



Statement on Confidentiality

March 2024

The British Psychoanalytic Council (BPC) attaches the highest importance to confidentiality for all forms of communication between our Registrants and their patients.

Central to the psychoanalytic approach is the exploration of interpersonal processes with attention to underlying unconscious activity. Very strict confidentiality is an essential prerequisite for the focus on and the use of this material.

Psychoanalytic confidentiality

It is recognised that confidentiality in psychotherapeutic work has a particular clinical importance. The decision of the United States Supreme Court in *Jaffe v. Redmond* 518 U.S. 1 (1996)¹ that ruled against the disclosure of a psychotherapist's notes, is a case in point. The court there noted that treatment by a physician for physical ailments can often proceed successfully on the basis of a physical examination based on objective information supplied by the patient, and the results of diagnostic tests, but that effective psychotherapy, by contrast, depends upon an atmosphere of confidence in which the patient trusts the psychotherapist's commitment and capacity to protect their frank and complete disclosure of facts, emotions, memories and fears.

Psychoanalytic work is based on theories about the ways in which conscious thought and behaviour is influenced by unconscious mental activity; this activity often producing symptoms and difficulties. The Registrant tries to bring these unconscious elements into conscious awareness. This is no easy task; it involves uncovering aspects of patients and their experience, about which they would prefer to remain ignorant and which, when conscious, may cause them great pain, shame or guilt. Patients, even while wishing to uncover unknown or forgotten aspects of themselves, often go to some lengths to prevent their discovery. To understand the patient and the way their mind works, the Registrant may take an interest in the patients' dreams

¹ *Jaffe v. Redmond* (1996) Supreme Court Decision 518 U.S. 1

and fantasies and will ask the patient to say whatever comes into their mind, to free associate; this encourages uncensored irrational thought. Free associations, fantasies and dreams can not be thought of as hidden versions of objective truth and it is only after careful consideration, and particularly after taking into account the patient's relationship to the Registrant, that communications can be understood. This work provokes strong feelings in patients towards the whole process and towards their analyst or therapist; the patient's communications and behaviour have to be understood within the context of this relationship.

Patients are invited, not just to be themselves and to reveal intimate secrets, but at times to reveal their worst. This activity can only occur in a situation in which the patient trusts there to be a high degree of neutrality and confidentiality; any breach of confidentiality would be acutely damaging to the essential relationship between the patient and the Registrant and a violation of the patient's innermost thoughts, feelings, fantasies and dreams.

The purpose of psychoanalytic work is to help patients recognise and take responsibility for their ways of thinking, feeling and behaving, including previously unrecognised, unacknowledged aspects of their personalities. The use of information gained from a patient in this setting for any other purpose undermines this entire endeavour.

As part of the secure boundary of psychoanalytic work, a minimum number of people should have knowledge of a patient's identity. A qualification to the above is when, because of the degree of illness of the patient (e.g. risk of suicide or breakdown requiring hospitalisation), the practitioner makes the clinical judgement that a third party such as a psychiatrist should be involved with the agreement of the patient. The information shared with this third party is limited to the absolute minimum necessary for the patient's safety.

In exceptional situations disclosure of confidential information, even without the patient's permission, may be considered. Further information can be found in the BPC's safeguarding guidance. Decisions about disclosure are based on the clinical judgement of the practitioner in consultation with relevant colleagues.

Conclusion

Assured and predictable neutrality and confidentiality are absolutely central to psychoanalytic work without which the existence of these as available treatments is seriously compromised for all patients; and some practitioners would say that it is impossible to practise.