

Sick of Safeguarding

By **Steve Burchell**

The author looks at the shadow side of safeguarding, how it does not achieve its stated aims and how it actively disempowers both those doing the protecting and those who are seen as needing protection. He writes that behind the safeguarding issue is a fantasy that we can save people from hurt, an impossibility, and how professional organisations have colluded with this fantasy to the detriment of the professionals themselves and their clients.

For some years now I have been increasingly disturbed by the notions of ‘safeguarding’ that have been ever-more present in our culture. I began to suspect that such an unexamined dogma might contain deeply buried shadow material. I am now further convinced that not only does safeguarding fail to achieve its stated aims, but that it actively disempowers both those doing the protecting, and those who are seen as needing protection.

Recently I was supervising some Safeguarding leads in a primary school. They referred despondently to a recent refresher course in which the safeguarding trainer, when asked their response to a distressed child coming towards them in the playground for a hug, explained that they should keep their hands firmly behind their back so as not to make contact with the child’s body. It reminded me of an incident years ago when I was collecting my daughter from a nursery where I knew all the staff as professional colleagues. Whilst sitting chatting, a small boy whose mother was a single parent

came towards me and crawled into my lap. It seemed the most natural thing in the world, and I understood that he might be drawn towards a non-threatening male energy. The nursery workers were horrified and pulled him away, apologetically explaining to me that if his mother arrived and saw him in physical contact with a ‘strange man’, they would be fearful of complaints. I vividly recall the look of bewilderment in that child’s eyes as his most innocent impulse was clearly shown somehow to have been ‘wrong’. When ‘child protection’ procedures teach our children that their healthy inclinations are a source of anxiety, or sexualise even public contact as if touch itself is dangerous, then we are in some very distorted waters.

To avoid misunderstandings, I am not in favour of complacency towards real damage to children or adults that can reasonably be avoided. Nor do I have some ideological determination that everyone should simply ‘take responsibility’ for what happens to them. Some dangers are

catastrophic and can be minimised – I didn't let my children play with paracetamol, but I did encourage them to climb trees.

The anthropologist Jean Liedloff in her seminal book on childcare *The Continuum Concept* observes that children reared in the jungles of South America commonly encounter fires without fireguards, machetes, fast-running rivers, poisonous insects etc. And yet they have no higher incidence of injury amongst the young population than do we. She argues that without evolutionary adaptation to risk we deprive ourselves, as organisms, of optimal physical, mental and emotional health.

Recent observations of rites of passage for young men amongst some West African tribes have concluded that whilst they are indeed dangerous (a small proportion of youth are injured, and very occasionally one or two do not survive), the tribe accepts this as a necessary element in accomplishing a masculine maturity that the group requires. An initiation that has no genuine risk will not produce the psychological transformation that is needed. It is salient to note that the frequency of serious harm done to these young men is lower than the frequency of self-harm and suicide among our medicated and regulated youth whose greatest adventure is often their playstation. Such infantilisation of whole tranches of young people must inevitably lead to unformed adults.

A recent newspaper article (Carroll, 2019) typified for me what has gone very wrong. An Irish politician was suing a hotel for injury caused by her falling off a swing. Her contention was that the hotel failed in their duty of supervision. Whether this was a genuine sense of victimhood or a cynical attempt to profit we cannot say; however, the underlying assumptions are clear: someone else should be responsible for our safety, and when we get hurt there must have been a failure of care. We see this 'blame game' deployed upon social workers who these days practise in terror of being pilloried for a dereliction of duty when things go wrong for their clients, drawn from the most deprived and dysfunctional families in society. Clearly the world should not be messy or dangerous, and when it is, we simply have to work out who is at fault to put it right!

Such ideas are not only fallacious but potentially dangerous. When we absorb the notion that all risks will be prevented, or at least labelled, we stop using our critical abilities. I hardly need to pay attention when walking in the street if I assume every tripping hazard has been cordoned off. A culturally sanctioned belief, underpinned by litigious practices, that responsibility for harm must lie in some 'other', leads to a gradual atrophy of my sense of agency and autonomy.

What is the shadow at work here? Shohet (2017) has suggested that as a society, we have an addiction to the toxic form of the 'drama triangle' with all parties oscillating between Persecutor and Rescuer in a desperate attempt to avoid falling into Victim. He has gone further to wonder what collective shame in the unconscious psyche has led to a foreclosing of play (and therefore risk) so that the so-called 'protection of children' becomes a vehicle for repression of the 'free child' in us all. He sees in this a chilling parallel with the German people's election of Nazi parties to antidote their collective humiliation (R. Shohet, personal communications, 2019). I would offer a different though complementary reading.

Alternative narratives beginning with Carl Jung's 'Depth Psychology', through James Hillman's archetypal revisioning and David Abram's 'cultural ecology' to Bill Plotkin's nature-based approach to healing and whole-ing the psyche, have suggested that what underlies our cultural malaise is a disconnection from the earth's dynamic systems. The suggestion is that there is no fundamental division between the 'natural world' and our nature, but we have imagined one. This is not a prelapsarian romanticisation of indigenous peoples, nor a sentimentalising of rural life: rather, it is seeing a split in the psyche that has its root in the religious and industrial themes of humankind's separation from ecology. The permission to view our self-reflective human capacity as conferring some divine mastery over crops and animals initiates a perspective that sees the 'other' as an object. Once that split is achieved, as the object-relations approach has taught us, many unwelcome aspects of self may be conveniently projected into the other. In the case of human beings we commonly project decay, irrational emotions,

magical thinking, innocence, lust and aggression into animals and plants as if to deny their patent existence in ourselves. Such illusory separation requires constant effort to reinforce it in the face of recurring evidence that we ourselves emanate from, and are intrinsically part of, the whole.¹

The psychological manifestation of this convincing, collective hallucination of separateness culminates in our unquestioning belief in ‘Safety’ as one of the new gods. And if we read our mythology we recall that young gods are particularly capricious and unforgiving. As Plotkin (2013) from the Animas Valley Institute opines,

In Western culture, we’ve enclosed ourselves within constantly mended fences of excessive safety, false security and shallow notions of ‘happiness’[...] Our psychotherapy fashioned fences have affirmed our flaws and failures and corralled us within psychosocial prisons of our own making. Our mainstream educational and religious institutions likewise have suppressed our human potential..., or at least failed to evoke and foster our capacity to truly mature.

Psychotherapy, particularly the humanistic branch known as ‘positive psychology’, has the potential to act as a balancing force to this split by describing forms of mental ill-health as an existential challenge, part of the human condition. Sadly therapists are no more immune to cultural conditioning than the rest of humanity, and all therapy modalities are being co-opted into accepting ‘protection’ as the norm. In therapy this has manifested as the rarely questioned idea that the professional organisations have a duty to ‘keep the public safe’ from poor practice. This is supposedly achieved through accreditation schemes and complaints procedures underpinned by increasingly prescriptive ‘Codes of Ethics’.

That this protects the public is not born out by the evidence. Complaints from clients to professional bodies are on the rise. Most therapists complained about are accredited/registered. Often, clients’ ‘bad experiences’ involve hurt feelings that could be addressed through informal mediation; however, complaint committees are instead charged with judging actions and interventions as either breaching ethical principles or not, thereby tending towards ideas of ‘right and wrong’ practice.

Therapists – especially those trained in the last decade – practise under a shadow of being complained about, and as a result offer increasingly conservative, risk-averse interventions. This is a model that produces the lowest common denominator of engagement. It also suspends the discriminatory function of clients, who may find themselves working with a practitioner who seems unhelpful or unprofessional. They may reasonably assume that as the practitioner is accredited or registered, then whatever they offer must be of therapeutic value – even when it feels very wrong!

I want to offer a radical notion. Imagine for a moment that there was no regulation and that instead, the public were educated in the simple knowledge that therapists use a wide range of modalities and interventions, some of which may feel hurtful or even worsen your symptoms. That the only single criteria for evaluating the quality of the work is your own organismic sense of its impact. That each client was actively encouraged to ask about training, approach and risks involved. And that therapists were monitored by their public reputation amongst the communities in which they work. There would still exist a small number of self-serving manipulative individuals amongst the profession, as there are now; however, the opportunity for them to hide under the umbrella of professional recognition would be removed. They would stand or fall on the shared experience of clients who would know whether they feel better (an entirely subjective measure that can sometimes include deepening contact with uncomfortable emotions – this is, after all, the human condition). It occurs to me that this internalising of the ‘locus of evaluation’, consistent with an increasing trusting of self-experience, is not only congruent with, but the heart of, relational psychotherapy. As long as we set up parental bodies to ‘keep us safe’, we will continue to replicate in our profession the infantilisation in our culture.

As supervisee I have directly experienced the fall-out of ‘protection’ emanating from fear of litigation. A few years ago I received a letter from a supervisor that I had been seeing for some time. He was a senior practitioner of great skill who had chaired the Ethics Committee of his professional organisation. I was very happy with his support –

he had helped me through several complex issues with wisdom, insight and sensitivity. The letter, which he was required by his professional organisation to send to all clients and supervisees said that a complaint had been made against him, and while it was being investigated he was suspended by them. At our next appointment he explained that it was baseless, but due to confidentiality he couldn't tell me more.

How many of us live in dread of a damaged client acting out some transference material and taking it outside the therapy room? I elected to stay with my supervisor – his work was as good the day after the letter as it had been the day before (although the man was clearly rattled by the experience). A year later, with his practice much reduced by the suspension, and no outcome in sight short of expensive legal action, he retired, and I had to find another supervisor. The 'protection' offered to vulnerable clients in this case seems have become unbalanced in that the damage done to the practitioner is overlooked. Our professional organisations that we might expect to support us – to 'have our backs', so to speak – seem to have been co-opted into policing and accusing us – a role they are rarely fit to fulfil.

The phantasy that I am critiquing here is one that supposes we can save people from hurt or harm. I note that despite many years of increasing control and monitoring, we are not seeing any decrease in deaths as a proportion of the population. No one has ever been 'saved', because one of the fundamental existential realities is that we will suffer to some degree in life, and eventually fall ill and die. Indigenous societies take the appreciation and acceptance of this reality as central to living a fully realised and spiritually fulfilled life. What, then, do we instil psychologically when we unquestioningly sign up to implicit concepts of avoidance of distress?

The playing out of these invisible beliefs is clear in the supervision room. Supervisees encountering a client who is expressing despondency, deepening depression and / or 'suicidal ideation' frequently arrive at the session asking – should I break confidentiality?

Unpacking that question reveals assumptions that include:

- I am responsible for the client's safety/wellbeing
- If the client harms themselves I may be judged as unskilled or unethical
- Telling other people my fears somehow protects the client
- Telling other people my fears absolves me of a continuing duty of care
- There is someone else who has power to prevent harm to this client

As supervisor I find myself caught in the parallel process with the supervisee – my usual thinking can often be hijacked as I am ensnared in a form of projective identification. My counter-transference response can take several forms – namely:

- Worrying about my adequacy if I am not able to answer these questions in as reassuring a manner as to remove the supervisee's disquiet
- Annoyance with the supervisee for burdening me with their concerns
- Judging the supervisee for failing to recognise their need to rescue
- Theorising about how to promote autonomy in clients
- Fantasising about my prosecution by family or coroners for failure of care following a suicide

The solution to this de-skilling entanglement starts with self-empathy. Acknowledging my internal anxieties and defences, accepting that I cannot guarantee against events that cause distress is an internally congruent response (that I may share to a greater or lesser degree, depending upon the supervisee's ability to make use of it). After that, I attempt to discard my irritation with the – as I see them – false assurances of policies and procedures. I try to allow that guidelines have evolved as a useful response to the likelihood of panic and over-reaction. Then I can begin to explore the supervisee's mindset, their understanding of the client's current functioning, their own capacity to hold uncertainty, pros and cons of the various options available etc.

Inevitably we arrive at a mutual conclusion wherein, having challenged any blind-spots, I am able to support the supervisee's choice of action.

We use our critical abilities and the information we have to select the course of action that best honours the client's health and growth, knowing that we are neither omniscient nor omnipotent, and must strive to contain our own anxieties.

To conclude I am suggesting that as supervisors we hold the responsibility to model good therapeutic practice to our supervisees. That there is an inherent risk in aliveness and growth that shows up in the therapy room as a tension between wanting to change, and remaining stuck in familiar patterns (libido and thanatos). Our job is to hold the reality of that tension, and help our clients learn to self-soothe without colluding with delusions of comfort or safety. To endorse the belief that we can prevent all painful experiences or remove suffering sets us, and the clients, up to fail, and undermines the true value of accompanying people on their journey. And as Ronnie Laing said, 'to recover the wholeness of being human' will include some difficult experiences and uncomfortable emotions. Good therapy, therefore, feels inherently risky.

If, as I believe, this thing we call 'therapy' is a messy, fiercely loving, co-operative enquiry into the reality of the human experience in all its forms, then to attempt to assure that no-one will ever feel worse or disturbed on their journey is at best dishonest, and at worst downright dangerous.

Note

- 1 Via discourses as distinct as particle physics, ecstatic mysticism, systems theory, new economics and deep ecology, the metaphors change but the thesis is

consistent – we are all creating and being created by the systems within which we exist.

References

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About the contributor

Steve has been working in the helping professions for almost 30 years. Initially a Rogerian practitioner working with adolescents, he has been increasingly influenced by Jungian approaches. He resisted paper-based accreditation for a very long time, spending ten years in a full-membership group of the Independent Practitioners Network, and wrote against professional regulation. He is currently supervising and in private practice in West London, and developing his work in using non-ordinary states of consciousness to facilitate healing. He lives afloat with two daughters and a brainlessly affectionate mackerel tabby.