

## The Therapist as Gadfly: Some Psychosocial Reflections

Geoff Lamb

In a climate where there are many voices arguing for greater recognition, funding and regulation of psychotherapy and counselling as mainstream health professions, I want to offer a different perspective – the idea of *the therapist as gadfly*.

This image was first used by Socrates in ancient Athens, who saw himself as ‘a gadfly on the noble steed of the State’, and refers to any fly, such as the horse fly, warble fly or bot fly, which bites and irritates horses or cattle, sometimes causing them to stampede. The important thing, as far as the image is concerned, is that it stirs them up and gets them moving. Therapists may not occupy Socrates’ role directly, but in their work of empowering clients and helping them feel more sense of agency in their lives, therapy could be said to be working towards a similar end. If therapy helps clients to question their own internal status quo, it is almost inevitable that these clients will start to question that of the society in which they find themselves, and within which they experience the psychological distress which brings them to therapy in the first place.

I see a split, one of many perhaps, amongst psychotherapists and counsellors. Some of them see their work as restoring clients to a state of health or normality – this being defined as either ridding them of their symptoms or providing solutions. Others see the work as enabling their

clients to realise their full potential as human beings. This split is as profound as it is unrecognised, except perhaps as a means of distinguishing between theoretical models – CBT and humanistic therapy, for example. For practitioners who put themselves into the first category, the idea of pursuing the recognition of counselling and psychotherapy as mainstream health professions makes perfect sense. I am more concerned with the other group – a much larger group, I believe – of therapists who, on the one hand, would claim to embrace the notion of therapy as potential growth, with psychological problems being regarded as opportunities rather than as symptoms to be eradicated; but on the other, who are striving to be accepted into the medical establishment, the views of which are, in most cases, diametrically opposed to the essentially humanistic notion described above.

I want to be clear that I’m neither denigrating the desire of most clients to be rid of the symptoms they’re experiencing, nor am I dismissing the possibility that in working in a way which prizes insight and growth, therapists will improve the quality of their client’s lives and, perhaps, alleviate their symptoms. I’m more interested in the compromises made by therapists, arising from their desire to be accepted by the establishment and, more crucially, where therapists position themselves in relation to that establishment.

All psychotherapeutic models can be adapted to support the status quo, depending on how, and in what cultural context, they are practised. Jacques Lacan, for example, criticised the US psychoanalytic establishment for introducing certainty and the concept of ‘cure’ into Freud’s model – these aims being more in keeping with the American cultural context than with the European cultural environment in which Freud’s ideas were developed.

Similarly, the attempts by both the humanistic and psychodynamic schools to accommodate themselves within the Improving Access to Psychological Therapies (IAPT) system run the risk of effectively eviscerating the considerable therapeutic potential of both models. This is not to undermine the hard work and dedication of the experienced practitioners and researchers, such as Roehampton University’s Mick Cooper, who have attempted to challenge the hegemony of CBT in the IAPT system, or the efforts of those who strive to provide a warm, supportive therapeutic relationship to the patients in their care within this service. It’s just that IAPT, by its very aims and structure, epitomises the division I referred to earlier, and presents practitioners who see themselves as doing more than restoring their clients to ‘normality’ with an internal contradiction, at the very least. Doing a good job, as defined by IAPT, is different from doing a good job as defined by the therapist’s own beliefs and values.

Returning to the concept of ‘the therapist as gadfly’, I want to suggest that, as therapists, we need to be very careful that, in our desire to be accepted by the establishment, particularly the medical establishment, we don’t lose sight of the beliefs and values which make therapy such a powerful tool for supporting both personal and social change.

It is my belief that psychotherapy and counselling, once we free them from the restriction of the medical model, can support not only personal, but also *social* growth and change. For example, consumerist capitalism, whether or not it is regulated, needs the people to be in a state of self-perceived need. (It also requires them to believe in the viability and desirability of perpetual economic

growth, but perhaps this belongs in another article!) In other words, it’s not just that advertising persuades us that we need things we don’t really need – it does. But this wouldn’t be nearly as effective if most of us didn’t have a sense of need, or something unfulfilled, *inside* ourselves; and it is this self-perceived need to which the system, through advertising, holds out its promise. If we buy this product, get this promotion, adopt this lifestyle and, most worryingly, have a relationship with this man/woman, *then* we’ll be fulfilled, filling up the gnawing chasm inside ourselves.

This suits the consumerist, capitalist system since it needs us all to be consumers – and, on a temporary basis, it seems to work. However, like most addictions, it doesn’t last. When the ‘feel-good’ effect wears off, we need another ‘fix’ to fill up the gaping hole, which is our need. It could be that it is when this strategy stops working or is threatened, possibly by some kind of life crisis – such as the end of, or difficult patch in, a relationship, or getting depressed/de-motivated because we’ve got as high on the promotion ladder as we’re ever going to – that this is the time when we are most likely to seek a therapist’s help.

If we do this, and the therapist is able to support us in recognising what that hole consists in – *why* we experience ourselves as being in a state of need and, more importantly, how we can become more *self-fulfilled* – this is clearly helpful to us on a personal level. It also enables us to be in a different relationship with the system within which we live. I’m not saying that having therapy means we’ll all go off and become self-sufficient hippies; but it does make our lifestyle a choice rather than the displaced fulfilment of a primary need to feel OK about ourselves. Then, lots of possibilities open up. We have much more choice. We can choose to buy things because they’re beautiful or well designed, or just because we like them; but we don’t *need* to buy them in order to feel good about ourselves.

Potentially, if a lot of people do this, it will change society. It will also threaten consumerism and perpetual growth. We don’t, either as individuals or as a society, need to buy more cars or TVs than we did last year. If the one we’ve got is still working and not costing us a fortune in repair bills,

there's really no need to replace it. Yet if a company reports that they are selling the same number of products this year as they did last year, the company is judged as not doing very well; and if we stop buying stuff as a substitute for self-fulfilment, more companies will be seen to look like failures rather than us feeling like failures because we don't buy their products.

There are other ways in which therapy, which is neither focussed on symptom reduction nor on problem solving, can bring about both personal and social change. If I can accept my own humanity without judging myself or assessing my own performance, I will be more likely to accept others for whom they are, and less likely to scapegoat people or groups who are different from me. I don't need to make myself feel better by comparing myself with other individuals or groups. If I value myself, I am less likely to either accept unfair treatment myself or collude with it when it happens to others.

The ideal position of the therapist is one where he/she is able to support clients in changing their relationship with themselves and with the world. As human beings, we are all interdependent; but depending on the outside world to make us feel good about ourselves dis-empowers us, rendering us susceptible to manipulation, and it doesn't actually work for all the reasons I've described.

In seeking recognition, funding and, arguably, regulation from an establishment whose interests, ideals and values are incompatible with the models of therapy they profess to practise, therapists are in no position to support their clients in doing something different. Our ideal position should be as far as possible *outside* the mainstream health system, assuming that this system isn't going to change its priority from symptom reduction to holistic care.

We need to support our clients' dissatisfaction with the lives they are living, rather than helping them to fit back into a system that is psychologically, as well as socially and economically, dysfunctional.

### About the contributor

**Geoff Lamb** has been practising as a psychotherapist for 35 years. He currently works as a psychosexual therapist, a couple therapist and Sexual Grounding© trainer. His book, *Sexual Grounding*, which is based on the work of Willem Poppeliers, will be published by Routledge later this year.