).

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So, how many of the above dynamics accompanied you in your professional training? More telling, how many do you inadvertently perpetuate in your working-life?

Illuminating the Shadow of Leaders and Other Organizational Folk

By inadvertently preparing students in the above ways we cultivate a professional shadow which drip-feeds the message that in order to be trusted we need to conform, mute our criticism, and function as respectable 'parents' on society's behalf! We also further the game of psychotherapy cited earlier. Professionally conditioned to act as a stabilizer rather than a challenger of social ills, we thus open ourselves further to the charge that we align ourselves with the establishment and perpetuate the self-same individual, communal and political traumas we ought rightly to redress (Barber, 2004). In this regard, the above list could be suggested to represent the hidden curriculum of professionalism that adds fuel to those critiques earlier cited in this paper. Indeed, if we extend the above critiques in a more stark and cynical way, so as to highlight qualities of the shadow, something of the subliminal message we may inadvertently support in psychotherapy training is illuminated.

Perverse and Shadowy Gifts Psychotherapy may Inadvertently Market

Extending the critiques of our earlier discussion and pausing awhile to consider the shadowy gifts we, as psychotherapists, may subliminally offer up to our clients, I would suggest these can include:

- a facsimile of friendship and companionship (social prostitution and an alternative to love?);
- the promise of re-parenting (a regressive nurturing fantasy and learnt helplessness?);
- induction to a "psychotherapeutic world view" (professional rationale and political bias?);
- a magical cure and deliverance from pain (hope and a fresh start?);
- confession and forgiveness (the promise of absolution and salvation?);
- the status of being in therapy (a fashion symbol and new identification?);
- a fantasy system of relational support (idealization and a transferential cure?);
- reinforcement of dependence (recapitulation and regression to childhood?);
- seduction to a professional friendship (delusion and deception via calculated empathy?);
- dilution of responsibility to historical accident and stress (the pathological defense?);

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- an emotional indulgence and new faith (a flight from the challenge of reality?);
- a route to social acceptance (an induction to conformity and normality?);
- education to the prevailing culture and its norms (socialization and compliance?);
- an induction to the power and politics of emotions (the ability to emotionally bully?).

As for the ego stroking and subliminal shadowy influences psychotherapeutic training in its turn might offer to trainees, I would suggest the following are worthy of consideration:

* membership of a professional/political movement (self-serving professionalism?);
* the promise of a professional life-style (wealth and expert status?);
* entry and belonging to a specialist club (belonging and identity?);
* a retreat into an idealized superior position (ego-boost and omnipotence?);
* one-upmanship via a manipulative word-game (superiority/personal power?);
* induction into the mysteries and psychotherapeutic ritual (magic and deification?);
* a way to make a living (money and home-based employment?);
* access to a self-sustaining ecology (clients and mental illness?);
* intimate contact and psychological surgery (emotional voyeurism and patriarchy?);
* your own business (financial solvency from an exploitation of human suffering?);
* a universal panacea and wizardry (magic and self-deception?);
* ritual and meaning (an alternative to god and replacement for religion?);
* personal and professional empowerment (diagnostic power and specialist control?);
* emotional vampirism (emotional nourishment and satisfaction via proxy?);
* power to impose one's authority and will (sadism and psychological rape?).

Such influences as these we need to monitor and dissipate to better establish and maintain our personal, professional and organizational health.

The Organization as a Force for Psychic Fossilization

While recognizing the wider dynamics of organizational life, such as the tendency of organizations to make collective demands upon the individual, the subjugation of the individual to a "collective consciousness" (Stapley 1996), plus the seduction for people to align themselves with the organizational personality, we must pose the question why trainees and leaders of psychotherapy training alike — even when alerted to the same — still let such destructive behaviors as these proliferate within their organizations? Young makes the point that:

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People don't tell it like it is when they are young, because they want qualifications. They don't do it when they are in mid-career, because they want to reach the top. They don't do it late in life either because they have reached the top and are implicated and have too much to protect or because they haven't and don't want to be accused of sour grapes. (Young 2000 unnumbered).

Although individual deference and relational politics understandably exert influence, especially upon trainees, we must not forget leadership's role as a promoter of the established order. I am reminded here that Meltzer (1992) has alerted us to the personality type of those who often rise to eminence in organizations. I am sure we all know the type and have met more than a few in our clientele over the years, people who absolutely have to win, who are intrinsically competitive and desperately ruthless who Meltzer suggests live, internally, at the very end of their psychic digestive tract (ibid) — metaphorically just inside the anus. Anal personalities such as this, in the grip of perpetual and acute psychotic anxieties about being expelled into the external world constantly fear the precipitation of a schizophrenic breakdown. Consequently, they are drawn to external sources of power where they can over-compensate for deeper feelings of inadequacy. In this position, masked by leadership, as recipients of positive transference, they exist cushioned from deeper fears, but when their role is threatened are caused to experience afresh hitherto repressed anxieties. People as these — Meltzer's "arse-hole leaders" — are desperate to maintain their superior position and fight tooth-and-claw to maintain the *status quo* that supports them. Nevertheless, with all the kowtowing and edification that transferentially comes the way of leadership even the most grounded of us needs shadow consultancy to purge our demons and to keep us sane.

So if we want psychotherapeutic training of excellence and desire to move beyond the charges of our staunchest critics — what should we do? Nothing less than listen to their critiques, strive to reverse the processes listed above and retain an awareness to the dangers of becoming rule-bound and role-bound, or yet lost within the virtual reality of a professional ego cushioned by professionalism. As psychotherapists we need to nurture with care our growth as individuals and our skills in relating — as these encapsulate the kernel and artistry of what we offer. We also need to temper the contractual level of our role with authenticity in order to remain therapeutic.

If we are to retain our ordinariness, vulnerability, common touch and ability to 'tell things like they are', something over and above individual therapy and supervision may be needed. Indeed, I believe we would be well advised to appoint a shadow consultant or community facilitator to sanitize our training communities; someone who

can alert us to our communal blind-spots, challenge our biases and align themselves on the side of relational health.

Psychotherapy – heal thyself!

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