

# Psychology across the generations

Sarah Marzillier in conversation with her father John Marzillier

In April 2010 my father, John Marzillier, published a book recounting his 37-year career as a clinical psychologist. In *The Gossamer Thread: My Life as a Psychotherapist*, he takes the reader along on his journey from a naive young NHS psychologist who believed behaviour therapy was the answer to all psychological ills, to his later work as a private psychotherapist integrating ideas from psychodynamic and cognitive theories. The title itself reflects the important but often fragile relationship between a person seeking help and the individual trying to understand them. One of the most interesting elements of the book is the fact that he has trained within so many different approaches, including behaviour therapy, cognitive therapy, cognitive-analytic therapy and psychodynamic psychotherapy. For psychologists, this professional journey and the conclusions it has led him to make fascinating reading. For me, the most enjoyable aspect of the book is that it is very much a personal journey. He writes about his own feelings and experiences in the therapist's chair (and outside of it) in a frank and entertaining manner.

Growing up with a psychologist father was all I have ever known, so it is difficult to identify how that may have affected my childhood. In fact not only is my father a clinical psychologist, but my mother is too. Somehow my sister Kate managed to escape the world of significant silences and unconscious desires and is a successful business-woman. However, I followed in my parents' footsteps and became a clinical psychologist myself.

When his book came out, the editor of *The Psychologist* suggested that it might be interesting to for me, as his daughter and a psychologist, to interview him.

**When you set out you were a big fan of behaviour therapy. Why did you change? Did you become disillusioned with the behavioural approach?**

Not disillusioned with the methods. I think behavioural methods can at times be helpful. It was the claim that it was



John and Sarah Marzillier

somehow 'scientific.' This is the same mistake made by cognitive therapists today, claiming that the methods have been proved effective. The idea that any form of psychotherapy can be scientifically justified or proven to work is, to my mind, a delusion, a misunderstanding of both the nature of science and of psychotherapy.

**In your memoir you describe your very first therapy case, Peter, who had a fear of using public toilets. What did you learn from treating him?**

Not much at the time to be honest! But looking back, I learned a lot. At first he

and I went through the rituals of the therapy but with little effect. Only when we agreed to meet in a pub – yes, a pub, one could not do that now! – did he open up to me about himself and only then did he improve. His problem was not so much the phobic anxiety but a more general unhappiness and loneliness. To ignore the possible meanings of people's problems is, in effect, to act non-psychologically and does a disservice to the patient. As Patrick Casement has shown in his 1991 book there is much to be learned from one's patients if one is prepared to listen.

**It's interesting that you mention Patrick Casement's book. When I started my clinical training I was a big supporter of a scientific, cognitive approach. I happened to pick up *On Learning from the Patient* during my first year and it completely changed how I thought about therapy. However, I still think cognitive-behavioural approaches have their place. You have been very critical of the Improving**

**Access to Psychological Therapy (IAPT) approach – does that mean you don't approve of cognitive therapy?**

There are many good things about cognitive therapy. I particularly value the highly structured approach to assessing and changing mood states. It opens up the possibility of choice when often patients believe they have none. That can be very therapeutic and, with a good therapist, it enables people who are stuck in their depression or anxiety or whatever to see that there other ways of thinking and acting. But a mistake can be made, similar to that in behaviour therapy, of believing

the therapist has the answers, of imposing a model onto the patient, a rigidity that particularly worries me about IAPT.

**Don't all psychotherapies impose a model to some degree?**

Yes, you are right. But good therapists, whatever their persuasion, will listen to their patients and respond according to the individual in front of them. You need time to do that and it is a particular skill to do it well. If you are told you have four to six sessions to get people better, and that cognitive therapy techniques are what you have to do because they 'work,' then, quite simply, the model is imposed.

**You wrote a piece with John Hall in *The Psychologist* (May 2009) in which you were very critical of IAPT. Although many people agreed with you, you also got a lot of flak for it. Did you expect such a response?**

John and I felt very passionate about IAPT and we wanted to express our serious misgivings with it. I wasn't surprised at the anger it provoked among my former colleagues. After all, many psychologists have invested a great deal in IAPT. I am aware that people's core beliefs are not changed by rational argument alone. I didn't expect people to turn round and say we were right. But sometimes you have to say clearly what you believe, especially when something is transparently wrong, as we believe IAPT to be.

**When I started out I found clinical psychology quite frightening because it seemed so amorphous, with no clarity about what we should be doing, or even what goal we were aiming for in therapy. If I had to pin down one thing I learned from my training, I would say it was probably the ability to exist in a state of *not knowing* – and allowing myself to realise that often there are no clear answers. Is there one piece of advice you would give to novice therapists?**

I agree about the value of not knowing. My advice would be to try not to do too much too soon. The tendency when starting off is to rush in to help. But you can often help people better if you hold back at first. The key to any successful therapy is understanding. Give yourself time to work out what is going on. Suggest taking two to three sessions before starting any formal therapy and you will be amazed what a difference it makes.

**Do you recall one moment in your professional life that really affected you personally?**

Two moments, one bad, one good. One morning I got a phone call from a GP who said Leone, one of my patients, had killed herself. She was someone I knew very well – I had seen her off and on for four years – and I had no inkling that she would do this. It was an awful moment and I describe how it felt in my memoir and what led up to it. It's the irrevocable nature of suicide that is hard to bear, knowing that you won't see the person again.

The second was severely depressed medical student, a young woman, who I was seeking to help in conjunction with a psychiatrist who looked after her medication. I took a chance and set up a meeting with her father, a doctor, and at last she was able to say how angry she was

with him for something that happened when she was 14. Her anger got through to him and he took it on board. It was a very moving session. It underlined the value of bringing others into therapy and of sometimes taking risks.

**People often commented that it must be difficult growing up with two psychologists as parents, although in fact I think there were many positive aspects. Do you think being a psychologist affected who you are as a person and as a parent?**

What a question! I think being a parent was much more difficult than I first realised. There is the blithe idea that it will all come naturally. It doesn't. I honestly do not think that being a psychologist, psychiatrist or similar is the important thing. It is more important to be loving and attentive to the other's needs. I never thought of myself in relation to you and Kate as a psychologist, just a dad.

**But what about you as a person?**

That's more difficult to answer. In my memoir I say how I started out in psychology because I was interested in the mind. I still am. Psychology didn't put me off at least! Working as a psychotherapist made me more sensitive to the way people are, an empathy that I might not have had, or not to that extent, if I had done something else. But it's an impossible question so let me turn it back on you. Do you think being a psychologist has affected you as a person?

**I think it has affected me. There is a part of me, and I think of you, that is very competitive and would have thrived in a high-prestige career like medicine or law. At times I would have felt more comfortable because those jobs appear to have more certainties than psychology, and you probably remember from when I was young that I have always liked to be in the right! However, I think psychology taught me that certainties are really myths that we tell ourselves to help ourselves feel better about an uncertain world. I think that has helped me to be more accepting towards others and ultimately myself.**

I know the highly competitive part! Where did you get that from, I wonder? I am delighted psychology has helped you personally as it did me. It is not just to do with therapy either. We both share an interest in models of the mind, seeking to understand human behaviour, aware that people sometimes foreclose on that too quickly (the value of uncertainty). But

you have also directly helped me in shaping my thinking. Your recent interest in energy psychology, for example, has opened my eyes to a different and exciting way of helping people who have been traumatised.

**I am really pleased that you have begun to be interested in energy psychology approaches. As you know they have helped me so much personally. I have seen how effective they can be first hand. It is also nice for me to introduce you to something new – just as you have taught me a great deal over the years. But I am near the start of my career, while you've finished your work as a psychotherapist. If you could do it all again, what would you do differently?**

Can I put it differently – what things I regret doing or not doing? I was around at the beginning of sports psychology. In the late 1970s two of my students at Birmingham went to work with Bobby Robson. I was interested but let the interest slip. I love sport and it would have been a challenge to apply psychology in a sporting context. Where I did take a risk was leaving my job as the Head of the Oxford Clinical Psychology course and setting up in private practice as a psychotherapist. That was a huge wrench and, more than once, I wondered if I'd done the right thing. But it brought me great satisfaction and I valued my complete independence.

**What about the future? Are you a psychologist or a writer now?**

A bit of both. My next book is on how people respond to unexpected major traumas. It is based on interviews I have had with survivors of events like the London bombings of 2005. In the book I shall also sift the psychological and psychiatric literature on trauma and present what we know and what we don't know. Like my memoir it will be written in a way that is accessible to the general reader. In fact, Sarah, I am banking on it becoming a bestseller so that you don't have to keep me in my old age!

**I'll happily go along with that!**

reading

Casement, P. (1991). *Learning from the patient*. New York: Guilford Press.

John Marzillier's website can be found on [www.johnmarzillier.com](http://www.johnmarzillier.com)

*The gossamer thread: My life as a psychotherapist* is available now from Karnac Books.

(NB. The names of the patients mentioned in this article have been changed)