

Volume 15 (2019)

Contemporary Themes in the Field of Integration

ISSN 1759-0000



Volume 15 (2019)

The British Journal of Psychotherapy Integration

Introduction

The British Journal of Psychotherapy Integration is the official journal of the United Kingdom Association for Psychotherapy Integration. It is published once a year.

ISSN 1759-0000

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Volume 15 (2019)

Editorial

Welcome to issue 15 of BJPI which presents some key contemporary writing on Integration in our field. In this issue we witness an ever widening remit among contemporary clinicians and writers as their thinking extends far beyond the practice room, into current debates, collective concerns and other spheres of influence.

Steph Riddle considers the psychological implications of the Brexit divide. I was delighted when Steph expressed interest in writing for BJPI, having written a short piece about Brexit for her local psychotherapy network. The extreme polarisation we are seeing Nationally and globally is something of extreme concern for us all, which needs to be understood psychologically and socially. It is a timely piece and I am sure there is much we could say on this subject! I think it is a good start and I hope it stimulates more thinking and writing.

Steffi Bednark challenges the limits of the Gestalt 'field' extending her vision to capitalism and the natural world. This article first appeared in 2018 in the British Gestalt Journal, and Steffi subsequently shared it amongst colleagues in the Climate Psychology Alliance (CPA) where it was warmly received and widely appreciated for its personal insights and depth. It has therefore been extensively peer reviewed and I am delighted to be able to reprint a slightly edited version with gratitude for permission from the editors of the Gestalt Journal.

Chris Mills reviews his experience of collaborative work with lawyers, describing his journey to introduce them to our humanistic and integrative approach to supervision. Chris offers an insightful personal account of the steps taken to develop a working alliance with the lawyers, illustrating how effective consulting within other professions demands painstaking work in order to establish trust and a common language.

Although it is relatively unusual to have an article on supervision and integration, there is much other important work going on in the field with psychotherapists offering training and supervision in services such as drug and alcohol, eating disorder services and other areas within the NHS, as well as the clergy, the police force and special needs schools. It would be great to hear more about this work if any readers are involved in or know about it.

Judy Ryde and **Peter Hawkins** introduce us to their new book, *Integrative Psychotherapy in Theory and Practice: a Relational, Systemic and Ecological Approach* (Hawkins & Ryde, in print) where they argue for a new integration of approaches for the 21st century. The article examines different understandings of 'integration' and argues for a broader and deeper integration to address the root causes of our current social and cultural crises which result in increasing mental ill health. They argue that 'the breakdown of psychological containers for meaning making are an important factor' and propose 'a tripartite approach that integrates the best of relational, systemic and eco-systemic

psychotherapy'. Their book is being published by Jessica Kingsley, due out in October.

Tom Warnecke elaborates on common definitions and understandings of the transpersonal in integrative practice, and argues that we need to recognize transpersonal issues as a 'universal concern' for all psychotherapy practice, including it in all training curricula.

There has been a tradition in the BJPI for students to submit part of their final dissertation which states 'their integration' and these have come from trainings which require this. In a slight departure from this format I have requested submission of articles arising out of original dissertation topics. This embraces the tradition of BCPC (current editorship) where a heuristic research topic is chosen for the final dissertation, seeking to make meaning of personal themes and to bring theory to bear so that the universal significance and relevance to the field can be understood.

In this issue, **Victoria Fulljames** writes about issues particular to being an only child, exploring existing research in the field and uncovering dynamics that therapists may need to be aware of when working with this client group.

The two book reviews are relevant to the contemporary themes of this issue: one discusses refugee stories, whilst the other focusses on race and privilege.

Tree Staunton

Editor

Steph Riddle

Psychoanalytic Sociology's Interpretation of Brexit: Reflections from an Integrative Perspective

Let us take our sense of fragmentation, fracture and complexity as healing as well as wounding to a sense of political and social empowerment.

(Andrew Samuels, 'The Political Psyche' 1989:11)

Prologue

This article arose as a response to a seminar I attended in February 2019, led by psychoanalytic sociologist Michael Rustin from the University of East London, in which he presented a psychodynamic interpretation of Britain's decision to leave the European Union (Rustin, 2019a). His ideas generated an intense and energetic discussion amongst the mixed audience of academics and clinicians who attended the seminar, and this led me to reflect on the implications of Brexit for psychotherapists, both in the consulting room and in how we relate to the wider world. I considered whether integrative psychotherapy has something particular to offer now, or something particular to learn, during an episode in political history where the wish to leave, to split, to separate, has apparently dominated over the wish for unity and harmony. I also sought to situate myself personally and politically in the material, thinking about my own psychology as someone who voted 'Remain' in the European referendum, what I may be splitting off or excluding in myself, and the relevance of this to what is happening in the political whole.

Abstract

Contemporary psychodynamic thinkers have interpreted Britain's decision to leave the European Union as resulting from projective identification mechanisms among Leave voters, who have unconsciously sought to evacuate the shame, pain and powerlessness they experience as a reaction to social and economic conditions (Morgan, 2016; Orbach, 2019, Rustin, 2019a, Rustin 2019b). I offer that it is also useful to consider Brexit with reference to the clinical theory of enactment (Jacobs, 1986; Bass, 2003; Ginot, 2009). Viewed as an enactment, Brexit is a moment of breakthrough and opportunity, as well as crisis and risk. A therapeutic response to Brexit requires us to go beyond traditional interpretation to a deep, process-orientated engagement with political material, which incorporates an understanding of the ways in which Remain voters also carry and participate in our collective wounds as a society. I would also like psychotherapists to be bolder in standing up for an experiential, psychodynamically informed view of the world, and for the potential of psychotherapy itself as a peace process.

A Psychodynamic Interpretation of Brexit

In February 2019, as part of the *Interdisciplinary Seminars in Psychoanalysis* series organised by St John's College Research Centre in Oxford, psychoanalytic sociologist Michael Rustin led a seminar to a mixed audience of academics

and psychotherapists in which he offered a psychodynamic interpretation of Brexit. In his opening comments, Rustin suggested that, just as individuals seek psychoanalysis when there is something going wrong *which they don't understand*, societies can also benefit from psychodynamic thinking in times of crisis, and specifically when social and political events run contrary to normal expectations. This is the task of Psychoanalytic Sociology, the academic discipline which investigates the unconscious dimensions of social life.

According to Rustin, Britain's decision to leave the European Union is an example of a social and political event which defies normal expectations of behaviour, in that most evidence suggests that Brexit will be damaging (Rustin, 2019a). He offers a psychodynamic interpretation of the meaning of Brexit, set within the framework of a left-wing sociological perspective. His argument is that we are living through a crisis of neo-liberalism, where states have become powerless to regulate the inequalities, deprivations and humiliations brought about by free market capitalism. This has created conditions in which nationalism can thrive. The EU has received *blame* as a way to resolve the *shame* of poverty, inequality and powerlessness. Migrants are bad objects to receive the split off, unbearable parts of the self. Essentially Brexit is a symbolic expression of violence, with qualities of a sadomasochistic fantasy, perhaps. This explains the passionate experiential 'feel' of Brexit, amongst its proponents.

A broadly similar commentary has been offered by psychoanalyst David Morgan in a blog for the London School of Economics (Morgan, 2016). According to Morgan, economic inequality generates an overwhelming and unconscious fear that there is not enough to go round, a fear that can be manipulated for political purposes. He suggests that the persecution of migrants is defense against the superfluousness that humans feel in a global order which does not care for them. He also picks up on the sadomasochistic element of Brexit, describing it as a 'social Schadenfreude'.

Susie Orbach, in her recent Guardian article on the 'trauma' of Brexit, has offered a compatible but more relational framing, describing

Brexit as an emotional communication between Leave and Remain voters:

The result of the referendum was a transfer of angry feelings from many leavers, those who had been economically and socially squeezed – to remainers... We have all had to see the country as broken, to give up the delusion that everyone was OK. Manifestly people weren't... The Brexit vote said to remainers: "You will no longer have it your way. You are going to feel threatened as we have felt threatened. You can lose your hope as we lost ours.

(Susie Orbach, 26 January 2019, The Guardian)

Brexit as Enactment

I would like to offer that it is useful to consider Brexit with reference to the clinical theory of enactment (Jacobs, 1986). In relational psychodynamic theory, an enactment is a dramatic event which expresses, in a condensed and emotionally intense form, something which was previously missing or denied in the therapeutic relationship. It often involves boundary threats and violations, and the viability of the therapy itself is often at stake (Bass, 2003). In an enactment, split-off parts of the self are mobilised in dramatic fashion, providing the therapist with '*an unmediated connection with what cannot yet be verbalised, a connection that essentially construes an empathic resonance,*' (Ginot, 2009:290).

So, Brexit can be understood as an enactment with reference to the following specific features: a) it is an emotionally intense, dramatic event; b) which challenges pre-existing boundaries and norms to the extent that it may be experienced as existentially threatening; and c) which brings into awareness, via a large-scale transference-countertransference communication, psychic contents which had previously been denied or unavailable.

In clinical work, enactments are 'phases of both unusually high risk and high-potential growth for analyst and patient alike' (Bass, 2003:661). Through this lense, we might hope that Brexit could be a moment of breakthrough and opportunity, as well as crisis. Borrowing a concept from Andrew Samuels, it is a

moment of high 'political energy' where creative impact on political problems becomes possible (Samuels, 2006:7); just as Freud saw the death instinct as having an evolutionary function (Wollheim, 1971); and just as the archetype of 'The Tower' in tarot symbolises the creative power which is available in moments of destruction (Pollock, 1997).

Comparison with America: the work of Ta-Nehisi Coates

The idea that the Leave vote was a large-scale transference-countertransference communication has a lot of resonance validity for me, because I think it speaks to how the outcome of the European Referendum was experienced as a 'shock' by Remain voters. In his brilliant book on racial politics in America, *We Were Eight Years in Power: An American Tragedy*, journalist Ta-Nehisi Coates considers how the election of Donald Trump after Barack Obama was also such a 'shock' (Coates, 2018). 'No one' had foreseen it, nor was it even previously imaginable by Democratic voters. President Obama himself did not entertain it as a serious possibility. And the question here is the same as for Brexit – how can 'we' have been so ignorant?

Coates answers this question without explicit reference to psychodynamic theory, yet his answer is psychologically rich and powerful. He argues that a Black president such as Obama, who was eloquent, graceful, dignified and just, was a profound insult to white pride. The outrageousness of Donald Trump's politics – his rhetoric, behaviour, and mental state- is at some level an attempt to compensate for the depth of the insult. Coates explains this with reference to the history of slavery in America and the extent to which that was normalised and legitimised within the American psyche. In psychodynamic terms - long after the abolition of slavery, Black people had continued to function as an underclass within the American psyche, essentially 'holding' degraded and rejected parts for White people. The emergence of a thriving Black middle class in America was deeply threatening to White Americans who took comfort in the knowledge that, whatever their economic status, they were not 'slaves'. It is easy to see the parallels of projective identification and the ways in which this is

similar to the stories we can tell about the unconscious mechanisms underlying Brexit.

Credibility and influence of psychodynamic theory in the political realm

Andrew Samuels, in an edited volume on 'The Politics of Psychotherapy' (Totton, 2006), writes that many leading figures in the history of psychotherapy, from Sigmund Freud and Carl Jung to Abraham Maslow and Fritz Perls, have held the aspiration for psychotherapy to make a difference in the wider world. But, he quips:

the world didn't turn up for its first session

(Samuels, 2006:10)

One aspect of the problem referred to here is that psychodynamic explanations of political phenomena are likely to lack credibility for many people. It is important to distinguish valid interpretation from mere speculation or 'wild analysis' (Rustin, 2019b:255).

In his newly-published work, *Researching the Unconscious* Michael Rustin describes how psychoanalysis has developed as a field largely outside the academic and university system and outside the mainstream of the social sciences (Rustin, 2019b). While advances in neuroscience and attachment research are generating new areas of common ground between psychotherapy and the physical and social sciences, psychoanalysis still has a credibility problem which is difficult to shift:

the psychological, biological and social sciences...have found it difficult to take account of the reality and significance of **unconscious phenomena** for the mental lives of individuals and groups.

(Rustin 2019:2, emphasis added)

This is partly because, almost by definition, the science of the unconscious is a study of phenomena that lie beneath the surface of everyday perception and understanding. The concept of 'the unconscious' itself is also questioned as a reification in contemporary relational and intersubjectivist approaches (Stolorow and Atwood, 1992). This creates

challenges for the research and the evidencing of unconscious phenomena. Furthermore:

there is **resistance** to understanding.... almost by definition, a psychoanalytic discovery about an aspect of social life will assert the existence of something unexpected, distinct from and often challenging to the self-understanding of subjects....Indeed, the validity of psychoanalysis as a field of knowledge has often been disputed because of antipathy towards the very idea of the unconscious.

(Rustin 2019:255, emphasis added)

Psychoanalytic Interpretation as a One-Person Psychology

Even if psychodynamic theory could achieve more widespread recognition in academic circles, there still exists a problem concerning the meanings that are communicated when these types of interpretation are made. As Andrew Samuels puts it:

Therapists want to reduce everything to the special knowledge that they have... Then there is the problematic matter of psychotherapy's implicit claim that western androcentric, middle-class values and ways of thinking have value universally

(Samuels, 2006:10-11)

By its nature, classic psychoanalytic interpretation involves a 'one-person psychology' (Aron, 1990). That is, it ignores the subjectivity of the person making the interpretation. It may be the truth, but it is not the whole truth. With reference to Brexit, this is far from being a trivial issue. If psychotherapists on the Remain side of the Brexit debate employ psychodynamic interpretations which pathologise, or appear to pathologise, those who voted to Leave, then we may be implying, wittingly or unwittingly, that our own psychology and beliefs are 'normal' and psychologically healthy. If we do this we deny our own participation in the political pathology, and we may actually contribute to it by communicating an assumption of our own superiority. We are also liable to enhance the perception of therapy as an activity just practiced by, and for, people with

a certain kind of value system and social privilege. (While researching this article, I was unable to find any written material by Leave-voting psychotherapists, nor have I personally met any psychotherapist who says that they voted to Leave. As a result this article is essentially a communication from a Remain-voting psychotherapist to other Remain-voting psychotherapists. It would appear that Leave-voting psychotherapists are rarer, or less vocal, or both. However it seems to me that some must exist, and their voices are needed to inform a fully rounded and integrated professional response).

The problem of interpretational bias can be addressed by re-focusing our efforts from traditional or 'genetic' interpretations, towards 'process' interpretations which take account of embodied, subjective forms of awareness (for a discussion see Clarkson, 2003:83-85). We can also use David Mann's concept of 'transformational knowledge interpretations' which go beyond what was previously consciously known through engagement with inchoate experience (Mann, 1997:183).

This is consistent with the relational psychodynamic theory of how therapists need to respond to enactments in psychotherapy in order to realise their therapeutic potential. For example according to Bass (2003), during an enactment:

the analyst is especially challenged to locate in himself or herself personal forms of creative responsiveness...These extremely personal, unique forms of creative participation push the analyst far beyond the conventional roles of listening and framing interpretations

(Bass, 2003: 661)

The Collective Processing of Political Experience

Susie Orbach expresses hope that therapeutic group processes can be effective as in healing the trauma of Brexit, remarking that:

what never fails to impress is the emotional distance people can travel – from rigidity and fear to interest and acceptance of one another

Susie Orbach, 26 January 2019, *The Guardian*

Andrew Samuels has promoted the idea of 'political clinics', which he describes as:

large-group events, often composed of persons who have nothing to do with therapy and psychology at all but come together to explore their emotional and feeling-based reactions to major political themes such as terrorism, the troubles in Northern Ireland, the conflict in the Middle East, racism and homelessness.

(Samuels, 2006:5)

He is particularly interested in, and attentive to, the transformatory potential of 'anti-political citizens' such as 'Poets and mystics, introverts, those who eschew politics and those who are ashamed at what they take to be their own ignorance' (Samuels, 2006:5). He suggests that these individuals hold an essential but buried part of our collective experience. This wisdom can be unearthed by focusing on intimate experience such as dreams, fantasies, emotions and bodily sensations - phenomenological reactions which are usually de-legitimised in favour of rational debate. The mode of practice offered here is essentially humanistic and transpersonal in nature. It has the potential to be especially useful as a therapeutic response to political challenges such as those posed by Brexit, given that political views are emotionally entrenched and, often, recalcitrant in the face of countervailing evidence (see, for example, *The Washington Times*, 2006).

The Processwork model described in the previous edition of this journal (Fredenburgh and Bijelić, 2018) is also an example of how this type of collective processing can occur. The Processwork approach brings awareness to how features of our social environment, including dynamics of rank, power and privilege, are manifested in individual psychology. Again, notice how this is different from traditional anti-racism work which sets up the problem as existing in only some of us, a bias of the Remain side. As Rustin points out:

"Persecutory and guilt-inducing procedures may not be helpful as a technique for dealing with states of mind which are at root paranoid and persecutory in nature." (Rustin, 1991:74)

As a class-based society with an imperial history, I think we bear collective wounds of narcissism, competition, envy and greed. We have a culture of individualism where one person's gain is another's loss. This is deeply wounding. It seems to me that we all suffer from objectification and materialistic valuing of ourselves and each other, regardless of economic status, political party affiliation, or how we voted in the European referendum.

Implications for practising clinicians

As practising clinicians, part of our response to Brexit can be to explore our own sense of self and security in uncertain times (Morgan, 2016). Just as a white psychotherapist should know themselves as racially white and not representing normality from which others deviate (Ryde, 2006), so too it is extremely important that psychotherapists are able to recognise how our socio-economic privileges intersect with our political beliefs, our values, and our professional practises. Some experiential suggestions for engaging with our own 'inner politician' and uncovering our 'political style' can be found in Samuels (2006:13-14).

In the consulting room we can work responsibly with issues of power and politics "by making the struggle over power a central focus of the therapeutic encounter" (Totton, 2006c:83). When working with clients who are politically different from ourselves, we can hold an intention to work with open-mindedness, curiosity and empathy, rather than assuming we know best. I really like Andrew Samuels' notion that citizens are 'therapists of the world', who 'have a large set of useable countertransferences to the political cultures in which they live' (Samuels, 2006:5). This has a different relational feel from a traditional psychoanalytic interpretation, being respectful, rather than pathologising, and challenging the assumption that psychotherapists hold a monopoly on wisdom.

To humanistic, integrative and relational psychotherapists these will not be new principles, but the task itself remains 'new' as we work at the edges in ourselves, beyond comfort and familiarity. Clinically,

I think this is where creative adjustment to the enactment of Brexit can occur.

Implications for Organisations

To the extent that Brexit may be viewed as an expression of resentment over economic and social inequalities, then it would be hypocritical and damaging to ignore the privileges, injustices and imbalances of psychotherapy as a profession. The collective processing of our political and economic selfhood could become a more central and deliberate aspect of psychotherapy training programmes, with particular reference to the issue of narcissism as a social wound.

In addition, more could be done to address unequal financial access to psychotherapy (and to psychotherapy training) as a form of social injustice, and to address the processes of denial which perpetuate this type of inequality. Remedial action might include increasing the availability of collective forms of psychotherapy, which could be provided at lower cost per participant. Group therapies can also be a channel for challenging individualistic culture and our alienation from each other and our own subjectivity (Rustin, 1991:72).

Implications for Research

In our research practices we can continue to work towards a future where psychotherapeutic knowledge will be better integrated and accepted within mainstream social and political science. In his new work, *Researching the Unconscious*, Michael Rustin seeks to show how it would be feasible to design a research programme that applies knowledge and wisdom from the consulting room, to find broader applications in the social and political realm (Rustin, 2019b). This would include looking for social instantiations of ideas drawn from the lexicon of psychoanalytic ideas (for example the concept of enactment as applied to political events!). Rustin suggests that transference-countertransference phenomena can be regarded as 'clinical facts', which can be studied using methods such as socio-psychoanalytic interviewing, designed to reveal individuals' unconscious preconceptions and beliefs. The validity of psychodynamic explanations could

then be tested at various scales, including large-scale social and political phenomena.

We might eventually be in position to 'disseminate a model of how, individually and collectively, we project our own traumatic experience onto others as a way of trying to manage our pain, and of how this is transmitted down the generations' (Totton, 2006b:37) (also see Fromm (2012), for a recent collection of published work addressing intergenerational trauma). We might also be able to provide a psychoanalytically informed, evidence-based account of what a healthy society would look like.

Conclusion: Psychotherapists in the Public Realm

Psychotherapists may be rightly skeptical of being too zealous or ideological in our approach to the world, recognising how fervent ideology has often been turned to evil in human history. But alongside this humility, and alongside recognition of the privileges of our profession, I would nevertheless like us to be bolder. Many of us are affected by the social conditioning which suggests that what we offer, and what we know, is inferior, indulgent, or not to be trusted. This in itself is a power play which needs to be challenged.

Academic culture emphasises attention to detail and specialisation in narrow areas of knowledge, but enormous political and existential events such as Brexit may require us to address themes in which we do not think of ourselves as 'expert'. This capacity to 'work at the meta-level' is a particular feature of the integrative psychotherapy movement (Gilbert and Orlans, 2011:6), and so maybe there is a task here for integrative psychotherapists in particular.

I would also like psychotherapists to be bolder in standing up for an experiential, psychodynamically informed view of the world. I would like us to advocate for the potential of psychotherapy itself as a peace process which can heal trauma and prevent it from being passed on generationally. I would like us to advocate for how psychotherapy can nurture the development of empathic, self-reflective citizens who are less vulnerable

to paranoid and persecutory states of mind. I would like us to build on the democratisation of psychological knowledge which is already happening in society. In this way we might hope to make use of the enactment of Brexit to start healing our collective wounds of competition, alienation, narcissism, envy and greed.

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Steffi Bednarek

How wide is the field? Gestalt therapy, capitalism and the natural world

Abstract

This paper investigates aspects of Gestalt therapy in terms of their alignment with the dominant capitalist paradigm and its emphasis on anthropocentrism, progress, privatisation, domestication and materialism. It suggests that this lens has become so familiar to us that we can hardly see outside of it. It focuses on the relationship our discipline has with what cultural ecologist David Abram (1997) calls the 'more-than-human world', meaning the natural, living world that humans participate in. It also reflects on existing aspects of Gestalt theory and argues that we need to widen our notion of what is part of 'the field' in order to allow for something new to emerge on the fringe. Whilst suggesting that Gestalt therapy has something to contribute to the bigger picture the paper does not deliver 'the answer' - and nor will psychotherapy as a whole. No single discipline can do this. The intention of this paper is to widen the conversation rather than to deliver a definitive statement.

Introduction

In October this year, the UN Intergovernmental Panel on Climate Change published a report calling for urgent and unprecedented changes over the next twelve years in order to limit the catastrophic effects climate change will have on life as we know it (Watts, 2018). Previously, the Capital Institute itself made a direct link between the capitalist worldview

and climate change and called for broader, more holistically oriented approaches to global problems (Confino, 2015). Climate change is no longer a hypothetical argument but a reality that threatens the existence of human and other than human life on the planet. With that information in mind, can we afford to keep practicing psychotherapy with a focus on the individual and their personal needs, or do we need to radically question the role of psychotherapy in its lack of relationship to the more than human world?

The systems theorist Fritjof Capra (1982) points out that the dysfunction of complex systems on the world stage is primarily a crisis of perception. He believes that our seemingly innocent collective everyday beliefs contribute to the stuckness of much larger, complex systems. Our assumptions often serve as the connective tissue that holds things in their rigid place. Capra (Capra and Luisi, 2014) tells us that in order to encourage change within a system, we do not have to throw out all that we know. He suggests that change emerges from something dynamic within the old system, and advises us to pay close attention to emergence on the fringes. We can do this with our attention on large or small complex systems.

The philosopher Zygmunt Bauman (2000) writes about our Western culture as being in a state of 'liquid modernity' - a state that is characterised by chaotic, ungovernable situations, where change in one area of the system has ramifications throughout in unpredictable ways

(Bednarek, 2017). Complex problems cannot be solved in old, familiar ways anymore; they require trans-disciplinarity. We have to think outside of the confines of the known, look beyond the boundaries of our defined schools of thought and widen the perspective, just as Perls, Hefferline and Goodman (1951/1994) once did.

It is the business of Gestalt psychotherapists to bring awareness to fixed, dysfunctional and repetitive patterns. Our theoretical view is holistic and encompasses all that is part of the field. Field theory and our notion of self as being formed at the contact boundary emphasises our embeddedness in the world and our reciprocal interdependence with this world. So how is it that we are still relatively ill prepared to include the state of the world and our relationship with it in what we do in our consulting rooms? In line with Capra's argument, I believe that it is time for us to ask if there are areas in which our profession may reinforce unconscious biases that risk costing us the Earth. I argue here that despite our wide-ranging theory, figure formation often operates within an invisible confine of an individualised and privatised psychology.

I suggest that we urgently need to widen our theories, open up dialogue and create new visions for where we are heading – but we need to stay clear of the old patriarchal ways of generating these visions, i.e. where a few powerful, often white, often Western, often upper-class, often male individuals are in charge of the narrative. The celebration of the lone heroic thinker who presents *'the'* answer denies co-created wisdom and is in itself a symptom of a patriarchal worldview that seems to be letting us down.

Response-ability in the therapy room

I started my study of Psychology and Social Policy in Germany in the 1990s. At the time I was a research assistant for a community psychology project in a deprived area of a German University town. The project was based on Gestalt principles and the thinking of Paul Goodman. Psychotherapists worked with individual clients but took systemic issues that arose in therapy out into the world. Therapists convened large community

meetings, and educated and empowered the neighbourhood to tackle matters regarding housing, infrastructure, education, employment and mental health with the local Government. Working with the whole was considered more empowering than a focus on the sum of the parts. This project fundamentally changed the structure and landscape of the community through its systemic, ecological approach. It was my first encounter with Gestalt therapy and it deeply moved and inspired me.

When I finally studied Gestalt Psychotherapy, my four-year training focused entirely on the dyadic relationship. Sociopolitical issues were not part of what was deemed to be a relevant focus for the aspiring psychotherapist. They were understood to be part of the field but this part was hardly ever made figural. Whilst I became more and more focused on understanding inner processes, attachment patterns and the private needs of my clients, the state of the Earth deteriorated.

At the UKAGP/BGJ joint conference in 2017, one of the focal points was the question: *'How does our political field influence our response-ability in the therapy room and beyond?'* I hope it is fair to summarise that there was overall agreement that we face a global ecological crisis. Delegates expressed strong desires to impact positively on the wider society through their work. When it came to how we do this, we found that some of us have begun to leave the therapy room to work in the natural environment, with communities, corporations and larger systems. Some delegates had published contributions to larger world issues (Melnick, in Melnick and Nevis, 2013; Parlett, 2015). But on the whole there seemed to be a pervasive sense of insecurity in knowing how best to respond to global challenges.

There is a widely held belief in our profession that all psychotherapy is a political act (Melnick, 2017). This opinion was voiced by many delegates at the conference named above. The hope was that a person who is aware of themselves and the choices they make will contribute positively to a healthier society (Melnick, 2017). Personally, I believe this to be too optimistic. We are all steeped in the same culture, which risks making us blind to that which we take for granted.

Therapists are subject to unconscious bias as much as clients (Fishbane, 2016).

The title of Hillman and Ventura's (1992) well-known book *'We've Had a Hundred Years of Psychotherapy and the World's Getting Worse'*, highlights the problem with the assumption that more psychotherapy will automatically lead to a better world. Hillman criticises our profession for its focus on the individual at the expense of the wider world. And indeed, in comparison to other subjects, there seems to be little focus on the political and ecological field in our training institutes, our journals and our conferences.

I would argue that before we can even begin to explore where our response-ability in the therapy room and beyond could lie, we need to understand where we may be aligned with the cultural values of the patriarchal and capitalist paradigm that is said to be at the heart of major problems (Confino, 2015).

Mental health – a cultural construct

In a report entitled *Regenerative Capitalism*, the Capital Institute stresses a link between the capitalist worldview and global challenges such as climate change and political instability (Confino, 2015). According to this report, we need a move away from capitalist values towards a new systems-based mindset, which recognises that the functioning of complex wholes cannot be understood without paying attention to the dynamic relationships that give rise to greater wholes. This recommendation comes from a conservative institution at the heart of capitalism itself. The shift would not only revolutionise our political, economic and corporate worlds, but would have far-reaching consequences for mental health professions. Capitalism has become hegemonic in Western culture and permeates the mental health field too.

Psychotherapy itself has grown up in a capitalist, patriarchal Western culture and has inevitably left its imprint on it. We are all products of its influence. Our Western notion of mental health is far from being neutral. What we have come to expect as 'healthy' human behaviour in a capitalist society is intrinsically linked to the dominant norms and values that govern our

everyday lives (Rosenthal, 2008). Capitalism has led to an individualising attitude to social issues and a marketisation of health care. In a capitalist society we value individualism over community, ownership over an idea of the commons, and private property over stewardship. We invest in growth models and operate in a competitive climate that tells us that we are masters of our own destiny if we only try hard enough.

The capitalist system requires a certain type of disposition in the general public in order to function (Adams, 2016; James, 2007). For example, the Industrial Revolution has torn us from our contexts. Individuals embedded in a close community and a rich network of reciprocity with the more-than-human world were no longer useful in the machinery of capitalist growth and expansion. Rapid urbanisation processes needed more and more people willing to leave the rural communities they were woven into in exchange for wage labour in cities.

We are all expected to serve the capitalist model, to be motivated to contribute to the economy, to gain satisfaction and identity through a reward system that is removed from primary human needs.

A dictionary definition characterises capitalism as follows:

Accumulation of capital, production for profit and accumulation of capital as the implicit purpose of production; constriction or elimination of production formerly carried out on a common social or private household basis, focus on maximising value, private ownership, wage labour, investment in order to make profit and freedom of capitalists to act in their self-interest.

(Macmillan, 1986 :54)

These culturally promoted characteristics have repercussions on our notion of expected behaviour and therefore also on what we perceive as deviations from the norm. Psychotherapists are not outside of cultural socialisation. We therefore need to reflect on the values that we perpetuate (consciously or unconsciously) and investigate where our understanding of health may inadvertently

contribute to values that risk alienating us even more from each other and our participation with the world. In what follows I outline aspects of Gestalt therapy that in my opinion need deeper exploration in their uncomfortably close relationship to the dominant capitalist paradigm.

Anthropocentric worldview

In the dominant Western culture we mostly see the world from a perspective that places our species on top of the pile and all else beneath. Our major psychological theories seem to suggest that we are shaped by human relationships alone whilst the more-than-human world is considered irrelevant. But what if we have anthropocentricised our understanding of human development in the absence of our sense of belonging in the world?

The story is not that different in Gestalt Psychotherapy despite its holistic perspective. Our therapeutic discourse focuses almost entirely on human-to-human relationships. We do not include the absence of relationship with the living world in our diagnostic thinking of developmental trauma, attachment patterns, personality adaptations and mental health problems. Equally, our notion of community, relationship and kinship usually stops at the threshold of our social network or our own species. It rarely includes our relationship to trees, rivers, mountains, salmon, bees, or water flowing through our bodies. When we talk about loss and bereavement we mostly focus on the loss of people. Rarely does a personal loss include the catastrophic loss of attachment to nature itself, the loss of endangered species, the loss of living in a functioning community, the loss of meaningful rituals or the loss of connection to a place – even though these are losses so deep that they change who we believe we are.

We seem to have become so inflated with our sense of ourselves as a species that we cannot see our actual dependence on that which we are destroying. The cultural historian Thomas Berry (1988) says that we have become autistic to the world. And indeed, our focus on ourselves makes it easy to forget that we do not live in a vacuum.

Perls acknowledges that we have split off from the world and forgotten how to experience our reciprocity with it when he says:

We use a lot of our energy in strategies of either defence against the world by separating ourselves from it or attacking the world by forcing our own will upon it. We have lost the ability of being in communion with it and hence we lessen our ability to act spontaneously in a participatory way.

(Perls et al., 1951/1974: 449).

For most Westerners, the world around us is experienced as ‘other’ to such an extent that we have become blind to the devastating cost that this tear from a state of interconnected participation may present to us on a collective basis. The split has become ‘normal’ and therefore does not feature in our therapeutic theories or assessments. The idea that we may share a collective trauma is mainly unexplored. We have paid very little attention to the cultural and personal impoverishment that may ensue from our loss of reciprocal relationships with the more-than-human world.

If our Western society was a client in our consulting room, it would most likely present as a white, middle-class man. As therapists, we would probably view his self-centred, individualistic perspective and his righteous belief in his superiority as dysfunctional and deluded. We would note his lack of empathy, his exploitative relationships and his impoverished materialistic outlook despite his polite and politically correct manner. We would apply the spectrum of our diagnostic criteria to describe his stuck patterns of addiction to consumption, his annihilation of the basis of his own existence, and his ardent pursuit of an idea of happiness he feels he deserves.

The psychotherapist Francis Weller (2015) suggests that many of us carry a deep, but silent grief for our diminished sense of community with a world that we see as alive. We grieve for ‘what it is we expected and did not receive’ (2015, p. 54). And in the absence of connection with a wild, reciprocal world, we seek what we long for in our next of kin. For instance, we look to our parents to provide unconditional love and belonging and many therapy sessions focus

on their shortcomings with this expectation. By doing this, we keep the idea alive that this longing can and should be met by our birthparents. The Earth is no longer experienced as Gaia (mother). Instead we look to our actual mothers, or to psychotherapists as the new mothers, to provide the magnitude that may be beyond human beings to provide. We have become literal about our need to be mothered whilst we have killed off and de-sanctified the much bigger feminine principle in our culture. We are looking for something in individual human relationships that may be unattainable whilst we have cut off from a reciprocal relationship with something outside of us.

We have lost access to the ways of weaving ourselves into the 'web of life' (Capra, 1996) and we lack humility in relation to other life forms. For most of us, our engagement with the more-than-human world has become an 'I-It' relationship (Buber, 1958). And what we do not relate to, we are free to use, manipulate and destroy.

In principle, field theory and our holistic approaches stress our interdependence with the field. This field can include anything, but in practice much of our focus in the Gestalt community does not operate outside of this dominant anthropocentric focus. There is a split between the breadth of our theory and how we choose to frame it.

I believe that we need to critically examine our anthropocentric assumptions in relation to our theories and our notion of reciprocity and relationality. What would it be like to include the quality of our relationship to the natural world in our assessments and our notions of trauma, attachment and fixed gestalts? What is our profession's contribution to transforming the deep intergenerational disconnection from the other-than-human world? How do we un-learn our addiction to consumption? These and other questions need to be taken up in more depth.

Boundary between 'me' and 'not me'

The question where 'me' is located and where 'other' begins and ends is at the core of psychological thinking. Where we see the

boundary in our community with things determines the way we relate to the world. Most commonly we locate this 'me' within and see the boundary as our physical skin. Postmodernism has deconstructed this rather simplistic idea of a coherent linear self. In Gestalt therapy we acknowledge this and define self as a process at the contact boundary. The 'I' is influenced and shaped by its contact with the world. It is wherever my focus is at any particular time. I can, for example, be so dissociated that my body feels fragmented and 'other'. Or I can be so confluent with someone that it is hard for me to distinguish a sense of self at all. At one point I can focus on my skin and define it as 'me' and a minute later that boundary may extend all the way to the starry sky.

As Gestaltists, we know that we do not have a separate self-identity from the world. There is no clearly defined personal phenomenal field that meets a clearly defined phenomenal field of another. We know that we cannot exist without the presence and health of the interconnecting circles of earthly rhythms. It is impossible to imagine a self that does not include the warming light of the sun, the wind, or animal and plant life. Our theory of self acknowledges this when Perls writes:

Now the 'self' cannot be understood other than through the field, just like day cannot be understood other than by contrast with night. ... So, the 'self' is to be found in the contrast with the otherness. There is a boundary between the self and the other, and this boundary is the essence of psychology. ... Now this contact boundary, to be sure, is nothing rigid. It is something that is always, always moving. There is always something either coming into the foreground or receding. But we always meet. Whether I look at you and my eyes meet a 'picture' that I can't see beyond, whether I hear, whether I feel and touch, always, where I meet the other there is the boundary. There is awareness. There is experience.

(Perls, 1978 : 55)

Philippon describes the permeability of this boundary:

In my image, which comes from Gestalt Therapy, the boundary is a process that separates two areas (using spatial language for what is not just a spatial process) so that the activity on one side is qualitatively different to that on the other side. The boundary both maintains the separation, and allows interchange between the two processes (which are therefore really only one process). The boundary thus *creates* the regions, rather than, like [a] wall, marking pre-existing regions.

(Philippson 2009:19, original italics)

The Jungian analyst James Hillman says that:

... since the cut between self and natural world is arbitrary, we can make it at the skin or we can take it as far out as we like – to the deep oceans and distant stars. But the cut is far less important than the recognition of uncertainty about making the cut at all. This uncertainty opens the mind to wonder again, allowing fresh considerations to enter the therapeutic equation.

(Hillman, 1995 : 9).

Alan Boldon (2008) describes the absurdity of the way we think about the environment as ‘other’ in the attempt to try to decide at which point an apple we eat stops being part of the environment and becomes part of me, or at which point a raindrop that finds its way into the water I drink and then my body, and then out again, is the environment.

The early Gestalt theorists, Kohler and Koffka, went far, even by today’s perceptions, when they located emotions in the field. Therefore a place or landscape could be sad by its expressive formal gestalt and not because feelings were projected on to it (Hillman, 1995 :11).

Our theory acknowledges complexity and in principle already reaches beyond the anthropocentric paradigm. This is implicit, but not explicitly explored in our theory and our practice. The ‘emergent self’ (Philippson, 2009) is likely to remain a concept applied only to human-to-human interaction unless we develop ways to explicitly work with what the Buddhist master Thich Nhat Hanh (1998) calls ‘interbeing’ – the essential interconnectedness

and interdependence that binds us ever more deeply into the thick of the world.

This would imply that changes in the external world may be as therapeutic as changes in what we perceive to be our internal landscape, or that working on a client’s feelings is not more or less therapeutic than working on cleaning a local riverbank.

Hillman suggests that:

... perhaps killing weeds on my lawn with herbicides may be as repressive as what I am doing with my childhood memories. Perhaps the abuses I have unconsciously suffered in my deep interior subjectivity pale in comparison with the abuses going on around me every minute in my ecological surroundings, abuses that I myself commit or comply with. ... The ‘bad’ place I am ‘in’ may refer not only to a depressed mood or an anxious state of mind; it may refer to a sealed-up office tower where I work.

(Hillman 1995 :19).

Hillman (ibid) suggests that the most radical intervention in psychotherapy would be a theory that replaces the individual with the world and that sees treatment of the inner requiring attention to be placed on the outer. This would be a departure from anthropocentrism and a decisive move towards a polycentrist view of life.

Bill Plotkin (2013) suggests that an ‘ecocentric’ life means that all other memberships, such as primary partnerships, family, social groups, neighbourhood, workplace, profession, ethnic or gender identity group, state or nation become secondary or derivative of the inherent participation in the greater web of life. Our belonging in this web, and the wellbeing and care for this web, become the primary concern and command the greatest loyalty.

I believe that as Gestalt therapists, we already have a wide-ranging theory that allows us to widen our perspective of how self and other intertwine. How does the practical application of this widest aspect of our theory of self impact on our interventions and our response-ability in the work with clients?

How may our theory of self inform other parts of the larger system in useful ways?

Individuality

When asked about the role of the more-than-human world in the shaping of humanity, the human biologist Paul Shepard said: "The grief and sense of loss, that we often interpret as a failure in our personality, is actually a feeling of emptiness where a beautiful and strange otherness should have been encountered" (Shepard, 1994 : 214). In Shepard's opinion we have lost the continuity of connection to this beautiful and strange otherness to domestication. What follows is an emptiness. We typically blame ourselves for this feeling of emptiness and psychotherapy often colludes with this. Shepard asks us to consider that this emptiness may be the absence of our encounter with the other than human world, in which case the feeling is not a personal shortcoming, privately owned, but a healthy reminder of something essential that we have lost.

In a personalised psychology, based on individualism and ownership, we ascribe our feelings of emptiness to a failure in our own personality. The problem becomes interior and we try to fix or eradicate that which is calling out to us from beyond the confines of our individual lives. As we may look in the wrong place, what we are left with is a chronic feeling of emptiness that walks with us wherever we go and that we get so used to that we hardly feel it anymore. As we often do not even have words for this sense of loss, we learn to anaesthetise our longing.

The psychotherapist Francis Weller (2015) believes that what we are longing for are primary satisfactions, satisfactions that evolved over thousands of years and that our brains are wired for, such as: gathering around communal life, around story, mythology, meaningful relationships, ritual, gathering around fire, around slowly evolving local connections, sharing and preparing food, spending time in nature, being fully embodied, etc. For the most part we have abandoned these primary satisfactions and are now surrounding ourselves with what he calls secondary satisfactions, like individual power, rank, prestige, wealth, status,

material goods, stimulants, etc. These are all things that no matter how much we get of them, will never be enough. We will always want more in order to temporarily fill this permeating sense of emptiness that has already depleted the world of its resources. If, on the other hand, this emotional hunger is truly met, we become receptive to reciprocity and gratitude. If we experiment with offering ourselves to the world we may be astonished at what we receive in return. So how do we support clients in daring to reconnect to what truly nourishes them in a culture that sells them the opposite?

The individualistic perspective tells us that we shape our own lives and that it is within our grasp to be content, unique and accomplished if we only try hard enough. This heroic ideal separates us from community and leaves us wide open to a sense of individual failure when life events do not work out for us. As therapists we risk reinforcing this, by over-attending to a client's self-interests whilst neglecting a humble attitude of serving something greater than ourselves. It does not have to be an either/or, but the weight lies heavily on one end of the spectrum.

What if our primary human need is not to attend meticulously to our emotional wounds or to eradicate any signs of so called mental health '*conditions*', but rather to live our flawed and imperfect human wholeness in a participatory way and to embody our fallible existence in deep connection with all that we encounter in the world?

Addiction to progress, growth and self-improvement

In a capitalist society we subscribe to the idea that everything has to progress to something bigger and better. We like things rising – stock markets, profit margins, house prices, whilst we are fearful of depression in the economy or in individuals. We are focused on trying to improve, fix and rectify in our relentless pursuit of happiness. In line with the patriarchal heroic ideal we turn everything into a problem to be overcome - even death.

Aspects of our fallible human experience such as collapse, decay, loss, regression and

stillness are often approached with a notion of repair. It is therefore maybe not surprising that many clients who come to us are attempting to create a self that will be approved of in the eyes of the world. This agenda is often based on self-hatred and a wish to eradicate the parts in them that stand in the way of the idea of progress and perfection. In our attempts to domesticate that which frightens us, we risk pathologising the aspects in life that refuse to move anywhere, or lead us downwards (Weller 2015). This is the problematic aspect in our notion of healing as opposed to an aesthetic approach that finds beauty in broken places.

The cultural obsession with things rising is often mirrored in psychotherapy when we collude with the idea of perpetual self-improvement or overemphasise the experience of lack and proclaim that there has not been enough parenting, unconditional love, attachment, etc. In the hunger thus created lies the risk that both therapist and client are continually looking for what we can grab to fill up the emptiness (Weller 2015). From this place, we devour the world without ever being nourished. The focus on our inner longings seems to make us blind to the holes we tear into the fabric of the outer landscape.

Most mythologies tell us that the price for initiation and wisdom has to be paid in the currency of suffering. Our experiences of abandonment, loss, death and betrayal are part of life and what has bound us together over centuries. In many myths all over the world the question is not whether or not our hearts will get broken, the question is what meaning we ascribe to a broken heart. Do we follow the culturally dominant path of hunting for personal happiness or do we educate our hearts and allow them to be broken, so that the world can flow into us? In order to take in the enormity of devastation that we have caused in the world, we need to know how to allow our hearts to break. In mythology an educated heart often comes through the gateway of rupture, as a certain level of pain and our ability to bear it is the vehicle that allows us to cross threshold moments. How can we facilitate this process in our clients when we are steeped in a grief-phobic culture?

Materialism

I remember a Gestalt therapy session many years ago in which I expressed deep grief over a desolate landscape that I had visited that day. I expressed disgust at what we are doing to ourselves and the land we live on. After an exploration of where I felt this in my body, my experience was explored as a projection on to the world. This is a worthwhile avenue to take but it is a much trodden path. The phenomenological exploration of my experience as perception or a dialogic encounter with place is extremely rare. This avenue would open up questions about the way we see the world. Is what is out there dead matter or in some way able to communicate and reciprocate? Is the fact that we do not hear anything when we contact the world proof that there is no other consciousness than human consciousness or a sign that we have forgotten how to listen to a different language?

The existence of non-human subjectivity is what indigenous cultures have lived by for millennia, but which ours has eradicated a long time ago. However, the question about matter holding consciousness is no longer a concern of freaks and New Age hippies. It is at the cutting edge of the current scientific debate (Koch, 2004). In philosophy, the concept of panpsychism, for instance, holds the view that consciousness is a universal feature of all things (Bruntrup and Jaskolla, 2017).

The paradigm shift that we may be faced with may not be an either/or, but seems to ask for a wider road that can hold a bigger section of the polarity. We may continue to view subjectivity as only residing in human nature or we may expand our view of the field and consider the possibility of a subjectivity in animals, plants, waterways, trees, rocks. We are still a long way away from this, but do we, as Gestalt therapists, have anything to say about this?

Lack of a mythological and cosmological dimension

Descartes made the world dead. Everything has become solid matter. Unlike our ancestors, we no longer feel at home with the mystical, divine or the numinous. We seem to have

replaced our human need for mythology and transcendence with materialism, which means that most Westerners can no longer take their sorrows to a bigger entity.

Cosmology and mythology traditionally place the human experience in a wider context, but with the loss of connection to our mythological and cosmological ground we have become self-referential. It all becomes about our own personalised and exceptional life. Our focus seems to fall only on us. This risks creating a culture of literalness that becomes blind to that which is not tangible and dismisses meaning that is outside of our cognitive realm of reason.

There are few exceptions in psychotherapy that break with this norm, but they are often looked down upon. In Jungian psychology the ideas of soul, archetypes and the collective unconscious transcend the merely human realm and ascribe agency to forces and presences outside of human control. Hillman (1995) suggests that if we want to live soulful lives we have to look outside of ourselves and engage with the '*anima mundi*', the soul of the world. For him, the *anima mundi* is an entity in its own right that acts upon us and asks us to participate in its dance.

As Gestalt therapists we may agree or disagree with the Jungian perspective, but it puts forward a view of the world that transcends the material and individualised perspective of the Western mind.

In Gestalt therapy the notion of a dialogic relationship is based on the work of Martin Buber (1958), who sees the premise of existence as encounter (Buber, 1947/2002). Buber's work was based on religious consciousness. He argued that an I-Thou relationship with anything or anyone connects us in some way with the eternal relation to God. In order to experience an I-Thou relationship with God, we have to be open to it, as opposed to pursuing it (which would turn it into an I-It relationship). Buber claims that if we are open, God will eventually come to us and respond to our openness. It seems to me that we have largely taken Buber's thinking and left God out of our notion of the dialogic encounter. We don't talk much about God in Gestalt psychotherapy.

Equally, our theory is influenced by Zen Buddhism and yet the transpersonal aspect of Buddhist philosophy is not explicit in much of our work. There are a few exceptions, but the discourse is discordant. Some writers consider a concept of transcendence as part of the field (Brownell, 2010; Naranjo, 1978), whilst others believe that Gestalt therapy and spirituality are two separate concepts (Au, 1991). The lack of a more coherent exploration of what lies in the space between the 'me' and the 'not me' seems to suggest that many therapists do not share the same ground. We leave it up to individuals to decide whether or not they put a third entity in between. As in the wider culture, it has become a matter of personal taste and opinion.

This lack of a cosmological and transpersonal perspective opens us up to the risk of practising a wild mix and match of individualised preferences. In our insatiable hunger we often appropriate other cultures' cosmologies, and risk being consumers - taking whatever fills our longing for now and discarding what we do not like. We try Buddhism, shamanism, yoga, Sufism, etc., in the knowledge that we do not have to commit to any of it. We feel entitled to decontextualise that which is sacred to others. Only a few people are willing to surrender to something bigger.

In the absence of a transpersonal perspective, how do we learn to approach the world with a sense of wonder? What rituals guide us? How can we elicit a sense of what is sacred to clients and where does our moral compass come from? Whom or what do we serve if there is nothing that deserves our humility?

Conclusion

In this article I outlined how anthropocentrism as well as the capitalist values of individualism, materialism, privatisation, ownership, progress, and growth are reflected in our notion of mental health and the practice of psychotherapy in general, including Gestalt therapy. I highlight that psychotherapists risk reinforcing a culturally endemic I-It relationship to the world. I argue that Gestalt theory already lends itself to a wider notion of the field, but in order to build on the strengths of Gestalt theory and practice we have to make our

voices explicit, rise beyond the individualistic paradigm and widen our theory and practice. When it comes to transitioning out of the deep rupture we have torn between us and the world, there are no rules, no maps and hardly any elders to look to. We need to decide where to steer the boat, and so it is up to each of us to step out of our comfort zone and act in service of something that is greater than us.

When alarm bells are repeatedly ignored, the only way to wake up is through crisis. Some people suggest that we are at the beginning of a major paradigm shift – a time of transition between the world as we have known it and a new world that we cannot know yet. In such a time it is easy to feel disheartened and to dismiss what we have to contribute.

Clarissa Pinkola Estes, a teacher of mine, reminds us that:

Ours is not the task of fixing the entire world all at once, but of stretching out to mend the part of the world that is within our reach ... It is not given to us to know which acts or by whom, will cause the critical mass to tip toward an enduring good. What is needed for dramatic change is an accumulation of acts, adding, adding to, adding more ... When a great ship is in harbour and moored, it is safe, there can be no doubt. But that is not what great ships are built for (Pinkola Estes, 2018).

The original copy of this article was printed in the British Gestalt Journal 2018, Vol. 27, No. 2, 8–17'

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Chris Mills

Beyond the Isolated Profession Bringing Therapeutic Supervision to the Field of Family Law

Abstract

This paper explores the professional journey of an intersubjective psychotherapist into working collaboratively with family lawyers, and ultimately to providing therapeutic supervision for them. Along the way it raises questions about co-operating across the different paradigms as well as the difficulty of recruiting other psychotherapists into this rich and rewarding sphere of practice, especially in light of growing awareness of, and an increased call for, supervision from the family law profession.

Introduction

Enthusiasm for the idea of supervision for family lawyers has grown noticeably since I began providing it in 2015. This is at least in part the result of alarming research statistics that highlight stress and burnout in the profession, leading to what has been described as a potential ‘talent drain’ (Walters 2018). Very accurately, in my view, Lister & Richardson (2019) cite characteristic behaviours of family lawyers suffering from chronic stress as ‘perfectionism, rumination and self-criticism.’ My contact with lawyers suggests that a combination of these research statistics and training events such as those given by myself and my colleague Gillian Bishop that show a live demonstration of a family lawyer receiving supervision (Bishop & Mills 2018-2019) have had an important impact.

They have created permission for lawyers to reveal to each other what might previously have been seen as inadmissible, perhaps as weakness, lack of capacity or lack of resilience.

Among my supervisees who are junior associates (as opposed to partners, senior partners or directors), I have witnessed a similar pattern of reticence at the start of my work with them. To begin with they are suspicious of my role and motives. They struggle to believe I have been hired for reasons other than to report their faults and failings back to management. They are intrigued, but somewhat incredulous, at the notion that the firm is paying for their emotional welfare without requiring to know the detail of what they are saying. Having established trust in this - usually quite quickly after comparing notes with colleagues - there is then typically a flood of relieved outpouring, in which a mix of both fascination for their work and torment over the huge demands it makes on them forms the material content of what is discussed between us, and what our relationship becomes built around.

When I ask these young lawyers what drew them towards family work, they almost always put a fascination with ‘what makes people tick’ at the top of the list, and there is plenty of evidence for this in the humanitarian values they try to express through how they practise. In this regard their motivation is strikingly similar to that of psychotherapists. What they

don't receive, however, is any basic training in relational psychology, in the aetiology and management of conflict (including their own) or in any of the skills that in the world of counselling and therapy would come within the orbit of boundaries and containment. Many long to find the techniques and insights that will release them from repeating what they know are failing cycles of intervention with clients - a key contributor to the stress of the whole relational system. A growing number of their senior colleagues are also beginning to own and more openly express the same longing.

Supervision as outreach

Psychotherapists who have also trained in supervision of the type I practise - broadly the model of Hawkins & Shohet (1989/2012) - are uniquely placed to supervise practitioners from other social welfare professions. What supervision offers to psychotherapists in terms of support and professional development is eminently transferable. Depending on their particular organisational roles, doctors, teachers, fire and police officers, lawyers, social workers, HR personnel and charity workers all face, in some form, the kind of stresses shared by psychotherapists. They are all required to deal upfront with the trauma, distress or disorganisation of client groups in need or in crisis. Some of these sectors have a range of staff support schemes in place, whilst others don't. The evidence base for my hunch about how effective these schemes are is of course small, based only on the fact of having myself worked at different times with privately paying individuals from all of these occupations. The head of HR struggling with personality clashes in her department, the teacher on tranquillisers prior to her school's Ofsted inspection, the police officer battling his tendency to reactive violence when off duty, the charity PA desperate for an 'amnesty' in her backbiting office and the GP in tears over his inability to give equal care to all thirty of his daily roster of patients: all these spring to mind as examples of professionals who were hungry for what therapeutic supervision is able to provide.

In 2018 I was given a Special Award by the Emeritus Committee of BCPC, my professional membership organisation, for introducing

therapeutic supervision to family lawyers. What I had achieved was seen as unusual and in some way remarkable. I felt grateful and honoured to have had this area of my work recognised, but the award also raised questions. It brought back to mind what has seemed even more remarkable to me over the years - that so few psychotherapists were doing what I had done, or its equivalent. The need for supervision in other sectors is undoubtedly there to be met, the pay can be good, the work is highly rewarding and is no more difficult than supervising psychotherapists. In fact, in some ways I have found it easier. Working across professional lines can reduce the risk of collusion, of falling into a shared idiom that may lead to unnoticed assumptions that go unexplored or unchallenged. The mystery remains, for me and for the other counsellors and psychotherapists I have met in my interdisciplinary work, why we are so few in number.

I understand that the Emeritus Committee share my view about the value of working beyond the traditional consulting-room setting, and that they were rewarding me for what might be described as the outreach I had undertaken in going out to find where my skills might be needed, rather than waiting to be found. The question I have puzzled over is why other psychotherapists are not doing similar work. I have no wish to try to compel others to do what I do, nor to judge them for not doing so, but, identifying so solidly as a psychotherapist myself, wedded to the humanistic and integrative paradigm that underpins my thinking and the intersubjective approach that characterises my work, I would love to see our work spread into other areas such as this.

An example of this discomfort arose shortly after I began working alongside family lawyers. I was invited to participate in a round-table discussion for a local psychotherapists' network; the subject was how to attract more clients. Having just been at a meeting with a lawyer and her client, I arrived wearing a suit. This made me instantly noticeable and distinct. While nominally welcomed, someone quasi-jokingly said "Oh, I didn't realise the bank manager was coming!" I arrived in the 'wrong' professional uniform and was almost certainly using the 'wrong' language. The other speakers were wanting to drill philosophically into what kind of unconscious

motivations might be keeping clients away. I felt that it was our own communication skills that may need some work. This idea was given a frosty reception and not taken up. No marketing experts from outside the field of psychotherapy had been invited to the discussion. I felt like an outsider who was refusing to adhere to certain fixed reference points, which to me seemed to have become articles of faith rather than open to critical examination.

Towards interdisciplinary integration

How can we open up dialogue with other professionals in order to promote interdisciplinary integration? I well remember comments made by the lawyer I approached when initially researching the possibility of becoming a family mediator. His office and mine were about a mile apart. We had both worked in the same city for many years. When he asked me about my job, and I described what I did as a therapist, he said 'Why haven't we ever heard of you? We need people like you.' For him, I discovered, the confusion of not knowing the differences between a psychiatrist, a psychologist and a psychotherapist had prevented him from seeking the support he admitted he needed in working with highly distressed divorcing clients. Also the fact of psychotherapy being an unregulated occupation had made it seem a potential liability to him, not a safe place into which to refer his clients. When he had occasionally googled psychotherapy, he had encountered a mass of different names and different inscrutable qualifications, the terminology of which he had no way of deciphering. Our face-to-face meeting, instigated by me, quickly and deftly closed a gap that caused a dramatic change in both our professional lives. We learned a lot from each other in a very short time.

Whatever his assumptions and prejudices had been about psychotherapists, his question to me instantly brought to light my prejudices about lawyers. I had unconsciously written them off as overpaid, overbearing, probably exploitative - capitalist money-makers without a conscience. In the same moment that I became fully aware of these prejudices, they also started to dissipate in light of this actual meeting with a real lawyer whom I immediately liked

and with whom I found shared values. I could suddenly see my sequestered isolation through his eyes, and his puzzled incomprehension at it. I could also begin to see my prejudices about lawyers as projections of some of the arrogance I knew I and others carried as therapists. Perhaps with our rigid protocols and inscrutable jargon we therapists were no less prone to posturing than lawyers, hiding our lack of confidence, like them, behind an over-defended mask of professional expertise.

My aim in this paper is not primarily to critique the limitations of either the psychotherapy or family law professions. In order to think about integration between the two, though - or at least successful collaboration - I found myself needing to constantly assess my tightly-held assumptions as a therapist and what I could see of theirs as lawyers. I in particular (perhaps because I was hugely outnumbered) wanted to show what I thought I knew that might usefully contribute to our shared project. The earliest days of my attempted collaboration with family lawyers showed me how instantly territorial red lines can come down in response to this. When I began working with lawyer colleagues on how to maintain constructive contact with highly inflamed clients, they were welcoming, grateful and relieved. But the unspoken understanding was that my role was ancillary, in the service of theirs. While willing to share some work with me, they were very wary of anything that might convert their clients into being just my clients. For some lawyers the perception that I had an effective skillset that they didn't gave rise to what I experienced as a kind of 'pulled forward pushed back' dynamic. They were grateful for the insights I could offer from my sphere of knowledge, but also anxious, at times, that my contribution to the shared understanding of what was going on might trump theirs. The fine line I walked between being a help or a threat to them could feel precarious!

I'm fairly certain that in their place I would have responded similarly. From my experience as a therapist to both individuals and couples, I clearly did have an accumulated body of knowledge that they didn't. My enthusiasm for imparting it may well have seemed over-zealous at times. In my keenness to establish a role for myself I probably did come too far forward in some situations. I was keenly aware of the advice

of my former tutor Tricia Scott, who had written about her experience of bringing psychotherapy into mainstream healthcare settings (Scott 2004), on the importance of meeting other professionals where they are and building a shared language from the ground up, rather than imposing ours on them. I'm certain that I stumbled somewhat ineptly with this to begin with. A significant moment of learning occurred in discussions with my lawyer colleagues about one particular case where I admitted to having no idea what to do for the best. To my surprise my place in the team immediately became more rather than less consolidated by this confession. A shared expression of bafflement was evidently welcomed by them! What cemented my status more than anything, however, was the first time I introduced divorcing clients of mine to two lawyers whom I felt the clients would be able to work comfortably with.

Collaborative divorce

My way into working with lawyers as a potential team player was cemented by the new 'collaborative divorce' model that had recently arrived from North America. This was a round-table approach, bringing both the clients and their respective lawyers together to negotiate a settlement in the common interests of both clients, rather than the lawyers adopting, or even encouraging, the reactive position-taking of the clients by adversarially position-taking themselves. The American lawyer who invented and developed the collaborative model, Stuart Webb, focused strong emphasis on the emotional costs wrought by adversarial divorce proceedings, not only on the divorcing couple but also on their lawyers. For that reason he proposed that what are interchangeably known in the USA as MHPs (Mental Health Professionals) or 'divorce coaches' should be part of the professional collaborative team. "We estimate that only about 20 percent of what we deal with in a divorce matter is legal - the remaining 80 percent is emotional" (Webb & Ousky 2006: 89). My UK colleagues saw this as becoming my role, and as they recruited me they also attempted to draw in other coaches and therapists from the local area. Of this original cohort, from roughly twelve years ago, only a small handful are still working with lawyers. Those that failed to gel

were perceived as too passive by the lawyers, 'waiting for rich crumbs to fall off our table into their laps' as one put it. Another said 'I feel they are watching with silent criticism rather than contributing.' This reinforced perceptions of insurmountable difference. Interestingly such perceptions had a mirror image, of exactly the type Oshry (1995) describes in his examination of how different parts of a conjoined system project on to each other. The therapists felt they were being treated as optional add-ons, and privately expressed resentment at the lack of work they seemed to believe they had been promised. None of these difficult feelings were ever raised at meetings. I found this fascinating as well as frustrating - the perfect example of a parallel process. Our joint aim was to better facilitate meetings in which oppositional clients could openly express their conflict and differences as the route towards finding shared common ground. To begin with, as a group, we were entirely unable to do this for ourselves.

Inner worlds and outer worlds

My award from BCPC appears to mark me out as capable in an unusual way. What I have come to believe is somewhat different - that I have a particular kind of forwardness that is unusual for a therapist. The therapist colleagues I know who are working in the same interdisciplinary field as me have all previously worked in either corporate environments or settings in which they were actively selling. One was a PR agent for a record company, another was and still is a fashion designer, a third is a property developer. I previously worked in the very competitive environment of the BBC. Another landmark comment in my development was made by a tutor on the family mediation training I eventually attended. He maintained that mediators need to be 'worldly' (Von Benzon 2013). From this I understood him to mean that, while informed about and attuned to clients' complex emotional currents, mediators also need a seasoned understanding of how money works, how the law operates, and how to accurately manage clients' expectations in light of real world limitations and opportunities. I experienced his view as particularly compelling given the professional shift he had also made, from originally being a priest. My personal concern about psychotherapy as a profession

is that it perhaps attracts too many people who are keen to get away from the particular kind of 'worldliness' Von Benzon refers to, who are perhaps frightened of it. If this were to make psychotherapy become, or be seen to be, countercultural, the loss of its potential in the mainstream would be great, in my view.

In terms of comparing the two professions, family law appears more entrepreneurial than psychotherapy, and, nominally at least, more willing to learn from outside its own sphere. I have, however, felt a strong entrepreneurial drive as a therapist to bring to interdisciplinary practice a key psychotherapeutic paradigm that I have always been convinced would help, and which only now I feel I am beginning to make some headway in introducing. Perhaps not surprisingly this is intersubjectivity. My discovery of it was through Stolorow & Atwood (1992), later consolidated through reading the work of authors such as Shaddock (1998, 2000) and Oshry (1995). Intersubjective Systems Theory became key to my approach in working with couples. With hindsight it seems clear now that the grounding intersubjective theory gave me was part of what attracted me towards working beyond my consulting-room.

An intersubjective approach

The 'particular kind of forwardness' I earlier noted is, I believe, connected to my belief in working intersubjectively. At root this is a belief that my experience in the connected moment with my client is not only of equal importance to theirs, it is central to the co-creation that is our relationship, and is therefore a defining factor in who we both are in that moment of mutual contact. More than that, what I am feeling in my body may well be a representation of what she is feeling - or vice-versa - even if it remains unnamed between us. An ability to both trust and express psychic material that gets implanted within and between two or more people is, I believe, one of the most reliable routes a therapist or supervisor has to creating greater awareness for their client. Experience has also taught me that it is not helpful to be too tentative around this. A degree of boldness is more cathartic, enabling a sense that the environment is safe enough to withstand whatever has been hidden or disguised.

My most seminal moment of learning in this area was the first ever session I had with a couple. I had taken it on as a favour to a colleague whose individual male client was looking for couples work with a man. Despite having enjoyed my CPD training in couple therapy, I had not been able to see myself comfortably in that role, and entered this experiment with some reluctance. My misgivings appeared to be born out some halfway through the session. The couple were locked in a furious war of insults and accusations, shouting past me as if I wasn't there. I couldn't find a footing for myself in this noisy maelstrom, and in the anxiety of feeling so profoundly deskilled I also couldn't think. I found myself suddenly leaning forward and telling them to be quiet, that I couldn't concentrate, that I couldn't properly hear what either of them was saying, that this was hopeless and that with regret I needed to end it. To my great surprise they immediately stopped and became silent, both turning to look at me meekly. I had expected them to respond by getting up from their chairs and storming out, and would have welcomed them doing so. Instead, after some moments, the female client said "You're right. It is hopeless. We're like this all the time and we just can't seem to stop. We're both so angry with each other. I'm really glad you've seen it. Do you think you can help us?"

My intention of bringing to an end what I was experiencing as a failed experiment was interpreted by them as the work beginning. My outburst of raw self-disclosure, essentially showing them that I couldn't stand their relentless bickering any more than they could, was what created rather than ended our working alliance. My certainty that I couldn't continue under these circumstances was an unwitting perfect match for their certainty that they couldn't either. This revelation proved to me in an instant that the notion of the 'isolated mind' is indeed a myth (Stolorow & Atwood 1992: 7-28), along with everything else I had mistrusted about the 'blank screen' stance of the traditional psychoanalyst. Intersubjectivity made visceral as well as intellectual sense for me as a result of that session. For me to work successfully with couples, I realised, required me to be fully present and openly expressive, not hiding in a withdrawn space of private wondering or

suffering. What had seemed a limitation and a flaw in my uncontrolled intervention turned out to be the key to a new perspective that called on me to be more trusting of expressing my direct bodily or psychic experience.

Not surprisingly I found an approach of this kind entirely absent in the field of family law. My lawyer colleagues were firmly of the view that they were providing a service to their clients which was primarily about offering good advice that they hoped would please the clients and keep themselves safe from complaints and reprisals. Whilst they knew they had to win a client's trust in order for any advice to have currency, they did not see their role as one founded in the dynamics of relational transaction. Because family lawyers have no primary training in understanding conflict, or relating to it in themselves or between themselves and others, the change at the core of the collaborative paradigm - aiming to protect professionals as well as clients from the cumulative stress of adversarial court process - was something they had no prior tools for understanding or implementing. This itself was a source of stress for me in my early days of collaboration. The fundamentally different, and therefore deeply challenging, perspective underpinning my work was one I had to find airspace for in order to not just be colluding helplessly with the more binary structure I was encountering.

Collaborative divorce has not been the unmitigated success that was envisaged. How it is structured and enacted it routinely fails to take into account the psychological complexities around the building and maintaining of trust that it requires to succeed. From 2007 to 2011 I worked very hard to invite exploration of conflict among my lawyer colleagues. In their view it was something bad, caused entirely by their clients or by their opposite-number lawyers, something to be avoided, reframed or persuaded out of existence, rather than an interesting and informative phenomenon in itself. In most cases this remains hard to shift. Just as psychotherapy has some lodged reference points, one I observe about family lawyers is their widespread aversion to conflict, linked to a view that success for them is predicated on making it go away. Perhaps an aversion to conflict is inevitable if it is seen only as a

block to resolution rather than a key source of information about it. Lawyers are regularly implanted with the intersubjective affects of their fearful and desperate clients. In theory at least, the message that this is not the fault of inadequate lawyers is beginning to be picked up and understood, through the work of other therapists in the field who are also teaching concepts such as compassion fatigue and vicarious trauma (for example, Carvalho 2019). My MA thesis, a piece of qualitative heuristic research, focused on the potential role of psychotherapy in collaborative divorce (Mills 2011). It revealed above all else the stress I was carrying as a participator, practitioner and educator in an interdisciplinary setting riven with difference and conflict. It was partly the shock of this discovery that prompted how the next phase of my work unfolded.

Supervision for family lawyers

That family lawyers needed the kind of psychological supervision that we as psychotherapists are mandated to receive was obvious to me from when I first started working with them. However, I kept quiet about this perception, perhaps mistakenly, until my MA findings showed me that I could no longer work authentically without raising it. As previously stated, I did not want to appear too countercultural, too all-knowing, too guru-like. I feared my colleagues might feel fundamentally deconstructed by a paradigm so at odds with their own. And yet when I did finally float the idea of supervision to two family law firms, one in Bath and one in London, the gate opened surprisingly easily. I offered a free session to any staff member who might be interested. Gillian Bishop, the founding partner of Family Law In Partnership (FLiP), the London firm, took up the offer. Her enthusiasm for what ensued, allied to her seniority, her personal openness and her wide influence across the family law field, created the second major structural change in the pattern of my work. I now supervise all of the fee-earners in her firm who choose to participate, which means the great majority of them. They have opted in at the time of their own choosing and are funded by the organisation. I was part of the working group that founded FLiP Faculty (www.flipfaculty.org), the training

arm of FLiP, in 2016, through which I now run a modular training for family lawyers to become supervisors of their own profession. It is currently recruiting its third cohort of trainees.

Offering individual supervision to lawyers has enabled me to bring intersubjectivity alive through 'being' it in the private space of the sessions with the supervisees. In turn this allows it to become the lens through which we then look at the dilemmas they face and want to talk about in relation to their clients and colleagues. The slow build of trust, the enthusiastic use of 'mistakes' as learning material rather than indicators of poor performance and the total non-emphasis my supervision puts on arbitrary achievement targets have had exactly the same kind of positive impact on family lawyers that supervision has always had for me as a psychotherapist.

As a further lever to introducing intersubjective practice at an experiential rather than theoretical level, I wrote a book that featured six fictional transcripts of supervision sessions with family lawyers, inserting in the dialogue my private thoughts and dilemmas as the supervisor and aiming to show how I use these in the ensuing conversation (Mills 2018). I judged that in order to gain the attention of lawyer readers I would need to present them with material that had an immediate personal resonance and that communicated something of the dramatic edge they routinely face. I was influenced by the success of Susie Orbach's radio programme and book *In Therapy* (2016) which had aimed for something similarly accessible.

The FLiP Faculty training reflects two beliefs of mine. One is that many of the lawyers I work with, in a parallel life, might have been excellent therapists. Younger ones have grown up in the age of therapy and counselling and an increasing number are familiar with it through personal experience. Many, too, have been drawn to family law because of a fascination with how people function psychologically, particularly below the surface of what is immediately presented. A propensity to work at greater depth and with a curiosity about hidden drives and motives has been amply born out by the delegates attending the trainings so far. The second belief - yet to be tested - is that there will never be enough

therapeutically trained supervisors willing to meet the need of the family law profession if it endorses supervision wholesale in the way that current enthusiasm appears to indicate.

The future

Collaboration is ultimately about trying things out and learning from them - experience predetermining theory rather than the opposite. I believe that anyone skilled at supervising psychotherapists has by definition equal potential skill in supervising many other professional groups. In light of what I said earlier about the difficulties of attracting therapists to the client-facing collaborative work, much hangs on whether supervision presents a more attractive option to them.

For anyone interested in following a similar path to mine I am offering a brief conversion training for already qualified supervisors to become supervisors of family lawyers. This is a collaboration between FLiP Faculty and CSTD, the Centre for Supervision and Team Development (www.cstd.co.uk). It refers specifically to working alongside family lawyers, but, with certain culture-specific adjustments, I suspect would speak for many types of interdisciplinary collaboration that call for an openness to working with difference.

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A New Psychotherapy Integration for the 21st Century: A Relational, Systemic and Ecological Approach.

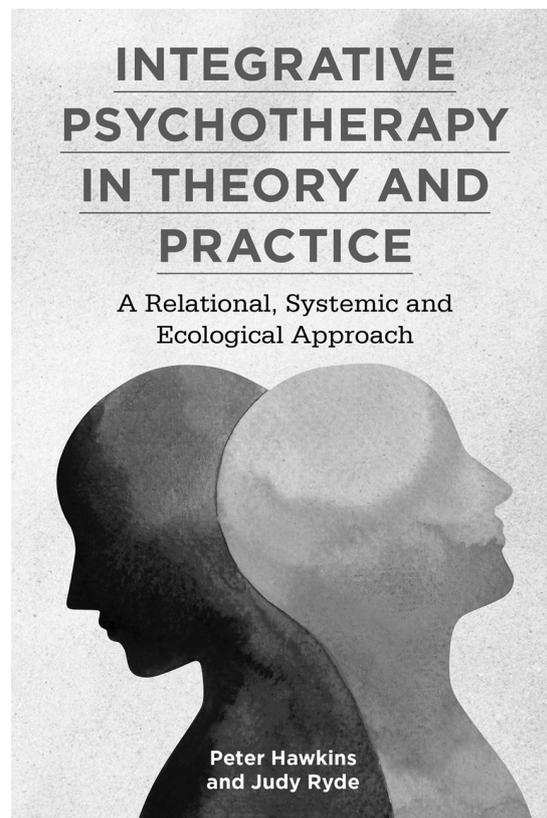
What is Integration?

We live in times of rapid paradigm change, where much of the new thinking increasingly emerges from interdisciplinary connections and breakthroughs. In this process psychotherapy has to play its part more collectively and that requires greater internal collaboration and integration, as well as increased external co-creative dialogue.

(Hawkins & Ryde, 2019)

A need for integration and collaboration in our rapidly changing world is becoming ever more pressing as the world becomes more obviously interconnected through globalisation and separate ideologies can lead to greater conflict as well co-operation. Our growing populations and use of unsustainable energy is leading us to the growing climate emergency which is likely to engulf us all. This may seem irrelevant to psychotherapy, but we will show below how a response to climate change and everything that goes with that, is essential. In this context, we need to radically re-think the integrations we make. Before exploring the need for a new integration in psychotherapy, we will take a step back to see how we got here.

Integration in psychotherapy can mean different things to different people as well as to different schools of psychotherapy though each may agree with several or all of the various definitions



which we describe below. As a word, integration implies disparate parts coming together to make a whole. It is a word that implies reconciliation and resolution and therefore we consider it to be a good word for psychotherapists to aspire to. As we have been practicing and teaching integrative psychotherapy for about forty years, why do we now talk about 'a new integration for the 21st century?' In our book, 'Psychotherapy

Integration: A Relational, Systemic and Ecological Approach' (Hawkins & Ryde, 2019), we suggest that, in the past, before globalisation had become so noticeable, and when psychology and psychotherapy were in their infancy, many competing theories and approaches arose. Their exponents jealously guarded their territory and insisted that they were correct in their formulations (Gomez, 2005). These, particularly psychoanalytic and humanistic theories, often developed separately with little contact between them. In the UK there was some attempt from the mid-1980s to encourage these different approaches to be in dialogue and work together. This was through the setting up of a national body with common criteria and has led to much greater professionalism in psychotherapy of all approaches and to closer communication between the different schools of psychotherapy in the UK. This may account for what we consider to be the greater use of integrative models here than other countries. In 1986 the 'Rugby Conference' was set up and soon became the UK Council for Psychotherapy. This was divided into different 'sections' (now called colleges) which allowed for separate identity but with shared goals and contact between them. The word 'integration' was used in the title of one of the UKCP sections (colleges) along with the term 'humanistic' – the Humanistic and Integrative Psychotherapy section - as humanistic psychotherapies were the first to use the word within psychotherapy, though it is more widespread in its use today as integrations between other forms of psychotherapy are now found (see below).

As mentioned above, the term integration in psychotherapy can be used in various ways, and we see the most common as:

1. The employment of two or more distinct theories so that one or more can be chosen when they become appropriate. For instance, a short term psychotherapy model such as Cognitive Behavioural Therapy may be used if there is a time limit for the work and a long term psychodynamic approach may be employed if there is no time limit and there is a desire on the part of the client to explore and heal their early trauma. This form of integration which chooses a method that fits the situation is sometimes called 'eclectic' as the different approaches are a kind of tool kit that can be employed when most needed.
2. The bringing together of two or more forms of distinct psychotherapy theories into a unified whole to form a new synthesis. Cognitive Analytic Therapy (CAT) is an example of this as theories from Cognitive Behavioural Therapy and psychodynamic psychotherapy are brought together in a systematic way. In this case to form a therapy which addresses distorted thought patterns and looks beneath these to underlying causes using psychodynamic insights.
3. The bringing together of two or more distinct theories into a unified whole with underlying philosophical principles as the unifying factor. As psychotherapy has developed and matured over the decades, many of the essential ideas, practices and theories have come together. This has happened naturally in the course of an in-depth study of human psychology by different individuals and schools and it becomes more and more clear which factors are helpful in healing traumatic and troubling experiences within the psyche. Research has shown that there is more in common between experienced psychotherapists of any school than inexperienced exponents of differing theories. Integrative psychotherapists who espouse this kind of integration (Scott, 2004) often recognise the importance of relationship in their therapeutic work and draw their theories from theorisations and practitioners who they feel are congruent with this principle.
4. Internal integration of the person. The exponent of this type of integration regards the disparate and dissociated parts of individuals as needing to come together and be integrated within the psyche. There may be few psychotherapists who do not think that this is important – particularly across psychodynamic and humanistic schools of psychotherapy.

Our approach is based on the third of these, creating a new integration of relational, systemic and ecological approaches. However, it also recognises the importance of the integration of the individual, when individual and collective identities are becoming more fragmented. We regard this new approach as

being essential for addressing the increasing mental ill health we see in the world today.

Why the 21st century needs a new integration?

At a time when there is greater physical health than ever before (Seligman, 2011), mental ill health is still increasing (Greenfield, 2009). This issue has become one of public concern and there are increasing calls for more resources to be put into mental health, particularly for young people who are especially prone to mental illness and distress which has been noted by the World Health Organisation Global Health Observatory (2017). Growing numbers of young people self-harm, including through eating disorders and addictions as well as cutting and other forms of self-harm (Greenfield, 2009:158). There may be many reasons for this, and it is a matter of speculation as to what these are. However, we consider that the breakdown of psychological containers for meaning making are an important factor. This can include the loss of extended family and community in which to feel embedded – a natural and familiar place to be rooted and connected, an ecological niche in which to fit.

We have seen this eroded in recent decades within western nations, but also among migrants who lose culture and sense of place including language, food, customs and shared religious beliefs. This sense of alienation can be true for all of us though - in the past there was a much greater sense of the boundary to the flow of time. Time was more obviously bordered by collective daily and weekly rituals such as consistent meal times, religious practices and annual festivals which had much more meaning than consumer spending which is maybe today's equivalent. In our recent book (Hawkins & Ryde, 2019) we wrote the following regarding these psychological containers:

Traditionally cultures would have collective rhythms that gave shape and meaning to the day, week, seasons and year. As children both of us went to church on Sundays, both experiencing a clearer distinction between the working week and the weekends. The school day began with an assembly of prayers and hymns. We experienced the fasting of lent, Whit walks, Harvest

festivals, May Day dancing around the maypole and Christmas that was not just a consumerist indulgence. (Chpt 2)

These practices provided a sense of holding which afforded a greater sense of identity within a stable community.

This loss of a sense of belonging is one of the causes for rampant consumerism and increasing addiction and depression as well as people identifying with populist ideologies, be they national or religious or both. These provide a sense of purpose in life without which existence can be felt to be meaningless. Many people search for something to be part of, to provide a sense of belonging to a cause that is bigger and more important than themselves, particularly those that feel alienated from general society. This sense of belonging can fill an internal void.

For many this empty existence can be filled with consumer items, non-relational sex, food, alcohol or drugs. It is common in our experience for clients to come to psychotherapy complaining that they have a pervading sense of there being nothing solid and coherent within them - a hole where a sense of self should be. They are worried that if they look too closely, they will find nothing there.

The amount time spent on 'screens' in recent years, particularly among children often causes dismay. A recent article in the Guardian (2019) reports that the psychoanalyst Peter Fonagy, of the Anna Freud National Centre, who is concerned about the increase in mental health difficulties among children, pointed to the growing lack of contact between children and adults with the excessive use of digital media taking the attention of both parents and children. He says that the brain

is designed for a young person to be socialised and supported in their development by an older person. Families have fewer meals together as people spend more time with friends on the internet. The digital is not so much the problem – it's what the digital pushes out.

(Guardian. (2019). <https://www.theguardian.com/society/2019/apr/27>)

The Tripartite Integration

To address the growing sense of crisis in mental health and in dangers to our planet we have sought to create an integration which builds on past integrations but which we feel is needed for the 21st century. We propose a tripartite approach that integrates the best of relational, systemic and eco-systemic psychotherapy and we explore each of these three elements, before bringing the three of them together.

The Relational Approach

Given this evident growth in psychological disease, many approaches to psychotherapy hope to address the crisis in meaning that modern life often brings. The need for psychotherapy to be relational in its approach seems clear to many who practice it, and relational innovators have created a new convergence so that ones that once had distinctive approaches have become more similar with the advent of relational and intersubjective approaches. For instance, it is acknowledged by both approaches that Relational Gestalt therapy, which is humanistic in its origins, is similar to Intersubjective Systems Theory, a branch of psychoanalysis (Hycner & Jacobs, 1995). This convergence would have been unthinkable to acknowledge in the not-so-distant past, due to their different histories and contexts.

As psychotherapy has developed over the decades, it has become clear that our own responses to our clients are an important source of information about their internal world as we are connected and interconnected with them (Siegel, 2010). Freud at first thought that the psychoanalyst's 'countertransference' was to be avoided (Stefana, 2017). Paula Heiman was the first to point out that this was a useful source of unconscious information from the patient. (Heimann, 1950). Now we have a greater insight into the fact that we are not separate as individuals but connected in a web of relating that gives us the ability to understand each other deeply if we allow ourselves to dip into that knowledge (Bohm, 1980). This phenomenon, which is recognised by many psychotherapists, has become validated by new developments in neuroscience which confirm and develop thinking on the importance of

interpersonal relating and limbic resonance (Gerhardt, 2015; Siegel, 2010). Advances in our knowledge of the brain have also confirmed our understanding of the importance of bonding and attachment in infancy and childhood, the lack of which can lead to early developmental trauma, which is hard, though not impossible, for us to recover from in later life.

The sophistication of these insights has been developed by different theorists over our working lives. Our initial contact with psychotherapy was in the relatively early days of humanistic psychotherapy. For psychotherapists who espoused this approach, the idea that the psychoanalyst or psychotherapist is the expert in curing the neuroses of the clients was questioned so that humanistic psychotherapists of all schools saw the client as being the 'expert' on themselves, particularly the Client Centred school of Carl Rogers. In those days (1960s and 1970s), humanistic work put much emphasis on the free expression of emotion and authenticity of relating. This was in contrast to the psychoanalytic approach which was more insight-led. Much of humanistic psychotherapy was carried out in groups, often over a long weekend in 'encounter groups' (Rogers, 1973). These groups emphasised catharsis as providing therapeutic benefit and had a focus on bodily experience rather than cognitive insight. Over the years this settled down into the more usual one-to-one work over a longer time frame. At this time there were no organised trainings, but new group leaders were trained informally through an apprenticeship system where one leader would train others.

This gradually changed and when we started the Bath Centre for Psychotherapy and Counselling in 1984, our course was one of the first formally organised humanistic trainings in the UK along with others such as Metanoia and the Minster Centre. Like them we integrated psychodynamic theory into the humanistic mix so that the psychotherapy being taught had more understanding of human development and pathology, as well as relational psychodynamics, than the more informal trainings that preceded it.

Psychoanalysts, particularly from the Independent School, were important to us from the start, especially Winnicott, who we

understood as having similar human values to ours. It was important to us from the start that our approach was based on principles and were not merely an eclectic mix. BCPC was started in 1984 and by 1997 we wrote in an internal paper entitled 'BCPC Philosophy':

Both humanistic and psychodynamic approaches are important to us. Particular attention is given to Rogerian and gestalt models and to the theory and practice of object relations theory, self-psychology and the intersubjectivists. Any assertion of beliefs in this paper is therefore not dogmatically, even if passionately, held and may not be shared by all of us alike.

(Original author unknown)

It was important for us from the start of our psychotherapy work, that we were flexible, open minded and integrative in our approach but acknowledged the history of psychotherapy theorising and understood our place within it. In our recent book (Hawkins & Ryde, 2019:in press) we wrote:

Although integrative psychotherapy does not belong to a single 'school' of psychotherapy, it does have important roots that need to be well in place for our practice to be healthy. These need to be planted in soil that is rich in nutrients and water and the ground in which they are planted is important for the growth of our own blossoming as psychotherapists and psychotherapy communities. They give us stability, healthy development and rich fruiting. Our roots may not dictate how we grow but they are essential for that growth.

(Chpt 5)

Over the years our approach has been very importantly influenced by intersubjective systems theory (Atwood, 2014; Stolorow & Atwood, 1992) in that we understand the process of psychotherapy to occur in the space between the psychotherapist and client and is not something that a psychotherapist 'does' to their client. We are all interconnected and the healing happens in the space between us. The theorists, such as Robert Stolorow, George Atwood and Donna Orange, from the Institute of Contemporary Psychoanalysis, combined

the theoretical rigour of psychoanalysis with the privileging of equality and mutuality in human interaction (Orange, 1997). They seemed to speak to a sense we had intuited but not found articulation for. They wrote that we do not have separate, watertight identities as they questioned the 'myth of the separate mind' and showed how we are all interconnected. The grounding of their ideas in existential philosophy (Orange, 2010; Stolorow, G. E. Atwood, & D. Orange, 2002) showed their willingness to go beyond the field of psychoanalysis for their inspiration. Irvine Yalom, whose existential psychotherapy, also based in philosophy, was also a big influence on us and remains so today. He shows how "Your most valuable tool as a therapist is your own reactions to the patient" (Yalom, 2011:230)

This listening is found within the body and not just the mind. We understand the body, including the brain, the whole of the nervous system and the body's musculature, to 'hold' all that we have experienced including memories, traumas, loves and losses (Staunton 2002; Van de Kolk, 2015). Listening to the body of the other and through our own body is important for empathy and provides a deep understanding and ability to attune to others, particularly through the resonance with our own body with its comparable experiences. Robert Stolorow has written that it is not the trauma we experience that renders trauma so hard to recover from, but the lack of an attuned other that leaves the distress experienced unbearable because we are apparently alone with it (Stolorow, 2007). Empathy and attunement remain the cornerstones of psychotherapy so that the client feels seen and known.

The Systemic

The systemic turn – which recognises that an individual is both a whole system but inextricably embedded and nested in other wider systems including their original and current family; groups and communities they belong to; and cultures they are part of and which inevitably are part of them. These wider systems are not just the backdrop or context, for they flow through the individual and co-create the individual's text or narrative

In our new book, we suggest 5 different paradigm shifts in understanding psychotherapy as systemic. The first is built on the working of many scientists in quantum physics, biology, and chemistry, which led to the development of 'general systems theory and recognised that "whole-systems" were more than the sum of their parts' (Hawkins & Ryde, Chpt 8 : 2019). In having this understanding there was a move away from studying symptoms to understanding the whole person.

The second paradigm shift was the recognition that you can only understand an individual person within their social and cultural context. This has led to many therapists turning their focus away from treating individuals to focussing on group, couples or family therapy.

The third systemic shift recognises that these systems permeate each other in complex ways.

The fourth systemic shift recognises that any therapeutic work with an individual creates a new systemic context, and that the therapist and client, each with their own contexts, create another system together. All these systems co-create what emerges within the psychotherapy.

The fifth systemic paradigm shift recognises that we are all nested within larger systems. As Wendell Berry says, we all live within '*a system of nested systems: the individual human within the family, within the community, within agriculture, within nature*' (Berry, 1983:46). As we say in our recent book:

This brought with it the realisation that what had been learnt about the systemic co-creation between the individual and the group; the individual and their family; the individual and the kaleidoscope of systems they inhabit; and the individual and their therapist, could also apply at the systemic interfaces, right up and down the many levels of nested systems. This fifth systemic turn is the focus on the systemic dance that echoes across all the levels of nested systems and the systemic interfaces

(Hawkins & Ryde, Chpt 8 :2019).

We therefore believe it is important to extend the boundary of this way of understanding the therapeutic relationship beyond the

interpersonal dyad by also integrating a systemic approach. In doing so we are expanding and developing the intersubjectivists that cannot be understood outside of the context in which we are found (Stolorow & Atwood, 1992). We do not consider there to be just two individuals in the psychotherapy consulting room. Each person within the therapeutic dyad also brings within them their family, community, history, culture etc. The therapeutic space can be quite crowded! When we listen to the client, we do not just listen *to* them but *through* them to the rich current and historical contexts in which they reside.

These meetings with, and reflections on, the internal world of our clients, can engender more profound meaning for their lives. This comes, not just with an experience of relating between psychotherapist and client, but with an acknowledgement that we are all nested within our family, community and culture like Russian dolls but, unlike Russian dolls, the nestedness goes in both directions – we are nested in them and they in us (Hawkins & Ryde, 2019:in press). The recognition and acknowledgement by the psychotherapist, who helps the client to feel and recognise these connections, can lead to a greater sense of meaning and belonging in the client's life. Before these can be felt and appreciated, often healing between generations is needed if traumatic events took place. Intergenerational (Thomas, 2016) trauma is now beginning to be recognised as important to attend to for mental wellbeing.

This sense of interconnectedness and the importance of context brings a particular approach to working with diversity, be that diversity of race, gender, sexuality, class or other difference. The lack of diversity within the psychotherapy profession has been something that has concerned us greatly over the years and is only recently beginning to change. As we both work with people from many differing cultures ourselves, we are both sensitised to great cultural difference in the complexity of clients' contexts as well as a deep shared humanity. We all experience existential dilemmas which assail us and we have to grapple with them on life's journey, whoever we are and whatever culture we are embedded within. However, we are particularly struck by differences between individualistic cultures - mostly found in the

west - and collectivist cultures often found elsewhere. An intersubjective and systemic awareness helps to reconcile these differences with its stress on interconnectedness (Ryde, 2009; Ryde, 2019). The effect of trauma within different cultures, be it early developmental trauma or traumatic events found in later life, are also important for us to be able to respond to with humanity as psychotherapists as well as with cultural understanding and sensitivity.

White psychotherapists need to be aware of their own intergenerational perpetration of appalling acts of abuse to others including exploitation of whole countries in colonisation and individuals in slavery. Racism based on a sense of superiority still pervades society and leaves non-white people disadvantaged. This is, of course, not only brought into the consulting room every time the psychotherapist is white and the client not white but is part of the cultural context of both groups. Cultural sensitivity needs to acknowledge this situation too where our interconnectedness include this history (Ryde, 2009; Ryde, 2019).

The Ecological or Ecosystemic approach

Our approach does not stop with attending to the systemic interconnectedness but goes one step further to include the wider ecology. This step is one which is vitally important to this current time and is the most pressing issue that all of us encounter in our daily lives whether we recognise it or not. This current malaise may well further underlie the sense of dis-ease in society. Globalisation in today's world is not something that can be put back in its box. The ease of making connections across the world, which are not just physical but also digital, has meant that we all know what is happening elsewhere and shows us that we belong to each other. For example, scientific discoveries are shared world-wide and through this we know that we all face a similar threat – that of unprecedented disaster caused by global warming.

Because of this our approach to psychotherapy has made a radical shift to include an awareness of the more than human world (Abram, 1996) and not just that of human beings. We have been influenced by Gregory Bateson

(Bateson, 1972; Bateson, 1979) who warned of this many decades ago. However it was not until the late 1990s that psychotherapy started to pay attention to this important domain (Roszak, 1995). With the recent demonstrations brought by the movement Extinction Rebellion and Greta Thunberg's school strikes, this is beginning to come to the top of the world's agenda. We can now see that it is our disregard and exploitation of the more than human world that has led to the ecological crisis which is starting to engulf humanity.

As ecological denial, grief and guilt show up more and more in our psychotherapy clients, and as the world is increasingly in need of a radical shift in human consciousness, it is beholden on all of us who practice psychotherapy to work through own ecological awareness cycle and to have the understanding and processes to also help our clients through this process.

(Hawkins & Ryde, Chpt 9 2019:in press)

To help this process, in our book we offer a detailed ecological awareness model that psychotherapists can use for their own development, as well as for working with their clients' ecological awareness. Some psychotherapists ask, 'what has this to do with psychotherapy?' Some say that it is not the psychotherapist's job to bring any particular subject into the consulting room, let alone the ecological crisis. We say that it is not only our human context that is present in the consulting room, but also the more than human world of the ecology, as we travel, eat and breathe. It is already present, and it cannot be otherwise. Human beings are part of the ecology and it is part of us. So far, the history of psychotherapy has been very human-centric, and this has meant that, like most human activity, psychotherapy has been complicit in the destruction of the ecology of the planet. Psychotherapy has long recognised that splitting is a defence mechanism we all tend to employ against unbearable feeling (Klein, 2011). However, the split between the human and more than human is the largest and most dangerous in which we all partake (Macy & Johnstone, 2012). It is important that psychotherapists play their part in healing this split. We can no longer afford to be bystanders, or what

Heffernan would call being 'wilfully blind' (Heffernan, 2011). We will need to be able to answer to our grandchildren when they ask the question: what were the psychotherapists doing while the earth was warming by 3 degrees?

Conclusion

The journey we have made in psychotherapy has led us to understanding integration at greater and greater depth. First, we integrated the experiential understanding of humanistic psychotherapy with the theories of human development and pathology of psychoanalysis and went on to integrate the relational, the intersubjective, the spiritual, the body, the systemic which includes acknowledging cultural difference and the intergenerational and the ecological. This has eventually led us to believe that, in order to bring a relational, systemic and ecological integrity to the work of healing the human spirit – one that honours not just our humanity, but also our embeddedness within the global family – we need to listen to the 'curriculum' that life gives us. Rogerian psychotherapy took the focus of the work of psychotherapy away from experts and made the client the expert in their own world. We have moved the focus again, away from what can become a narrow and narcissistic focus on the self and its needs, to hearing and acknowledging what the wider systemic life is calling from us. This can move us away from shallow pleasure seeking that often leads to addiction and depression and helps us to turn towards the needs of the wider world as the ultimate beneficiary of psychotherapy.

That is not to say that those who have lacked an empathic and attuned (m)other in childhood to help them come into their sense of self, should not need first of all to find an attuned and empathic response from their psychotherapist. Or that those who have had traumatic events in their lives should not seek to have them healed within the therapeutic process. However, we can only find firm ground on which to stand, if we recognise that the individual and their systemic and ecological contexts are inseparable and human flourishing is never just an individual affair. Human mental health is always relational, between the individual and the wider systemic levels they are nested within. Clients can find

meaning and a greater sense of purpose through, not only exploring their inner integration, but their integration with their wider life-world (Husserl, 2012). The question becomes 'what is life calling from me at the moment' rather than 'what would give me most pleasure'. This is not to say that pleasure is not important, but by responding to what life is asking of us leads to a more meaningful, fulfilled and therefore happier life. Positive psychologists such as Seligman show how having meaning and purpose is important for a human flourishing and a mentally healthy life (Seligman, 2011). Human flourishing also needs to embrace mourning for what we as a species have already destroyed and an openness to unlearning and relinquishing unsustainable privilege.

Never has this perspective been more important if psychotherapists are prepared to help their clients to live peacefully with new realities and make the changes in the world that are necessary to keep it safe enough for the flourishing of both humans and the more than human world. A profound sense of interconnection will make this step inevitable. Thich Nhat Hanh, with his concept of 'interbeing', helps us to understand this. He shows how we are not separate but all one:

If you are a poet, you will see clearly that there is a cloud floating in this sheet of paper. Without a cloud, there will be no rain; without rain, the trees cannot grow: and without trees, we cannot make paper. The cloud is essential for the paper to exist. If the cloud is not here, the sheet of paper cannot be here either. So we can say that the cloud and the paper inter-are.

Thich Nhat Hanh (1997)

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Tom Warnecke

The transpersonal is very personal: The transpersonal field in integrative psychotherapy practice

Abstract

This paper considers challenges and controversies associated with the transpersonal field in psychotherapy for clients and psychotherapists, how transpersonal themes or concerns might be avoided or rejected, allowed or disallowed in the therapeutic relationship. It questions attitudes and hidden underlying conflicts or assumptions such as aggrandizement and shame dynamics, and proposes how we might integrate transpersonal psychological spaces in integrative clinical practice.

Introduction

The transpersonal field is not limited to, but inevitably includes spiritual and religious beliefs and associated philosophical ideas. These form seminal shared psychological spaces concerned with core beliefs, values and experiences of human beings which have emerged within every culture in known history. An extensive body of research, mostly gathered by medical researchers, provides robust evidence how the psychological spaces associated with religious or spiritual connections impact health, recovery rates, immune functions or life expectancy (Koenig, King, and Brenner Carlson, 2012). Such findings have yet to receive acknowledgement, or lead to some psychotherapy consensus, that such psychological spaces should be a deserving

concern for clinical practice. Collectively, the psychotherapy profession struggles to negotiate the science vs religion split and dualism in a constructive manner (Warnecke, 2014). As a result, we see controversy about inclusion and exclusion and a paucity of psychotherapy research. These conflict dynamics inevitably impact psychotherapy practice and cannot be ignored when we consider the transpersonal field in integrative psychotherapy.

What is in the transpersonal field ?

The term 'transpersonal', apparently first used by William James in 1905 (Mark, 2008), initially emerged in the psychotherapy realm alongside Jung's ideas and conceptions of a 'collective unconscious' (Vich, 1988), notions of 'ego-transcendent' states (Huxley, 1945), or of a 'higher unconscious' (Assagioli, 1965) among others. The 'transpersonal psychology' paradigm on the other hand, evolved during the 1960s and has its roots in the humanistic movement and particularly in formulations by the humanistic pioneer and thinker Abraham Maslow (1968). Maslow (1971) argued that altered states of consciousness, which he saw intrinsic to human nature and described as 'peak experiences', motivated people to pursue higher values or 'metavalues'. For Maslow (1971), the term transpersonal psychology identified not only a psychology beyond self-actualization but also a new frontier for motivational psychology.

In the 21st century, the term ‘transpersonal’ remains controversial for many (see below), which in part appears fuelled by a lack of consensus about what the word stands for, but may also reflect responses to some particular, or sometimes controversial, ideas within a diverse transpersonal field that includes a motley range of conceptions by writers such as Jung, Assagioli, Piaget, Hillman, Maslow, Grof, Mindell, Wilber, or Rowan along many others. However, amongst demographic populations of psychotherapists and clients who engage with, or embrace, transpersonal ideas, the transpersonal field appears first and foremost associated with liminal psychological spaces, with phenomena, dynamics and beliefs that bridge thresholds of individual-personal and collectively shared realms whilst, at the same time, being experienced as personal by the individual, or as having deeply personal and motivational meaning for the individual. For many, this quintessentially pluralist notion of ‘transpersonal’ apparently also includes connections to our natural environment as well as to the realms of poetry, literature and arts, which all share a potential to transport the individual in some emotionally significant way and give rise to meaning or, in Maslow’s (1971) terms, metavalues, motivations and peak experiences. Empirical observations suggest an emerging consensus for perceptions of a transpersonal dimension of self-relating (or self-state) within a continuum of intrapersonal, interpersonal and transpersonal dimensions (Warnecke, 2014).

Fragmentation and polarisation dynamics in psychotherapy contexts

The word transpersonal itself and its associated meaning seem to commonly evoke a range of affective and emotional responses. Fragmentation dynamics seem common, both in the form of aggrandizements and fears, as shame reactions and fears about personal, professional or academic respectability for example. Such fragmentation dynamics may arise for clients and psychotherapists alike, and commonly emerge in the transference relationship. On a macro level, discourse about including or excluding the transpersonal field in psychotherapy, both implicitly and explicitly, appears a culturally contextualised

and major collective fault line (see below). In parallel, the matter of inclusion or exclusion commonly also seems a concern for clients, even when this may be far from obvious as the following personal anecdote may illustrate.

In 1997, I moved my private practice from South India to London and produced a leaflet, as it was common in the pre-internet days, intended to introduce key aspects of Biosynthesis (Boadella, 1987) psychotherapy in accessible, plain language. It did not occur to me to include the word ‘transpersonal’ since Biosynthesis, whilst making the transpersonal field a key aspect, is not defined as a transpersonal approach. And from my experience of working in South India, the presence of the transpersonal field seemed ordinary if not inevitable in psychotherapy anyway. But there was also the customary short, and slightly painful, ‘about’ paragraph. It felt important to write something authentic which led to the following sentence: *“I am particularly interested in the spiritual dimension of life and its place in psychotherapy”*. To my complete and humbling surprise, I learned over the years that a majority of those clients who found their way to my practice with this leaflet, responded to that very sentence rather than to my laborious efforts on the text itself. Moreover, most of these clients did not actually speak about the transpersonal field in therapy or explore presenting issues with transpersonal perspectives. Apparently, they simply responded to a signal that indicated inclusion and possibilities, a good example for how the transpersonal field might hold implicit significance in the background even when remaining unacknowledged in the foreground.

Elevating polarisations of the transpersonal field

Some clients present themselves with variants of transpersonally shaped identities, which may also frame world and relationship perceptions, and most likely reflect, at least in part, a client’s culture or life style choices. To the listener, such self-presentations may appear coloured by aggrandizements or idealisations, or may occasionally seem to transmit despairing qualities. It is always recommendable to respond with patience and caution to first impressions, particularly when unfamiliar with a client’s

cultural and linguistic expressions or views. However, transpersonal affiliations do not evolve in a vacuum and like all life directions or choices, are rooted or connected to personal narratives and associated motivations, stories which will commonly also include traumatic disturbances or adversarial conditions. “*Man, in order to escape his conflicts, has invented many forms of meditation. These have been based on desire, will and the urge for achievement and imply conflict and struggle to arrive*” observed the philosopher Jiddu Krishnamurti (2002, preface). As such, transpersonal connections may not only present resources but may serve multiple aims or functions which might include defensive or avoidant patterns. For instance patterns captured by the colloquial expressions ‘spiritual bypass’ or ‘seeker’ archetype, the latter an apotheosis which might appear quite disconnectedly abstract.

The Buddhist psychotherapist Preece used the term ‘spiritual pathology’ which refers

“[...] to the way in which our emotional wounds and beliefs have the power to influence, shape, and distort the way we practice and view our spiritual path. Of particular importance is the fact that we are often blind to this side of ourselves, since these wounds live in the unconscious as our Shadow”

(2006, p. 123-124).

Furthermore Preece argues, clients may be drawn to engage with religious or spiritual beliefs and practices that somehow match or collude with the ways in which they learned to alleviate and compensate their distress.

However, whilst defensive-protective dynamics are commonly part of transpersonal self-presentations, such affiliations, beliefs or practices, defensive-protective aspects and any associated altered states of consciousness phenomena, may simultaneously constitute existential resources for people who experienced severe traumatic disturbances during their pre-verbal childhood. This might seem a challenging argument, but if considered cognizantly, we may come to appreciate how

any sensory-affective shut-down¹, a survival ‘hypo-response’ (Holm Brantbjerg, 2012) to manage overwhelming pain or distress, might in parallel foster heightened sensitivities for altered states of consciousness phenomena to develop. Such sensitivities and experiences may form the bedrock for a secondary development, an embrace of transpersonal explanatory frameworks to understand ourselves, and the world around us. As with all early childhood compensatory efforts, it would add insult to injury to pathologise such successful survival responses. Moreover, transpersonal connections are genuine and potent resources (Koenig, King, and Brenner Carlson, 2012). Resources we might want to recognise and acknowledge irrespective of any associated liabilities. For example any impairments to the ‘lodgement of psyche in soma’ (Winnicott, 1958) that developed in parallel to heightened sensitivities for subtle consciousness phenomena during early childhood periods with significant traumatic disturbances. Furthermore, transpersonal connections will not become redundant with any subsequent new development but typically remain tangible resources.

Altered states of consciousness phenomena

The term altered states of consciousness applies to a broad spectrum of phenomena including fragmented, dissociative, heightened and psychotic states (Warnecke, 2019). In transpersonal field terms and contexts, such phenomena or events are often described as mystical experiences by writers and clients alike, or perceived as some destabilising period of rapid spiritual growth, or occasionally identified as life changing events by some clients. Altered states of consciousness may appear delicate and subtly ethereal, or intense and dramatic like a crescendo at the other end of the spectrum. Newly experienced and unfamiliar phenomena will typically feature some degree of disorientation, irrespective of their subtle or dramatic appearances.

1. ‘Shut down’ refers to survival responses by the sensorimotor and the unmyelinated Vagal systems (Porges, 2009), also understood as ‘hypo-states’ or described as ‘parasympathetic hyperarousal and freeze responses’.

Both mild and severe disorientation may continue for weeks, and in some instances for years. Terminology in common use reflect varying contexts and whether they are being perceived as a crisis or not, for example:

1. Spiritual emergency (Lukoff, 1998; Powell, 2003);
2. Mystical experiences with psychotic features (Lukoff, 1998);
3. Kundalini experiences (Greenwell, 1990; Sannella, 1987);
4. Extreme States (Mindell, 1988);
5. Peak experiences (Maslow, 1968);
6. Spiritual journey / crisis (Moore, 1992).

As these descriptive terms suggest, such phenomena or states may be experienced as ecstatic, overwhelming, flooding, frightening, as a breakdown, or indeed any combination of these. Altered states may occur spontaneously and without any prior transpersonal interest of the person (Greenwell, 1990; Sannella, 1987), or may be brought about by provocative methods such as breathing techniques. Some methods consist of, or include, controversial and risky techniques, for example methods that rely on hyperventilation to alter oxygen and carbon dioxide balance to modify states of consciousness. Any use of highly provocative techniques as psychotherapy interventions should be greatly concerning.

Altered states of consciousness described above may also occur alongside or blurred with difficult to distinguish psychotic features. The psychiatrist Powell suggests to consider '[...] whether the experiences being reported can be understood as holding an existential truth that a person may need to face; in other words, do they bring the chance of a new level of integration' (2003, p. 5). In her comprehensive guide to transpersonal altered states of consciousness phenomena for mental health professionals Greenwell (1990) highlights that these will commonly leave the individual in some highly vulnerable state which will usually make hospitalisations contraindicative. In individual psychotherapy settings, stabilising, containing and grounding interventions would seem most appropriate during acute periods whilst maintaining awareness for multi-layered aspects and listening out for any emerging underlying stories and contexts that might

appear in parallel. Additional training and a supervisor familiar with such phenomena are also recommended. The following composite vignette illustrates how transpersonal phenomena might present concomitantly with major traumatic disturbances.

Andrea – a vignette

Andrea's presenting issue concerned involuntary tremors of parts of her upper body. These tremors, which initially had began after giving birth some years earlier, occurred quite frequently and posed a major challenge to employed work for her. Andrea was referred by a psychotherapy clinic because she described her experiences in Kundalini rather than medical terms and the referrer thought I would be able to engage with that aspect constructively. At the start, I was content to maintain an open mind and accept Andrea's explanatory system for her tremors. I do not enquire about family histories with new clients in the understanding that anything relevant to the present, or to presenting issues, will move into the foreground in its own time and in ways which will be relevant to their meaning. I was also aware that childbirth is a known trigger for Kundalini type altered state experiences (Greenwell, 1990). It struck me that Andrea had apparently adjusted reasonably well to her circumstances and achieved a stable enough situation for herself before seeking help. Somehow, this seemed a key factor that enabled or allowed her to reach out for help with the tremors. I was wondering if I might be seeing what Holm Brantbjerg (2012) termed 'survival intelligence', learned, high-functioning coping skills which often utilise 'hyper-states'. Hyper psychobiological states impede emotional-reflective processing capacity similarly to hypo-responses mentioned before.

While speaking about her own children several weeks after starting therapy, Andrea revealed almost in passing her own childhood experiences of brutal and systematic violence. I responded with a gentle question to clarify what I was hearing and noted that the way she spoke sounded detached and matter of fact, a commonly observed aspect of survival intelligence patterns. Whilst appearing quite determined that nothing similar should ever happen to her children, Andrea seemed

strangely accepting of violence she had experienced, almost as if it was something quite ordinary and unremarkable. I decided to challenge this gently by allowing some expressions of my own emotional reactions to her disclosure. Andrea responded with curiosity about my reaction which opened this matter for further exploration. Within a few sessions she became engaged in an emotional-reflective process of reviewing her childhood experiences. In parallel, the tremors subsided and soon stopped altogether. It appears that the tremors might have formed a 'disturbance' (Mindell, 1985) that could be seen as a message from, or a gateway to, an exiled soul or self aspect, which became redundant once this aspect of Andrea's story and relevance to her own children became a known part of herself. The tremors' childbirth onset also seemed significant in the context of this emerging connection.

I would like to clarify, that I would not want to imply or suggest any causality between traumatic disturbances, altered states phenomena, or Andrea's involuntary tremors. Stress may arise with multiple aspects of a person's life and is cumulative in its effects. While interplay between concomitant and concurrent factors, as well as their fragmentation, should be expected in any systemic field, I would strongly suggest to leave meaning making about processes such as Andrea's to the client's psychological-emotional processing. The complex interplay between transpersonal, psychobiological and interpersonal aspects is inevitably multidimensional, multi-layered and ultimately non-separable, similarly to the well established understanding of 'psychosomatic' (Lipowski, 1984). As such, altered states of consciousness phenomena or events presented by a client are best met with as broad a curiosity as we can manage. Hillman (1976), Moore (1992), and others argue that the Psyche or Soul may present not only with metaphor, the symbolic or imagery, but also with pathos, and including madness or mystical experiences and distress. Honouring symptoms as soul expressions may be particularly pertinent when working with transpersonal field symptomatology. Occasionally, a matrix of transpersonal contexts, psychobiological states and interpersonal dynamics may also unravel in unexpected ways.

Ernesto – a composite vignette

Ernesto, a young man in full time employment, spend much of his free time pursuing his interest in meditation. He followed a spiritual philosophy and a particular practice established by his chosen teacher. One day, Ernesto arrived quite agitated for his session. He told me that he felt terrible about having read a book by another teacher earlier that week, an act to which he attributed his acute distress. It appeared that he felt guilty for 'betraying' his chosen teacher. I noticed the compelling pull of this story and briefly considered exploring the material he presented, but decided to focus instead on the autonomic arousal I observed. I heard Ernesto out and in due time enquired: "*You sound a bit anxious?*" After a brief pause, Ernesto agreed. "*I think you're right, I feel quite anxious.*" He then continued with his deliberations on the book reading experience and his relationship with his teacher. In parallel, I noticed that he seemed to progressively calm down from his high agitation. After about 10 minutes, Ernesto took another pause and then suddenly said: "*You know, I don't quite understand why I was so upset about this. Of course my teacher won't mind if I read a book written by someone else.*" I was content to agree with his observation.

It appears that in this vignette, some overwhelming but unnameable hyper-anxiety state in search of containment became attached to a potential 'wrong-doing' story (i.e. the forbidden book reading) as a means for self-regulation. Ernesto then presented his hyper-anxiety state as an intrapersonal conflict with a transpersonal narrative. When I invited Ernesto to notice and bring the anxiety state itself into his awareness, he was able to engage his somatosensory awareness as an 'orienting function' (Jung, 1921) which supported him to orient somatically in the present moment and helped clarify his subjectivities. Ernesto could not identify an original source or trigger for his hyper-anxiety. But he could, for the first time, recognise a pattern that felt familiar to him.

Contracted transpersonal field presentations

In contrast to elevating or expansive presentations, contracted aspects may appear like obscure shadows cast on a wall in Plato's

cave allegory. Shame and fears in particular emerge in the transference relationship, but also like deeply buried skeletons or undercurrents. One day, after many years of therapy and without any apparent context, a corporate lawyer client confessed his interest in Astrology. My first thought, which I kept to myself, was: “*what’s the big deal? You’ve been through much distress and pain and now this?*” It took me some time to embrace my countertransference and appreciate the enormity of the sins he was confessing, sins not directly related to, or arising with his presenting issues. It was a simultaneous confession of a sin against his Catholic upbringing and a sin against his materialist-rational legal world, as well as opening himself up to ridicule by baring his soul with this forbidden aspect of himself.

Similarly ‘sinful’ secrets appear to populate the psychotherapy profession’s collective unconscious and find expression in disinterest, avoidance, antagonism as well as binary and polarised perspectives of transpersonal psychological spaces in clinical contexts. The many permutations of religion vs science splits and dualism cast a powerful shadow over a quintessentially pluralistic transpersonal psychology. While psychotherapy’s collective unconscious will inevitably reflect societal tensions, it may also incorporate unresolved struggles or conflicts of our profession’s influential founders and particularly Freud himself, a subject explored in depth by Vitz in his book *‘Sigmund Freud’s Christian unconscious’* (1988). Freud recognised how religion or spiritual beliefs may become utilised in a defensive fashion or providing as a refuge from sexuality conflicts, but also acquired a reputation for being deeply prejudiced against religious beliefs. It is less well known that Freud was also collector of religious objects, prints and photographs which has been interpreted as a deep and abiding fascination with religions and the Catholic faith (Vitz, 1988).

Seen from a meta perspective, fault lines of shadow aspects, tensions or fragmentation appear to manifest in culturally shaped patterns. For instance, Anglo-Saxon ‘psych’ professional cultures have historically embraced the transpersonal field, welcomed transpersonal approaches in mainstream psychotherapy and established cross modality

‘special interest groups’² in Britain. Whereas in continental European psychotherapy cultures, the transpersonal field is more commonly viewed with antagonism, outright rejection, or became associated with unqualified or ‘esoteric’ practitioners. During recent discussions on the Board of the European Association for Psychotherapy (EAP), it was argued that recognition of transpersonal approaches would associate the profession with such “cowboy” practitioners and thereby “damage the reputation of psychotherapy”. In a personal conversation, one representative of a Gestalt Therapy organisation told me that this organisation would leave the EAP if the Board accepted a transpersonal organisation for membership. At the time of writing, the EAP Board remains split on this issue. But Anglo-Saxon embrace of the transpersonal field has not eradicated shame and fears either. At UKCP transpersonal special interest group events, I heard from a number of colleagues with transpersonal psychotherapy qualifications, how they felt inhibited to identify as ‘transpersonal psychotherapists’ in public.

In contrast, polarisations arising around the word ‘soul’ appear to constellate quite differently. ‘Soul’ is shunned by the vast majority of English language psychotherapy practitioners and writers who - with some welcome exceptions such as James Hillman, David Boadella or Robert Romanyshyn for example - avoid ‘soul’ altogether, supposedly due to its religious associations. Associations which clearly did not concern Freud himself at a time when religion was far more prevalent in general culture. A comparative search of German language psychotherapy book titles confirms that such shame and fears concerning respectability appear to be more an Anglo-Saxon issue. Arguably, both examples create symbolic spaces for shadow aspects and polarisations to appear, albeit with unfortunate consequences. In stark contrast to the UK, complaints about ‘esoteric’ and unqualified, psychological practitioners seem abound in some countries where transpersonal psychology or transpersonal approaches are not recognised. By excluding the transpersonal field, client demand is

2. UK Council for Psychotherapy, British Psychological Society, Royal College for Psychiatry

being met by unaccountable or unqualified practitioners it appears. Effects of the shame driven evacuation of the 'soul' in psychotherapy language may be less evident or quantifiable. But as Hillmann (1976) argued, a dismissal of qualities associated with psychological meanings of 'soul' has consequences for how psychotherapy is perceived and valued, both internally and in the public domain.

Challenges of deformative spiritual and esoteric practice

Integrative psychotherapists may occasionally also encounter phenomena and dynamics identified by Boadella (2013) as deformative aspects of spirituality and religion. This concerns any spiritual/religious beliefs, practices, methods or techniques which, intentionally or unintentionally, subjugate the person by attacking and destroying that person's subjectivity and 'functional ego' (Boadella, 1980, p. 76ff), for example through 'purification of the ego' (Shaw, 2014, p. 49), in the pursuit of distorted beliefs or vested interest. It is greatly concerning to hear reports how clients have felt ignored, doubted or blamed in their attempts to explore such experiences or concerns with a therapist. Similarly concerning are reports about therapists who had apparently taken part in such recruitment by, as Shaw (2014: 51/52) for example notes, with "[...] *signs of a particular group to which they are affiliated, such as photos of the leader, altars, books, recordings, incense, and other paraphernalia, on display in their offices, piquing the patients' curiosity. Or they may proselytize even more directly*". Responding to such concerns, the EAP issued guidance on 'psychotherapy and religion, spiritual practices and esoteric methods' (EAP, 2017) to help clarify 'EAP's Statement of Ethical Principles' in such contexts.

Arguably, psychotherapists have a duty of care to consider the above issues when clients engage with beliefs and practices of organisations and individuals. This need not be laborious or requiring insider knowledge. A quick internet search will flag up allegations of abuse. Second and third recommended lines of enquiry would be the issue of financial transparency as well as establishing whether ethical policies and guidelines exist, particularly so with any

organisation that offers courses, and even more so with fee charging courses. Both transparency and ethical policy facts can usually be established quite easily and provide reliable benchmarks to flag up, or assure, concerns. Commonly, cults and sects disclose financial information only after the individual has already formed a relationship with the organisation. And while respected spiritual leaders, such as the Dalai Lama (2015) for example, argue for transparent and robust ethical policies in spiritual or religious organisations, such ideas ran contrary to narcissistic beliefs in a supposed superiority of a leader's, or doctrine's, authority. It is hard to believe that an organisation such as Ridhwan, popular among UK psychotherapists, still fails this ethical policy and guidelines test at the time of writing. In some instances, risk factors may be mild or moderate for a well adjusted individual. But the potential for harm is inevitably relative to vulnerability and therefore may be quite significant for vulnerable clients. For further in-depth reading, as well as relational perspectives on cult phenomena, Daniel Shaw's chapter 'Traumatic Narcissism in Cults' (2014, p. 43ff) is highly recommended.

The transpersonal field in the transference relationship

All the common transpersonal psychological spaces considered here may appear in transference, countertransference and parallel process. Transference phenomena communicate clients' hidden subjectivities such as distressing internal conflicts evoking fear, shame or overwhelm for example. Countertransference and parallel process utilize therapists' and supervisors' subjectivities and are usually an essential psychotherapy tool, a tool Jill and David Scharff eloquently describe as '[...] the compass that guides us toward understanding of the transference' (1998, p. 241). Notably, the transpersonal field might also appear in countertransference or parallel process seemingly 'out of the blue' without any prior overt appearance or mention. For example in the form of transpersonal sensory-affective imagery that may reveal or symbolise hidden intrapsychic dynamics or liminal interpersonal spaces active in the background as the following supervision example may illustrate:

A hidden theme of 'secrets' in an integrative psychotherapy group, a theme shared in the group by several members and the therapist himself, caught the attention of supervisee and supervisor. The transpersonal field had so far not overtly appeared in this group, or only at its very margins. Various associations with the meaning of 'secrets' which might be particularly relevant to this group's process dynamics emerged. At that point, the supervisee remembered that the furnishing of the room in which this group met included a small closed vessel. Supervisee and supervisor began to wonder if that vessel might lend itself as symbolic container to hide the secrets within this group. In the ensuing conversation, the sensory-affective vessel imagery acquired further potential significance and meaning with the appearance of a 'holy grail' image, and its associations with potentially precious aspects within these secrets, which became a gateway to explore deeper layers of liminal group process dynamics but also some individual processes within this group.

Jung recognised how transpersonal sensory-affective imagery, such as the above 'holy grail' example, along with associated symbolism or archetypes, often seem of particular potency and value for navigating complex transference dynamics. In his book 'The psychology of the transference' (1946/1998), Jung considered clinical phenomena of transpersonal psychological spaces in the transference through the lens of alchemist 'Rosarium Philosophorum' poetry and their illustrations. Samuels (1985) followed similar trails when he explored Corbin's idea of *mundus imaginalis* (the imaginal world) as a potential third order of reality in the context of countertransference, which, Samuels argued, may facilitate a third form reality between subjective and objective. Such conceptions invite therapists' engagement with transpersonal imagery as potential transitional spaces or phenomena (Winnicott 1958) and any liminal intrapsychic or interpersonal processes these may facilitate or represent.

Psychotherapists also need to be mindful of cultural contexts. Transpersonal imagery and symbolism are inevitably culturally shaped and we may not easily recognise a client's sensory-affective imagery, metaphors or

symbols outside our own familiar contexts. In Afro-Caribbean cultures for example, imagery of the moon might relate to a symbolic all-seeing-moon, a moon that may have been bearing witness to secrets, or of secret events such as traumatic disturbances for instance. In another example, a client with Indian cultural roots might connect the sound of thunder with sensory-affective imagery of Shiva driving his chariot, a common transpersonal image on the Indian subcontinent. Both examples may connect to peak experiences in Maslow's terminology and may offer gateways to clients' deeply personal narratives and meaning.

An integrative perspective

Individual psychotherapy practice is not the place to question the validity of explanatory systems for transpersonal experiences or phenomena (with the exception of their distortions). In integrative practise, we can ill afford to ignore, or respond in dismissive or evasive ways, when clients bring transpersonal psychological spaces into the therapeutic relationship. Transpersonal connections have personal meaning and motivations, represent and compel values or sense of direction. It would seem best psychotherapy practice to diligently follow a client's phenomenological and emotional-psychological trails. In parallel, the psychotherapist may consider meta-perspectives arising in response to the unfolding foreground in the therapeutic relationship. Meta-perspectives may suggest some intra-personal system at work in the background and in particular in conjunction with countertransference phenomena, facilitate deeper understanding of a client's presenting issue. For example:

1. How are particular phenomena or beliefs experienced by a client? Are they disorienting, containing, overwhelming or expressing anxiety states?
2. How might some transpersonal phenomena or dynamic be relevant to a client's present life in other ways and in addition to what is being named by the client?
3. Might some transpersonal phenomena or dynamics we observe also serve other and additional needs or psychological-emotional functions?

4. Might there be less stressful alternative ways for the client to meet particular emotional-psychological needs in addition to transpersonal resources currently utilised?

Meta-perspectives may also include curiosity about phenomena or beliefs a client sees as resourcing or meaningful. Attention to phenomenological detail may invite and open reflective spaces and perhaps further develop their resourcing potential for that client. It is therefore good practice for therapists to suspend their own belief systems (or indeed any prejudice) as much as possible and engage with a client's beliefs and experience as openly and constructively as feasible whilst also maintaining an authentic presence in the therapeutic relationship. The latter can be a fine line to draw, a line that may turn even more complex as we delve deeper into the matrix of real and transference relationships.

Therapist's authenticity – a vignette

Soon after starting to work with a client who presented non-religious issues, but had grown up with the Jehovah's Witness faith from birth, I began to notice my own anxieties that this client should be able to benefit from psychotherapy without becoming alienated from their religious community in the process. On reflection, my concerns appeared primarily focused on the potential loss of social community and family connections for my client and associated isolation rather than with any potential alienation from the religious beliefs themselves. My anxieties subsided about twelve months later when my client began to articulate corresponding anxieties. It felt appropriate to disclose my own similar concerns, which incidentally helped to build up our therapeutic alliance. The client's faith itself rarely moved into the foreground whilst inevitably framing contexts and shaping perspectives as we explored the presenting concerns. Occasionally, my client thought that a particular aspect of the Jehovah's Witness faith required a clarifying explanation, especially where it carried some personal meaning or history. While such beliefs might not match my own, I felt comfortable to hear my client in a receptive manner.

One day, several years into the therapeutic process, the word 'devil' took centre stage, followed by a highly charged binary explanation which felt strongly polarised and utterly non-negotiable to me. I noticed my affective somatosensory reactions and a level of discomfort I could not ignore, but took my time to include my personal subjectivities as well as meta-perspectives in considering my response. My personal position is that a 'devil', by whatever name and in any religion, represents a shadow aspect of whatever it is that people refer to as 'God'. But this is not a subject I feel significantly invested in. It seemed to me that I was reacting primarily to the polarising manner rather than the conflicting belief systems and I decided that I should not pretend that my reactions had not happened. Moreover, that I should not comply or collude with a polarised position opposite my client without an attempt to name and clarify this relational disturbance. *"So far, I have not experienced any issues or difficulties listening to you when you tell me about particular aspects of your faith. Today, I felt different with how you spoke about a 'devil' and I believe it is important to let you know. I think I struggle a little with the big polarity of good and bad you expressed."* My client considered this for a short while and then thanked me with the words *"I noticed you seem to tense up when I spoke and I appreciate you letting me know."* This was sufficient to repair both rupture and polarisation, and the interaction concluded with an unspoken 'agree to disagree' without requiring further detail. On reflection, it appeared we jointly succeeded with sustaining a constructive balance between relational authenticity, nurturing relationship vitality, and maintaining focus on the client's process.

Conflicting beliefs or validity of explanatory systems need not get in the way of the therapeutic endeavour. David Boadella (personal communication on 2 September 1996) was approached by a client who sought therapy for events that occurred in what the client described as a 'previous life'. After initial hesitation, Boadella decided to accept this self-referral. He reasoned that this presenting issue must be relevant and meaningful for this person's present life and therefore appropriate to explore in therapy. Boadella further elaborated how a 'past life experiences' frame might

provide a container for traumatic disturbances that may seem too overwhelming in the present.

This is a good example how a therapist might appreciate that a client brings a pressing concern, without resorting to either pathologising or colluding with the client's perceptions or explanations, with an unconditional curiosity for potentially complex and multi-dimensional narratives to unfold. But transpersonal perspectives may not just vitalise or deepen clinical practice but also related fields such a research. Robert Romanyshyn (2007) for instance proposes the integration of researchers' 'deep subjectivity' with research methodology in his book *'The wounded researcher: Research with soul in mind'*. By identifying and managing their predispositions or transferences throughout a project, Romanyshyn argues, researchers might maximise openness and minimise distortion and bias.

Conclusions

Many psychotherapists appreciate and value how transpersonal connections may contribute soulful or pluralistic-transpersonal perspectives and presence to their clinical practice, without losing sight of the core psychotherapy principle that psychotherapists' personal beliefs should not become a concern for their clients. Equally, personal beliefs or prejudices cannot absolve therapists from acquiring knowledge and skills to meet the psychological spaces clients bring to therapy. Andrew Powell (2003; 2017), founding chair of the 'spirituality and psychiatry special interest group' of the Royal College for Psychiatry has long argued to make 'spiritual skills' a core and mandatory aspect for psychiatry education, in line with similar calls by the World Psychiatric Association and the World Health Organisation. In the psychotherapy field, we have yet to recognise that the transpersonal field should be considered a universal concern for all psychotherapy approaches (Warnecke, 2014) and therefore included on all psychotherapy curricula, though not with uncritical embrace of many historical transpersonal legacies. For example archaic ideas and constructs that are reminiscent of body – spirit dualism, or of Christian and Judaic beliefs that our bodies distract us from the supernatural. The transpersonal 'transmissive

theory of consciousness' (Barnard, 1997) for instance stipulates that consciousness is inherent in the cosmos and independent of our physical senses, a construct just as binary and dualistic as the popular claim in Western cultures that consciousness is a by-product of the brain.

Psychotherapy has suffered its very own variants of dualism dichotomy since Janet and Freud first began to formulate their conceptions. The proliferation of integrative psychotherapy in the 1980s and 1990s followed by the evolving cross-modality relational paradigm have promoted rapprochement between humanistic and psychoanalytic ideas as well as growing recognition that all psychotherapy modalities and approaches have more in common than what divides them. Arguably, the transpersonal field may provide crucial perspectives towards an emerging unified psychotherapy field that could truly celebrate its diversity within. In a recent book, Sella (2018) looks to Zen perspectives to embark on a meticulous unpacking of the historical dualistic theoretical foundations of psychoanalysis, and particularly 'body-mind' dualism, which no longer match, or turned irrelevant for, a contemporary psychotherapy practice informed by intersubjective and neuro-psychobiology paradigms. It appears that transpersonal psychology has more relevance to psychotherapy at large than motivational psychology alone, or indeed the embrace of deep subjectivity in psychotherapy practice and research. Moreover, psychotherapy has much to learn about the complex concurrent relationships between adversarial conditions or pre-verbal disturbances and transpersonal connections in order to develop more in-depth understanding of their interplay and reciprocal correlation.

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Must Only Mean Lonely? An Exploration of the Only Child Experience and Its Impact in Adulthood

Abstract

This paper presents research findings from a wider study of the exploration of the 'only child' experience. The original study used heuristic, embodied and imaginal research approaches to explore the author's personal history of being an only child of a single mother. It looks at some of the literature and psychological theory challenging long held negative stereotypes about only children.

Considering the research findings of contemporary writers such as Sorensen (2008) and Pitkeathley and Emerson (1994), question the legitimacy of these stereotypes. Sorensen's concepts of a potential 'only child archetype' are also examined. Attachment theory and transgenerational trauma are discussed in terms of how they may have coloured the lens through which the only child views the world.

These findings bring fresh insights into the clinical field enabling psychotherapists to consider only child clients diligently, contemplating the context of their only child experience.

Author's note: My aim throughout the study was to hold an awareness of academic and ethical rigour, while paying close attention to the phenomenological aspects of heuristic, qualitative research.

Introduction

I grew up a single child of a single parent, my mother having lost several babies before I was born. I have migrated through the seasons of life to date, matured into a separated adult, become a wife and mother, and watched the inevitable ageing of my parents. This has led me to wonder, how much of the way in which I relate to others, and the world around me, is informed by my being an only child?

Which aspects of the existent me, are founded on that experience of being one offspring, in a home environment without other children around me? Are there threads that run through the only child experience that can inform and assist us when working with adult only children clients? Is it feasible to discover any generalized aspects about the lived experience of another only child? I was interested to examine many facets and edges of this, including symbiosis, attachment, reactions to conflict and the impact of parenthood on the only child.

In my original research enquiry, I explored these questions using my own life story and experience as the bedrock of my study, as well as writings of adult only children and client experience.

Drawing on an examination of theoretical perspectives around birth order, attachment theory and more contemporary research, I hope in this article to extract some of the personal meaning that my story holds

for me, and to consider how this may illuminate the experiences of others.

Living within a society with increasing numbers of only children, it is useful to investigate and attempt to assimilate the potential implications of this within the psychotherapeutic community.

Methodology

Using phenomenological research methodologies (Moustakas 1990, Romanyshyn 2007 and Todres 2007), I embarked upon an exploration of my questions. Within this process, I wished to deepen the understanding of my own experience as well as my clinical practice.

The Family Constellations therapist, Bert Hellinger, describes phenomenology as ‘a philosophical method. For me it means subjecting myself to larger contexts and connections, without needing to understand them.’ (Hellinger and Hovel 1999:22)

As I began by investigating the literature around the only child experience, it appeared to be largely objective and quantitative, and left me uninspired. Papers and articles sent to me by contemporary psychologists who have written extensively about only children, (such as Toni Falbo at the University of Texas:2015), were brimming with fascinating data and detached analysis, but I was looking for more texture and context. I wondered if the reality of lived experience would expose complexity that data alone could never provide.

I discovered the work of two contemporary psychotherapists, Ann Richardson and Bernice Sorensen. These therapists have written and published (as only children themselves), about their subjective experience, Sorensen also exploring her PhD thesis on this subject. I embarked on an email communication with both women, and Sorensen and I had a stimulating conversation about her work. These exchanges opened up a rich seam of further discovery, and the unearthing of many more articles and papers.

As I devoured books and papers on the subject of the only child experience, I became fully absorbed. Conversations with friends who are

only children, or who have had one child, took on a new and deeper meaning - it was as if I ‘saw’ my inquiry everywhere, as I searched for context and nuance. I saw potential material originating from many sources in myriad forms, and started researching only children in literature, films and popular culture.

However, there were moments of ‘moving away’ from the heuristic quality of my subject - a fleeing to a safe distance. During this time, my journal entries took on a different style and periodic themes emerged.

My personal therapy became imbued with my research. My therapist and I embarked on somatic work that highlighted struggles with feelings of becoming engulfed by the needs of others. The polarity of my emotions around the striving for perfection and feelings of guilt and obligation took on a new resonance.

Central themes and words emerged for me – *Responsibility, expectation, symbiosis, conflict, liberation, aloneness, space, friendship, intensity, yearning.*

As I explored Sorensen’s research around the adult only child, many of the themes that I was discovering for myself also seem to have emerged in her work.

As part of her doctorate, she studied the lived experience of *female* adult only children. However, her research did reveal an identifiable set of adult only child characteristics and phenomena that she believes have been confirmed by her own feedback and the only child workshops that she has run.

Sorensen sees the following themes as making up the ‘*only child archetype*’ (Sorensen 2008:166): Enmeshment, lack of connectedness; aloneness and space; commitment - dependence versus independence; specialness, grandiosity and responsibility; self esteem; lack of sibling opportunities; triangular relationships; separation and individuation; the effect of the only child stereotyping; shame. I will pick up on some of these themes in this paper and discuss them further.

Gerhardt (2004) and Minuchin (1974) describe enmeshment, positing that it often

occurs when the wound of the mother contaminates her ability to parent her child, due to her own unmet needs getting confused with her child's. The healthy distance necessary for conscious parenting is almost impossible to attain when the child is experienced as an extension of the mother.

I was fascinated to read Pitkeathley and Emerson's account of this in their book 'Only Child: How to Survive Being One'. They observe that

A key aspect of being an only child is the intensity of the experience....the obvious means of relief may be to escape as soon as possible. Several interviewees recalled that they couldn't wait to get away from home – and not just away from home like many other teenagers do, but as far away from home as possible

(Pitkeathley and Emerson 1994:39).

Enmeshment is not something unique to only children, and is a result of parents' own insecure attachment patterns. However, I found that I agreed with Sorensen's view that the possibility of parental enmeshment is 'more detrimental when there is only one child available to meet the need of the parent. The power and intensity of that relationship can be overwhelming to the only child' (Sorensen 2008:180).

The intensity of experience is another theme that seems to run through my, and others experience. As Sandler writes

this amplification is the longest, sharpest edge of the double-bladed sword that is only-childhood. It's not the loneliness, or selfishness, or maladjustment that we worry about. It's the amplification, the intensity.

(Sandler 2013:99).

However, she also states that 'We tend to succeed at significantly higher rates than people raised with siblings....solitary pursuits like reading train our focus and curiosity, and the verbally rich environment of life among adults accelerates our learning' (Ibid:12)

Another area of exploration was my reaction to conflict. I seem to be lacking in a sense of 'how' to be in conflict with another. My sense is that a sibling provides a good training ground for the potentially deeply ambivalent relationship.

As Sifford argues in his largely positive book on his only child experience, when an only child fights with a playmate, they can have a tendency to hold on to a sense of righteousness. They do not have to go home with them. They do not have '*an investment... that is so great that we must make up, mend our fences and go from there.....we literally don't learn how to make up.*' (Sifford 1989:103)

Pitkeathley and Emerson hypothesise that children with siblings can 'practise' anger in a reasonably safe way. The only child has no one to practise with apart from parents, potentially too risky if anger with them might result in a cessation of love. They found in their many interviews with only children that 'most of the children we spoke to felt they were bad at resolving emotional situations. 'They tended to retreat from them, not confront them' (Pitkeathley and Emerson 1994:74) and found that the lack of emotional rough and tumble could lead to emotional immaturity, often '*heavily disguised by a heavy veneer of social maturity*' (Ibid:75).

Conflict, and friendship, is something that I considered carefully in my research. Friendship is something that has always retained an air of intensity for me. My friends are my substitute sisters. But sometimes I have not been theirs. This expectation can lead to disappointment and a sense of loss (Pitkeathley and Emerson 1994:192).

However, as Sandler points out, the tendency for only children to constantly question their relationship with themselves and connection with others can lead to them being adept at forging of deep connection, attuned as they often are to the responsibility that comes with building lasting relationships. (Sandler 2013:38)

Literature Review

The writings of one man made a considerable impact upon me during my initial exploration.

Granville Stanley Hall (1846-1924) was an American psychologist - the first president of the American Psychological Association. His interests focused on childhood development and evolutionary theory. Hall was responsible for inviting Freud and Jung to visit and deliver a lecture series in 1909 at the Clark Conference in America. Hall and Freud shared similar beliefs on sex and adolescence, and at this conference, Hall awarded both Freud and Jung an honorary degree.

(<https://www2.clarku.edu/research/archives/archives/FreudandJung.cfm> - accessed 9/3/2019)

A child of a large family, Hall was one of the founders of the child-study movement in the 1880s, and supervised the 1895 study *Of Peculiar and Exceptional Children* (cited in Sandler 2013:16), which described a small sample of only child eccentrics as permanent misfits. For many years after, academics and column writers disseminated his conclusion that an only child could not be expected to go through life with the same capacity for adjustment that children with siblings enjoyed. 'Being an only child is a disease in itself' he claimed at the conclusion of a 1907 lecture (cited in Fenton 1928:547).

I discovered Sandler's engaging work on her experience of being an only child (Sandler 2013), a thoughtful work on her largely positive sense of being an only child, and her thoughts on having one. Her research points to the negative stereotypes around only children then becoming deeply ingrained in the American (and subsequently global) psyche. It wasn't until 1942 that a defence of the only child began to appear in the press, when The New York Times published a story entitled '*Kind Words For the Only Child*'. This article was an accumulation of many studies that had been undertaken in the preceding years, in an attempt to disprove Hall's hypotheses.

I came across the work of Janet Hardenberg - in 1957, she collated a series of Winnicott's papers and broadcasts, titled '*The Child and the Family: First Relationships*' (Hardenberg 1957). In a 1945 BBC broadcast, Winnicott presented his thoughts on the only child. From a positive standpoint, he stated that

This foundation of existence in a simplified environment can give a sense of stability which can be a great stand-by for the whole of life

(Winnicott 1945:108).

However, he was, along with many of his contemporaries, at pains to point out numerous disadvantages which he saw in being an only child. He went on to describe these disadvantages of 'onlyness' as 'immense' (Ibid:111). In his opinion, there were many more arguments in favour of the large family than that of the only child. He believed that, along with the absence of experiencing a new addition to the family dynamic

If there are no other children, a child becomes stunted in play and misses the pleasures that belong to inconsequence, irresponsibility, and impulsiveness: the tendency is for the only child to become precocious....it becomes silly to play

(Ibid:108).

In his broadcast, he highlighted his position that the only child also misses out on the experience of 'finding hate turn up; the child's own hate, as the new baby threatens what seemed to be a settled and safe relation to the mother and father' (Ibid:109).

While I found myself rejecting many of Winnicott's generalized views on the only child up to this point, I concur with this perspective on hate. He argues that the expression of hate may be difficult for all children, and that the only child's relative lack of opportunity for expressing the aggressive side of their nature is potentially detrimental.

Winnicott asserted that 'Only children are all the time looking for stable relationships and this tends to scare off the casual acquaintance' (Ibid:110). This concurs with my own experience.

It felt important to revisit my understanding of attachment theory and the work of Bowlby when considering the only child experience. While Bowlby did not write specifically about only children, it is a common understanding that the attachment style of the child (and indeed the parent), will

have a significant outcome in any child's emotional development. I was struck by these words as Bowlby described close, symbiotic relationships between mother and child:

'So far from the child being over-indulged, as is sometimes asserted, he is being burdened with having to care for his own mother. Thus, in these cases, the normal relationship of attached child to caregiving parent is found to be inverted'

(Bowlby 1988:34).

This led me to considering 'transgenerational trauma' and the work of Bert Hellinger. He believed that, enmeshed with unhappiness from the past, family members may continue patterns of anxiety, depression, anger, guilt, fear, chronic illness and unfulfilled relationships. According to Hellinger, it is not an uncommon theme - sad mother, sad daughter and relationship difficulties of the parents, echoed by the children. (<http://www.hellingerpa.com/hellinger.shtml> - accessed 29/2/16)

I revisited the work of Alfred Adler, a contemporary of Freud's who commented, 'the individual cannot be considered apart from his social situation' (Adler 1926, cited in Ansbacher and Ansbacher 1956:2) and furthermore that 'the child has interlocking relations with the mother and family' (Ibid 1929, cited in Ansbacher and Ansbacher 1956:127) which need to be understood.

Adler believed that the birth position of the child in the family was of significance, and he confirms my thoughts pertaining to the arrival of further children when he posits 'often an only child is scared to death lest he should have brothers and sisters following him' (Ibid:381).

Adler felt that the only child was vulnerable to being reared in an anxious, timid environment, which could impede the child's wellbeing in later life. This perspective holds some merit for me - the inherent 'specialness' of the only child may well heighten the anxiety of parents.

I came across the work of Frank J Sulloway, an American evolutionary theorist who uses a Darwinian approach in his study of birth order and family dynamics. He argues that

while birth order 'occupies centre stage in the drama' (Sulloway 1996:354), both this and gender play only supporting roles;

Parent-offspring conflict, parental loss, temperament, and the numerous contingencies of individual experience are all part of this dynamic and Darwinian account of human development

(Ibid:354).

I relished reading *Born to Rebel: Birth Order, Family Dynamics and Creative Lives* (Sulloway 1996). A highly acclaimed study, it follows a previous publication of his on Freud (*Freud: Biologist of the Mind* 1979). However, the scientific and strictly evolutionary frame of reference from Sulloway's findings left me uninspired. His meticulous study of historical figures and analysis of their personalities and social history was undoubtedly of great interest, but failed to draw me in to his viewpoint. However, the above quote does highlight for me anew the importance of context and individual experience when considering the issues around only children.

I was intrigued to discover a paper written in 2006 - *Challenging the Stereotypes About Only Children: A Review of the Literature and Implications for Practice*. In it, Adrien Mancillas contends that the negative stereotypes around only children from decades of conjecture, have a three pronged implication. The first being that it may be that some only children internalize the negativity directed at them as a group, which may have an effect of self-esteem. Secondly, that some parents of only children may then attribute certain traits to them, again internalizing the negativity directed at them and their children, possibly affecting the parent-child relationship and self-concept. Thirdly, Mancillas suggests that those parents who believe the negative stereotypes about only children, may feel more pressure to have a second child.

As recently as 1977, seventy six percent of Americans still claimed that they believed being an only child was a considerable disadvantage in life (Sandler 2013:21). Additionally, in 2004 a Gallup poll indicated that only 3% of American adults thought

that one child was the ideal family size (Saad 2004, cited in Mancillas 2006:268).

The stereotype of the spoilt and selfish only child was exacerbated internationally by the term 'Little Emperor' which began as a Newsweek headline on March 13, 1985, seven years after the introduction of China's One Child Policy. 'This derogatory summation of China's one hundred million singletons was embraced instantly as pure fact around the world' (Sandler 2013:22).

As I read further, it struck me that much of the contemporary literature on only children is presented as dualistic. Data-driven quantitative studies such as those of Chen and Liu (2014), Falbo and Hooper (2015), and Trent and Spitze (2011) seem dismissive of any potential psychological impact on the only child. Rather, they stress that there is little difference to be observed in only children, or highlight the positive elements.

Falbo, along with her colleagues (such as Denise Polit and Dudley Poston) uses empirical studies to illustrate that there is negligible difference between only children and those with siblings. She does however believe that factors such as parenting styles, genetic predisposition and parental education are far more indicative of how a child fares than family size or birth order.

While I view these studies as important in challenging negative stereotypes, I sense that its strictly quantitative, empirical nature does not address any subjectivity of experience, or include the consideration of studying only children across the life span. This is something that Sorensen wanted to address in her qualitative research. In my conversation with her, she stated:

'Of course most research on only children has been with children, and it hasn't really been done across the lifespan, which is what my research was all about. Because I interviewed people right across the life span, it seemed that the older people got, the more they were aware of the difficulties.' (Sorensen 2016 :Personal communication)

I came across the work of Judith Rich Harris, who takes a contrasting view. As

a psychology researcher who has worked alongside Steven Pinker, she previously wrote a book titled *'The Nurture Assumption'*, criticizing the belief that parents are the most important factor in childhood development. In *'No Two Alike: Human Nature and Human Individuality'*, she argues that genetics are the key in development and that

The years of effort devoted to finding something peculiar about the only child were a failure.....in short, whenever a research method is used that controls for, or is not much affected by, the genetic differences between families, the home environment and the parents' style of child-rearing are found to be ineffective in shaping children's personalities.

(Rich Harris 2006:32)

While I concur that there is much to be availed from controlled experiments and evolutionary psychology, as with the data from Falbo et al, it does not seem to allow for any intersubjectivity. Little importance is placed on any human relationship, and its potential to impact on the child's development and future outlook.

In conclusion, I found the discovery of the literature and theory around the only child experience to be a rich process, continually leading me in to fresh fields of interest and consideration. This exposure and the learning therein deepened my heuristic enquiry, affording an expanded understanding of myself and my only children clients.

Fresh Insights and Application

Following my immersion in theoretical perspectives, I sensed a need to 'push deeper' and decided to engage in some 'constellation' work with my therapist (Hellinger, Weber and Beaumont 1998: Chapter 2). I recalled how my mother never talked openly about what had happened before my birth - there would only be oblique references to it that were difficult for me to absorb. As Torsten Preiss writes:

Disremembering a lost child is tantamount to exclusion, which results in entanglements..... Miscarraiges, stillborn children and

children that die young still belong to the family. They are part of the family system

(Torsten Preiss 2012:87).

He goes on to suggest that such exclusions have *'the most impact on the children that are born next'* (Ibid:87). I concur with this view, and was shocked at the impact of the constellation. It allowed me to access a grief that had always been out of awareness.

I launched an on-line conversation with fellow therapists in a closed psychology/psychotherapy group. I asked if it was felt that there were themes that recurred when working with only children clients, or if any only children themselves felt that it impacted on their 'take' on the world.

The responses were varied, and I offer a selection of comments that I found interesting:

'Being an only child definitely affects one's social interaction and perception of the world.'

'I worry about my only child as she gets older. Only another sibling can understand the loss of a parent. I have worked with older adults in practice who feel scared and lonely as they age, thinking they may feel a little less anxious knowing a sibling would get it.'

'One distinct disadvantage of being an only child is if your parents are/were mentally sick (whether diagnosed or un-diagnosed). An only child would have no sibling to share any early traumatic experiences with.'

'I am an only child and agree that the influence that is has on my relations with others has grown with age/maturity.'

'I'm an only child but started to feel like I was missing something in early adulthood. No matter how many friends and connections I have it still doesn't take away that feeling that I am missing a sibling. I find that when I am in a relationship I require a lot of attention and affection and if I don't get it, it feels like a huge void.'

'I suggest this is a minor problem. It is only important how you can integrate the positive

and negative aspects of your childhood. Nobody needs brothers and sisters to feel whole.'

Many of the comments seemed to consolidate my thinking that issues often manifest later in life, rather than in childhood.

My research, and the consideration of these conversations, kept returning me to the word 'context'. As deeply as I may connect with aspects of the only child archetype, each experience is of course, different. It felt important moving forward not to lose sight of this - that the parental structure, attachments and relationships that envelop the child's reality must always be considered when contemplating the only child experience.

Returning to Mancillas' paper of 2006, I concurred that there is a need to correct the negative bias and stereotypes about only children so that mental health professionals may have a deeper understanding of the only child experience. Drawing on a study by Phillips and Phillips, she suggests that only children may not be as able to recognize or accede to help available from others, consequently there is a possibility of experiencing higher stress levels (Ibid:272).

However, it seems important as therapists that we keep an awareness of themes described earlier, which may emerge when working with only children.

Below I outline some key points that have arisen within my own work with only children clients.

Managing Conflict

Therapists may consider a potential need to help adult only children clients manage conflict, allowing anger to be safely present in the therapy room. These are issues that have arisen several times within my therapeutic work with adult only children. 'Simon' kept finding himself locked in conflict with his partner, situations that he found overwhelmingly difficult to deal with. Every time an issue arose, he would 'take all the blame' to try and appease her, then withdraw and/or leave. This ultimately inflamed things further, as he was left with feelings of resentment and anger that he felt "have no

place if I want to stay with her.” Some of our work centred around him finding a safe place for his anger, which he previously felt was ‘dangerous’, as well as searching for new ways of communicating around difference and rupture.

Heightened Fear of Parental Ageing and Loss

An awareness of the late adulthood stage and heightened fear around parents’ death may be another area for therapists to consider. As Sandler movingly writes, as an only child herself ‘that grief remains unimaginable to me, despite my chronic anguished conjuring of the nightmare to come, I can only think that to confront that loss alone is perhaps the deepest form of loneliness’ (Sandler 2013:52).

The lack of a contemporary witness in childhood can seep in to adulthood and old age, and I feel is an important aspect that therapists should hold in awareness. As Kathryn Harrison poignantly writes of in her essay *‘The Forest of Memory’*

As an adult, having long ago reached the age at which I’d expected to have left my only childhood far behind, I mind it very much. I want a witness – or better, two, three – to what I remember, a person or persons to whom I could turn and ask “Remember that Christmas, the one when Mom...

(Harrison 2006:210)

Sorensen’s research suggested that the middle adulthood stage of caring for elderly parents may be particularly challenging for only children, where the sense of responsibility and no siblings to share the feelings with, can be heightened. There may be an extra pressure of duty, coupled with a strong parental expectation to be looked after, that therapists may need to hold carefully with only children clients (Sorensen 2008:101).

Erikson saw late adulthood as a time when we come to terms with our life, reassess achievements, contemplate accomplishments and potentially achieve real integrity (Erikson 1950). However, this life stage can be particularly onerous for only children who may now have very little, if any, family.

The sense of despair may be magnified if there is limited wider social contact. Linked to this is the sense that many only children may not develop a clear sense of themselves until their parents die.

‘Janice’ and I began working together when she was 67. An only child of deceased parents, she was also the mother of an only child, and came to me suffering from acute anxiety and depression. She found herself, having cared for both parents until their deaths, now caring for her younger invalid partner, a childless man with Asperger’s Syndrome. She appeared subsumed by inner conflict around her sense of responsibility and being “*a good girl, it’s always been important to be such a good girl*” - versus her desire for independence and to live her later years alone. She initially described feeling “*like a lone plant, I am unable to take root and grow from the deep soil I find myself planted in.*” She was silenced by her partner’s angry outbursts - unable to stand her ground, she would withdraw during times of conflict, trying to appease.

Much of our work centred around her finding a voice, both her inner voice and her interpersonal one. A woman of great perspicacity, up until our meeting, her need to be compliant and yielding to others’ needs had somewhat dis-abled her own identity. The existential witnessing in the therapeutic relationship enabled her to consider a new way of being that was fundamental to her sense of who she was.

Self-image

There can be a discrepancy between the only child’s sense of who they are and how others perceive them (Pitkeathley and Emerson 1994: Chapter 3).

Their uncertainty of how to bridge the gap between the reality and the image led them to adopt defensive poses and attitudes in order to cope in the world..... one described this as her ‘chameleon-like’ adaptation to any circumstance.

(Ibid:78)

‘Mike’, a 22 year old only child born after the loss of a still-born sister, struggled with

debilitating depression which seemed to have a genesis in not knowing *who* he really was. Prodigiously talented at sport, he had also achieved academic excellence, even though he had been very unhappy at school. However, if he wasn't achieving, he was utterly lost. I once asked him "*Who is Mike? I don't mean Mike the tennis player, or Mike the lawyer, I mean Mike the human being.who is he? What is he like?*" An intelligent articulate man was rendered speechless and unable to form a picture of the person that he was. He appeared to have no sense of himself. We worked on the question '*Who is Mike?*' for many months, as he started to develop an interest in who he was *in his own image* rather than solely in others.

In one session, he described how he sensed the loss of Lily (his sister) in his parents "*every day since I was born*" and that his drive to be 'brilliant' was part of trying to assuage the guilt he felt in surviving when she did not. He mused "*There is no one else to take the heat off, I need to be everything that was her AND me.*"

Not being confident about self-image may mean that only children clients can appear over anxious about what other people think of them. The lack of evaluation of themselves in childhood often leads to them 'taking all the blame' and being especially sensitive to criticism.

This links for me with the aforementioned validation that therapists may wish to contemplate when working with adult only children. I find that Groth encapsulates something of this existential reflection when he writes:

Just as I accept my dependence on others for the ongoing validation of my existence, I recognize my responsibility for their existence.With the exception of that extraordinary event of maternal existence-bestowing, existential witnessing is always bilateral and mutual. I cannot validate the existence of another person unless he validates my existence.

(Groth 2001, cited in Sorensen 2008:203)

If parental affection and bonding with the mother is '*good enough*' (Winnicott 1960b:145), not growing up with siblings may not be

of towering importance. However, where enmeshment and insecure attachments develop, there is little to mitigate the experience. There are no siblings to contribute to the sense of self-identity. I concur with Sorensen's belief that then, the only child is vulnerable and may need help with validation and existential examination of their only child experience.

Conclusions

For many decades, negative stereotypes around the only child have permeated cross-cultural thought to the point where they have almost become a commonly accepted truth (Mancillas 2006). In fact, this stereotyping has recently been documented as occurring among therapists and counsellors when making clinical impressions about a hypothetical client. In a 2004 study, clinicians viewed a hypothetical client who was an only child as 'particularly likely to experience problems' (Stewart 2004, cited in Mancillas 2006:269), implying that 'birth order can underlie judgment biases similar to the way that client gender can bias clinical reasoning' (Ibid:269).

It feels imperative to not only consider the nuances of the only child experience, but the intersubjective nature of the family situation. This needs to include the emotional health of the main caregiver.

It feels vital to not make the only child experience the complete narrative of the person, but accept its possible implications.

My own experience of being an only child and considering this throughout my research has led me to believe that it is neither *inherently* positive or negative. However, I agree with Bernice Sorensen's view that it is uniquely *different* to the experience of growing up with siblings, and has manifestly coloured my lenses through which I am afforded a view of the world. If we know ourselves, as I believe we do, through inter-subjectivity and inter-relationships with others, then our identity is surely affected by not experiencing sibling interaction.

I am hopeful that my research will make a contribution to the field of psychotherapy, informing and encouraging practitioners to

fully consider and potentially understand the only child in the therapy room.

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Book Review by Sue Wright

Refugee Tales: Waiting in Limbo

Herd, D. & Pincus, A. eds. (2016) *Refugee Tales* (London: Comma Press)

ISBN: 1910974234

I am writing this review at a time when the news includes daily references to migrants being picked up attempting to cross the Channel in flimsy boats – the journey across a busy shipping lane being perilous at the best of times let alone in the depths of winter – and the news items include the familiar rhetoric of politicians being called on to prevent people from entering the country ‘illegally’. What we are not hearing is why thousands put their lives at risk embarking on incredibly risky journeys – by sea, or hiding in containers or even more awful to contemplate clinging to the undersides of lorries. Nor do we hear what it is like for those to do make it alive to the UK as they try to navigate the complicated, incredibly slow, dehumanising process of trying to appeal for asylum. Or what it is like to survive with minimal resources in a country where they don’t speak the language, know no one and don’t understand what is happening to them. Nor do we hear what it is like to be kept in detention or be moved from place to place and never to feel safe.

Because these are things we should know more about, I believe everyone should read *Refugee Tales*. Indeed I would like to think that every politician had a copy. And as psychotherapists, whether or not we work specifically with this client group, I would also recommend reading *Psychological Therapies for Survivors of Torture* (2017). *Refugee Tales* is a collection of prose and poetry stories crafted

by accomplished writers after meeting refugees or people who visit detainees. It is based loosely on the *Canterbury Tales*, with quotations and ideas from Chaucer and, like the original, the stories are designed to be read at the end of a day’s travelling. In this way *Refugee Tales* is much more than a book. It is a movement, a statement. As the editors of *Refugee Tales* say, the hospitality of stories humanises people and counters the silencing of narrative in repressive regimes and the “holding of people outside the skin of language” in the immigration system. Being able to tell their story in their own way and then to hear it read out in fictionalised form can be validating and transformative.

The tales describe the horrific, life-threatening journeys people undertake in the hope of finding welcome and sanctuary. They capture the Kafkaesque bureaucracy of the immigration system, the inhumane conditions of our detention centres and the nightmare of living in limbo sometimes for years, between one failed appeal and the next. This limbo state is one in which both time and space are distorted. The refugee’s life becomes both timeless and subject to the timing of bureaucracy in a way that is cruelly, laughably precise. Take *The Deportee’s Tale* for instance, which opens with the words “It was 3 a.m, he said. He should have known”. The moment when the “fortress” doors opened “setting forth charging boots, searing screams, bruising curses”; when handcuffs were slapped onto him and he was dragged out and taken to the airport. The story continues with how the day would have been paced had it not started in this way with the door opening at 8, breakfast at 8.45 and walking the yard

until 11. “Until 1 o’clock you bide your time, 1.30 you lunch. At 2 everyone is out again. At 7 dinner. 8 shower. 8.45 the doors slam shut again”. And this is the day of a 14 year-old! - a 14-year old “attempting to find a way of being in a prison for men”. On this occasion his day began at 3. He was sent back to Greece. “Greece issues him one month to leave. And so it all begins again”. The child’s incomprehension about why all this keeps happening is vividly portrayed. He is passed from place to place. He keeps hiding. He keeps finding ways to move on. And nothing makes sense to him.

For someone who has fled his country time does not progress in the sequence we, whose lives are safe, expect. It keeps looping back ... repeated encounters with suffering and craziness. And spatially the stories illustrate how the old familiar geography of home with its known contours and rhythms gives way to being caught in completely unfamiliar, often inhospitable, spaces. The accounts of two writers who visited refuges in detention centres speak of the bureaucratisation and dehumanisation of space by the immigration system. The author of *The Visitor’s Tale* described the deep moat around one detention centre with a bridge over and a massive prison door to go through, then a succession of smaller locked doors, “each one taking you a bit further from your free and casual life outside, to a life of restriction and surveillance inside”. The author of *The Detainee’s Tale* described the many locked doors and barbed-wire coiled yard she had to pass through before reaching the visitor’s room, each time going through security checks that included being searched from head to foot. She also mentioned the incongruously bright information posters and Disney pictures in the reception area. Other stories tell us about the constant fear asylum seekers live under – the child, for example, who learned that sleep can be suddenly broken by immigration officials bursting in to get the family up because they were “being sent back home” – two officers to guard each member of the family. As if women and children were dangerous. What is it that we in the “civilised” West fear so much? - in the country to which the Detainee came because “I thought you would help me”? The only country in Western Europe where people can be held in detention indefinitely?

Psychological Therapies for Survivors of Torture (2017) also paints a graphic and shocking picture of the lives of some of the most vulnerable and disenfranchised people in our society, as well as providing some interesting, informative accounts of the experiences and approaches of skilled practitioners in the field. There are chapters on assessing survivors of torture, working with difference, shame, family work, working with interpreters, training and supervision, and the challenges faced by the therapist. In addition to these generic subjects, other chapters focus on the particular circumstances and needs of specific groups such as women, young people and men and women who have to flee their countries because of their sexuality. The length of the book, with 17 long chapters, might put some readers off. But it is not a book one has to read all at once. For therapists already working with this client group it will prove a valuable source of information and validation. For therapists working with other forms of trauma it opens a window onto an area of practice where there are both similarities and specific needs to be considered, and if you work specifically with women, children or members of the LGBT community I would certainly recommend reading the relevant chapters.

As the editor points out, our trainings rarely cover work with refugees or working alongside interpreters and the book emphasises the need for specialist training if embarking on such work as well as the importance of familiarising oneself with the immigration and asylum process and with information about the country and culture of individual clients. A solid grounding in trauma theory is also crucial. That said, it is worth noting Michaelson’s point that therapists can feel deskilled when their therapeutic approach or trauma model does not easily transfer to working with such a diverse population and she stresses the need for a clear, flexible theoretical framework as well as an understanding of complex trauma. Michaelson’s excellent chapter also highlights the impact working with torture survivors and asylum seekers can have on the therapist and the importance of self-care. This is especially true to avoid getting caught up in the hopelessness asylum seekers feel when repeatedly refused right to remain. As Michaelson says, it is painful to witness the

deterioration in a survivor's mental health when there are delays, administrative mistakes and refusals that deny the truth of their account, and therapists need to find a way to sit with the reality that both they and their clients have limited power in the face of the asylum system. They need to bear the survivor's hopelessness and at the same time try to instil hope.

A thread running through the collection is a commitment to a human-rights approach, something which I suggest can also be important with other client groups. Such an approach includes being prepared to:

1. Name the injustices that survivors have experienced and honour their histories. The therapist cannot be neutral or impartial. As Boyles commented, "if we focus our interventions solely on symptom reduction without acknowledging the injustices our clients have experienced, we may be contributing to the oppressions they experience and serving to silence them again".
2. Be grounded in cultural humility rather than assuming knowledge
3. Address issues of power and inequality
4. Incorporate advocacy into the work
5. Expand one's remit by working with others to ensure that the client's basic needs are met and to help them pursue their asylum applications.

Different authors describe ways they have acted on behalf of their clients, a position that will feel familiar for therapists working with other marginalized, traumatised groups. But it was wisely emphasised that responding to requests demands careful consideration in terms of therapist motivation and empowerment-based practice.

The chapters by Whitehouse and Salter are particularly good in what they have to say about the experiences of women and young people. Whitehouse emphasised the importance of understanding that women's experiences of torture and abuse and of seeking asylum differ significantly from those of men. Even if they are persecuted for political or ethnic reasons the persecution is likely to take the form of sexual violence and the shame this evokes makes it very difficult for women to speak about their experiences. It is also likely to take place within

the private sphere. Escaping their homeland and travelling unaccompanied by a man brings further risk of sexual exploitation. Salter contributed two chapters about working with separated young people which are worth reading by anyone working with young people, even if not specifically with refugees, because of the detailed discussion about the impact of trauma and loss of attachment figures on ongoing development. Salter made the important point that while rehabilitation for adult survivors of torture often works from the principle of helping the individual to reconnect with the person they once were, adolescents who are still on the path to adulthood don't have a fully-formed self to which they can return. Moreover, they face the dilemma of moving into early adulthood deprived of their former expectations of how that would be. Her account and examples illustrate the multiple losses young survivors face and the challenge of trying to make sense of their experiences with no trusted attachment figures to help mediate the trauma.

There is much to learn from the wide-ranging, comprehensive contributions in the book. But the most powerful learnings come from the chapters in which refugees gave their views on what they have found to be most and least helpful. The essential message is the wish to be treated like human beings – something that also emerges in *Refugee Tales*. In "Kevin's" words: "I need to see my therapist as a human being, and be received as one, not judged on how I look". And "Prossy" from Uganda said that "the most important thing is that they treat you as a person. Don't treat the person as a client or service user or whatever people chose to call us. Treat them like a person, and when they come to see you be personable. Pay attention to the little things that are important to them". Kevin and Prossy also stressed that:

6. Therapists first need to listen and have an understanding before trying to help. They should learn the basics of the asylum process and about the country from which their clients come, including how therapy is seen in that culture.
7. They should not expect people to open up straight away and should make sure that they understand what therapy is and how they might benefit from it.

8. The therapist is sometimes the only person a refugee will speak to in a day and therefore being interested in the small things in his daily life is important. Ask relevant questions like “how do you eat?” or “how is your journey to therapy?”
9. Be responsive to requests for things that help people feel safer, such as keeping the door open.
10. Avoid techniques or outcome questions that make no sense to someone dealing with unspeakable horrors.

These points are not rocket science, but when trauma and hopelessness are in the field, it is all too easy to get pulled into anxiously wanting to make a difference and to forget the value of offering something slower paced, collaborative, empowering and human. We should also not forget the remarkable things people do in order to survive and the survival journey refugees have already undertaken before embarking on therapy. I was struck by Salter’s observation that the young people she works with usually display a mixture of vulnerability and resilience. Perhaps the same could be said about adult refugees. It is certainly an impression I gained through reading *Refugee Tales*. These stories and the case examples in Boyle’s collection include evidence of the remarkable resilience of the human spirit – and like many of our coping capacities, resilience is fluid and dependent on context. There will be times when survivors slip back into hopelessness and despair, and at such times they are often at risk of self-harm and suicide. But the opportunity to tell one’s story to trustworthy, engaged witnesses can tip the balance back towards resilience and hope. As the editors of *Refugee Tales* say, the hospitality of stories humanises people and counters the silencing of narrative in repressive regimes and the “holding of people outside the skin of language” in the immigration system. Being able to tell their story in their own way and then to hear it read out in fictionalised form can be validating and transformative. So too is a supportive, respectful therapeutic relationship. Let me end with some survivor’s words:

“Good therapy helps us move forward; it helps us make connections; it helps us want to get up, open the door, go into the garden. However the therapist should invite you out slowly; they should not pull you out forcefully. I don’t want

my life to be any harder. If I don’t feel better at times, I don’t want to feel it’s my fault” (Kevin).

“One time you helped me with my housing. One time you listened to me about my prison. One time you helped me find peace inside when I was so fearful and panicky, and one time we talked about the politics of my country. But every time you cared for me and were like a sister” (Reza).

“Therapy helps us to become alive again, step by step. Its true, and it is very important” (Kevin).

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Book Review by Abigail Dyke

White Privilege Unmasked : How to Be Part of the Solution

By Judy Ryde, London.
Jessica Kingsley Publishers, 2019.

ISBN: 978-1-78592-408-8

Everyone should read this book. It's compelling, concise, articulate, challenging, hard-hitting, overwhelming, frightening, conflicting, informative, honest and heartfelt.

I say all this of course, from my own perspective as a white person; and throughout I have continually wondered what my non-white peers take on the book would be.

Judy Ryde, in her revolutionary new book, examines in depth the inherent position of privilege from which all white people live in the world. Writing honestly and openly from her own experiences, she continues her exploration which began with her doctoral research and book *Being White in the Helping Professions* (Ryde, 2009) to extend discussion and inquiry in to the history of white privilege and how it continues to impact the world we live in today. Ryde makes a resounding and poignant observation, 'within a racial context, we all are en-raced but white people have been privileged enough not to have noticed it.' (p148) This is the premise on which the book resides; through carefully constructed and well balanced sentences, I hear a calm and level headed voice throughout, stating shockingly simple truths.

Whilst the book is written for everyone, and as I stated above, everyone should indeed read it,

white and non-white, the author does emphasise it to be especially directed towards white people, in particular white people working in the helping professions (doctors, therapists, nurses, social workers) (p16). However she does extend this invitation to a wider audience, highlighting the importance for white awareness within education, consultancy and corporate organisations. Conducting much of her research for the book with only white peers (p58), Ryde contends the importance in recognising it is not the responsibility of non-white people to educate white people on race (P148). I have internally battled with this paradox; white people talking amongst each other about race, on the face of it could appear like a contradiction, and the irony hasn't escaped me as I, a white person, review the book. It is looking specifically at white privilege within the wider racial context, and calling white people to acknowledge their whiteness as a race, and confront the deeply embedded historical and cultural myth on which their current privilege sits.

I came to see that the problem of racism starts with white people and that, if I am to understand racism, I must first understand myself and the culture in which I am embedded as a white person...it is important for me to remember, as I write this book, that it is impossible for me not to write from inside my own experience. This is also true of the reader when reading it – you can only read it in the light of your own experience. I am white. I come from a culture that is implacably imbued with white experience and a sense of entitlement. I look out of

those eyes and see the world from that perspective, however hard I try not to do so.’ (p13-14)

The book is split into three parts, *Facing Up to White Privilege*, *The Effects of White Privilege* and *Making Personal and Societal Changes*. This gives the reader an idea of the trajectory in which Ryde successfully and thoroughly tackles this overwhelming subject. She begins with a history of whiteness as a race, highlighting the deeply ingrained assumption of race as a term used only for non-white people. She delves deeper, exploring the impacts of colonisation and the slave trade, of which shapes the very society in which the western world lives, pointing out to the reader that whilst white westerners today may not perceive themselves as personally responsible, they still benefit from this exploitation today, as well as continuing exploitation through slavery and human trafficking, to provide food and clothing consumer goods at a low cost.

‘Evi Hartman (Taplin, 2015) a German researcher, found that with a normal middle-class lifestyle in the West, you would have about 60 slaves working for you in sweat shops and elsewhere all over the world.’ (p49)

Towards the latter part of the book Ryde offers concise step by step exercises designed for consultancy and training in organisations, as well as exercises for the reader. These are accessible and helpful in guiding the reader to begin asking themselves the right questions and making steps towards a form of reparation. What is stressed throughout, and is integral to creating potential change, is that a white person has to feel the pain they have caused; we have to fully connect with it. This goes against how our current society functions. Physician Gabor Maté, in an interview last year, made the chilling statement, *‘for this society to function as it is, it has to separate the soul from the body; we wouldn’t treat people the way we do if we had souls.’ (Maté, 2018)*

The book is dense and rich, so I will just list other areas which are covered succinctly and informatively:

1. Climate change and the current ecological crisis - we exploit and damage the worlds resources and it is the less ‘developed’

- countries that suffer through ice melts, hurricanes and flooding to name a few.
2. How to tackle white privilege on both an individual and then a collective level.
3. Drawing parallels with other forms of oppression such as class, gender, and disability.
4. I was particularly interested in the parallels drawn on neoliberalism’s influence on forms of addiction and addictive behaviour, and how this is exploited to feed a ‘growing economy’ (p132).
5. I liked the comparison between the 12 step program to sobriety with a white person’s steps towards reparation (p134).
6. Chapter 8 explores a more systemic approach to tackling white awareness and privilege through participative systems thinking,

‘You can never see the totality of a system that you are a part of, for you will always see that system from the perspective of your position within it.’

(Hawkins, 104:2018)

She draws connections here with psychotherapeutic theory; Intersubjective Systems Theory, Dialogical Gestalt and Field Theory which contend the self is not an autonomous separate entity but exists as part of a greater whole and cannot be apart from it (p104). She uses this to illustrate the tendency of the white, western world, to view anyone not visibly like them as ‘other’ which encourages the polarised thinking of ‘us’ and ‘them.’

The book is informative yet practical; information is broken down in a clear and concise manner, assisting the reader in not becoming too overwhelmed, with what is an extremely overwhelming subject. She is laying it out for the reader in such a way that we can feel guided on this personal journey. This is not to imply it is not challenging; Ryde is essentially asking all white readers to step out of their comfort zone, to look deeply inward at how it makes them feel on a personal level. Many readers may flick through, maintaining a protective veil of detachment and prematurely place the book on the shelf amongst others. I see this book as a manual of sorts, and one that should be kept on your person or near to hand at all times. It’s both revelatory and revolutionary

and scarily late in the day. The book builds in intensity to a kind of crescendo; Ryde is measured and calm throughout but underneath there is a urgency, an outcry for the reader to take this seriously, to take themselves seriously. By doing so this book could be the beginning of a whole new way of thinking, whereby the white individual and ultimately western cultures take responsibility for their culpability.

I feel hopeful here that, with these examples, white people can no longer avoid acknowledging their position of privilege and use this seemingly flawless guide to make changes that could run deeper than ever before. I did wonder if some of the language used may appear less accessible to professionals or other readers outside of the psychotherapy world, but overall it cannot be argued that the writing style is approachable and easily absorbed.

This book could read as a kind of utopian vision, and Judy Ryde allows herself a glimpse of this towards the end, '*...until race is no longer an issue, just a faint memory read about in history books. Children will scratch their heads and wonder how people could have thought that the colour of someone's skin had any meaningful significance.*' (p164).

We can only start with ourselves, and begin by reading this book.

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Volume 15 (2019)

Production Information

Made in London by Matthew Gilbert

Printed in the United Kingdom.

Visit our web site for the latest
information about UKAPI.

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