CAN PSYCHOTHERAPY HELP MAKE A BETTER FUTURE?

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ABSTRACT *This keynote conference address argues that therapy can contribute to a positive future, but only if therapists recognize their own inherently side-taking position. It suggests that there is a polarization between therapy that views itself as a standardized 'expert system', and therapy as qualitative 'local knowledge', and that each of these implies its own position on how people and society should be. I then describe four fields where I believe therapy can contribute to a better future: work with conflict, societal trauma, ecopsychology, and power within the therapy relationship.*

Key words: psychotherapy, politics, power, truth, responsibility

I want to argue first of all that the question posed in the title of this conference is misplaced. Rather than 'Is therapy the future?' we should be asking 'How can we, people involved with therapy and counselling, help to make a future?' And this of course depends in turn on what we want that future to be.

I don't believe that therapy is the future. But I do think that therapy can potentially contribute to creating a better future, not just for humanity, but for the whole planetary web on which we depend. However, there are no guarantees of this: therapy also has the potential to make things even worse. It depends entirely on which model of the future prevails within the therapeutic community.

Psychotherapy is famous, of course, not for its vision of the future but for its vision of the past. Its founding claim, in a sense, is that both present and future are conditioned by the past, and that only by understanding this relationship in our own lives can we become free to create a future which does not repeat the past. So straight away we come to a position on the future – one that is actually very close to Marx's view, that only by understanding the past can we escape repeating it.

But I want to explore another way in which therapy always entails a position on the future: because it always has positions on *how human beings should be,* and thus always carries a vision of how we could come to be what we should be. These visions and positions are often unconscious and implicit – and this can be dangerous.

Perhaps I should explain a bit why I say that therapy always has positions on how people should be. It seems to me that this is an inevitable part of our whole approach to interacting with our clients. This is very obvious with therapy approaches that think

explicitly in terms of cure and adjustment: people *should* be healthy, *should* be well adjusted – and of course each school and each practitioner has their own set of small print about what 'healthy' or 'well adjusted' actually means. 'Well adjusted' to what? Each practitioner believes that their clients should adjust to whatever aspects of life they themselves see as natural or acceptable. An entire political programme can be unpacked from the phrase 'well adjusted'.

As I say, this is more obvious with therapy approaches that explicitly seek cure or adjustment. But it certainly doesn't only apply to such systems. One area where this is particularly apparent is in relation to sexuality: we each have our own ideas about what constitutes normal sexual behaviour, and we inevitably apply these to our work with clients. It is actually not at all easy for us even to make our own ideas about sex available for our conscious minds to think about. We can spend years in therapy achieving this. Consciously or unconsciously, we listen to our clients talk about sex through the filter of our own sense of what is OK or not OK; and consciously or unconsciously, our clients pick up this response in us – pick up our sexual politics. Consciously or unconsciously, we will seek to move our clients towards a view and a practice of sex that is closer to our own. (For a good discussion of many issues around sexuality and therapy, see Denman, 2003.)

One possible position that we may take, of course, is that we accept, or try to accept, any sexual behaviour that makes our clients happy. (We may or may not agree *unconsciously* with this conscious position.) And that in itself is a political position – a liberal one – that any sexual behaviour is acceptable so long as its participants are happy.

It seems to me that ideas about how people should be are equally present in more process-oriented approaches, which try to avoid prescription and aim to follow and support whatever arises, whether or not this matches the practitioner's goals or expectations (for example, Mindell and Mindell 1992). Personally I see this as a splendid intention, and one that I try to apply in my own work; but even if we succeed in this quite difficult project, it is still based on a set of beliefs about how people should be. For a process-oriented practitioner, people *should* be spontaneous, we *should* follow our unconscious wisdom rather than try to control it, things *should* be left to sort themselves out in their own way – again, an entire political programme.

Many people have the habit of drawing an imaginary line between a programme for individuals and a programme for society – as if it were possible to have one without the other. But our position on how individuals should be necessarily entails a position on how society should be organized – whether we like to accept this or not. If individuals should be a particular way, then obviously society should be organized so as to permit and support this way of being; and this may or may not already be the case.

If our position about individuals is a conservative one, then our position on society will also be conservative: that everything should stay more or less as it is, or perhaps go back to how it was when we were a bit younger. In that case our programme can stay more or less invisible: everything is all right as it is. But in reality, this is no less a programme than one that wants people and society to change.

Let me emphasize that I am not saying there is anything wrong with this. We're human beings; we have beliefs about how things should be, how people should be.

Some of those beliefs, in my view, are more compatible with the working of psychotherapy than others, and I'll say more about that later. But operating from a set of beliefs is in no way wrong; in fact it is inevitable. What I do think is bad practice is to pretend that we are *not* operating from a set of beliefs, or that those beliefs are different from what they really are. Then we confuse both our clients and ourselves.

And these beliefs, as I have said, entail a position on the future: a vision of what sort of world we would like to see emerging. We may or may not be trying to do anything about this; we may or may not think that our practice of psychotherapy is a way of affecting the future. But we do, *as psychotherapists,* have a position about it.

At the moment one can identify two primary positions within therapy, which have explicit agendas for the future, both of therapy and of the planet. I'm going to call these positions *therapy as an expert system,* and *therapy as a social critique.* This polarity goes back a very long way – at least to the 1950s, and probably to the origins of psychotherapy more than a century ago (Jacoby 1977); there have always been practitioners on both sides of the polarity, and no doubt there always will be.

So I'm going to take a little time to explore each side of the polarity. You probably won't find it hard to guess on which side I place myself – but this doesn't mean that I only see merit in my own point of view. One of the things that therapy offers society, as we will see later, is an understanding that, in every polarity, there is something of value on both sides. It's actually in some ways very hard to choose between these alternatives and really we all combine elements of all of them in our work. However, the expert systems approach has had a lot more press in recent years; so some rebalancing is probably in order.

EXPERT SYSTEM/LOCAL KNOWLEDGE

Over the past two decades, a significant body of practitioners within psychotherapy and counselling have been concerned to establish their activity as a profession. Now, a profession requires a body of 'expert knowledge': objective, testable, specialized and generally impressive (Abbott, 1988; Stehr, 1994). Therapy has responded to this need for an 'expert knowledge' by generating one – radically lengthening and widening trainings, 'technicalizing' every aspect of the work, inserting new levels and meta-levels of expertise and qualification. All this in a field where research shows repeatedly that *technique and outcome cannot be shown to be connected,* that, as it has been well put, 'there are . . . hundreds of different versions of psychotherapy, and many of them seem to work equally well' (Mair, 1992, 146). The central factor that influences therapeutic outcome is the quality of the unique relationship created by the two people involved (Roth and Fonagy, 1996).

In becoming a system of expertise, therapy in its public form risks turning its back on a crucial aspect of its practice, what anthropologists and sociologists have called 'local knowledge' (Geertz, 1983; Wynne, 1995). While generalized expertise is formulated on a scientific or pseudoscientific model, in terms that are standardized, quantifiable and not open to subjective interpretations, local knowledges are essentially practical and qualitative in nature, involving continuous negotiation between practitioner and environment. A classic example is farming or gardening, where detailed knowledge over time of local micro-conditions of weather and soil are at least as important as any general principles of agriculture (Van der Ploeg, 1993).

Doesn't this describe the 'knowledge system' of psychotherapy and counselling? The concept of local knowledge helps to clarify and support the repeated protests of people like Peter Lomas (1997, for example) that therapy is at root a matter of experience, intuition and human sensitivity – wisdom, in fact – rather than technique and expertise. It underlines the crucial role of self-knowledge – the self being a large part of the *locality* for the art of therapy – and the real appropriateness of the apprenticeship model for training.

The expert systems approach tends inexorably towards the position that there is a single activity of therapy, with variations that are ultimately insignificant. The local knowledge approach, on the other hand, indicates that there is an inherent pluralism to the activity of therapy (Samuels, 1997): that each practitioner, and indeed each client – or even each session – generates a micro-variety of therapeutic practice that is, hopefully, the form best suited to that particular interaction. Just because hundreds of kinds of therapy all work equivalently well doesn't mean they are all doing the same thing. To draw a dramatic analogy, there are hundreds of ways of having sex, many of which are equally effective; but they are definitely not all the same – and each of us prefers some to others.

What, in any case, does 'effectiveness' mean in this context? What is involved in therapy 'working'? This brings us back to my initial point, that every form of therapy and every practitioner is operating from some set of assumptions about *how people should be,* from which they derive their understanding of what they are up to as therapists or counsellors. Expert systems therapy tends to operate from a cure or adjustment model; local knowledge therapy tends to work from a model that favours

following process, sitting with difficulty, and allowing things to work out.

Now, each of these approaches tends also to imply a particular view of society and its needs – a particular agenda for the future. The expert systems approach aligns therapy with a much wider current social emphasis on expertise and qualifications: what we might call a *technocratic* attitude to the future, the attitude of New Labour and its equivalents elsewhere, which assume that issues that used to be about political *argument* are now a matter of specialist *administration.* Hence statements like this:

> Psychotherapists are uniquely qualified and experienced in the understanding of what people need for a satisfying life . . . We need to establish firm pathways of training and psychotherapy provision so that the emotional needs of European citizens can be attended to. (Van Deurzen and Tantam, 1998, 233–4)

'What people need for a satisfying life' is here treated as a question of *fact*; a satisfying life is something to be provided *for* us by specially qualified personnel who attend to our every 'emotional need', like air hostesses of the psyche. What is being elided here is that in our society many aspects of life, for most people, provide little opportunity for satisfaction: our social system drains both work and leisure of all meaning and enjoyment. Hence the job of therapists, so long as the system itself cannot be questioned – because therapy is trying to establish itself as a profession *within* that system – must be to find artificial means of reinjecting some sort of satisfaction into the emptiness; of adjusting the individual to the system.

In effect, then, through the expert systems approach therapy is being integrated into advanced capitalism. The American therapist Maureen O'Hara describes the current American situation in exactly these terms:

Managed care spokespeople openly describe their revolution as the industrialization of health care and, with unconcealed enthusiasm and frequently contempt, declare that the days of 'therapy as a cottage industry' are over. What is happening to therapists in the 1990s is equated with what happened to butchers, bakers and candlestick-makers in the 1800s. (O'Hara, 1997, 24)

The local knowledge approach, although as I have said it inevitably does take a position on the future, does not do so explicitly; it tends very much to keep its head down and stick to practice. But I want to read you a fairly long passage that makes some perhaps familiar complaints about the current situation in therapy and counselling, from what we might call a local knowledge perspective.

Another factor which has been operating in the past decade to alter the character of training and practice also derives from the great increase in numbers of trainees, and from the more structured training of institutes. In the past those who undertook training were of a somewhat different breed from the current crop of candidates. Perhaps the majority of students of the past decade or so have been 'normal' characters, or perhaps one should say had 'normal character disorders'. They are not introspective, are inclined to read only the literature that is assigned in institute courses, and wish to get through with the training requirements as rapidly as possible. Their motivation for having therapy is more to get through this requirement of training rather than to overcome suffering in themselves or to explore introspectively and with curiosity their own inner selves. The partial capitulation of some institutes arising from numbers of students, from their ambitious haste, and from their tendency to be satisfied with a more superficial grasp of theory, has created some of the training problems we now face.

I have made some very small changes in this passage so as to disguise its origins. It is by Robert Knight, President of the American Psychoanalytic Association, writing in 1952 (quoted in Gitelson, 1954,

414). So this perhaps establishes my earlier point, that this struggle between two polarized approaches has been going on for a long time.

For my purpose here, the relevant opponent of expert systems psychotherapy is not so much the local knowledge approach but an approach that understands therapy as a form of social critique; even more than that, as a component of social resistance, one element in a struggle against precisely the social and cultural trends which expert systems therapy tends to *support.*

This sort of therapy bears witness to the oppression of body and spirit in advanced capitalist society; and, by supporting the inherent processes of resistance and creative expression within individual clients, necessarily encourages their *de*-adjustment to the system. When Wilhelm Reich worked as a psychoanalyst in the Vienna free clinic in the 1920s, offering full analytic treatment to ordinary working people, what he noticed was that as his patients' therapy unfolded they became less willing to work in boring and exhausting jobs, less willing to stay in miserable relationships, less willing to obey orders without questioning them. The central question is: is this a good thing or a bad thing?

Well, I'm not going to answer that. My personal answer is no doubt already clear to you. But what is important to me here and now is to argue, as I have done, that this question and other questions about how our society is organized are *relevant to the practice of psychotherapy* – in fact, that the way each of us works as a therapist entails a particular set of answers to these questions; and that we, and our clients, are better off if we are consciously aware of this.

I am also arguing that it makes a difference what vision of the future we as therapists hold. This vision will communicate itself through our work to our clients, and

through our stance as an occupational group to society as a whole. I am *not* arguing here that therapists have a privileged claim to expertise on how our future should unfold and what needs to be addressed for that to happen. I'm not talking about *privilege,* but about *responsibility.* Rightly or wrongly, how we see things is taken seriously – more and more so as therapy's social position becomes more solid. I believe that we have a responsibility to reflect on our vision of the future; and to offer our energy towards making that vision into reality.

In a sense, then, everything I have said so far is a preamble – an unavoidable and I hope interesting preamble – to what follows. I want to talk about how we can help create a better world: to identify and explore four possible areas of contribution by psychotherapy and counselling to our collective human future. There are many other possibilities, but these four areas are of particular interest to me. They are: our understanding of conflict; our understanding of trauma; the developing field of ecopsychology and ecotherapy; and, most fundamental of all, the use of the therapeutic relationship itself as an arena for exploring issues of power.

CONFLICT

Therapy has always had a high awareness of conflict, on every level from the internal to the interpersonal, the group, and national or international. We have developed a sophisticated understanding of how conflict works, and how all these different levels interconnect with each other. The core of this understanding, for me, is the simple but powerful concept of projection.

This is a very good example of an idea that is enormously familiar to many therapists and counsellors, but often not understood at all by people outside our occupation.

If there is a part of myself that makes me angry or ashamed, a part of myself which I cannot accept as Me, then I will imagine that part to be outside myself: I will perceive and experience it in the Other, and hate and attack it there rather than hating and attacking myself (Klein, 1975; Segal, 1988).

This in no way implies that there are no real, objective reasons for conflict between people. We fight oppression, we struggle over scarce resources – these are authentic causes. But projection occludes these root causes from our awareness, makes it very hard to get to them, and very hard to negotiate a way through them. It is our experience of the alien and intolerable Other, it seems, which locks us into irrational conflict: into racism, sexism, religious hatred, xenophobia of all kinds. It also allows us to be manipulated into conflict by those who will benefit from it in terms of profit or of power.

Now, many therapists have already involved themselves in practical projects around conflict all over the world – in Northern Ireland, former Yugoslavia, Palestine, South Africa, and many other places (Audergon, 2005). Usually, they have brought together members of all the identified groups in each place, and set up structures for them to listen to each other.

That seems to be all it takes. If people can stay in the same room long enough to listen to each other, then they start to recognize similarities in their experience. Instead of identifying the Other as alien, they begin to experience the Other as Like Me, as another self, another human being. It's as simple and as complex as that; and of course what is hard is supporting people who have hated each other for centuries to stay in the same room long enough for this process to start working. Actually often it's even harder to get people to come to the

same room in the first place – facilitators are already working with a self-selected group, with the individuals who sense and intuit that something needs to change.

In order to stay in that room, participants need, among other things, to find ways of interrupting the reflex of pride. The biggest motor of conflict between communities seems to be pride and injury to pride: the sense that there are some statements that it actually injures my selfhood to hear, experiences that cannot be tolerated because they involve unbearable 'loss of face'. Diplomats are people who deserve our full respect because they understand this, and have learnt ways to interrupt their own reflexes of pride and shame, and to *keep talking*. Hence the wonderful epigram by Hans Blix, 'The noble art of losing face/Will one day save the human race' (interview, *Guardian*, 28 March 2003).

Seeing the Other as another self involves re-owning my projections onto them. In order to do this, I have to have ways of tolerating internal conflict, accepting that I have more than one feeling or belief at the same time, managing the anxiety this brings up – Who am I *really*? – and setting up communication and dialogue within my own psyche in what are essentially the same sorts of ways that I have been talking about setting up dialogue in conflict situations. This process can begin to take us beyond the dualism of black/white, good/bad, self/other, which is the *easiest* way to deal with internal conflict, but a way that creates enormous cascades of social damage.

Hal and Sidra Stone wrote a very good piece about this (Stone and Stone, 2004). It is an open letter to President Bush, in which they very respectfully and gently urge President Bush to do exactly what I've said, to pay attention to all the different voices and positions inside himself and let

them enter into dialogue. After this was published, I came across an article in the *New York Review of Books*: apparently one of the President's repeated – and deeply depressing – maxims is 'I won't negotiate with myself' (Powers, 2004, 5).

I don't want to get on George Bush's case here, but there's another story about him that is very relevant. Apparently, when he was a child, his young sister died of leukaemia. His parents never held a funeral.

Trauma makes it hard to negotiate – internally or externally. And this is where I want to move next.

TRAUMA

Over the last few decades, individual trauma has moved steadily from the edge towards the centre of therapeutic awareness. It has shown itself to be a powerful clinical and theoretical tool in understanding the experience of many, many people. There is now widespread agreement that traumatic experiences of violence, abuse or loss in childhood can have a permanent and profound effect on traumatized individuals, structuring their style of responding to new events, creating patterns of dissociation or hyperarousal, both of which involve a disconnection from here-and-now reality; together with a tendency to re-enact traumatic experience, damaging oneself and/or others (Perry et al., 1995; Schore, 2000).

More recently, the question has repeatedly been asked: if so many millions of people worldwide have had their lives structured by trauma – psychologically, neurologically, physiologically – what are the implications for society as a whole? How do traumatized individuals, with their burden of dissociation, hyperarousal and denial, come together into a group, and what distortions affect the functioning of that group? (Bloom, 2004a, b).

However, societal trauma is not just 'individual trauma writ large' – not just the statistical aggregate of repeated instances of sexual and physical abuse, deprivation and loss (Elliot, Bishop and Stokes, 2004, 9). This would be serious enough. But societal trauma also describes structural changes on the macro-level that result from events like war (especially civil war), famine, plague, ethnic cleansing: erasures and mutilations in the social contract itself, as the holes in the fabric of civil society are filled with malignant substitutes for real bonds of love, care and responsibility – substitutes that are passed on as an inherited viral load to society's children and become part of permanent social reality.

These traumatic adaptations are not just features of the present or the future: they have *already happened* in our society's past. In parallel ways to traumatized individuals, traumatized societies can perhaps become dissociated or hyperaroused; can lose touch with here-and-now reality; and can re-enact their own trauma in ways that damage themselves and others. Some plausible examples of this sort of re-enactment might be the rise of the Nazi Party in Germany as a response to the trauma of World War I; and the oppression of Palestinian Arabs by Israel as a response to the trauma of the Holocaust. We might also want to ask ourselves how the death of a whole generation of young British men in the trenches of World War I, or the experience of the Blitz in World War II, are still working their way through our own society.

Trauma is not only a matter of extreme and dramatic experiences; we all, literally all, suffer the effects of ordinary subcritical trauma, the experience of being born and growing up in a nuclear family in a patriarchal and capitalist society. What I have just called the 'real bonds of love, care and responsibility' have always existed in struggle and competition with malignant patterns of relationship, which psychotherapists (and others) have often taken to be inbuilt and inevitable aspects of human existence. There is now a growing movement of thought that argues that cruelty and malice are perhaps not part of our instinctual structure, but the effect of societal adaptation to trauma. Perhaps, as some therapists have always argued, human beings are kind and loving at their core, and only become otherwise through deprivation and oppression. Is this naïve optimism? Or is the opposing 'tough realism' itself in fact a traumatized compensation?

I also want to point out that I have been presenting these issues in a dualistic way, as either/or, black/white alternatives. I have already suggested – and it would need a lot more time to argue this fully – that dualistic thinking is itself a response to trauma, and the unbearable internal splitting it causes; the internal split is projected out onto the world.

ECOPSYCHOLOGY

This leads on nicely to the third strand I want to explore: the relatively new movement that goes by the names of 'ecopsychology', 'ecotherapy', and other similar variations. Ecopsychology asks the question: how come we have allowed the world to get into the sort of mess it's in? How can we tolerate, and even largely ignore, the environmental catastrophe that surrounds us, the loss of species, the pollution and contamination of great swathes of the biosphere, the greenhouse affect and all it means for us and the rest of the natural world? How can we all – and I seriously do include myself in this – continue to act in ways that we *know* are damaging to our environment, ourselves, other species, our children and grandchildren – all for the

sake of a minor convenience or luxury (Roszak, Gomes and Kanner, 1995)?

Well, immediately the danger comes in here that you will hear this as a broadcast from your own internal critic, and quite rightly and reasonably switch off. This is one of the fundamental difficulties that ecopsychology faces: we don't want to think or talk about these questions. They make us feel bad.

So let me try posing a different question, or the same question in a different way. How can we more deeply feel and express our love for the living world? Our passionate, heart-opening response to the unbelievable, magical beauty of the plants and animals around us?

It seems to me that if we were in living contact with that response in ourselves, then we would necessarily live differently. Something has damaged and deadened our responsiveness to nature, alienated us from it – in fact the simple use of that word, 'nature', to describe something *other* than ourselves, something *we* are not *part of*, is incredibly revealing. We are talking about *dualism* again – that we are living within an apparent opposition between 'human' and 'natural', between 'civilized' and 'wild', which allows us to think of nature as something we have the need and the right to control and use for our own benefit – rather than to experience other species as beings to love, venerate, respect and learn from – beings with whom we ultimately share community.

Ecopsychology has come up with a number of models to explain this alienation; but for me, once again, we are looking at the effects of trauma. Dissociation, splitting, deadening, re-enactment of abuse – we see all of these things happening in our relationship with the biosphere (Glendinning, 1994). We also see a very powerful *addictiveness* working itself out in our patterns of over-consumption that have led to so much ecological damage, and I think addictiveness is also a response to trauma.

If you accept for a minute my emphasis on patterns of individual and societal trauma as the key to understanding a range of destructive social phenomena, then we need to ask ourselves: what can we as therapists do about this? Obviously we can work with individual trauma, and hope that this will have a knock-on effect. But how can we offer therapy to the whole culture? As Freud pointed out many years ago, we cannot expect society to turn up at our consulting room door (cf. Samuels 2001).

Well, one thing we can do is to keep talking about these issues, naming the role of societal trauma. Over the last century, many concepts that originated in psychotherapy have worked their way through into general cultural awareness, and this does over time make a difference. Another thing we can do, or at least those of us who feel drawn to this work, is to facilitate groups of various kinds to look at how trauma is affecting their actions and experience. I have already mentioned working in areas of inter-community conflict – also a tremendous amount of good work is going on with survivors of traumatic conflict, trying to ensure that the trauma is not simply knocked on into the next generation to repeat itself in acts of mutual revenge.

But as regards the environmental crisis, of course, we are all in the front line, all in the combat zone. And what ecopsychologists have found is that, in order to start addressing these issues, many people need help in opening up to their despair about the future. In a very real sense, our culture is dancing on the edge of the volcano: it is exactly because we know how grim the future looks that we are unable to look *at* it, unable to do anything about it. The

Buddhist activist Joanna Macy (Macy and Brown, 1998) has developed a very powerful structure called 'despair and empowerment work', which facilitates people in going down into their grief, rage and hopelessness about the future of the planet, and then to turn upwards again with a new sense of power to effect change. This applies not only to ecopsychology, but to any sort of social activism for change. We need to *give up* before we can start to work in a creative way.

EXPLORING POWER IN THE THERAPEUTIC RELATIONSHIP

I do want to suggest, though – and this is my fourth and final example – that our work in the consulting room can itself offer a very important contribution to creating a better future. Partly this is because people who are more in touch with their needs and feelings will usually find ways to try to get those needs met, and this will be beneficial for society as a whole. But I want to focus on one specific aspect of therapy work: that it is directly and inevitably about *power*.

In a dyad where each of two people has exactly one vote on what constitutes 'reality' – and can use a wide range of techniques to influence how the other person uses his or her vote – very early hurts around power, autonomy and validation can be re-experienced and transformed; if mishandled, they can also be reinforced.

The most obvious way, it seems to me, that as therapists we can mishandle the situation, is to claim that because we are therapists we have more than one vote on the reality of the situation. This is a mistake to which the expert systems approach is perhaps rather vulnerable: the claim that my expertise, my specialist knowledge, my insight into the human heart and its foibles, entitles me to an extra vote. Unfortunately, irritatingly, this is no more true of the

therapy relationship than it is of a parliamentary election.

I want to offer an account of what happens in a successful therapeutic interaction, using the analogy of what happens when two language groups encounter each other (McWhorter, 2000). If the members of one language group are considerably more powerful than the other group – for example, if they have guns and the others don't – then the second group simply learns the first group's language. But if the two groups are roughly equal in power, or if each wants something the other group can provide, then a new form of communication develops between them: what is known as a *pidgin*, an artificial language using an extremely simple syntax, and vocabulary drawn from the languages of both groups.

A pidgin is not a natural language. To put it simply, you could say that it isn't alive: it won't develop, generate new words and concepts, become a medium for poetry. However, once children are born who grow up speaking it, a pidgin is transformed: it becomes what is called a *creole,* a new natural language as creative and infinite in its potential as an other language on earth.

This, it seems to me, is what needs to happen in therapy. First of all the client and practitioner create a pidgin, put together from elements of the language that each person brings with him or her. But if there is a fertile exchange between therapist and client, a creative intercourse, then a new language is born, a creole, a vessel for new thoughts and feelings that did not pre-exist in either original tongue.

What much more often happens, I fear, is that the therapist overawes the client – who may well want to be overawed! – into *learning the therapist's language*. And, of course, speaking the therapist's language, the client will only tell us what we know already.

Making the client speak our language is only one of many possible ways in which, as therapists, we can re-enact our clients' early trauma. Most children grow up forced to speak their parents' language, not only literally but symbolically. Most children, I think, have painful experiences of being misunderstood, or worse, not listened to in the first place. In this area in particular, but also in a number of other ways, it is almost certain that at some point we will repeat our clients' early painful experience. This can be minimized, but not avoided. And it is the way in which we negotiate this painful and difficult situation – our ability, if you come right down to it, to identify and acknowledge our mistake and to apologize – which decides whether the therapeutic encounter will be a reinforcement of early experiences of powerlessness, or a site where new experiences of empowerment can take place. This, I suggest, is where we can most directly influence the future, for good or for ill.

CONCLUSION

The most important thing about therapy, perhaps, is that it is a *practice of truth*. In a world where politicians are seen to lie and lie without remorse or consequence, there is a great need for any source of truth. Psychotherapy is intrinsically concerned with truth and its consequences, untruth and its consequences, and how to distinguish the two. It is by no means the only such practice; but unlike science or philosophy, the truth it studies is not just rational but *emotional*. And unlike religion, for example, it also tells us, truthfully, that no truth is absolute – that truth is not singular but plural and contingent, and therefore subject to negotiation. This is perhaps the greatest realization of modernity, a profoundly transformative knowledge: there is no absolute truth.

If we look at the state of the world in 2005 – the accelerating rate of climate change, and the complete inability of the global political classes to take it seriously; the general degradation of the environment, the die-off of species, the constant eruption of new damage and threats of damage to the planet; the equally endemic spread of large-scale and small-scale violence around the world; the almost universal oppression of women and children, and the widespread oppression of people of colour; and the continuing omnipresence of poverty and its evil twin, greed – there is much reason to despair about our future. And despair, of course, in a vicious downward spiral, breeds apathy, self-centredness and denial. Despair makes it hard for activists to keep going, and hard for most of us to become activists. Shying away from the pain, we shy away from life.

But despair encountered and endured has a tremendous treasure in it; and therapy knows this, knows that often the only way forward is *through* our pain, rather than around it, and that when we can allow ourselves to directly experience our 'unbearable' feelings, they tend to transform. This knowledge is generally applied only on the personal level, in the consulting room; but it is also a vital political understanding. The willingness to tolerate and sit with despair is one of psychotherapy's contributions to political life.

In this paper I have described some of the different agendas for psychotherapy and counselling that are currently in play; and some of my own beliefs about how therapy can potentially be of use to this battered world we live in. I have sketched out, in effect, one possible future, and indicated why it is my preferred option. But the future of psychotherapy and counselling, just like the future of our society in general, is still in contest.

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