Know yourself, know your client

The psychodynamic approach offers social workers and care managers a framework for understanding their relationships with service users, says Brendan McMahon, clinical nurse specialist in dynamic psychotherapy, Southern Derbyshire Health Authority.

Psychotherapists who wish to find out what social workers think about psychotherapy and the psychodynamic approach are in for a confusing time.

A social work reviewer of a book about Freud wrote: "I am amazed that there are still authors and presumably teachers who still believe in Oedipus and his naughty desires... it is rather sad to reflect that there are scholars still devoting their lives to the pursuit of this bogus wisdom." (Baird, Peter SWT February 16 1989). just over the page we find another review, this time of a book about the uses of therapy, in which we read: "The book affirms the place that individual therapy can have in freeing people from the distortions of gender oppression. It is ultimately a book that can offer social workers hope at a time when there is little affirmation of what therapy has to offer." (Houghton, Pam) Both reviewers were lecturers in social work in the same city.

Such contrasting views about the value of psychotherapy are by no means unusual. I have worked with social worker colleagues who take opposing stands and the letters page of social work journals often reflect what seems to be a significant difference of opinion within the profession. The capacity to argue energetically - and honestly over important things is, of course, a sign of creativity but it is neither necessary nor desirable that all social workers should base their work on Freudian principles. And it would be nice if the psychotherapy debate in social work journals began to reflect the fact that psychotherapy has made enormous developmental strides, in both theory and practice, over the last 70 years.

This aside, it might be worthwhile to reflect upon the ambivalent attitude towards the psychodynamic approach within social work circles, and to see whether there is something to be learned from it. When I began to think about this I found it necessary to put together some thoughts about social workers and what they do. Since I am an outsider I offer these thoughts in all humility and am, of course, open to correction.

It seems to me that social work is a theoretically eclectic practice-based profession that involves practical help and advice, advocacy and psychological and emotional support, and is therefore inherently ambivalent. Even the expectations of the wider community with regard to social work are themselves ambivalent, as evidenced by child abuse controversies. If this is true then it is not surprising that psychoanalytic thought is seen in a negative light, since it seems, on a superficial view, to:

* reduce all problems to an intrapsychic level, (and, in fantasy, this can seem to be equivalent to saying that the client is to blame for his own problems);

* obviate the need for collective, political action: and;

* place the client in a dependent position vis-a-vis the therapist
(in fantasy, this can be seen as just another name for the medical model).

It can also be seen, in a general sense, as aerie-fairie, an irrelevance compared to the "real" and frequently horrendous problems with which clients and their social workers have to deal.

This view, if I have identified it correctly, does a dis-service both to psychotherapy and to social work. Psychotherapy is no longer preoccupied solely with the intrapsychic, and the interpersonal aspect. The manner in which the client's internal world affects and affected by the external world, in particular other persons, has long been recognised in psychodynamic theory and practice, and to say that the client is responsible for the way in which he confronts his difficulties enhances his autonomy rather than diminishes it.

Changes that take place in or as a result of therapy inevitably lead to changes in the clients objective "real" life, as they become free of their conflicts and better able to act on their own and others' behalf. Lastly, the function of the therapist is neither to convert clients nor to perform some sort of psychological surgery - rather it is to enable them to make choices on their own behalf, the most important being:

* What kind of person am I/do I choose to be? and;
* what shall I do with my life?

The precise nature of the inner world may be conjectural, though psychoanalytic thought has produced some valuable working hypotheses. What cannot be in doubt is the fact that our inner world has a profound effect on the way in which we adapt to, or wrestle with, external reality. Changes in subjective reality impinge upon external reality, for good or ill. This is an integral part of human experience, and it is not necessary to draw upon the psycho-analytic literature to demonstrate it.

Psychotherapy offers a way of helping individuals, whether alone, in groups, families or couples to become aware of this inner reality, to be conscious of emotional conflicts which impair their ability to live creatively or relate effectively to others. It is a specialised form of treatment with clearly defined selection criteria, techniques and objectives. It is not a panacea for the problems of the world. When clients are carefully selected, objectives are clear, client motivation is strong and the therapist is both skilled and committed, clients can be helped to gain greater control over their own lives. The research evidence for this, contrary to some popular opinion, is overwhelming.

Distinct from psychotherapy, though related to it, is the psychodynamic approach. All of us in what are sometimes known as the caring professions, need a framework of understanding if we are to relate to our clients in helpful ways.

It is hard to see how we can do this effectively without some way of structuring clients' past experiences, their effect on his present circumstances and his sense of himself and his place in the world. If we can't think about, and with, clients then we cannot help them.

Empathy and advocacy are not enough. What is needed is a coherent
intellectual framework for understanding clients, and especially our own counter-transference feelings towards them. There is a danger, for psychotherapists and social workers alike, that we may be drawn into colluding with maladaptive behaviour or, at worst, acting our own unresolved conflicts through clients.

I believe that the psychodynamic approach offers such a model for dealing with these problems.