EDITED BY ADAH SACHS AND VALERIE SINASON

THE PSYCHOTHERAPIST AND THE PROFESSIONAL COMPLAINT

THE SHADOW SIDE OF THERAPY

KARNAC
firing the mind

CONTENTS

ABOUT THE AUTHORS

Rajnish Attavar MD has been a Consultant Psychiatrist at Hertfordshire Partnership University NHS Foundation Trust since 2007, and works in Buckinghamshire. He was the clinical service director for Southern Health NHS Foundation Trust (Buckinghamshire and Oxfordshire) and has supported his organization in conducting Root Cause Investigations when needed. Dr. Attavar has a special interest in intellectual disability and psychotherapy, and is a training programme director for Thames Valley Deanery in intellectual disability. He is actively involved in research and teaching.

Richard Bagnall-Oakeley is an integrative psychotherapist (UKCP registered) and clinical supervisor, working with children, adolescents and adults in various settings in London. He was a founder member of the Psychotherapy and Counselling Union and served as Chair and then General Secretary of the union from 2017 to 2020. Before he became a therapist, Richard worked on adventure playgrounds with marginalized children and young people and was involved in grassroots activism with anti-capitalist and environmental groups. These experiences continue to inform his ethos of therapy as a playful, creative and anti-authoritarian endeavour.

Kay Beaumont is a retired social worker having worked for more than 40 years in many settings including adoption, mental health, learning disabilities, probation and as a guardian *ad litem*. She was a commissioner of forensic mental health services and a senior manager in an NHS mental health trust. She joined various Department of Health Groups including the Mansell Committee which reported on services for people with a learning disability and challenging behaviour. Her role has always included teaching, particularly inter-agency training with various clinicians as well as police officers. She has worked with both survivors of sexual abuse and sex offenders. Since retiring she has helped set up a service to support serious offenders with a diagnosis of personality disorder leaving prison or hospital. She is currently a panel member in a youth offending service.

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Philip Cox (DPsych) is an HCPC registered Chartered Psychologist, BPS Division of Counselling Psychology co-Vice Chair, BPS Psychotherapy Section past-Chair

and BACP (Snr Accred) member, with over 25 years of clinical experience in multiple services. Phil is a founding member of the Psychotherapy & Counselling Union. His research publications, conference presentations and workshops focus on unintended harm within psychotherapy, and how to support people deemed to have misjudged the delicate balance between good and seemingly less helpful practice. Phil is a passionate advocate for social activism and supporting marginalised groups, which includes psychologists and psychotherapists who experience difficulties. Phil's philosophy is that by supporting therapists we support clients.

Emerald Davis is an Afro-Caribbean woman born in Guyana, who came to the UK at the age of nineteen. She trained as a nurse, becoming a psychiatric nurse, a midwife and a sister. She then found her lasting home in becoming an attachment-based psychoanalytic psychotherapist. As a therapist, she has focused on dissociation, disability and race. Emerald served as vice-Chair of the Bowlby Centre for eight years, and as Chair for further four years. She now has a small private practice in south London, as a training psychotherapist and supervisor.

Fiona Farley trained at The Royal Scottish Academy of Music and Drama and subsequently led a theatrical career for 25 years as an actor and an agent. This included co-founding 'Acting Associates', a cooperative actors' agency in London. In 2009 she obtained a Master's degree in art psychotherapy. She worked in Brighton and Sussex University Hospital with staff dealing with bereavement and Trauma; ran art-therapy workshops at Goodmayes Hospital in-patients wards, and was part of the psychotherapy team at PACE, an LGBTQ support service. She now lives in Edinburgh and is working in private practice, specializing in trauma and early childhood abuse. She has always felt that her acting experience enables her to feel herself into the life of another, which enriches her as a therapist.

Leslie Ironside (PhD) completed his training as a Child and Adolescent Psychotherapist in 1989 and his doctorate (on working with traumatized children) in 2001. Prior to this he worked as a teacher with emotionally disturbed children. From 1995 to 2004 he was a consultant psychotherapist in the NHS, while developing the Centre for Emotional Development as part of his private practice. He is currently the director of the Centre. Dr Ironside has a specialist interest in the field of fostering and adoption and has published a number of papers in this field. He is registered by Ofsted as an Adoption Support Agency rated 'outstanding'.

Professor Brett Kahr is Senior Fellow at the Tavistock Institute of Medical Psychology in London and, also, Visiting Professor of Psychoanalysis and Mental Health at Regent's University London. Additionally, he is Honorary Director of Research at Freud Museum London, as well as Chair of the Scholars Committee of the British Psychoanalytic Council. A Consultant Psychotherapist at The Balint

Consultancy, he works with individuals and couples in Central London. He is the author of 16 books and series editor of over 75 further titles. His most recent solo-authored book is entitled *Freud's Pandemics: Surviving Global War, Spanish Flu, and the Nazis*.

Sasha Kaplin trained in social work and spent years working in an NHS mental health crisis house for women. Through those years she was 'out' about being polyamorous, kinky and Jewish – the personal was political. Sasha also trained in systemic therapy and pursued a UKCP Integrative training. A battlesome exit from her training radicalized her perspective of therapy organizations, including the hegemony of registering bodies, and created a traumatized dissident. Her health deteriorated and she copes with disability. Her connection with Spiral, the Independent Practitioners Network and Pink Therapy sustained and helped her. Sasha puts her casework skills to use as a wounded activist healer and is PCU's Member Support Coordinator.

Anne Kearns DPsych (Prof) trained in psychoanalytic psychotherapy in the US and in Transactional Analysis and Gestalt psychotherapy in London at the Metanoia Institute, where she taught on their Masters and Doctoral programmes. Her doctoral project was entitled 'Professional Development and Informed Practice in the Area of Ethical Complaints' (Middlesex University 2007). She is the author of *The Seven Deadly Sins?* (Karnac, 2005) and *The Mirror Crack'd* (Karnac, 2011). Anne lives in south-west France and continues to work as a supervisor and expert witness and to support practitioners through the process of being complained against.

Dr Romanie Nedergaard-Couchman MD, MRCPsych is a Consultant Psychiatrist, specializing in working with people with learning disabilities and autism. Originally from the Netherlands, she completed her medical training in Amsterdam, the Netherlands, and her psychiatry specialty training in Oxfordshire. She has a broad experience in working with adults, children, older people, people with learning disabilities and autism, and a special interest in psychotherapy. She lives with her two young children and Corgi dog and loves spending time with them, travelling, practising yoga and being outdoors, ideally all together.

Julie Norris is a partner in the regulatory team at Kingsley Napley LLP. She advises professionals on regulatory compliance, investigations, adjudication, enforcement and prosecutions. In the health and social care sector, Julie advises doctors and talking therapy professionals facing disciplinary allegations. Julie is a member of the Professional Regulation Committee of the Law Society, the Professional Ethics Committee of the IBA and contributor to Thomson Reuters Practical Law Practice Compliance and Management.

Adah Sachs (PhD) is an attachment-based psychoanalytic psychotherapist and a training supervisor at the Bowlby Centre. She has worked for decades with adults

and adolescents in psychiatric care, was a consultant psychotherapist at the Clinic for Dissociative Studies and is now retired from heading the NHS Psychotherapy Service for the London borough of Redbridge. Her main theoretical contribution is outlining subcategories of disorganized attachment, with links to trauma-based mental disorders. She writes, lectures and supervises worldwide on attachment and dissociation and is a fellow of the International Society for the Study of Trauma and Dissociation (ISSTD).

Valerie Sinason (PhD) is a poet, writer, child and adolescent psychoanalytic psychotherapist (retired) and adult psychoanalyst. She has specialized in trauma and disability for 40 years. She is a widely published writer and lectures nationally and internationally. Founder and Patron for the Clinic for Dissociative Studies UK, President of the Institute for Psychotherapy and Disability, she is on the Board of the International Society for the Study of Trauma and Dissociation (ISSTD). She received the ISSTD 2017 Lifetime Achievement Award and the British Psychoanalytic Council Innovation Excellence award in 2022. She has just published her first novel, *The Orpheus Project*.

Philip Stokoe (F.Inst.Psychoanal) is a Psychoanalyst in private practice working with adults and couples, and an Organizational Consultant, providing consultation to a wide range of organizations. He worked in the Adult Department of the Tavistock & Portman NHS Foundation Trust between 1994 and 2012, and was the Clinical Director from 2007. He is a member of the European Psychoanalytic Federation Forum on Institutional Matters, which studies the nature of psychoanalytic institutions. His book, *The Curiosity Drive: Our Need for Inquisitive Thinking*, was published in November 2020 and short-listed for the Gradiva® Award for Best Psychoanalytic Book in 2021.

A NOTE FROM THE EDITORS

Adah Sachs and Valerie Sinason

This book was born out of complaints both editors went through (and were acquitted of). It took several years for the pain and shame to develop into a greater understanding of the dangers facing the therapeutic enterprise for all parties concerned. We hope this book will aid all members of our profession and inspire further thinking and change.

Two notes on language:

1. 'Psychotherapist' is used in this book as a global term for all mental health clinicians.
2. 'Patient' and 'client' are used interchangeably throughout the book.

INTRODUCTION

by Adah Sachs and Valerie Sinason

The psychotherapist and the professional complaint

Do you know anyone who has received a professional complaint? Maybe not. Or maybe you just don't know that they have. People don't tend to share such experiences.

Have you ever received a complaint? You would know, of course; but perhaps most of your colleagues never knew. Fear and shame silence such conversations.

This book aims to shed light on this shadowy topic and explore the practicalities, meanings, benefits and harms of the professional complaint. It looks at the historical development of the relationship between the professional and the patient. It compares different types of complaints – from the vexatious to the criminal, from the personal to the institutional, and the roles played in this process by the professional accrediting bodies, the NHS, a professional union, the legal system and the conscious and unconscious ethics of the profession. In particular, we explore the professional complaint through the experiences and thoughts of professionals who have been involved with the complaint process and were willing to contribute to the thinking about it: psychiatrists, advocates, scholars, counsellors, lawyers, psychologists, social workers, psychotherapists, psychoanalysts and activists.

Psychotherapy, in all its many forms, offers a relational framework in which entrenched pain and dysfunction can be shared, made sense of, lose their toxicity and hopefully be transformed into the live materials that build and enrich the Self. Undoing years of psychological hurts requires complex understanding and skill, and the training undertaken by psychotherapists is therefore demanding and lengthy.

All psychotherapy trainings include learning of theory, technique and practice; and they also include intensive psychotherapy for the trainee. As all people, clinicians have their own characterological weaknesses, life

crises, vulnerabilities, pain, immaturities and blindness; and a crucial part of the ability to help others comes through recognizing one's own frailties and experiencing the process of their gradual transformation. This does not, of course, provide perfection: the negative aspect of the therapist's 'frailties' is that he or she is inevitably liable, at times, to be blindsided by them. The positive aspect is that character flaws, where recognized and processed, form the basis for the therapist's understanding and empathy, as well as their confidence – born from personal experience – that a level of transformation is possible.

Therapists, collectively, are also responsible for continually expanding their personal knowledge and the knowledge of the psychotherapy field. For this reason, further to their qualifying training, therapists are also required to undertake continuing professional development (CPD), and receive some form of supervision. They are also encouraged to write, publish, research and lecture. Subsequently, human difficulties which have not previously been understood or recognized gradually find their place in the expanding scope of the field. Forensic psychotherapy, disability therapy, antenatal mental health, addiction, complex trauma therapy and the treatment of dissociative disorders – to name but a few – are all quite new. Until recently, people with these and other minority needs were neither recognized nor treated, or were treated with a crass lack of understanding. While sticking to what we already know is easier and may feel 'safer', excluding whole groups of people from care can hardly be ethical. Expanding our scope of practice, however, inevitably increases the risks of 'getting it wrong'. This is one of the many ethical conundrums of the profession; and as we must assume that the risk of misstep, mistake and even wrongdoing is forever present in our work, the obvious question is: where something has gone wrong, what could put it right?

In most cases, problems which occur between patient/client and their therapist get resolved within the therapy. Indeed, the ability to do so is an important area of therapy, and a satisfying resolution is a significant therapeutic achievement. But when a problem cannot be put right by the process of therapy itself, we still need to respond to what the patient needs or indeed wants when they feel wronged by their therapist. Making a complaint against the therapist allows a third party (normally an ethics committee or the accrediting body of the therapist) to step in and decide whether – and to what extent – the therapist has done wrong, and what

sanctions – if any – should follow as a result.

The complaint process allows the patient a recourse; it allows the therapist to respond, explain their line of thinking and recognize mistakes; it brings wrongdoing to light and maintains professional standards. However, it is not without a cost, and it has the potential to seriously harm all the people involved. For the patient, it carries the risk that their complaint may be dismissed, leaving them more hurt and feeling even less understood than before. For the therapist, it is an incredibly harsh ordeal which can last many months. While it goes on, the therapist may be barred from seeing other patients (who get hurt as innocent bystanders), and it can harm the therapist's reputation and career even if it later transpires that they had done no wrong.

Furthermore, almost invariably, the therapy relationship ends up irreparably broken following a complaint. Once this complex entity, *The Complaint*, has entered the space between patient and therapist it almost always destroys that space.

Most patients make a complaint because they feel hurt, angry and wronged, and they want to force their therapist to do better by punishing him or her for poor form. Most patients do not want the therapy to end, or they would have just left; they want the therapist to improve. Having to endure months of waiting, at the end of which the therapist may or may not have been punished but the therapy was destroyed and came to an end (rather than improved) can feel like being cheated: the therapist (even if punished) got away from the patient, not changed for the better. The patient was abandoned, not treated better.

Similar (if not quite as high-stake) dynamics can be seen in complaints made against therapists by their employers, professional organizations or colleagues.

There is a very hard-to-maintain balance in the complaint option: on the one hand, it runs the risk of crippling the psychotherapy relationship by forcing it into a culture of 'defensive practice'. On the other hand, we must have a way to protect against the predatory and otherwise unethical clinician. For all its potential damage, it is hard to see how we could manage without having a process which allows wrongs to be exposed and dealt with.

It matters, and it is deeply therapeutic, that wrongs be put right. It also matters that the process of 'putting right' is not an invitation for revenge and destruction of what matters the most. Like alchemy, the process of

therapy aims to transform the base, twisted metals of harsh experiences and suffering into the gold nuggets which build the Self. It also requires a careful watch, so that the hard-earned gold not be turned into the base metals of destruction. It is our hope that our shared thinking in the following pages will help us to find the way.

PART I

CLINICAL PERSPECTIVE

CHAPTER 1

The psychotherapist, the profession and the professional complaint

Adah Sachs

This paper was born out of a personal experience: I received a complaint. It was resolved in my favour, so one could say that it ended well (for me), but it had a shocking beginning and a pretty awful middle, and it caused the greatest confusion of my professional life to date. It also made me think in much more depth about the shadow side of the relationship between patient and therapist, where the deep attunement, attention and affection that characterize the relationship can suddenly turn dysfunctional and dangerous.

Writing these words brought back to memory the only time I was physically hit by a patient. She was a long-stay inpatient, and I went to her room to pick her up for her session as I did every Tuesday and Thursday at 11.00 a.m. On that day, however, I found her door closed and very loud music blaring from inside the room. I knocked on the door, but the music was too loud for her to hear it. I opened the door a crack: she stood at the far end of the room, her back to me, looking out of the window. I called her name, but my voice was drowned by the music. Walking slowly in, I reached for the volume dial and turned it down. Quick as a flash, she turned round and kicked me. We both froze.

That kick was a raw complaint. It said, quite rightly, that I had no right to touch her radio. That I trampled over her privacy. That I forcefully took away her music instead of listening to it and thinking about it. That I was a bad therapist and a scary person. A moment of misattunement, impatience and acting out (mine) was met by a moment of indignant and fearful rage and acting out (hers), derailing our relationship in seconds into a dysfunctional exchange. And we froze, shocked by the intensity of