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Personal view

The moral case against psychotherapy

BRUCE G. CHARLTON, Anatomy Department, Glasgow University, G12 8QQ, Scotland

First of all, some definitions. In general, psychotherapy is what happens when a doctor speaks to a patient. More specifically, psychotherapy is talk as therapy: it involves the physician assuming a role of expertise in talking.

Put bluntly, psychotherapy is when you pay somebody to talk to you. Or, in reverse, it is when you have to talk to somebody because it is your job to do so.

Psychiatrists do a lot of it – psychoanalysts do nothing else – but nearly all doctors and 'health care professionals' do some of it.

Psychotherapy has been absorbed into psychiatry as a requirement for membership of the Royal College of Psychiatrists: all juniors are 'trained' in psychotherapy. But this apparent consensus conceals powerful doubts and objections to what amounts to the professionalisation of conversation. In this essay I aim to discuss the moral status of psychotherapy insofar as it is dignified with a name, a role and a professional position.

A question mark hovers over the whole activity of counselling: is psychotherapy *a good thing*? Is it, indeed, the kind of thing that should be encouraged? Concealed in this question is a larger one about the role of doctors in society; and their attitude towards the autonomy of the laity.

Hearing that somebody is 'in therapy', or even just visiting their doctor regularly for 'a chat', I feel a sense of despair: another life medicalised, another surrender of autonomy, another step backwards from the possibility of personal development. Because in the great majority of cases psychotherapy seems to be damaging; damaging to individuals and to society, and damaging in a moral sense.

Psychotherapy is a *phoney* activity. The word 'phoney' has been defined by Hans Keller in his posthumously published book-length polemical essay, *Criticism* (1987). Keller was a musician with a scholarly interest in psychology and psychiatry, including a fairly lengthy period of 'self-analysis' along Freudian lines. His book is primarily concerned with exposing the fact that 'criticism' is an essentially aggressive activity. While discussing his thesis, he develops the notion of 'phoney professions' which have in common the features of being: generally respected; deeply implicated in critical thinking (dependent on their capacity to: "criticise somebody or something or both – to criticise both negatively and self-righteously, with moralising aplomb"); and able to create grave problems which they then fail to solve; the best examples producing permanently insoluble problems so there is no danger of unemployment.

There is no doubting the seriousness of Keller's purpose, but his critique is delightfully ironic, as he had himself practised almost all the phoney professions he discusses. Examples include the radio broadcaster (Keller's job for 20 years), the editor (which function he says should be renamed 'chooser' and 'changer' – the latter task being the phoney one!), the teacher (not so much the primary teacher of basic skills, as the teacher of "minds that have reached a measure of adult individuality" – so that's me sewn up), the orchestral conductor, the opera producer, the musicologist – and the witch-pricker (a livelihood at present in decline, but showing signs of revival).

Why phoney? Well, for instance modern orchestras need conductors because the players have been stupefied by conductors; teachers, unless they simply stimulate self-education, are of course critics *par excellence*; witch-prickers are expert at detecting witches, which in turn increases the demand for witch-pricking. . . .

Naturally enough, psychoanalysis emerges as a leading phoney profession. This much is fairly widely, although not universally, appreciated. Think of the United States: once established analysis became more widespread, more complicated, more lengthy – until at last it was seen as a lifelong, one-on-one process, beneficial to all, and with no end-point or limit (if you had the money . . .). Psychoanalysis created a host of insoluble problems, most notoriously the phenomenon of transference, which it then failed to solve; and proved highly effective at creating the demand upon which it thrived (a state of infantile desire-for and dependence-on therapy).

The moral case against psychoanalysis can be extended to operate against many other doctor–patient interactions. But where does treatment end, and psychotherapy begin?

I am *not* speaking here of specific information given by talking – the prognosis of an illness, techniques for self-treatment, where or how to get extra resources or

grants.... These are matters of fact (more or less clearly established) which it is the responsibility of relevant professionals to communicate to the laity as best they can. Nor am I including specific treatment of specific illness – such as behaviour therapy or cognitive therapy.

Psychotherapy, I take it, aims to be an edifying conversation: conversation designed to instruct, improve and encourage spirital enlightenment. When I speak of the moral case against psychotherapy, I am speaking of the assumption that people should pay somebody else to talk to them (pay either directly or indirectly) when they want edifying conversation. For example when they are unhappy, confronting the more strenuous trials of life, or just when they feel the need to talk.

Doctors and their patients seem quite unable to have edifying conversations: the professional relationship renders it impossible. Most patients and most doctors in most situations cannot overcome their powerful conditioning in the ethics and manners of medical paternalism. Paternalism implies a parent–child relationship; but the alternative paradigm of the doctor as 'shopkeeper', respecting the client's autonomy, is equally unsuitable for conversations encompassing "life, the universe and everything".

People may want to talk to a doctor, but is it good for them? Or is the desire perhaps an effect of indoctrination by a phoney aspect of the medical profession? Psychotherapy may sometimes seem inevitable; but in the same sense that prison is sometimes inevitable: it is not desirable. I am challenging the idea that a physician is an appropriate person to take one's troubles to, a shoulder to cry on, a wise friend in times of need. I am challenging the view that this is an appropriate role for *any* professional group. It seems a very strange assumption of our society that the best thing to do when the chips are down is to talk to someone whose main reason for listening to you is because it is his job.

The problem is far from trivial. What might be called 'the health perspective' is rapidly taking over western society. Every aspect of life is seen in relation to its effects on health – what we eat, how we sit, stand and move about; our work and our play. Health becomes the dominant aesthetic ("health is beautiful"); but even worse the dominant morality. Indeed, medicine and morality become inextricably entwined, so that everything becomes the doctor's business (Skrabanek & McCormick, 1989).

The aim of life is seen to be a state of "positive health" – whatever that might be. Freedom from disease is, it seems, no longer enough. Instead of health being something upon which a good life depends – necessary but not sufficient for fulfilment, used up in the process of living – it is seen as the principal goal of a good life.

Doctors are – whether they like it or not, whether they realise it or not – deeply implicated in 'the health perspective'. The claims of medicine and the claims made upon medicine are both expanding faster than the capabilities of medicine. There is a mismatch between what is expected and what is available. The question is not so much whether doctors are equipped by training and temperament to involve themselves in their patients' whole lives (they are not); but whether this kind of involvement is the appropriate role of any professional group.

Psychotherapy can be seen as one aspect of the transfer of responsibility from the individual to the professional; from self-determination towards regulation by a code of vocational ethics. The assumption is widespread that there are many states of affairs which require professional psychotherapy: require edifying conversation from physicians. It has become a hallmark of the sensitive, holistic, 'right-on' doctor that they are prepared to offer counselling on topics such as the hows and whens of sex, coping with bereavement, bringing up children and confronting terminal illness. This is on top of casual careers advice, marriage guidance, opinions on what to eat and how often, what to do on holiday (do not sunbathe!), clothes to wear, hobbies to enjoy.... In other words: the human condition.

Far from being the hallmark of a good doctor, this is unwarranted interference and an imposition of the health perspective on the human condition. One usual justification is that psychotherapy is the way to get an impartial view. This is quite simply untrue; for the reason that there is no such thing as 'impartial'. Impartial is supposed to mean free from bias, but nothing is free from bias; every person has some point of view, sees things in terms of his/her age, class, nationality, religion – in a word morality. Careful examination of the concept of impartiality reveals that it can be unpacked to mean whatever view the speaker agrees with; unbiased means with-my-bias; psychotherapy means with-doctor's-bias. So why talk to a doctor?

Perhaps the only honest answer is because doctors have to listen – not for long and they need not pay much attention – but they must listen. That is the point: doctors do not listen because they care. The meaning of a professional relationship in this context, is that the professional should be a better person for the purpose than someone else – guaranteed (within the broad limits of human error) to be an expert.

But is the doctor really an expert at talking to me about my life? Of course not, firstly because he/she does not know me; but mostly because he/she does not care about my life in the same way as I do, or as my loved ones do. For truly edifying conversation we need a friend; someone who is concerned with us – not just from the health perspective, but from the

perspective of wanting what is best for us in terms of our whole life. And going to the doctor looking for friendship is rather like going to a prostitute looking for love: you might find it, but the chances are pretty slim. Neither friendship nor love could be said to constitute the essence.

The thing about talking to people is that you cannot prescribe in advance who is the best person to do it. The best person depends, not upon training or experience, but on such imponderables as wisdom, empathy, and on the vital link of unforced care. There is something obnoxious about a bunch of characters labelling themselves 'the caring professions'. All too often 'caring' serves simply as a cloak for self-interest; allowing the untramelled and un-noticed operation of bias in favour of the profession.

But what should we do instead? If I am proposing that psychotherapy is a bad thing, what have I to offer in its place? What happens to the lonely, friendless individual who wants to talk? I am afraid that no general advice can be given on this matter. The precondition for valid comment is that I genuinely care about the individual in question, the person who wants to talk; and that I know as much as possible about anybody whom I might recommend that they talk with – if indeed I do not talk to them myself. There is no place here for dedicated professionals whose primary purpose is to be general experts at talking with people in general. To set oneself up as such an expert, or to play along with the pre-existing belief in such experts, is presumptuous in the extreme. Yet this is what psychotherapists do, and this is what I mean by the moral case against psychotherapy.

It is the pretence which is immoral. The fact that psychiatrists are "trained" to be empathic, non-directive and non-judgemental is just another way of saying that they are trained to be good actors. Such characteristics, whether desirable or not (do we *really* want non-judgemental responses from those we talk-to?) are just not amenable to the training process; although the simulation of these characteristics is fairly easy to fake. That is what the public gets – faked responses.

Those aspects of their job which psychiatrists really do care about are concerned with the psychiatric perspective, with psychiatric ethics: what will my colleagues say if I do or do not act in such a way? . . . In a nutshell, good psychiatrists care about doing their job well. It is not part of the job – it is not part of *any* job – to care about the whole life of each client in the way a friend does. Concern is the prerequisite of good 'psychotherapy'. Any self-styled psychotherapist who claims to care about their clients in this sense is, by definition, a phoney – especially if they are phoney enough to believe it themselves.

So, what is to be done? Be modest about the doctor's capacity for edification, do not become implicated in reinforcing the health perspective, respect the client's autonomy: be an honest shopkeeper. As for those who do psychotherapy for a living; if they are general psychiatrists, general practitioners or even research scientists then they are lucky – there are large, non-bogus areas of their work towards which they can re-direct their efforts. But if they find themselves irreversibly committed to full-time psychotherapy they might reflect on Keller's words:

> . . . Make a sustained, truthful, productive nuisance of yourself. . . . Even if, as is unlikely, you are not a genius, you might consider that fate, character and talent have placed you in a situation which enables you, if you will, to pursue one of the noblest causes, or rather anti-causes, that is open to man's imagination – the cause against outer authority, on which all phoney professions depend, and the cause for inner authority, for the authority of knowledge and ability. . . . All other revolutions make the world revolve, go round in circles; the revolution of immediate insight makes it go upwards in a spiral.

Speaking as a professional teacher, a different kind of phoney, that is also what I hope to achieve.

References

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