Postscript, 1995

Mr A ended his analysis after eight years. I am glad that I had shared his hope but also that I was more sceptical about his chances of ever having a "normal" sexual and family life. He gave up the acting-out of his perversion, and his need for frequent masturbation diminished. He tried to develop a sexual relationship with his "companionate marriage" woman, but this, of course, was a failure. In the end he came to understand, and accept, "limited gains".

Where Mr A continued to advance was on the ego-front. He achieved a long-held ambition in obtaining a degree—in psychology—from the Open University, and with this behind him he embarked on a training in a new field, closely allied to our own, and then worked in it successfully; thus the gift to which he had earlier given expression with difficult boys was enabled to come to full fruition in a most satisfying way.

He kept in touch with me with a letter every Christmas, in which he described a reasonably happy life, with many friends and a sense of fulfilment in his work. Nevertheless, who can judge what lasting damage he had suffered, psychically and psychosomatically, and under what degree of stress he still lived? He was well and active to the end, but he died suddenly of a massive coronary while still only in his early 50s.

CHAPTER TWO

Why am I here?

Sometimes I wonder. I am not asking one of those huge ontological questions, like "Is there a Purpose for me in the Overall Plan?" or "What is the Meaning of Life?" Many people ask themselves—and other people—variants of these at different stages of their development, and a few seem to find answers that satisfy them, usually in the sphere of religion. My question is localized and specific. I have spent the greater part of my waking life, since I built up a full-time psychoanalytic and therapy practice, sitting in an armchair either behind a patient on a couch, or facing a patient in another, similar, chair. The idea of the armchair traveller comes to mind; and travel we do, and not only when a patient returns from a long journey, or when we take our holidays. We enjoy the ever-new fascination of travelling deep into inner space, both ours and the patients'. The people with whom we go need a companion, and—sometimes without

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This paper was first written for a Westminster Pastoral Foundation presentation in 1993.

In order to avoid too much repetition, I try to refer, throughout this paper, to "therapy" (occasionally "analytic therapy") and "therapists", to indicate people who have been dynamically trained to practise as psychoanalysts or analytically orientated psychotherapists.

any clear idea that this is what they are doing—they ask us to go with them. Why do we offer to accompany them?

Oddly enough, I did not give much thought to this question at the beginning of my life as a therapist. I felt completely sure that it was what I wanted to do. I shall say more about this certainty later. The question can crop up in various ways, and one of the first I came across was about twenty years ago, when I was asked to give a paper at the Bart's Decennial Club evening. A Decennial is a meeting attended by people who all qualified, or joined a firm, or started doing something momentous for them, at the same time; they gather for a reunion. The events being celebrated cover entry from a block of ten years at a stretch—hence "Decennial". The Bart's Decennials are always enjoyable, convivial occasions; two or three people are asked ahead of time to prepare papers either on their specialities, or about a particular piece of work they have concentrated on during the last ten years. I went to the second Decennial that was available to me, by which time I had been an analytic therapist for about ten years. And at this point, by the definition of my own analyst, Mrs Eva Rosenfeld, I was just about ready to call myself a psychoanalyst. This definition first appeared on the day I qualified (as it is called), when, of course, I was still in my personal analysis. I was in a relaxed, rather triumphant mood, on the couch, and enjoying the sense of achievement—when my analyst said in her blunt way, taken from her own analyst, Sigmund Freud: "Right—now in ten years' time you will probably be a psychoanalyst." Incidentally, I am so far a unique product of the Royal Hospital of St Bartholomew, which tended to produce general surgeons and specialist physicians, especially paediatricians and haematologists, and recently oncologists, *but*—with only a couple of marked exceptions—not psychiatrists, and certainly never psychoanalysts. As far as I know, I am still the only psychoanalyst they have managed.

I called my presentation "A View from the Couch", and instead of what I feared could become a rather boring, and perhaps incomprehensible, essay on psychoanalysis and how I got there, and so on, I wrote very little text, in which I made some jokes and sounded a light-hearted note, and I illustrated it lavishly with slides. Each slide followed hard on the heels of the last, and each was of one of the numerous cartoons about psychiatry and psychoanalysis which are such rich subjects for cartoonists the

world over, and which I had collected for many years. I would say something like: "Of course, one has to learn to assess a patient's psychological state, and often convey something of one's opinion to him—next slide, please—", and along came that familiar old chestnut: "No, you haven't got an inferiority complex, Mr Smith—you *are* inferior." I managed to describe quite complicated therapeutic manoeuvres and supply some detail about psychopathological states, as I had a huge collection of cartoons, many of them applicable to various different subjects, including therapeutic techniques. Thus I included one, for example, that turned out to be about the biggest hit: a posh therapist in a grand room is sitting behind his couch and saying to the large, elegantly dressed man who is lying on it: "Now you're a little boy of three again, Sir Hereward—all except your bladder, that is." I used another of the cartoons as the cover for my second book, *How to Survive as a Psychotherapist*. An analyst is looking in a bewildered way, from his vantage point, at an empty couch. The patient is lying underneath the couch.

By the way, have you noticed that two universal staples of these cartoons are (a) a framed diploma or certificate on the wall, and (b) a note-pad and pencil in the therapist's hands?—both of them things that, at least in our branch of the profession, we would never have at any price. At least, I am taking it fairly confidently for granted that we wouldn't—and yet cartoonists seem to feel they are essential to recognition.

In the cheerful, ready-to-laugh atmosphere of the Decennial, "A View from the Couch" was a success, and this may well have emboldened me to start writing in earnest a year or so later; and writing—always about case material or points of technique—always has, since then, felt as if it has been an integral part of the complex structure, composed of so many different elements, that go to make up—or confirm, rather—Why I Am Here. Also, in a way I had not encountered before, questions came thick and fast from the floor following my paper at the Bart's meeting and included—I suppose inevitably, in that gathering of what I call "proper doctors"—"Why did you choose to do that?" and "What are you *there* for, really?" I imagine that I scrambled together some answers, but since that day I have often thought about what those questions evoked in me; one of the first things I realized was that, although accidental, it was right that those two

particular questions came together. They are closely linked, although they do not refer to the same thing.

That is, "Why did I do it?" connects up with "What am I there for?" but I do not think it necessarily always does in quite such a unitary way. It depends on the personality, and inner attitudes, of the therapist, on the original meaning of the choice, the motivation, even the philosophical stance. It was perfectly possible that at the point of the Decennial Meeting, when I had about ten years' experience behind me, the complex motivations that had prompted me to set out on that journey might have radically changed, and in ten years have changed into motivations to *continue*, which were quite different. As it happened, this was not so in my case, but I knew some therapists for whom it was true then and for whom it is true now. They go on doing therapy because it is there, rather like climbing Everest; it is simply what they do, and after a few years they couldn't do anything else with any degree of skill. Although this attitude may be to some extent true of most of us, it is more like that of a businessman going to the office. I do not intend this as a criticism; a businesslike attitude to one's job, whatever it may be, can be productive of detailed efficiency. But who is to say whether it is better or worse than the retention of excitement and wonder, and some of the other more emotionally coloured states that I had felt in the beginning—and at times still do?

One person during that discussion asked if I had wanted to be different from everybody else at Bart's. I could not answer this except in a rather long-winded way. It certainly wasn't a primary or strong motive, but I did have a sneaking liking for being different from other people (don't we all, I ask myself now); however, in regard to this choice that we were talking about, I truly thought that difference from all the others was irrelevant. As an immediate urge to action, or a long-term feature, I cannot think it would be very sustaining. Another enquirer wanted to know if I had been attracted by the prospect of making a lot of money, indicating by his question that he was possessed by the widespread misconception, amounting almost to a myth, that therapists are fabulously rich. I had enough information right at the beginning not to subscribe to this myth, and the early lean years were proof, had I needed any, that I was far worse off than if I had continued up the promotional ladder in psychiatry, which I had abandoned in order to enter the field of therapy. I said that most of them were probably doing far better than I financially, and that as N.H.S. consultants, with a solid N.H.S. pension at the end of their working lives, would continue to do so forever. But such is the power of myth, I do not know whether I was believed.

After the Decennial, I continued to reflect on the two questions that had been raised, with the intention of clarifying my mind. One of my strongest and deepest reasons for wanting to be a therapist was that, ever since early childhood, I could think of nothing that gave me more intense enjoyment than listening to people telling me their stories. There is an important distinction to be emphasized here; I do not mean *any* stories. I never cared much for fables and fairy-tales and sagas. I still don't. There is a type of novel that has become rather popular and fashionable, under the general description of "Magical Realism". Examples are the works of Angela Carter, Salman Rushdie, and Gabriel Garcia Marquez. Fantastic elements play a part in them—animals talk, people fly—bizarre incidents of this nature. I find this aggravating, to say the least, and it gives me no pleasure to read. Life can be quite bizarre enough in its ordinary course. The story I enjoyed had to be from the teller's own life and experience. The dawning awareness that it was possible to do this for a living was quite slow in me. I am not sure that the superego did not have something to do with the slowness; could it be true that something that seemed to offer pure pleasure could also be called one's "*work*", in inverted commas—and actually enable one to be *paid* for it?

Fortunately, it did gradually become convincingly apparent that people not only like, but need, to tell their stories, especially to an attentive listener equipped with certain skills. Such skills assist in creating the next chapter when some painful, confused climax has become the sticking-point of the narrative thus far. Of course, there is a spectrum of cathexes involved; the natural raconteur, who is usually already fairly mature in object-relations development, will obtain some direct gratification from telling his story, even while maybe crying with the overall sadness and suffering in his account, whereas the person who is naturally reticent, who tends to silence rather than speech, is described as someone who "never talks about himself", and uses a different set of defences from the first type, will experience severe difficulty,

will have to be helped and prompted, and will rarely obtain any immediate sense of relief at unburdening. Technically, the first type is probably a hysteric and the second schizoid. Hysteria, though it has become downgraded through misinformed popular use, is a useful and valid term for a quite advanced stage of development, whereas the schizoid character arises from an intensification of a certain developmental state that occurs earlier in life. But on the whole, whatever the characterological development, human narcissism is such that there is very rarely *no* benefit at all experienced through a concentrated presentation of the most absorbing of all subjects—oneself.

From time to time, one meets somebody who says the following, or a variation of it: "I wish I had your job. It must be pretty nice just to sit all day listening to people, not feeling obliged to do anything much about them or even speak to them at all unless you feel like it." Of course, in a slightly sinister way, this caricature of our working lives comes rather close to the truth, and to one of my strongest and deepest reasons for wanting to be a therapist—that is, liking listening to people's stories. I find that, as is usually the case, the soft answer turneth away wrath (the wrath, not uncommon in the speaker of such words, usually arises from a sort of malicious envy, itself based on ignorance and fantasy.) I tend to say: "Well, it's not quite like that . . ."—and, indeed, it is not. But one can hardly embark on a description of the subtle richness that informs the art of listening, and of how many interlocking psychic manoeuvres it contains. I have written of these elsewhere (*How to Survive as a Psychotherapist*, 1993, chapter on Paradoxes), and, as that chapter-heading suggests, I have seen these psychic manoeuvres as inherently paradoxical. For example, one is focusing directly on what, and in what way, the patient is saying, yet at the same time scanning the whole situation, and the surrounding content and mood; one studies the nature of the transference as it manifests each day, and at the same time scrutinizes oneself for one's own reactions and signs of countertransference. One is intricately related to the patient and his inner-object world, yet one is also detached in order to be able to reflect on them, and on oneself both as subject and as the patient's object. It is these and various related paradoxical states that constitute the therapeutic skill in the act of listening and

provide a continuous challenge and source of interest for the listener. There is another popular myth, which I have already touched on—that telling one's story, "getting it all off one's chest", is inherently healing; this is essentially the idea of catharsis, but I do not think it is always true. Apart from the people I have referred to who find it very difficult, and whose efforts may be followed not by relief, but by shame or a sense of loss, I do not believe that pouring it all out to a picture, or a dog, would have a cathartic effect at all. Therefore there must be something essential in the act of *telling another human being*—and, I would add, one who listens in a particular way, not just any old human being who may have none of the learned paradoxical skills and may anyway be preoccupied with affairs of his own. This is the argument against people who are scornful of psychotherapy and hold the opinion that "talking it over with a friend" is just as good. Apart from the facts that a friend has not developed the skills, that the context is rarely conducive to confidences of a certain sort, and that a very particular sort of trust has to be developed slowly in the special contexts we provide, there is the danger that if one embarks on this kind of thing, one will soon find one has not got many friends to talk it over with.

In connection with the remarks from people who envy the simplicity of our job, "just sitting all day listening to people", I am inserting this passage two years after writing the original paper. I have now been retired for six months, but I still see, on occasion, certain long-term patients whose lives would have been very much impoverished by a completely arbitrary termination of their relationship with me. These are often people who are in some fundamental ways so scarred by life that the loss of a person who had become of special importance to them could set them back a long way after the years of careful work we had achieved together. Why I refer to them here is that the sessions with them really bring to my attention that we use a lot of (presumably psychic) energy in our chosen therapeutic work—more than I ever would have thought to be the case when I was doing it all day and every day. I notice that I have to make a real effort to adopt the "third ear" listening stance and, even more, to think and speak in the reflective, interpretive, "analytic" way that used to be second nature to me. I enjoy these sessions, and would not now abandon

these few people for the world, having made the decision to go on seeing them indefinitely; but they are tiring, in a way that nothing else that I now do is, in the peaceful atmosphere of retirement.

The specialized, highly skilled, and complex listening, which can take a long time to learn, is one of the primary reasons why I am here. It was a skill I wanted to learn, partly to promote enjoyment in listening to stories, and partly because it is something intangible, immeasurable, and invaluable to give to people who are in need, who very often make one feel peculiarly powerless. What this—healing—wish was about for me I will say in a moment. But first I want to add a little more to my description of the skill itself. As we listen to a patient, for the first or the 500th time, we observe with our inner, image-making eye that he is laying out pieces of his personal jigsaw-puzzle for us to ponder over; as the patient speaks, so we process the pieces, both consciously and unconsciously, recruiting theory and free-associative imagination to help us in the task. And for us, the task is continually absorbing, filled with challenge and revelation, repeatedly testing our mettle; I do not believe that I could ever be wearied or bored by a task such as this. And a job that does not hold the prospect of boredom sooner or later is rare, and to be highly prized.

Intuition, so relied on by Bion that he was prepared to back it as the vital element in all analytic therapy, leads us into and through the deeper inner worlds of the patient and comes into its own when silences fall between the working pair. Then, if it is one of those good days when one's own machinery seems to be in top working order, one may be ready to speak into that silence almost at once. Very occasionally, as intuition shines a beam of clarifying light straight onto the darker recesses of assembled puzzle pieces and all our strategies combine to form the next interpretation, there is a strong sense that one's conscious mind is not the prime mover in what one sees, or knows, or says. And, of course, it is not. It is as if one *is lived* from depths within oneself for a brief period, depths that one can trust, and which yield up the nearest thing to "inspiration" that we ever experience. The patient shares in its creation and, at such moments, is open to receive what emerges, resistances abandoned. A form of communication is in process which it is almost impossible to describe or define accurately. Perhaps it should be called meta-communication. These

are peak experiences and cannot be summoned by the voluntary will; we can only continue faithfully to work to the best of our ability and prepare the ground for their occasional arrival. But when it happens, it is memorable, and worth working and waiting for; I cannot imagine any other work that could produce these unique moments as often as ours does.

Let us proceed to another, perhaps less obvious, answer to the question under review: Why am I here? Psychotherapy is about relationships. The early papers of Freud, when he was setting out so much that was—and is—important about analytic theory, convey a lot of information that was later to be defined and discussed in terms of object-relations theory, yet from Freud himself there is a distinct, and at times rather eerie, sense of paradox about them. For years, Freud wrote from the viewpoint of one-person psychology (that is, the patient's), in spite of having "discovered" transference, which is essentially about two-person psychology, as far back as his days with Breuer in the late nineteenth century. It is in his papers on technique (written between 1912 and 1914) that Freud began to demonstrate his instinctive—rather than theoretical—grasp of the importance of what later came to be more incisively defined as "object-relations theory". This was the work of analysts such as Klein, Fairbairn, Balint, and Winnicott. At present, the most vivid and readable writer on the whole subject is Christopher Bollas. And, recently, David Scharff, Director of the International Institute of Object Relations Therapy in Washington, D.C., concentrated on bringing British Independent Group analysts over to the States, and introducing object-relations theory and technique to the American literature. But, in spite of the distinct object-relations flavour of his technique papers, Freud mainly continued to concentrate on the unitary workings of the patient's psychological structure; for example, although it was he who introduced ideas about projection, these did not progress, then, into an expanded awareness of interacting inner worlds constructed of internal objects, nor did he have very much to say about the dynamic connecting implications of the therapist's person and presence. One-person psychology, in theory and in modes of thought and expression, continued to dominate our field for over thirty years, through the enormous influence of Freud, who was patriarchal, didactic, and intolerant of rivals. There is something quite amusing about the

sustained adherence to one-person psychological theory, while writings about transference and the influence of early important figures in the patient's life, by the Freudian contemporaries, were also on the increase. I sometimes wonder how on earth I worked as a therapist without object-relations theory; it was really only in the 1960s and 1970s that it became widely available in journals and books, yet it has always been taken as a self-evident fact that prospective therapists are drawn towards their chosen field because their interest in personal relationships is of paramount importance to them.

By the way, this is not the same as saying that psychotherapists are good at "human relations", which is a more abstract, sociological subject. Indeed, they are not. It is another of the paradoxes of our professional world. It is often, I am sorry to say, sharply evident to lay people outside the profession—especially when members of our professional organizations are operating as representatives *of* the profession. As a group, our handling of relationships with the "real world", whether social, political, or on any other level, leaves a great deal to be desired. Frequently it is distinguished only by clumsiness, lack of worldly sophistication, patronizing authoritarianism, or paranoia. There is a marked insensitivity to the feelings of others, redolent possibly of an inadequately matured narcissism; all this comes as a disillusioning revelation to people who, at the very least, expect of us that we will be rather specially skilled in human encounters. I think our inadequacy in this respect may well be connected with something that Neville Symington was finally bold enough to say in his recent book (1993). He is of the opinion that a long personal analysis, which we all have as part of our training, leaves the narcissism stronger, and the ego weaker, than they were at the beginning of analysis. This is a condensed comment, and a significant one, and it repays a lot of careful thought. Only then can one decide whether one agrees with Symington or not. I certainly do.

Rather as one might expect, the atmosphere inside psychoanalytic societies only serves to increase one's understanding of their ineptness in handling the real world. There is a considerable amount of gossip, and a readiness to believe malicious hearsay about one's colleagues, accompanied, rather naturally, by poorly handled paranoia. Analysts, who are entrusted during their daily

work with confidential material to a degree even exceeding that of the priest in the confessional, are not trustworthy or even ordinarily decent in their relations with each other. With a few notable exceptions, I would never expect an analyst to be loyal and supportive to me through thick and thin, if a subject at issue happened to be one that rouses such an analyst to unnatural pitches of defensive frenzy and his opinion did not concur with mine. This could be true even if he had appeared amiable and friendly in some social situations; the ordinary bonds of affection and trust that hold friends together unchangingly, even if they happen to disagree over some matters, do not seem to develop between analysts, meeting, as they do, either at conferences or seminars or, more likely, on the numerous committees that have burgeoned in our growing bureaucracy.

Some of the unpleasantness of the atmosphere is due to the uneasy cohabitation of groups whose theories differ deeply, many of whose adherents feel bound both to proclaim and defend them with a fanaticism bordering on the religious. Analysts like to think of themselves as scientific and detached, yet the members of different theoretical schools all too often bring apparently unworked-through passions to their views on psychic development. Lamentably often I have heard it said, of someone bold enough to criticize a passionately held theory, "Oh well, of course he/she isn't really properly trained", or "isn't doing real *analysis*". Is it any wonder that a young analyst, unsuspecting, who steps naively into one side of a controversy and encounters this sort of demolition from some heavyweight senior to himself, begins by feeling hurt and shocked and goes on to develop a sort of anxious paranoia?

The Controversial Discussions, as they have become known, were recently edited and published by Pearl King and Riccardo Steiner (1992). They give the detailed picture of the British Society in a state of open civil war, between the (Anna) Freudians and the Kleinians. It was probably both bold and correct to publish them, but they are by no means edifying, especially to anyone who has tended to idealize psychoanalysts or at least hope that they may be rather mature and thoughtful human beings. The war is supposed to be long over, and it is true that an uneasy, shallow peace has reigned for some of the time since those years. It is said that the tension nearly split the Society completely,

and it is supposed to be a triumph for some sort of "British diplomacy" that we all stayed together, fragilely protected by a cumbersome, ultimately irrational device known as "the Gentleman's Agreement". Along with several others, I have often failed to detect any advantage gained from our still being one Society, in which an unpleasant undercurrent of internecine sniping still goes on, inadequately concealed by the ingratiating and untrustworthy personal interactions to which I have referred.

In spite of this, and however it comes about, we come to "be here" in the first instance through a combination of personal factors that include, almost always, a lifelong curiosity about other people, and a desire to know more about how they function, what makes their engines work, how one understands abnormalities and suffering that have no obvious cause—to name but a few. In some people, this combination of factors can authentically be called a vocation and is experienced as such. I believe it is valid to use the concept of vocation, about our choice of psychotherapy as our life's work; it is limiting that the concept has become associated mainly with moves towards the religious life. But there are five features that distinguish a vocation, and I see them as bringing people into the field of therapy with the positive sense of direction and dedication, hope and faith, which has often been more characteristic of religious life-choices.

The five features that, together, characterize a vocation are giftedness, belief in the power of the unconscious (indeed, in the unconscious itself), strength of purpose, reparativeness, and curiosity. With reference to curiosity, I would say that, as with all epistemological drives, the knowledge sought needs to be deep and detailed. It is not satisfying otherwise (nor will superficial acquaintance prove beneficial to our patients). The search is hardly ever satisfied anyway, or, at least, not for long. This makes our job all the richer: one never comes to the end of *knowing* about other people. One can never sit back and say, "Ah, now I know what makes this person tick", let alone, "what makes *people* tick". The most we can say is: "I think I know something more than I did about why this person is as he is", or "behaved as she did in those particular circumstances".

Belief in the power of the unconscious is taken as a given among us; but I do not think it should be, at least about the world beyond our own. There are people, of whom Jean-Paul Sartre was

one, who deny the very existence of an unconscious mind, unbelievable as it may seem to us. I know at least two intelligent, well-educated doctors who simply say that there is no such thing. If we challenge them, or offer what seem to us to be incontrovertible examples, they will say, "But that's not unconscious. It's obvious." Psychosomatic symptoms are a good field for argument on the matter. I can never decide whether such people (e.g. the doctors who think the unconscious is "all obvious") are extraordinarily talented at reading the unconscious, and so think it is self-evident (which they often are), or very obstinate and stupid!

The need and wish to make reparation is probably the feature that, above all others, displays the object-related nature of the therapeutic relationship most clearly, and also leads into the countertransference. It is a complex state, which I hesitate to call a drive, because of the special instinctual use of that term in classical Freudian psychology. Nevertheless, a constancy of wish and purpose, and a deeply unconscious origin, with, usually, a conscious component, makes the idea of "drive" accurate for this context in reference to reparativeness. I am not speaking of whatever fantasy it is that makes rather unsophisticated people say innocently, often sweetly, that they "want to help people". Individuals with a strong reparative drive *do* want to help people; but in my view this is, of all the vocational qualities, the one that most urgently requires analysis before it is put into practice. This it does not, by any means, always get. There is a double need here: usually one can locate a somewhat pathologically narcissistic element in it; and also, such people have very often undergone severe trauma of their own, usually during childhood or adolescence, which frequently leaves unhealed wounds. (This is part of my own personal motivation.)

The concept of the "wounded healer" has received a certain amount of attention in our field; there is no final consensus as to whether one *has* to be in some way wounded to make a good healer, as some people would contend. Indeed, unless one's own pathology has received adequate therapeutic attention, there can be danger in it. One may continue to try to heal oneself by continual projections into others, which may effectively obscure the quite different traumas existing in them. Or one's own behaviour may be disturbed and wrongheaded, and result in damaging acting-out with patients. Whether or not one believes that the

"wounded healer" brings a special sensitivity to psychotherapeutic work, what is of primary importance is that the case for some solid analytic treatment of would-be therapists is strengthened if they are themselves already wounded by life.

Giftedness is hard to define, and even harder to write about. We are in the borderlands of the invidious and the unspeakable here. It may be the crucial factor that decides whether a student is selected or whether a therapist is really good at the work. It is easier to recognize, during a careful assessment interview, than to describe. As a concept, between therapists, it is freely used, and, in my experience, no one ever stops and says: "What do you mean?" It is common currency, and its meaning is taken as read—perhaps because it is so hard to speak about in detail. However, one feature, I think, tends to distinguish it—although I would find it difficult to test out, as it brings into play the other quite difficult term, which we have touched on already and are examining; my impression is that people who are naturally gifted also experience a sense of vocation. I have observed, particularly in the United States, where the profession has always had more "respectability" than it has in Britain, that some prospective therapists are drawn to the fold by reason of the fact, not that they are gifted or have a sense of vocation, but that they can envisage a life in which they are respected and safe. The job is seen as not too challenging (although this is obviously a matter of personal opinion), not too publicly exposing of limitations in the practitioner, and financially secure though not wealth-making. This view of it may draw in from general practice and general psychiatry people who are unadventurous, sometimes anxious and often socially ill-at-ease. Whereas the gifted person, who may well have received earlier input from an appropriate culture, brings to the work creativity, imagination, adventurousness, curiosity, a strong reparative drive, and—as with any other art-form (which I believe good therapy to be)—an ingredient X, which permeates the whole and marks out the person who has an untaught talent for certain sorts of subjective interactions with a naturally therapeutic quality. The sense of vocation that these people discover in themselves *will persist*. After an awful, exhausting day in which they may have seen ten or twelve patients, all in various states of suffering, they know without any shadow of doubt that there is, nevertheless, nothing else they would

rather be doing. Such people do not really have to choose or decide what to do with their lives; it is just a question of searching out the best way of receiving an appropriate training—or, to put it even more simply, the best way of getting going.

In good-enough circumstances, one enters a personal analytic therapy as part of this training, and a considerable amount of care will be taken to uncover the complex reasons underlying the wish to be a therapist, which, in the gifted, will amount to a sense of conviction and faith in the choice. During the course of therapy, some people experience changes in their sense of self. For example, even in people with a strong desire for the work, the reparative drive may be revealed as deeply mixed up with fantasy, and also much more narcissistic than it at first appears. Very occasionally a student in training may discover, as may an otherwise devoted religious, that he was mistaken about the vocation, and he may leave. No shame attaches to this, though sometimes it is felt by the ex-student, or by an ex-postulant, for a while. However, it is ameliorated by relief. Unless features such as pathological narcissism are available for mutative analysis, the wish to heal others will not be sustained, and it is as well to discover this probability in good time, before long and difficult treatment processes are undertaken by the new young therapist. As I indicated earlier, a strong root may be an unworked-through traumatic life event, and this urgently needs attention if it is to be a source of strength. A therapist, I repeat, should not be treating projected aspects of the still-suffering self; envy of the patient, for example, may enter the picture and could be a severe disturbance. This is not to say that a qualified therapist should never again experience neurotic symptoms or depression, so long as these are accessible to continuing self-analysis. One of the enjoyments of doing psychotherapy is the capacity to identify closely, if fleetingly, with one's patients over a whole range of emotional experiences; a person who has become too detached or has developed, for him, a necessary armour as a result of personal analysis, may be disabled in his sensitivity and empathy.

Finally, there is strength of purpose, the fifth of the qualities that I see as characterizing a vocation. I touched on it when I described the sense of vocation as itself persisting. But it is about more than that; it is one of the reasons for working out more clearly for oneself some, at least, of the answers to the main

question. It is harder to nurture strength of purpose if one has no distinct idea about what on earth one is doing or why. However, this is not to say that we won't at times feel completely lost and in the dark, because we will. There is an old maxim that simply runs, "the cobbler sticks to his last", and as it is a bald statement without further explanation or dependent clauses, it is hard to see what it is saying, unless it is something about carving out one's own pathway, knowing what it is, and demonstrating tenacity in staying with it. In the field of analytic therapy, we undertake relationships with disturbed and unhappy people who are suffering in highly individual ways; no two ways are quite the same, thanks to the infinite variety of human nature. Here we see one of the main obstacles to carrying out controlled series of psychotherapy treatments, a task that is sometimes attempted in units that accept large numbers of patients, but one that is, to my mind, unsuccessful. Not only do all our patients and their forms of unhappiness differ individually, but therapists are markedly different from each other in ways that, in our field, have an effect on outcomes. Furthermore, I am sure everyone has the experience of not, in many ways, being reliably the same himself, from one therapy to another. Anybody with any experience knows that there are therapists who are more comfortable with some types of psychopathology than with others. Indeed, carrying out large numbers of assessments and then placing patients with appropriate therapists, as I did for many years, made it essential that I should know something about who likes working with what and who doesn't. Enjoying the diagnostic category involved makes for better therapy than discomfort, anxiety, and excessive effort.

We know, therefore, at the beginning of a new treatment, that we have a long period of work with this person ahead of us, whether we see the person once a week or five times [and what this means in itself—the frequency of sessions—is another large subject, one that I have also discussed in the book I mentioned (Coltart, 1993), under the general heading of "Psychotherapy versus Psychoanalysis"]. We need various qualities, such as faith—in ourselves, and in the process we help to create—patience, and, if we can manage to develop and work on it in ourselves, the capacity to love. I do not refer either to liking or to sentimental or erotic feelings here, but to a quality that it is perfectly possible to work on and nurture in ourselves, is capable

of constant critical appraisal, but is fundamentally warmly and caringly disposed to the individuals whom we come to know in the most intimate detail. Together, these features, which ripen in ourselves as we grow older, combine to produce a steadfast trust in the therapeutic procedure and in the relatively very small group of individuals, which is all we can encompass in our working lives. It has been rightly said, and it repays frequent reflection, that it is impossible to get to know someone in the microscopically close way that we do and not to love him or her, in spite of all their human failings and unpleasantness; and thus we trust also in our own strength of purpose.

It is quite a task we encounter in our everyday working lives. Doing good analytic therapy with a disturbed and suffering person, in which our only instrument from moment to moment is ourselves, is *difficult*, and you should never let anyone tell you otherwise. Some will try—especially doctors and other personnel in different branches of medicine, or even psychiatry. There is no need to argue the point; in fact, it is a waste of time: "A man convinced against his will / Retains his old conviction still." There is certainly no need to adopt any quiet airs of martyrdom or suffering of your own, a temptation to which I have certainly seen colleagues succumb. Remember who got you into this in the first place! But if you are exhausted at the end of a long day, during which you sat perfectly still in your chair, apparently doing nothing other than speaking occasionally, take it seriously when I say that you need to attend with real care to rest, relaxation, and refreshment, wherever you personally find it. Don't let your devotion to the job become too contaminated by superego elements, and certainly don't let guilt percolate into any of your forms of relaxation and rest. If you have *some* vocational qualities—and everyone has *some*, I believe, else they would hardly be in the field—then remember that not only did you steer yourself into this extraordinary job, but you did it, and do it, because you really want to, and there is nothing else you would rather be doing. It is hugely important to remember that, eccentric as it may appear to many people, we *do* know why we are here. And we are lucky that things came together so that our choice to "be here" was a real possibility for us. We have the most interesting job in the world.