Overall, in my role as quasi 'Sorting Hat' I would suggest *The Ultimate Harry Potter and Philosophy: Hogwarts for Muggles*, be allocated to *Bonum.* Its not a text that will decipher the key philosophers of existential tradition ***and*** it is not a text that focuses on the therapeutic so is unlikely to be on the essential list of training courses. However it is an interesting, broad-ranging review of a range of topics drawing on a variety of philosophers and philosophies and offers an inroad into the wider contribution that philosophy can offer us. It is also a wonderful example of how to navigate between the Ivory Tower and the tabloids, how we might play with philosophy in everyday life and in the wider cultural sphere – and suggests that in doing so we might alight on topics and phenomena that philosophical muggles will grasp. For that, if nothing else, I do recommend that it is on every Harry Potter reader's list even if it doesn't quite sit at the top.

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The Analysis of Failure: An Investigation of Failed Cases in Psychoanalysis and Psychotherapy

Arnold Goldberg. (2012). New York; London: Routledge.

Before reviewing this book, I must confess an interest: I am preoccupied by the failures which have occurred in my consulting room, where I've attempted to practise existential therapy for nearly twenty years. I doubt I'm alone in recognising that in my work, with some clients, I have failed. Why these clients and not others?, I ask myself; and who's to blame? I've long wondered why my colleagues rarely admit – let alone publicly discuss – their failures. However, at the 2012 SEA conference – where a facilitator encouraged us to participate in a 'brainstorming session' [how I loathe this managerial language!] and identify future conference topics – I managed to screw up my courage, mount the stage and display a large sheet of paper on which I wrote: Why don't we ever discuss our failures? The silence that greeted this suggestion was deafening. Is failure the dirty little secret of our profession?

Now that I've read Arnold Goldberg's witty, insightful and provocative book, I know that it is; and why: therapists of all persuasions are vulnerable to rescue fantasies; or more bluntly: a '…grandiose fantasy of cure'. Therefore, 'failure lurks in the shadow of every rescue attempt'; and when it occurs, we feel it as a blow to our self-esteem. It's difficult to be sanguine

about it [who/what's at fault]; moreover, due to the pluralism of technique/theory, 'there can be no guarantee that agreement on the failure or success of any single case will be correct and unanimous'.

Although Goldberg's a psychoanalyst [and his book contains some perfunctory genuflecting before the altar of transference and counter-transference], the conclusions he draws are applicable to any and all schools of therapy; for, according to the author, the ubiquity of failure across all therapeutic methods is the result of rigid adherence to a theoretical model, coupled with ignorance of and/or contempt for alternative ways of working. Rather than a 'one size fits all' stance, he challenges professionals to consider when/whether another methodology might be more helpful/suitable/appropriate. Says Goldberg: 'The question, then, becomes which approach is best under a certain particular set of conditions, and thus an incidence of failure becomes a relative thing (i.e. relative to both analyst or therapist and patient)'.

The bulk of the book is based on qualitative data from Goldberg's 'Failure Project' [a Kafka-esque title if ever there was one], which was prompted by the plaintive query of a psychoanalytical colleague who noted that his peers always presented case studies that went well, or had a minor problem, easily corrected in hindsight, but *never* cases that utterly failed. Equally Kafka-esque was Goldberg's difficulty in recruiting participants to his project: some simply laughed, were insulted or shocked. Although he tried to convince volunteers that the purpose of the exercise was not to ascribe blame, but to determine if practitioners could contemplate failure without the stigma attached to the word, Goldberg records that many volunteers described the experience as sado-masochistic, like '…going to the dentist'. Nonetheless, he believed that such an investigation might be both useful and 'therapeutic'; and he hoped to discover [1] what failure does to us; [2] how we grapple with the meaning of failure; and [3] to disseminate the conclusions. Other reasons for his project included his estimation that what has been written about failure is 'slippery' [that is, unreliable]; and his belief that the entire profession needs better definitions to determine the limitations of any technique, noting that '…the incredible insularity of our various "schools" has prevented the development of … guidelines as to what works best for what'. In this hope, I fear he is naïve, but better an optimist than a cynic.

How do therapists rationalise failure? Some blame the client – his stubbornness; lack of effort. For those with a very rigid approach, such clients are labelled 'untreatable'. This explanation is especially comforting because it '… completely removes the aura of blame and makes it more a case of bad luck'. For those he calls 'true believers', failure is due to incorrectly applying a chosen methodology [making failure avoidable if one sticks to the rules]. Then he identifies 'a taxonomy of failure':
[1] cases that never 'launch'; [2] cases that are interrupted and felt to be unfinished by therapist or client. These interruptions may be external,

i.e. money problems; client moves. Or they may be internal: someone [therapist, client, client's significant other] feels psychologically threatened; [3] cases that 'go bad' [client becomes angry/upset/suddenly quits]; and [4] cases that go on and on without obvious improvement.

Next Goldberg examines therapists' mistakes and mishaps in failed cases. Although he believes failure isn't a singular event but the result of many factors, 'a manifestation of a multitude of decisions that go awry', he doesn't mince words if therapists err in the following ways. The first is not doing/saying something and hiding behind silence: 'muteness as a virtue', he calls it; or 'not talking about what needs to be talked about'. Second is doing what shouldn't be done, or a misapplication or overuse of technique. And third, because most clients unwittingly take part in a 'therapeutic lottery', he is especially harsh when therapists refuse to consider and offer alternative treatment in problematic cases ' …out of ignorance, prejudice, greed…'. Failure can also be a mutual construction of both parties, an uneasy – occasionally combustive – mixture compounded by the rigid application of technique by the therapist and unrealistic expectations of the client. Failure, he says, is difficult to describe, 'but we know it when we see it.'

Goldberg's conclusion is refreshingly dialectic: by analysing failure, we expose the pitfall of only discussing success; for by only focussing on successful cases, '…there is no great need to learn anything new… [success] …can well become a prison house of limited knowledge'. Therefore, he proposes that training institutes and professional bodies should emulate the medical profession and schedule venues where clinicians can present properly disguised cases of failure, much as hospitals regularly conduct 'morbidity and mortality' meetings.

I wonder: are we existential practitioners open enough, humble enough, to recognise and accept that our paradigm is one of many, and may not best serve every client? Can we admit our failures? John Heaton does, in the preface to his book *The Talking Cure: Wittgenstein's Therapeutic Method for Psychotherapy*, where he apologises 'to those who came in the first twenty or so years of my practice as they had to suffer my inexperience'. Peter Lomas, Irvin Yalom and Leslie Farber have also been equally candid. And then there's Beckett's famous injunction: 'Ever tried. Ever failed. No matter. Try again. Fail again. Fail better.'

Finally, I must, in good conscience, add a postscript: should you discuss alternative therapeutic approaches with a prospective client, you may find, as I did, that said client decides to seek an alternative.

References

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