

### **The art-science-theory-ethics dance in Psychoanalytic Psychology**

In Psychology, and particularly in Psychoanalytic Psychology, the hours spent considering whether to act or not, speak or not, self-disclose or not are countless. Not to mention the analysis of the transference reactions when we do (or don't). Sometimes these decisions are weighed up fleetingly, sometimes they are as heavy as anything. Often, we think later, and they're analysed to death, especially when a spontaneous offering lands blunderously.

I don't think I'm alone in noticing that psychoanalytic therapists often fall back on the well-worn path of abstinence for the sake of 'maintaining the frame'. And then, as if 5 minutes might wreck something, we are doomed to live with the guilt of the sins of our time-boundary transgressions until we find a safe and trusted colleague with whom to share 'confession time' and we are absolved (if you know me, you know the time boundary thing is not a completely random example).

Arnold Goldberg (2007) wrote well on the difference between morality and ethics, in his book *Moral Stealth* (where ethical actions are those made in the service of the agreed task at hand, and morals are standards or beliefs about the inherent goodness or badness of a behaviour). My thoughts here, are in the spirit of Goldberg's stance on the difference. They are also the product of hundreds of conversations with colleagues, supervisee, students, my supervisors and teachers, and in our local POPIG group in Qld. I have noticed at times we can all get caught in 'is this allowed' rather than 'what is best' or 'why do that?'. What are the consequences of my lateness? Perhaps it depends on what I do with it?

No doubt there is an art in choosing the right action or intervention, in a moment, while balancing the interests of the therapeutic relationship and the treatment. These choices can be made highly intuitively but should nevertheless be underpinned or made in reference to our existing understanding of theory, evidence, and ethics. "The analytic frame" is often referred to as a singular entity or structure. As THE thing inside which we practice, where any deviation is left blowing in the non-analytic wind. I think: there is no such thing as 'the' analytic frame, and in fact there are many frames (depending on who you are, who you are treating, and to which school/s you ascribe). That is, while a therapy may be broadly and firmly framed by a particular model and set of techniques, within it there are many specific moments that require reflection on the correctness of a particular aspect of that frame. It can't be (just) a rulebook.

More broadly, in Psychology, we can also find ourselves citing our ethical code as lists of allowable behaviours or rules of law. However, it is important that they are seen for what they are: principles that guide our thoughtful and safe participation in a professional or therapeutic endeavour. While Psychologists are legally accountable to abide by our Code of Ethics, we are equally obliged to understand the principals which underpin them. We should also consider what it is that we truly risk by bending or breaking them, beyond the question of risk to ourselves (of disciplinary action) and consider the best interests of our patients and their treatment. If we take a non-professional example for a moment: It's simple for a government to make a law about, for instance, jaywalking. They argue they will keep more people safe if they direct people to the lights and make it a rule to cross only at the correct signal. But when a pedestrian looks across a completely clear street and sees a person who has just fallen to the ground, he encounters a dilemma. He finds:

he will break a law by rushing against the lights to help the person on the ground. But he is not wrong. He is (apart from the risk of being disciplined) perfectly safe. And he is doing no harm to others. Not to be perverse, but I wonder if we should consider the potential harms in taking an unquestioning approach to the 'rules' themselves. For instance, we might see the loss of awareness and problem-solving skills, and the loss of connection with feeling, kinaesthetic awareness and intuition, if we agree to follow a set of arrows marked out by someone else, and to wait for a green man to tell us when to walk.

There are countless scenarios in the practice of Psychology when one particular action or another is not inherently 'right' or 'wrong'. There are even some, like the jaywalker, where breaking one 'rule' may be necessary in order to uphold another more urgent or important aim of our work. To my time boundaries example: yes, there are generally applicable, practical, and therapy-enhancing reasons to keep a predictable and reliable timeframe for sessions. However, the same few minutes can have entirely different consequences for two different patients (or even the same patient in particular moments). And to say that in EVERY instance one must finish on the dot of 50 minutes, would be as incorrect as saying we shouldn't worry about time at all. I sincerely do strive to keep to time, but I (the Elizabeth I know today) can't promise I will. I can only promise to analyse any departures: not only my patient's reactions to them, but perhaps also my own masochistic protest against the controlling other who demands I run to an externally determined schedule? And the sublimation of my guilt into essays justifying my deviant behaviours?

POPIG Qld discussions often bravely lean with great interest towards these ambiguities in "the frame" and ethical lines. In Psychoanalytic *Psychology*, framework and ethical questions can be further complicated by our (rightful) commitment to providing evidence-based treatments. I think this can cause an unnecessary exacerbation of our sense of deviance. Especially for those of us who have been brought up in a professional atmosphere of animosity towards many of the fundamental aspects of psychoanalytic theory and practice. While the word is getting out there that good evidence exists for the effectiveness of psychoanalytic therapies, we still hear (more or less overt and sometimes hostile) messages that the other more focussed treatments are better. And at the extreme, that we are being unethical in not choosing them. We still hear various arguments for why psychoanalytic theories are wrong, most of which have little if anything to do with what we are doing, or the evidence for its usefulness. But<sup>1</sup> I wonder if this atmosphere is at least part of the reason some of us continually return to conversations about what is 'allowed.' Perhaps we are still in a process of deprogramming our undergraduate brain washing against Freud?

For Psychology, it would seem, "the evidence" is God. But apart from the profession's slow uptake of the growing abundance of evidence for analytic therapies, the question of what makes our practice 'evidence-based' is more complicated than even the analytically-friendly folk in our group might be aware (for the well-initiated, indulge me while I preach to the converted). Evidence-based practice in psychology (EBPP) is nowhere near as neat as the tables listing 'empirically supported treatments' would have us believe (for a very spirited discussion on this, Shedler, 2018). EBPP is defined as: "the integration of best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (Levant, 2005).

According to the APA taskforce definition, which is endorsed by our APS, best available evidence includes: "scientific results related to intervention strategies, assessment, clinical problems, and patient populations in laboratory and field settings *as well as to clinically relevant results of basic research in psychology and related fields* [italics added]" The taskforce also specifically state that evidence for effectiveness of an intervention should take into account research findings from varying sources and methodologies (including, practice-based research, qualitative studies, and systematic single-case study design). Here, a skilled clinician judiciously enlisting their knowledge of research in childhood development, information processing, or learning theory, to inform their interpretation and intervention within a psychodynamic treatment *is* an example of evidence-based practice. Since RCTs are not adequate to answer certain questions, including comparison of treatments, how therapy works, or of which components are working: to judge something as appropriate by looking *only* at how many RCTs a particular intervention has been subjected to is not only limited, but also un-scientific and is *not* evidence-based practice.

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<sup>1</sup> Notwithstanding the existing intrapsychic minefield in the characters of some who are drawn to psychology and then settle on the fringes in psychoanalytic psychology.

EBPP also involves the integration of patient characteristics, culture and preferences. “The evidence” should inform my decisions, but there is likely no RCT or any other study that will tell me what is best for the person in front of me. People are complicated. Science is complicated. All research has limitations. We must remember that “the science says” is possibly the LEAST scientific thing a person could say. Especially if they are not critically evaluating research, considering the research context, and the appropriateness of application to research to the population or person of interest. Psychologists are well qualified to contribute to scientific discussions, especially about humans. And POPIG has a unique niche in the Australian psychological landscape as a place where we bridge the worlds of Psychoanalysis (which honours subjectivity) and of Psychology (which dare I say: defensively espouses the virtues of objectivity *over* subjectivity). These two worlds are not always on friendly terms. But we are Psychologists, and therefore scientists and we must bear the tension and look at how we can systematically approach complex issues of being human.

POPIG’s media subcommittee believe we have a unique voice that can offer a great deal to the field of Psychology, and the broader community. The committee have ideas and offerings on the question of what we do and why, including the role (and definition) of science in psychology, as well as the art and joys of immersion in subjectivity. We would like to invite interested members to contribute to these discussions as we move them to a more open, online space. We will also be collating some of the online conversations and taking submissions for editorial style pieces for the newsletters, so that we can continue to connect with our colleagues who are not on social media. We think this will be a great way to enhance community connection for psychoanalytic psychologists.

I sincerely hope we will hear from you, and that (whether you write to us or not) you enjoy a sense of community with us. For today, I would like to get the ball rolling with the attached personal contribution written in reflection of the idea of *stillness* (inspired by my well-timed reception of a Rumi quote).

### **Stillness and observation vs ‘neutrality’ in psychoanalytically informed therapy**

“Do not stir the clay every moment, so that your water may become clear, so that your dregs may be illumined, so that your pains may be cured. If you look into muddy water, you see neither the moon nor the sky; sun and moon both disappear when darkness possesses the air.” Rumi

Are psychoanalytic therapists allowed to *not* be neutral? If neutrality is the goal, why? Why hold back (or slow down)? It would be hard to find a colleague who wouldn’t agree that we’ve moved beyond the days when it was expected, desired, or even thought possible, that a therapist provide a completely ‘blank slate’ on which the patient can project. We understand that, as quiet as we stay, or as noisy as we are, we are contributing in subtle and overt ways to a ‘co-created’ dynamic (whether we interpret it or not). Sometimes silence is anything but neutral, and it screams. Silence (or holding back) may not be the wrong thing, but it is not automatically ‘neutral’ (and therefore good).

It takes care, thought, and openness-to-feelings (on both sides) to make sense of all that happens in transference-countertransference relationships. It can’t be a rule that therapists (only) withhold. Just as it can’t be a rule that they always tell everything they’re thinking. Apart from the fact that there’s simply no room for the latter. Neither of those positions necessarily enable analysis of the transference. There’s no guarantee that a generous or gratifying therapist will be received. There is no rule that says a therapist must deny all impulses or needs in service of the patient for them to get better. In fact, there will be instances where a therapist’s disclosure or assertion of their needs, or verbalisation of a personal position, is essential for a treatment to be able to continue. However, for the most part, the therapist has agreed to focus on what will be most helpful for the analysis and she does not intrude with her own agenda or needs.

Therapy (of any kind) involves a complicated meeting of two complicated humans. What one person finds intrusive, another may find essential (or as another colleague would put it, ‘medicinal’). In psychoanalytic therapy we honour and examine these complications and we pay attention to the nuances of the relationship in order to glean data from it, for interpretation, and to use it as a vehicle for the movement of feelings. Unlike non-analytic therapies, which also pay

attention to the relationship, but often only in the service of the other things they're doing. For instance, how is rapport and alliance going? Do we feel safe enough to do an empty chair exercise? Are you with me here, can I challenge your cognitions now? Maybe you'll do your homework this week if we get along and agree on our goals...

In psychoanalytic therapy do not need to know in advance which patient is the happy receiver of our offerings, and which is the intruded upon one, and plan each move accordingly in advance. We will find out. And it's not (necessarily) our obligation to change our ways in response when we do learn about a patient's wishes (although this might be a question for another day, perhaps see Giac Giacomantonio's paper on Morality, Masochism and the Marketplace for one viewpoint, which has influenced me here). My point, is not so much about whether we act or not, but this: if our aim is to analyse and give space to resolution of transference, then our job is to be still enough to observe and understand. And to honour the feelings there.

It is not always possible to avoid the relational 'muck'. In fact, psychoanalytic therapy provides a unique opportunity to descend into essential mucks, messes and ruptures, the resolution of which (alongside a trusted ally) allows for growth and change. While I think we should try to be as self-aware as possible, we needn't worry for the mere fact that we get caught in 'enactments' of the unconscious. They can be the only way to know it! But ONE reason for space, stillness, and observation, is that (I believe) we need to tread lightly and thoughtfully around our blind spots (our patient's and our own), in order for the precious gems that lay amid the demons and shadows of the unconscious to be illuminated by the light of understanding. I think, if we move too quickly or too often, we miss opportunities to quietly examine what silt or sand may settle around an otherwise 'meaningless' statement or encounter.

My lateness might pass us by with a simple apology, or it might fuel sessions' worth of work about trust, or care, or reliability. If I run late, *and* I'm loud, *and* I'm loose then we may miss the complexity of meaning in the one thing (or the other). Perhaps others are more adept at analysing amid the chaos and for them more activity is less of a problem.

I choose stillness. Although, I am not particularly 'neutral'. A brilliant colleague coined a related term 'spaciousness' (vs neutrality). I wonder if that is the experiential sibling of this (more observational) stillness. Perhaps, we stay still enough to see; and we make space enough to feel? I'll leave it to her to expand on spaciousness, and to contrast and compare with my 'stillness'. For me, it's not about calming the waters in the interest of shutting up or 'overcoming' feelings. Rather, that we should pay exquisite attention to all of the stirrings, however slight. Perhaps this is simply my wishful fantasy, but I think: if we can find meaning in a grain of sand, and life in a trickle of water, perhaps it may be nurtured into a beach or a riverbank and perhaps we can avoid some of the muddy floods. If we may become so sensitive to our feelings that we notice and respect each of the slightest ripples, and respond accordingly, perhaps we need not manage the tsunamis (we could save that for exceptional circumstances).

I should say, I suppose that the feelings awoken in the heat of an activated transference are, truly, exceptional circumstances. We need to make space for floods and tsunamis and look forward to the rejuvenation after the wreckage's are cleared. But we needn't stir the clay constantly. Our humanness stirs enough. Rumi's words couldn't capture this more beautifully.

Written by Elizabeth King, National Convener POPIG

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