

This article is published in Clinical Psychology, 29, p23-26 (2003)

Don't Look Down

Penny Priest

When I first applied for Clinical Psychology training, I had already read Jeffrey Masson's 'Against Therapy' (1989), Tana Dineen's 'Manufacturing Victims' (1999) and all of David Smail's books. For some reason, of which I am still not sure, none of these writings put me off. By the time I was accepted onto the course at Birmingham, third time lucky, I had been a member of the West Midlands Critical and Community Psychology Interest Group for around 12 months. Being acutely aware of various criticisms of mental health professions, I was concerned at the prospect of being asked, 'Why do you want to be a Clinical Psychologist?' For the purposes of the interview, I had cobbled together a plausible answer to this question.

Twelve months on, still only in my first year of training, I have difficulty answering this, along with related questions such as, 'Is this helping? What does this person really need? Can I help them get it? Or would someone else be better placed to help?' I know that I am not alone and suspect many clinical psychologists are similarly questioning. Most of the time, I shove these thoughts aside, to allow me to concentrate on the requirements of formulating, solving puzzles, making sense and creating meanings. But every so often, life events confront me, and I am faced, as if by a mirror, with the sharp glare of what I am doing, leaving me wondering whether I like what I see.

This is how I find myself right now, at the end of my first placement, which has cruelly coincided with the death of my mother. I catch myself thinking about attachment, separation and loss, Bowlby's great works, and realise how little I know about bereavement. But much of this seems so hugely trivial compared to the memories of my mother's life of helping people and the tributes which are now being paid to her. I think about how right David Smail was when he said, 'Ironically, it is often people 'trained' in a helping profession – medicine and nursing are prime examples – who are least good at offering comfort pure and simple, usually because they feel it so incumbent on them to *solve* the person's problems' (1993, p169). It seems strange that a woman, who was so known for talking and debating and arguing just for the sake of it, ever got around to helping anyone. And yet her natural and unwavering drive to help, ensured her uncomplicated ability to simply meet people's needs.

With a twelve year stint as a Catholic nun, a career as an English teacher and latterly as a secular Franciscan, she was kind of predisposed to helping people. In fact, her love of literature perhaps meant she was as well placed for helping people as any trained mental health professional, bearing in mind 'the commonplace criticism that great novelists have far more to say about the human condition than any psychologist' (Nightingale & Cromby, 2001). I usually got to know the backgrounds, the stories and the personalities of the people she tried to help. For every one of those who seemed to be in a state of

crisis, there would be another who needed comfort and encouragement just to keep ticking along.

When I was about seven, she was involved with Helen and Dave, music students at the university. Helen was in love with Dave, a mature student and divorcee, whom Helen's Catholic parents strongly disapproved of. This was exacerbated when Dave received a prison sentence for embezzling funds from some society of which he was treasurer. My mum enlisted the help of my dad for this one, needing him to drive Helen the two-hour trip to prison once a month. They also spent a lot of time talking with Helen's parents and the couple eventually married, had children and they remain happily together. For all the success stories, there were also times when things just didn't work out for people. All the listening in the world was not enough to comfort Sheila. I remember my mum being deeply shocked on hearing that Sheila had been found dead following an overdose. Not being so arrogant as to believe she should have been able to save her, my mum was able to move on and I think she quickly transferred her energies into being there for Sheila's daughter, a pupil at her school.

With so many people and personalities jostling for space in a large comprehensive school, my mum came across all manner of distress in the course of her work. I remember her concern about the increasingly chaotic life of her much loved colleague, Wyndham. She was contacted, along with the police, on the day his wife found him preparing to hang himself from a rope in his garage. My mum joined him in reciting Shakespeare and remained there for him during his long, hard slog back to the classroom.

I became interested in all these stories, all these vivid and dramatic lives, sometimes beautiful and sometimes bleak. When it seemed like I was old enough I joined the church's Society of St Vincent de Paul, along with my mum, dad and sister, and I too, started trying to see what I could do to help. At about 15, I went with my mum to the local psychiatric hospital, where she used to visit patients on a long-stay ward. I watched her sitting there, chatting away and smoking with them and saw what a huge gulf there was between her ease, her chattiness, her ability to become one of them, and my youth, my loss for words and my discomfort. But perhaps I just needed a bit of practice and the vice-like and unsettling embrace I received from one old man who had to be prised from me before I left, was not enough to put me off.

When she wasn't reaching out to people, everyone knew that my mum's front door was wide open, at any time, for any occasion. There was usually an influx of visitors at Christmas time, with former pupils coming round to let her know how they were doing. August was another busy time, when some came to share their exam successes and others needed consolation and advice, not having done as well as they needed to. My mum talked about all these people as 'her children', even though some of her boys and girls were now in their 40s. Her parenting of them was not in a patronising sense, but rather in terms of genuineness, positive regard and empathy, which Rogers identified as being central to the development of the person, and equally important in the classroom (Kirschenbaum & Henderson, 1990). Teaching English was part of a much wider task of encouraging people to develop and become themselves. She was passionate about

comprehensive education and was mindful of the effects of people being labelled, measured and judged, and yet having to somehow work within this system, she tried to ensure people would get the best possible label. She encouraged her children to tell their stories and got to know many of them through setting them the task of writing their autobiographies when she first met them. Everybody was somebody! My memory of her valuing people stands in stark contrast to the empty rhetoric of the government white paper which dares to use the phrase 'Valuing People' as its title (Department of Health, 2001).

Over the years my mum witnessed countless struggles, people watching their parents divorcing, people working out their sexuality, people trying to cope with learning difficulties and so often, people simply not being able to fit in. She wasn't always able to offer help or advice but was always there to walk alongside them.

When I went home some years ago, after my mum had retired, I noticed how Maureen would phone up, often two or three times each day. Who was this woman and what was she phoning for? My mum explained how Maureen had received a head injury after her husband had attacked her with an axe. She was unable to leave her home and she didn't feel safe staying there either. My mum was happy to have the same conversation each time Maureen phoned and it was obvious to her the reassurance this small thing provided. Sue Holland is one of the few clinical psychologists I have so far come across who has dared to publicly admit to the necessity of sometimes breaching such boundaries in a helping relationship (Holland, 1992). Sometimes Maureen would ask for money, and my mum would get the St Vincent de Paul Society to cough up. Members would question whether they should be doing this, whether it was the role of the society, but they didn't argue for long. Maureen needed the money and they could give it to her.

I was sometimes astonished by how wide my mum would throw her arms open. I began to wonder where she would draw the line when Jerome moved in. Jerome had been at school with my sister briefly, before his family moved away. Over twenty years later he had found his way back to the village, and to my mum. She let him make himself at home, giving him my old bedroom where he would shut himself away for days on end. When he was feeling brighter he would chat to my mum about his plans. She encouraged him to share them with me on the phone one night, when I heard about his song-writing and how my mum was now his 'manager.' Jerome left after a few months and ended up in hospital. I'm not sure how my mum felt about this (I suspect quite relieved), but I was touched by what she had done, which was as much as she could, and more than many would have done. She didn't get involved in a complicated debate about the ethics of helping. He needed a refuge and she was able to give it to him.

Interestingly, Critical Mental Health Forum's response to the draft Mental Health Bill (Asylum, 2002) identifies 'sanctuary' as something they would like to see as an alternative to people being compulsarily detained in hospitals. They argue for '24 hour access to a (non-medical) place of sanctuary/asylum for people during mental health crises that do not use compulsory medical treatments.' This sounds pretty much like what Jerome found. Whether it was helpful or not, I will probably never know, but it does

leave me confused about how, and by whom, such facilities should be provided. I came up with a whole barrage of circular arguments in response to my mum's actions. By giving someone refuge, was she encouraging their dependency on her and disempowering them still further? In committing charitable acts, was she, and were people like her, letting the state off the hook? Shouldn't the government be providing for the poor, sick and needy? And by somehow quietly helping people through their struggles, was she inadvertently silencing them, making them more invisible to society rather than less? These are just some of the themes I have picked up in the critical mental health literature. Similarly, when considering the 'talking' part of my mum's helping relationships, I have to admit she often seemed to belong to the cognitive behavioural school of therapy. At times, this was almost so extreme ('If you smile for long enough, you will start to feel happy!') it would probably have had cognitive behaviour therapists queuing up for Skinner boxes. It was sometimes as if she needed to go along with helping people to deceive themselves, to ignore how dangerous, scary, cruel and unfair life can be, in order to get people through the worst. This strikes me as similar to stories of prisoners, soldiers, refugees, explorers, mountaineers, of their survival epics. Such stories are often about comrades joking, egging each other on, ignoring reality, because to face it would just cause them to give up. To me this is not about *accepting* danger, fear, cruelty and injustice, but about, when faced with it, standing alongside each other and negotiating a way through.

The willingness that my mum had, to accept the vulnerability of another person as more important than her own, is the kind of 'spontaneous generosity' which David Smail sees as being in 'very short supply' (1984, p.141). In suggesting that 'the most important 'healing' force in the therapeutic equation is *love*' he naturally goes on to ask 'is it morally justifiable that patients should (directly or indirectly) pay for the professional provision of love?'

On the day of my mum's funeral, in the very small hours of the morning, I found myself sitting opposite the parish priest (a total stranger to me), drinking tea, off-loading emotions and exchanging philosophies. When asked, I felt quite ashamed to admit to earning a living out of helping people. But for the time being, I have decided not to dwell on this too much, not to look down, but to try and negotiate a way through instead.

References

Asylum (2002) *Critical Mental Health's Response to the Draft Mental Health Bill: "Choice not Compulsion"*. 13 (3), 7-8.

Department of Health (2001) *Valuing People: a new strategy for learning disability for the 21st century*. London: HMSO.

Dineen, T. (1999) *Manufacturing Victims: What the psychology industry is doing to people*. London: Constable.

Holland, S. (1992) *From social abuse to social action: a neighbourhood psychotherapy and social action project for women*. In: Ussher, J. & Nicolson, P. (Eds.) *Gender Issues in Clinical Psychology*. Routledge.

Kirschenbaum, H. & Henderson, V. (Eds.) (1990) *Carl Rogers: Dialogues*. London: Constable.

Masson, J. (1989) *Against Therapy*. London: Collins.

Nightingale, D. & Cromby, J. (2001) *Critical Psychology and the Ideology of Individualism*. *Journal of Critical Psychology, Counselling and Psychotherapy*, 1 (2), 117-127.

Smail, D. (1984) *Illusion and Reality: The Meaning of Anxiety*. London: Dent

Smail, D. (1993) *The Origins of Unhappiness: a new understanding of personal distress*. London: Harper Collins.