Therapists Dilemas
Windy Dryden.

CHAPTER NINE

Who Am I to Teach Morals?

An interview with Peter Lomas

Peter Lomas is married, has three children, and lives and works in Cambridge. He trained in medicine at Manchester, became senior house surgeon to Sir Geoffrey Jefferson at the Manchester Royal Infirmary, and was a general practitioner for six years. He then trained at the Institute of Psychoanalysis, London. He has worked in a mental hospital, a child guidance clinic, a school for maladjusted adolescent boys and the Cassel Hospital, Richmond, where he studied post-partum breakdown and published a series of papers on the subject. This led to an interest in family therapy and in 1967 he edited The Predicament of the Family *(Hogarth).*

For the past twenty-five years Peter's main work has been as a psychotherapist in private practice. He is particularly interested in the nature of the psychotherapeutic relationship and has published two books on this subject: True and False Experience *(Allen Lane, 1973) and* The Case for a Personal Psychotherapy *(Oxford University Press, 1981). His criticisms of the current technical approach towards emotional problems have led him to seek an alternative to the traditional training institutions. At present he is involved in a teaching set-up in which students are encouraged to use their own initiative in finding the optimal means by which they can learn psychotherapy.*

Peter's aim is to understand the factors which stand in the way of an open and equal relationship between therapist and client and most of his writings focus on this question. He believes that professionals take for granted an unjustifiable superiority in conceiving what takes place between the two participants and explores some of these issues in the following interview.

Windy Dryden: OK, Peter, would you like to put the dilemma that you wish to talk to me about today in your own words?

Peter Lomas: Well, as I think about it at this moment, it is a very general dilemma concerning the question of where morality comes into psychotherapy. I am thinking particularly of the issue of how far one's own set of values actually influences what one is doing as a therapist. This matter is generally neglected in the literature. It seems to me that a therapist must have an aim for how he wants his patient to turn out to be. Although this question could quite easily be disposed of by saying that one wants the patient to be healthy instead of sick, this answer begs the question because one doesn't know what is the definition of health. Different people have different ideas about what constitutes health.

Windy Dryden: So you are saying then that the therapist's aims for the patient are more concrete than the vague notions of health.

Peter Lomas: Yes, I am. One can think in terms of health and sickness if there are fairly clear-cut aims that one might have in a therapeutic situation. If a patient comes along and says that he lies awake all night, then one would perhaps have the simple aim of helping him to sleep. However, in my experience with the people that come to me things are rarely as simple as that.

Windy Dryden: Presumably, the aims that you are talking about are influenced by the values of the therapist?

Peter Lomas: I think they are. I work in long-term therapy so I am not trying to achieve a quick cure of simple problems, because the people who come to me are usually those whose lives have gone badly astray, who have become lost and want to find their way in life. I have some idea in my mind of the kind of people I want them to turn out to be. I don't mean in detail, I don't mean that I may want someone to become prime minister or anything like that! However I think I have consciously or unconsciously the aim that I would want him to become the kind of person that I admire, the kind of person that I like, the kind of person that I might want to be with. I think that means that he would (if I can influence him) end up as having values about living which are rather similar to my own. To put it in general terms (which might seem rather pompous) I suppose I would like him to end up as a

'good' person in a moral sense, good according to standards that I, and perhaps many other people, would find acceptable, that many philosophers and religious teachers might regard as virtuous. Someone, for example, who believes in truth, who doesn't lie.

Windy Dryden: Now, in what way is this a dilemma for you? You are saying that your aim is fairly clear, you do have in mind what kind of person you would like your patient to be, and this is in part determined by your own values. Now, where in this topic is the dilemma for you?

Peter Lomas: Well, I think in two ways. First, because I don't set myself up publicly as a sort of preacher, a dispenser of morals, like a clergyman would who has a set of Christian morals. People don't come to me for that kind of thing. I feel a little as if I am a kind of priest in disguise — a priest in the very broadest of terms, not a Christian priest. It could be said that I am in the business of 'character building'. I don't subject my patients to cold showers or cross-country runs but I'm just as concerned to build their characters as the traditional boarding-school headmaster. Second, which is perhaps just a different way of putting it, I don't know that I have a right to impose my moral system of beliefs on somebody else. I wouldn't particularly like someone else to come and do that to me. I don't mind talking to people about morals and listening to people whom I respect talk about how to live, but I would not want to put myself in a vulnerable position where I might be influenced to adopt a set of beliefs which belong to them.

Windy Dryden: So, on the one hand you are saying that you would like your patient to turn out to be 'good' in the moral sense and yet on the other hand you don't want to be in a situation where you are imposing this value system on them?

Peter Lomas: Yes, that is right. That is where I feel the dilemma to be. I know I want to influence the person and I know I am going to try to do it. I can't help trying to do it. People come to therapy to be influenced in some kind of way and I can't just shut up and do nothing and leave them as they are. I suppose in certain areas it is not such a problem because if it is very broad then many people would perhaps agree with my view of things and the patient himself might actually hope to be changed in certain ways. Let us say that the person steals, then I don't, if it's a straightforward case, feel particularly uneasy about trying to influence him by whatever means, some of

it by self-understanding, some of it by helping him to feel more secure so that he doesn't need to steal. I wouldn't feel much discomfort at having to argue my case for changing him into a person who no longer steals because I would imagine that most people would say that that is a good change; and he himself, particularly if he didn't find himself in court so often, might see it as a change for the better. However, I think there are many other situations which are not so clear-cut.

One such issue concerns the question of conformity versus rebellion, where there exist no laws, unless rebellion goes to an extent that laws are broken and people and property are damaged. I think that by nature I am a bit of a rebel, a bit of a non-conformist in some ways. People who come to see me sometimes talk about the question of whether they should revolt against a certain situation. I am thinking of a man I saw yesterday who had some dealings with a hospital as a patient. He questioned the doctor about his treatment, but was worried about making a nuisance of himself. He wondered whether he had a right to challenge the authorities or whether he should go along with what was being done. This seems to fall within the general framework of morals. It is concerned with how one should live, like the issue of the banning of trade unions at GCHQ at Cheltenham. One could imagine having a discussion about such issues and asking: 'What is the right moral attitude here? Should one conform as far as possible to the laws of the land and make life harmonious or should one challenge them and try to change them?'

Windy Dryden: Are you saying then that in the particular instance with your patient who is faced with a choice of whether or not to challenge the hospital system that because you tend to have values that favour challenge and rebellion that this might influence the way you discuss the topic with him, perhaps in the direction of encouraging him, albeit subtly, to take a challenging stance rather than a conformity stance?

Peter Lomas: Yes, I think that does happen and if it doesn't happen openly it happens, as you say, subtly. If I don't speak openly about my views, the patient will no doubt discern them by my responses, perhaps my non-verbal responses, my tone of voice, bits of approval and so on. I think my values will become evident. Whether I choose to make interpretations or not will be revealing. On the whole, like other analytically oriented therapists, I interpret things if I think that the patient's behaviour is abnormal or inappropriate in some fashion. Thus, for instance, if I thought that this man was

challenging the doctor inappropriately, then I wouldn't come out with my own opinions directly, but I might make an interpretation. I might say: 'Well, isn't it an example of how you never came to terms with your father's authority, and you are still fighting him?' Whereas if I thought his behaviour was appropriate I don't think I would make that interpretation or any other.

Windy Dryden: So, what you seem to be saying then, is that the response that therapists make, like interpretations, are very much guided by their own explicit, or implicit, value systems. If that is so, since your values do affect your behaviour and since you do have in mind what you are trying to do with your patients, to what extent then do you publicly say: 'Look, this is the kind of person I am, these are the kind of beliefs and values that I have. These are the kind of beliefs and values that I think I would like my patients to have'?

Peter Lomas: I think that is a very relevant question, because one thing I believe very passionately about psychotherapy is that whatever the therapist does he must try not to confuse the patient. It seems to me that many people who come for therapy are confused; perhaps all of them are confused to some extent. They are not sure of their own perceptions. There are theories derived from work with families about how people have come to doubt their own perceptions because they have been placed in double-bind positions. I think that one of the ways in which a therapist can help a patient is to enable him to sort out these confusions. In order to do that I think he must make sure that he doesn't confuse the patient by, for instance, saying one thing and doing another. Or by pretending he doesn't have views—that he is quite neutral—when he really does. If that happens the patient will pick up cues which indicate that the therapist is incongruent and will become even more confused, especially if he is fearful of challenging the therapist.

Windy Dryden: So, you would not encourage the therapist to adopt a line of neutrality, because that would be confusing for the patient since underneath this neutrality the therapist does have a set of values, and somehow by not making these explicit the patient will become confused—a situation which will presumably have a deleterious effect on his or her mental health. OK then, to what extent are you going to openly disclose your values?

Peter Lomas: Well here we come to one of the dilemmas, because to take it to an extreme, I would think it quite wrong for me to get up on a soapbox and start lecturing the patient about how people should live, telling him or her all about my beliefs. That would seem quite inappropriate because it would be imposing my values on them. And doing so when they are in a vulnerable state.

Windy Dryden: That's the 'imposing' model that you were talking about earlier and that's what you don't want to do?

Peter Lomas: I don't want to do it, so somehow, it seems to me, I have to find a way in which I am not shouting my views at patients or trying to indoctrinate them, but a way in which I am also not hiding my views to such an extent that I become confusing to them. I think many of the problems that one comes up against in therapy are rather similar to the kind of problems one comes up against as a parent with children. One has to find a middle way in which one doesn't try to brainwash people into accepting one's views, but also one would not try, as parents tend to do, to conceal things.

Windy Dryden: So, on the one hand, we have this 'confusion' model whereby the therapist has got values, and yet in adopting a neutral stance pretends that he doesn't have them. On the other hand, there is the 'imposing' model, the 'soapbox' model, where you stand up and lecture the patient about how he or she should live. Now, what you seem to advocate is some sort of middle ground. However I am not clear about the nature of that middle ground, I'm finding it elusive at the moment. I wonder if you could elucidate it?

Peter Lomas: I will try. I sympathize with your finding it elusive because I think it *is* elusive. It is something that one has to struggle with. I think it has a lot to do with establishing a kind of open dialogue with the person, in which as far as possible there is an equality. If a therapist is open he can discuss what is happening between him and the patient; how they are coming to the conclusions that they come to; why the patient might believe something; why the therapist, on the other hand, might disagree. If one is going to give the patient the optimum conditions for trusting his own perceptions then it is incumbent upon the therapist to be open. In other words, I think he should not only be open if challenged about how he feels people should

live, but also admit his doubts about it, and explain to the best of his ability why he holds certain views. Then the two people could have a discussion about it.

Windy Dryden: Would this also include the notion that there were other ways of living one's life? For example, I can imagine with the patient that you referred to earlier you might say something like this: 'Well, look, in this situation because I value standing up and making a fuss I guess I might have done that. However, there are other ways. There is the way of X and there is the way of Y. Now I guess your goal is to actually find the course of action that fits in with your values, but I don't want to hide from you the fact that I value this course of action and yet I don't want to impose my views upon you.'

Peter Lomas: That's right. Yes I like the way you put that. It gives the patient a chance to make his own estimation of another person who he might respect and who is being open with him. However, he also needs to know in what ways the therapist might be prejudiced. He needs to be able to make his own critique of the therapist's position which would then perhaps help him to establish where he stands. As a result of this kind of approach (as you can perhaps guess) I do find myself having quite long and detailed discussions in therapy about such things as the morality of abortion. If a patient is thinking of having an abortion, the more traditional psychoanalytic approach would be not to discuss the merits and demerits of abortion but to interpret this in the context of the patient's personal history: to look for whatever in their own lives might have led them to fear bringing up a baby, with the result that they perhaps unconsciously are having the abortion not for the reasons they are giving but because there is some deeper reason that makes them fear holding a baby in their arms—or something like that. That seems to me the sort of interpretive method which I would criticize.

Windy Dryden: Which is based on the notion that the normative value is that the woman is naturally drawn to bringing up children?

Peter Lomas: That's right. I certainly wouldn't question an exploration of all the things that have gone into making the patient feel one way or another. But I feel there is an awful danger with that approach (as I think you are saying to me) of accepting a norm which the patient may need to be able to question.

Windy Dryden: Let's say as a result of this open discussion of values the patient chooses a way that for example is opposite to yours. So if you value rebelliousness he or she might choose the conforming way; if you value truth he or she might choose the deceptive way. Is that a dilemma for you?

Peter Lomas: Yes.

Windy Dryden: In what way?

Peter Lomas: It is a dilemma because I don't know how far I should let the patient go his own way—a way which I don't approve of. I don't know how far I should try to stop him. In a way it is the question of how much one stands back, feeling that the person's freedom is very important even if he is going to do something that appears to you self-destructive.

Windy Dryden: Which is a value in itself?

Peter Lomas: Yes. A freedom to live one's own life however one does it. It is a value. So I am torn between letting that happen and saying nothing or pointing out ways in which I think they might be misguided, ways which might lead them into trouble. These are very similar dilemmas to those one has in ordinary life with one's family and friends; it is just that I think in psychotherapy they tend to be obscured by theory. In day-to-day psychotherapy such matters as whether one should marry somebody or not are being discussed as they would with one's family and friends.

Windy Dryden: I wonder if one of the theories which tends to obscure this problem in psychotherapy is the theory that states that the preferred role of the therapist should be that of a facilitator. This theory states that the goal of the therapist is not to impose or even necessarily bring out one's own value systems but to help the client find their own way no matter what way that might turn out to be. Perhaps most of the time the client may find a way which society in general would call 'good' and moral but at times the client would go off in a self-destructive way and if that happens so be it. It is not necessarily the therapist's task to say: 'Hey wait a minute but that's the wrong way.' Is that one of the theories that might obscure this issue, would you say?

Peter Lomas: I think it does. I think it obscures the issue because it implies that one can be a neutral facilitator. First, I don't believe one can be neutral and, second, I believe even if one takes a neutral stand it could at times be immoral to sit back and let someone do something very destructive. The ultimate example would be suicide. If one really thought a patient would commit suicide and was going to do so for stupid reasons, sick reasons, it would seem to me that I would want to do something or say something to stop him. I might even take drastic action.

Windy Dryden: What implications does what you are talking about have on the way therapists actually establish a therapeutic enterprise with their patients?

Peter Lomas: I think quite a lot, because the way the therapist behaves and the expectations he has of the patient show to quite a degree, I think, his moral stance in life, and in society. Whether for instance he believes that people are equal; whether he believes in hierarchies; what his attitude is to professionalism; what his attitude is to intimacy; to what extent he feels people should be open and close with each other, or not; what he believes about money. The way he dresses is as revealing as is the way he speaks to the client. Does he for example believe in gentleness or roughness? Is he a permissive kind of person who is going to give a lot of space to the patient, or is he someone who will go in for a lot of confrontation and challenge? These issues might have something to do with his theoretical beliefs and technique, it might be something to do with his personality—the way he is made—but it also seems to be something to do with the moral stance he takes about how people should behave with each other.

Windy Dryden: If you set up a psychotherapeutic enterprise, where you are going to make explicit these things, you may very well lose a number of clients, who for example don't think it is your job to actually disclose your beliefs, or want you to act in a different way, or don't value at the beginning the kind of things that you value. Therefore you cannot establish a therapeutic alliance with them.

Peter Lomas: Well, I find that rather rare. I find that when people come to me they don't usually break off, and I suspect that part of that has to do with selection.