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## I. Analytic Third or Law? Reflection vs. Regulation in Psychotherapy Case Notes

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Sally Swartz's impassioned and poetic rendering of the possibilities of psychotherapy case-note writing as a forum in which to reflect and generate new interpretations on her therapeutic encounters inspired in me a sense of simultaneous exhilaration and envy. Her juxtaposition of Ogden's (1994) notion of the 'analytic third' and other intersubjective psychoanalytic theorists (Stolorow and Atwood, 1992) alongside feminist, postcolonial and dialogical theorists, applying these to her work as a white African woman therapist with black and white clients (men and women), does indeed indicate something of the radical potential of such resources. The extracts from her therapy notes do indeed convey something of the struggle to find a way to forge communication across complex and interweaving power relationships that – in a therapy situation, as all others perhaps – are both structural and personal, and shift from moment to moment with particular effects and affects.

As both (group) therapist and academic, I ache to see such work happen here in the postcolonial 'centre'. For it speaks of real engagement and commitment to use therapy as an arena to explore the impacts and insults of racism, sexism and heterosexism in all their meticulous, gross and microscopic, inscriptions on our bodies and minds. I know such work happens here (and I have tried to contribute to some of this, cf. Aitken and Burman, 1999; Gowrisunkur et al., 2002; Walker et al., 2002), but it is becoming increasingly difficult to write and talk about. In the name of protecting the public and transparency, and in a climate where professions are both required to regulate their own practice and are increasingly subject to state scrutiny, psychotherapists in the UK are being recommended by their training organizations to keep as few notes as possible, and certainly not to own up to writing extensive notes. The legal ambiguities surrounding the notion

of 'process notes' as separate from institutional records, and the issues posed by data protection as well as human rights legislation, has effectively led trainers to counsel against writing as a form of processing their work out of the worry that they may be drawn upon as legal 'evidence'. This amounts to a form of censorship of thinking that (if actually adhered to) would – according to Swartz's arguments – close down a vital area of 'working through' of the therapy (for the therapist, and thus by implication for the client).

All this is something of an irony given the importance accorded note-taking, and indeed the reconstruction of transcripts of therapeutic sessions for trainee therapists. And indeed, beyond some expectation of being able to provide both 'realist' and 'associative' accounts of one's practice, I cannot recall being given any advice at all on precisely how to record my sessions. Given my academic training, this matter somewhat exercised me (and I know from informal discussions with other academics who have trained as therapists that they shared this concern).

Of course there is a considerable literature generated about clients/patients (i.e. those who enter mental health services, variously termed), and a considerable critical literature analysing such records – ranging from Smith's classic (1990) 'K is Mentally Ill' to Terreblanche's (1998) discursive analysis of the repetitions of words and phrases, which so neatly illustrates the banality of processes of stigmatization and pathologization (and Swartz herself reviews some of this work). In such circumstances, it is tempting to demand that such records be open to public view, to be – as is the phrase – publicly accountable. For we know how such files circulate and produce deviant careers for their owners. As for the 'death of the author' (the erasure of authorial intention celebrated in literary theory), institutional records had signed up to this long ago, as indicated by Billington's (2000) analysis, albeit in an educational rather than specifically 'clinical' context, of subtle textual substitutions made between his 'statements of special educational needs' and the version adopted by the Local Education Authority. These changes not only played out professional hierarchies and rivalries, but also gave rise to dramatically different outcomes (in terms of recommendations for provision) for their protagonists.

But the problem of therapy notes is linked to a wider set of issues about regulation and reporting. The British National Health Service may pride itself on being 'free at the point of delivery', but it provides precious little in the way of psychotherapy provision. The retraction of the public services has led more and more therapists to work independently or in voluntary sector organizations. So now we see a different kind of 'third' at work – the 'third sector', or is it the 'third way' of Blair-speak (or New Labour discourse)? Alongside this, increasing numbers of clients either fund their therapies through some kind of medical insurance, or else they are referred via statutory services, which then pay the therapist.

Thus the US model of 'managed care' has entered the UK, and the consequences for compromising the confidentiality of the therapeutic space have been clearly identified (Bollas and Sundelson, 1995). Therapists are routinely called

upon to make reports to support clients' welfare rights entitlements (such as disability living allowances), if not to insurance companies or occupational health departments of organizations. While these reports no doubt would be supplementary to, rather than comprising, therapy notes, they do amplify the 'laundry list' (Swartz's term from Spivak) versions and, moreover, via their status as funding warrants of one kind or another, the reports necessarily tend to intensify the 'victim' status of the client. Whilst perhaps generated via joint agreement between therapist and client (and often at the explicit request or even demand of the client), these texts are far from the mobile, transformative exploratory inquiry that Swartz calls for in their rendering of the ambiguities and instabilities of the therapist–client relationship.

This necessary claim to expertise also brings in questions of regulation. Currently psychotherapy training organizations are banding together and centralizing their procedures, to arrive at nationally agreed forms and levels of qualification. This is, of course, to differentiate themselves from the 'quacks' and 'charlatans'. This widespread development across Europe has partly been driven by an earlier rumour of the demand for harmonization across the various European Union (EU) states (that has clearly acted in the interests of some organizations who doubtless played a role in its promulgation). Indeed, once this worry had taken hold, it become self-fulfilling. The great majority of British psychotherapists, like British psychologists, are now desperately seeking state registration. We don't seem to be very good at listening to accounts of the problems with this (including how such registration will fail to provide the very protection that is its supposed rationale, see Mowbray, 1995; House and Totton, 1997). Moreover, the centralization of psychotherapy trainings is increasingly becoming linked to processes of academic accreditation, with member organizations required to submit their training curricula in the form of documents specifying 'learning aims and outcomes', and with a discernable shift towards academic institutions as the arena in which to deliver psychotherapeutic training. Once we are in the domain of the university, problems arise: in terms of records and documents, there is the demand for access and intelligibility that precisely closes down the poetic, 'psychotic', heteroglossic renderings that Swartz describes in favour of integrated, autonomous rational unitary life-long learning subjects (Burman, 2004).

Perhaps it appears that I am wilfully misreading Swartz's paper, and indeed I guess such pressures are present also in South Africa. But there – for very significant reasons – psychology has always been more clinically oriented, and that clinical orientation is very psychodynamic (see Callaghan, 2005a, 2005b, for an analysis of South African women psychology students' training narratives); and, even more significantly, South Africa has so far eluded colonization by British and US psychoanalytic trainings, notwithstanding the latter's strenuous efforts! But I sincerely hope that amid other normalizations happening in the 'new South Africa', the kind of practice she is advocating does not get suppressed.

Perhaps it is not surprising that the most challenging writing about case his-

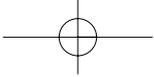
tories in Anglo-US contexts has emerged in the form of fiction, or thinly veiled as fiction. Yalom (1991) claimed to have negotiated with the patients on whom his stories were based, while at the end of the book Orbach (2000) invites her readers to consider what difference her claim that her case histories are made up makes. Truth may be stranger than fiction, and documentaries now work as fictions rather than either fact or fiction. In terms of explicit recommendations, the recently generated (through the centralizing and regulation process) 'ethics' and 'research' policies produced by specific psychotherapy trainings (are expected to) contain recommendations about consulting with analysands (or clients, or patients, depending on psychotherapeutic model) and gaining permission to write about them (see also Polden's, 1998 useful analysis).

Obviously these ethical and textual issues posed by writing and representation are not specific to psychotherapy, and indeed feminist researchers have made significant contributions to these debates (c.f. Wilkinson and Kitzinger, 1996). Nevertheless, it should be noted that these measures mark a huge sea change that also has considerable consequences for each particular model of psychotherapy. For a psychoanalytic approach, for example, how is it possible to claim 'informed consent' or to have engaged in a negotiation free of transference, or other unconscious, material? Is this a democratizing measure, or do such claims merely highlight the further encroachment of legal understandings into the consulting room?

Hence I am led to the conclusion that, far from opening up a realm for the rumination and exploration, currently case notes are a site of considerable anxiety for psychotherapists in the UK. Rather than a cosy intersubjective 'analytic third' that comes to intervene in processes of merger between therapist and client, it seems that here at the centre (to Swartz's diaspora) we are seeing the force of the law in privileging certain kinds of signifying processes over others. This is not to say that such thinking is not present. Clearly much of what she writes about is the very stuff of supervision (as the title of a book on this topic – *The Third Eye* – indicates, Sharpe, 2003). Within a group therapy model, such work also happens in the therapy itself as other group members take up and reflect upon (or 'mirror') the significance of ongoing communication. Barwick (2004) employs a similar set of psychoanalytic sources to inform his analysis of the group therapy process. Yet still we seem some distance from the carnival of uncensored play, with its possibilities for radical reversals of prevailing power relations. On the other hand, we are also some way away from the terrors and persecutions that, for many, attend the process of writing, as Barwick (2003) discusses in another text. Clearly writing can be as much a form of oppression as liberation – and even research encounters are typically conducted under the colonial gaze of prevailing authority (Clark, 2004). So, using whatever the intellectual and resources are at our disposal, we certainly need to work at creating the conditions that contribute to Swartz's claim of 'giving voice to the subaltern'.

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