Volume 2, Issue 1

The British Journal Of Psychotherapy Integration

Perspectives on Integration

Introduction

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

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Submissions

Future volumes of this journal will be on theme issues based in an integrative perspective. Two members of the editorial board will act as co-editors with the support of the two consulting editors. If you are interested in a particular theme, please contact the consulting editors and discuss your interest with them.

Editorial structure

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Editorial

Perspectives On Integration
Further Contributions To The Discourse

We welcome our increasing members, old and new, to the third issue of the journal. There continues to be a lively response to the ideas already presented in the first two issues and to the integrative discourse initiated by UKAPI. We will continue to publish book reviews, students' final submissions and letters to the editors, as well as articles of interest. For the first three issues of the journal we have commissioned articles, but we now invite contributions from our membership. If any readers have written material that they wish to be considered for publication, please send copies to the Consulting Editors at maria@fluffy.dircon.co.uk or post to UKAPI Journal at: P.O.Box 2512, Ealing, London W5 2QB. From time to time we will have themed issues. Forthcoming issues will address: Narrative therapy and Integration; Body therapy and Integration; and Spirituality and Integration. Please submt relevant material for these issues.

Contents of Volume 2 Issue 1

Some of the articles in this issue look at integration as a dynamic process, others view integration as an organizing framework and others see integration as a description of their identity in a broader socio-political context. We believe that this signifies the broad sweep of the integrative project in the current climate in Europe. As can be seen from the articles and the letter to the editor, there is healthy difference, disagreement and room for debate. We welcome a robust exchange of ideas and a vibrant dialogue on integration in future issues.

Ernesto Spinelli has both critiqued the integrative enterprise and provided an interesting alternative perspective drawing on existential, phenomenological ideas. He offers a way of viewing integration as a way of being in the therapeutic relationship in that integration is an aim rather than a destination. Julie Hewson has offered a poetic exposition of the archetypal narratives that she regards as being at the heart of her work as an integrative psychotherapist. She offers a cross-cultural perspective integrating Celtic myths into the mainstream of the Western psychotherapy narrative.

Frances Hawxwell draws on her experience as an integrative psychotherapist, who is psychodynamically informed, to convey her understanding of challenges to the psychotherapeutic frame. She illustrates her discussion using two interesting clinical examples to both enrich our appreciation of the need for clear boundaries and to remind us of the gift of boundary disturbances to deepen the psychotherapeutic process.

Graz Kowszun provides a framework for conceptualising integrative processes in psychotherapy, centred on the needs of the client in a particular context. She provides helpful maps to guide the student practitioner, in particular, in their integrative decision-making processes. Her framework reflects much that has been highlighted by others in

the integrative literature to date and is a useful overview for students of integration.

As Andrew Samuels, a Jungian analyst, often does in his writing, he offers us in this article a challenge for practitioners to turn some of their assumptions on their heads, and consider that any therapeutic encounter is a trans-cultural endeavour. He invites us to consider both what 'foreign' approaches can offer us as practitioners in the United Kingdom, and to consider that 'any other' is always foreign to 'self'.

Our student contribution is Bobby Moore's written submission for an Advanced Diploma in Supervision. This is in line with our editorial policy to include final written projects from graduating students.

We are including one book review and a letter to the editors.

Maria Gilbert and **Katherine Murphy**
Consulting editors and co-editors of
Volume Two, Issue One.

Ernesto Spinelli

The Dis-integrated Psychotherapist

Abstract

This paper examines critically a number of central assumptions underpinning the quest for integration within contemporary psychotherapy. It presents a view of experiential dissociation that, it argues, epitomises the current stance, and its resulting difficulties, adopted by the great majority of integrative psychotherapists. The paper provides an alternative interrelational focus that is derived from the writings of various major existential-phenomenological theorists, and the work of Martin Buber in particular, in order to highlight and offer potentially worthwhile possibilities and implications for the integrative enterprise.

The Dis-Integrated Psychotherapist

In several of my previous writings, I have considered the notion of dissociation from an existential-phenomenological perspective (Spinelli, 1994: 2003). This view of dissociation does not refer to a 'splitting' in or of personality or a dissociation (or series of dissociations) in identity. Rather, my use of dissociation is intended to refer to the experientially-lived divide that is provoked by the dissonance between one or more of the deeply maintained or sedimented attitudes, values and beliefs that constitute my worldview regarding self or others (how I or they must/must not be defined, related to and understood) and the actual currently lived experience of being that reveals a challenge to such sedimented stances regarding my own or others' essence, existence and/or identity (Laing, 1965). For example, though an attitudinal component of my worldview regarding my self might insist that I am always an honest man, a dissonance is created when my actual lived experience of being dishonest contradicts this stance. In such circumstances, I might alter my previously held stance (for instance, I might now declare that I am usually an honest man) or I might reject my lived experience and continue to insist upon the truth of my prior assertion. While the former strategy might appear initially to be the most appropriate to take, I have argued elsewhere that if adopted it would challenge not just that particular aspect of my worldview but rather serve to alter the whole of it in ways both subtle and obvious and, as well, always unpredictable as to their impact and disturbance upon my self-structure (Spinelli, 1994: 2003). Indeed, the uncertain impact of this worldview re-alignment would also have its ramifications upon my structuring of and relations with others, and, as well, upon others' relations with others (Spinelli, 2005). It should now be seen that the initially less attractive option of rejecting those lived experiences that challenge or contradict those deep-seated values, attitudes and beliefs that structure my overall worldview serves to avoid the uncertain and unpredictable consequences of my "facing up to what is there for me through my lived experience". That this latter strategy requires me to dissociate from or disown my lived experience in favour of my inadequate, but deeply-held, values, attitudes and beliefs appears to be a price that, at least most of time, all of us seem willing to pay.

This dissociative divide that maintains a fixed or sedimented worldview is something that we psychotherapists know all too well whether as professionals working with our own clients or as members of a "school" or model-oriented community or as qualified experts within specialist organisations. For instance, in many ways we present ourselves and our profession as being centred upon the gaining or regaining of some sort of "expertise in living". I leave it to your own observations of the lives of fellow psychotherapists, or, if you are more courageous, of your observations regarding the way you live your own life, to decide whether we are, or practice anything of the sort. And if you are even more courageous, or foolhardy, than either of the above, you might challenge yourself even further by eliciting the honest views of your partner, your children and/or your closest friends on such matters.

Whatever the case, I would suggest that such investigations tend to reveal to us that our actual lived experiences of doing therapy and being psychotherapists don't correspond too closely to our own, and our various organisations', sedimented beliefs about what it is to do therapy and what it means to be a psychotherapist and that, as a result, both we and our profession are experts in living with dissonance.

Just as the psychologist, Jerome Kagan, has written about psychologists' tendency to hold on to "pleasing ideas" regardless of their questionable evidence-based status (Kagan, 1996), so too have psychotherapists such as Alvin Mahrer argued that psychotherapy as a whole is riddled with dubious, if pleasing, ideas or foundational beliefs that are essentially illusory (Mahrer, 2000). I would like to add to these conclusions by arguing that as well as being illusory such beliefs provoke for psychotherapists a set of critical dissociations from lived experience that are equal in significance and aim to those of any we might encounter and observe being expressed by our clients. That these dissociations succeed in allowing us to maintain our illusory beliefs is in no doubt. What is important to ask however is: what price do they exact upon the very heart of the psychotherapeutic enterprise? And, more specifically for those who are committed to an integrationist movement, how do these stances serve to doom this movement by imposing a dis-integrationist stance right at its very heart?

The one recurring counter-example to this state of affairs, the one twig that just about every one of the 400+ current models of psychotherapy has clutched at, is the centrality of the therapeutic relationship itself (Norcross, 2002). And, indeed, and not surprisingly, it is currently the focus upon this relationship that serves as centrepiece to most contemporary notions regarding the possible means toward an integrative ideal (Clarkson, 2003). But how are we to understand the term "therapeutic relationship"? What are the qualities with which we wish to imbue it? How might we prevent the undesirable consequence that the therapeutic relationship might as well also become just one more 'pleasing and dis-integrative belief'?

I would suggest that the key critical foundational philosophical assumption regarding the therapeutic relationship that will direct us either toward its integrative possibilities or away from them such that dis-integration is fostered is the commonly accepted notion that self and others are separate and distinct entities or structures, each definable within its own set of characteristics and features. In contrast to this view lies a philosophically-derived stance that currently seems somewhat alien to contemporary Western thought (though far less so in the worldview of many non-Western cultures). This is the seemingly novel notion of interrelatedness as the basis to the evolution of self and other consciousness.

To clarify further, this second view takes the position that self and other are interrelational terms that are meaningless in themselves when considered outside of this interrelationship or when addressed and analysed in isolation. With this basic contrast in mind, we can now return our attention to the therapeutic relationship.

At present, no one psychotherapeutic model or approach, no matter how it defines and works with "the therapeutic relationship", indeed, no matter how sensible or absurd its theoretical underpinnings may appear to be to some or most other psychotherapists, has been shown to be more successful than any other

- whatever "successful" may mean (Norcross and Goldfried, 2003). Further, on those rare occasions in which we have had the insight or courage to enquire of our clients what it is about the psychotherapeutic relationship that seems important or pivotal to them, their responses have pointed to qualities rather than skills, ways of being rather than ways of doing or doing to (Howe, 1993; Sherwood, 2001). In short, what our clients point us toward is, once again, this notion of interrelatedness.

In the early years of the philosophical movement known as phenomenology, its founder, Edmund Husserl, developed a methodology that attempted to set aside or "bracket" the subjective variants of experience in order to expose the object of focus "as it is, in itself". Instead, this enterprise provoked the realisation that such bracketing disclosed the unavoidable interrelationship between the investigator and that which is under investigation. The world, the focus of our investigation, became a life-world, an interrelationally indivisible terrain wherein its one constant is the mutual and unending co-creation of interpreted realities (Ihde, 1986; Spinelli, 2005).

As Don Ihde has argued so convincingly, it was Husserl's assistant, Martin Heidegger, who "existentialised" each of the Husserlian steps toward structured inquiry (Ihde, 1986). What Heidegger made explicit was the impossibility of deriving in any objective fashion that which modernist science has called "truth". For Heidegger, truth reached back to its own origins, to the notion of aletheia - the disclosing, the revealedness, the openness that one adopts toward one's quest or toward another. Or, indeed, toward one's experience of self. I think that Heidegger would very much have shared the view adopted by the relational psycho-analyst Leslie Farber in that, for psychotherapy at least, speaking truthfully is a more fitting ambition than speaking the truth (Farber, 2000).

This notion of a "truthful dialogue" was further explicated by another student of Husserl's, George Gadamer. Gadamer contrasted the truthfulness that emerges via a dialogue that is not preset in its focus, direction and intent or goal by one or any of the participants to one that has been preset in its intention or direction by at least one of the participants. All dialogues, he acknowledges, have - or more accurately, find a direction, but there exists a truthful quality to a dialogue that shapes its own form and focus, that cannot be ascertained - or experienced - in a dialogue that is being actively directed toward a certain pre-set goal (Gadamer, 1989). As Gadamer wrote: "[t]he way one word follows another, with the conversation taking its own twists and reaching its own conclusion, may well be conducted in some way, but the partners conversing are far less the leaders than the led. No one knows in advance what will 'come out' of such a conversation" (Gadamer 1989, p383).

I think that Gadamer's point is experientially obvious when one considers an instance of a meaningful, worthwhile, even life-changing dialogue in one's more everyday life. In doing so, one notes not only its attempt at truthfulness (no matter how revealing or painful) but also its avoidance in setting a preconceived directional boundary as to what topics might emerge or where they might lead. Further, such dialogues are not truly 'in the hands of' any one, or all, of the parties who participate in such. Indeed, the attempt to control their flow provokes the opposite of what is desired and limits the dialogical truthfulness that exists as a possibility.

Yet another existential-phenomenologist, Maurice Merleau-Ponty, furthered this notion by arguing that our aletheic truthfulness is revealed in a way that cannot be disembodied. How we choose to be with and toward another is expressed via the body in that the body moves us from intention or desire to an act, to actuality. How I greet another, by for instance shaking hands with that person, acts out the whole of my stance toward being with another, revealing all manner of assumptions and attitudes that reveal me to self and other - my openness or hesitation in greeting, and being greeted by, the world; my pleasure or discomfort in placing my embodied being quite literally in the hands of another and in responding to another's placing of hands upon mine, and so forth (Merleau-Ponty, 1962). In presenting us with such views, Merleau-Ponty moves our curiosity and interest in the body away from

some objectively-determined enquiry focused upon mechanics and biology and toward that of considering the body as our primary means of dialogical engagement with the world and the source of our discoveries about who and how we are in the world. The implications for this shift are of major significance, not least when considering the dilemmas of sexuality as a statement of interrelation rather than as a response to internal, biologically-driven conflict or arousal (Spinelli, 2001).

But perhaps the most radical reconsideration of Husserl's ideas on interrelatedness and meaning, and equally, perhaps the most directly pertinent for psychotherapy, can be found in the writings of Martin Buber (1999; 2002).

The now famous contrast between "I-It" and "I-You" relations can be most directly understood within the arena of psychotherapy in the following way: one can approach psychotherapy from the standpoint wherein, for the psychotherapist, the other who is the client is experienced as an object of the psychotherapist's experience and self-consciousness and whose meanings can be reshaped and reformulated via the imposition of the psychotherapist's preferred meaning stance. Or, alternatively, the psychotherapist can approach the other who is the client as a subject who is in a dialogical encounter with the therapist and through which encounter interrelational meaning possibilities unfold themselves.

The former is an "I-It" attitude which is grounded in separateness and control. The latter is an "I-You" attitude that is grounded in inseparability and whose focus lies upon the interrelational possibilities emergent between the persons. If the former demands that the "I" who is the therapist must "fix" him or herself in an attitude of authority (via theory, skills, and so forth) the latter equally demands that the "I" who is the therapist remains open to the reconstituting and redefining of his or her own meaning base via the interrelational attitude taken toward the other. The former equally objectifies both the "I" and the "It". The latter reveals that both "I" and "You" co-exist as an inseparable interrelation whose truthful meanings are not "handed down", directed or predetermined by one party to another.

Like Heidegger (2001) and Sartre (1991), Buber was intensely interested in psychotherapy. Indeed, in the final edition of I and Thou he made his views explicit (1999). Buber argued that for a therapist it is necessary to enter into a full dialogical relation with the other and, to "live this situation not merely from his own end but also from that of his partner: He must practise the kind of realisation which I call inclusion... the therapist... must stand not only at his own pole of the bipolar relationship but also at the other.. " (Buber1999, pp178-9).

The psychotherapeutic approach toward an I-You relationship, and the integrative possibilities that such might evoke, as envisioned by Buber, differs in significant ways from most other psychotherapeutic stances in general and, more pertinently, to those typically adopted by proponents of integration. Perhaps most pertinently, the I-You relationship is not necessarily about equality, or full reciprocity or empathy. It is much more about respect for the other in his or her otherness.

Buber was most careful to distinguish "persons" from "individuals". Buber's view of the person serves as an expression of what it is to be an integrated human being – a being who inhabits an inseparable relation with the world, and is an expression of that relation. Buber was deeply critical of psychotherapy's focus on the individual per se. He railed against the sort of dis-integrative "fascism of self-autonomy" that runs rampant through Western psychotherapy and which so alienates its views from those of so many other philosophies and systems in the world. For Buber, being a person is far more than simply individuating. Being a person means being "in real reciprocity with the world in all the points in which the world can meet man" (Kirschenbaum and Henderson 1990, p63). As Buber stated: "I'm against individuals and for persons" (Kirschenbaum and Henderson, 1990, p63). And, as well, he argues: " (one) may become more and more an individual without making him more and more human" (Kirschenbaum and Henderson 1990, p63). For our purposes, we might paraphrase this view and suggest that one may integrate more and

more theories without oneself experiencing or knowing integration.

Buber continually reminds us that we become ourselves through relation. For Buber, "in the beginning is relation " (Buber 1999, p32). The therapist who treats a person as merely another "I" does not really see that person but only a projected image of him or herself. In such circumstances, the relation that is fostered, despite its warmth, care, concern and so forth still remains an "I-It" relation. In like fashion, the therapist who approaches integration as merely another set of theoretical principles, remains immersed in dis-integration regardless of the care, concern and commitment that he or she may bring to the enterprise.

Now, let me consider how these points might begin to expose what might be critical concerns surrounding any integrative enterprise in or for psychotherapy.

Integration, from a psychotherapeutic perspective, is typically understood in terms such as coherence, consistency, and practical usefulness. For many, it reflects the attempt to discern crucial factors within and across various models of psychotherapy so that these factors can be clarified, highlighted and used as the primary platform toward the eventual construction of a super-ordinate theory to which all, or at least the majority, of existing theories will become subordinate.

This view reveals an underlying search for unity, simplicity, or from a narrative perspective, one basic essential "story", the story, for psychotherapy. Such attitudes and assumptions further reveal an implicit "scientism" that does not sit easily with various other assumptions regarding psychotherapy that emphasise a more critical, or alternate, stance toward integration. This alternate stance would suggest something far closer to Heidegger's notion of aletheic truth — the constant disclosing or unveiling of not one, but numerous, "truths" or integrative realities provoked via the realisation of the centrality of interrelational vistas. In this latter (if original) meaning, integration, like truth, is always "on the way" but never fully arrived at.

In this sense, various "integrative possibilities" stand side-by-side, share points of validity, are not "either-or" but rather "both-and".

There is also the acceptance that one cannot truly "pick and choose" various aspects of particular variables or constituents that might evoke an integrative possibility, emphasising the elements that might be shared while diminishing those constituents that appear to be specific or idiosyncratic to a particular point of view. Such concerns clarify for us the implications of an integrationist quest that is inherently dis-integrated. For this more accepted notion of integration ultimately seeks to objectify not only the process and intent of its inquiry but also, if not more so, it moves us toward an objectification of the persons engaged in that enquiry and of the relations that are possible between them as well as each of those person's own felt sense of being him or her self.

From this dis-integrated perspective on integration, the client's/therapist's travails and concerns move away from the experienced way of being of persons-in-relation and instead focus upon some "thing" – the theories, beliefs skills, knowledge, tasks, even "the relationship" itself, as if such were the way of being.

If we follow this line of argument, what then might be seen as being the most immediate, if not obvious, implications for any enterprise focused upon integration?

First, we would see that any integrative possibilities that might arise from this standpoint are not so much at the level of the possible, or impossible, points of shared contact between theories, but rather centre themselves between persons and, equally, between such factors as the "being and doing" which constitute the living experience of each participant.

Second, it would be seen that integration of this kind is an aim rather than an end-point. As Heidegger repeatedly suggested, one is always "on the way" but never quite arrives (Cohn 1997; 2003). Indeed, arrival, or the illusion of arrival, could itself be seen as the dis-integration of an integrationist enterprise

since such a stance would impose the creation of yet another self-contained theoretical system in competition with the several hundred others already in existence. And, as with these pre-existing theories, this latest arrival would just become one more dis-integrative factor in any future integrationist initiative.

Third, it would be seen that integration is more akin to a sceptical attitude towards the beliefs, attitudes and values that serve to give meaningful shape and structure to one's worldview or embodied way of being with and in interrelation. Rather than presenting integration as yet another set of principles, theories, rules, practices and so forth, integration in this sense can be seen to centre itself upon the embracing and being with that which is there for us, whatever it may be and however it might fit or not fit our beliefs about it as and when it presents itself in the dialogical encounter.

Integration in this sense serves as an entry into the uncertain, the un-known (Spinelli, 1997), the plural rather than the singular. Viewed in this light, integration challenges us to think of coherence and cohesion as being as much about inseparability as they might be about unification, as much about mystery as they might be about elucidation.

In short, this notion of an integrative stance expresses the attempt to embrace and enfold oneself within diverse and novel narratives so that one's own narrative – whether as client or therapist - may be challenged and extended and stand resolute. And, as importantly, so that it may be the focus of the other's attempted embrace and enfolding of interrelation.

If psychotherapeutic integration limits itself to mere theory and skills, it reveals itself as an enterprise of limited value and consequence insofar as it fails to address the dis-integrative tendency that lies in its foundation. If we psychotherapists truly yearn for integration then it might be wise for us to attend to the source of that yearning and permit it to lead us back to its interrelational grounding so that we may, as T. S. Eliot has suggested, begin to know it again and, as well, for the first time (Eliot, 1968).

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Professor Ernesto Spinelli, PhD, is a Fellow of both the British Psychological Society (BPS) and the British Association of Counselling and Psychotherapy (BACP) as well as a UKCP registered existential psychotherapist. In 1999, he was awarded a Personal Chair as Professor of Psychotherapy, Counselling and Counselling Psychology. His authorship of numerous specialist articles and several highly respected and widely-read books dealing with the theory and practise of existential psychotherapy has earned for Ernesto a BPS Counselling Psychology Division Award for Outstanding Contributions to the Advancement of the Profession as well as an international reputation as a leading figure in the advancement of contemporary existential psychotherapy and phenomenological psychology.

Julie Hewson

A Net Full Of Fishes And Other Scaley Stories: Dipping The Net Into The World Of Storytelling

Abstract

I think the story we tell of the world whether from our personal experiences or in the myths and legends of our culture will affect what becomes foreground, what we notice, and what we ignore. There are occasions when we feel literally at sea, because life's experiences are so overwhelming and there seem to be no buoys or markers to help us make sense of things. Archetypes are universal patterns or blueprints of being in the world that transcend and underpin personal history and culture. To acknowledge them and to become aware of the rich expression of their manifestation is to embrace a whole net of possibilities of being in the world.

Introduction

I liken therapy to going fishing, sending down nets and wondering what will be hauled up from the water's deeps. I live in Cornwall not far from Newlyn which still has its fishing fleet. Every morning there is an auction on the quay side in the huge sheds, where boxes of familiar and unfamiliar species are packed in ice and sold off to different parts of Britain, France and Spain. Some of these fish look nourishing, some very exotic and there are strange fascinating creatures, some of which have been brought off course by the gulf stream. When we cast our net either from a coracle under the stars, or a trawler out of a fishing port,we may catch things that are curious and strange; we may recognise things without really understanding why we do. This, I think, is the realm of the archetype, a kind of recognition, a knowing without personal experience of... Thus, in therapy, the role of the creative unconscious can add to the wholeness of the narrative.

What is Integrative psychotherapy for me? It is an integration of a client's personal world, a reunification of a sense of self, of being held in relationship, the significance of which is fully understood by the therapist. In addition it has, in my view, to take cognisance of the wider context, the historical time in which events were set, the values, culture, art, literature and science that has impacted on the individual, the memes, the economics, the politics and the religious influences. Interwoven through all of these are the transpersonal, the metaphysical and existential skeins of life, some of which appear to be universal in their existence, and are known as archetypes.

Integration is not a rigidly defined school or one approach, it is for me above all, an attempt to help another person find meaning both with themselves and in relationship with another. It is a process of narrative both as described by Cervantes between Don Quixote and Sancho Panza and the self- discovery between self and the psyche, through dialogue by Shakespeare's characters like Hamlet. It is about how a person, a tribe or community survives, and the meaning and methods they employ to do so.

Such a search for meaning, has been described by Parry (1997) as a root metaphor " which is a special instance of human metaphor making that gives a basis for analogy and a sense of the familiarity to novel or newly discovered

phenomena."(p118). He refers to the narrative psychologist Sarbin (1986) as arguing that "once a metaphor has done its job of sense making the metaphoric quality tends to become submerged and treated as a literal description. It then becomes reified which provides the foundation for belief systems that guide action" (Parry 1997, p5). This is not unlike the concept of script as an unconscious life-plan formed in childhood, in the face of singular or multiple events, which is an attempt to make sense of the world and somehow make it more predictable (Berne 1964; Steiner 1974). Frankl (1985) views the Will to Meaning as being the primary motivational force within life. He saw this as being motivating in itself and not a by-product of instinctual drives.

What happens when meaning breaks down?

So many of our clients come because meaning has broken down, they can see no reason, no cause for what has happened, in that their intentions have gone awry. In such times the person seems lost in a landscape that is unfamiliar, in which there are no markers or familiar signs and where their sense of place and space has altered beyond all recognition. At such times the search for meaning has become intense, particularly after a major trauma, where the relationship to self, other and the world has been fractured. Sometimes the trauma is something that re-activates an early sense of loss and terror at the abandonement of the person when so young that no sense could be made of it. The individual may start asking questions based on the idea that there is 'something wrong with me'. At such times the significance of relationship becomes profound. To reach out and find there is somebody there and one is not entirely alone is achingly poignant. In the moment of contact the juxtaposition of the original alone-ness and the soothing presence of another becomes almost unbearable and the collapse into a sense of disintegration in the face of existential challenges to our former world view is what is most feared. We need the presence of another as we reconstruct a new narrative, after deconstructing the old, and in that terrifying limbo in between, hold onto whatever stops us from drowning in a sea of images. We become aware of fragments of memory and a bewildering array of beautiful possibilities we have never seen before, or that have been on the periphery of our sight: 'sea creatures', some bright and near the surface, others large and menacing, still others of such delicacy and strangeness we never realised they existed at all, and which have come up from the deeps.

So what follows when meaning breaks down, is a journey into the unknown, where the significance of our unconscious becomes profound, where the presence of another maintains our hold on a changing reality, where the transformation of ourselves brings us back to our essence, in all its simplicity, presence and profundity. For some, the letting go of the old narrative is too terrifying and so the breakdown in meaning is compensated for by quickly re-mending the net, keeping all the original fish in one place as before, and waiting for the inevitable.

Reclaiming the narrative in post-modern integrative psychotherapy: Why we tell stories.

Because of the emphasis on science, and mechanistic metaphors of cause and effect, the human predisposition of intention became submerged or lost altogether, and so for a time a great deal of focus was placed on causality. In itself there is nothing wrong with looking in that direction, for antecedents, for triggers, for events; however these of themselves are not the main arena for curiosity on the part of the therapist, wishing to effect some kind of healing. It is much more to do with the impact these events have on the world view, the existential position, the beliefs and values a person holds and how these can literally as well as metaphorically be blown apart.

Stories are about social events, interpersonal interactions and the consequences of those. Stories originally may have been told to persuade or impress others, in the days of our ancestors, tales of mighty deeds and the history of the clan. A good story is convincing when it is believable, it becomes the truth for the teller and for the listener alike. By persuading ourselves of the truth of the story we set out to

convince others of the truth. We become as the teller, the author of the stories of 'me'.

I tell the story of a man, who told me his story; whose family were strong members of the IRA , who had himself been brutalised by a psychotic mother, and who as a tiny child had had to run the gauntlet of gunfire in his home town, to and from school on a regular basis. Among the many traumatic events he shared with me, one of the worst, for him, was the death of his brother in Omagh, " blown up by one of our own". It was the shock of his being killed by the IRA which was greater than the death itself, somehow the narrative could not encompass such an event, such a mistake.

Another man just back from Iraq, in special services dealing with the most secret and extreme areas of modern combat, spoke of having to clear the corpses of young military police left in a filthy toilet by people they were training up to take on the task of protecting their own country. He presented as a paradox, a loving man, a kind and sensitive man, very much in touch with his feelings. He had a strong sense of responsibility for those in his care and yet he was a trained assassin. The image of these young lives meeting such an ignominious end angered and distressed him. These young men were not known to him in the way his own unit was, yet he mentioned each by name as though they were his own sons. He was struggling with a mixture of feelings relating to a strong sense of working for Queen and country and that he had taken the "Queen's shilling" and this was what he was there to do, juxtaposed with the sense of futility at the waste of these young men for a group of people for whom "they meant nothing at all". He seemed unable or unwilling to look at the bigger picture as to the political purpose of being there in the first place. As a soldier these were questions not to be asked or included in the narrative. How he kept himself sane was to focus on the pride he felt in getting his team in and out of the situation "all in one piece". To have achieved that gave him peace of mind and a rationale for the whole operation. The traumatic event for him amongst all this carnage, was his lady at home leaving him for another, having sent him loving messages for the first weeks of his tour of duty. The meaning of his life and how he saw himself was shattered.

As Frankl emphasises, the meaning of one's life can be found equally within love or suffering. For this man despite his career, his meaning was to be found in love. This might surprise him, at this stage if I were to name it clearly, but it is there in the way he talks about the young men in his care and the admiration he has for a brother who works with severely handicapped people, and the heartrending poignancy of sitting in the back of a Hercules plane with the coffin of a young man of 21 being repatriated from Afghanistan, at the threshold of his career, having just completed his degree and shot by an unknown sniper. His narrative has been shot to pieces. The fragments show his poignant attempts at trying to win his father's respect by being who he is in the military, yet not being able to tell him the half of it because of the surrounding secrecy of his role, the accolades and respect he gets from those who are privy to his identity and work, and how empty that is for him.

His childhood was one of beatings, dishonour and disrespect ; as a soldier in the special services he is trained to kill, to sabotage and much else he cannot divulge, and yet he manifested the archetypal patterns of honour, chivalry and integrity alongside the impulse to destroy. The struggle to integrate separate parts of himself, and the bewilderment at being dumped by someone he really loved for no rhyme or reason as far as he could see. Yet this is what he seeks a year on from the separation, a chance to make meaning of it so he can heal the pain and bring himself back to himself rather than anaesthetise himself through alcohol.

So why the net full of fishes?

When as therapists we go fishing with our clients, into the oceans of their lives, we find ourselves not only dealing with their personal unconscious, their narrative, their story, but also may find species we may recognise from the collective unconscious which help make sense of what has happened in their lives. In the example of the man I have spoken about above, I found myself seeing him as the embodiment of Cuchulain, a Celtic Irish warrior. He is the archetype of the Warrior and the Poet, a man who in battle was transformed

by a red mist into a beserk killing machine, and who after battle, was returned into a gentle loving husband and father. So great was his respect and love for womanhood, that on one occasion after battle when the red mist had not left him, the women of the town, at the request of his wife, disrobed and waited for his return as a gentle and beautiful guard of honour to his homecoming. The story goes that as he approached this wondrous sight, the red mist left him and he returned to himself as the lover and poet he could be. The Celts had great understanding of those two paradoxical selves, it was a story enacted by both male and female and followed the seasons of the year and tribal conflicts. In other words it makes sense in that kind of cosmology.

For the client, at this stage, this interpretation, has little validity, but it did for me. His anguish reflected an attempt to make meaning of his abandonment both in his adult relationship and his experiences as a child. His need, he tells me, is to make sense of it all and so we will explore together, the significance of his loss of relationship with his father when young, the sense he has made of the cruelty that was inflicted on him, and the script decisions he made there and then to cover his loving nature. Instead he became the hard man, the first among equals, and the equals themselves being the elite. A man who when he walks into a room, in his combats, notices that his peers go quiet with awe and respect, and yet, in my room weeps with anguish at the abandonement by the woman he loved so dearly. He asks " How can I be reduced to this? "

We will find together some way of healing the wounds by looking at his story from the past, understanding her story and how the two became enmeshed, helping him look beyond the personal unconscious and in his loneliness. As his travelling companion and temporary guide, I will help him once more become the author of his own destiny.

Archetypes and their role in integrative psychotherapy

Following the themes emerging in this paper, I refer to an article by Janet Webber 2005, in which she quotes the following:

"Myths are meta-stories of the human race. They are not idle pastimes but potent disclosures about the human condition and the meaning of that condition. As a consequence of rediscovering sacred mythology we also engage with various archetypes clustered around each myth. Likewise archetypes are not simply models or prototypes of typical human responses to the conditions of life but patterns of being that lie at the very root or origin of each individual and the collective" (Moore 1996, p193).

Many of these archetypes are based on Graeco-Roman mythical figures: Persephone, Demeter, Artemis, Athena, Hera, Aphrodite, Zeus, Poseiden, Hermes, Appollo, Hephaestus and Ares, each carrying their own qualities of being - styles and stories, recognisable in our modern world. In the case of the abandoning lady, mentioned above, the archetype of Persephone, the unconscious vulnerable goddess came to my mind, carried off by Hades into the underworld. Hades here refers to the man who abducted her when the warrior left for Iraq. I wonder what kind of encounter would occur between Hades and Cuchulain!

Because the Graeco-Roman mythology is a written tradition it was extensively studied by scholars of the Renaissance and later periods. The Celtic cosmology on the other hand is an oral tradition and encompasses many wonderful archetypes and myths that have a very different feel to that of those of the Romans and Greeks. They are embodied in tribalism, not city -states, the landscape is to do with wooded valleys, mountains and water not cities and courts and epic voyages, although the Celts certainly undertook those too. The circularity of the symbolism of Celtic knot work and the eight seasonal festivals of the Celtic year all contribute to a sense of continuity, order, energy and renewal. If one's personal myth making is built on some of this,

there is little to fear, because it will all come round again, unlike a more linear view of the world.

The Celts celebrated eight festivals during the course of the year. These eight festivals symbolise an important aspect of Celtic archetypal patterning, in that they are represented as four dominated by feminine energy and four by male. In Celtic society male and female were deemed equal, so much so that women could go to war and bear arms and were revered as bards, and leaders. The only reason why there was a high King was that he was symbolically wedded to the Goddess Gaia, the Earth, but he could easily be deposed if he did not live up to the high ideals of Celtic honour, and chivalry, and women could put away their husbands if they were not just, honourable and generous and failed to give her pleasure!

The eight festivals are:

The spring equinox (March 21st) when the days and the nights were equal. It was celebrated as a time when life begins again, it was a solar festival and therefore thought of as masculine.

Beltaine (30th April) was the first of the fire festivals, a sensuous time of year full of beauty, excitement warmth and promise. Summer was supposed to start and bel-fires were built and cattle driven between them to purify them. It is a lunar festival, therefore feminine.

Mid-summer (22nd June) was another solar festival so seen as masculine. It is said that the oak king and the holly king used this time to fight for supremacy and the holly king won. Another tradition tells that the sun and moon fought at this time and the sun lost.

Lammas (Lughnasdh) (31st July) is another fire festival governed by the moon, and therefore feminine. Harvest has begun and all is being prepared, later to be safely gathered in. There is a sense of achievement and people can see the fruits of their labours.

Autumn Equinox (21st September) another festival of harmony and balance between day and night, a masculine festival, the final harvest, a time when people become aware of a need to prepare and share their resources in order to survive the oncoming winter.

Samhain (31st of October) means Summer's end. The key words associated with this time are loss, endings, death, release, transformation, insight, descent, mystery. It was traditionally the time when the veil between the two worlds were at their thinnest. Another Celtic belief was that the Goddess withdrew to nurture the growing child within, (The son god who would be born around 21st December).

Winter Solitice (22nd December). This is a solar masculine festival where the sun was to return and be reborn from the womb of the Goddess. After suffering the shortest day and longest night of the year, humanity celebrated Yule or midwinter and the return of the sun. This festival was appropriated by the Christians where once again the great battle of light and dark begins and the Son wins, Christmas and Yule is a time of great mystery and wonder.

The last festival in the circle is Imbolc (2nd February), the time of the first spring thaw when the snow begins to melt, a time of release and letting go, a time of poetry and song to the Goddess for the survival of another winter. Typically this is associated with Brigit.

Thus life is seen as an endless cycle based on the seasons and creates both a structure and a meaning that attend the behaviours and rituals which reflect the significance of each part of the year. In the uncertainty and fragility of life, this cosmology provided a structure and safety in which to understand the events each year would bring. There was little fear of death. A warrior's death was seen as a great way to move from this world into the other, and the archetypes of birth and death feast and famine, war and peace, are all represented in this cycle. In a way, there were no surprises, which is very different from the sanitised lives many live in the modern world.

Archetypes and the narrative of integrative psychotherapy.

"Archetypes are identical psychic structures common to all, they are innate neuropsychic

centres possessing the capacity to initiate, control and mediate the common behavioural characteristics and typical experiences of all human beings" (Jung, parag. 224 and 259). For Jung the archetype originates in the collective unconscious and relates to universal experiences such as birth and death, love, war, journeys and destinations, transformation and suffering. They are universal but unconscious, lodged in the myths and legends, symbols and rituals of our cultures and races. In helping a client reclaim themselves, discover their multi-faceted natures and a sense of the rediscovery of meaning, archetypes and other aspects of the unconscious help mend fractured relationships with ourselves, our culture and our world. Some archetypal figures include; the warrior, the fool, the wounded healer, the trickster, the enchantress, mother earth, the Divine Child, the observer, the conserver. They all have their echoes in present realities. Berne himself was governed by the Observer Archetype, Jung by the Magus.To go beyond our personal unconscious is to expand our possibilities and grow our narrative.

The Divine Child is a recurring image in the spiritual beliefs of many cultures, representing what is of essence, good and innocent in us all. Each newborn child is an emblem of hope and a blessing. It is as if they hold a memory of where we came from and how we can be in our essence, embodied and aware. Integrative psychotherapy can attend to the factors in what happens next in relationship. This either allows the soul to unfold and realise its potential, or sets a path of betrayal, a fractured relationship with self and others. The therapist, as fisherman, navigator and guide also provides the reparative relationships that are needed for the person to return to their own essence, and from that peaceful presence become the author of the next part of their narrative. This integrative process is based on a subtle amalgam of self-psychology, object relations and humanistic approaches, together with an awareness of literature, history, culture and mythology . But when we let down the net we need to ask ourselves from which side we are fishing, from what boat, on what lake, sea, river or ocean, at what moment in history, against what cultural backdrop, within what belief systems and responding to what influences. As we fish we recover some things from our personal unconscious, the lower unconscious, middle unconscious, field of consciousness, personal self or I, transpersonal self, and the collective unconscious (Assagioli 1988, p.94).

Assagioli refers to the lower unconscious as the area covered by classical psychoanalysis, the middle unconscious refers to the collective consciousness of the participation and identification with others and has some links perhaps with Gestalt and Field theory. The higher unconscious is the expansion of consciousness towards the transpersonal, and is associated with being open to the divine in all encounters. The conscious 'I' is that which gives us our sense of permanence and identity despite our changing awareness. The higher self, I consider to be along the lines of, what Almaas and others describe as, essence or presence, which goes beyond the personal 'I'. The collective unconscious is beyond the personal as they are inherited universal blueprints or energetic potentials. For Jung they were active living dispositions, ideas in the Platonic sense that perform and continually influence our thoughts, feelings and actions.

So what do we do on the boat and with the contents of the net?

I would suggest that we take soundings before we begin fishing to decide how far to go from the shore, that we negotiate with our novice fisherman for what it is he or she is searching and whether the fishing trip is 'a flight from' or 'a journey to'. We accept whatever the net brings up, with unconditional love and respect for the life in all of it. We may separate with kind hands the fish we want to keep, those we throw back into the water or those too old or ill to survive. Together we give each due attention and marvel at the creation of them, together we watch for storms and tempests so we can put into shore if the weather becomes too rough. The new fisherman then takes his catch and decides for himself or herself what is to be done with it.

So in conclusion I complete my metaphor, that runs through the story I have offered here, by imagining the therapist, left alone, after the

conclusion of a healing encounter, quietly taking the boat out once more in solitude, out onto a silent lake under the stars, with the sound of the reeds rustling in the wind, a distant call of a homeward bound bird, the lapping at the side of the boat, the slap, slap, slapping sounds against the oars, the chill of the evening breeze and the shadows of moss covered boulders just breaking the surface behind which the mountains rise up against the moonlit sky. Being here totally in essence, at one with all that is, empty and filled, serene and joyful, in the simplicity and integrity of a job well done.

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Frances Hawxwell

Thoughts On The Therapeutic Frame: What Place For A "Rulebook" In An Integrative Practice?

Abstract

The term 'therapeutic frame' denotes the set of ground rules which is established by the therapist at the outset of depth therapy, and which operates as a means of holding or containing the patient throughout the process. The frame can be varyingly experienced by the patient, as a source both of reassurance and frustration. The article explores the phenomenon of unconscious reversibility. It presents two case studies detailing the reaction of a patient to a frame-related decision by the therapist. In the first, the decision to secure the frame evoked an early negative transference, and thereby advanced the therapeutic process. In the second, a decision to relax the frame was experienced as a form of abandonment: the patient's recognition of this also produced an advance. Together, these examples show how the therapist's concern to maintain the frame is a key element of a depth therapy.

Introduction

This paper has been stimulated by Robert Langs' suggestion (1997) that frame modifications by the therapist can be unconsciously experienced as murderous by the patient. I propose to weigh up the usefulness of this idea, with a focus on clinical work with patients who have borderline problems, and with recourse to two clinical vignettes drawn from sessions with patients who have agreed for me to use their material in disguised form. Some of the key words and phrases in this paper are: boundaries, holding, containment, reversibility, frustration.

For the sake of simplicity, I refer throughout the paper to the therapist as 'she', to the patient as 'he'. I use the word 'patient' in preference to the word 'client', not to imply that therapist and patient are like doctor and patient, but using the word in its etymological sense, meaning 'one who is suffering'. I use the word 'borderline' to describe a specific and relatively stable set of character-forming internal reactions to early trauma. First it seems appropriate to attempt a definition of what therapists mean when they speak of the therapeutic frame.

The term 'frame' is one of a range of metaphors which describe the implicitly - and explicitly - understood basic rules and conditions which facilitate a depth therapy. The function of these 'rules' is to an extent the evocation of the transference, but they are primarily focused on the containment of unconscious processes in the therapeutic relationship. The conditions can be imagined developmentally, as the womb holding the patient-as-foetus, for example, or as the therapist-as-mother, holding the patient-as-baby. However, as therapists, we describe the rules and conditions of therapy also through the language of inanimate things. We employ inanimate metapohors to elucidate the frame, as the alchemical vas bene clausum, or – as I often do - as a thick electric cable, capable of bearing high voltages. Our metaphors for the therapy conditions express the notion of something-in-development-being-held, and also the notion of a powerful material or energy which needs a degree of separation, confinement, restraint or insulation from the

surrounding environment if it is eventually to transform.

Call it what we will, when we think about the frame, we are talking about a formalized aspect of the therapy which is likely to be experienced in limiting as well as in protective terms by the people who work with us. When we set it, we convey a number of tacit messages to our patients. We communicate from the outset that we are not going to sideline them - (no-one else will suddenly be allowed to oust them from their time slot for example). We show that their confidences are going to be respected and held safe by us, and that we are committed to our work with our patients. But we simultaneously communicate that we expect commitment from them, and that there will be things in the therapy and in us that they will find frustrating.

Perhaps it will be helpful here if I outline what I think of as the beneficial holding conditions for a depth therapy. Along with the maintenance of confidentiality by both therapist and patient, I would see the provision of an unchanging, comfortable and reasonably sound-proofed professional place for the work by the therapist, the keeping to set appointment times, set fees, set length of sessions, and the agreement that patients will pay for all scheduled sessions as essential. In addition, I see as part of keeping a secure frame the therapist's avoiding the making of personal disclosures, and refraining from social contact with her patients. It involves her in abstinence from contact, professional or otherwise, with the patient's friends or family. Referrals, too, influence the way in which the patient experiences the frame. The 'contained' referral comes from another health professional or agency. It is worth adding here that we can usefully see these 'rules' as an exteriorization of the therapist's containing and reflective mind, of what Fonagy et al. (2000) and Knox (2003) have called her 'reflective function'. They signify her capacity to look after herself, and to contain her shadow self in relation to the patient. They suggest her preparedness to be the object of his negative feelings, and her willingness and ability to hold the patient consistently in mind.

So how do the conventional boundaries of therapy serve the patient, and what do their breaches mean? What unconscious processes are being evoked and contained, and why?

The internalized object relationships of the borderline patient are typified and dominated by a fused relationship between a regressed child part of the patient and an internal mother who does not understand psychological and emotional separateness. The mother's image is split into dissociated fragmentary mothers – an all-good one and an all-bad one. Any real internal relationship with the splintered internalized mother is out of the question, and the borderline patient's intrapsychic "options" are those of merger with the part-mother, or unbearable experiences of abandonment, with bewildering oscillations between the two states (Masterson, 1981).

The patient repetitively projects his 'good' part mother into others with whom he is in close relationships, turning each new attachment figure into an unrealistically (and therefore very precariously) idealized all-good object. When the external relationship founders, as it tends to do under the pressure of the patient's archaic needs and projections, the patient feels as if he has been cast into the outer darkness. However, he finds it difficult to separate psychologically from his failed loves. In the worst of both worlds, he is entangled with and simultaneously deserted by someone who has now become an all-bad object. Personality integration and maturing are all but impossible.

Repeating his old pattern, the patient – if he forms an attachment to the therapist - seeks fusion with the therapist in the therapeutic relationship. This fantasy of fusion expresses itself in a number of ways, some of them obvious, and some of them quite subtle. On the obvious end of the scale are the patient's attempts to get limitless extra time with the therapist. He may have developed jealousies towards her (real or imaginary) children or spouse, people who in his fantasy (as objects fused with the therapist) have twenty-four hour access to the therapist as provider of good emotional 'supplies'. More subtly, the patient may try to create an unrealistically harmonious relationship with the therapist, a

fused relationship, in which he strives for a state in which there are no significant differences.

If we remember that there are few shades of grey in the patient's interior emotional world – and this is sometimes in stark contrast to his intellectual world, in which he may be an able thinker – the maintenance of or focus on any boundary which separates therapist and patient – whether this is the boundary between his time and her time, his money and her money, his thoughts and her thoughts, can be experienced by the patient as a hostile thrust from the therapist. She can be archaically felt to be expelling him from his potential fusional heaven, pushing him back into the isolation which has so long been the dark half of his internal reality.

The therapy involves a working through of the patient's interior conflicts around boundaries, work which leads eventually to a 'rehabilitation of the boundary' . Slowly, and not without pain and resistance, the patient begins to gain a new sense of the boundary as a life- and identity- preserving membrane which can allow him to be himself, others to be their selves. Therapist and patient begin to work on the contact boundary between them, and the patient learns what relationship feels like, as he finds that he can be different from his therapist, without provoking catastrophic rejections. This interpersonal and intrapsychic development has far-reaching significances in the patient's internal and external world.

We can usefully remember that the borderline patient's internal bad mother is a larger-than-life figure, swollen and darkened with the child's frustration, aggression and rage, his organismic response to the deprivations which he suffers in relation to her. We remember too that there is a lack of useful-to-the-ego boundaries in the patient's intrapsychic world, and that the feelings of internal mother and child can flow back and forth into one another, as if they are one psychological unit. The historical mother or other parent figure will in most cases have been emotionally unavailable, depressed, bereaved, borderline, and in some cases she will have been psychotic. Frequently there is an individual or a family history of sexual or other traumatic abuse. It is worth noting here that many patients with borderline features carry transgenerational psychological burdens. A patient whose mother has been terrorized, can unconsciously react almost exactly as if this is what has happened to him.

Reflecting on the interior confusion about what has happened to whom in borderline states, I turn now to a aspect of borderline intrapsychic fusion, splitting and identity mix-up which has particular relevance to the question of how the therapist thinks about the therapeutic frame.

Inside the borderline patient's internal world is a marked tendency towards an unconscious 'reversibility' of subject and object. This phenomenon is a here-and-now manifestation of what Kernberg (1975) describes as the failure of the early ego in one of its crucial tasks, the capacity to differentiate between contradictory self and object images. It has much in common with Klein's (1946) idea of projective identification. As I illustrate in my vignettes, it appears that in times of stress, especially during the work on the maintenance of the therapeutic boundaries, the patient, whose wounded ego has, since he was tiny, defended itself from experiences of unbearable suffering through the processes of splitting, projection, projective identification, clinging, primitive idealization, denial, and omnipotence, is unconsciously unaware of who is doing what in the relationship.

If we reflect on this for a moment, remembering how rejected the patient with borderline pathology can feel when the therapist sets the therapeutic frame, and how sure he is that it is the therapist who is doing something unkind to him, an interesting picture emerges.

When the patient rings us all evening, or arrives, time after time, ten minutes early for an appointment, and is furious or heartbroken when we do not let him in, he is unconsciously evacuating into us the feelings which he has long had in relation to invasive figures who have not respected his separateness as a human individual. If we can hold the boundary in the middle of what is often a great deal of discomfort, we can become 'guardians' of the patient's projected vulnerable self, by choosing to hold and consider what he has unconsciously

put into us, while not giving in to his demands. The patient may be devastated when his omnipotent attempts to control us fail. What we might think of as a frustration can feel to him like the end of the world. But it is only if we provide him with this frustration as therapists that he can fruitfully revisit those places of early identity confusion and abandonment.

The idea of a healing frustration comes down to us from Freud, who found (1917,1935) that the judicious application of certain deprivations and frustrations was of benefit to his patients. He thought that the appropriate experience of therapeutic frustration gave rise to 'pure' transferences, i.e. transferences in which the positive is completely dissociated from the negative. If we remember the way in which good and bad internal objects are dissociated in borderline states of mind, we may see how relevant the question of the pure transference is in this work.

Experience suggests to me that the therapist's keeping a secure frame draws embodied memories of the clinical 'baby' into consciousness. (If we think of the body as the baby's physical boundary between self and others, we can see it as his first extra-uterine frame.) These body memories may never have been fully felt or known by the patient. As part of the myth which he unconsciously lives by, these body memoreis will have manifested themselves as his character structure, his philosophy, his facial expression, his voice, to an extent even his physical build. The early frame memories repeat and recall such things as what it was like to be looked at, thought about, held or put down by the mother, what it was like for the child when Mummy said 'no', or what it was like for him when the parents withdrew from him, or intruded upon him. They can recall the annihilation anxieties which Winnicott (1958) thought the infant experienced, when his feeling of going-on-being (i.e. his subjective sense of his own existence) was impinged upon by a mother who did not experience "primary maternal pre-occupation", the term which Winnicott coined for the mother's capacity to hold her baby in mind. The frame memories recall sibling relationships and rivalries, along with the infant's wordless experience of the relationship between the parents. Importantly, these encoded memories include the patient's "unthought knowledge" (Bollas, 1987) of how the mother contained or unconsciously expelled into him her negative emotions in relationship with him as an infant.

It is with the idea that therapeutic change happens in the moments in which a patient re-experiences a frame-related wound in the therapy, finding a different outcome in the company of a mindful other in a contained setting, that I now describe two episodes, one long one, and one short one, of my frame-related work with two patients, both of whom have suffered early relational trauma, and both of whom fall into borderline states. In the first episode I keep the frame secure, and in the other, having allowed myself to be persuaded to vary it, I discover how my patient has experienced my frame alteration at an unconscious level. Both of these patients are intelligent people, who, although they struggle with some of their professional relationships, are able to function quite well in the world of work. The first patient, M, is an attractive 45 year old foreign lady, married, with one daughter.

M arrived at my door looking dour, prickly and unhappy, but as she crossed the threshold and glanced at me I had the fleeting impression of a small child who hoped I might like her. This 'child' self shut down as soon M got into my room and took her coat off, the flash of curiosity vanishing as if it had never been there. M sat down awkwardly on the chair, and when she began to speak, it was in an accusing tone of voice. Her presenting problem was her disturbed relationship with her mother, a respected psychotherapist in her country of origin.

M's mother dominated her family as she had always done, refusing to believe that she had done anything wrong to her children, although all of them suffered eating disorders and severe depressive problems. M's resentment about this relationship overshadowed her whole life. In some ways an emotional exile from her country, she hated England, and found most of the English unfriendly and distant. Her relationship with her daughter was difficult, and she was terrified of "turning into" her mother, whom she resembled physically. A

secondary problem for M was her cyclic over-eating and resultant weight gain. She hated her own 'greediness', but said she could do nothing to stop it.

M had negative expectations of therapy when she arrived, but saw it as an unfortunate necessity, and told me quite bluntly that she wanted to get on with it as quickly as possible. In the course of our first meeting she grumbled that I lived further away from her flat than she would have liked. Not badly-off financially, she said she was worried about my fees, for they were higher than what she had wanted and expected to pay.

When during our early sessions I set out the practical arrangements for our therapy, including my cancellation policy, I noticed her anxiety level rising. Like the money boundary, the time boundary was to be a problem between us. M found it hard to be punctual, sometimes knocking very late on my door, at other times three to five minutes early.

Exploring with M how long the journey to me seemed to take, I commented on the difficulties, acknowledging the problems with public transport, but making it evident that I expected our sessions to start and end on time. Each time she was late, M blamed the buses, coming in crossly shrugging, as if to say "don't expect me to apologize". She was upset one day when she knocked very early indeed on the door, and I did not hear her, leaving her to stand outside until the session was due to start.

In these early sessions M would expound on her conflicts, at home, at work, in the market, even on the street, all with people who were so "cold" or "unreasonable." Picking up the energy in this regular mention of unreasonableness, I would ask if that was a bit like what she was thinking and feeling about me. M told me that my "rules" were annoying, but added she that did not particularly care about why I had them. In fact – she said, looking angrier and angrier – she was not interested in me at all. She was only interested in how I could help her. She asked if she really had to go into her life narrative, because she was bored with talking, she had been to so many therapists before, and talking had never got her anywhere in the past.

Not disliking M – there was something half-appealing in this difficult and surly 'teenager' who sat before me – I wondered why she seemed to be trying so very hard to make me reject her. As our sessions went on, a persecutory atmosphere grew between us, and I was struck time and again by the feeling that I had from her that she was accusing me of something. Now and then I would still notice the 'child' self looking briefly at me at the ending of the sessions. It was as if part of her was checking me out to see if I hated her yet. The sessions remained hard going, although a narrative was beginning to emerge in bits and pieces. Then, one Sunday, M left me an oddly cheerful little telephone message to say that she was going on holiday the following week, so she would not be coming to the session.

When at our next meeting I told her that I would expect her to pay for the time which she had missed, she burst into a rage, and defiantly said she did not have the money to pay me. Things were not like that in her country, she said, people were spontaneous over there. No other therapist had ever expected her to pay for missed sessions. A string of barely-disguised insults followed.

Feeling battered, and thinking that M was perhaps herself feeling as battered as I was, (I thought she was unconsciously getting me to feel the way she had felt as a child, in relationship with the mother) - I allowed myself a little time to recover. Then, when the moment seemed right, I said I had the sense that there was something valuable in her protest. After a while, I asked if this reminded her of anything . Had she ever felt anything like this before, say - when she was a teenager? As I put the question to her, I was expecting M to annihilate my intervention. I also briefly wondered whether I was relating to her masochistically.

M looked taken aback when I asked her the question, but then she said this was just like when she was 12 or 13. She had had bitter arguments with her mother about what she was allowed and what she was not allowed to do. Her mother would force her to stand by the

kitchen door, where she would shout at her, for hour after hour, raging at her for being so "unruly and impossible." As a teenager, she had not been allowed to reply to her mother during these harangues.

From this I understood that , M's mother, who had long been unable to empathize with her daughter, was unable to allow her daughter to be a separate person, with her own emotional reality. When M asserted her difference from her mother, by refusing to obey her rules, her mother rejected/abandoned her. I was particularly struck by a curse-like warning that M's mother had reportedly shouted at her during these rows. The mother would say that if she carried on like that she (M) would be "someone that nobody would ever be able to get on with".

Thinking about M's presence in the room with me, and about her pattern of worsening relationships, I realized how the 'curse' had come into effect. I said it must have felt that I too probably appeared to be someone who had a set of rigid rules, like the mother, and that I might seem like someone who insisted that I was right. M's face was clearing. Yes, she said, it was very annoying. She settled down a little. She argued a bit more. (The 'child' self popped out to look at me.)

Thinking about 'lost' preverbal formative experience, I hypothesized that the reported row with the mother was itself a transferential repeat of a series of early ruptures and intrusions in the relationship between mother and infant. Remembering that M's mother was a therapist, I thought about my own 'therapist shadow'. I turned over in my mind the omnipotent reasons for which people can unconsciously choose to become therapists, trying to 'heal' in other people the negativity and madness which they cannot bear to live with in themselves. Perhaps M's mother had unconsciously voided her unmanageable shadow into her daughter, creating the person with whom she fought when M was a girl, the lonely person who sat tense and scowling in the room with me.

When I secured the frame, I evoked an early negative transference, becoming M's transferential mother so acutely that it provoked an explosion. M re-experienced her conflict with her mother with me, but felt relief as she raged at me, because I validated her experience, instead of blaming her, or trying to 'interpret her out of it'. I was careful not to say too much about what it was in M's past that I thought she was repeating, wanting to keep the energy flowing between her and me in the here-and-now while she was angry, and hoping she might at a deep level feel held by me.

Thinking about the 'baby' aspect of her psyche, and seeing how frightened she was behind the bluster, I retained my view that holding the boundary was vital in the work with her. I thought several times of the frame as the electric cable, as a conduit for a degree of rage which would destroy ordinary relationships. I believed that she might need to rail at me at certain times, as her way of protecting her baby self in the transference, before she gained the ability to think about what was happening, and to empathize with her own vulnerable self in a more useful way. I also thought that, by the principle of the reversibility which I have discussed above, M would unconsciously experience me as her abandoning parent if I agreed to her dropping in and out of the therapy, breaking the frame (which is what I think one does if one allows people to miss payments for suddenly cancelled sessions) whenever she booked an off-season holiday.

Hate was a major theme in the work with M, leading me to ask myself how I was processing my negative feelings in this relationship. Not for the first time, I reflected on how the fact that I had the power not only to end the sessions on time but also to justify it to myself as good therapeutic practice, protected me from experiencing the resentment which I would have felt had I encountered boundary-challenging behaviour like this in any other setting than the therapy. I remembered Winnicott's (1947) exploration of the usefulness of the therapist's privately owning up to a degree of hate for his patient, and his suggestion that that the rules and conditions of therapy themselves express some of this "processed" hate: In his paper called "Hate in the Countertransference" Winnicott says:

"There are.... reasons why (the therapist's) hate remains unexpressed and even unfelt as such: Analysis is my chosen job, the way I feel I will best deal with my own guilt, the way I can express myself in a constructive way.

I get paid, or am in training to gain a place in society by psychoanalytic work.

I am discovering things.

I get immediate rewards by identification with the patient, who is making progress.

Moreover, as analyst I have ways of expressing hate. Hate is expressed by the ending of the hour."

I think we do well to remember this last comment in our work with people who experience borderline problems. It is easy for us to miss or ignore the kernel of relational truth in our patient's protests when the sessions come so punctually to an end.

Having argued thus far in favour of not altering the frame of a therapy, I now describe a piece of work in which I did vary the frame. Once again the dispute was connected with payment for missed sessions, but what this patient and I negotiated by way of this conflict applies, as I think of it, to the whole frame. I had worked for some three years with a willowy and scholarly man called O before the date of the work described here.

When I began my work with O, he told me that he had for most of his adult life travelled widely. With a wry smile he admitted that this was most probably his way of trying to escape from his dictatorial parents, and from something in himself, although he genuinely loved the countries in which he had worked. Thin, and with a ghostly presence in the room, O had long suffered from eating disorders, and he seemed to find it hard to get a 'bite' on life. All his intimate relationships had broken down. He was particularly sad about this,as he said he would have loved to have become a father.

O was on bad terms with his family, in which there were frictions, distances, and intense jealousies between the siblings. His mother, whose father had been an official in a fascist country during the last war, was herself quite disturbed, and had in his childhood obsessively controlled his behaviour, especially around his intake of food. O had a few friends, and he liked the warmth which he had experienced during his travels in a number of Latin countries, but he felt his work colleagues often let him down, and he was confused about what it was "reasonable" to get upset about in other people's behaviour. For years he had battled with depression. He was tired of taking antidepressants. There was very little in his life which gave him hope, but he had decided to take up therapy, even if it took a long time, for he thought this was the only way that he would eventually get through his problems.

O and I began work on the understanding that he would pay for all sessions with me, even if his work journeys took him away from England, and this consistency in our relationship helped him to begin to focus upon himself and his process. He stopped travelling so much, but then, at a sensitive point in the therapy, he began to talk about taking a nine month break, in order to carry out a piece of work abroad. I said that he was of course free to make this decision himself, but that as his therapist, I recommended that he took no more time than one month out of the therapy. On my advice O refused the nine month contract. Our work deepened. Resentments, panics, and feelings of being trapped surfaced. Afraid of what he was letting himself in for, O nonetheless began to attach himself to me, shyly admitting to feelings of loss and abandonment at the ends of our sessions.

Gradually, what had felt like a distant and waif-like contact between us improved. He put on a little weight, and his colour began to change. Little changed in O's outside relationships, however. He told me many stories about how other people offended him, blaming himself for feeling the fury which he often did.

It was with a feeling of danger that O took a huge breath and said to me one day that he thought my charging him for sessions which he missed owing to work was really most unfair. If it was a question of his commitment to the process, he said, surely he had demonstrated that by

forestalling the nine month trip. I allowed some time for this request to settle, and a session later, having thought about it, I offered to let him miss four sessions every year, in order to carry out his work abroad. O was delighted. For once he had been able to stand up for himself. He had been listened to, and it had been all right for him to express his indignation to me. Maybe he did know what was fair and what was unfair, after all. All seemed well after this exchange. He had to travel abroad shortly afterwards, and so I did not charge him for his week away from the therapy. Some weeks after his break, however, he said that he had been troubled by a dream which he had had while he was away.

O dreamt about me, but I was not my usual self. I was not in my chair, and the contact between us was social. We were sitting in a different place in my room, when the door opened, and some friends and family of mine came in. The room was different. The fireplace was gone, and so was the mirror. The contact felt strange and unsatisfactory, and O was annoyed that other people came in.

I helped O to think about the message which this dream might be giving to the two of us. His association to the missing fireplace was a lack of warmth. The absent mirror suggested to him the loss of a means by which he could see his own reflection in the work with me. I wondered aloud with him whether the dream pointed towards a recent loss of my therapeutic capacity. O did not disagree with me, but he did not know what this might have been.

I said it looked to me as if the entry of my family and friends stood perhaps for some kind of intrusion into the therapeutic relationship. And at the same time, there was a sense of something being subtracted from the relationship, in the absence of warmth, and the absence of mirroring. I wondered aloud with O whether something which he wanted and welcomed at the conscious level might be affecting him differently at the unconscious level. I went on to say that I thought the dream might refer to our recent agreement about the four weeks "off". As O grappled with the idea that his unconscious self might have wanted me to maintain the boundary, he was astonished to find that there might be such a gap between one part of him and another. His feeling about what lay inside his psyche changed, as he recognized a deep unconscious layer of his own wisdom. O was fascinated by the message which his dream had brought to us, and empowered by the discovery that his unconscious self could point out to the two of us the mistake which I had made in altering the frame.

My work with O and with M was to take us into new places, some of them very difficult, which I think we were able to navigate because of the way in which we worked on how they experienced the boundary with me. O allowed himself to re-experience his abandonment depression with me, and M let go of her compulsive need to make me reject her, inwardly beginning to separate herself from her introjected bad mother.

Throughout this paper, I have tried to explore the secured frame as a communication of the therapist's containing and reflective mind. I have focused on two examples of conflicts around the time and money boundary, and have considered compromises of the therapeutic boundary as transferential traumatogenic intrusions and abandonments. In the sense that frame variations evoke these memories in the patient, I support Langs in his statement that the patient can experience frame variations as murderous. I would add however that it is the failure of the therapist's reflective function which can pitch the clinical baby into his annihilation anxieties. If the frame does have for any reason to be varied, it is the therapist's mindfulness of what the implications of this are for her patient which restores the frame.

I hope to have shown the place in frame related integrative work for this largely psychodynamic understanding of the borderline patient's world. The work can be hard going for the therapist, who may herself feel attacked and invaded from time to time, and she does need the patient's co-operation for the work to succeed. Her task is to make it possible, and to carry on making it possible, for the patient to express and talk about his upset or outrage at the way in which she frustrates him, while standing firm, secure in herself, as advocate for his vulnerable and invaded self.

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Graz Kowszun

Three-ringed Hub:
Putting The Diverse Needs Of Clients In The Centre Of Our Therapeutic Models Of Integration.

Abstract

Most integrative models focus on the integration of the ideas / theory, with some also including the need for the therapist to be whole and at one with her / his model. In this article, Graz Kowszun offers a three-ringed menu centred on client need, be this for mastery, living with mystery and / or freeing themselves from embodied history. She describes how it has been applied in training counsellors.

Introduction: Why UKAPI not UKOPE? Or 'why privilege the therapist's needs over the client's?'

If we credit the birth of psychotherapy to the establishment by Van Eeden of the first Clinic of Suggestive Psychotherapy in Amsterdam in 1887, then during its first century of existence, single theoretical approaches remained in the ascendant. Subsequently, increasing numbers of therapists began to self-identify as eclectic. Garfield and Kurtz found 55% of their sample of 855 American Psychological Association (Division 12) members defined themselves as eclectic, while in the United Kingdom, the BAC found 32% of its 2,500 members in 1993 described their approach as eclectic. So, why is this the journal of the United Kingdom Association for Psychotherapy Integration (UKAPI) rather than say, the United Kingdom Organisation of Psychotherapeutic Eclecticism (UKOPE)? What happened when integration replaced eclecticism as the preferred path of convergence?

Given the burgeoning interest and opportunities to practice for profit in the talking therapies, a post-modernist may argue that competition has led to professionalisation of the discipline (Foucault, 1979). By demanding more scholarly rigour and more research orientation, psychotherapy training is becoming increasingly demanding academically, and thereby socially exclusive. By dismissing eclecticism as pragmatic rather than theoretically consistent, those more interested in results and helping people in distress, can be alienated.

In the last fifteen years, both counsellors and psychotherapists have come to privilege the title 'integrationist' over 'eclectic'. This move has been supported by medics and academics alike. Thus, the Department of Health (1999) recommends integrative approaches while condemning eclectic ones as idiosyncratic, potentially confusing, inconsistent and unsuited to the gold standard of evidence based-practice, i.e.: randomized control trials (RCTs). The evidence that volunteers and even professionals with no therapeutic training can be as effective as extensively trained psychotherapists (Lambert, Bergin and Garfield, 2004)) is perhaps both as exciting and disquieting as the idea that a long-term therapeutic relationship with an integrative practitioner can be subject to RCT research.

How do psychotherapists integrate their ideas? In the main, integrative approaches strive to

blend two or more existing theories, or find a common factor around which to base their models of people, development, the causes of problems and the mechanisms of change. Thus, Murphy and Gilbert's (2000) systematic integrative relational model blends cognitive ideas about core beliefs with insights from object relations and transactional analysis about the fundamental motivating role of relationships and how we develop interpersonal schemata which enable us to function in our families, and then hold these rather rigidly throughout our lives. Erskine et al's (1999) model is not entirely dissimilar, although he also stresses the importance of personal integration within the therapist by resolving individual blocks to contact and evolving an individual style.

This is all very well, but where is the client and her / his need? Whilst an integrative theory may sound more attractive, we must remember it is an ideal and not a reality. A systematic and comprehensive theory of people, problems and change processes is beyond human capacity to create. Given the complexity of human existence and the difficulties people encounter throughout the life cycle intra-personally, inter-personally and within particular social contexts, perhaps we would do better to maintain a pluralistic approach and focus training endeavours on the diverse needs of the client rather than on theoretical refinement? Why, we may ask ourselves is the client not placed at the core of theory? Perhaps encouraging therapist creativity and freedom to draw on those techniques that impact favourably on the client, regardless of the theories that spawned them, may serve the client better than sticking to a predetermined model of practice?

In today's climate, where control, accountability, uniformity and evidence are the buzzwords; where government imposes 'benchmarks' and 'intended learning outcomes' on health and education, and where computers collate short-term quantifiable results, the person, who is also a client in need, can become marginalised. It is unlikely that the concept of therapeutic eclecticism will regain lost ground, but perhaps some of the associated values may?

In this context, Inter-Psyche, West Kent NHS and Social Care Trust Centre for Counselling and Psychotherapy Studies has evolved its own integrative relational model of counselling, well-supported by research and teaching experience, and popular with students. Based entirely around the diversity of client needs and contexts for requiring therapy, our model uses three overlapping circles to depict various dimensions of integration. The rest of this article is devoted to describing this model and identifying how it can be valuable in training and practice.

Part one: Key subjects of psychotherapy theory

Firstly, there are the key subjects for any counselling theory: client, therapist and context (FIG.1). The overlap of these circles represents the way these influence each other.

A relational approach takes into account the mutual influence people exert on each other and the possible impact of the social context on both the principal parties to the counselling relationship. For example, a therapist meeting a client in a doctor's surgery waiting room will behave in a particular way if their appointment is imminently to take place. A psychotherapist meeting a client in a doctor's surgery waiting room, when both are waiting for an appointment with a GP, and perhaps the psychotherapist is worried or in pain, is a quite different scenario and both parties may show different sides of their personalities. The same therapist and client working in a clinic for substance abuse may adopt an entirely different agenda and persona. If the therapist is a black gay man and the client an older born-again Christian, their work together may be strongly influenced by their stereotypes of each other, and may indeed never take off. The same pair working at the Terrence Higgins Trust HIV counselling service in London may take a different attitude to these stereotypes and find a way to deal with them

Supporting students of psychotherapy to develop self-awareness and greater appreciation of their relationship styles, as well as emotional literacy and communication skills is important foundational training work. Examining the impact of social context, rank and power and responses to diversity represents a key

next step in our training programme. An appreciation of professional contexts, such as working alongside the medical model, making effective use of supervision, and assessing client suitability for the service on offer (e.g. weekly short-term counselling) is then encouraged before students move into their placements.

Part 2: The client's focus in therapy

Secondly, an integrative approach recognises that the kinds of issues clients bring to therapy differ in the key time frame they fit, though these too will be likely to overlap. An effective working alliance in which the counsellor demonstrates respect for the client depends on the therapist listening out for the client's focus. See Fig 2. (From this point the diagram builds up and Fig. 2,3 & 4 can be superimposed on each other).

Some clients come for psychotherapy to learn how to do things and make behavioural changes. Charles wants to stop smoking; Elaine wants to sleep better at night; Zack wants to stop being exploited at work. These clients bring a focus on the future - in Egan's terms (2001), a preferred scenario or a desired outcome. They have a goal, which can usually be specified and mastered. They can be considered to occupy the left hand circle of Fig. 2.

Other clients are grappling with aspects of life experiences, and the right-hand circle represents issues that can broadly be classified as present day existential concerns. Surrinder's baby son has just died. Precious is coping with caring for parents both of whom are showing signs of dementia. Roland is depressed, having just terminated another relationship after a couple of years, because his partner, Mike, was challenging their open partnership and wanted a monogamous commitment from him. These clients are not particularly wanting or able to change things; they are looking to explore their feelings and the meaning of their experiences, perhaps looking for better understanding, and to come to terms with life's givens such as death and other loss and limitation, the ultimate meaninglessness of life, responsibility, intimacy and aloneness (Yalom, 1991). They are grappling with the mysteries of life.

The third group of clients may not even be clear about what brings them to counselling.

Fig.1

Key Subjects Of Theory

These may be people who are still in shock or somehow appear emotionally frozen. They may have suffered threats to their lives or abuse, neglect or deficient upbringings which have left them ill-equipped to cope with the demands of Adult life. They may feel unreal in their interactions with others and may appear odd or immature. Reference may be made to a difficult childhood or they may mention a fraught relationship with a (step-) parent. Their past in some way still overwhelms them.

There is of course overlap between these three time-frames and types of counselling issues. As Elaine explores her insomnia, she may report disturbing dreams which ultimately lead her to recover memories of her drunken elder brother waking her in the early hours demanding she cooks him breakfast, and perhaps slapping her. As Precious realises she needs to organise a nursing home for her father, it emerges that she has trouble controlling her temper with her anxious mother, who does not want to be left alone. Some mastery of anger management equips her with the self-containment to talk to her mother in a calm lucid moment and together they work out suitable living arrangements for them all.

It is sometimes helpful to examine the integration of Figure 1 and Figure 2. The Inter-Psyche model accepts that we are all susceptible to difficulty in life and clients may bring issues with which the counsellor also grapples. Or the context, for instance a Primary Care setting where the therapist is contracted to offer no more than six sessions to each client, may prevent the client's depth of need stemming from poor attachment to her mother in early life to be addressed to any significant degree.

Part 3: Types of human functioning

The third level of integration concerns the types of human functioning most relevant to each circle and area of overlap.

Mastery requires action, while to understand mystery , we need to reflect. Working on embedded history, i.e. the impact of our past on how we have developed as people, often leads to cathartic experiences, of insight and physical and emotional release. Alternatively it may lead to the client feeling held and contained,thereby perhaps being able to become more flexible in

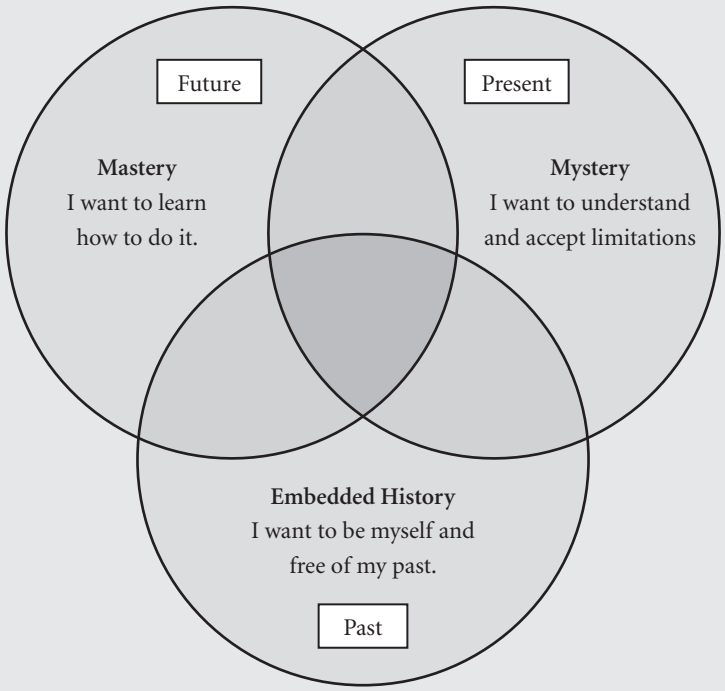

Fig.2

The Client's Focus In Therapy

their responses to self and others and thereby more present.

The overlap of present and future can be thought of as the area of imagination, where we create pictures and stories of what will be, and realize these. These images and narratives can help us master difficulties or grasp the deeper meanings we have attributed to experiences.

Where future and past overlap, can be considered the area of relationship, as our early experiences of attachment for instance, set patterns for subsequent relationships and how we approach other people. The concepts of transference and countertransference belong in this sub-section, admirably capturing this propensity of people to appear condemned to repeat patterns of relating regardless of the harm and irrationality they may represent. This may be especially important to explore when working with someone on their history, but relationship skills can be vital also to the mastery of desired outcomes.

The overlap of present and past is well represented, we think by the experiential person-centred school of Gendlin (1981) with his concept of felt-sense - the truth we tangibly and physically experience in our guts and hearts. This relates to the meaning we gave to our experiences, even if it was out of awareness, and the transformative impact of identifying and accepting our personally resonant truths. Connection with this felt-sense is a significant aspect when working with clients with traumatic or difficult pasts, as this restores identity and a solid sense of self. It is also a valuable inroad into finding personal truths when struggling with life's mysteries.

Finally in the centre, as it is the core of effective relational counselling, without which no technique is likely to work, we have put empathy - that capacity to envisage ourselves both cognitively and emotionally into the frame of reference of another person. The other may have different truths, experiences, rank and power and emerge from diverse social contexts, making the challenge of empathy increase with appreciation of forms of diversity. Thus Paul, the student counsellor who is very well trained academically, may not even have noticed the seasons and landscapes that Jonah finds so oppressive having moved from rural Zimbabwe to London.

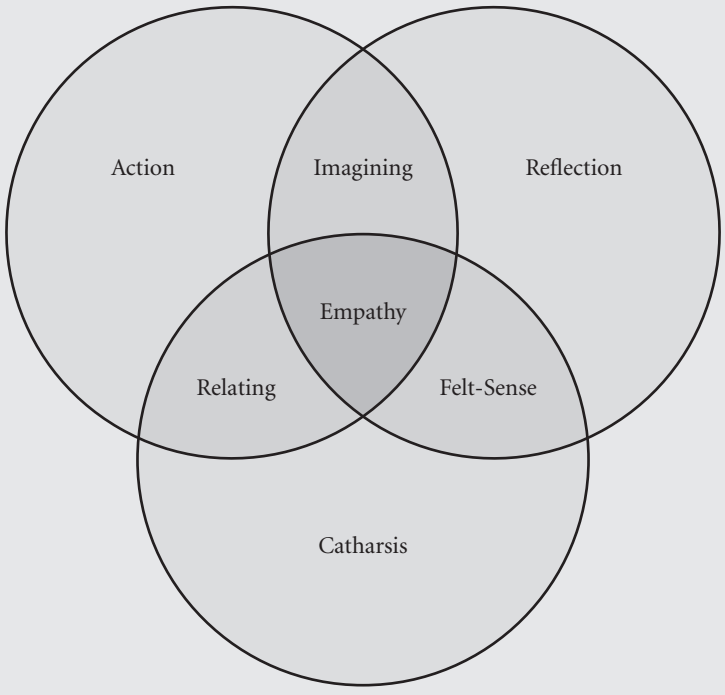

Fig.3

Types Of Human Functioning

Part 4: Modes of Relating

We are also exploring the different ways therapist and client relate depending on which aspect of the model is figural. Figure 4 suggests how this may be depicted.

From the start we draw a student's attention to the difference between her/his phenomenology or subjective experience, which we refer to as 'me' and the impact on others s/he makes. If 'I' communicate about the latter, I am enriching her awareness of 'I'. Endeavouring to grasp a client's frame of reference involves paying attention to both her inner world and her social context, including the rank and power we hold as therapist in the relationship. We summarise this rather imperfectly as 'I & ME & YOU', and we believe this empathic way of relating is of significance in all therapeutic work.

In mastery the other is instrumental rather than having particular significance (I & IT). In mystery, the existential givens are forefront – how does one grapple with aloneness, a spiritual crisis, conflicting responsibilities, for instance (ONE). When exploring embedded history, we enter a domain of object relations, where the real relationship may be submerged under projections, self-object needs, and traumatised reactions to the past (SUBJECT & OBJECT). When a relationship, perhaps with a partner, is the client's focus, interactions may become most important (YOU & ME), whereas when we are focusing on what is happening here-and-now, the relationship may take on a depth best symbolised by Buber's I and thou, and when the quality of envisioning, constructing narratives and using our imaginations, dreamt up roles or characters become more significant than the therapist and client per se we use the term IMAGO.

Part 5: Established Psychotherapy Theory and Models

The fifth level of theory addresses established psychotherapeutic theory and models, relating them to the client's expressed needs from counselling and their most pertinent forms of functioning. Here, each individual and pure circle and each section of overlap in Figure 2 is matched to a coherent and limited number of theoretical approaches. Depending on the therapist in training, the clients they encounter

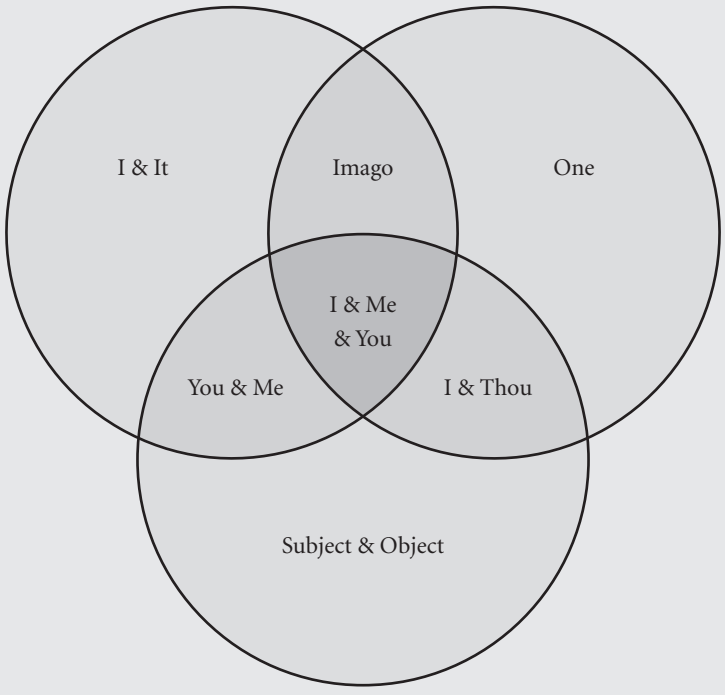

Fig.4

Modes Of Relating

and their placements, aspects of this model will be developed further and other models can also be integrated. Other approaches and the works of any favoured authors can also of course be located in the model, and so this approach has a long 'shelf-life', being open-ended, adaptable and flexible.

As relational counsellors at the centre of all our work is the I-Thou relationship with the client, in which we acknowledge our rank and social context. The key theorists whose work represents the fundament of our work are Rogers and Mindell.

Moving to the outer layers of the three circle model, to work with clients requiring help in the area of mastery, we train our students in the theory and skills of Egan and Beck, as key proponents of a rational and pragmatic approach to change. Mystery for us, is the province of the existentialists and transpersonal theorists such as Yalom, Bugental and Assagioli. The past is, we believe, helpfully addressed by Erskine et al (1999), and some psycho-dynamic authors such as Bowlby (1979) and Stephen Johnson (1994), while Babette Rothschild's work on addressing trauma we consider to be of enormous practical significance (Rothschild, 2000).

Finally, in the inner areas of overlap, we place Transactional Analysis, particularly ego state theory at the relating intersection; gestalt and experiential humanistic approaches in the area of felt sense, and work with both narrative and image (such as McLeod, Jung , art therapy and psychosynthesis) in the area of imagination.

As we introduce and make explicit this integrative relational model to our students, we find increasingly it helps them make practical sense of the wide range of approaches in the field. They draw on it to construct their own models and this process deepens our own appreciation of the latent possibilities still hidden in this model. Over time, we are finding the model helps us simplify aspects of our teaching programme, and afford our students more space for creativity and personal reflection. In supervision, too, the model helps them consider how to work with particular clients and what may be getting in the way and why.

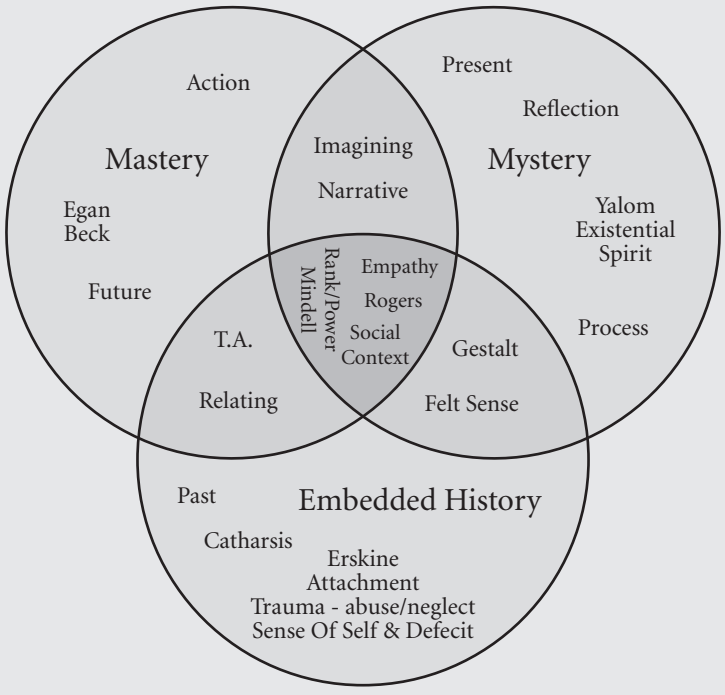

Fig.5

Established Counselling Theory & Models

Application of the model to a case example

This is a composite account based loosely on direct and indirect experience.

Jake, a train driver in his mid thirties, presented to his GP practice with insomnia. His GP prescribed tranquilisers ; as Jake's work required total alertness, he was signed off and also offered short-term counselling. During the assessment interview, the therapist-in-training discovered Jake's sleep was most disturbed when he was on the early shift and most feared falling asleep whilst driving. Jake appeared to be otherwise healthy, content with his work and his family life and there was no indication of long-term psychological issues. However the therapist noted both Jake's mother had died while Jake was still a child and his father died some four years ago. Jake acknowledged he had coped with the latter by drinking alcohol for two months solid, after which he was able to return to work and a lifestyle which included social drinking at weekends only. It struck the therapist that Jake was very thorough and responsible in his attitude – perhaps had high expectations of himself and Jake agreed he was a perfectionist. Jake's goals were to sleep calmly and awake refreshed, hence in the core model described, he sought mastery. After consultation with her supervisor, the trainee recommended short-term counselling with a problem-solving and possibly cognitive therapy perspective, to be reviewed after four sessions.

Using an Egan-based problem-solving approach, it emerged that Jake had once or twice felt sleepy whilst driving, but it had not been on this early shift in particular and he had been able to shake himself awake successfully. He admitted that for a year previously he had used a nightly whisky as a sedative, until he found he needed more and more to ensure sleep. He then tried all the herbal and homeopathic remedies and they tended to work for a few weeks before Jake found himself lying awake and worrying once again. The problem was clearly entrenched and once more the student decided to take the issue to supervision.

The therapist shared her concern that the issues facing Jake may be more rooted in the third hub of the circle: embedded history, with attachment and loss issues featuring strongly. However her supervisor, mindful of the context, cautioned against a more psychodynamic past-centred approach at this stage. The problem could be conceptualised within the core model as an issue around fear of responsibility. While this could be related to the past, and a connection made between sleep and death, this was not the only way to think about it. Jake's problem could also be approached in terms of changing present beliefs around responsibility, the feelings it engendered and how it should be managed. That keeps the issue in the realms of mastery, which is how Jake viewed it. However, rather than mastery alone, the issue may also be one of mystery – how do we cope with risk and responsibility when we are fallible imperfect beings? The model suggests the overlap between mastery and mystery coincides with the human function of imagination and this may be worth exploring with Jake.

The student took these suggestions on board and in the following session, she encouraged Jake to share images. He described two. The first was of a nasty imp inside him who was quick to dash any hope he may feel and told him 'this therapist means well, but you're snookered mate – you'll lose your job and your life will be ruined'. Jake agreed this was a harsh and self-sabotaging way to talk to himself (negative automatic thinking as described by Beck) and that he could try to be kinder and more self-soothing. The second image was of himself as a young boy sitting anxiously at the bottom of a pit in the dark with no way out. The age of this lad coincided with Jake's age when his mother died and there was no one to talk to about his loss, feelings and worries, as his father was busy at work and trying to maintain the house for them both. The therapist reminded Jake that now he was more resourced and could be there for the vulnerable part of himself. She encouraged him to offer some support to the young lad he had been and Jake imagined himself bringing some light into the pit and climbing down to talk to the despairing young boy.

It turned out this was the nub of the work, and subsequently, Jake experienced significantly restored sleep. The next sessions were spent in encouraging him to be kinder to himself and

to balance his sense of responsibility with some pleasure in life. Being primarily action-oriented, Jake identified some hobbies he could resume and ways he could gradually resume his duties without pushing himself too ambitiously. He learnt to value talking through feelings and issues with his supportive wife and also to spend quality time with his young son, who was approaching the age Jake had been when his mum had died. He left counselling after six sessions a calmer and more contented man, more reconciled with his own vulnerability. The pointers suggested by the three-ringed hub model had helped the trainee use the limited time most effectively. They had established a relationship based on respect for the client's stated needs and resources. By focusing on mastery and then using imagery as the bridge with mystery, change was quickly achieved with a client who, whilst not particularly psychologically minded, nonetheless wanted to overcome his difficulty.

The validity and usefulness of our core model

Over fifty years of counselling research suggests that what is termed the 'null hypothesis', that no single model of counselling works significantly better than any other is upheld. As Luborsky, Singer and Luborsky conclude, quoting from the Dodo bird in Lewis Carroll's tales of Alice in Wonderland, "everybody has won and all must have prizes" (1975, p 1003). Given the effectiveness of all therapies well-conducted by the therapist and cooperatively engaged in by the client, many researchers, starting from Carl Rogers (1951), went on to examine the common factors in the different models. The quality of the relationship and particularly the experience of empathy has consistently proved most significant (Frank 1973; Grencavage and Norcross, 1990). Further, researchers have been turning their attention to the differentiation of client needs as when Paul asked "What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about? " (Paul 1969, p44). This has led to the development of various eclectic and integrative approaches to therapy. Indeed, it was shown by Fiedler as early as 1950, that experienced practitioners from different schools of therapy show more similarity in their actual work with clients, than beginning therapists within the same approach. This suggests that practitioners open to learning from their experience tend naturally to abandon the pure single model in which they were originally trained in favour of a more integrative approach.

Like many counselling training programmes, Inter-Psyche has taken on board the need for a broad integrative approach to psychotherapy, as meeting better the needs of clients, students in training and employers. Furthermore, the centrality of relationship and social context, including substantial training around diversity makes this integrative relational approach particularly relevant in the twenty first century, where differences in experience and need are crying out for intelligent and sensitive responses.

My thanks to Cynthia Ransley and Judy Scott for their good ideas in the construction of this model!

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Andrew Samuels

The Hidden Politics of Healing: Foreign Dimensions and Domestic Practice

Abstract

I ask what would happen to ordinary domestic psychotherapy practice if the insights and approaches of transcultural therapy were integrated. I suggest that fresh ideas about working with the differences that exist between apparent similars will emerge. In addition, I explore the impact on domestic practice (long-standing and sophisticated) of the improvisations and relative freedoms of psychotherapy organisation and training as these are emerging in the 'frontier' regions of the psychotherapy world, foreign to the heartlands in Old Europe and the US. I suggest that a novel and dynamic approach to psychotherapy integration might emerge. The overall proposal is that we in the West would gain from a reverse of the usual flow in which 'we' export ideas and practices to 'them'. This links to an ongoing concern with politics: the politics of the therapy session, of the profession, and of the relationship between the developed and the developing world.

Introduction

Transcultural psychotherapy is practiced as a specialism in many Western countries. We have also seen in recent years the exporting of Western models of psychotherapy to foreign places. In this paper, I seek to reframe the practice of transcultural psychotherapy and the phenomenon of the export of psychotherapy to foreign places, so that they may be imaginatively taken as offering a mirror to what Western practitioners typically do domestically. My hope is that an integration of this reframing may be especially helpful when there appears to be homogeneity of therapist and client. In multiethnic cities such as London, therapists work in a 'domestic' setting with 'foreign' clients; and 'foreign' (or foreign-seeming) therapists work – in scandalously low numbers, it has to be said – with 'domestic' clients. This experience has led to the growth of transcultural and intercultural therapy in which, as Renos Papadopoulos (1999, p. 17) put it, foreigners are not regarded as 'ill' merely because they are foreign. But there is little mention in texts on transcultural therapy of the applicability of their ideas to 'ordinary' psychotherapy.

For example, Zack Eleftheriadou (1994, p. 31) makes the pertinent observation that the prime requirement for the successful practice of transcultural psychotherapy is that therapists "examine their relationship to their own culture". She makes it clear that this is not the same as becoming generally self-aware or conscious, and that the consequent knock-on effect is to produce greater sensitivity on the therapist's part to cultural difference embodied by a potential client. Yet it is not hard to see that what is being proposed has relevance right across the board of clinical practice in psychotherapy.

In his paper "Countertransference in Cross-Cultural Therapy," Michael Gorkin (1996, p. 170) offers ways of managing "countertransferential errors" that occur when working with a client from a different cultural background. These ways include the therapist's "familiarizing himself with [the other] culture" and

"examining candidly his motives for choosing [to work with someone from another culture]". Gorkin goes on to suggest that an important technical problem is "whether and when the therapist needs to initiate with the patient an exploration of their cultural differences." As with Eleftheriadou's wise counsel, these are surely important matters for the conduct of any therapy. Whether there are overt cultural differences between therapist and client or not, context and combination are crucial.

In countries where the culture is generally influenced by the West, such as Japan, therapists whose training orientation and inspiration have been 'foreign' are constructing a 'domestic' psychotherapy scene. But, once again, a review of texts that touch on the history of psychotherapy (e.g. Borossa 2000; Homans 1989; Kirsch 2000) reveals almost nothing about the possible relevance of the changes and improvements that have been made in locales foreign to the West to standard practice back home. This is in one sense perfectly understandable in that such a concern may have fallen outside the ambit of these books and papers, but there is also something suggestive about the omission. It is as if English literature were to have been denied the fertilizing and flourishing presence of Irish, Indian, or African writers, and their inspiring presence in, and influence over, the home-grown scene. In fact, however, as Timothy Brennan has pointed out, English is no longer an English language (1990, p.54). Psychotherapy is no longer just a domestic, Western profession.

In this paper, I suggest that it is worth trying to find out what would happen if all psychotherapy were to adopt several of the key practices and focus on several of the key concerns of transcultural therapy, or to import some of the features of psychotherapy in non-Western settings. This would be a deliberate reversal of the usual flow of traffic, an incitement to the displacement of the center by the peripheries. We do not need to make the claim that all psychotherapy is transcultural in some sense to see that there are implications for theory and practice of unsettling the habitual distinction and relations between domestic and foreign practice in a given field. I will suggest that the main implication of making this move is to resituate the idea that there is an omnipresent political dimension to psychotherapy. From being an (important) apercu discovered at the margins of therapeutic practice, it becomes a principle of critical importance to the heart of the ancient regime, which often seems to lack the energy to regenerate itself. Experience of transcultural therapy suggests that power, the recognition and exploration of the negative and positive aspects of difference, a struggle between therapist and client over resources and methods (including information), and conflicts between competing visions of the future (all markedly political as well as psychological themes) are also indispensable for personal transformation (D'Ardenne and Mahtani 1999; Sue 1998). What Michael Vannoy Adams calls the "diversity of diversity" (1996, 5) is a pressing contemporary political agenda as well as being an apt description of the multiple selves or plural psyches that exist within the postmodern or late-modern citizen. (See Note 1.)

In this paper, I argue that the ideal goal of approaching each client and his or her needs with a freshly minted theory can be more closely achieved when the domestic client is reframed as always already a foreigner. Instead of making the exotic familiar, we render the familiar exotic, thereby moving each and every therapy in an individuated direction. (See Note 2.) What we have learned from clinical encounters with real foreigners can be applied in our work with this other kind of foreigner; what we have learned from hearing what happens when we export therapy to non-Western countries can be applied in the wholly domestic setting. Multiethnic living underscores that 'here' and 'there' are not always clear-cut binary opposites. By fleshing out this understanding psychologically, we may also do something interesting to the opposition between 'us' and 'them' in the social realm. For practitioners from 'majority' backgrounds, ethnic and also sexual minorities, it is easy to stay blind to the fact that they do also have a 'culture' and that, leaving hegemony aside, this culture exists relative to other cultures. (See Note 3.)

I have written extensively elsewhere (1993; 2001) about the ways in which therapeutic thinking can refresh the political vocabulary

of Western societies that, seemingly, have lost the confidence of many citizens. But I have also been concerned (1997c; 1999) with the political dimensions of the psychotherapeutic process itself, as well as with the professional politics of psychotherapy (1997a; 1997b). By "the political dimensions of the psychotherapeutic process," I mean the deepened understanding on the part of both client and therapist that can be gained by paying attention to the micropolitics of the entire set-up as they unfold within the session itself. In this connection, these issues of difference and imbalances in power raised by transcultural psychotherapy can function as resources for, and goads to, further refinement of thinking about clinical experience–and hence about 'personality ' and 'psyche' themselves.

As far as the personal raw material for what is developed herein is concerned, it lies in my participation in the exporting of ideas and practices of Jungian analysis to countries such as Japan, Brazil, South Africa, Australia, Ireland, Poland, and Russia, as well as my clinical work in London with persons who display some obvious differences from me. When I was at school, one of my teachers of economic history made us aware that what look like intellectual discoveries are often descriptions of the most potent and progressive contemporary practices. Machiavelli did not write a handbook for princes containing smart new ideas; rather, he described what the most enterprising princes were already doing (see Samuels 1993, pp.78-102). Adam Smith did not invent the theories of capitalism; he described what the new joint stock company capitalists were doing. Similarly, I am trying consciously to redescribe theory on the assumption that there is nothing so conceptually elegant and original as an effective practice.

The Greek word theoria means "looking about the world," "contemplation," "speculation." In these senses, although the driving force for this paper is practice, it is simultaneously and undeniably a theoretical offering. But the ideas are also a distillation of my experience as a sort of theor going about psychotherapeutic business in foreign parts. Although the root is the same, the meaning of theor is tangential to that of theoria. Theors were emissaries sent by the Greek states to consult an oracle or to participate in important far-off religious rituals. They also disseminated and collected information, bringing ideas and news home. Putting together the lesson I learned from the economic historian and the function of a theor, this paper constitutes my attempt to describe and then integrate practices and ways of thinking I have encountered abroad.

The Location of Psychotherapy

Merely to speak of transcultural psychotherapy is to introduce ideas of location and movement into our thinking about what can seem like an exceedingly settled and static activity, although, as Henry Abramovitch (1997) has pointed out, even when intact, the therapeutic vessel or temenos is not always as containing or predictable as we might assume it to be. Psychotherapy as we know it today has very specific geographical starting points in Western Europe (Paris, Vienna, Zurich), despite its affinity with other and older systems of healing the soul. It has also had particular client groups in its sights at various times (hysterics, neurotics, psychotics, borderline personalities, depressives). In general terms, the assumption has been that these client groups have come from the same or a broadly similar cultural location as the psychotherapists with whom they work. But circumstances today are very different in that the cultural identity of therapist and client can no longer be assumed and the practice of therapy has spread over the globe. However, we should be careful before claiming therapy as a global activity. As Julia Borossa (2000, p.80) has shown, the international spread of psychoanalysis has been extremely uneven, and this raises interesting questions about inherent limits on the movement of the movement.

Can Western psychotherapy just be moved to another place–such as Japan, for example? Even with all the careful attention to rendering the foreign import suitable for home consumption (e.g., Kawai 1996; Oda 2001), there still has to be a question mark over the viability of the project. Is the spread of Western psychotherapy into Japan (or, to give another example in a slightly different vein, South Africa) a kind of Euro-American imperialism, a new colonial regime that will end in a bloody liberation

struggle? We in the West should be aware that our colleagues in Japan, South Africa and elsewhere are apparently satisfied with the authenticity and efficacy of what they do, confident that, far from aping colonial masters, they are putting down local roots that make their work a genuine hybrid (to adapt Bhahba's [1990a] term) to a new context. (See Note 4.)

Those writers who have delineated the main obstacles to the trouble-free relocation of psychotherapy stress Eurocentric assumptions about family patterns, variable relations between individual and social group, and the cultural relativity of affects in terms of what may be expressed and what is thereby understood. (See Note 5.) Others, including myself, have noted that political as well as psychological assumptions have to be borne in mind. Psychotherapy is not neutral as regards societal values and mores, and cannot ever really be so (see, for example, Pilgrim 1997; Totton 2000). The theories and even the languages of psychotherapy are inherently cultural constructs determined by the landscape in which they arise. Western notions of child development are saturated with the ideology of that other kind of development–economic development. Capitalistic societies punish economic failure harshly, and it is therefore not surprising that Western developmental psychology has stressed 'milestones' and 'attachment' in terms of failure and success rather than in more modulated and nuanced terms that would have a less judgmental flavour and refer less to some kind of 'bottom line' or hard-and-fast outcome.

As far as childhood generally is concerned, we can see the rise of what might be called 'the global child', one whose features are assumed to be invariant due to biology, neurology, and so forth. This phenomenon, in which all children are taken to be the same and to have the same needs, is, quite rightly, resisted by many political activists and therapists in developing countries where it can be understood as a colonial import from the West (or North). This discourse of childhood rests on the ignoring of cultural differences and, in keeping with its Western roots, often contains a denial of ambivalence towards children. For these reasons, the 'global child' can seem to observers worldwide to be morally and politically objectionable. After all, theorists such as Melanie Klein and Jacques Lacan are decidedly unsentimental about childhood. Similarly, many Third World therapists agree that the global mother as depicted in Western approaches is not an adequate representation of 'mother' for the complexities of poverty-stricken societies. I remember vividly the reactions of colleagues in London to my account of mingua, a maternal attitude to the high levels of infantile mortality found in the favelas of Brazil (see Scheper-Hughes 1992). Mingua involves a kind of maternal indifference and even neglect, but, as many Brazilian commentators have noted (e.g. Ferreira de Macedo, 1996), it is in such circumstances an appropriate and certainly an understandable response. But such a response unsettles Western ideas of what constitutes a 'good-enough mother'. The point, however, is not to reprise transcultural criticisms of Western psychotherapy and developmental psychology, but to import into Western settings such criticisms from the foreign and frontier lands where psychotherapy has migrated. The introduction of mingua into the discussion has definitely affected the terms and content of debate, moving abstract discussion of maternal ambivalence (Parker, 1995) in a more concrete direction and leading to an understanding of its culturally derived features. But – and this is an example of my overall point – what if we were to run our domestic data through a foreign programme? Then the phenomenon of maternal ambivalence may be looked at in a more thoroughgoing manner.

So there exists a critique of the various claims to universality in Western psychology, a critique, moreover, that is of use to us in the West. Objections to the claim for universality cannot be rebutted simply by asserting that the affects (or the archetypes) are universal (because founded on biological or neurological bases), and so a system of therapy founded on them will be more portable than other systems. (See Note 6.) In fact, the universalising assertion is literally utopian in that a psychological approach that exists everywhere will find itself existing nowhere. For, as Adams (1996, pp.49-50) has pointed out, for every bit of archetypal universality, there is a bit of archetypal particularity of person, time, place, culture,

and so on. Movement and context change everything. This is underscored by empirical evidence derived from studies of the movement of persons. Japanese people born in the United States perceive things more like Americans generally than do Japanese people born in Japan who subsequently relocate (Krause, 1998). Again, let us consider refreshing the psychotherapy we do at home by eschewing universal claims that have been shown not to work overseas.

A problem shared is a problem that, while not exactly halved, may be reduced. A high proportion of the problems that attach to therapy as an overseas export from the West exist here in the West as well. Many of us in the West are as alienated from a good deal of conventional psychotherapy today as those struggling to make sense of it in the non-Western countries. With the passage of time, it becomes clear that the cultural assumptions of Freud and Jung are as foreign – or even as uncanny (unheimlich) – to us now as our ideas about the psychology of family organization are in India. Feminist psychotherapists (e.g., Eichenbaum and Orbach, 1982), or those writing from the perspective of their own experience as lesbians or gay men (Magee and Miller, 1997; Davies and Neal, 2000), have long recognized that 'establishment' psychotherapy, mainly but not only psychoanalysis, is 'other' to their concerns and perspectives. But, up to now, there has been little recourse to what has evolved in the transcultural sector. In terms of many of the ideas and practices in Western therapy, we are all 'Japanese', or at least in the position of a potential Japanese practitioner or consumer of psychotherapy. It has now become foreign to us, this strange process in which so little appears to happen and yet so much does happen. Maybe the widespread suspicion of therapists, even in countries such as France (Turkle, 1979) that are supposed to have a psychotherapeutic or psychoanalytic culture, suggests that therapists are irremediably foreign; the alienists are themselves alien. We might emulate the ways in which Japanese therapists (e.g., Doi 1985; 1989) address their problems of relevance and sensitivity to locale in assimilating Western therapy.

Let me review some examples of how Western practitioners and clients are cut off from psychotherapy as it has evolved in the West. Our idea of the 'individual' remains startlingly limited. The individual stands alone, with his soul deep inside him (and it is still very much a 'him' in that, even today, independence is more demanded of males than females), full of passions – positive and negative – and struggling to ease the rupture he feels with others, the natural world, and himself. Scholars (e.g. Whitbeck, 1989) have shown how this Romantic notion is quite a recent invention. Without it, there would be no 'depth' therapy as we know it. Other approaches to the individual that make use of a transpersonal or socialized psychology struggle to get off the ground, bedeviled respectively by accusations of excess spirituality or redundant political ideology. The question of how people are connected a priori is one that therapists who work with individuals have not handled well.

Ideas of a pre-existing psychological connection between people who are not in intimate relationships with each other need to be expressed with great caution. The tradition begins in religious or mystical conceptions such as that of the mundus imaginalis (imaginal world) (Samuels, 1989), and, in depth psychology, illustrated by one possible reading of Jung's notion of a collective unconscious. But, in general, these ideas struggle to find widespread acceptance. This not only demonstrates that one distinguishing psychosocial characteristic of the West is loneliness, but may make a contribution to the phenomenon. For, as I have argued elsewhere (1989, pp.16-77), depth psychology is both a reflection and a motor of the cultures in which it resides. Those who have studied the issues involved in moving psychotherapy away from its Western roots have noted the centrality of the problematic of individualism. They point to a plethora of alternative ontologies, most with a far greater accent on connectedness and a privileging of the space between persons rather than the transfer between what has been inside and what will become outside the person.

These ontologies of connectedness can offer assistance to Western psychotherapy as it struggles to find ways to recognize the synchrony

of what appears to be 'in here' and what appears to be 'out there', and the ineluctable linkage of what appears to be 'above' and what appears to be 'below'. Although lip service is paid to the need to honor external and internal perspectives equally, allowing for their two-way influence, this particular philosopher's stone is as elusive as any other. We can see the problem, and the anxiety it causes, most strikingly when trying to hold the symbolic and concrete aspects of sexuality in the same frame. A tip to the literal, and the metaphorical coagulates; a tip to the metaphorical, and the literal slips through the fingers. This can have profound practical implications. For example, a failure to negotiate the line between literal and metaphoric understandings of sexuality complicates attempts to initiate national discussions in Britain about the line between appropriately physical aspects of parenting and child sexual abuse. Similarly, psychoanalysis and psychotherapy founder when it comes to reviewing and codifying the literal and metaphoric aspects of the erotics of the clinical encounter (see Samuels 1996; 2001, pp.101-21).

Power and the Therapeutic Relationship

From a historical perspective, perhaps the most worrying and destructive way in which Western psychotherapy has become foreign to us here in the West is its reluctance to engage with power dynamics in its actual practices. Obviously, I am not saying that all therapists ignore the presence of power dynamics and power issues in their work; and I think that, in a halting way, moves are being made, mostly within integrative psychotherapy, to grapple with power relations. In transcultural psychotherapy – meaning therapy of any kind in which there is explicit recognition of and response to the psychological dynamics of the cultural backgrounds of the participants – such a concern is necessarily widespread and fundamental due to the uneven distribution of power among communities and the way in which ethnic and national strife become animated in the transference-countertransference relationship (see Kareem and Littlwood, 1992). But in therapeutic work done between 'similars', instead of a frank concentration on power, we often find the issue given an instant interpretative (and psychopathological) spin so that it is claimed to be a question of an 'omnipotent breast' or 'the Law of the Father' or the 'Terrible Mother', not having to do with the process of psychotherapy itself. Sometimes, the power dynamics within the therapy session are overlooked in favour of a consideration of whether or not the client is (or feels) empowered, which is not really the same thing.

Many practitioners do not realize that therapy institutes a relationship that involves power as a primary and ubiquitous feature. Experiences in transcultural therapy suggest that we can make creative use of what often seems in the beginning to be an ugly and unjust scenario. Many people have been wounded precisely because of abuses of power, ranging from refugees to those brought up in middle-class British families. Recovery from such wounds will be impeded if the transference-countertransference power dynamic is insufficiently explored. Power issues in therapy often follow the steps of an inferior/superior dance in which the starting pose is that the therapist is up ('idealized') and the client is down. Perhaps this is the collective reason why so many clients either try to please the therapist or, conversely, spend their time fighting the therapist's system. In my experience, it is essential to challenge the manner in which many power issues so quickly take on this inferior/superior tone. The vertical axis encourages a spurious morality and denies that there is also a horizontal axis of interpersonal power that calls out for some kind of struggle on the part of the client (see Samuels 1989, pp.194-215). The question of power is not only a matter for a particular therapeutic situation; it is central to the whole of psychotherapeutic practice. For, as an institution, as a third element in the clinical process, psychotherapy itself has power. If I am a client and you are my therapist, the power you have over me is the crystallization of institutional power and authority that has come into being as the result of years of professionalization. And there is more: psychotherapy does not go on in a power vacuum. As an institution, it is itself subject to the power of other institutions–the state, insurance companies, the husband who has made his wife 'get therapy', the professional body to which the

practitioner belongs, and so on. The experience of transcultural therapy suggests that merely asking for help is a highly charged social act that is very difficult to decode, whatever its individual psychological significances. Many apparently parental transferences are equally likely to be transferences to 'the expert' or 'the professional', and the dependency that ensues is, therefore, not regressively 'infantile' at all. It is structured into the social reality of the therapeutic situation.

The most dramatic example of the workings of power within psychotherapy is that of sexual misconduct. Although we know that this is a problem not only with male therapists and that abuses take place also within therapy conducted by females (Samuels 1996; Schaverien 1995), the stereotypical situation in which the therapist is male and the client female ('she talks, he listens') still requires special recognition. Female clients who find that they cannot 'say no' are victims of the abuse of power, and therapists who misuse their position are increasingly being understood as suffering from some kind of deficiency or shortfall in a feeling of authentic potency. But the necessary pathologizing of such therapists should not be allowed to disguise the political implications of what they have done.

In situations where sexual misconduct takes place, and in situations where therapists would do anything rather than run the risk of appearing to commit misconduct (and hence overreact, depriving their clients of much-needed involvement), we see a good example of my point about the manner in which psychotherapy has become foreign to its domestic constituency. When the style of therapy adopted is distinctly anti-libidinal, the result can be a repression of sexuality within psychotherapy carried out by the very institutions of psychotherapy itself (Samuels, 1996). The client and the therapist are deprived of eros, a major source of life, creativity, and transformation in their work together. Although the deleterious impact on the client may not be as severe as in cases of actual sexual misconduct, the spread of the practice of excessively safe analysis and psychotherapy is wider, and it would be foolhardy to ignore this complementary problem.

Here, terms developed by postcolonial discourse are useful. When considering psychotherapy and analysis that have repressed sexuality as a part of their discourse, one could say that it is now the domestic consumer of psychotherapy who is being flooded with an inferior product. Sexual misconduct, or its opposite – repression of the benevolently erotic – is going on at home, but the 'methodology' would be familiar to anyone living in a less developed country used to the receipt of out-of-date dumped goods or products too dangerous to sell at home. Anecdotal reports of a psychoanalytic conference in Cape Town in the 1990s, addressed by many British and American luminaries, at which the 'imperialists' were accused by African therapists of bringing 'frozen turkeys' into a refrigerator-free hot climate, make the same point rather well.

Transcultural psychotherapists have learned to respect difference and to make its exploration a key theme in their work with clients who display obvious departures from the cultural norm. The same ethical attitude is clearly needed in all psychotherapeutic work, and I am sure that most therapists accept this. But we are only beginning to find literature that pays attention to difference when it is not so obvious – that is, when the difference is not a matter of 'race'/ethnicity/religion, sexual orientation, or working with the young or very old. For example, there have been very few texts that focus on the specific issues that arise when the client is working class or living in poverty, and the therapist is much better off (but see Altman 1995; Foster, Moskowitz, Javier 1996). Even difference stemming from the sexual composition of the therapeutic dyad has not been much looked at in a convincing way (but see Schaverien, 1995). I am suspicious of simplistic generalizations of a psychological kind about the dynamics of two males working together as opposed to two females, or any other combination. Certainly, a claim that the actual sex of the participants in therapy is irrelevant is as risible as the claim that differential ethnic combinations have no effect on therapeutic work. But a claim to know in advance what happens in each particular instance – sexual or ethnic – is equally problematic.

My overall point in this section has been that the sensitivities and practices of the transculturally oriented practitioner have not yet spread as deeply into ordinary practice as they could – or should. I will now move on to look at what can be learned from a consideration of psychotherapy practices in non-Western locales where there has been an importation of Western therapies.

Training at the Frontier

Over the past fifteen years, I have been involved in setting up courses in analytical psychology and Jungian analysis in countries where, for various reasons, such courses have not existed before. In Russia and Poland, this was due to the hostility of the Communist regimes to analytical psychology. The absence of established training structures in these countries led to intense debate within the sponsoring body, the International Association for Analytical Psychology, as to the best way to proceed. (See Note 7.)

At one extreme, the view was that we should do our best to bring talented individuals 'out' to the West, where they could undergo the usual type of analytical training. The worry was over how to select these individuals and whether or not they could be expected to return to their countries of origin where life was much harder than in Zurich or San Francisco. A second viewpoint was that the most comprehensive training possible should be mounted in the 'frontier' country, a training that would take nothing for granted even if its participants were already established mental health professionals. The worry here was that this would imply disrespect for local standards of basic training. At the other end of the spectrum, a third idea was simply to put on seminars and lectures of interest to psychotherapists in the former Communist countries and allow them to incorporate the material into their practices according to their wishes and inclinations. The worry here was that this could lead to a huge increase in the practice of 'wild' Jungian analysis. That there are arguments for and against all of these positions is beyond doubt, but my purpose in summarizing the debate is to show how it illumines some key questions about psychotherapeutic training in Western countries.

Specifically, what is highlighted is the degree to which the practice of psychotherapy does or does not need to conform to some kind of external standard, and the degree to which it can be left to find its own level, trusting to people's innate sense of responsibility. These are important questions when it comes to access to training opportunities for therapists. It has become commonplace, in progressive circles, to note that the comparative absence in the psychotherapeutic world of persons of colour and those belonging to minority communities is holding back the responsible development of the profession, inhibiting in a severe way its capacity to be of use to the widest possible cross-section of the population (Fernando, 1995).

I mean no disrespect to the range of excellent established trainings in the various psychotherapeutic traditions in the West by saying that it has become clear to me from experiences in Russia and Poland, just to give two examples, that one simply does not need the degree and intensity of training to practice effectively as a psychotherapist that is usually assumed to be the case in the West. Nor is it necessary to ask for specific and high-level academic and other qualifications as prerequisites for the successful undertaking of therapeutic training. I recall my work as a training therapist in London with a client who left school at fifteen. He had enormous trouble in writing the course paper and hence was at risk of not completing the training. Here was someone who, through no fault of his own, was for socio-economic reasons simply not able easily to manage what was involved in writing the paper. Yet the client was apparently getting pretty good reports from supervisors and seminar leaders. On the basis of accounts such as this, I think there is a crucial question concerning openness in respect of psychotherapeutic training that can be illumined by factoring in the lessons learned from experiences in foreign parts.

The socio-economic factor needs to be addressed when we consider this vexed question of educational qualifications for

psychotherapy. Could we create a climate in which, in the run-up to application and entry for psychotherapy training, an individual can become what I would call an 'imaginal core professional'? That is to say, if a talented person with no relevant background or educational qualifications wants to be a psychotherapist, do we as a profession have the potential to make it possible for him or her to acquire what is felt to be needed to become a core professional (which is one way in which the prerequisites for psychotherapeutic training have been defined in the U.K. and U.S.)? This strategy, followed with success in non-Western settings, would dramatically increase the possibilities for ethnic minorities and those of working-class background to train to be therapists.

Pluralism and Integration

One of the most exciting developments in the field of psychotherapy in the West is the growth of integrative approaches. Such approaches have arisen in part from the realization that no one method of psychotherapy appears to have massive overall advantages over the other methods. These days, practitioners can more easily understand that it is not an admission of failure to note that their particular approach has limitations. The needs of clients can sometimes be met by going outside the school of psychotherapy in which the therapist was primarily formed. Of course, integrative psychotherapy can become a school of its own, with the attendant dangers (as well as advantages), as Lapworth, Sills, and Fish (2001) have pointed out. While integrative psychotherapy is arguably at the cutting edge of psychotherapeutic theory and practice, it is clear that integration is a very difficult position to achieve–not least because, up to now, integrative psychotherapy has tended to move in but one direction, in which non-psychoanalytic people integrate psychoanalytic material, but not vice versa. Psychoanalytic practice itself has probably suffered from this one-way street, which has come about largely through uncritical internalization of professional politics with its spurious hierarchies. Apart from such problems, integration (whether on the level of theory or of the warring elements in one's own personality) is always emotionally stressful as well. It is far less stressful to be a believer.

In the frontier areas of psychotherapy, a form of integrative therapy also exists and has come into being for very different reasons. It shows no sign of falling into the trap of scholastic desiccation, nor does it seem particularly stressful to accommodate. One young Muscovite therapist told me in the late 1980s that her two main loves were Winnicott and neurolinguistic programing (NLP). She presented cases in group supervision in which she moved between these two perspectives with an ease that startled me. One could not imagine hearing that kind of thing at that time in London, though I am sure the situation has changed to a degree, thanks to the growth of integrative psychotherapy. What was amazing to me was that she had not the slightest embarrassment in telling me this; she had no idea at all that it would have been (and, I submit, in many cases would still be) extremely unusual, to put it mildly, to find such a potpourri of loves in Western psychotherapeutic circles. Despite the growth of integrative approaches, the historically existing schools continue to exert considerable power and fascination. It was in thinking about this Russian therapist that I began to see how, alongside the more formal, ambitious, and far-reaching project of integrative psychotherapy, there may be the possibility of developing, here in the West, a simulacrum of the innocent atmosphere that had allowed her to pick and choose without inhibition. From a mythic standpoint, the Greek god Hermes, who begins life by stealing the cattle belonging to his brother Apollo, would be the presiding deity. The problem with integrative psychotherapy may be that it requires so much responsible commitment on the part of the practitioner, who has thoroughly to familiarize himself or herself with the various approaches to be integrated. Inspired in part by the Russian therapist, I began to imagine (1989) a rather different, yet thoroughly hermetic, approach to the same issue, which involved what I called 'pluralism'. Pluralism, as I define the term, is deliberately intended to work at a less elevated level than integrative psychotherapy, though it forms part of the same overall ethos. Hence I am happy with the suggestion of Lapworth, Sills, and Fish (2001, viii) that integration

be regarded as the umbrella term. I believe, though, that it is the pluralistic strand within the integrative project that will help us to realize the full benefits of psychotherapeutic integration, overcoming resistances that derive from the fact that integration is so demanding. Pluralism, as I understand it, is simply far easier than integration. It may not be beautiful, but, in its promiscuity, it works in a rough-and-ready fashion.

The paradox is that, while the Russian was liberated by her ignorance of the rules of psychotherapy, the pluralistic psychotherapist, like Hermes, has to be very worldly-wise and attuned to what is going on in the field, but will choose to ignore those rules and make a bid for independence. The pluralistic therapist is usually extremely disillusioned by the field, yet daunted by the desideratum that he or she learn a great deal about a wide range of therapeutic modalities. It can be shocking to see it in print, but pluralism does not require a particularly high level of adherence to 'the real thing'. The Russian therapist was neither a 'genuine' Winnicottian psychoanalyst nor a 'genuine' NLP-er. It did not matter–and that is the point. We need to remove an unachievable ideal of 'realness' or 'genuineness' from the professional super-ego of therapists in the West and encourage (judiciously) imitative and performative clinical practices in which, in true postmodern style, it is understood that no one has a settled professional identity any more. You do not have to be a certified psychoanalyst to use psychoanalysis nor a committed Gestalt therapist to use Gestalt. Actually, these days, I think that only those therapists who think and work integratively or pluralistically are working authentically. Deliberately to ignore or eschew 'foreign' ways of working is both inauthentic and irresponsible. It recognizes that each school of psychotherapy is relatively autonomous from the other schools and has its own strengths and weaknesses. But as the Russian therapist demonstrated in her case presentation, rather than integrating the different perspectives, pluralism means taking each one in turn to be the dominant school and accepting that, in some ways and in some situations, another approach may well be more useful. Pluralists speak in several tongues without smoothing out the many differences between languages. I think many therapists are suspicious of hegemonic attempts to impose a false resolution of differences upon the field. If we do that, we will lose sight of the unique value of each position. The therapist learns to sing more than one song, and the expansion in her repertoire compensates for the lack of a perfect rendition of any one melody. I hope it is clear that what I am advocating is not the same as fully integrating other points of view. It has been my visits to lawless Russia and unstable Poland that have underscored the importance of playful acknowledgment of our larcenous tendencies, just as Hermes needs to steal to establish himself in his full creative potency as the god of transformation and the messenger of the gods. Hermes is in fact a highly social deity, interested in trade, commerce, and exchange, and befriending men on numerous occasions. For example, he helps Odysseus find the magic plant that will help him resist Circe, accompanies Herakles on his descent into Hades, and guides Perseus in his quest for the Gorgon. He is a joker and trickster (Samuels 1993, pp.78-102), but most experienced therapists know that, at times, one simply cannot and must not take the theories too seriously (i.e., literally), converting them into dogmas.

The important goal of psychotherapeutic integration inevitably brings with it many of the weaknesses associated with eclecticism in that eclecticism and integration are rather violent in their selection of the 'best bits' out of context, tending to ignore the inconsistencies and contradictions between systems of thought. Pluralism accepts such irregularities and celebrates the competitiveness that is thereby constellated by using ideas and methods that at one level are incompatible. The Russian therapist knew perfectly well that Winnicott and NLP were not on all fours, but she had a good time struggling with the wrinkles so as to make them both part of her own individual brand of practice. In fact, she had in all probability encountered these two highly different approaches when travelling teams of teachers espousing one or the other had visited Moscow. She knew that she was in a marketplace (and she knew about the overtly franchised aspect of NLP and the covert franchise aspect of psychoanalysis). She knew that she could

never be the 'real thing' in someone else's eyes, but she was content to be real in her own eyes. She had an individuated attitude (if I might be forgiven for paying such a specifically Jungian compliment) to psychotherapy, and she was only twenty-five years old.

We tend to forget that those big and attractive theories with which we feel at home have got a history of their own. They arise from a pluralistic matrix in which things did not fit together neatly and where competitive struggles between theorists and schools were rife. For example, the Kleinian corpus was not a single, time-bound, unchallenged, piercing vision. This was something Winnicott noted in a quite agonized and remarkable letter to Klein in November 1952. Among many other complaints, Winnicott wrote strongly against "giving the impression that there is a jigsaw of which all the pieces exist" (Rodman 1987, p.35).

I do not believe I am idealizing the blissful ignorance of that Russian therapist who had done what she did without considering the matter at all. I want to use the fact that she could do good-enough work with her melange of approaches as an image to inspire Western therapists to drop our rigid adherence to a single modality of psychotherapy and to make the achievement of integrative psychotherapy less demanding on all of us.

Closing Remarks

In The Political Psyche (1993, 287-336), I tried to make long overdue reparation for what I see as Jung's anti-semitic statements and positions in the 1930s, and to help establish analytical psychology and Jungian analysis as contributors to a culturally sensitive and informed psychology. Jung was certainly trying to do the same thing, though the net effect was highly destructive and injurious to the acceptance of his contributions to psychology and psychotherapy. I showed how Jung's ideas about the existence of differing national psychologies chimed with antisemitic Nazi ideology about the necessity to preserve such differences in the face of alleged Jewish intentions, via the international agencies of capitalism and communism, to 'bastardize' the life of healthy nations.

Controversially, perhaps, I also suggested that much can be done with the notion of 'national psychology ' that need not excite the quite understandable fears of liberals who associate the term with fascism or nationalism in its pernicious and murderous forms. (See Note 8.) Jung can be read as making the first coherent protest against any claim for the existence of a universal psychology, though, for him, it was psychoanalysis that had the goal of world (psychological) domination. Jung's clinical experiences with an extremely international selection of clients led him to recognize what we would call today the transcultural factor at work in the psyche. My experience has been similar in that it has been clinical work with persons of a different background from my own, as well as active participation in psychological discussions about 'the nation' and 'nation-building' in South Africa, Brazil, Poland, Russia and Israel, that convinced me of the worthwhileness of moving accounts of national psychology beyond the anecdotal level. When working with clients from all backgrounds, one can see that nationality is one powerful factor playing a part in the formation of social and psychological identity. It seems suspect that something as powerful as ethnicity and religion should have been so overlooked.

Having broached the tabooed possibility that the question of national psychology should be revisited, I want to conclude by highlighting a very different ethos that I also sketched out in The Political Psyche, again as my personal response to what I see as the huge problems with Jung's excursions into political and cultural psychology. Despite his aversion to Freud's authoritarianism, Jung himself wanted to sit at the head table, whether political or psychotherapeutic. Today's Jungians, and other Western therapists as well, need to restrain their desires to influence politics and politicians at the highest levels. They have first to stand alongside the materially disadvantaged and the socially frightened, as well as sit down with their educated analysands. To do this, they must open their hearts and minds to that which is 'foreign '.

Notes

1. I have treated the relationship between the language of psychotherapy and current political dilemmas more fully elsewhere (2001).

2. See Papadopoulos (2002) for an account of how the exotic other can subjugate the familiar other, and Plaut (2001) for views on the dynamics of psychotherapy with apparent similars who turn out to be very 'other' to the therapist.

3. See Sreberny's (2002, p.294) account of how globalisation increases the number of "others", thereby "challenging old identity structures".

4. See also Samuels (1993, p.343 for another illustration of how an import from cultural studies has helped in the consideration of an aspect of a healing profession.

5. For reviews of these problems, see Eleftheriadou (1994): Lupenitz (1988); Totton (2000).

6. See Burman (1994) for a refutation of the universality thesis.

7. See Crowther and Wiener (2002) for a fascinating account of how they, as organisers of a course in Jungian psychotherapy in St Petersburg, struggled to come to terms with issues of cultural diversity, making use of what they term an "interactive field of strangeness".

8. These ideas are expanded in Samuels (2001, pp.186-94).References , H. 1997. Temenos Lost: Reflections on Moving. Journal of Analytical Psychology, 42:569-84.

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I am grateful to Henry Abramovitch, Louise Kaplan, Maria Gilbert, Renos Papadopoulos, Fred Plaut, Peter Rudnytsky, Jocelyne Samuels, and Tom Singer for their many helpful suggestions for changes to the first draft of this paper.

Bobby Moore

The Centrality Of The Empathic Relationship Within Clinical Supervision

Editors' note

This material was submitted for assessment as part of the Advanced Diploma in Supervision in Counselling and Psychotherapy at the Personal Counselling Institute, Dublin which is validated by Middlesex University. The assignment was to explore the personal and theoretical philosophy which underlies the writer's understanding of the practice of supervision and this is presented by way of a model of supervision which the writer has been developing for some time.

1. Introduction

It is argued that the core dilemma of participation in any group is how to achieve a sense of belonging without losing individuality and at the same time maintain a sense of individuality without being excluded from the group. It seems to me that this dilemma is common to many human endeavours. The urge to participate will grow from an experience of having something to offer while at the same time having some deficit to attend to. In the caring professions in particular the helper is moved to care for another and can become dangerously forgetful of his or her own benefit from the enterprise.

My own journey as therapist found its origins in the encounter of need in others which, when I attempted to address them, brought me quickly to my own deficits. I had significantly less to offer than I thought and those who came to me invariably had resources they were unaware of. The various therapeutic encounters, I realised, were helping me to make meaning and sense out of my own experience of fundamental questions about how we live our lives as human beings. The inevitability of struggle, hardship and injustice were salved at times by enriching experiences, but all to often the remnant was still a vague undertone of fundamental aloneness.

Relationship is the building block for managing aloneness. It seems as if we cannot help but have an impact on each other. The depressed person in the corner during a party will quickly be cajoled, 'It's not that bad', or told to go home. If he or she stays then they will inevitably have a depressing impact on the revellers. Similarly we know that often the best way to get a reaction from another person is to go into a huff and not to speak. The silent treatment stirs an unbearable interest in the other and a desire to know. We punish wrongdoers by excluding them from society and within the penal system the ultimate punishment is solitary confinement. We find it hard to bear the thought of living with no one else around.

Our capacity for managing aloneness then is through relationship and our way of managing relationship is empathy. A shared emotional experience which goes beyond what words can communicate is so often the portrayal of falling in love or the old couple who no longer need words they seem to know each other so well.

Therapeutic interventions are attempts to do what human nature strives to do if unimpeded. Therapeutic containment is a way

of describing what the therapist can offer the client until the client learns how to find natural enriching experiences elsewhere. The empathic relationship might also be the key component of effective supervision while the therapist enhances his or her own capacity and emerges into life-long peer support.

This assignment will explore some of the dynamics involved in supervision as the facilitation of containment through empathy. The challenge to the supervisor is how to be a participant in the therapeutic holding without becoming the therapist and how to give the therapist sufficient space without disappearing. First of all though, it will be important to consider some of the underpinning ideas that inform this view of supervision.

2. Philosophical Background

2.1. Starting Points

Philosophers remind us of the critical importance of first principles. Starting points not only dictate to a large degree the direction we are going to go in but also lay down the parameters for critical dialogue with other perspectives. A debate between a rationalist and an empiricist, for example, would quickly get bogged down if there was no acknowledgement that Plato and Aristotle started with very different fundamental beliefs on the nature of ideas (Scruton, 1995). It is the same with therapy and supervision. Ideas about how human beings interact and communicate with each other and how meaning is made of human experience will inform how both the therapeutic and supervisory relationships are thought about.

There are a number of key ideas, which influence the model of supervision I will consider in this assignment. The first takes a contemporary post-modern perspective. While modernism highlighted the optimistic search for absolute knowledge through scientific research, it held a belief that an external truth lay out there to be found (Malik, 2000). This was also true for the human person, where it was argued that the 'true self' could be found through exploration and analysis of the underlying structure (Palmer,1997). On the contrary, post-modernism (Docherty ,1993) eschews the idea of structuralism and argues that meanings and truths are constructed and potentially multiple. The pursuit of absolute truth is abandoned in favour of a meaning constructed in context and between thinking, feeling, experiencing subjects. For this assignment supervision, as indeed therapy, are thought of as attempts to understand meaning and significance rather than the pursuit of some illusive truth, and phenomenology provides a useful guideline.

2.2. Phenomenology

Increasingly, phenomenology is providing a dialectical framework for exploring human experience in this post-modern context (Giorgi,1985). In the extreme, post-modernists can replace the certainties of modernism with an equally absurd notion of absolute relativity. Phenomenology, with its focus on intentionality "calls the self to mind, and thus counters both the self-forgetfulness of modern forms of science and the self-denial of post-modernism. Phenomenology helps us to think about the first and final issues and helps us to know ourselves" (Sokolowski 2000, p. 209). So phenomenology looks to the human intentionality and meaning of experience with openness to fluctuating and changing meanings. In therapy and supervision this may mean a stance of 'differential diagnosis' and openness to the experience being given multiple meanings. What becomes important is staying as close as possible to the lived experience of the interaction, whether it is in the therapy or the supervision session. In this process phenomenology acknowledges that "...meaning cannot be given simply by the representations in my head or your head. Rather it is given by knowledge distributed more widely through society" (Malik, 2000, p 328). This brings us to the perspective of symbolic interactionism.

2.3. Symbolic Interactionism

Denzin (1995) argues that human beings act towards things on the basis of the meanings that the things have for them. These meanings

are not immediately observable but arise out of the process of social interaction:

"Interactionists do not like theories that objectify and quantify human experience. They prefer instead to write texts, which remain close to the actual experience of the people they are writing about. They like texts, which express an immediacy of experience, mediated by the social scientists' interpretations" (p. 44).

Essentially this is a view of the human person as one who creates worlds of experience in which he/she lives. The meanings of these worlds come from interaction and are shaped by the self-reflection persons bring to their situations.

The starting point for the emerging model of supervision I will explore in this assignment is one that allows for multiple levels of meaning to evolve through the creative interaction and intentionality of the participants. Both therapy and supervision provide opportunities for the making of meaning in the midst of what are often distressing and complex human dilemmas. Supervision provides a reflective space in which the participants can explore the meaning of a therapeutic encounter while remaining close to the actual experience of the client and therapist who remain the focus throughout.

The capacity of an empathic relationship to act as a container for emotional distress and also as a model for supervision will be the focus of this paper. It will be argued that supervision provides a vital component of containment as the therapist in an interactive relational process (Gilbert & Evans, 2000) puts a theoretical frame to her experience and then hones her intervention skills. A short vignette will be presented and then drawn on to tease out the various aspects of supervisory containment.

3. The Empathic Relationship as a Container for Emotional Distress.

3.1. A Clinical Vignette

The following experience took place in the daily life of a therapeutic community in which the participants are usually referred to as resident and staff member. For the purposes of this paper, though, I will subsequently refer throughout to the client, the therapist and the supervisor for ease of discussion in relation to the supervisory relationship.

An adolescent resident in a therapeutic community runs amok around the house. He terrifies the other children and jumps from one piece of furniture to another breaking things as he goes. The staff member initially follows from a distance trying to maintain a reasonably calm stance but as the situation quickly escalates she needs to step in and restrain the boy who is becoming a danger to himself and others. In the restraint the young person is being held from behind with his arms pressed to his side and looking away from the staff member. He quickly relaxes and is released from the hold. However, on turning around to face the staff member a look of absolute rage comes across his him and he spits in her face. The staff member is enraged and for the first time in the incident raises her voice and yells at the young person. He crumbles in tears and runs away.

3.2. An Overview of the Cycle of containment

Fig 1 maps out a series of movements within what has been referred to as the therapeutic process of containment (Bion, 1967). In this process there is a hope that if the painful emotions of the client could be communicated to the emotional experience of the therapist and "if they were allowed to repose there long enough they would undergo modification by my psyche and would then be safely introjected" (p. 103). Elsewhere (Moore, 2000) this has been put within the framework of 'skilful dynamic exploration' and can become a model for the supervisory relationship also.

The cycle begins at 1. when the client in question experiences some overwhelming feelings of anxiety which he is perhaps trying to run away from but which certainly run amok within him. The feelings are acted out 2. in his frantic running around the building smashing things and raising the anxiety level of everyone else. In this case the therapist 3. experiences the rising level of anxiety and eventually moves to

offer a physical containment. There is a brief period of ease, as this seems to work and then the sudden outburst of rage and spitting. At this point 4. the therapist's anxiety is so high she responds by yelling at the client who collapses in incontrollable tears as he runs away. The therapist brings the experience to supervision with an opening line of, 'I just can't work here anymore. I don't believe what I just did to him but I thought at one point I was even going to hit him. I can't take anymore of this abuse'.

The reflective space of supervision 5. offers an opportunity to explore the interaction in slow motion. Finding a reflective space opens up the possibility that the therapist might consider that her own emotional turmoil could be a resonance with the emotional turmoil of the client. Attending to the self-awareness and drawing on a knowledge base, new meanings become possible. The insights gained might help her to better manage the overwhelming feelings and reduce her own stress level 6. This will give her more access to the healthier, non-overwhelmed, parts of herself 7. from which she can begin to think of alternative interventions, which would seek to offer an emotional understanding of the turmoil of the young person 8. The practice and development of intervention skills is only really possible at this end of the reflective space and the staff member can enter into the next exchange with the young person 9. feeling that she has had an experience of her own anxieties being contained and now able to offer containment to the young person 10. Over time it is hoped that this will mean that the young person will rely less on non-verbal communication and develop a greater capacity to put his experience into words rather than communicate through symptoms and acting out.

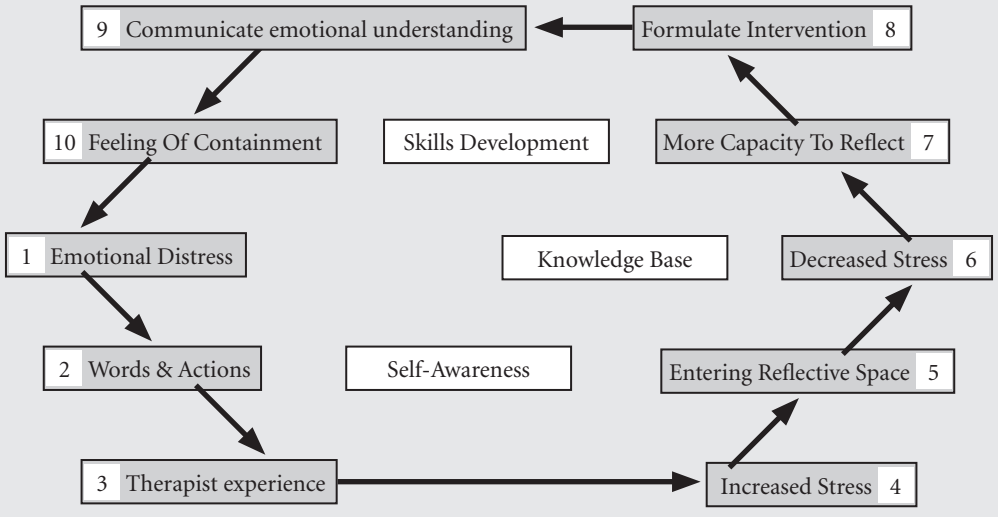
4. Supervision as a reflective Space

4.1. Supervision: A Space In The Cycle Of Containment

In summary the model outlined in Fig.1. indicates a movement through a cycle. It begins with the emotional experience of the client 1. being acted out 2. and brought into the therapeutic relationship 3. from which the therapist turns to supervisory reflection 4 – 8. This is initially through external supervision and over time increasingly incorporating the internal supervisor (Casement, 1985 and Gilbert & Evans, 2000). This enhances the

Fig.1

Containment of Emotional Distress



quality of the next therapeutic encounter 9. with a hope of facilitating change in the client's experience 10. Supervision is an opportunity for the therapist to experience a containment of what in the therapeutic setting has felt overwhelming. It is a space in which the therapist can listen to the way the client is teaching her about his internal emotional dilemmas and formulate interventions which can communicate an emotional understanding i.e. offer greater containment for the client. As such the supervisory process moves from the initial therapeutic encounter through self-awareness and value base to theoretical framework and eventually to the enhancement of intervention skills. I will consider in greater detail some of the elements involved in moving through stage 5 – 9 of the cycle.

4.2. The Self-Aware Therapist

At point 5. in Fig. 1. the therapist brings the experience to supervision and the initial focus is on the manner in which the experience is brought. What is portrayed is that emotions are running amok within the therapist who wants to run away from her work for fear that she will do damage or allow herself to be abused. The inclusion of a theoretical perspective can help to make sense of the experience. In the humanistic tradition, empathy is the term used to explain the way in which the therapist can experience something of the emotional dilemma of the client without losing contact with her own experience (Hill, 1994). Within the psychodynamic school this similar process has been described as the non-pathological normal form of projective-identification where the patient communicates his or her troubled state to the analyst through an emotional exchange "normal projective identification has the aim of communication and empathy, and plays its part in the participation of social reality " (Hinshelwood, 1989 p. 186). The emotional experience can carry important information and because of its often-painful nature the therapist can move too quickly to intellectual theorising.

"Reason, clearly influenced by phenomenology, maintains that there has been and over-emphasis in research on intellectual experiencing at the cost of our physical inner processes or knowing through sensation" (Gilbert & Evans, 2000, p. 16).

Attending to what the therapist feels first, before what the therapist thought, helps in the process of staying close to what the client may also have been struggling with. Attending to the self-awareness of the therapist and drawing on the knowledge base around empathy, a new idea becomes possible. She may feel the way she does because she has an accurate empathic connection with the unspoken and unspeakable emotional world of the client. A new formulation of her distress is then possible. She may feel the way she does because she is doing something right 'I know something of how he feels', and not, as she assumed, because she was doing something wrong, 'I can't work here anymore'.

It is important to be clear here on distinctions between empathy, sympathy and unconditional positive regard. In supervision the therapist in our vignette said, 'I found it very difficult to have any empathy for this client when he was spitting in my face'. It may be that she meant that she found it very difficult to have sympathy for him. Sympathy is a process through which one person, by identifying with their own experience, is moved for another. In contrast, in empathy one is moved by the emotions of another. While she could not feel for him she certainly was moved powerfully by him as she felt all her capacity to manage feelings drain away from her and all hope of continuing in her job lost. To engage empathically with one who is full of rage is to experience feelings of rage (Winnicott, 1950). Empathy is not necessarily about being filled with nice accepting thoughts and feelings but an experience of something of the emotional turmoil of another and so often is a horrible thing unless, of course, the resonance is with more loving feelings. Similarly it is easy to confuse empathy with unconditional positive regard, which is a non-judgemental frame of mind and can be held in the face of powerful emotional onslaughts.

When this anxiety is brought into the supervisory relationship it facilitates an important relational aspect of both therapy and supervision as argued by Gilbert & Evans (2000).

"Equally the important dimension under exploration may be the intersubjective process between the psychotherapist and the client, or the immediate interaction between supervisor and supervisee or the interrelationship between these as explored in the concept of parallel process" (p. 20).

The supervisor in our vignette felt a tremendous pressure first of all to do something immediate to ease the therapist's anxieties and help her find another job. While experiencing this, though, other important questions had to be asked. Was it unusual for this therapist to react in this way? Was the unit under resourced at the time and so too much was being asked of the therapist? How long had she been on duty and did over-work have an influence on her reactions? This kind of reflective questioning allows the intense emotional experience to be contained within the session while at the same time not immediately assuming that the emotional distress is a communication from the client (Moore, 2000). The therapist's own limitations and prejudices come into play in the interaction and we need to ask if the event was more generated by the therapist's anxieties being communicated to and acted out through the client.

This reflective style of supervision facilitates attention not only to the text and sub-text of the situation but also to the context (Van Duerzen, 1998). The verbal and behavioural dialogue is conscious (text) and carries with it an unconscious emotional communication picked up in empathy (sub-text), which must always be considered in terms of the overall setting of the therapeutic encounter (context) and its precedents, the wider dynamics of the therapeutic community and the overall practice of the therapist in our vignette.

This first stage in the supervisory model described in Fig. 1. includes many of the tasks of supervision outlined by Carroll (1996, p. 53ff) as it incorporates a counselling, evaluation and monitoring task. It also emphasises the capacity to learn from the experience with the client in the room by learning from the parallel process.

4.3. The Containing Therapist

Having explored the therapeutic encounter and its various levels of communication, it is hoped that the feeling of being emotionally understood will help the therapist to better manage the feelings that the client experienced as overwhelming. The therapist will then enjoy a reduction in stress levels 6. arising not just from the hope inspired by a feeling of doing something right but also from having an increased access to the her own reflective capacities. Often when the therapist has become non-reflective or mindless, it is because she has over identified with the client's dilemma and become swamped or been too traumatised by the powerful feelings that she shuts off from the client. In this event the rageful yelling could suggest a retaliation on the client while the flight into other employment might indicate a collapse. What is overwhelming for the client now also overwhelms the therapist and adds to the client's despair. In terms of empathy the therapist has stepped into the emotional world of the client and lost touch with her own. Bion (Lipgar & Pines, 2003) identifies this dilemma when he presents a non-medicalised model of psychotherapy in which rather than the healthy taking care of the sick, both the client and the therapist have healthy and unhealthy parts. When the unhealthy parts of both get caught in a traumatic re-enactment of painful events, the therapeutic relationship quickly unravels. On the contrary, effective containment reflects an alliance between the healthy parts of the client and the healthy parts of the therapist. Stage 7. marks a point where the therapist has a good connection with her own healthy relational aspects.

Drawing on the experience of the therapist it was possible in supervision to begin to form some tentative hypotheses on how the client might have been feeling. Taking the helicopter view, (Carroll, 2003, course notes) identified what had been missed earlier. The key-worker for the client had arranged an annual leave day at short notice forgetting that this was on the client's birthday. The client's mother had also consistently ignored his birthday and he had responded by repeatedly saying that he didn't believe in birthdays and was conspicuously absent when any of the other residents of the

community were celebrating theirs. On this occasion he may have felt abandoned by his key-worker and unable to put any words to how awful this felt for him. Indeed, if asked he would have denied having any feelings about it. At the point at which he is physically restrained by the therapist from behind he is unable to see who is holding him. For a brief moment there is a powerful relaxation and relief only to be shattered when he turns to see that the one holding him is not the one he yearns for. The rage explodes out and he spits his venom. It may be that the furious response from the therapist not only repeats the fury he was so used to but confirms that he just can't mange relationships differently, even now. The therapist feels his fury, his guilt and his uselessness.

Drawing on theoretical constructs like projective identification (by which the feelings of the therapist can be thought of as a communication of the emotional experience of the client) and transference (by which the feelings of the therapist can be thought of as a role cast for her as the hateful mother) allow for the exploration of meaning in what is first experienced as collapse. While some of these similar dynamics were felt in the supervision session it was important that they were not simply re-enacted, but named and thought about. This experience in supervision holds out the hope that the therapist may in turn be able to offer this to the client and the next stage begins to focus on how that might happen.

4.4. The Skilled Therapist

There is a place in supervision for the development of skilled intervention. It is an aspect of the 'skilful dynamic exploration' referred to earlier and also picks up on the educational component of supervision. Carroll (1996, p.27) acknowledges the divergence between the role he ascribes to the teaching component of supervision and Page & Wosket's (1994) emphasis on the containment function in supervision. While the emerging model I am working with has put significant emphasis on the containing function I find myself in agreement with Carroll in this (and this has nothing to do with his marking this assignment). The therapist needs to develop into the kind of therapist she is and not one modelled on the supervisor entirely (although the supervisor will obviously have an influence). If the therapist were to contain the client simply in the way she was contained by the supervisor, the resulting reverse parallel process would smack of the supervisor being therapist by proxy.

The supervisory context provides an opportunity for the therapist to design and explore various interventions, having space to consider their potential impact on the client. Again these interventions belong to the inter-subjective space of client and therapist and how they as a couple make meaning of their experiences. Merely speaking what the supervisor might say would dislocate the therapeutic relationship while speaking unreflectively simply communicates back to the client in the disturbed way the client initiated the whole process at point 2. in Fig. 1. Trial identification, as suggested by Casement (1985) gives the therapist an opportunity to learn the skills of intervention by attending to how the client learns and in parallel the supervisor facilitates the skilful learning of the therapist by focusing on how the therapist learns to be the kind of therapist she is becoming. The emotional dilemma remains unconscious because it is too sore to think about. As unconscious it is expressed as a symptom or behaviour rather than in language. The act of speaking, of putting into words, brings the emotion from the unconscious sphere into consciousness. As it does so, there is an experience of not being overwhelmed by the reality, and a new hope dawns. To dare to speak is to defy the terror of the unconscious and in doing so to rob it of its power. Over time the therapist learned to speak the feelings that were too sore for the client and in the process had to endure many more very disturbing experiences. She managed not to spit in his face but speak words that he had longed to hear from another. The effectiveness of the talking therapies depends entirely on the capacity of people to speak with each other in emotionally meaningful ways as opposed to the mindless rage and spitting of the client and the barely contained fury of the therapist in our vignette.

"Language is a thread that links a particular human individual to other human individuals, both past and present. A human mind is extended because some of the knowledge necessary for its functioning, and in particular for the computation of meaning, lies outside the brain, in the linguistic thread that binds individuals together as a collective. Meaning arises from the collective decisions and processes that ascribe significance to objects, facts and phenomena" (Malik, 2000, p.332).

4.5. The Containing Therapist

In the model in Fig. 1. the therapist returns to the therapeutic relationship having reflected on the impact the client has had on her, reflected on her own life experience and value base, linked the experience with theory and practiced interventions. This does not mean that the insights gained are then brought to bear on the next therapeutic encounter as if it were a repeat of the previous one, but with an openness to new meaning. This parallels the client's task of managing the current relationship in a healthier way rather than constantly trying to re-run the past. The next therapeutic encounter 9. offers a new hope of containment through emotional understanding, with the client less dependent on symptomatic relief, communicating through impact and more able to enter into mature human relationships 10.

5. Conclusion

It has been argued here that supervision is a critical component of the cycle of containment that can be offered by a therapist to a client. As a process, supervision entails exploration of the text, sub-text and context of a therapeutic encounter with the acknowledgement that just as the client will re-create his or her emotional dilemmas in the therapy room, so too will they echo in the supervision relationship. The use of empathy as a tool of communication enhances the capacity for meaning to emerge from the encounter. The therapist moves through a process, beginning with self-awareness and value, to knowledge base and ultimately to skills development. It is now well established that the effectiveness of any therapeutic intervention owes more to the therapeutic alliance than to the therapist's theoretical orientation (Shapiro, Firth-Cozens and Stiles, 1989). It is argued in this assignment that effectiveness of supervision might also owe most to the quality of the supervisory relationship.

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Book Review by Lynette Harbourne

Forgiveness And The Healing Process A Central Therapeutic Concern Edited By Cynthia Ransley And Terri Spy

In 'Forgiveness and the Healing Process' Ransley and Spy offer us a rich exploration of the topic from an impressive range of psychotherapy practitioners together with contributions from other contexts, providing a balanced view of the relevant issues. Whilst not pretending to answer all the questions raised, this book attempts to address difficult themes with examples from clinical work and personal experience. With such an impressive list of experienced contributors, the reader can expect to be both challenged and informed in addressing the complex issues surrounding forgiveness and healing in a variety of contexts.

Cynthia Ransley writes on themes of forgiveness and the implicit difficulties and dangers, and Terri Spy addresses Christianity, therapy and forgiveness. Other contributions are from Jane Cooper and Maria Gilbert on the role of forgiveness in working with couples, Michael Carroll on organisations and forgiveness, Guy Masters on assisting victims of crime through restorative practice, Fathima Moosa, Gill Straker and Gill Eagle on the aftermath of political trauma in the South African context and Joy Green (a pseudonym) on her personal journey towards wholeness and forgiveness through the therapeutic process. Finally Ransley and Spy summarise common and divergent themes which emerge from the book.

This is a book for experienced and inexperienced clinicians alike as, to date, much of the research is from the United States, so the examination of this subject from a UK or European perspective is relatively new. The compact structure of each chapter offers a good general introduction and the inclusion of detailed bibliographies gives a helpful guide for further reading. My hope would be that readers from an organisational or restorative justice background will also find their way to this book, as it would seem a pity if the valuable chapters by Michael Carroll and Guy Masters were overlooked by those for whom they have particular relevance.

Coming from such a variety of contexts it would be unlikely to find total agreement between all the contributors, but nevertheless some themes do emerge, for example shame, links to physical health, difficulties with language, choices emerging from internal and external pressures on the individual to forgive and imagery around a journey towards healing. Several contributors offer process models drawn from their experiences, which readers may find useful in conceptualising their own framework of working with these issues.

Cynthia Ransley addresses our desire for both revenge and justice and the issue of forgiveness from Christian, Hindu, Jewish, Buddhist and and Islamic perspectives. She offers models of the forgiveness process with particular reference to the necessity for empathy in enabling the person to face 'their own sense of shame about being deceived or about putting up with wrongful behaviour – ie offer self-forgiveness ..... '. She explores the lasting effects of familial, cultural and religious injunctions relating to forgiveness and the detrimental effects of

withholding compassion: 'Whoever opts for revenge should dig two graves'.

Terri Spy firmly declares her Christian belief and its implications in her work as a therapist. She explores links with humanistic theory and considers the demanding challenge of the Christian faith and considers the forgiveness process, with particular reference to the work of the Truth and Reconciliation Committee in South Africa.

When working with couples Jane Cooper and Maria Gilbert propose that forgiveness is an interactive process involving both parties.They explore a four stage process model based on the work of Enright and Fitzgibbons (2000) and demonstrate this model with examples from their clinical practice.

In writing on organisational aspects, Michael Carroll explores the notion of organisations as living communities, with the potential to hurt and forgive, rather than as objects. He offers a model of forgiveness, moving through estrangement, forgiveness, reconciliation and finally hope, reflecting that new and positive organisations may emerge, for example the Suzy Lamplugh Trust.

Guy Masters charts the development of an international movement of restorative justice and examines the sense of empowerment that victims of crime may experience through involvement in the process. Masters recognises his personal difficulty with the notion of forgiveness in this context whilst acknowledging the value of story telling. Again, the part played by shame is examined, drawing on the work of Nathanson, Herman, Retzinger and Scheff.

Moosa, Straker and Eagle address the dilemmas involved in the aftermath of political injustice and trauma, discussing the complex situation in South Africa in relation to the Truth and Reconciliation Commission and the experiences of both perpetrator and victim. The contributors draw on their clinical experience, describing the difficulties faced by those whose personal feelings conflict with political or community loyalties. Questions such as reparation to victims and the place of state amnesty are examined and no easy solutions offered.

A client in therapy adds a moving account of her personal experience of addressing issues of abuse and denied anger. She writes from a Christian perspective and traces a painful journey towards both giving and receiving forgiveness.

In conclusion, Ransley and Spy offer a helpful summary and make links with models of loss and grief (Thompson, Kubler Ross, Worden) as well as Herman on trauma and Kepner's healing tasks with survivors of abuse. They acknowledge some differing views on this complex subject but agree on the importance of making meaning for healing to occur.

From an integrative perspective the primacy of the therapeutic relationship is clear from different theoretical backgrounds, a variety of client groups and a range of contexts. The importance of intersubjectivity in order to co-create meaning of what may appear meaningless, demonstrates Kohut's notion of empathic attunement and Erskine's enquiry and involvement.

I would have liked the contributors to have developed the themes of the transferential and countertransferential effects of their work, for example the countertransference of a therapist working with someone dedicated to revenge.

This book makes a valuable contribution to the literature engendering further discussion and debate and leading me to read more from the bibliography – always a good sign! I am left with the challenge that perhaps forgiveness and the healing process is not - as the title suggests – a central therapeutic concern but, perhaps, the central question in therapy? Is there not always some dimension of forgiveness of self or other?

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Letter To The Editors

A Note On Dissociation by John Rowan

On reading the article on dissociation by Maggie Senior (Vol. 1, No. 2) I was struck by the way in which the emphasis was always on the abnormal nature of the condition. The author writes of "a complex continuum of trauma-related clinical presentations, some of which have specific features", and goes on to mention "dissociative clients". This very powerfully suggests that dissociation is abnormal. The author tells us that "These processes... lead to gaps in memory, strange bodily sensations which are experienced as having no narrative meaning, intrusive memories, amnesias, and numbing." Again the emphasis is on the strangeness, the abnormality, the difference from the everyday experience of people like us.

And when the author gets to speaking of subpersonalities, the language becomes even more distancing: 'Perhaps most bizarre of all is the sense of many selves in one body vying for expression, even to the point of believing that the differing self-experiences (the experiencing of alters), are actually different people with seperate bodies." This last sentence is followed by no less than three references, thus confirming that this is indeed a serious and complex problem.

There is no acknowledgement in any of this that subpersonalities are quite normal features of the psychological landscape, and that most of us (certainly including me) have them. Nor is there any link with the other common features of dissociation - dreams, moods, absorption in a book or TV programme, hypnosis and other altered states of consciousness.

In 1990 appeared my own book on subpersonalities, and since then there there have been many others from many different sources all saying that subpersonalities are quite normal and expectable. The latest thinking (Hermans & Dimaggio 2004) even says that the whole normal personality is dialogical in nature, and obviously there has to be more than one person to have a dialogue!

It obviously makes a difference to our whole conception of the human psyche whether we think of it as usually single or usually plural. The book I co-edited with Mich Cooper, and which appeared in 1999, is entitled 'The Plural Self', and in it a number of different authors, from psychiatry, psychoanalysis, philosophy, anthropology, family therapy and so forth, all concur in the basic thought that multiplicity is normal.

It seems to me a pity that people writing about dissociation should be so dissociated from all this. Of course I am not saying that dissociaition at the psychiatric level is a light matter or not to be taken seriously: all I am contending for is that we recognise the truth that we are naturally many, and that psychiatric dissociation is only one distorted manifestation of this. It is not strange or bizarre - it is just exaggeration of something most of us are familiar with. Herman Hesse (1975) has written a very fine literary account of how this works in many of us, and literature abounds with stories in which multiplicity features as an essential part of the narrative.

And in therapy the idea is well known, wether we look at the subpersonalities of Assagioli (1975), the ego states of Berne (1972), the internal persons of Perls (1975), the personifications of Hillman (1975), the potentials of Mahrer (1989), or any other of the many approaches which have a place for that. All these approaches deal with normal people who are as normal as you and me. There is nothing that weird about dissociation as such, and I believe it is wrong to suggest that it is grossly abnormal, and is only to be found in the psychiatric ward. Perhaps we could avoid experiencing the "denial, criticism, fascination, confusuion, compassion, rescue and also blame, misunderstanding and professional disagreement" that the author tells us about.

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