

## **Once a Patient, Always a Patient: The Law of Analysis Interminable**

By Paul Atkinson

The College and the Guild of Psychotherapists share a code of ethics which - in a way that turns out to be quite fascinating - prohibits the possibility of ending analytic relationships.

Both codes define a patient as someone who "*is being or has been* treated in psychotherapy by a member". In other words, as many of us came to coin it in the Guild, "once a patient always a patient" - and as a consequence - once a therapist always a therapist.

Over the past 18 months, I have been subjected in turn to a gossip campaign, a formal complaint from a Guild member, a nine months' suspension from the Guild (and therefore the UKCP), reduced on appeal, with the assistance of £15,000-worth of legal support, to a warning that I should read the code more carefully in future.

My offence has been to assume that an analytical relationship can end.

For three years, I have been living with a woman who was formerly a patient; an analytical relationship that we ended by mutual agreement in 2005. Paradoxically, the complaint, the reasoning of the ethics panel, and of the appeal panel, were all explicit in finding no harm to the former patient.

Apparently, I was to be suspended for nine months for breaching a nonsensical definition of a patient, not for unethical behaviour. The catch-phrase of those supporting this position has been - "THE LAW IS THE LAW".

The real offence has surely been against the peculiar mores of the psychoanalytical community, its basic assumptions about who the people in their consulting rooms are, and its presumption of authority over ordinary commonsense and, as it happens in this case, the European Convention on Human Rights.

Sexual relationships with former patients - particularly between male therapists and female patients - are a potent issue, regardless of circumstances. For many analysts, it is simply taboo. Like all taboos, it is a common enough occurrence, but it is usually kept quiet.

For me, being public about living with someone I previously worked with has been enlightening, to say the least. It has brought out in a painfully personal way what a bizarre, frightened and authoritarian world psychoanalysis can be.

Focusing on endings, I want to offer a few thoughts from the experience of my partner and me.

'Incest' seems to be the main port of call for evoking the taboo on sexual relationships, under any circumstances, with a former patient. The argument is very simple. *In the transference the therapist is the parent, the patient the infant/child.* As far as sex is concerned, and *only* as far as sex is concerned it seems, once a couple has worked together analytically, they can never be equal adults taking responsibility for their own lives. Unconsciously, incestuous dynamics must be in play.

Logically, as my supervisor has pointed out, the crime should be child abuse, but this doesn't seem to offer our community the same thrill as talking about incest.

During a conversation over dinner at a recent Guild conference, a colleague argued there must be a blanket ban, as imposed by Guild's code, because such a relationship must always be incestuous. He said he had spoken to his wife, who was in therapy with a male therapist, and she agreed. When I queried his reasoning, he said:

"Well, what about father/daughter relationships, aren't they always incestuous, whatever the daughter's age?"

"But my partner isn't my daughter, I am not her father."

"Yes, but how do you know. Unconsciously, having had an analytic relationship, how do you know whether and how incestuous dynamics might persist?"

I asked him whether he thought it possible that, in his relationship with his wife, there might be incestuous dynamics going on as part of their relationship - father/daughter, mother/son? Wasn't it inconceivable there would not be?

To quote a short paper\* I wrote to the membership of the Guild between the gossip campaign and the complaint, when we might still have tackled the issue as part of the ongoing discussion to revise the organisation's code:

*Most of us, hopefully, recognise theoretically at least that psychological regression, incestuous desire and our profession's interest in the psychoanalytic infant are to be understood in symbolic terms; that is as the patient's return to the unconscious and to dynamic conflicts rather than literally 'becoming' a pre-oedipal infant or oedipal child to the therapist's parent.*

*If the transference is taken literally rather than symbolically, if incestuous desire and the erotic are read reductively within the grip of the Freudian oedipal dynamic, or Kleinian pre-oedipal phantasies, of course analytic relationship can never end. Endings can only be thought of as the child leaving home, the patient can never become her parent's peer, nor the therapist her patient's.*

As a member of the College said to me on hearing this incest story: "Shouldn't they look up 'incest' in the bloody dictionary?"

In my opinion, where destructive incestuous dynamics *are* a real problem is in psychoanalytic organisations, with their addictions to the 'irresolvable transferences' of analytic pairings, and to their cultures of over-boundaried relationships and authoritarian decision-making - what Otto Kernberg refers to as "the irradiated dynamics of psychoanalytic organisations".

This links with what I consider to be the darker aspect of this notion of interminable transference; something far more insidious in its abuse of analytic power in that it often passes as something like orthodox technique - that is, the analyst's refusal to allow the patient to end the work.

My colleague Roger Bacon pointed to this aspect of 'once a patient always a patient' on the Guild's online forum during my trial by ordeal. He describes it like this:

*Less studied or acknowledged perhaps because it can be very close to what is prescribed as proper technique, there is the analytic version of the Stockholm syndrome, which Ernest Gellner, in his 1985 book, 'The Psychoanalytic Movement', very elegantly described as the Pirandello effect.*

*This is where the therapist becomes powerful by insidiously or openly taking control of all the meanings of the relationship and of the utterances/behaviours of the other party. This is the situation where the analyst, under the guise of interpreting in the transference the infantile and sexualized states of mind revealed in the analytic relationship, covertly or openly infantilises and sexualizes the patient in such a way that the patient is allowed no other operative identity or recognition other than that demanded or imposed by the analyst.*

*The relationship then is dominated by what I call the analyst's phallacy and the only object of interest becomes the analyst and his or her fallus.*

*I see this as a more serious and destructive form of relating – the unrestrained exercising of the analytic phallacy – than anything that two consenting adults might choose to do outside the consulting room.*

Recently I was given an example by a colleague who had taken up a second analysis after her Guild training. After several years work, she wanted to end. The analyst refused, interpreting her desire to end in the transference as an attack on him and the work. My colleague spent three distressing years feeling unable to simply walk out on the work. Eventually she became seriously ill and finally felt able to leave.

In my opinion, the most common form of unethical behaviour in analytic consulting rooms – the analyst's need to maintain her own sense of authority - is habitually passed off as analytic technique.

The terrific difficulty of breaking out of authoritarian and dysfunctional dynamics within psychoanalytic cultures - where, for example, it can be almost impossible to think of patients and former patients as independent adults with a mind of their own – has been extremely clear to my partner. She has had the advantage of not being in the profession, of very adamantly having a mind of her own, and of having a long history of political thought and action (ie acutely thoughtful in relation to assumptions of authority and abuse of power at all levels).

Here are some extracts from her own open letter to the Guild\* in the middle of the debacle:

*I have made the surprising discovery that the primary role of the Guild's Code of Ethics is not, as I might reasonably have expected, protection of the patient.*

*In fact, it's become clear to me that the Guild's Code of Ethics can only acknowledge patients as part of the picture if they are complaining about abuse, or are vulnerable victims who need someone to speak on their behalf. A patient or former patient who has not been abused, who experiences the*

*relationship in question as loving, sane, entirely mutual and grounded in reality, is sidelined as an inconvenient irrelevance – or worse.*

*I have come to see that there is actually a fundamental attack on 'the patient' at the heart of this Code. It has shown me just how much contempt a large part of this profession has for the people it treats. If I accept, as the Guild's Code states, that I am still, and for ever, 'the patient', it implies that I spent thousands of pounds and hundreds of hours reducing myself to an infant for life. It means that it doesn't matter that I'm actually an intelligent, stable, middle-aged woman, with independent adult children, her own business and home, and a 25-year past relationship behind me – because I am still assumed to be incapable of judging for myself who I should have a relationship with.*

Sitting together at the panel hearing was a truly shocking – but deeply enlightening - experience for us both. It was set up as a Star Chamber: four panellists behind desks, the Guild's barrister present without giving us notice. If my livelihood hadn't been threatened, it could only have been treated as a farce.

Obviously, it was a problem for the panel having us both in the room. This should not be happening. A therapist and a patient sitting together as an adult couple, equally outraged that my professional organisation had assumed the power to declare whether or not we should be having a relationship together. At the age of 54 and 62 respectively, my partner and I were to stand on the carpet before mother and father to hear whether or not they approved of us.

Just two anecdotes about this extraordinary encounter:

First, when a colleague, after the verdict of my suspension, asked one of the panel members what was going on for them at the time, part of the reply was along the lines that the panel could not understand why my partner was so angry. But eventually they decided that it was her transference to them, which allowed them to deal with it within the analytic frame – confirming for my partner that as far as the Guild was concerned, she could not exist as an adult person with a mind of her own. Just as my dinner conversation later confirmed.

Second, after some reflection, my partner was of the opinion that, among other things going in the panel's mind, they were outraged that I did not have her under control, in the transference. I was not doing my job as an analyst of maintaining authority over her, either 'positively' under the Pirandello effect, or 'negatively' having turned her into a victim of my predatory abuse of our previous analytic relationship. For her to have a mind of her own about our relationship was inconceivable.

I'd like to end here by suggesting that what is really at stake in this whole affair is the fear among so many psychotherapists of relating, our fear of our own feelings of powerlessness in the face of intimate human encounter, and our need for a professional superego to bolster our defences as THE THERAPIST.

If we are too frightened to *have* the relationship with our patients, is it really surprising that we think that we can never end them?

\*I would be happy to send copies of my paper to the Guild, and my partner's open letter, to anyone interested. Email me at paulwilliamatkinson@gmail.com