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EDITORIAL

Anonymisation

Once upon a time, analysts simply wrote about their patients. Freud did. Analysts were writing to analysts. In that era, learned journals in many different fields were read by learned specialists, who subscribed to the journal. Numbers were small. It was not expected that the unlearned would read the journals, and it seems they usually didn't.

In more recent years, this situation has changed in two fundamental ways. Firstly, journals (and other specialist writings) have become wholly accessible to readers who are not specialists. In our field, analysts may write for analysts, but their publications have become completely available to patients and to other interested parties. Secondly, the top-down model between analyst and patient has changed in our field, as it has in all others, so that patients feel entitled to be respected as equal partners in the enterprise of psychoanalysis – and analysts agree that that is ethically correct.

A third development is that in the medical world, the consent of patients to the details of the treatment is now recognised as ethically essential. Psychiatric treatment therefore follows this model. There has always been a relationship between psychiatry and psychoanalysis, sometimes closer, sometimes more distant, often confused and confusing. Freud famously advised against analysts necessarily being medically qualified, and the two most influential analysts of the next generation – Anna Freud and Melanie Klein – were not. Yet the American Psychoanalytic Association continued to insist that candidates must be medically qualified for decades to come. More specifically, the medical model focuses on "informed consent" and is designed to manage issues from participation in trials to agreement to surgical procedures or medication regimens to the use of body parts, etc. "Informed consent" here means being provided with details of possible outcomes for patients (quantified benefits, side effects, complications, likelihood of failure, etc.) in an understandable way.

A fourth development is that publishers and their legal teams also tended to conflate psychoanalysis and psychiatry, at least in various respects, not least in what was seen as the ethical requirement for patients to be asked for their consent if they were to feature in clinical articles.

Yet I do not believe that this medical model of consent can apply to psychoanalytically oriented treatments, for both practical and, in many cases, clinical reasons. On the practical side, although a patient can agree to their material being included by their analyst, this is not informed consent unless she was also warned about all the complications that can arise if the material is identified and how it will be distributed. Unlike the medical or surgical case, this is quite simply not possible with highly confidential clinical information and the outcome of it being revealed, which could be unpredictable even for generations to come. On the clinical side, seeking informed consent for something that has no obvious benefit to the patient, unlike in medicine, is a massive intrusion into their treatment, complicated by everyday factors such as unconscious transference and countertransference, which might lead to such phenomena as giving consent to please the analyst one moment but reversing it later.

Psychoanalysts seem typically to have been split on this issue both amongst each other and within themselves, inter-psychically and intra-psychically. Some psychoanalysts felt and continue to feel that it is ethically mandatory for patients to be asked for their consent for publication. It would seem that a greater number of psychoanalysts disagreed, but were uneasy about their dissent.

At the *International Journal of Psychoanalysis* (*IJP*), David Tuckett as editor and Glenn Gabbard, who was to become editor, wrote what have become classic papers on the subject (Gabbard 2000; Tuckett 2000). Despite, however, their clear messages that our psychoanalytic situation is fundamentally different from the medical, psychiatric situation, psychoanalysts have remained confused. One symptom is that most psychoanalytic journals, including the *IJP*, have for many years theoretically complied with the notion that patients' consent should be sought, whilst in practice they have declared that nearly every paper constitutes an exception. I base my opinion that most psychoanalysts regard their situation as different from the medical one on the fact that the overwhelming number of submissions over many years to the *IJP* have declared the clinical situation described in their paper to be an exception, and therefore they have not sought their patient's consent.

But my impression is that, although assessing the psychoanalytic position to be different, the profession has been so strongly influenced by the medical perspective on consent that many analytic authors have felt obscurely guilty and certainly anxious if they did not conform to the expectation of gaining consent. In a way, therefore, this practice of signing a contract with a publisher that agreed patient consent should normally be sought, but that the particular case of the particular paper constitutes an exception, rather accurately reflected the internal ethical conflict experienced – or, rather, suffered – by many analytic authors. Could this be an unconscious reason for the practice to have persisted, unchallenged, for so long?

The reasons for authors claiming exceptionality have been varied. Broadly, many feel that a paradox is involved: on the one hand, the respectful relationship between two conscious individuals would imply the practice of the analyst's asking for the patient's consent to publish. This mirrors the medical situation. But the emphasis in psychoanalytic treatment is on the unconscious, and particularly how this drives the transference. Analysts often consider that, whatever is said and thought consciously, patients don't know fully enough nor with real accuracy what it is that they are giving consent to (or not), nor do they know why they are giving it (or not). Many unconscious motivations may be involved: compliance and envious withholding are just two obvious examples, along with phantasies of analysts stealing the material, or phantasies of becoming the analyst's love object – but there will be many more. Today, we would increasingly emphasise the dynamic unconscious of the analyst as well: analysts who persuade themselves of their good reasons both for publishing and also for asking for consent may be acting in some denial of complicated feelings between them and their patients, and indeed between them and their publishers – not least ambition. Blind eyes may be turned, in the patient and/or the analyst.

Many analysts also stress their certainty that to ask for consent constitutes too much of an intrusion into the analysis, stating this as their primary reason for not asking for consent. This can lead to their claiming exceptionality, and publishing; sadly, it can also lead to a decision not to publish. Authors feel caught between the desire to publish and guilt deriving from the official prohibition on publishing without the patient's consent, if they feel that they cannot ask the patient for consent without unduly disturbing the analysis. This situation is depriving for the analytic community, which could benefit from the publication. This negative decision has been taken many times by many analysts. I strongly suspect that this is the major factor leading to the drop I've noticed in the number of clinical papers submitted to the *IJP* and other psychoanalytic journals.

Those author–analysts who consider it fundamentally disrespectful and unethical not to ask patients for their consent argue they are not blind to these issues, but that they can be worked through in the analysis, in much the same vein as other intrusions and desires from the analyst: these always exist in any analysis, and, like other disturbing events, they need to be taken up and worked through. The fact that the analyst has a life, and that that life impinges on the patient, is an important dimension of the analysis: holiday dates are an example. The fact that their analyst turns out to be an author who wishes to write about the patient may indeed be disturbing, but it's a fact of life like many others, and the business of the analysis is not to avoid disturbing facts of life but to engage with them and work through them.

However, there is a sense that an unstable situation has been extended for far too long: it's as though we have been skating on thin ice. Events persuaded me that I needed to grasp this nettle as soon as I became editor of the *IJP*. I received complaints – not from patients, as might be supposed, but from the publishers. Not unreasonably, they believed that a contract existed in which consent was normally sought, and they were surprised – not in a good way – when they discovered that the actual system tended normally to plead exceptionality. It was this situation that compelled me to seek a more radical engagement with the dilemma.

A group of editors of psychoanalytic journals published by Taylor & Francis, including *IJP*, joined with David Tuckett of Psychoanalytic Electronic Publishing (PEP) to discuss the issue. PEP's position as the principal secondary publisher of psychoanalytic journals internationally rendered it central to these discussions, along with the journal editors. We realised that we had been getting the balance wrong between consent and disguise. The system had been operating to support consent, even if papers were claimed to be exceptions, and disguise was used to protect the patient. But this did not reflect most analysts' actual thinking on the issue. They didn't agree that consent was valuable – in fact, they considered it quite the opposite. But because consent was the official position, disguise was often only applied lightly. It seemed semi-consciously thought that if authors obtained their patient's consent, disguise was secondary. This rather shoddy thinking also affected authors who didn't get their patient's consent, but were still operating under this overall mindset.

We have reversed this position. We are now making it official policy that disguise – we now use the stronger term *anonymisation* – is primary, and de rigueur. Now, when authors make a submission to any of this group of journals, they will have to fill out a questionnaire, a detailed checklist that establishes they really have anonymised any patients mentioned. This will not only reassure the editor that authors have anonymised, I believe it will help authors too: they also will feel reassured if they can check all the boxes. If they find they can't, they may well find that the questions now give them some more ideas about how they could – and should – anonymise. Submissions are always checked for a number of items so that they are ready to be sent out for review and, if the author wishes, to be posted on *IJP Open*: in their reading, editors will ascertain that the paper seems appropriately anonymised as part of their checking, as will reviewers. At the end of the submission process, authors will still sign a contract with the publisher, but it will now reflect this change in policy and will require them to warrant that they have anonymised their clinical material in accordance with the requirements of the journal.

No statement about patient consent will appear anywhere in the submission guidelines. We wish to make it crystal clear that submission to the *IJP* is not incumbent upon patient consent, nor do we wish inadvertently to be seen to imply that we would prefer consent to be sought, by mentioning it. However, if any author wishes to gain their patient's consent, there is nothing stopping them doing so, and they can of course inform the editor of this. This is clearly of great importance to any analytic authors who feel strongly that this is what they wish to do, even more so if they feel this is what they *should* do.

Another powerful reason for this change of emphasis is the recognition that, legally, patients are bound in no way to the consent they have given. Ironically enough, they are quite entitled to use the same kinds of reasons I have mentioned above for changing their minds, which they may do five minutes after signing, or five days, or five months, or five years, or 50 years later. These factors may not be reverberating in the minds of analyst and patient in their analytic situation, but they are certainly reasons resounding in the hard-headed minds of editors and publishers.

So, authors will be required to declare that all steps have been taken to prevent the possibility of their patient being recognised by any third party, and, so far as is possible, patients should also not be able to recognise themselves. This represents a cultural shift in the minds of authors, editors and publishers, and it is being processed by many editors and journals in psychoanalytic publishing across the world. Also, publishers: our own publisher, Taylor & Francis, has brought to their consideration of these changes all their expertise and experience, including legally, in psychoanalytic publishing. PEP is also in the process of making these changes a requirement for publication.

A few words about the ethics of anonymisation. Whilst an author may start their authorial process by describing a particular patient, that particular patient's problems and pathology, and the issues that arise in treating them and relating to them, in the process of writing the paper, the author needs to move to a position where that patient is no longer in him/herself the core of the focus, but instead becomes an exemplar. In other words, you might start writing your paper about John Smith, your patient, but, quite frankly, I (the reader) don't want to read about that; that would be intrusive, that's private business between you and John Smith. However, if you can begin to make Stephen Williams, or even Stephanie Williams, no longer just an alias for John Smith, but an exemplar of the issues that originally gave rise to your curiosity, then I do want to know, very much, because I probably have patients in my practice with whom I'm having some problems, and my issues with the patient (and the patient's issues with me) resonate with what I'm reading about Stephanie Williams. And if you, as author, have genuinely moved from John Smith to Stephanie Williams, you are unlikely to still be writing the paper in such a way that John Smith would be quite sure that he is your subject, were he to read your paper. There's been a shift, more radical than a mere change of name. A transformation has taken place. The original John Smith has been completely protected, and the author has been freed to discuss those particular psychoanalytic issues, no longer worried or inhibited by concern for John Smith or by a more paranoid anxiety about being found out.

I consider this to be a truly ethical shift. It means that the very private analytic encounter is not being "leaked", unethically discussed abroad. It means that the analyst is transitioning properly to the position of author, where they are now writing not so much about the patient but about an analytic experience that the author reckons will be useful to other analysts. It will not be untrue to the whole analytic situation of the original patient, but that patient is no longer singled out, as it were, for their idiosyncrasies and psychopathology. The psychopathological or otherwise problematic aspect of the case will now be expressly or at least implicitly shared: this is what I mean by an exemplar.

Another, related irony is that, as I have been wrestling with these issues, I realise how true it is that we are all unique, yet also none of us is quite as unique as we might have believed. In my theoretical example, John Smith is of course unique. But I imagine many of us will have had the surprise – all the more likely as we amass clinical and supervisory experience – of encountering other patient–analyst pairs whose issues are astonishingly similar to those of John Smith and his analyst. I write this partly because many analysts are resistant to thorough anonymisation, what Gabbard referred to as "thick disguise", because the more layers of disguise are applied, the less it feels true to the particularities of the original analytic couple. This is another ethical dilemma. But once an author has had that surprise of encountering other similar patient–analyst dynamics, particularly when their psychopathology seemed so unusual, the author can be somewhat freed from the constraints emanating from that particular anxiety. And, of course, why would the author wish to publish in the first place, unless they expected their accounts and reflections to resonate with the experiences of at least some of their readers? This, also, is the motive of editors and publishers.

No system, no perspective pertaining to these issues can be perfect. But I do believe that our new emphasis on anonymisation achieves two goals, dear to me as editor of the *IJP*. Firstly, patients are accorded real psychoanalytic respect. Secondly, my earnest hope is that authors will begin to be freed of some of their inhibitions, and will see their way to writing more freely about their clinical experiences – and will then submit them to the *IJP*.[1]

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[1] Although these opinions are my own, I could not have reached them without the constructive and sustained engagement on these topics which I shared with my friends and colleagues: Stephen Seligman, Editor Emeritus of *Psychoanalytic Dialogues*; Denia Barrett, Co-Editor-in-Chief, *The Psychoanalytic Study of the Child*; David Tuckett, Chief Executive Officer of Psychoanalytic Electronic Publishing; and Adam Burbage, Global Head of Portfolio in the Behavioural Sciences at Taylor & Francis.