ROUTLEDGE

The Change Process in Psychotherapy During Troubling Times

Edited by Sue Wright

I thoroughly recommend this book both for trainees and experienced therapists. I wish I'd had it when I was teaching. The contributors amplify and extend current literature. Each offers their own valuable perspective on the crucial questions of "how do we change?", and "how do we support others in this process?". How pertinent, especially in this pandemic. We are offered interesting and thought-provoking reflections on practice and in particular on the intersubjective space between therapist and client. This is an important contribution to the field and an enjoyable read.

Cynthia Ransley, psychotherapist and supervisor,
formerly tutor at the Metanoia Training Institute,
a founder and general secretary of the United Kingdom
Association for Psychotherapy Integration and editor of
Forgiveness and the Healing Process.

The Change Process in Psychotherapy During Troubling Times

The Change Process in Psychotherapy During Troubling Times invites readers to consider what it is psychotherapists do that leads to change. The book highlights different theoretical approaches, questions old paradigms, and illustrates the change process when working with people facing a range of life challenges such as the survivors of childhood trauma, refugees, and people dealing with traumatic loss.

Moving between consideration of micro-moments when working with individual clients and bigger questions about how to promote change in the face of current world problems, it addresses issues that touch us all. At the same time, the book acknowledges the unprecedented challenges in today's world such as the pace of change, the thousands of displaced people who seek refuge in other countries, the illness and loss caused by the coronavirus pandemic, and the impact of climate change on lifestyles and the environment.

The book presents a topical consideration of the relevance of therapeutic assumptions, theories, and practices to current global crises. With the breadth of presenting issues considered and the examples of a variety of creative approaches supporting change, the book will be useful to psychotherapists in practice and in training working in a range of settings with different populations. It will also be of interest to others working in the helping professions.

Sue Wright is a psychotherapist, supervisor, and trainer based in the UK. She integrates psychodynamic work, sensorimotor psychotherapy, dance moment therapy, and the Feldenkrais method into her work, with a particular specialism in working with survivors of complex trauma.

The Change Process in Psychotherapy During Troubling Times

Edited by Sue Wright

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WORLDS WITHIN WORLDS

Worlds within worlds.
Spiegel im spiegel.
Alternative perspectives.
What I see, notice, changes when I
look at things from different angles,
from up close, or stood far back.
My perspective changes as the ever shifting
light throws something new into view
or intensifies a colour.

In that photograph of a glass sculpture, for instance,
as I look at it again, months after it was taken
I notice – as if an insect had left a tiny trail in its wake –
the etched in signature of the sculptor.
In another picture my attention is drawn
to the reflection of tiny flowers in the garden beyond.
Miniature versions of their real selves.
Little red dots on sticks
like in a child's drawing.
It seemed as if they were part of the sculpture.
In a third shot – look!
Can you see the turret of one of the garden follys
in the bottom corner?
It looks like a fairy tale castle.
What stories might we tell about it?
There is something mysterious about it.
It draws in the imagination.

Worlds within worlds.
Spiegel im spiegel.
Mirrors in mirrors,
each reflecting something new.

Worlds within worlds,
mysteries, different angles and views –
and life demands that we seek out the mysterious,
the not yet known,
that we enlarge our vision and keep looking at things from
different perspectives,
– perhaps even more crucial now
so that we might find hope
in the traumatised, divided world we live in.

Contents

Acknowledgements

This book owes a great deal to many people. It has grown out of the interactions between the contributors, the comments from people who heard the initial presentations, our interactions with our clients and things read or heard during the year the book began to take shape. I certainly want to honour everyone who has inspired me as well as those who have encouraged me to publish the book and supported me in editing it. The encouragement and commitment of my fellow authors was deeply appreciated. I would also like to thank Miriam Taylor and Helen-Hastings Spital, who read and commented on particular chapters, and Paul Gibson, who helped me with the technological challenges I encountered and listened to all my plans and visions *en route*. I thank, too, the team at Routledge in the UK and India. Echoing the world, there have been many changes of editors since submitting the initial proposal so I did not work with anyone for long. But I appreciate how each person offered support and guidance whenever I needed it.

Sue Wright

Author biographies

Steffi Bednarek is a Gestalt psychotherapist, trainer and supervisor with a specialist focus on somatic trauma therapy. Throughout her career she has always had one foot in the therapy world and one foot in wider systems. Apart from her psychotherapeutic work, she worked as domestic violence co-ordinator for Devon County Council; as head of counselling and mental health in the higher education sector; and as a consultant and trainer for several government ministries, the Council of Europe, the World Health Organisation, the Red Cross, and the British Council. In recent years Bednarek has been particularly interested in the intersection between the climate emergency and public mental health and the resulting challenges these issues pose for our profession. She has published her thinking in the *British Gestalt Journal*, the *British Journal of Psychotherapy Integration, Therapy Today* and others. Apart from being passionate about Gestalt therapy, Bednarek trained with Clarissa Pinkola Estes in working with the creative process, with Francis Weller in community grief rituals and the Animas Valley Institute on nature connection. She integrates these influences into her work with clients and organisations.

Richard Davis was senior lecturer in counselling and psychotherapy at the University of Central Lancashire since 2004 where, as course leader for the Counselling and Psychotherapy MA, he taught, mentored and supervised students' MA dissertations, as well as teaching on the professional stages of the course. Currently he is a senior research fellow in the Department of Social Science and Education at Warwick University with the remit of developing and leading a new MA course in psychotherapy. Davis is a UKCP-registered integrative psychotherapist and has a private practice working from a GP surgery in Carlisle. As a fellow of the Higher Education Academy, he was successful in gaining the student-led university-wide award of best 'Post Graduate Teaching' in 2017. Recently he was a finalist nominee at the Educate North 'Teaching Excellence Award' category, covering the educational fields of both further and higher education in the north of the country. He is currently engaged in writing an article on "The Many Faces of Projection".

Jim Pye trained first as a psychodynamic counsellor, and later, at Metanoia, as an integrative psychotherapist. He was for many years a student counsellor, and

now has a small psychotherapy practice. He also works as a supervisor. He started adult life as a teacher in comprehensive and then in special schools. He carried out research later which led to two books: *Invisible Children* (Oxford University Press, 1989) and *Second Chances* (Oxford University Press, 1991). Pye participated in a UKCP research project into 'moments of meeting' and facilitated a group of therapists to explore this subject. He also has a research interest in the experiences of counsellors who work in the education sector and wrote an article for the BACP *Children and Young People Journal* on the experiences of school counsellors.

Dr Liz Rolls is a psychodynamic counsellor, an EMDR practitioner and an accredited member of the British Association of Counselling and Psychotherapy. She holds an Honorary Research Fellowship at the University of Gloucestershire, UK, and works as an independent bereavement researcher. Rolls originally trained as a nurse and health visitor before becoming involved in the education and training of health and social care practitioners at the undergraduate and postgraduate level. In 2003 she began a three-year funded study on the work of UK childhood bereavement services and subsequently wrote her doctoral thesis entitled *Containing grief: Ambiguities and dilemmas in the emotional work of UK childhood bereavement services*, which further elaborated some of the study findings. Her research and service evaluation interests continue to centre on death, dying and bereavement. She has undertaken a number of qualitative studies related to the work of UK childhood bereavement services, including children's experience of their use and impact evaluation, as well as on end-of-life and palliative care. More recently she explored the impact of practical support on parents and partners bereaved through military death. Rolls has made presentations at both national and international conferences and written a number of papers and chapters on childhood bereavement, wider bereavement-related issues, the work of childhood bereavement services and the challenges involved in service evaluation. She currently works at the Gloucestershire Counselling Service as a tutor for their Diploma Training programme.

Dr Judy Ryde is a UKCP-accredited psychotherapist and works as a psychotherapist, supervisor and trainer. She is a co-founder of the Bath Centre for Psychotherapy and Counselling (BCPC) and teaches supervision through the Centre for Supervision and Team Development (CSTD). She directs and supervises at the Trauma Foundation South West which provides counselling and psychotherapy for refugees and asylum seekers in Bristol and provides support and supervision for other refugee agencies. She has completed doctoral research into 'whiteness' within psychotherapy and psychotherapy organisations at the University of Bath, and her book *Being White in the Helping Professions* was published by Jessica Kingsley in 2009. She is also the author of *White Privilege Unmasked: How to Be Part of the Solution* (2019) and co-author with Peter Hawkins of *Integrative Psychotherapy in Theory and Practice: A Relational, Systemic and Ecological Approach* (2019).

Philippa Smethurst has worked as a counsellor, psychotherapist and supervisor for over twenty years, having qualified at the Metanoia Institute with an MSc in integrative psychotherapy. She developed and managed a counselling team in primary care counselling within a GP surgery in the 1990s. She has long had an interest in connecting psychotherapeutic ideas and processes to new areas and wrote a paper on a training she delivered for GPs on the secondary effects of trauma when working with asylum seekers and refugees (*British Journal of Psychotherapy Integration*, 2008). Since 2015 Smethurst has developed her interest in body-based psychotherapy and completed three trainings in sensorimotor psychotherapy. Her growing interest on the effects of trauma on the body and mind, informed by sensorimotor psychotherapy, has influenced the work she has done training volunteers to work with migrants at a project at St Martin-in-the Fields. This is discussed in "Borders and Boundaries" published in *Therapy Today* (June 2017). In 2019 another article, "Working Up to the Wire", discusses how endings can acts as catalysts in the psychotherapeutic process. It is published in *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis* 13(2). Smethurst has practices in central London and Banbury and works in the outpatient department of the trauma-healing clinic, Khiron House. She is currently working a book on the way the use of poetry can connect with deeper layers of client process.

Tree Staunton is the director of the Bath Centre for Psychotherapy and Counselling (BCPC) a UKCP Honorary Fellow, body psychotherapist, trainer and supervisor. Since assuming this role she is no longer in clinical practice. Staunton edited *Body Psychotherapy, Advancing Theory in Therapy* (2002), has published a number of articles and was the editor of the *British Journal for Psychotherapy Integration* for several years. After becoming involved with the regulation of the profession, she was nominated as chair of the Humanistic and Integrative College of UKCP and is now chair of the Training Standards Committee. Staunton is an active member of Climate Psychology Alliance, a not-for-profit membership organisation drawn from the psychological professions. She has a special interest in the links between psychotherapy and the current global crises we face.

Dr Jeremy Woodcock has spent his career working with trauma and its effects in third-sector organisations, as a practitioner, academic and writer. He particularly understands how trauma impacts most deeply on the dispossessed, the marginalised and the poor and on refugees and exiles, and he continues to bring his understanding to this work in independent practice as a psychotherapist, family therapist, supervisor and organisational consultant. More recently as an authorised Zen teacher in the White Plum Asana, he brings a sense of engaged Buddhism to his practice. Before turning to private practice Woodcock worked full time for ten years as a senior member of the psychotherapy service at the Medical Foundation for the Care of Victims of Torture, where he was principal family and couple therapist and head of the group work programme. Later he was director of family therapy training at the University of

Bristol and elsewhere taught the application of psychoanalytic thinking and practice to work with families.

Dr Sue Wright works privately as a psychotherapist, supervisor and trainer and has a particular specialism in working with the survivors of complex trauma. Her trainings in integrative psychotherapy, psychodynamic work, sensorimotor psychotherapy, dance movement therapy and the Feldenkrais method all inform her work. She has been a tutor on the counselling diploma course at Bath Centre for Psychotherapy & Counselling and for the last ten years has acted as internal examiner for the final diplomas. Wright has provided supervision to counselling agencies and organisations in the domestic violence, drug and alcohol, and learning difficulties services, as well as trainings on subjects including understanding and working with trauma and somatic resources for psychological therapists. Wright also writes, and in addition to a number of articles, her book *Dancing Between Hope and Despair: Trauma, Attachment and the Therapeutic Relationship* was published by Palgrave in 2016. Her second book, *The Temporal Dimension in Psychotherapy and Counselling: A Journey in Time*, was published by Routledge in 2020. In this book she explored the many-faceted subject of time and how we relate to it from the perspective of a historian and a psychotherapist. A growing project is a book using poems written since the Coronavirus pandemic began as a medium to reflect on her responses as a psychotherapist and an ordinary person to our rapidly changing context and the personal, social and psychological implifications.

Preface

These papers, presented at two conferences, one in 2017 and one in 2019, were written, discussed and then drawn together in increasingly troubled times. They are written by therapists experienced in working with people who themselves have lived through very troubled times in childhood or as adults. What we could not have foreseen when the idea of a book was mooted was that its later stages would take place in a period of crisis for the whole world. It is a crisis that troubles all of us – rich and poor, young and old, in advanced and in deprived countries – its effects highlighting the plight of people already marginalised, oppressed and struggling. It has radically altered our way of life. It has also meant radically altering how we work as therapists and is calling into question our assumptions about the therapeutic project.

The image on the book cover is a close-up photograph I took of a sculpture by the artist Yorgos Papadoupolous.[1] It was one of a number of roundels hanging from trees at an outdoor exhibition. When deciding which to choose of a number of shots I had taken of the same roundel, I began to notice things I had not seen before. I was struck how the sculptor's work enabled the viewer to see it from many angles – and what you see differs depending on where you stand – in front, behind, very close or far away. Each position offers different perspectives and mysteries. And in a similar way I saw different things depending on whether I rotated a photograph into landscape or portrait or zoomed closer in. For instance, in one shot what became figural – like an insect leaving a tiny trail – was Yorgos's signature. I had not really noticed it before I found out his name. In another photograph my attention was drawn by a wonderful reflection of tiny flowers growing in the background – except in reality the flowers would not have been tiny. It looked as if they were actually in the sculpture around the inner perimeter. A third example is how in another photo one can see the turrets of one of the follies in the background in the garden, in the left bottom corner, looking rather like a fairy tale castle. There was something mysterious about it inviting the imagination. What stories might we tell about this?

The piece is called *The Eye of Compassion 1*. Again through the medium of a close-up photograph I could see that eye. The symbolism of the eye is interesting, and I know that Papadoupalous had the evil eye, a symbol common in many cultures, in his mind. But the sculpture represents the eye of compassion – the transformation of something evil into something compassionate.

Worlds within worlds, mysteries, different angles and views – and I believe that life demands that we keep looking at things from alternative perspectives. This is an imperative now in order to address the devastating circumstances we find ourselves in. And this captures the essence of the book. All the contributors in different ways are inviting the reader to look at familiar beliefs and assumptions and ways of working. Some use a close-up lens – a microscopic look at how they work and how they support their clients to look at things differently by being curious about tiny details. Other authors invite us to step much further back and think about the bigger panorama – our psychotherapeutic theories, how we view change, what we do that is most effective – and they challenge us to look at the world we live in from creative new angles. Can we enlarge our vision? Can we bring mystery, imagination and the eye of compassion to bear on our work in this world? This is the challenge.

"Trouble", wrote the author Rebecca Solnit, "seems to be a necessary stage on the route to becoming" (2013, p. 13). Solnit couched her proposition in the context of a personal crisis period and a discussion about fairy tales which are usually about some form of trouble that the protagonists have to face and surmount before they can live happily ever after. Could it be that humankind needs to face a crisis, a shocking racial attack, an upheaval which forces us to face something – our dragon, descent into the underworld, seemingly impossible task – in order to change and become wiser, more pro-social, appreciative of what we have, slower and less greedy, wantonly careless about nature's resources and ever demanding progress at all costs? It is not as if we have not had lots of warnings, like small storms before a hurricane strikes. At the start of 2020 before coronavirus hit there were devastating bush fires in Australia where temperatures reached unprecedented levels and disastrous floods in the UK because of weeks of relentless rain – and I could list similar events in other years this century. But have we listened? We feel shocked at the time. But there is always the comfort of thinking – "I am so glad it is not this country, or up north but not here, or thank goodness that is over and now back to normal". But COVID-19 refuses to be unheard. This dragon or evil spirit does not live in a dark forest and so is not a threat as long as we avoid going there. This "trouble" is at large stalking through all communities.

So what do we do about it? What can we learn? And what can we change? Coming to the therapeutic project, the question with which we opened the second café conference with was "what is it that we do as psychological therapists that leads to change?" In troubled times that question has an even sharper edge. Not only are more and more people in need of emotional support as they face traumatic loss and grief, but there is a challenge to work out how we can offer our skills to communities as well as individuals.

When I think back over a period of less than five years since the first conference, I am aware how radically the zeitgeist has changed. In 2017, when the first conference on time and trauma took place, one of our major concerns was the plight of refugees and how they had begun to flood into countries throughout the world. By late 2019 when the second conference was held, we were very concerned about the climate emergency, and this was a dominant theme at the start

of 2020 with mass protests throughout the world and numerous news items and articles referring to it. As therapists we had begun to debate what role we needed to take in the face of such an emergency and the grief many people feel because of our attachment to the now threatened other-than-human. Coronavirus marched in and took our attention away from these pressing and still very present problems, and it is still here as I write and frighteningly so, although by the time the book is published and you read it, who knows where we will be. What makes it most frightening is not about the shockingly high figures of people who have lost their lives to this greedy virus. It is about the potential annihilation of our species and many others with more pandemics like this and climate change. So COVID-19 – how I hate the term – is the new zeitgeist. Like a hurricane carrying all manner of objects along with it on its journey, the virus is carrying us along in a staggering, traumatic way, and the unprecedented, destructive changes that are occurring now and have occurred this decade are having a massive impact on our intrapsychic and intersubjective landscapes.

Going back to Solnit: Reading her short story entitled *Apricots* I was struck by her observation that the men and women in fairy tales who had been cursed, transformed into objects or animals, put to sleep for 100 years, tasked with sorting through overwhelming piles and heaps of straw or sand or moss in order to find something tiny, undertaking perilous journeys and so on were often set free because of an act of kindness. These people who had been enchanted away from their true being, whether this be in more literal language because of greed, ambition, laziness or envy or fear, were transformed by a return to humanity and ordinariness. "Disenchantment is the blessing of becoming yourself", Solnit pointed out, adding very wisely: "Difficulty is always a school, but the learning is optional" (pp. 13, 14). What do we need to learn? And are we open to change?

Note

1 I am grateful to Yorgos for giving his permission to use an image of his work. More details can be found about his art by looking at his website.

Reference

Solnit, R. 2013. *The Faraway Nearby*. London: Grantabooks.

Spiegel im spiegel.
Mirrors in mirrors,
each reflecting something new.
Our conversation grows
As excitedly we share ideas.
It grows into something more.
The mirror I hold up
shows you something new.
The mirror you hold up to me
reveals things hitherto unseen.
We learn.
We grow.

1 What leads to change in psychotherapy?

Theory and research

Richard Davis

Aims of the book and who this is book for

This book consists of a series of related essays concerning the nature of psychotherapeutic change. These essays sprung from an idea of inviting a diverse spectrum of therapists to present their ideas, practices and conceptualisations on change across two conferences held in Stroud between 2017 and 2019. The idea of these conferences presented itself from the vast amount that has been written about therapeutic change by psychotherapists from different theoretical backgrounds, while from time to time every therapist has probably grappled with the question "What do I do that makes a difference?" Following these events, the speakers reviewed the material and wondered if the themes warranted an assembly into an integrated and coherent narrative while respecting the distinctive flavours of each essay.

The papers in the book invite readers to consider what it is they do as psychotherapists that leads to or is necessary for change and how we can position ourselves to be more effective agents of change. With this in mind the book aims to:

1 Bring together a group of psychotherapists who work in different settings to illustrate how they view the change process based on their experience and core models

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2 Illustrate different and novel ways of helping individuals, families and communities to come to terms with the past and transform past traumas and losses
3 Invite the reader to think about what they are reading as contributing to, challenging or adding to their existing experiences and conceptualisations of change
4 In highlighting the importance of context and the wider world, to challenge psychotherapists and counsellors to re-think their theoretical assumptions and how we can position ourselves in a rapidly changing world
5 Encourage readers to ask their own questions about what facilitates change

In reading the book, my hope is for all practitioners to put to one side the excluding boundaries that divide them based on their model and be open to the multiple perspectives which it contains. The book certainly advocates for the place of both relational and technique factors in psychotherapeutic change. To the student-reader, my ambition is that that by the end of it you are energised to reflect on your training and practice from perhaps novel concepts such as those presented by Sue Wright in Chapter 9, "Journeying in time: psychotherapy and the change process".[1] In this chapter Wright brings to the debate the place of the temporal dimension when she questions what occurs during the life of a therapeutic journey, however long it lasts, that makes a difference. She proposes nine conditions for change, each involving something new in the present that transforms our relationship to our memories. Intersubjectively, she argues, there is a need for the therapist to act as a supportive witness, whilst intrapsychically, it is important to develop a non-judgemental internal witness. Change is supported using metaphor and imagination, both tapping into right-brain processing, and new somatic experiences.

For something else different, Tree Staunton's Chapter 4 "Holding the body in mind in times of transition" opens with provocative questions for the trainee and experienced alike such as "Does therapy itself need to change?" "Do you believe that treatments cure disorders or that relationships heal people?" and "Is what you do the most important thing or who you are?" In the ensuing discussion Staunton poses further challenging questions about the therapeutic project and invites you to step back and think about your own beliefs and ways of working. Staunton's view is cultural – that the big problem is society's obsession with progress and in trying to make people fit in. She takes us through theories about the change process since Freud to the present day with its "new science" grounded in what we know now about the brain and about how relationships can heal and its increasing stress on outcome measures. Staunton challenges the focus in randomised controlled trials on the extent to which symptoms are relieved and suggests that perhaps it is not unhealthy to be anxious or to experience internal conflicts such as that between mind and body. Indeed, Staunton argues, "symptoms" can reveal important information, and change can occur by becoming curious about them. As a body therapist Staunton sets her discussion in the context of our existence as embodied beings. The other contextual element in the chapter is the world we live in today. Tree's thesis is that society is facing a dramatic life crisis and that

psychotherapists have the skills to support people to face the fact that we are going along the wrong path, to mourn losses, to turn to earlier forms of support, including nature, and to make big changes.

To experienced practitioners, the book is written in the faith that you gain something fresh and revitalising or extend some ideas and theories rooted in your original training or complementing your continuing professional development even on themes beyond the immediate consulting room. The contribution from Steffi Bednarek also brings this bigger context into the foreground. "Who needs to change?" goes some way in this regard, throwing down a gauntlet at the feet of the experienced therapists. Like Staunton, Bednarek brings the bigger context into the foreground. For instance, she challenges the reader to think how in a time of climate emergency psychotherapists can move from a focus on individual work to one on our relationship with the "more than human world" and our interconnectedness. She also invites us to widen our theories, to rethink notions of mental health and to use our skills in the community. Bednarek investigates our current lens, which is aligned with the dominant neo-liberal, capitalist paradigm and its emphasis on anthropocentrism, progress, privatisation, domestication and materialism, and argues passionately that we lack theories about our connection to the natural world and our attachment to place and that a risk in individual therapy is that it can separate us from our context.

These chapters pose the question on how we learn from each other in a holistic way, involving the wider lived context we all inhabit. As therapists and counsellors, the duty of care shown to clients is based on our commitment to this lifelong learning appraisal. Hence throughout the book you will be invited to answer questions posed by the material in each chapter. We suggest that you take time to reflect between reading each chapter for the dynamics of reading to be an experience for learning as much as possible. Differential trainings tend to highlight that what separates us are shifts in time as well as different models and approaches. This means that some readers have a certain amount of clinical and practice experience which others may not possess, merely as a result of the chronology of when you trained or how old you are as much as which model you practise. Too often it seems that what separates is hierarchical and vertical rather than what is horizontal and experienced-based. I trust that this book's format in some way helps to communitise readers, highlighting our commonalities and congruities of interest as a representation of a range of care-orientated people engaged in a tremendously important endeavour, which is that we be experienced as sufficiently therapeutic as possible to another person who just happens to be called a "client" or "patient". To this end there are refrains throughout clustered around the theme of "what is it you do that facilitates change?" enabling a further consideration of "and where are you now with this?" by the end of the book.

This book is a joint effort, a collective sharing by a group of therapists who have in common that they give primacy to the nature of the therapeutic relationship as the major factor in change outcome. Its source material was based on a series of initially related talks on change from two symposia which produced a space of its own – is there anything next in this process, or does it end here?

Meares uses this phrase "what happens next?" in a therapeutic frame to promote the reflexive qualities of the therapist being optimally available to the phenomenological self-experience states of their clients in the moment (2001).[2] This adage holds an aptness for me here, serving as a starting point to engage in the "what is change?" definition. If there is one quintessential feature of what aggregates therapeutic change when practising from the relational perspective, it is something about being able to be with another and then to utilise the *what happens next space of betweenness* in the client's service. In more prescriptive models where the relationship is less of a factor in outcome, such variables tend to be excluded regarding therapist responses and treatment planning conceptualisations. In relational-based work, this is not the case. In Jim Pye's chapter on "Moments of meeting", the theme of what happens next is explored by considering the sudden, surprising moments in therapy which often seem to prompt change. Using the term MoM associated with Daniel Stern and the Boston Change Study Group, Jim took part in a United Kingdom Council for Psychotherapy (UKCP) research project into the subject and facilitated a local group of therapists who were interested in examining moments of meeting in their own work (BCPSG, 2002). He explains that they brought to these discussions their own "moments" and often made very interesting discoveries about their work, because the subject made them examine "the process" in a particularly focused way. His chapter, therefore, gives the reader ideas of how you might examine your own work in a new way. He discusses his group and three fascinating moments of meeting with his own clients that shifted their fixed beliefs and significantly altered the course of the therapeutic relationship. These examples are richly illustrative of the very relational involvement of the therapist – the relationship as the breathing heart of change, posing the question "what is change?"

What is change?

Change. A simple, single six-letter word which has been a crucial construct in the practice and teaching of counselling and psychotherapy since the time that people went in search of others for healing, cure, restoration or solace (Ellenberger, 1970). The word itself originates from the Latin *cambiare* "to exchange" and an extended form of Latin *cambire* "to barter". The word also has a Celtic origin, from the root **kemb* – "to bend, crook" (with a sense from this evolutionary formation to "adapt" or "to turn") (www.etymonline.com/word/change). Inherent in these original aetiologies, specifically unrelated to counselling/psychotherapy, is the bi-lateral nature of change: that it involves an exchange; it is a two-way process. Such bidirectionally in therapy itself is not a new insight, and chapters in this book examine much of this process as a route way to aid the quality of the therapy. The degree to which clients impact on their therapist's own subjectivity is an enduring theme too, especially related to the possible benefits that follow. I remember a humorously imparted remark in a lecture on supervision I attended where the speaker articulated the view that if clients knew how much the therapist got from the therapy that they may wish to review the fee more regularly and

perhaps argue for considerable reductions. Change is multi-variable, idiosyncratic and personal. I asked my 18-year-old son – who has no interest in therapy – what was the first thought that cropped up in his mind when the word "change" was said to him? His response was "Well, Dad, it depends on what type of change it is" and further, "it's always going on, isn't it? Like in The Big Bang" (he meant a reference to the TV programme, not the start of the universe). Perhaps unbeknownst to him he was arguably typifying change as both a process and outcome which is constantly "here" – whether fateful or sought after – and what type of change is occurring that makes it either positive and beneficent or negative and harmful to the person or their world, which is so central to our work.

It is axiomatic that change is central to the work of counselling and psychotherapy, it is the figure and ground to the fundamentals, philosophy, techniques and practices of all the major models. How change is achieved in therapy is another case. A review of the literature for each model argues, to some extent, for a rather simplistic view of change. Making the "unconscious conscious", or developing the "strength of the ego over the id and superego", from the psychoanalytic perspective; "changing maladaptive thoughts into positive thoughts" is the essence of change in cognitive therapy; similarly for behaviourism: change is a reduction, preferably extinction, in the stimulus of the conditioned reflex via assorted reinforcements towards adaptation and flexibility in terms of behaviour activation. In humanistic circles, change is an outcome process of being in a relationship with oneself more fully to promote self-actualising, or *physis* – to fully contact self-healing forces and energies inherent in the human being (Berne, 1947). Of course, all these descriptors are simplifications.[3] Often, therapists' conceptualisations of change are rooted in their original training and how central the concept of change is in both theories, personal development and in many therapists'/trainees' first tentative steps in practice. Change is a momentous, promising "something", the expected successful endpoint that lies on the horizon of the client–therapist contract. In relational-based therapy, a therapist proceeds based on how significant the nature of the encounter is as it evolves as a key agent of change. In more technique/problem-solving and short-term models, the nature of the encounter is seen as less important than the use of strategies related to the diminution or extinction of the presenting conflict or distress. The ontological and epistemological position of this book on change places an emphasis on the former. However, it is not at the expense of the latter. It is well established that the therapeutic relationship accounts for significant degrees of change for clients (Norcross, 2005), and so, too, are techniques and strategies within therapy processes.

These chapters have emerged from experienced therapists' reflections on the pervasiveness of the following patterns, patterns often replicated in their client and supervisory work:

- First that change processes occur within, and as a result of, the nature of the quality of "betweenness" of the two parties.
- The change comes through a form of exchange – in that the therapist themselves are affected, adapted and changed.

- How often therapists record making a breakthrough with a client as they themselves have experienced authentically, and often viscerally, something of the client's pain or anguish (a gut-wrenching ache, an empty void-like feeling in the stomach as somatic countertransference and so on). Then through that experience they symbolise it in a way for the client to facilitate a form of cathartic experience of what was hitherto an unspeakable or unformulated trauma.
- This form of non-verbal communication occurs likewise through other sensory and cognitive-sensory modes such as thought preoccupation. The very process that belongs "just to clients" is reconstituted in a form of co-created relationality sourced in empathy and reflexive intersubjectivity in which there is an exchange of a "something" that is healing, truth revealing and meaning-making.
- Change is an alteration of what was previously automated in the psyche based on the encounter with something or somebody.

Chapter 2, "Getting to the essence", by Philippa Smethurst illustrates this well. The author reflects on the present cultural and political relationship with truth in a binary-choice and polarised world. She refers to Matthew D'Ancona's book on *Post Truth* and considers how psychotherapy may assist individuals to find their "honestly complex" truth through the attention and rigour of the psychotherapy process. Smethurst discusses four case examples demonstrating how the relationship can sometimes act as a mirror that shocks and at other times shows a gentle persistence of attention, allowing clients to gradually discover their painful personal truth. Philippa reflects on how, in working with developmental trauma or dissociative disorders and complex systems, much is at stake in seeking truth and how parts of the self that have been developed for survival will not be overly truth-seeking. The chapter is full of clinical detail. It offers ideas we can use to support deepening the process and tolerating truth and richly illustrates how challenging systemic change can be.

Similarly, Chapter 6, "Supporting change and adaptation after traumatic loss", which entails a discussion between Liz Rolls and Sue Wright about the impact of sudden, traumatic deaths on bereaved families and the challenging process of coming to terms with what happened, discusses meaning-making and relationality. In their interview Wright questioned Rolls about two research studies. One of the studies entailed an interview with a mother whose husband died as a result of a road traffic accident. Rolls discusses how the woman managed the challenging task of helping her children with their loss and the prospect of a very different future. She noted how her thoughts oscillated between past, present and future and how she tried to find and create coherence and meaning. In the other research project Rolls interviewed a group of parents who lost children as a result of military deaths. Amongst the themes that emerged from these interviews were the symbolic importance of having a relationship with the deceased's body and of establishing an enduring bond with the deceased, in this case by creating personalised memorial areas in the parents' gardens. Rolls further identified the transformative potential of practical support and of being understood.

Examining the challenges and distinctions of change as a result of Smethurst's, Staunton's and Roll's enquiries places change in a two-category ordered schema reminiscent of Watzlawick et al.'s, view of change as 1) adapting one's perception and thinking to the object differently as a consequence of an internal shift in the subject – the internal system itself remains relatively unchanged; and 2) in the second order, and more significantly, that change is an adjustment of the system or state (2011). In relation to psychotherapy, this infers change in the "state" of the self, the concept of the self-structure, which itself may be altered in a two-fold subtype process. This form of change relates to a holistic, *metanoia-change*. The person feels, thinks and behaves substantially differently from how they felt before the change process, describing themselves as something of a new person (Clarkson, 1989). The client who states, for example, "I'm 54 and all my life I've been working towards this change" or some such vividly distinguishing statement. What is being described in this form of disclosure, one may ask? That her living, breathing, cognitive-emotional sense of her past self is more "integrateable" into her current sense of her present body self? Her private identity as she conceives herself in her own mind is positively altered. This seems particularly significant. Not only does thinking change favourably away from habituated patterns of functionality ("I am less stressed at work because I deal with it better"), but it facilitates a re-appraisal of self-reflective emotional thinking of who one is and how one feels about oneself and the world.

What I find subtly recurring in client work is that this newness has often not been a directly sought-after state, the client described earlier hadn't known what she wanted to change until the change itself was occurring. Yet, paradoxically, she did too! Many clients yearn for this experience without explicitly knowing it, like an invisible presence of a need or yearning that require awareness – the anoetic?[4] In this the storyteller of her own life moves towards a restoring narrative; her sense of self as purposeful, her state of self re-shaped. These illustrate, too, the holistic, multi-dimensional nature of change in that it seems that people change in their idiosyncratic ways in response to what is attuned to them when in a conducive place to do so.[5] Smethurst's second entry – Chapter 5, "Therapy, the body and time" – captures the essence of timeliness and holistic mind–body unity as a factor in change endeavours. In this, as in Chapter 2, Philippa discusses her use of an embodied, phenomenological approach in her work with the survivors of childhood trauma. Through active engagement with her client's body's need to complete a movement that was truncated at the time of trauma, Smethurst shows how slivers of pain are processed in a nuanced, bit-by-bit progression and ultimately transformed. Drawing on Sensorimotor Psychotherapy, the author describes minute tracking of the body's sensations and wisdom, which are discovered by developing mindful attention in the client. She shows how in the transformative process there are switches from turbulent, insistent swamping by traumatised parts of self that are stuck in the past to timeless moments of clarity. She describes processing trauma through attuned attention to the client's clamorous emotional parts in bite-sized chunks, regulation of the nervous system and the slow development of a present adult observing consciousness. Philippa also

conveys how shifts and realignments in the integration of self can be dramatic, fast paced and hard work for both therapist and client.

You may ask at this juncture what *are* these discreet psychological processes or constituent parts of these change processes – the "somethings" that I have been alluding to thus far and the processes outlined in the chapters already mentioned? A client's internal change processes can be framed in several ways. Here are two examples from different therapies that could be brought to bear on the material thus far discussed. In the first, a form of "mentalization" (Allen & Fonagy, 2006), or changes in non-declarative long-term memory (procedural and emotional) enables enhanced self-functioning. I would suggest this accounts for the "happy surprise" element of changing in a way that the client had not foreseen or forethought in the earlier examples. In this there is an integration of the previously split non-interpretable and interpretable experiences of clients, allowing a transformative effect of self-understanding and emotional self-regulation to take place. From across the practice spectrum, a completely different type of therapy, metacognitive therapy, may advance that such change be down to a modification in the reciprocal, causal inter-play between multiple levels of cognition, including self-regulation, beliefs, metacognitions and attentional control. The Self-Regulatory Executive function (S-REF) which controls behaviour is no longer held in place by continuing threat strategies functioning in the service of the self, in other words, active worry, rumination or suppression of activity (Wells & Matthews, 1994). These threat monitoring cognitions ordinarily tie individuals into repetitive and chronic experiences of maladaptive emotions. Overviewing them both, it seems to me that what they have in common is that more regulated cortical processing is activated as a result of increased inter-connectivity between the mid and lower subcortical levels of the right brain – incorporating such motivational systems as love, fear, sexuality or aggression (Schore, 2011). What is differential in these two perspectives is the language of the models themselves and, more fundamentally, their degree of relationality and importance of attachment. In the first, it is a premium. In the second, the relationship is not an overriding factor in outcome, whereas strategies and technique are. Both would argue that the research base is rigorous (Wells et al., 2010; Bateman & Fonagy, 2013); both illustrate that relationship and technique have their place.

The second sub-type of change is more paradoxical and is a form of "non-change change" (Beisser, 1970) even if there are similar harmonic calibrations between different areas of the brain, as noted earlier. While clients often come to therapy confused, over-anxious, depressed and desiring change to achieve a homoeostatic resolution of these "troubles" and be rid of them, their personal therapeutic experience takes the shape of a refreshed, personal acceptance of these same troubles. The acceptance of this paradoxical experience of change can signify the outcome of the work; such acceptance being of oneself or oneself in relation to significant others or others in one's expanded context. Change as awareness and acceptance. These two types of change process are often precipitated by uncertainty and hesitancy on behalf of both therapist and client – we return to the Russell Meares's "*what happens next*", nodal-point cross-roads of

clinical decision-making. In Chapter 10, "The change process of the trainee" I adopt this view by examining the progression of training as a necessary change process, a rite of passage, adding that overcoming personal and knowledge-based tension points are vital cruxes to be climbed through for professional learning to occur in which acceptance and change overlap.

Exploring the necessary change processes of the trainee is fitting, given how many, if not all, of the chapters in this book mention the position of the therapist with an acknowledgement that change is an ex-change. Perhaps at no other point in our career are we challenged as much to explore and address our own traumas, fixed beliefs, self-with-other patterns and survival strategies than at the beginning. As we become more clinically experienced, being human, we inevitably face new challenges reflecting our context and the troubled times we live in. These change point possibilities sharpen our responsivity and call on us to make as much use as we can of our own resources.

Returning to the two types of change processes as noted thus far – these are more likely than not related to clients who have a minimal "secure base" of self-attachment even if their current self-regulatory states are characterised by distress and dis-equilibrium (Bowlby, 2005). What types of change are important in psychotherapy for those clients whose experience of self-regulating and significant others has been one of such chronic neglect or abuse that there are few underlying secure base structures in place? These are clients whose experiences of care have been catastrophically impaired by chronic traumatic attachments. I have found solace in some of my work as my supervisor reminds me that for some clients there isn't a fertile relational dyad "in the mind" of the client from which a cohesive sense of self can grow. It is into the mind of such clients that we offer our experience, knowledge, faith and sometimes our love.

Therapy can offer traumatised individuals the experience of a secure base for the first time. This is one of the points made by Judy Ryde in Chapter 7, "A change of time". Judy confronts us with the paradox of living in two time frames – predictable, Chronos time and subjective time, which can bend or elongate or contract or jump about. She uses the eloquent metaphor of a regular, even ground bass over which a melody is played. The familiar rhythm of the ground bass is likened to the comfort a child feels when being held by his mother. Ryde then focuses on refugees and asylum seekers, who have been torn away from the reassuring rhythms of daily life and find themselves in a country where the rhythms are completely different. She explores the idea of time being fractured, not just because traumatic events are like a continual present, but because in their aftermath people live in a terrible limbo, wrenched from the pattern of life they had expected to live. The chapter then turns to how this collapse of time manifests within therapy and impacts both clients and therapists. Ryde invites you to consider how with such clients you might need to adjust your expectations and what might help to establish new benign rhythms, which seems so pertinent in the face of the COVID pandemic. She argues that therapy itself often provides an important holding rhythm. In the final section Ryde contemplates the wider context of a world in which a time bomb awaits us because of whole generations being

traumatised by ongoing violence, conflict, displacement and exile and because of media-time exposure to news that has the power to traumatise us all – like a bullet ricocheting from its original target. She argues that we need to understand and attend to the fracture in time and, returning to the metaphor of a soothing ground bass, to ensure that we are personally held within benign rhythms in order to provide help to the traumatised people we work with.

Concluding this section on trauma, life span and time themes, in Jeremy Woodcock's account in Chapter 8 of extremely traumatised clients, his focus is on how extreme events that surpass the capacity for meaning-making exist beyond time; meaning that that which is repressed comes back to haunt not only those involved but those with whom they are emotionally connected. The chapter opens with two brief examples from Woodcock's work with refugees, which illustrate how transmitted trauma exists in a lacuna outside of time. Woodcock's explanation for this phenomenon is that experiencing extreme violence compromises the capacity for dual coding or meta-cognition. Things become very concrete and cannot be imagined in the mind as having more than the present quality. They stay unprocessed. Woodcock then introduces the concepts of deep subjectivity and liminality and how these play with time – in, for instance, mediating critical life-stage transitions.

An overview of change outcomes in contemporary therapeutic models

Having highlighted some of the key themes of the book with reflections about their links with theories about change, in this section I will overview a range of contemporary models' approaches to change and go some way towards arguing for an "equivalency paradox", a concept which has been well supported throughout the decades (Luborsky et al, 2002).[6] This notion of a general effectiveness, in context, of many therapies reflects an overall theme in the chapters of this book. To further support this position, I investigate the practice-based research outcomes from over a decade of data and patient outcomes from the Improving Access to Psychological Therapy (IAPT) provision. Since its inception in 2008, NHS Digital has drawn upon IAPT's dataset of regularly published patient outcomes from a variety of individual therapies and the impact that they have had on patients (Glover et al., 2010). The numbers are enormous and total a figure of approximately half a million patients' perspectives per year of their therapy This section will not investigate the arguments on efficacy for randomised control trials, as they have been dealt with sufficiently elsewhere.

The equivalency paradox in IAPT

Wampold has demonstrated that there are few differences between psychotherapeutic change models (2011). Since IAPT has collated vast data on types of therapy and outcomes based on everyday practice in clinical settings up and down the country, it seems timely and apposite to briefly overview the current position of a range of approaches based in major schools of provision operating within

the National Health Service: "counselling" – as in person-centred therapy, and in person-centred experimental counselling for depression (PCE-CfD), cognitive behavioural therapy (CBT), interpersonal therapy (IPT) and lastly eye-movement desensitisation and reprocessing (EMDR). These models account for the largest number of patient-specific therapies, with CBT being overwhelmingly dominant in terms of numbers.

I start with a statement echoing the opening question of this book, "what do we do as therapists that facilitate change?" "as tension continues to exist between those who endorse contextual versus medical explanations for the efficacy of psychotherapy, it remains undetermined how psychotherapy works" (2015, p. 213). Thus, wrote Budge and Wampold in the opening paragraph of their chapter on "How the Relationship Works" in *Psychotherapy Research, Foundations Process and Outcome*. It may read as an oddity that the leading writers in the field of psychotherapy can assert such a conclusive – or rather, such an inconclusive – statement. They contest that given the accumulated history of research into the differing modalities of therapy and given the dimensions and parameters of therapeutic research including qualitative and quantitative, that there is still no certainty to determine how therapy works.

Perhaps if we scrutinise the mechanics of therapy from a different perspective we may be illuminated further? That is, if we examine not so much "how therapy works for client change" but "which therapy seems to work the most effectively for client change" we would arrive at a more satisfying and definitive outcome? An overview of the data, however, retains the case that a broad perspective of outcome research tends to indicate that there is no dominant therapy provision recommendable over the other, vis-a-vis a range of client presentations. Across multiple evidence strands of data accumulation, one form of therapy fails to demonstrate superiority over another. These outcome trends seem particularly relevant to the current discussion on the IAPT system of therapy provision in the UK. When presenting the case for a Common Factor Approach at the UKCP's inaugural research conference in 2010, Larry Beutler stated the following: "The case for cognitive behavioural therapy as a superior therapy over others is unfounded". And two years later, following numerous exhaustive analyses going back to 2004, the American Psychological Association (APA) issued the following statement on the effects of psychotherapy as noted in the research:

> The general or average effects of psychotherapy are widely accepted to be significant and large, (Chorpita et al., 2011; Smith et al., 1980; Wampold, 2001). These large effects of psychotherapy are quite constant across most diagnostic conditions, with variations being more influenced by general severity than by particular diagnoses – that is, variations in outcome are more heavily influenced by patient characteristics e.g., chronicity, complexity, social support, and intensity – and by clinician and context factors than by particular diagnoses or specific treatment 'brands' (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001).
>
> www.apa.org/about/policy/resolution-psychotherapy

To complement this generalised perspective, I will now turn to two co-related rigorous, empirical studies, both published recently in the respected BMC *Psychiatry Journal* which demonstrate this very point. Many years after the APA's initial task force's work into efficacy that resulted in the earlier statement, a comprehensive scrutiny of the outcome data conducted by Moller and colleagues relating to the IAPT provision of psychological therapy in the UK between 2017 and 2018 concluded on a similar point (2019). Examining publicly available through NHS Digital they finalised their report on an equivalency paradox between PCE-CfD and CBT in the treatment of depression. Moller and colleagues observed the general pattern of equivalency beginning in 2010 when Glover's initial research based on IAPT's own dataset detailed that 42% of CBT recipients indicated recovery for the treatment of depression, compared to 40% for counselling. By 2017 both models had improved their efficacy rate by almost 10%. However, there was a difference.

By 2018 counselling for depression now reached 51.4% of recovery, whereas CBT was 48%. Such measures indicated that not only had both models improved their overall effectiveness as a treatment of choice but they had improved effectiveness together. If anything, on further investigation, there was a marginal increase in counselling efficacy for the treatment of depression over CBT. Additionally, equivalent length of sessions between the two models resulting in long-term recovery was established: Counselling for depression averaged 7.1 sessions/contract, CBT averaged 8.2. A long-held belief that humanistic therapy was not effective and yet always took longer was evaporated.

Equally important in these client-based reported experiences of recovery was the place of EMDR and IPT in the treatment of depression. Although the numbers were significantly lower than those who received CBT and counselling/PCE-CfD, EMDR had a 54% rate of efficacy for long-term recovery. Likewise for consideration was the efficacy for IPT, which had an effective rate of 53%. Notwithstanding non-significant variable factors between the models themselves and a proportion of "messy" data in the original sources, it remains the case that in day-to-day consulting rooms and clinical practice contexts throughout the country when it comes to work-force therapists working with NHS clients, the distinction of one model over another is not empirically established. Luborsky's and colleagues famous Dodo verdict retains its fidelity to this data (1974, 2002).

The second study was conducted by Barkham and Saxon (2018) and investigated the relationship between high-intensity provision and an analysis between CBT and counselling for depression, specifically. The numbers were significant: CBT patients (n = 5000)/counselling for depression patients (N = 3000). The methodology considered levels of pre-post therapy effect sizes (ESs), reliable improvement (RI) and reliable and clinically significant improvement (RCSI). Multi-level modelling was used to model predictors of outcome, specifically patient pre-post change on PHQ-9 scores (minimum data set) at the last therapy session. The results pointed to differences obtained on various outcome indices but were so small that they carried no clinical significance. Once again, there is a remarkable co-effectiveness between the two:

> Comparisons between the two high-intensity interventions (N = 8978) indicated Counselling showed more improvement than CBT by 0.3 of a point on PHQ-9 for the mean number of sessions attended. However, this result was moderated by the number of sessions and for 12 or more sessions, the advantage went to CBT. Conclusions: this re-analysis showed no evidence of clinically meaningful differences.
>
> (2018, p. 1)

A question which arises as a result of this review is what does this inform us of our current context for change processes in therapy? Evidently, technical factors, relational factors, contextual factors and medicalised factors all have an instrumental impact on therapy. At the same time, they cannot be definitively factored into the specific modalities. Similarly, client factors – readiness, depth of reflection, adaptability, and so on – are still factorial in therapy outcomes. The crux of it, essentially, appears to be a false distinction between an ontological relational therapy and an epistemological, cognitive-based paradigmatic therapy. It seems that after decades of such circularity of investigation that a more individual basis for client case conceptualisation and a subsequent provision of customised therapy is the most likely to effect greater positive change across the spectrum of client presentations and make for the more adaptive and reflexive practitioner without the reductionism to a formless eclecticism.[7] Such a practitioner embodies and personifies a sense of continuity in flux, formed around "models" yet extending it in the service of the client change process and intersubjectivity. Not only, therefore, is there a case for evidence-based practitioners, but a case for idiosyncratic, individualised case conceptualisation related to commonly established client outcome change processes. Allan Schore has referred succinctly to this as "pattern-matching diagnosis" (2010, based on Rosenblatt & Thickstun, 1994), effectively the sagacious employment of clinical experience and maturational intuition combined with a range of specific technical skills, in which "the model" becomes less significant than the impact.

This is what this book is particularly concerned with explicating: how individual, experienced practitioners have brought to bear their trans-theoretical, assimilative integration of psychotherapeutic change processes in the service of client growth. This involves principally a pattern matching process of implicit relationality. In the book's final chapter "Change and challenge: developing clinical fluidity" Sue Wright will analyse these and other related themes that have arisen out of the chapters' discussion points.

Notes

1 I recall listening in awe to experienced therapists who presented their work when I was a student, wondering, hoping, if I could be as good as they were – or at least as good as they sounded! And that memory does not seem such a long time ago.
2 A phrase so relevant in a viral pandemic.
3 For the purposes of discussion, it is noteworthy that a similarly based review of the literature indexes for the major model's key texts arguably under-references the actual

word "change", preferring to include associated processes of what effective therapy is centrally concerned with which leads to change.

4 This calls to mind Tulving's (1985) three forms of consciousness 1) anoetic: intensely affective experience, subject to all mammals, without being explicitly known; 2) noetic: thinking based on the environmental stimulus and one's self experience; and 3) autonoetic: reflection upon experience.

5 With relation to attunement see the idea of "Implicit Relational Knowing" (BCPSG, 2002).

6 Not all, of course. See, for example: Abrams, M., & Abrams, L. D. 1997. "The paradox of psychodynamic and cognitive-behavioural psychotherapy". *Journal of Rational-Emotive & Cognitive-Behaviour Therapy*, 15, 133–156.

7 Or an exhausted and over-stretched workforce.

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Our bodies hold truths we don't know,
have forgotten,
don't want to know,
and stories that don't belong to us.
When a mirror of truth is held up to us
it opens portals into worlds of new meaning.
Can we trust and walk through them?
****

2 Getting to the essence

Truth seeking in psychotherapy

Philippa Smethurst

Why might truth seeking be important?

"The truth will set you free" is one of the statements of Jesus (John 8:32), and irrespective of the specific religious meaning I would contend it has universal application, not least in the exploration of the human psyche that occurs during the process of psychotherapy. Ironically, in our age of information there appears to be far less search for and value in truth. Psychotherapy has at its core a respect for both subjective experience and meaning; at the same time, through relationship, it holds a mirror to objective reality. I believe that the holding in tension of these two psychotherapeutic tenets is a powerful force in our work with others and also has a contribution that is ever more relevant in our contemporary world.

My interest in truth has grown recently in response to our fast-changing political and cultural environment. I wonder what psychotherapy can offer. This is a context that increasingly appears to disrespect or even denigrate facts in favour of "my fake news against yours". I wonder whether what an individual *perceives* to be true, which is one important tenet in psychotherapy, now increasingly holds, by itself, a *central* position in our contemporary cultural life? In other words, what I feel or perceive is the whole truth and that is enough. In our world of binary choices and emotive language, the journalist Matthew D'Ancona (2017, p. 20), in his book on *Post Truth*, says that search for truth is "honestly complex", and as a psychotherapist I certainly would agree! I hope in this chapter to shine a light on how we are both truth seeking and how we can be afraid to face our truth and how the complexity of searching for truth can work out in the consulting room.

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We are embodied beings, and I believe that the mind and body *together* hold the key for transformation when given equal weight and attention. I draw on different psychotherapeutic disciplines. In the last five years, my practice has been enriched by the study and integration of sensorimotor psychotherapy, and the zest this has brought to my work I hope will be reflected in four case examples.

The relationship as mirror

Imagine a young mother bereaved of her husband to suicide. In addition to the horror of this event, the particular cultural belief about suicide in the country where she lives leads her to be blamed for it. The mother is criticised, hounded and isolated by her community. She is unable to hide her terror and fury at the injustice of this from her young child, Veronica, who never feels safe and grows up feeling she is wrong and to blame at the deepest of levels. In order to survive, Veronica develops a strategy of frenetically pretending to be right, which works after a fashion, until she herself becomes a woman and has her own child who she cannot help yelling at. Veronica comes into the psychotherapy process in a whirlwind, frenetic, talking non-stop and anxiously attempting to control her environment. The psychotherapist is myself, and containing the feelings of being overwhelmed and having talked non-stop about her within my own supervision and reflected on this, I eventually share with Veronica a powerful internal sense that being with her is like being with an out-of-control truck with no brakes. This intervention initially feels deeply shocking but eventually leads Veronica to a truth: that she has felt wrong, painfully and deeply wrong, her whole life. Veronica describes this as every cell in each part of her body feeling and being convinced about feeling so wrong. Acknowledging this painful truth is the hardest thing, evoking deep physical and psychological pain, yet at the same time, Veronica says it might be the best and most liberating thing she has ever done. She says to me: "I knew you were not being mean, (when you said that). Just being honest". As Veronica begins to take the truth in, her nervous system calms, she weeps, she softens, she slows down bit by bit and relaxes her frenetic defence. She finally knows the truth.

Seeking out the unsung song of the child

When a person arrives at a place of deep meaning and truth in their mind, it can be that the truth they have found, possibly long buried, is the emotional experience of the child that they used to be. As in the earlier example, the revelation of psychological truth can be revealed through a mirror that shocks, an apprehending necessity to confront the out-of-control defensive system. In other cases, the revelation might come more gradually through the careful empathic attunement of the therapist, in collaboration with the person's adult mind, consistently and attentively looking for the emotional truth of the vulnerable child within. This persistence and attention by both therapist and client allow a contract with the unconscious, or a gradual relaxing of defences which make possible the uncovering of revelation

of the vulnerable child part of the therapeutic process. It is reminiscent of the kind of slow evolutionary, relational change in psychotherapy that Wright refers to in Chapter 9.

The truth of the layered self or system

I am aware that the previous example might sound as though a person in psychotherapy consciously wants and needs to seek out their inner truth and is therefore open to myself as psychotherapist joining them in the enterprise of finding it. But the opposite is more likely to be the case. I remember, as a young person reading *The Road Less Travelled*: "The tendency to avoid problems and the emotional suffering inherent in them is the primary basis of all human mental illness" (Peck, 1978, p. 5). As I sometimes say to the people I work with: "Remember Ricky Fitts in the film *American Beauty* (1999),'Never underestimate the power of denial'". Occasionally, a person arrives in therapy with an overarching thirst and instinct to search for their truth and unflinchingly moves towards it with myself as witness, but more often than not, the journey is way more complex.

Why is this, you might ask? My first response is: there is so much at stake! *We have layers of truth as we ourselves are layered*. Although Veronica's deep pre-verbal or pre-life emotional truth was that she was deeply wrong, she had other truths operating in her mind that felt way more compelling, urgent and conscious. Living alone with an unpredictable mother, the terrified child Veronica unconsciously concluded that the way to survive was to be right, to work diligently towards this goal. She developed into a highly anxious manic child and adult whose primary focus was on pleasing others. Children develop strategies for survival which often feel imperative for them to maintain, and these strategies then form a part of their adult personality. The strategies are also defensive: if the person felt in danger of attack long ago, then another human and any other way of being are deeply threatening. As these layers of defence are uncovered, the job of the psychotherapist can quickly become fraught, as any mirror of 'truth' will be perceived by the protective defensive part as deeply threatening, and a person can employ the fight part of themselves in a heartbeat. Since the diligently mirroring psychotherapist is also human, she may be triggered by the person's attacks and will need to attempt not to react but to remain thoughtful about what is being enacted in the complexity of such dynamics, separating out her own personal responses in the tangled ball of interpersonal string. Of course, the therapist's own internal reactions themselves will be another source of truth, often shedding light on the more hidden truths of the client and useful revelatory information in the work. The enterprise of supervision, literally 'seeing beyond', could also be said to be at its heart truth seeking.

The truth of the statement "the truth will set you free" therefore must be caveated with another truth, that the human mind is a complex system. If psychological change is possible, it can only come about through engagement with a systemic or layered mind, which generally does not reveal its truths or intricacies quickly or easily and may not be overly truth seeking. Indeed, you might say:

why should it, as the intricate layers of these truths have been imperatives for the person's survival. The psychotherapist needs to engage with powerful survivalist defence strategies with deep respect for the job they have done in the person's developmental journey.

Some principles in truth-seeking psychotherapy

If we are interested in helping a client to be truth seeking, where do we begin? Psychotherapeutic processes being such a complex enterprises, I believe that the strength and power of the initial and ongoing contract between client and psychotherapist are key in setting up a sturdy framework which will withstand the slings and arrows that inevitably come to light in the process of engagement within this system. I have learned that upon assessment and initial work with a person with developmental trauma who may present with personality disorder, addiction or a mix of complex needs, the process is best served by my robustly laying out some principles on the psychological and contractual table between us. One principle I have developed is by giving time to forging an agreement early on that everything that is felt and noticed in the process needs to be brought into the process if at all possible. Part of this, of course, is my ongoing commitment to tracking myself and my own internal truthfulness, assisted, of course, by the weekly rigour of my truth-seeking supervisor.

What about when we encounter trauma . . .?

However, such an agreement from the adult self will only get us so far. . . . Another truth is that a person with a fearful trauma history will have deeply ingrained and powerful responses to intrapsychic and interpersonal stress, such as an instinct to run from the difficulty or to cover it or fight what I myself as therapist offers. Another ingrained response may be to become numb or dissociated, and these responses are likely to be frequently repeated in a person's life and relationships. The initial cognitive 'signing up' to the principle of interpersonal truthfulness provides a psychological framework of trust which I have found is necessary to contain, work with and understand these responses. The persistent seeking out of the attached part of self or vulnerable child, is another core skill, though in trauma work, things can quickly become hairy; as we will see, there are often multiple parts in operation due to the power of the trauma responses hijacking or eclipsing things.

Trauma responses understood as survivalist truths

Trauma responses can result in even more complex clinical matters to deal with. Van der Hart, Nijenhuis and Steele offer a theory of primary and secondary structural dissociation (2006). Secondary structural dissociation can occur in individuals in highly stressful and traumatic environments, often in childhood. Under colossal stress, the emotional self of a person can fragment into compartments

or subparts which reflect the different survival strategies needed in a dangerous world. Like other therapists who work with complex trauma, I regularly use the language of parts of self as I do here. For example, a person who fights the process of exploration of emotional truth is doing their job in employing their survivalist truth – such as the need for a part of the self who learned to fight and act as a 'bodyguard' that has been essential for their survival. Another person who hides a response to something I say which later comes to light might be working with what could be called a flight part that was another necessary part of their survival. A person with trauma symptoms has a fragmented emotional self or parts of self. The complexity for that person is that each part has a narrow field of consciousness, and when operating in one part of consciousness they are unable to maintain connection to another part. As Judith Herman says, each component (of the ordinary response to danger) "tends to persist in an altered and exaggerated state" (1992, p. 34). At the extreme end of the continuum is a person with dissociative identity disorder whose psychic survival has depended on their mind fragmenting into sub-personalities who are quite distinct from each other, where there may be no awareness or memory of one part by another and a dramatic switching from one to another. The work of the psychotherapeutic process uncovers and works with these parts as they emerge. But because of the complexity of the exaggeration of each traumatised part and their narrow fields of consciousness, the reality of working with these responses is complex and intricate. For instance, if an emotional part communicates with the therapist, but the client has no memory of switching, when and how does the therapist share this 'truth' and help the client to integrate it? The stage needs to be set for all the client's survival parts to be welcomed and thought about again and again, rather like Alice in Wonderland: "Everybody has won and all must have prizes" (Carol, 1865, p. 15). Even though the reality of maintaining an open 'welcoming-of-truths' system will frequently be much easier in principle than in practice, I have learned to prize a strongly communicated and repeated spirit of collaboration with a person's parts in working with complex systems and uncovering their truths.

Window of tolerance and working in the relationship

We can help our clients to welcome and accept their different parts of selves by endeavouring to maintain 'online' in the client an 'observer or watchful self' that is curious and interested in everything, whatever happens. Metaphors can be of great help here, like the idea of a part of the self that hovers over the surface like a helicopter, close but slightly separate from the furore below. Encouraging the person to develop mindful attention, both in and out of sessions, is a function of the mind that can be developed. It will soothe their whole system.

The existence and development of even the tiniest part of the mind that has an observational curiosity about parts that are 'ruling the roost' is an oft repeated theme in my work, and I believe this can be a positive indicator of change. I will sometimes say: "Could there be the tiniest part of your little fingernail around that might be curious about this part and what this part is telling you right now?" And

my own personal style is to develop relentless, warm curiosity in myself towards everything and anything. A person may find such an observer tricky to find or maintain. This is likely to be because each survival part believes that it holds an absolute truth which must be held on to with the tenacity that survivalist truths so often have. With such truths dominating the inner world, the adult functioning is so slim that I may sometimes say to someone I am working with that we are needing to spend much time on growing an adult, or doing '*adulting*', and this can only be done gradually and slowly – a PhD in adulting!

As an example of a deep attachment to a fearful part when, after long examination of a traumatic event in Jemima's teenage years when she was profoundly let down by her parents, I said the (truthful) words: "Your teenage self was profoundly let down". Jemima put her hands over her ears and said: "No!! I don't want to hear that! It can't be true!" This interpersonal moment of drama between us where Jemima's defensive response bubbled to the surface uncovered and revealed the power of Jemima's locked-in fearful child part. This fearful child part has long had a survivalist imperative to seek safety from possible abandonment and has aligned herself with another's (her parents') truth rather than her own, leading to much defensive and adaptive behaviour. This was her survivalist truth, to be preoccupied with another's needs for psychic survival. I think that sometimes the psychotherapist can hold a truth that the client cannot yet see or hear, or can hold the truth of what the child lost, when the client themselves is lost in the clamouring imperatives of their survivalist truths.

Some technical truth-seeking skills

This brings me to some technical points or ways and means I have found useful to employ in the truth-seeking processes. While respecting and understanding the power of the emotional parts and their survival beliefs and attuning to the unsung song of the voiceless child, I have developed a theory and metaphor of *distillation* which facilitates a funnelling down, a process of clarification and simplification of the mind. The emotional parts and their beliefs can often feel as though they swirl around the top of the funnel. If my client and I attend collaboratively to a process of distilling down to the essence from the swirl of words and feelings, a person who has enough observer function online to tolerate this may find a sentence of truth that the child in them believed and lived by. The litmus test is that the words resonate for that person at a powerful emotional and bodily level so there is a sensory consonance. Arriving here can feel like arriving at a clearing in a forest.

My client Tom described his initial joy and enlightenment on finding the emotional truth and belief of his inner child: "*I must be perfect in order to be loved*", and in his relief at discovering this distillation, he reports feeling like putting the words on his fridge and carrying them around in his bag between sessions. I find myself nearly every session creating a map with such statements of truth with my client on my pad, which he then takes away. These maps create a thread of continuity and mirror of truth over time. Tom said: "I wanted to say (the words) again and again like a mantra" as he began to let into his mind and body the reality

of the truth he had lived with. Of course, this was threatening to his inner system, and in next week's session, Tom reported that he noticed an increased intensity of thoughts trying to convince him even more to believe in the truth that he had uncovered. It was as if, having discovered his truth, his mind then became hell bent on driving him ever more insistently towards it. This survivalist truth was not going to give up without a fight!

Someone who Tom knew said to him: "You are the most chilled man ever" which (in order to be perfect), he realised was the person spotting the cover self that he shows to the world. Tom noticed the pleasure he felt with the observation, and we examined the attachment he felt towards the 'perfection cover'. The work then began to track this new relationship with the truth of the child who felt he had to be perfect and the more established relationship and identification he had with the 'cover' who he had just realised *was* a cover. Emerging awareness of truth is never a straightforward line! Once Tom understood that his cover self covered his anxiety, he noticed that his anxious part got more active, returning to him in a sneaky thought: "But I really need not to forget how to be chilled". He says, "This cover is cleverer than I am, it is three steps ahead!" The work with Tom reveals how parts of the self can be so tenacious in their survivalist determination to maintain the system!

Respecting emotional resonance

As part of distillation or deepening and uncovering deeper truths, I would like to discuss in detail concerns matching emotional resonance. In the enterprise of truth finding, I believe that an important principle to hold paramount is a respect for the wisdom of a person's inner experience. I may often say to a person who is working with an image or a memory and finding the right words to express the essence of the experience: "Imagine putting a struck tuning fork to the words that you are saying. Do they vibrate exactly? Do they match and resonate with your inner experience? Only you will know if they do. What happens when you try the words out? Do they fit?" Another option, when through tracking the body, a client and I have found the place internally where the emotion seems to be held, is to invite the person to imagine: "So, if that scrunch in your stomach could speak right now, what would it say . . .? Or what image comes up when you focus on it?" The work here is to attune to and give words to the inner child who was voiceless, so it can be important invite him or her to choose fewer words than more and to encourage a commitment to simplification: "children say things simply . . . so let's pare this right down. . . . Take your time. There's no right or wrong. Use as few words as possible, but absolutely the right ones. You will know".

The interpersonal rapport

Truth seeking is not just an intrapsychic but an interpersonal enterprise. Let us return to the case of Veronica, who was helped by the mirror of the out-of-control

truck. One of the extensions to this powerful metaphor that she found was that in her out-of-control truck, Veronica imagined me first coming through the window and eventually assisting her by employing dual control in the cockpit of her truck. We might think of this as a trusting companion/witness function that helped Veronica manage the truck but also helped her bear to see more of her truth in the process. Veronica told a story of a scary boss and was proud that she had had the courage to disturb his class. While understanding the story on a deeper level, in my 'dual control' position, I was able to be thoughtful with Veronica about her decision to disturb the boss's class. I asked her who she thought was in the most powerful position here. After some moments of silence, Veronica said: "Oh my God. In that moment I was, I suppose. . . ." This led to an exploration where Veronica told me that she had felt an "ouch inside" when she had thought that going into the boss's class was a powerful act on her part. We stayed with the 'ouch' and thought about what it meant. Veronica slowly realised that she did have an aggressive part inside that sometimes wants to have a go at people. She said: "I see my little ones inside with big eyes and I thought that they have always been the ones victimised by others! It is very uncomfortable to think that they behave badly too! It's like Punch and Judy with me and my boss . . . I'm shocked. I didn't know I had badly behaved children inside".

Intrapsychic deepening

I was able to use a sensorimotor technique developed by Pat Ogden called a 'probe' which I find helpful to have in the repertoire in the enterprise of seeking truth. The idea of the probe is to change the client's level of consciousness to mindfulness by asking the person to 'go inside' in curiosity and openness and become receptive to a word or phrase that I say that might emotionally reach the truth or reality of the position of the vulnerable child part(s), but is also likely to activate and reveal a defensive protest part too. In this instance I said to Veronica: "Little ones who are provoked will need to protect themselves in a heartbeat . . .". The probe is best repeated twice, and Veronica was invited to notice all or any of her inner responses to my words. Veronica said: "When I heard those words I could see my little ones like Ninja feral creatures . . . we are doing our attacking to defend ourselves! It is necessary!" That was the defensive response to the truthful probe. The second time Veronica heard the probe, her face softened and she reported a slight tear behind her eyes. We thought about this and noticed which words had caused this tearful response. She said, "It was when you said 'in a heartbeat . . .'. I felt a bit sorry for how provoked my little ones have always felt and then I thought maybe we don't have to be aggressive all the time . . . but I'm not sure about that!!" As I said, the probe can work to uncover a deeper truth about the position of the child. Veronica had felt relief in acknowledging the truth of how deeply wrong she had felt. But the enormity of facing the terrible loss and the reality of the position of the child when exposed in the psyche can be hard to bear. During this period, Veronica described walking around with a groaning throbbing baby in a papoose near her body in between sessions. This instinct of

self-care has enabled her to bear the revelation of more truth as we move through the concentric layers.

The emergence of tears can be another hallmark of importance on the road towards truth finding. I often say, "Your tears are a sign that you are alive", and compassion emerging towards the self can show the person and myself as witness that we are on the right track. The sharing of tears can feel like a consolidation of truth, a respite place or bittersweet "grief of relief" (Fisher, 2017, p. 229) and a place where we can take stock of the process, giving time together to acknowledge an emotional truth. In the timeless quality of such moments, an unmet need for acknowledgement is occurring, often long overdue and necessary in the process of change. It is necessary because in the emergence of compassion lie the seeds of a caring adult that can be grown and developed going forward in the person. It also feels important to enjoy the rich gift of such respites because facing survivalist and deeper emotional truths is not for the faint-hearted, and Veronica had more challenges ahead.

Encountering shame

Shame may be a big block or difficulty in truth-seeking enterprises, and a child will come to the conclusion that they are culpable for the difficulties they have faced. The survivalist truth of Veronica's out-of-control truck had led to her facing a blind spot in her tendency to have a go at others. Seeing her fight response through the mirror of her behaviour was another shock for Veronica, and her system powerfully responded to this truth. She dramatically slammed on the brakes of her truck and in our process: "I'm not sure I can do this. I'm afraid of not being able to change. I have been knitting a jumper for 50 plus years but it is the worst pattern in the world and now it is all unravelling. I feel so ashamed". This metaphor expresses so eloquently what might be at stake in the enterprise of truth-finding. A trauma defence of shame is often prevalent in a survivor's defensive system. Shame can be an island or solution of safety a person found to survive terrifying or terrible experiences.

Another person I worked with, Eddie, the oldest of five children, illustrates the pervasive nature of rage and shame on a person's system. At the age of 16, Eddie walked into a bedroom in the family home to find his father in bed with his younger sister. He turned around, walked down the stairs and out of the house, into the fields, never to speak of what he saw to anyone in the family for the next 30 years. As we worked together with his symptoms in his current life, his sometimes-kamikaze risk-taking, his lack of toleration of other people and his tendency to road rage, we noticed through the distilling down process that Eddie's voice dropped to a lower range. Then quickly he became silent and dissociated. Each session, Eddie would report a near-miss incident and he would growl. As we tracked the aggression or fight response in the 'growl' another part of him came forward. Eddie looked at me with wide eyes: 'I'm afraid of that anger, it will tear us all apart'. As we gave space to this fearful part of himself, Eddie was able to begin to make sense of the overarching nature of this fear. It gave him a strong

message that the horror of what he saw in the incestuous scene in the bedroom that afternoon was still ruling the roost inside him: "*if you speak of this you will destroy your family*".

As the process between us unfolded, we respected the logic of the survivalist 'truth' of this statement as a child's imperative to maintain safety at all costs to keep the family together. Yet the narrative kept returning to dad, and I had a sense of a guilty person returning and endlessly circling round the scene of a crime. I found a way to say this to Eddie and noticed him silently looking away and heard how his voice deepened. As we gave time to Eddie's micro-movements and what they might mean I found myself saying: 'It's almost as though you thought what you saw that day was your fault, Eddie'. He looked haunted and said: 'I'm so ashamed'. We had uncovered another layer of truth, that part of Eddie's pent-up aggression was masking a heavy shame that Eddie carried for his father's actions. His father was a brute of a man and a bully. He and Eddie worked together on building sites for years. It had not been until the father died that Eddie's rage started to emerge. As we started to make sense of this together, I said the word 'paedophile' and Eddie started to use the word too, referring to the actions of his dead father. Shortly afterwards through more tracking of the shame in Eddie, a new vivid memory of the bedroom scene emerged and tracking his body while he stayed with that scene, Eddie then uttered the words: "It wasn't my shame". It was another layer of truth that Eddie had until then not considered, that he was carrying in his overburdened system a culpability for something that was not his, like a hod of bricks on his building site.

Restoration of what has been lost

Eddie's revelation led on to experiment and practise in developing defensive and protective boundaries. Eddie had an overarching fight defence which gave others the message not to come near him. This was defensive but not protective. It seemed as though Eddie did not have a functioning boundary around him where he was practised at noticing or sensing from the inside what was OK and not OK for him. Using a sensorimotor technique, we experimented in small steps with Eddie imagining where his personal boundary was visually and spatially. I threw an object over where he had set his boundary. Eddie looked at me, laughed and looked shocked. We tracked his inner response. As we repeated the exercise and he was able to focus on his inner response, Eddie's voice again deepened and an expression of out-of-time rage emerged as he said: "Leave me alone!" It was an extraordinary moment of power, like a rock thrown into a pond. In the after ripples, Eddie said: "It wasn't you I was speaking to, was it?" In the exercise with me, how he felt towards his father on a deeper level bubbled through. Through experimenting with what happens on the boundary between himself and another and seeing how sensitive he is to boundary violations, Eddie discovered a deeper truth that his father had not only violated his sister's boundaries but had left him feeling profoundly unsafe.

In the present, whenever Eddie's defensive system came online, he either shunned people, only feeling safe in his garden shed, or flew at others in road

rage. As we slowly and carefully moved closer by attuning to the experience of the vulnerable parts of him, he began to understand how much he needed his fear, rage and shame parts. They helped him to survive in a dangerous world and cover up the painful truth about the father that he loved. Only when he began to understand this could Eddie start to relax. As the work progressed, Eddie has been profoundly helped by reinstating what he called an egg around himself, where, step by step, he learned to notice when others stepped over his boundary and began to trust his sensing of his egg to give himself that internal message.

This brings me to my final point about how much is at stake in the enterprise of truth illumination. We have seen Veronica's and Eddie's struggles with the interweaving rage and shame defences that were revealed in their psychotherapy processes. In following the idea of truth setting us free, it would be tempting for the psychotherapist to be naive about what may be possible or may be unrealistic about the vagaries of working with human systems. Maybe truth-seeking processes are always actually knife-edge enterprises. The maxim 'the truth with set you free' I believe must be supported, yet as we have seen, facing one's truth can be a complex process and not for the faint-hearted. On a societal level, one person's truth is another person's embarrassment, shame, lost job or imprisonment, and a person's survivalist truths have a logic of their own. They must be respected and are often not.

The way societal truth can impact with intrapsychic truth is illustrated by the work Cat and I have done for three years. Cat is a survivor of neglect and psychological abuse from her mother and sexual abuse from her brother from her earliest years. Later, aged 11, Cat was raped by two men locally and lived on the streets as a teenager. Being consistently persecuted and victimised, Cat's survivalist truth was to never trust anyone. Though she later had relationships and three children, her way of surviving involved taking drugs and leaving her children unprotected from further abuse, leading to them being taken away from her for a time. A person with enormous resilience and intelligence, Cat first undertook three years with the Complex Needs Service before coming to myself with a determination to change her story. As we pieced together her history and I mirrored her experience and her truth, the most significant psychological function has been for me to believe her and take her seriously. Under these conditions of developing trust, Cat has worked out what she feels and felt and gained in confidence to trust the truth of it. She has learned how to look after her children and has filed a criminal investigation into the rapists and restraining orders for her children against her family of origin. She has learned to trust her body in the process of respecting the fragmented and dissociated parts of herself and has now developed, for much of the time, a caring and conscious adult functioning.

However, as the intimidation and harassment from her family increase in the present (in response to the police investigation), the power of Cat's destructive processes (and the fight response of her survivalist truths) were unleashed ever more powerfully. When a neighbour (who was also abused by the rapist) said provocatively: "Get over it Cat . . .!" she slapped the neighbour across the face and got arrested. When the police tell her there is not enough evidence to bring a case

against her brother, she said: "When I am not believed, I feel like dying . . . . so if you say this then I will come and hang myself outside the police station . . .!!" Moments later, Cat realised (as a result of the deep work on parts of herself that she and I have done together week in, week out) that it was the terrified victimised and persecuted part who spoke. Cat immediately rang the police back to retract the statement. When she slapped the neighbour's face and was arrested, the police already had the harassment report so let her off with a caution, but things came close to becoming much worse.

Truth seeking not for the faint-hearted

It seems as though part of what happens in the process of uncovering truth is that things seem to need to get worse before they get better and that when there is a dismantling of survivalist truths through the process of psychotherapy, the forces of creation and destruction are more starkly exposed and can be ever more strongly expressed and unleashed. The creative aspect of what Cat said to the police officer was her truth: "*When I am not believed, I feel like dying . . .*". The whole of her three-year process is distilled here in a nugget of truth. The child who she was was systemically abused and neglected, and when she tried to express herself and protest she was not believed. The power of this interpersonal destruction has skewed her mind and experience and led her to become a solo operator in the world. Trusting me and the process with me has uncovered and exposed the horror of the emotional position of the child that she was, and the survivalist response to the unbearable horror of this reality is to die or kill. That is the logic of the survivalist truth of the child who was literally driven mad by her experience. For the power of the truth to be expressed, the monstrous rage, rather like Leviathan, has to be brought into the process too, and the painful truth of how terrified and persecuted by people she feels. Working with Cat constantly is a reminder to me that though I remain hopeful, I need to retain a realistic openness of approach in thinking about the way the story might unfold. Ultimately rather like facing a crossroads, there is a choice, but to say that without huge qualification and caveat would be to underestimate the power of unconscious processes and how much is at stake within the system of a human mind and the often-tortured and complex nature of truth seeking.

When the world changes

As I reflect on the process of interpersonal change, several months into a global pandemic, I have noticed that as the vice tightens on everyone's economic security and freedom, not only are the fault lines in society revealed but the fearful world ricochets through individuals with trauma histories, often triggering people to new levels of distress where their resources are suddenly taken away or severely limited. As we respond to restrictions and uncertainties, our nervous systems are ramped up and we are maybe all somewhat hyper-aroused. We see this affecting the national political debate. There appears less reasoned and careful thought and

consistent leadership, made even more difficult to achieve in a world responding to a rampant and out-of-control virus. Pat Ogden, in one of her online trainings early in the pandemic, said, "This is a time for kindness". I have held this in mind in two particular ways, as my work currently is completely undertaken virtually through the medium of a computer screen.

One is that in a time of triggering and distress, where dysregulation is the order of the day, I find myself softening in my relational style. With people I work with only having me in disembodied form, I notice I compensate in the adapting of my online style, to seek out the vulnerable through less investigation but consciously smiling more, increasing contact in my relational style. When my client with a complex and fearful relationship with her family of origin challenged someone in her life courageously, I found myself saying: "That's my girl!" I felt it and nearly filtered it out, but somehow the pandemic allows me, in the solidarity of 'me too' to say more of the simpler and tender and heartfelt things. My client responded, with tears, "I'm glad I'm somebody's girl!" In a strange way, it seems to me that I am using myself in relationship in the new world, softening the edges of my formality, becoming more heartfelt, warmer, perhaps as mitigation against the constraints of the screen and a deeper response of compassion to the brokenness I feel and see.

Truth seeking is often complex, and survivalist truths are even more evident in a world that has become far scarier. During lockdown, there was a marked increase of reports of domestic abuse, disputes between neighbours and child abuse when in the home for long periods. Couples thrown together in small spaces have found cracks appearing in their relationships. I keep a space in my practice for 'couples in trouble' during the pandemic. Uncomfortable truths are being highlighted, perhaps more than ever, and sometimes survivalist truths have the last word. This means there is, of course, great demand for and need for the reflective space that psychotherapy offers. I wonder also whether as a profession we can think in new ways and creatively about our responses to a changed world. I noticed I was working more with 'the art of the possible'. If we really want to honour our planet, maybe we need to take seriously the amount of moving around we do, use the virtual to connect with clients more of the time, while maybe finding new and creative ways to use our therapeutic skills more flexibly within our immediate communities. I have been involved in therapeutic support in my village in the last six months in a way that I would not have considered before.

At a time of challenge, we may hope to respond as writer and philosopher Jules Evans says – "Let's not waste a good crisis" (Kelly, 2020, p. 12). There are the lessons of COVID too, and maybe through the distress and ramped-up fear, ultimately, our truth seeking may lead us to discover our creativity, our potential, what are our hearts' desires and our true priorities, individually and as societies. The position I find myself in relation to the enterprise of truth seeking is to be greatly moved by the struggles of those I work with who, in spite of all that besets them, undertake the slaying of their Leviathan forces with such courage and to remain open to the possibility that freedom and peace may ultimately be found.

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Adjust the angle.
Do something unfamiliar.
Risk.
It might surprise you,
shock others,
change things.

*****

3 Moments of meeting

Jim Pye

Moments of meeting, according to Daniel Stern, are moments when something happens between therapist and client that seems to change the course of the therapy. Stern argues that the moments that acquire this special significance feel out of the familiar run of the work with the client concerned; in some way strange, disturbing – or inexplicably exciting: "present moments form around events that break through ordinariness, or violate expected smooth functioning . . ." (2004, p. 34). He uses the word 'present' deliberately, dividing the process thus:

> The now (or 'present') moment: the occasion that unsettles or surprises;
>
> The subsequent 'moment of meeting': how therapist and client process, react to, and understand the 'now' moment. This can take place straightaway, or later.

Stern was a member of the Boston Change Process Study Group (BCPSG): psychoanalytic psychotherapists who came together to investigate the process of change in psychotherapy. Many of their papers are freely available to read online. The immediate prompt for my own interest was a conference about practitioner research run by UKCP at which there was a presentation of work in progress on a project researching this subject, and I signed up to take part. The concluding report on this project *Bridging the Gap* can be found in the *British Journal of Psychotherapy* (Harris et al., 2020). One of the main motives for setting up the project was to demonstrate the validity of practitioners carrying out research and 'bridging the gap' that often exists between practice and research. I recruited a group of six therapists from my network – mostly supervisees or ex-supervisees, four of us trained as integrative psychotherapists, one as a Gestalt psychotherapist, and one trained in cognitive behavioural therapy (CBT). Meeting every two months for two hours, we were asked by the designers of the project to begin by

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submitting, for group discussion, accounts of moments we had experienced which we thought deserved the definition. These discussions became absorbing and of interest to all of us. But before our group could join the main project – transcripts of our narrated 'moments', for instance, to be coded according to the research protocol and clients invited to take part – I became ill and had to withdraw. The group I had assembled continued and thrives still, independently of me, now as a peer supervision group, which is how it had already begun to function before I had to withdraw. I suspect that when any group of practitioners are invited to investigate their own practice, they will usually do so as enthusiastically and critically as I believe we did. Good group supervision, after all, is itself always a kind of inchoate research and provided with a particular focus can generate interesting insights.

The most striking insight in the discussions that took place before I fell ill was the frequency of occasions when our group members identified that change could be prompted by an intervention (the 'now' moment) that, recollected, seemed alarmingly unlike their usual practice: words spoken, perhaps, in a new tone or in uncharacteristic language. On one occasion, for instance, a recently qualified therapist found himself waiting as usual for his persistently late client to arrive. He sat in his room, annoyed, calming himself by scrolling through his phone, and finally writing a long text message to a friend. When the client, a young woman, did arrive, 15 minutes late as usual, he found himself without any forethought coldly challenging her persistent lateness, demanding to know when she was going to begin to take her therapy seriously. He was surprised at himself and concerned that he had spoken thoughtlessly and 'unprofessionally'. He had until now found this still relatively new client difficult and had felt constrained with her, unable to speak freely, and she responded now with an exclamatory sound, an "*ooooh!*", full of ironic challenge, as if to say, *who's got out of bed the wrong side today*. But afterwards, and gradually, it became clear that she experienced the terse, cross bluntness of his challenge as evidence that she mattered to him. Not surprisingly, there were historic reasons – her persistent lateness enacting them transferentially – for her expectation that she would never mean much to important others. My contention then and now is that the relationship between them had already laid a charge, in the territory of reciprocal transference, waiting to be detonated by such truth speaking. His real annoyance provided the spark. His preoccupation with the text he had been writing when his client finally arrived meant that he'd had no time to corral his feelings and prepare his therapist self. He spoke from the gut. She was never late again.

Trying to identify such single significant 'now' moments and the 'meetings' that followed proved, as I say, to be a very fruitful focus for our discussions. My own gain has been to acquire a kind of alertness to signs that such a moment may have occurred. A recent occasion – variously disguised in what follows – provides a good illustration from my own work. I will follow this with another example from earlier work. Finally I will give an account of another case which touches on the importance of 'rupture and repair' (Safran, 2011) and that a 'now' moment may be a moment of rupture, the subsequent 'meeting' an occasion of repair.

In these cases, the 'moment' is best understood – like the upbraiding of the tardy client – as taking place in the 'real' relationship (Clarkson, 1995). Clarkson identifies several distinct modes of relationship that combine to make up the therapeutic interchange. Making use of her theoretical device, my group member's angry moment can be understood as an eruption from the 'transference relationship' into the 'real relationship'. This quotation from a paper by Morgan, one of the members of the Boston Change Group, makes the point well:

> The real relationship . . . occurs, often spontaneously, in some form of affective communication between therapist and patient. . . . Their relationship becomes and feels "authentic" and therefore "real" . . . because in the present moment they are acting primarily on their own unique experience over time with one another.
>
> (1998, p. 326)

'Real' denotes the special intensity or authenticity – another frequently used word in psychotherapy literature – that can sometimes characterize the interchange between therapist and client.

Paul

Paul has accepted the disguise I have given his story, and took part in this chapter readily. The pandemic, at our vast distance, seems to have brought us closer; and I believe that when he read about the echo of his experience in my own, this was a safe and useful self-disclosure.

Paul is 28. He and I now meet, on screen, once a fortnight. What follows is an account of one session and what took place in it. It was the word **solidarity** that brought me up short. Words sometimes do this. To describe the moment in visual terms, it was as if the preceding words, in all the preceding sentences, were in a 12-size font; but 'solidarity' jumped to 35 – in bold, underlined, and highlighted.

Paul and I have been working together for six years on and off. First, when he was in this country trying to put his life together after university. Then there was a gap. Three years ago he contacted me from Brazil, where he had been posted as an English teacher, in great consternation once again because of his swings of mood – from activity and competence to desperate sadness and loss of motivation. We began regular online meetings. The pattern of periods of extreme melancholy, interspersed with shorter periods of contentment and social pleasure, echoed the character of his life after university, when he first came to me for help after graduating, when he had been taking on short contracts as a teaching assistant while he tried to make up his mind about what to do with his life. He had been very fond of his paternal grandmother who, during his unsettled childhood, became a source of reassurance and stability. One of her many gifts to him was enough proficiency in Portuguese, her mother-tongue, for him to find the prospect of working in Brazil irresistible, and it was to a teaching post in that country that he went, after training as a teaching English as a foreign language (TEFL) teacher. His pattern of steep

mood swings continuing, I did not want to exclude the possibility that he was suffering from bipolar disorder. At a time of horrible despair in his first year in Brazil – though he always went on working, which struck me as magnificent – I suggested that he should seek a psychiatric consultation, if he could. He found a psychiatrist and took a mood stabilizer and lithium for a while, though he no longer does.

His mood changes continued, though perhaps less steeply. I'd always doubted that he should be diagnosed as bipolar, without quite deciding why, except that I knew from our earlier work how unstable his childhood had been. His parents were so young – only 23 – when he was born, and his father went his own way when Paul was one year old. His mother, a talented musician, playing many different instruments, made a living for herself with various bands. Her work made their life nomadic until Paul was of secondary school age, when they settled in his grandmother's town, and his mother trained in reflexology. Their regular moves in his early life and his regular changes of school, chimed with his mother's similar mood pattern – from happiness to periods of sadness. After they settled, they would often rely on his grandmother, who lived nearby, when his mother had no work. I found myself wondering if Paul had internalised instability and his mother's pattern of mood change, if his variable moods were his own weather system, acquired from experience. However, I also knew that if this was a viable way of thinking about his mood change, it did not necessarily run counter to a medical diagnosis of bipolarity, however sceptical I was about its applicability to his case.

Solidarity . . .

This word arrived in one of a string of sentences in which Paul had been talking about his early years with his mother. We had already developed and shared, over time, the thoughts about his upbringing's consequences which I have outlined. The word didn't change these thoughts. Its effect is hard to describe. It was as if my understanding was given heft and shape, so an idea became almost physical.

"Two polarised positions governed my upbringing," he said.

"Polarised *climates*," I said, "is that it?"

"Yes," he said, "my loving and often sad mother, and my absent but practical father. . . . But the thing is – I've always felt an incredibly strong sense of solidarity with her, because she brought me up, she never gave up on me". I *felt* the depth of meaning in the word. It was the *'solid'* part of *'solidarity'* that struck me so hard and opened – at the back of my mind, at first – an intimation about my relationship with my own mother in her fifties.

A little more now about Paul's mother. She has indeed never given up on him. She is kind, generous and loving. I do not doubt that she gave him in infancy and early childhood the unconditional devotion without which he would never have developed into the attractive, highly intelligent, lovable young man I have come to know. He was both academically and socially successful in his school years, a sought-after friend who wrote interesting poetry and had girlfriends and good

parts in school plays. His life seemed to flourish, but his mother's failed to do so during that time. There were no breakthroughs in her life as a musician. Reflexology was an irregular source of income. And gradually, I think, she began to depend on her son. Not in an obvious fashion, but as if his existence was the vital sustenance. Their solidarity was a kind of unwritten contract: she would adore him. He would feel a tender sense of responsibility for her.

And now?

In long phone calls, she likes to connect with Paul not on the surface of his life, but at spiritual and philosophical depth.

"I just want to tell her about what I cooked last night, or about what I've been doing in the school, and she wants to talk about her dream about St Teresa of Avila."

She will say to Paul, "I need to be more like you".

But this role reversal weighs him down.

And his own father? He runs a very successful cycle tour business: well-heeled pensioners taking routes he and his team plan and map out, the pensioners' luggage taken care of, their itinerary from pub to pub carefully organised. He comes across in Paul's account as an upbeat, practical, cheerful person, never happier than when discussing practical plans. And when his son rings him wanting to talk about his life and his worries – his father, avoidant, moves quickly towards plans, tactics, practical ideas.

"Why don't you try . . . what about doing . . . have you thought of . . .?" During his childhood, his father would turn up from time to time – irregularly – and take Paul out for days of fun and activity. So, if one of his 'polarised climates' was his mother's spirituality and her frequent sadness, the other was his father's brisk practicality. "But perhaps they're not hard-wired", he said, "these polarities, but acquired and learnt". Internalising both his parents, perhaps he'd internalised another swing – from one to the other, from sadness to fizzing activity.

He talked fast in this session, with penetrating speed that contrasted with my slowness as I tried to keep up with him. I can see now how suitable this was: as his elderly therapist, I have been, perhaps, a little like his grandmother. I have been loyal, as his grandmother was, and affectionate, and I've had moments of great delight in Paul's wit, or his eloquence or the sudden speed of his thinking. So what was so right about this meeting was that he was ahead and I was behind, so that his separation from me was beginning to be enacted: separation being the theme of so much of our work: his need to encourage his mother to let him go. And yet, I have come to honour her for her dedication to her son. In the curious way such things can happen in therapy, I have come to like and respect this person I shall never meet and never know – very much. I honour her for her loyalty and for her courage. But he feels that she sometimes wants to *sacrifice* herself for him – and he is desperate that she stop feeling compelled to do so. Because he loves and cares for her deeply, he would prefer her to look after herself.

As a child he remembers wanting his life to be much more ordinary: the same house or flat; regular meals; a mother, perhaps, doing a conventional job rather

than living precariously as a session musician and occasional piano tutor who would sometimes stay in bed most of the day. It is significant now in our continuing work that 'ordinariness' as a word and as an idea, rings with special resonance. I like echoing his pride in himself when he reports his pleasure in just getting on with life in an ordinary way – holding down a demanding job, cooking decent food, keeping his flat clean and tidy.

Solidarity . . .

I try to recall the arrival of the word. I imagine its five syllables thudding into my mind: falling heavily into place and staying put. As a reader of poetry, I think of this word's arrival as very like the impact of a surprising poetic image or metaphor, and I need another one to try to explain myself. The impact is sudden, but I don't know straightaway why I've been struck. It's as if 'solidarity' arrives and a door opens, letting in light but I don't yet know what I am about to see. Without knowing she is doing so, and without intending that solidarity should be so heavy, Paul's mother has given him the full weight of her love and her life. But I could also see myself. This was a sudden, almost visionary sighting of common ground. My own mother brought me into the world, and loved me, and I loved her back. *Solidarity*. But in her late forties and fifties, when my parents were often at odds with each other, she was often very depressed. Her depression was a solid weight in me, because it always *felt* mine, my fault. My task, in solidarity, according to Andre Green in his paper *The Dead Mother*, was "to reanimate the dead mother; to interest, to distract her, to give her a renewed taste for life, to make her smile and laugh" (Green, 1972, p. 155). But if I failed, which was unavoidable, solidarity meant that the weight of failure stayed in me, and I, too, became depressed. Pressed down by this weight. Dependence is heavy. She often turned to me. In solidarity, I obliged.

So the 'now' moment sparked both ways. The word took its place in my own story, but I had no need or inclination to tell Paul about this. Instead, I felt new and powerful solidarity – *with Paul*. He and I now held the word and pondered its weighty significance. I felt open to him, alert to his thoughts as they raced, determined to give back to him my endorsement of his thinking, my conviction that he was beginning to discern a truth of immense importance about his formation. And it was the word *solidarity*, the moment of its utterance, that brought us together to this pitch of determined alliance. I kept ringing the word to him like a bell, backtracking to think about it again, unpacking its subliminal suggestions of weighty enmeshment; *loyalty and responsibility* forming in my imagination like a great stone statue of a mother and adult son, bound together; a statue that represented Paul and his mother – but also my 12-year-old self and my mother, lying on her bed, inert and silent.

In my own therapy during my training as a psychotherapist, I came to understand the importance of this moment. I had come back from my boarding school for a day at home to find my mother mute and inert on her bed, where she stayed,

speechless, all day. This had never happened before. It was like sudden death. She could not look at me, as if I no longer existed for her. She was an effigy laid out on her bed: a stranger. My silent father had suddenly become talkative, as if to compensate. He had never been so talkative, nor had my mother's love been switched off. Just before I left she did struggle to say something reassuring, whispering, but she still didn't move. Returning to school, I was very frightened, but I know that I also accepted in some obscure way, that I was responsible. Perhaps I signed my contract of solidarity with my own mother after this moment, understanding that I must try as hard as I could to revive her.

So who was this moment for? If we take Stern's differentiation of *now* from the moment of meeting – when the *now* is considered by both parties – then the 'moment' I have just described was mine only. But the 'solid' part of the word gave me such a vivid reminder of what my mother's depression had felt like. And this then gave mass and added conviction to *my* solidarity with Paul; so my moment became his as we 'met': as we talked fast and further. In all this, the word had the compressed potency of poetic image or metaphor – about the use of which in psychotherapy there is a large literature. A metaphor can suddenly clinch understanding and can gain power from bringing unconscious associations into awareness. McGilchrist calls the arrival of a metaphor "a single, concrete, kinaesthetic experience" (2009, p. 117). Paul used the word, and before long the image of my speechless mother surfaced in my mind. Vivid communication between us took place. Sims says: "the development of shared meaning that results provides a concise way of referring to complex sets of feeling and behavior in the future. Indeed, an important metaphor often provides a concise synopsis of the client's story as a whole" (2003, p. 535).

This has been very much the case in my continuing work with Paul. For a long time, his regular phone calls with his mother would leave him depleted and anxious, full of a sense of how unhappy she was. It became clear to us that he could not carry the solid weight of this lightly, easily: it risked Paul himself becoming depressed . . . in solidarity. And when his mood – as it often did – swung suddenly upwards, often accelerating in its climb to a state of exalted participation in everything that life offered – it was as if he threw off the sadness hurled it from him, so that his mood could levitate. Until anxious guilty feeling brought him down again. After another phone call, perhaps. Just so in my late teens, a glance at my mother's face, if she seemed once more cut off from me, sad and cross and miserable, and I would be weighed down again. *Solidarity*. We have only to speak the word in our shared narrative, and we know where we are. A 'concise synopsis' indeed.

Paul and I talk. Our job is to range over the landscape of Paul's past, present and future. Our conversation is like a communicative walk. But we're not on one path. We keep coming on new thresholds and crossing them; tributary directions and trying them. This is the spaciousness that allows the moments to occur. There's a paradox, because good relational work requires safety, and in psychotherapy, safety is often attributed to keeping intact a bounded and containing frame for

work. But when the relationship is secure, spaciousness is *unbounded*, inviting the kind of exploration that Paul and I have enjoyed.

My relationship with Jeanne was the same. A 22-year-old French woman, whose family came from Martinique, Jeanne arrived as my client when I worked as a student counsellor, and she was about to start a postgraduate course in computer science. When Jeanne was three years old, she and her sister had been handed over to the care of an uncle and aunt. Her uncle abused both girls sexually and physically. The abuse stopped when their parents were able to take back the two girls – when Jeanne was 11 years old. Nothing was said by Jeanne or her sister about what had taken place.

Jeanne invested all her energy and all her talent in academic success, doing brilliantly at school, and then at university graduating at the top of her year, determined to become a pioneer of the digital revolution. What lifted the code of silence that had presided in her family for the past 11 years of her life was the sudden explosive decision by another family member to speak to Jeanne's parents – convinced, so she said, for many years that the uncle had mistreated the girls – who were then questioned and forced to admit the truth. During the years of silence, Jeanne had often fallen into periods of loneliness and depression, though she always managed to continue to strive academically. But after the secret was out, and after her uncle's denial, and her aunt's eventual truth-telling . . . after her parents' panic and consternation and the dreadful accusations – "*why did you not tell us . . . why did you not stop it? Why did you let it happen?*" – she arrived at my university in a state of despair, believing that suicide would be preferable to such unendurable anguish. She saw that the university had a counselling service, and she approached us. I had a space.

There was a 'now' moment when she came into my room. Most therapists will be familiar with moments of this kind, when unconscious recognition makes therapist and client decide – without yet knowing that they have done so – to work together. Ordinary language gets it best, perhaps: *we liked the look of each other* . . . the 'look' including unintended signals and subliminal hints of our future compatibility. I took to her, and she to me – and perhaps she also took to the room's containing safety or the view of trees that filled the window. Maybe she quickly sensed subliminal hints of my anticipation of pleasure, ready, as a Francophile and competent speaker of French, to enjoy her accent, or to ask her for the French word if its English equivalent eluded her. *We hit it off*: another apt phrase for the moment. We 'hit' something together – like playing snap.

When Jeanne looked back at that first meeting, she told me that she'd approached the counselling service with no confidence at all that we would be able to help her, but that almost as soon as she sat down and we exchanged our first words – she felt relief and hope. I warmed to her straightaway, soon coming to admire her courage and her wit and her sparky intelligence.

Another 'now moment' and subsequent moment of meeting – came many months later. Jeanne, like so many who have suffered similar trauma in childhood, held tight to an inaccurate view of her own part in what took place. Remembering

the sexual abuse, she wanted to accuse herself of a craven failure to fight back against her uncle when he hit her or sexually abused her. She disliked herself intensely. But then came the meeting during which she told me the story of when, as a student, she'd been walking home late at night, and two young men cornered her against a wall and made their sexual intention unmistakable. This part of her story illustrates another of the ideas with which the Boston Change Group have illuminated their theoretical discussion of moments of meeting: *implicit relational knowing*. "Implicit processing consists of the representing of the relational transactions that begin at birth and continue throughout life" (BCPSG, 2007, p. 2).

Relating begins in infancy and never stops thereafter. Gradually in the life of any individual, experience of interchange with others turns into habitual expectation of how others will be. Jeanne's uncle was not only her abuser but often belittled and mocked her, so that after any exchange coloured by hostility she would always feel small and ineffective. "Such interpersonal meanings are embedded in interactions from the beginning of life" (BCPSG, 2007, p. 4). In this incident, Jeanne was utterly convinced of her ineffectiveness. The 'interpersonal meaning' she had derived from her uncle's abuse was indeed 'embedded' and was instated and fortified as 'knowledge'. She knew what she was like: small, ineffectual, cowardly.

It was late. She talked back, she struggled, she even kicked after she was punched. But there was no passer-by to be seen, and to her left there was a line of closely parked cars. She was trapped between the wall and the cars.

Now, speaking very quietly, deeply unsettled by her story, she told me what finally happened after an experience she thinks may have lasted half an hour. She is wiry and athletic and a regular runner. She suddenly put her head down, jinked – somehow – between the two men, and leapt onto the nearest car: car bonnet to car roof, roof down to freedom, running and running away from her danger. I cannot remember the words I said – but I remember what I saw in my mind's eye – a moment of triumphant courage and defiance. I saw her leaping, and it was a vision of beautiful power and skill. "Oh that's so wonderful, how beautiful, how clever you were and how brave – magnificent!" That was the 'now' moment. She was astonished.

And in her note after she read my text she wrote this:

> I vividly remember that conversation as we were talking about my uncle and how weak I was back then . . . and I brought back that story, cursing at myself (to your surprise) on how even at age twenty this was happening to me "again" and I did not fight back, you then asked me to say that bit again because it did not make sense to you, or perhaps to gently make me say how I escaped it. I just stated the fact, almost mechanically and certainly not proud of it (since obviously it was a source of shame) – and you listened carefully each step: the shouting, the kicks, the jumping, running and screaming, and . . . almost fainting in the restaurant – I even remember feeling bad about the collapsing. But here you interrupted me (thank you!). You had this explosive reaction of "but YOU DID FIGHT BACK", very enthusiastically. I vividly

> remember you moving your arms as you said it, going bit by bit on how marvellous my escape was, repeating my words, with a completely different tone.

*

So what had taken place? Our 'moment of meeting' followed straight after Jeanne told me the story of the street attack and her escape, and it became clear that my explosive delight and praise were completely at variance with her image of herself as a cowardly little child scampering away from danger she should have faced. Just as she had failed to resist as a child, now she had failed to fight back or resist as an adult. But my spontaneous pleasure challenged this well-established and desperately misleading, self-condemning thought. I do not now recall the detail of our discussion – though I am sure it included celebration of her adult strength, cleverness and speed of thinking, as Jeanne herself suggests. I guess I reminded her yet again of the difference between childhood and adulthood, using a new opportunity to stress her small child's powerlessness and physical weakness when her uncle abused or beat her and comparing this with the transcendent and glorious seizing of power back from the men, defeating them utterly with her escape. Perhaps I did what I had done with others: point out, on a wall, her probable height as a child – compared to her uncle's – as a powerless small child, so that she could have visual confirmation of the impossibility of resistance or escape in those terrible early days.

All this could have been achieved in other ways and without the spontaneity of the first – now – moment. But I also know that our relationship has been a powerful agent for the gradual growth of Jeanne's self-belief. Her entirely negative self-image had become powerfully installed – and I believe, as she does, that the explosive suddenness of my reaction – so much more potent than careful explanation – helped to *begin* the long process of dislodging and replacing it. If the moment was therapeutic dynamite, it had no preparation, no deliberate laying of a charge. The relationship itself was the only preparation – and its spaciousness. Perhaps, with Paul as well as with Jeanne, it was the power of my paternal, or grandpaternal, countertransference which made for a sense of spacious possibility. I believe in both of them, and my desire that they thrive is charged with love. I have not had to find, nor to cultivate, this wish for their health. They have engendered what I feel for them by being themselves – and I have been able to be admiring and excited and surprised. Moments of meeting are, above all, surprising.

What now follows is a longer note that Jeanne wrote after reading this text. In doing so she also reminded me that she was able to see the open kebab shop, far away though it was, as a possible sanctuary. When she rushed into the shop the owner welcomed her and helped her.

> . . . this whole experience shifted something very strange. After the attack, I focused on my cowardice because I lied to my attackers to get away: "my father is waiting for me at home" – in other words I was inventing a savior because I thought I could not save myself, and felt the attackers knew I felt weak, because I did. I was alone, again. And they were two.

I was doomed and I carried this belief long after the attack. When I recalled the whole experience to the police the timeline indicates that the whole nightmare lasted about 30 minutes . . . but my memory of it was a lifetime. I focused on an eternity of humiliation where time was distorted, and the escape was so brutal and sudden that I barely remembered it. I thought it could happen again, and I would not be able to fight it. I was very ashamed of such a "small" attack, and I think the psychiatrist I saw thought I was insane, with a broken nose, having almost been undressed and raped in the middle of a street to then say "it's nothing, I am fine". I was not pretending that it was nothing, or even thinking that it was brave to say so. I genuinely could not understand what happened to me, because I was sinking into a dangerous depression, since *"ma vie, c'est de la merde" (my life: it's shit)* as my mind would keep telling me. Anyone could use me.

It is quite silly now that I look back at it, but this attack separated my mind from my body for 30 minutes, obviously echoing my childhood. I should have remembered that I fought back and kicked them despite having a broken nose (a head punch), and more importantly shouted "*mais laissez moi tranquille!!*" (leave me alone!!) at a moment they were about to commit the "irreparable". I kicked and left, it was so instinctive that I did not even own my own action and somehow I could not process it. I remember that the running did not make sense, the hitting either, and the car even less, so I put it aside although I could remember bits of doing so. But I could not remember any decision making. I gave the credit to the kebab guy, even if I was already safe when I reached his restaurant. At no point did I credit myself for getting away because maybe if his restaurant was not open I would not have jumped on the car, I will never know, but it does not matter.

This was the epiphany: I fought back and I will fight back, I was not doomed. My experience of sexual abuse and this attack made me feel very little and weak, and convinced me I would have to endure such experience again . . . But this was not true. I escaped at age 20 and clearly did not even know it, I just was letting a shadow follow me for no reason at all.

Reflections: the need for trust

Paul and Jeanne have both changed. Paul's low times – short phases of loss of confidence and social retreat – don't last so long now, nor do they take him to suicidal thoughts and despair. He has learned how to look after himself at such times – not to retreat too far, to stay active, to take exercise and eat well: all those ordinary things the value of which he now prizes. Jeanne is a successful young professional woman, who makes friends easily, and who even begins to believe that they cherish her. Her demons haven't vanished – but she knows she can fight them.

In both these cases, the 'moment' was positive: Jeanne's an ambush of revelatory delight; Paul's the sudden promise of rich insight. But 'moments' can also be frightening or destructive and, of course, may lead to irreparable rupture.

However, there is a case to be made that if they are repaired, therapeutic benefit may ensue. Safran's complex statistical study found "a medium size effect that indicates that the presence of rupture-repair episodes was positively related to good outcome" (2011, p. 82).

In my work over the years I can recall moments that, to begin with, threatened to capsize the therapy, but, repaired, seemed to deepen trust. I recall for instance two markedly narcissistic clients I nearly lost when uttering observations that sounded mild to my ear but they heard as demeaning and were enraged by. Repair succeeded, slowly, and thereafter, we knew where we were. I accepted that I'd been instructed, and they were able to trust me.

In the example I now quote, the rupture can be seen as a 'now' moment. It was fairly early in my work with Catherine, the client concerned. We had been warmly well-disposed to one another until this point. I had come to like and admire her very much: I found her vividly attractive and very clever and funny, and she had decided, so I felt, that I could help her. She was then a mature student in her thirties. She had spoken of an incident when she had felt publicly belittled by a lecturer, Steven. During her childhood, she had suffered prolonged sexual abuse and violence from her abuser, Max. At this time, the earliest stage of my training, I was vigilant for moments apt for interpretation. But Catherine did not come to see me to be *interpreted*. I had, by then, begun to take care of some of her fears and her hopes. But they were hers. Something in the power relation of therapy made me too eager to possess these fears and hopes – rather than wait for Catherine to tell me what she might like me to do with them. I interpreted. I cannot remember my exact words, but they might have been: "I wonder if Steven the lecturer reminded you a bit of Max?"

I remember her anger: "*No!!!*" on a crescendo. I know she spoke loudly. She said I was trying to diminish what had happened, that I didn't believe that this lecturer had shamed her. How could I doubt it had been real? I cannot recall her exact words – but this was her meaning. For all who have been half-ruined by early life, disbelief can be lethal. My naive interpretation – and it was naive, and clumsy, despite the portion of truth it contained – was disbelieving. What I did not then understand was that good interpretations usually need to swim from a kind of joint unconscious, arriving like epiphanies. Paul's 'solidarity' was such an interpretation – and his, not mine. Instead, I had co-opted her account – from her unsafe life – and tried to coerce her to translate it into my safe theories. Translation is always loss: in a sense I had been brutal, Max-like. Holding to the idea of transference, about which I was learning at that early stage of my first counselling training, I was claiming to be certain that Catherine had met her abuser in the guise of this lecturer. She did in the end accept the partial truth of this. And yet I had failed to acknowledge that I was *real* to her and she to me, so why should this lecturer also not have been real? As far as our relationship was concerned, I had not then begun to think critically about the nature of the interchange between therapist and client. I was being trained by a classically psychoanalytic tutor. I did not then know what the literature (Clarkson, 1995, op. cit; Gelso & Carter, 1985; Greenson, 1967; O'Brien & Houston, 2000) would later tell me: the existence of

a 'real' relationship between therapist and client: two 'real' people affecting each other in the present as well as reiterating other relationships in a transference. Just so with her lecturer. I missed the point: what took place had been real, as well as transferential. He had hurt her.

She said she wouldn't come back. I offered her another appointment three weeks ahead. My supervisor's only criticism was that I should have offered her an appointment the next week, insisting thereby that nothing had changed; that I was still there, still happy to see her; I steeled myself never to see her again and felt enormously sad at the prospect. But Catherine did come back. I do have notes for this meeting. She was contrite, and I tried to reassure her there was no need to be, while I also tried to own up to my clumsiness. My notes tell me she said, "*You've seen me really bad*." I experienced her, at that moment, head bowed, as a penitent child-ghost, and I felt compassion and love. This was the repair. I don't think until then I had *felt* the horror of what had taken place in her childhood. The 'now' moment, the moment of rupture, was a vivid flash of the pain she still carried from those years. It was also a moment of instruction: she needed all the careful, and tentative, tenderness I could muster.

Catherine years later, when we had occasion to recall our work when I was writing this, forgave my clumsiness, and argued that I was at least trying to help her keep a distance from the lecturer: to explain him away as a flashback, as an echo, so that she might be able to discount such a moment, in her search, like Paul, for ordinariness. Her hope of health was to master the rules of the world she had decided to try to enter – an ordinary university, full of ordinary students. I could easily have lost her. Ruptures are risky. And yet, after ours, we drew up a kind of plan – that Catherine would try to store the incursions of fear, the moments when she was most certain of someone's malice, and bring them to our meetings. She would try not to react at the time. "I will take it all to you", she would say. This subsequent 'moment of meeting', then, led to a kind of contract: a deepening of trust.

Perhaps it was at this time that a recurring phantasy began: of sitting in a kitchen feeding Catherine, sitting her down to eat a proper prolonged meal, as I did for my own then young children. I know now, after so many years, that Catherine's decision to come back was my good fortune as much, or more, than hers. I had the luck to be able to be her counsellor for several years, and our work was formative: she taught me so much.

All three of these moments illustrate what's meant by the importance of the therapeutic relationship. With Catherine, our relationship had not yet reached the degree of trust which the 'repair' promised. Our joint penitence felt full of hope. It was almost as if the rupture had been unconsciously planned by both of us – so that I could be instructed, and we could meet properly, and begin to work. Without trust and intimacy, the spontaneity of what took place with Paul, and with Jeanne, wouldn't have been possible. Forethought should not be avoided in the practice of psychotherapy, but what the study of moments of meeting suggests is that change can happen when a therapist is obeying no conscious intention, and when therapist and client have ceased to be aware, second by second, of their effect on each other. It's then that the unconscious mind of each can be open to the other, and ready for unguarded utterance.

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Suggestions for further reading

The BCPSG website offers several papers by their group which you can download for free.
www.changeprocess.org/index.php/publications-by-the-group/category/4-interventions-that-effect-change-in-pyschotherapy-1998

From Daniel Stern, the key theorist for this subject

The key paper by Daniel Stern. Available at: http://icpla.edu/wp-content/uploads/2012/10/Stern-D.N.-Non-Interpretive-Mechanisms-in-Psychoanalytic-Therapy.pdf

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Worlds within worlds.
Spiegel im spiegel.
Alternative perspectives.
Step back. Look from wide and deep
at the assumptions and beliefs
you've held as truths for many years.
What new truths emerge when you take a long view?
How might this colour how you live and work in the future?

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4 Holding the body in mind in times of transition

Tree Staunton

Introduction

Jung once said that there is nothing wrong with giving advice, since it has absolutely no effect and changes nothing. He was perhaps referring to his patient who chose to go mountaineering against his advice – warned in a dream – and did not survive. But the question of what is efficacious is one that has both beleaguered and intrigued the profession since its beginnings. What produces change in psychotherapy, and why do we need so many different approaches? Are they all trying to achieve the same thing? How can a client attending therapy for the first time know what they want or even what is possible? It has often been said that "if you have a problem in your life see a counsellor; if your life is a problem, see a psychotherapist". This hints at the difference between wanting to change a symptom and wanting to change consciousness; wanting to rid oneself of something bothersome or wanting to find meaning in life. Is there a map for this territory?

In *No Boundary* Ken Wilber offers us a map of the *Spectrum of Consciousness* in which he locates or positions different therapeutic approaches to change. He tackles the question of whether all the approaches are aimed at the same level of a person's consciousness. Wilber says:

> the individual sincerely interested in increasing his self knowledge is faced with such a bewildering variety of psychological and religious systems that he hardly knows where to begin, whom to believe . . . for example in Zen Buddhism one is told to forget, or transcend, or see through one's ego; but in psychoanalysis, one is helped to strengthen, fortify and entrench one's ego.

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> Which is right? This is a very real problem, for the interested lay person as well as for the professional therapist.
>
> (2001, p. 11)

Wilber suggests that if we see these different approaches as addressing different levels of consciousness, then all the various therapeutic approaches are complementary. For example, whilst psychoanalysis is aimed at healing the split between conscious and unconscious in order to create a strong healthy ego, humanistic therapies aim to heal the split between the ego and the body, "to reunite the psyche and soma so as to reveal the total organism". He goes on:

> this is why humanistic psychology – called the Third Force (the other two forces in psychology being psychoanalysis and behaviourism) – is also referred to as the human potential movement. In extending the person's identity from just the mind or ego to the entire organism-as-a-whole, the vast potentials of the total organism are liberated and put at the individual's disposal.
>
> (ibid, p. 12)

Do treatments cure disorders or do relationships heal people?

When we look at research into what 'works' in therapy and what creates change we hear terms like 'outcomes management' and 'evaluation of risks and benefits' – language that seems very far from the lived experience in the consulting room. Researchers discuss how to replicate findings about therapeutic processes, and outcomes are aligned to clients' characteristics in order to find a scientific foundation for their practice. In reality is a therapist 'applying treatment techniques' when they engage with a client? And can the method used – what the therapist actually *does* – be separated from who they are and what they bring to the therapeutic relationship? These questions engage us in a discussion about the philosophical underpinnings and underlying assumptions of practice. Who am I as a therapist, and what is my intention in practice? And how do I 'prove' that the therapeutic relationship I am offering 'works'?

The Department of Health's review *Treatment Choice in Psychological Therapies and Counselling* (Department of Health Publications, 2001) presents a comprehensive review and appraisal of available psychological treatments. Yet the review states

> Nowhere is the gap between research and practice wider than in this field. Most psychological therapy in the NHS is pragmatic and eclectic, where therapists use a judicious mix of techniques drawn from varying theoretical frameworks. Most psychotherapy research, on the other hand, is on standardised interventions of 'pure' types of therapy, e.g. cognitive, behavioural or psychoanalytic. The most prevalent interventions are paradoxically the least researched.
>
> (2001, p. 4)

The review bases its findings on 'high-quality reviews' of the efficacy of various psychological therapies. Whitfield and Williams (2003) commenting on the review make the point that

> counselling and psychodynamic therapies are not presently supported by high-quality research evidence, since . . . research into eclectic therapy is difficult because of the practice of standardising treatment approaches in trials. (2003, p. 23)

Yet this 'high-quality research evidence' is based on a philosophical approach that is anathema to human experience. To quote a consumer and practitioner narrative of the Government's IAPT programme (Williams, 2015):

> The criticism of the NICE evidence-based guidelines supporting the IAPT programme, has been the dominance of the gold standard randomized controlled trial methodology, with a focus on numerical outcome data, rather than a focus on a recovery narrative. RCT-based research is influenced by a philosophical paradigm called positivism.[1]

Evidence-based practice in psychology is defined as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences" (APA Task Force, 2006, p. 273). Although it might be seen as desirable that psychotherapy would provide the equivalent of a pill to treat psychological problems, the research over decades has not produced such evidence. However, what has been repeatedly cited as effective is the skill and expertise of the therapist and the willingness of the client/patient rather than the technique used. Is the therapeutic relationship the 'pill'?

In their well-known collection of studies *Psychotherapy Relationships that Work: Evidence Based Responsiveness* (2011), Norcross and Lambert state that "the culture wars in psychotherapy dramatically pit the *treatment method* against the *therapy relationship*" (2011, p. 3). So Norcross asks "Are you on the side of the treatment method, the RCT-randomized controlled clinical trial – and the scientific-medical model? Or do you belong to the side of the therapy relationship, the effectiveness and process-outcome studies and the relational-contextual model?" However, they say "like most dichotomies, this one is misleading and unproductive on multiple counts. For starters, the patient's contribution is vastly greater than that of either the particular treatment method or the therapy relationship" (2011, p. 1).

Norcross uses the term "empirically supported relationships", and his research outcomes acknowledge the "deep synergy" between treatment methods and therapeutic relationship. He goes on to say, "multiple and converging sources of evidence indicate that the *person* of the psychotherapist is inextricably intertwined with the outcome of psychotherapy" (2011, p. 7).

It is further acknowledged that the client is one of the leading contributors to change – their hopes and expectations of therapy, and hence their investment in

the process. When Lambert examined the status of research on Rogers' "necessary and sufficient conditions for therapeutic personality change", he emphasised that although research had confirmed the importance of Rogers' 'core conditions', he suggested a modification of person-centred theory was needed that emphasises the client's contribution to outcome (Lambert, 1986).

Saul Rosenzweig's 1936 research contribution[2] has been lauded for initiating the conversation about *implicit common factors* in therapy, and subsequently common factors theory has become a guide for research in clinical psychology and psychotherapy, proposing that different approaches share *common factors* that account for much of the effectiveness of a psychological treatment. His original 1936 paper *Some Implicit Common Factors in Diverse Forms of Psychotherapy* has become known as 'the Dodo Verdict' – referring to the well-known quote from *Alice in Wonderland* – "Who has won?" All forms of therapy have won because all of them show positive results.

Decades of psychotherapy research consistently attest that the patient, the therapist, their relationship, the treatment method and the context all contribute to success (and failure). Citing Safran and Muran, Norcross and Lambert conclude that "treatment methods are relational acts" (Norcross, 2011, p. 5).

Considering interviews and texts from the many contributors to the common factors theory, one gets a strong sense of their goodwill and wish to mediate and create harmony in a field that remains fraught with internecine conflict. Norcross prefaces his second edition (2011) by stating that his hope is "to advance a rapprochement between the 'warring factions' in the culture wars of psychotherapy and to demonstrate that the best available research clearly demonstrates the healing qualities of the therapy relationship". The hope that research – objective and scientific – may unite the field suggests that the different approaches are arguing only about method, and even if the person of the therapist were contributing to a large extent, their 'measurable traits' are no more than the 'core conditions'.

But the deep splits in the field represent much more fundamental beliefs about what it is to be human – philosophical differences of meaning and intention – of what is 'healthy' and 'unhealthy' in our culture and society. Politics and worldview enter into the discussion. Furthermore, the attraction and adherence to a particular psychological approach carry within it 'psychobiographical' elements. Theoretical frameworks and ways of understanding the psyche are personal to our own history and psychological makeup, and they carry much more than ways of seeing. They are inner maps of our own experience, conscious and unconscious – and our loyalty and adherence to them only make sense in this context. As suggested in intersubjective systems theory, no theorist offers definitive statements on the meaning of being human unless he or she feels that they offer a framework for understanding their own life (Stolorow & Atwood, 1992, 1994).

Integrative psychotherapy – the study of different theories and approaches to form an individual unique integration – is in ascendancy within the field, being the choice of training for a majority of therapists currently graduating.[3] Postmodern theorising has moved away from an adherence to a 'founder' theorist to a consideration of context and culture. A capacity to be critically reflective of all

theory – and also of our own thinking – is crucial in a world threatened by media distortion, dogmatic interpretations and polarisations, and is essential for the development of our research as practitioners. In considering the question of what creates change in psychotherapy, we must take into account the numerous powerful influences on individuals in a media-led popular culture. At the same time, psychotherapy is somewhat counter-cultural, asking that we slow down, allow space and time to reflect and attend to our internal world and the life of the body.

A psychology of Soul

> 'Soul' is not a thing, but a quality or a dimension of experiencing life and ourselves. It has to do with depth, value, relatedness, heart and personal substance.
>
> (Moore, 1992, p. 5)

> Soul is all around us and is not the special province of dreams, myths, alchemy, or active imagination.
>
> (Sardello, 1995, p. xix)

Soul psychology raises the question: "Is symptom reduction our main aim in psychotherapy?" Could it even be psychology's betrayal of the soul? Psychological medicine focuses on relief of symptoms, seeking a cure. But what if a symptom holds important information and learning, and this can only be uncovered by a conscious acceptance of the painful symptom, allowing it to reveal itself? What if the 'change' that's needed is a change of heart rather than the ridding of a symptom, requiring the sufferer to listen to the symptom and respond to its message?

In an archetypal psychology framework (Hillman, 1993, 1996; Moore, 1992, 2004) – a development of Jungian thinking – a symptom would be seen as an expression of the soul; it might be preventing a bigger problem or protecting the individual – the child who cannot go to school because of a phobia, for example, might have a deeper wisdom or a soul's calling that is using the symptom as a guide. What if the child's creativity would be destroyed in school or their relationship capacity profoundly wounded? As W. H. Auden observed:

> The so called traumatic experience is not an accident, but the opportunity for which the child has been patiently waiting – had it not occurred, it would have found another, equally trivial – in order to find a necessity and a direction for its existence, in order that its life may become a serious matter.
>
> (Hillman, 1996, p. xi)

Perhaps we do not know best. This is the fundamental difference between an ego perspective and a soul perspective in psychology and psychotherapy. It moves us entirely away from a medical motive for psychotherapy and an attempt to change someone for the better. It moves us away from science and towards philosophy.

What if, in relieving someone of their symptom, we are depriving them of an essential truth of their existence? This goes beyond scientific discourse.

Popular psychology promotes the notion that the roots of our ills lie in our childhoods, our dysfunctional relationships within our family of origin. Many therapy hours are spent rehearsing and rehashing the past and re-enacting early relationships via the transference relationship with the therapist. But Hillman calls this the "Parental Fallacy", whereby we attribute cosmological powers to our parents (Hillman, 1996, Chapter 3). What if, as Hillman asserts, the impact of one's relationships with parents or events in childhood are insignificant in terms of healing traumas, but rather that these impacts and events have a meaning that is to be understood in order to reach for the ultimate understanding of one's existence.

Trauma is a real and profound experience. Clients come to therapy in the hope of reducing their suffering, anticipating a different life once the trauma resolves. But if a person sees themselves as broken, needing to be *fixed* in some way, rather than to be *found*, they may be missing their essential story, the one they were born with and that is theirs to be lived. The therapist who practices with soul in mind cultivates a wide-angled view, offering an intentional focus on acceptance of the whole field, and inviting the client into this perspective by their *being* as much as their interventions. In most depth psychotherapies, the therapist engages in some form of affect processing – known in psychoanalytic practices as *metabolising* (Bion, 1962) – and this involves a significant level of somatic attunement, *being with* and *processing* the pain as opposed to trying to offer relief or solutions.

This goes much further than the common therapeutic factors presented earlier, as in Rogers's "necessary and sufficient conditions for therapeutic personality change". In her chapter *What Makes People Better?* Josephine Klein offers criteria for determining what 'better' means, helping us to further a distinction between counselling and psychotherapy. She says that some people get better just by being allowed to talk. "It helps to put things into words. . . . Just getting this vague muddle into consciousness and into properly organised form may be all that is needed. . . . Good counsellors are trained to do this" (1995, p. 49). An accepting and empathic listener who finds ways to help their client frame things in words and make connections is sufficient to enable some people to become more contained and to accept their own feelings and thoughts even whilst these may be different from other people's. But, Klein says, when there is resistance to allowing conscious connections to be made, it is harder for a person to allow meaningful relationships to exist, and the psychotherapist needs to be used as the container and translator of emotions which have yet to be consciously experienced. This frames psychotherapy in a characteristically psychoanalytic understanding whilst falling short of offering a somatic framework which, I would argue, is essential to enable this process of translation and *metabolising* to take place.

Psychotherapy with the body in mind

The three decades of my psychotherapy training and practice have spanned a period of intense research and development into the *body–mind* connection within

the field of psychology and psychotherapy, spearheaded by the humanistic psychology movement in the 1970s and 1980s whose philosophy included an appreciation for the innate wisdom of the body and a deconstruction of mind–body dualism. The development of trauma-led research, which spread across the spectrum of approaches, united psychoanalytic, cognitive and experiential methods, giving rise to trauma-informed practices within mainstream NHS mental health services and fostered acceptance of an integrated approach (Levine, 1997, 1999; Miller, 2006; Rothschild, 2000, 2002; Van der Kolk, 2015; Ogden, 2006).

However, a prejudice remains in psychoanalytic treatment methods when psychological suffering manifests as physical symptoms – the body may be problematised, presenting a 'risk' to the psychological work of analysis if it manifests as symptoms. A common analytic view of the body and somatic processes arising in the course of analysis is that they are archaic, pre-symbolic representations of traumatic experiences which have become lodged in the body. They only come to the analyst's attention as 'unintegrated'. Since pre-verbal memories cannot be dealt with through words and thoughts, McDougall tells us that there is "the constant *risk* that their dynamic force will be vented in the sudden eruption of hallucinatory experiences or *somatic explosion*" (1995, p. 159, italics mine).

The body is a risk to be kept under control, its presence only felt when it creates symptoms; the implication is that, like a naughty child, it should be seen and not heard. It is conceived of as 'intrinsic' and not raising any issue in the 'healthy' person. However, logically if the psyche is able to influence the body to "talk in the mind's place" (McDougall, 1989, p. 30), it can also speak its joy, exhilaration, pleasure and awe, if it has a voice that is listened to. Ignored, it may become the child whose only way of having its existence recognised is by complaining.

If we return to the moment when psychoanalysis was born and the birth of psychology itself, it was the body that legitimised the study of the mind. The division of mental life into what is conscious and what is unconscious is the fundamental premise on which psychoanalysis is based. In *The Ego and the Id* Freud discussed the process whereby something becomes conscious – where instinct is converted to ego. He understood that both the death instinct and eros/sexual instinct (in which he includes the self-preservation instinct) were "active in every particle of living substance" (1923, p. 21). Freud writes in *Studies on Hysteria*, that when he found that he could not induce hypnosis in order to access hidden memories in his patients, he developed a *pressure procedure*:

> I decided to start from the assumption that my patients knew everything that was of any pathogenic significance and that it was only a question of obliging them to communicate it. Thus when I reached a point at which, after asking a patient some question . . . I was met with the answer: 'I really don't know'. . . . I placed my hand on the patient's forehead or took her head between my hands and said: 'You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for'.[4]
>
> (1957, p. 110)

The body was consulted and trusted as the 'unconscious', and organismic wisdom was elicited. In many of his clinical examples in *Studies*, Freud describes using whole body massage, often twice daily, which he applied medically to alleviate symptoms, but found it had the surprising effect of recovering hidden memories.

The term *psychoanalysis* was first used in a paper published in French on March 30, 1896, and by this time Freud's techniques had moved on to the development of his method of 'free association'. Over the next years his theory advanced to the understanding of repressed sexuality as the root cause of neurosis and of the dream as wish fulfilment. *The Interpretation of Dreams*, published in 1900, set in motion the best-known and most commonly used analytic approach, and though for a long time he continued to use the symptoms as starting points, Freud moved away from any contact with the patient's body, offering a symbolic translation of their stories of childhood sexual activity.

Society intruded when the patient's truth was inconvenient, and the body was side-lined and medicalised, treatment aimed at conformism to society's values (sublimation of desires, etc.).

But Freud's epiphany was that the real 'cauldron' of the unconscious was represented in fantasy. Today's world is fantasy gone wild. All repressions have been lifted. We have externalised everything we could possibly imagine in virtual reality; the lid is off the unconscious – we have kept no secrets from ourselves or each other. All is said and done. So what have we become? What is left in the unconscious? "We've had a hundred years of psychotherapy, and the world's getting worse" (Hillman & Ventura, 1992).

It seems to me that we have created new and different problems. Today's dialogue in therapy is more likely to be between the ego and the id – the superego having lost its grip, guilt no longer monitors the id. A sense of identity, developed from the inside out, is hard to grow without outer containers or guidance – extended family, community, church and so on. Without tradition to back them up, parents have to make it up as they go along, at the mercy of TV advertising and the demands of the latest trends. Children are left to their own devices (usually electronic ones) at a younger age with both parents out working in order to manage the financial toll of an increasingly materialistic lifestyle.

As psychotherapy has moved away from a medical model, therapy witnesses and supports what the client wants to change, rather than setting the agenda for change. Clients are more likely to shop around and choose their therapist based on a market view. Indeed, trainee therapists are more interested in a viable career than in a vocation – something that they feel called to do.

In the consulting room today we see fragmentation, dissociation and loss of real identity, or mere lostness, numbness and lack of inner direction. There is a desperate search for meaning in a world where the rules are no longer clear, and society no longer offers structures to support the flailing ego. If sex were a problem in Freud's time, it is no less of one now: Is there a self to surrender? How do we relate to an 'other'? The narcissistic culture promises delivery of all desires – fast.

No waiting, no cultivating; it is all out there, ready to be had. The only drawback is that it is all virtual. Image and fantasy (Staunton, 2008a).

McKibben (1996) believes we have become "information mediated" – we learn more about the world through information devices than through actual experience with the world. We live in "hyper reality" (Borgmann, 1992), which is described as brilliant (i.e. the senses are focused on exciting information), rich (i.e. there is more information and stimulation than one can process) and pliable (i.e. the environment is subject to your desires and manipulations). Borgmann says that the problem with virtual experience is that the context is missing. Our experience is no longer connected with our relationship to the world. He says, "people will come to view the real world as a commodity (like the experience they are buying in hyper reality)". And likewise, perhaps, relationships?

We are divorced from our lived experience, and our environment. The inner emptiness that is created by this illusion of 'having' is in evidence everywhere. Yet on the positive side, in these narcissistic times we have become a psychologically informed culture. Through being able to talk about our experience, both in therapy and outside of it, we are learning about ourselves, and we are hearing the stories of others. Humanistic psychotherapies and the human potential movement moved us on from the psychoanalytic goal of 'normalisation' and challenged us to shift our perspective to a realisation of our creative potential. People discovered that they did not have to accept the status quo, that there is more to life than 'ordinary misery'. Psychotherapy became a popular user-friendly service helping to maintain marriages, relationship to family and careers. As a culture we began to expect to thrive rather than merely survive. Yet with an increase in choices of lifestyle, relationship mode and family structure, sustaining healthy relationships to ourselves, to each other and to our world has become a major preoccupation for us as individuals and as a culture. How is psychotherapy addressing these issues?

Reconnecting with ourselves through a return to the body is one of the core qualities of body psychotherapy (Staunton, 2002; Johnson & Grand, 1998; Totton, 2003.) With an inner directiveness, its focus is on the 'felt sense' (Gendlin, 1982) and re-connection to the instinctual self. In a culture where image is more important than bodily reality, what matters is how we look and how we measure up, rather than how we feel. In a world where outer success and achievement are the *sine qua non* of self-esteem, our bodily selves must be constantly overridden, ignored and denied. They become a transportation system for our heads.

An intentional focus on the body as a source of feelings, images and conflicts is an antidote to this, and an avenue for exploration which is instantly transformative, since the process itself is countercultural. This may not be obvious to those who have not experienced a somatic approach. Finding a language for bodily experiences can be remarkably difficult – it is not always immediately evident that the body has a psychological life, and many people are unaware or numb to their body's signals.

In the summer of 2005, I conducted some research, using experiential exercises to connect participants to their bodily experience, and recorded their responses in an exploration to determine 'features' of what I call 'body consciousness'

(Staunton, 2008b). All participants reported feeling in touch with a different experience of their bodies and a change of consciousness. Over half reported having more vivid dreams immediately after the interview, and most felt the dreams were related to their 'body interview' – animal dreams, vivid colours, dream narratives, 'being spoken to'. Half also reported 'deep sleep' and 'waking up with feelings'. In the follow-up semi-structured interviews, I was interested in my participants' connection to their environment.

Ecopsychologists suggest that distancing or alienation between self and environment is a "repression of cosmic empathy; a psychic numbing we have labelled 'normal'" (Roszak, 1995, p. 11), and environmental philosopher Paul Shepard speaks of "the self with a permeable boundary . . . whose skin and behaviour are soft zones contacting the world instead of excluding it" (Roszak, 1995, p. 13). Some of my participants illustrated this – for example:

> "Horizons were more expansive . . . I felt more accessible to other people, to my environment . . . more open, expansive". "It wasn't a different connection to the environment, but I stopped and gave it time." "I was acutely aware of smells. . . cut grass . . . lavender . . . l couldn't get enough of it". "I felt spatially aware . . . there was no edge between me and my environment".

For some, this connection to the environment was experienced as a spiritual awareness:

> "It made me acutely aware of other dimensions, and opened me up". "I felt I had a more permeable membrane". "I was present in eternity. . .not limited by time and space".

For others it simply put them back in touch with themselves:

> "I know what to do if I listen to myself properly". "I have not been listening. I need to trust my instincts".

Abrams tells us that "ultimately, to acknowledge the life of the body, and to affirm our solidarity with this physical form, is to acknowledge our existence as one of earth's animals, and so to remember and rejuvenate the organic basis of our thoughts and our intelligence" (1996, p. 47).

My research findings serve to illustrate the body's part in countering the tendencies of modern culture to pull us out of a real connection to ourselves.

Civilisation's midlife crisis

In the life of the individual, a conflict between ego/soul/instinct characteristically appears at midlife. Trappist monk and mystic Thomas Merton (1915–1968) is attributed as having coined the now popularised phrase – "you get to the top of your ladder and realise it's against the wrong wall". At this time it may be

that a person has worked hard to achieve what they desired – family, work and wealth – but their soul calls them out. Their edifice collapses in ruins. There is a crisis, and the work of therapy is to turn the crisis into meaning.

It is now generally accepted that civilisation is in a state of social and environmental crisis, facing catastrophic climate change, possibly heralding the end of our time here on earth. As a society and as a civilisation we are facing a massive collective confrontation with the unconscious calling us to *wake up – our ladder* is *against the wrong wall!* We urgently need to see that our ego desires have destroyed soul in our world. Progress was a false god that has led us down a path of destruction. Can we change or is it too late? Our collective resistance asserts itself: we want to get back on our technological horse. *They* will find a solution we say, as we sink back into apathy. But some scientists assert that we no longer have a choice; we are beyond the point of 'midlife' – our time is up: "The living planet is in the fourth and final stage of a terminal disease. . . . Hope will neither slow nor stop human extinction. It is long past time we admitted hospice is the appropriate way forward" (McPherson, 2019a, p. 196; 2019b, p. 10).

Whether collectively we are in midlife crisis or the end stage of life, is change still possible, and how can therapy help? The change that is still possible is a change of heart. It is not necessarily 'outcome oriented'. The outer may remain unchanged – the worst predictions of environmental collapse may indeed come to pass – but our inner worlds can embrace acceptance of what cannot be changed, allowing for new ways of being with it. We cannot avoid death. We can only choose how we go to meet it.

Translating our approach to helping an individual navigate midlife crisis – whether this means a redemption or acceptance of the end of life – we can turn to sources of wisdom and the experience of inner change which holds open possibilities – acknowledging and accepting the mistakes that have been made and mourning our losses. The work of therapy in a life crisis requires us to stay with the complexity of the situation and to avoid jumping to easy solutions; expressing regrets and accepting that there is no going back, challenging attempts at restoration of the ego and denial of the truth of what's happening. Once we accept the truth that pain catalyses change, we may look to previously unacknowledged sources of comfort and fulfilment. It is a time for renunciation – giving up what the ego wants and acknowledging the Soul's path.

A psychotherapy for our time

Erich Fromm (1985) offered a complete and systematic exploration of a 'humanistic psychoanalysis' asking "Can a society be sick?" He finds that it can, arguing that Western culture is immersed in a "pathology of normalcy" that profoundly affects the mental health of individuals. He warned that society itself could become so pathological as to induce a form of collective insanity among its members. Has this insanity has become so widespread and deeply entrenched that we have brought ourselves to the brink of extinction? Jonathan Cook (2020) advocates "As the clock ticks away, the urgent goal for each of us is to gain a deep, permanent insight into our own insanity".

A psychotherapy for our time must involve a wide-angled systemic view. How can psychotherapy counter the wounds created by an increasingly objectifying culture? The environmental crisis is upon us and lives in us consciously and unconsciously – though we may hold it out of awareness, the spectre hangs over us.

The profession itself has evolved. Intersubjective systems theory challenged "the myth of the isolated mind", putting *context* back into the therapeutic process (Stolorow, 2005; Stolorow & Atwood, 1992, 1994; Orange, 1995). Where classical psychoanalysis focused on the individual 'patient's' pathology, relational psychoanalysis (Benjamin, 1990, 1995; Mitchell, 1988, 2000) focused on the *co-construction* of meaning, proposing a "radically relational model of mutual interaction between client and therapist" (DeYoung, 2003, p. 30). Just as humanistic views challenged the medical model, relational models have widened the therapeutic perspective to the relationship between two subjectivities. We moved from a one-body psychology to two-body psychologies (Staunton, 2008c); *client*-centred became *relationship*-centred: the therapist is not an object who provides for the client's needs, but another subject who refuses to be used as an object by them, whilst at the same time "making space for the client's reciprocal subjectivity" (DeYoung, 2003, p. 31). Perhaps this begins to offer a template for relationship which may be in danger of extinction in today's 'me' culture. The emergence of many forms of ecotherapy and the increased interest in ecopsychology suggest that the focus could be shifting at last, redressing the balance from ego-centricity to eco-centricity (Roszak et al., 1995; Abram, 1996; Rust, 2020).

The global pandemic that is upon us as we write has been described by some as "Mother Nature putting us on the naughty step" referring to our wanton abuse of other animal species and our disregard for any kind of respectful co-habiting on planet earth. Our belief in our own omnipotence now seems to have shown up as the stark developmental deficiency that it is – the basic fault in our 'civilisation' – the only solution being to retreat further behind our screens to protect ourselves. Yet though the lesson is writ large – *you humans are out of balance* – we prefer to go to war and 'beat' the virus with our chemicals, so far have we come from any understanding of living in balance within the ecosphere. Can we come to our senses?

In the social sense, a change of emphasis is needed – a shift away from seeing anxiety and emotional distress as pathological symptoms of illness to understanding them as meaningful responses to the realities of a societal dysfunction which is the cause of adversity in people's lives and in the world. The continued widespread insistence on cognitive approaches like cognitive behavioural therapy (CBT) may be seen as an effort on the part of the establishment to maintain the status quo whilst the system remains 'untreated'. Whilst our health service is being broken apart, can we still claim that 'therapy works' to bring about change by merely addressing symptoms rather than fundamental root causes?

But what if we don't want to change? Has our humanistic experiment with 'self-regulation' and individual 'growth' failed? Hillman countered this notion, quipping that the only thing that grows after adulthood is cancer and insisting that we instead need to 'grow down' into responsible co-habitants. Has client-centred

therapy contributed to an individualistic 'me – culture' which supports the dominant consumerist business-as-usual whilst ignoring the ecosystem upon which we depend for our survival? Is the client really always right? Symington suggests that *conscience* and mental health are closely interlinked; that "the psychotherapist has the task of illuminating conscience" (2018, p. 206) and that "the Good (is) an integrative force in human relations" (ibid, p. 205). Is it time for psychotherapy to change society for the better and to provide some carefully tailored challenges to individuals in a failing culture? In the absence of religion, are modern-day psychotherapists the conscience of our culture?

Psychotherapy both reflects what is happening in the culture and the collective psyche and at the same time can influence it. We know that whilst we cannot *make* things change, we can create a consciousness that *allows* change to happen. In a culture obsessed with progress, we may find little comfort in the nature of change on a deeper level, for change is not unidirectional. There is progress and regression, a back and forth, and as when we want to take a leap forward, we need to take a few steps back. Change is spirallic and often involves changing how we see things rather than changing the things themselves. Our problems are our guides. This may not satisfy the ego, but it might begin to address the needs of the world.

> We must rapidly begin to shift from a thing oriented society to a person oriented society. When machines and computers, profit motives and property rights are considered more important than people, the giant triplets of racism, materialism and militarism are incapable of being conquered.
>
> Martin Luther-King
> *(copied from MLK fountain in San Francisco)*

Notes

1 As a philosophy, positivism adheres to the view that only 'factual' knowledge gained through observation (the senses), including measurement, is trustworthy. In positivism studies, the role of the researcher is limited to data collection and interpretation in an objective way. In these types of studies, research findings are usually observable and quantifiable. Researchers warn that

> if you assume a positivist approach to your study, then it is your belief that you are independent of your research and your research can be purely objective. Independent means that you maintain minimal interaction with your research participants when carrying out your research. [3]

In other words, studies with positivist paradigm are based purely on facts and consider the world to be external and objective. https://research-methodology.net/research-philosophy/positivism/

2 Rosenzweig's original paper *Some Implicit Common Factors in Diverse Forms of Psychotherapy* forms *a prologue in Heart and Soul of Change – Delivering What Works in Therapy* (Wampold et al., 2009/10, Foreword) and is of historical interest as well as remaining relevant.

3 The Humanistic & Integrative College of the UK Council for Psychotherapy is the largest section, representing some two-thirds of psychotherapists registered.

4 Freud's first use of the 'pressure technique' seems to have been with *Fräulein Elisabeth von R.* though his statement there is not completely unambiguous. Further accounts of this procedure, in addition to those in the text above can be found in *Studies* (pp. 145, 155 and 270). There is a slight apparent inconsistency in these accounts. In the present one, the patient is told that she will see something or have some idea "at the moment at which I relax my pressure"; on p. 145, she is told that this will occur "at the moment of the pressure"; and on p. 270 that it will occur "all the time the pressure lasts". It is not known exactly when Freud abandoned this pressure technique. He had certainly done so before 1904, since in his contribution of that date to Loewenfeld's book on obsessions he explicitly remarks that he avoids touching his patients in any way (1904a, Standard Ed., 7, 250). But it seems likely that he had already given up the practice before 1900, for he makes no mention of it in the short account of his procedure given near the beginning of Chapter II of *The Interpretation of Dreams* (1900a), Standard Ed., 4, 101.

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Slow down and notice
the minute movements your body is making,
the shifting sensations,
the changing rhythms of your breath.
Feel the points of contact between you and
whatever you touch.
Ask your body what it would like to do right now.

****

5 Therapy, the body and time

Philippa Smethurst

People-terrified
No-one had my back
Alone
I survive.

Past fear-forces
take me
down terrible roads
helter skelter.

I come back again
to our open
table of trust
safe as a vault –
repeated doses
of faith in
understanding
the depths of me.

Magic
always
happens.
I claim some truth
and breathe again,
no longer at
the mercy of things.
Trust warms me,
thaws me,
is everything.

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The significance of the legacy of trauma held in the human body is captured in the title of Bessel Van der Kolk's book *The Body Keeps the Score* (2014). I would like to explore through the medium of a case example, and through the lens of sensorimotor psychotherapy psychotherapeutic theory, the way in which a person with a trauma history can find transformation through a body-first approach, including bodily expression of 'acts of triumph' (Janet, 1925, pp. 988–989). Phase two of the sensorimotor treatment for trauma developed by Pat Ogden (2006) involves the therapist and client together following the wisdom of the body by acute attention and attunement to the body's signals, micro-movements and sensations, working towards allowing the body to express or complete a movement related to the trauma. These 'bottom up' (body-first) interventions attend to the 'repetitive, unbidden, physical sensations, movement inhibitors and somatosensory intrusions of unresolved trauma' (Ogden et al., 2005, p. 6). Findings in neurobiology show us that in trauma, the impact of overwhelming affect so floods the brain's emotional centre that the pre-frontal cortex of the brain goes offline. The imprint of these 'implicit memories' are stored in the lower or reptilian brain, part of the brain that drives the body. These implicit memories encoded in the body have no time stamp. They are experienced vividly in the present, 'with no awareness that what we're experiencing right now is a memory. Because it feels so real, it must be happening now' (Graham, 2013, pp. 37–38). The therapeutic work involves a multi-faceted process of disentangling past and present and its complex legacy on the body and mind.

When I first met 'Ruth', a young single mother in her thirties with a history of childhood emotional and sexual abuse and cocaine addiction, it did not take long for her body to show us its legacy. On session three, her legs were telling us their story. As we attended to them, as stiff as ramrods, she told me they were stiffening because she wanted to run out of the door!

As we attuned and understood this wish to flee, she would tell me that her week had been impossible with so many obstacles in her life. We would freeze-frame the particular moment/memory of most difficulty, and the energy would transfer to her arms in frequent shaking and trembling. Sequencing and noticing and enquiring what the trembling in the arms might want to do, she would report an energy and a wish to move. As we attuned to the wisdom of her body, she told me that her arms wanted to move and lash out. I asked her whether she would be willing to try an experiment, to see if her body responded to the pressure of my holding a cushion as a counter-balance. Ruth immediately responded by strongly pushing against my pressure. With a cry of fury and relief, she immediately sank back on to the sofa weeping the bitter tears of the pain of the desperately hurt child that she had once been. The way into this processing of a sliver of pain was through Ruth's overarching fight response as expressed in her body. A fascinating aspect of this corner of work is Ruth's relationship to time. When her mind is aroused by a memory, her body actively expresses that memory in a way that feels insistent and urgent. We ignore its signals at our peril! Ruth was sexually abused repeatedly as a young child by members of her wider family. Her mother was mentally ill and frequently actively suicidal and her father passive, so there was no safety for little Ruth. She was a wild, out-of-control child who would fight

viciously, abscond from school and behave 'badly' in most settings. In the past, her fighting did not bring her the help she so desperately needed. It only brought her scapegoating and negative attention. Yet it was what her mind and body did to valiantly express her distress. The therapeutic process needed to actively contain this wild child and her wish to fight (push). Both met my physical resistance in the cushion and which seemed to both contain meet her fight instinct and allow it to be heard and expressed. There seemed to be, in this enactment, a return in time to the child she was. In the safety of the therapeutic setting, permission was given to her body to complete the movement that could not happen at the time. Through this expression, something new occurred around a missing experience. My pressure seemed to serve as a boundary of safety, so when she felt the pressure meeting her protest, she could finally express the unbearable pain that lay within.

The active and insistent imperative of Ruth's bodily expression feels like a visitation to a former time, a necessary return to the past. It is as though her body was trapped in time until it is released into what Ogden calls an 'active defence' (Ogden & Minton, 2000, p. 11). As a practitioner involved in such a dynamic process, I noticed the immediacy of the work and how the body, when attuned to very carefully and without pressure of outcome, can be gloriously responsive. It almost feels as though it says, hurray, now I get to do what I have always wanted to!

For me, this is a humbling experience, in the sense that both client and therapist have willingly gone through a process of abdication of the control of thought and outcome and been willing to be experimental. In order to arrive at such a place, the client has to be willing to tolerate a shift to a mindful state of consciousness and have an openness to going inside. This shift in consciousness is a change from usual time awareness, or chronos. There is a slowing of pace, where the client opens herself up to the noticing of sensation, and the mindfulness allows for space to focus internally. With Ruth, the case for her body is so striking and her fight response so dominant, it does not take much before her body, like a caged animal, longs to be let out! I have learned much about trusting the wisdom of the body from this process with Ruth. It seems as though Ruth's body holds not only the score, as Van der Kolk says, but also in a most dynamic way, becomes the gateway to the pain of the hurt child within.

After this kind of active body sequence there is a further switch in consciousness. It seems as though time stands still. All the protest and noise of Ruth's body are stilled and she becomes calm. The grief of the child is expressed and a relief and space is created in the body. It feels at such moments that time expands. There is completion of a cycle. This still place in which we find ourselves is a gift, both in catharsis and relief but also in the process of then consolidating what we find there, like sifting and sorting after a cyclone or storm. This is a process of taking stock of what the important things are and the not-so-important things. At such times when the grief of Ruth's child is exposed, it seems that past memory and self-state expand, tumbling into present time, enriching and arresting it, sometimes with unexpected creativity and beauty. The consolidation or healing that happens is dependent on how much possibility there is (in the person's system) for compassion for the hurt of the child. In this mindful state, Ruth sees

herself on the bed as a small child completely alone and hurting. As we stay with the image, she reports that the image of another child emerges who wants to put an arm around the hurting child, in solidarity and compassion. In the reclaiming and integration of the hurt child within her inner system, a missing yet needed part of this child's experience is found within Ruth's own mind. In the mindful attention and expression of grief for the hurting child, a wished-for and developmentally needed compassionate other emerges and connects to her hurt child. Past expands into the present, and the present meets it and responds.

At other times, we have used the body-first approach to explore Ruth's relationship to her boundaries with others. Her memories of being repeatedly sexually abused have been intruding and troubling Ruth, and she blurted her truth to her father, who was ineffectual and non-responsive while her brother attacked her for her disclosure. She was hugely upset and wondered with me whether she needs to protect herself from her family. We experimented with Ruth pushing with both hands against the wall of the therapy room, noticing and studying the sensations in her periphery and core when she wished to lash out in active defence (the all-familiar fight on the outer/world side of her boundary) and then, with my invitation, experimented with restraining the fight and feeling its physical power on the inner side of the external boundary. For the first time, Ruth experiences feels what it is like to feel the wall as a firm, immovable, protective external defence that keeps what is safe within. She immediately reported a dropping in arousal/activation in her torso, and she said, 'I never knew that a boundary was supposed to help me feel safe inside'. Through attuning to her body, Ruth's mind had in that moment cognitively noted the experience of safety, the beginnings of an integration.

At other times, the expansions of time, internal boundary setting and compassionate reconnections are so much more short-lived. A fascinating concept within sensorimotor psychotherapy is the idea of our minds having a 'window of tolerance', which is a measure of the amount of conscious present-time awareness a person has available (Siegel, D. 2010, 137, 138). A mind that is habitually hyper-aroused, or overwhelmed by internal data, may well find a solution to being overloaded in becoming dissociated or in a spacey state, literally sleepwalking through life. In Ruth's case, her hyper-arousal did at times lead to a spacey, cut-off dissociation alternating (when triggered) with her fight part, which did feel like another dissociated part who consistently ruled the roost. My instinct in working with Ruth has been to help her work with, engage with, negotiate with and appreciate this highly sophisticated dissociated emotional fight part (Van der Hart et al., 2006) and help her gradually to begin to see this part of her mind as a 'part of self', an important and life-saving part, but a part whose over-functioning may now be rather anachronistic in her current life. This dissociated part is literally stuck in time and needs to be rehabilitated and softened and brought into the reality of the present. Ruth is conscious of the power of this part and has frequently told me that she is dangerous. She once put her hands round a doctor's throat who was trying to help her (the doctor was fine), and once when we did the cushion exercise she told me that in one split second she wanted to hurt me. Sometimes when we notice her fight part in the room, she shifts

into another related self-state, flailing her arms and legs about. When I ask her what has happened to fight, she says, 'Oh, this flailing about is just a distraction. . .the real thing is. . .fight is sitting here on my left saying to you – you haven't seen anything yet!' One of the legacies of her overarching fight part's dominance is that Ruth herself has become afraid of it, partly because she has experienced its power but also because its message and her violence have, not surprisingly, been received negatively. Ruth has become 'the problem' in the family, rather than a communicator of distress, so she is deeply ashamed of her fight. She calls her fight part an angry lion that is cooped up and at other times an untrained Alsatian dog. There can be a sense of a brooding presence from another time waiting in the wings and at other times humour. Sometimes after I have spoken, Ruth says with a smile, 'Fight is sitting by my side and says . . . what is she (me) talking about?!'

One of the ways sensorimotor psychotherapy has of dealing with an overarching dissociated part is to offer the traumatised client a way to work in bite-sized chunks. The feared angry lion within Ruth can be returned to frequently and thought of as what we have called mini 'cubs' and processed piecemeal. In order to do this, it is imperative to support Ruth in developing dual consciousness[1] in her adult self in the here and now. This is no mean feat, as the tricky aspect of dissociated child/emotional parts is that they are so deeply convincing. Another client of mine says after we have agreed we will give 18 months for her ending process, 'you are so throwing me out, I just cannot let me see this another way!' What she means is that part of her cannot see it another way, but in the moment of being swamped by a child/emotional part, the past comes into the present like a tsunami wave taking over the mind, swamping current reality with other versions of reality. At such times, the therapist hopes to call on the possibility that (when it is called up) the adult functioning part, however slight (the size of the white of a thumbnail!) and however tenuous and swamped out, will respond and come back online.

I have found that calling on the adult/observer self functioning in the present time and developing conscious capacity in the window of tolerance is a vital part of working with traumatised individuals, whose minds have coped by becoming fragmented and split into shards of the past. A trauma therapist with this approach is committed to largely staying with the effect of the trauma in the here and now, rather than retelling the narrative of the past. When Ruth is in the throes of being more fragmented by dissociative feeling states, she may report on how, on the way to coming to see me in the car, a part of her says, 'Fuck Philippa, I'm not going there'! Then in the next minute, she notices a pretty building on the way to the centre and her wise one pops up (the name she gives to her observer/adult self) and says, 'No, we'll go and see Philippa!' She and I observe the fast switching of parts that overwhelm her but celebrate when we notice the wise one prevailing and getting to her session and developing within her between sessions. This has been the single most important observable change within Ruth in terms of her everyday functioning to date. Her ability to trust herself in terms of managing her life in the here and now has significantly increased. Her window of tolerance in the present time is enlarging, and less of her time is hijacked by past-dominated parts. We

consolidate the present window through grounding rituals, helping her body and mind to find ways to soothe her and find safe spaces internally and externally. Ruth consciously endeavours to simplify her life in order to be less frequently triggered, notice her feelings, maintain her hard-fought boundaries and think. She often reports with surprise and delight that she is able to look after her kids effectively most of the time in the present reality of her life. This is a major achievement for a mother whose drug addiction had led to her children being taken into care.

After the showdown with her family over the abuse and confronting both parents, Ruth felt suicidally agitated for several days. She reported making a decision to go to a GP for medication, knowing that this was unlikely to help her. When the GP's intervention did indeed not help, she became even more agitated and determined not to come and see me the following day. This was the last session before the Christmas break and she was fearing the separation from me, which in itself felt like being let down. Ruth did attend the session and was able to show me the highly aroused and terrified state she was in. It felt as though her wild child's internal crisis was in a spasm of lack of trust, angry, thrashing about, terrified. Her parents and no one in her history had ever truly been able to help her wild self, and she was in that moment uncertain whether I might either. I said, 'Do you think that you are too much for me Ruth?' Through her tears of rage and pain, she told me that she thought she was not too much for me and reported that it felt like her wild one, at that moment of acknowledgement, came inside her body. She felt an instantaneous re-alignment physically. The wild part of her had felt, until then, outside her body, pulling her like a force, this way and that. She said, 'I've never felt her inside me like this, she calmed down when you asked that . . . she thinks she is not too much for you'.

This corner of the work was characterised by another 'now moment' in time (Stern, 2004), a moment of meeting with Ruth's fight part, this time emotionally with me. The wild dissociated part has been created by a catalogue of broken trust. She has been profoundly let down by others who were responsible for her, so the wild part was not going to give her trust to me without a push or a test. I saw the part saying to her parents, 'You were not there for me, and to the doctor you are not there for me and to me you might not be there for me either!' It seemed very important in the session to show Ruth I could contain her most flamboyant presentation to date in our work together. The wild part of her stuck in time has needed to be brought into the present time, met in its fullness emotionally in the relationship with me, and its manifestation was physical.

Ruth described this re-alignment as feeling like the wild part of her returning to its proper place within the body, and she felt immediate relief and a drop in arousal. In the moment, I observe a subtle shift in her facial pallor, her eyes brighter and her muscle tone less tense. There feels like there is more openness in her face and therefore more contact possible between us. In the process of easing the power of her dissociated parts, a drop of arousal of internal noise allows Ruth to be more open to external stimuli. She reports being moved by the beauty of the countryside around her and being more able to take in information. She looks round the therapy room and re-orientates in the aftermath of the realignment and

notices the colour of the walls in greater sharpness and the way the light shines vividly on the wall. She reports a sense of spiritual awareness, a connection with nature. She says, 'I always used to feel like this as a child, wonder why we didn't all fall off the planet as it spins around! It feels as though I just think more than other people!' It feels as though this is another kind of reclamation, of a much younger, sensitive little one who had a hyper-awareness to the world around her and huge capacity. We speak about this capacity to think and understand. Like a computer, parts of her mind are coming back online. As with everything else about Ruth, this does not happen in an orderly process! Her mind is playing catch-up, and she is bombarded by the return of fragments of childhood memories, as well as a sense of heightened awareness to the stimulation around her in the present. Her mind is attempting to process shards of fragmented past experience, and in this re-booting there is a growing recognition of what she has not until now realised was there: a fine mind and a capacity to thrive and even dream of a future for herself. I have consistently commented on Ruth's intellectual capacity, a mirroring that is bittersweet for Ruth, whose child part so chronically lacked mirroring that she developed into a wild urchin, bedraggled with hair unkempt in front of her eyes. She was so disconnected and desperate inside that as a young woman she had two children whom she allowed to be abused and taken from her and into care, without fully being conscious.

In the conscious recognising and reclaiming of the child that was, Ruth has faced huge grief about the chronic neglect and abuse of her childhood experience but also, most bitterly, about the ways in which she has failed her own children (who themselves now have developmental and emotional problems). Of course, she and they are intimately connected, and her grief and shame are unbearably entangled and at times seem impossible to face, the mire of the past snagging her. Yet, as is so often the case, as she has ploughed through and trusted our enterprise, a gift comes from within Ruth's own mind, a hopeful present-moment beacon of light going forward to the future. She tells me that in the midst of her despair and fear and triggered by the resurfacing of the abuse memories, she has frequently awoken having been in a beautiful dream. The recurrent dream is of her family stepping out of their car and walking along the street together, and when I enquire of the feeling in the dream, Ruth says, 'I have always, from being tiny, wished for a family, a proper, perfect family. And that is what I see and feel I have in the dream. And some days now, when I'm doing what has to be done for the kids, I feel like that's what I've got now, what I've created'.

Discussion

In writing about Ruth's journey with me in therapy, I am aware that the dynamic of the work is fast changing and oscillating. At the time of writing we are in the midst of her process of change. Through the processing of slivers of trauma at a time, for example, after her fight part is reclaimed as a felt sense within her body, we notice signs of an increased functionality and a long, slow move towards integration and greater wholeness. Ruth's huge capacity and energy drive her towards creativity

and hope and then an old strategy/belief will sabotage and derail her and she collapses once more. It makes the work with her feel like riding a roller coaster ride. I have learned that trauma work is not for the faint-hearted! The massive swings of arousal due to the dysregulation of Ruth's nervous system and the hijacking by her dissociated parts are challenging to deal with, and I have sometimes felt alarmed and overwhelmed internally by the sheer force and pace of what is happening. Sometimes it feels as though Ruth is playing catch-up with me, talking almost before we have both sat down and wanting and needing to make up for lost time in the glorious experience of having another person understand her. I find that I manage this by maintaining a part of myself that observes and stands outside the fray and the drama, a helicopter or observer position that keeps my thinking online. My observer self is also containing a part of me that might be swamped or confused or frightened or lost in the fray and allowing my imaginative mind to intuitively understand Ruth's experience. For instance, I might say: 'It's almost as though you can't breathe with all this', which brings recognition and relief as I realise that what Ruth most wants and needs is for another person to 'get' her and her experience from the inside. When I broached the idea of writing this piece she said, 'I feel relieved because if you are writing about this, I am truly making myself understood to you!' She is truly making up for lost time.

As the opening poem captures, repeated doses of experiencing the other as attuned and trustworthy and that the "table of trust" is open are integral to the transformative process. From the first days with Ruth, when she told me of her history and her acting-out experiences in a therapeutic community, we both agreed that the therapy would need to be an honest enterprise, with everything, even the most difficult things, brought to the table for attention. I cannot end without saying that my own ability to manage Ruth's process would be nowhere without the guidance and training in sheer pragmatic humanity of Janina Fisher and the Sensorimotor Psychotherapy Institute. Sensorimotor therapy's rigorous attention to detail in the understanding of the complexity of trauma's time hijacking and the commitment to present moment exploration is far-reaching indeed.

Note

1 Dual consciousness entails being able to observe our experience while being in it. Another way of putting this is having one foot in the present and one foot in the past.

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Worlds within worlds.
Alternative perspectives.
What we see, notice, changes when we
look at things from different angles,
from up close, or stood far back.
Bend down. Look at the detailed patterns on
the pebbles on the beach.
Be still and listen to the sound
of water dropping from the trees,
as they shed the remnants of last night's rain.

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6 Supporting change and adaptation after traumatic loss

A conversation between Liz Rolls and Sue Wright

Liz Rolls and Sue Wright

S: So Liz, it's lovely that we can have this dialogue about your work even though it is not, as we initially planned to meet in person.[1] We are doing it over the phone, given these challenging times, and I think that if we'd had it six months ago, when we did not know anything about this thing called coronavirus, our thoughts might have been slightly different about the work and what that brings up. So this is the wider context at the moment. And regarding *our* context, I first contacted you because of my own research on the subject of time and finding a reference to one of your papers. This led to reading the two very interesting papers which we are going to discuss today. They are both about your research interviews with people who have experienced traumatic losses. In one paper, you wrote about a mother who had lost her husband in a fatal accident and how afterwards, in supporting her children, I thought she did a lovely piece of ongoing therapy with them in helping them manage this loss and deal with a very different future (Rolls, 2010). What I like about your work is how you nest different relationships; they are embedded in each other. So in your interview with the mother and then in your writing about her, you also reflect on your position as an interviewer and what that changed and what that meant to you both. When I read it, I thought there were so

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many ideas in the paper that was very relevant to the people I work with who are dealing with loss and bereavement, and to the question "What can lead to change after that?" Then you kindly sent me the second paper which was about your research with parents whose son[2] had died during military service and the impact the death had on them (Rolls & Harper, 2015). So could you say a little about each project and your particular role as a researcher and as a participant?

L: Yes. Both involved qualitative interviewing. The first paper explored a very small piece of the mother's interview with me because I was so fascinated by it. It was originally part of a much wider research study of the work of UK-wide childhood bereavement services in which I talked both to service providers and to service users including bereaved children and their families. I interviewed about twenty-four children and their parents across the UK who had been bereaved from different kinds of deaths.[3] The military paper came from the first phase of a two-part research study looking at the impact of practical support on people bereaved through a military death, interviewing parents in phase one and in phase two talking to partners.

In the childhood bereavement study I also collected data through participant observation of seven group events. In participant observation there are different levels of balance between being an observer and a participant, so my levels of participation and observation varied from observing outside a group and just listening – not always easy with children! – and, at the other end of the spectrum, I became a volunteer participating in two residential weekends for bereaved families – one in which I spent time with the parents and the other with the children 'as if' I was a volunteer. The balance here was trying to be both inside, but to stay outside, the event.

S: You know Liz, what strikes me is – isn't this what therapists and counsellors do a lot of the time? We both need to be able to step outside of the discussion, the narrative, and whatever is happening in the relationship, to notice and reflect on it. But we are part of the field, and that stress is more and more spoken about. We are part of the field and affecting it and, given that our meta-question today and in the book is "What actually leads to change?" it is what happens in that more experience-near participant level that triggers the change.

L: I think this is one of the interesting aspects, because one of the issues in qualitative research and particularly in participant observation is that who you are, to a very large extent, will determine what it is you see and how you interpret what's going on – which very much links up with what you say about the counselling, psychotherapeutic world. So I was very conscious of what I brought to the party, as it were. We bring our self as an instrument of the research, we bring our life experience, we bring a theoretical perspective, and we bring some training – if we have been trained – in research methodologies. But in this case, contemporaneously, I also brought being in counselling training and in therapy.

S: Yes, and you say about the self as an instrument of the research – put that again in the therapy language: we are the instruments of the change; we are

the instruments of what goes on; we are the tools. So if you had a different therapist with the same person, even if we had an identical training, it would be a different dyad.

L: Yes, I think one would hope there is some commonality, but yes definitely. And I was aware as we are in a therapeutic setting, but particularly when researching in vulnerable situations talking to people who have been bereaved and with children, that there are immense ethical considerations and a need to be absolutely clear with them so they can consent to what is happening. Because it's not a therapy situation; it's talking about deeply emotional experiences and there is quite a tricky boundary because they are not consenting to therapy. I was not in the situation of being a therapist, and yet I can think of least two situations when an ethical boundary of my "self as counsellor" had to be taken into account. There were a couple of situations when I thought, "I cannot move on from that person's answer without making some kind of response" – not as a counsellor, but from a counselling position.

S: I really respect your very careful thinking about how it is set up: the distinctions, the ethics and you are saying, quite rightly, that these are people who have been, and perhaps still are, in extremely vulnerable situations; people who have been suddenly and traumatically bereaved and sometimes having had their own traumas perhaps – and these things still deeply affect their lives. This again is another strand in the book. When you say you are not there as a therapist, do any examples come to mind, Liz, when you realised that the relationship you had with your interviewee did lead to change, to something transformative?

L: Yes. I can think of two examples. One I don't know, but I hope led to some form of change. It was a situation involving a very traumatic military death and the mother I was interviewing, although she had never been given a diagnosis of PTSD, was deeply traumatised to the extent of life evaporating: she had lost her job and was on invalidity benefit and very poorly. The whole situation for this woman – from the minute there was the knock on the door at eight o'clock in the morning by the Army to inform the family – had been a whole series of traumas, not least of which was the death of her son. Three years on, she could not stop thinking about him and about his damaged body which she had seen.

Like other participants, she knew nothing about my background except that I was a researcher at the university. When I asked her whether she had any other form of support she said she had seen a therapist but that, "I used to get panic attacks when I was going to see my counsellor". She then told me that the therapist had suggested she only think about her son for an hour each day, and so, feeling guilty and panicky because she couldn't comply, had stopped going. When I heard this as a counsellor myself, I thought, "Hmmm, that doesn't sound brilliant". From my own experience of bereavement, and of bereaved people, this doesn't work. I found myself thinking, "I can't just let this be. I can't not say anything", so I had to think quite carefully how to say to her: "There are other forms of counselling, and there are other ways of

thinking about this. Two childhood bereavement services exist – Winston's Wish and Child Bereavement Services UK (CBUK) – both of which had been given funding by the Ministry of Defence to support military families". So I was able to talk to her about this and suggest to her that they had experience; they knew what military families were going through, and I left her the details. Now I don't know if that led to change, I can only hope that she made a phone call.

The second example, from the UK – wide childhood bereavement services study came from talking not only to families who were bereaved but also to people who referred families or whose expertise they had used. I visited a primary school in a small community where a little girl had died suddenly – knocked down in a road traffic accident. I went along to the school which had seven classes, and I had worked out that I would interview the child's teacher, the teachers of her two siblings, and the Head. But when I arrived, about eighteen months after her death, I found that *all* the teachers wanted to talk to me and so, having assumed I'd be away by the end of the day, I had to make arrangements to stay overnight. By the end of the seven interviews I could see the unfolding trauma in the school. The last person, who was the little girl's teacher, described being in the church for the funeral and hearing the mother screaming outside, which alongside her own grief, was a very traumatising event for her. So I did engage with her in a counselling kind of relationship in a way that was being more than a researcher. Again, I've no idea what happened¸ but I did write to the school afterwards to tell them how they had helped me understand the situation, but I have no idea what if any change ensued.

S: That speaks to me about the importance of being able to tell one's story which is a theme I am interested in – when is it important to do so and when is it too re-traumatising? But to have a witness, someone who is willing to hear and listen can be so healing, and especially when these traumas ripple out. In the school, for instance, there was not only the tragic loss of the little girl herself, but then hearing the mother's grief.

So there is something in your role being delicately held – you were just containing and witnessing – and who knows? My sense is that you probably did make a difference. Going back to your first example and what you said about putting them in touch with people who knew what it was like to have that experience, again for people who have felt very alone and isolated and misunderstood, just to know that somebody gets it can be immensely important.

I'd like to come back to that at some point and that you referred several times to the importance of practical support. Is it possible to go to another theme you alluded to and is certainly drawn out in your study of the impact on parents of the death of a child working in the armed services? What struck me there was the symbolic importance of the relationship with the deceased's body. I found it fascinating reading about the significance of how the death is notified and how sometimes the investigations restrict access to and control

over what happens to their son's or daughter's body. It made me think of similar experiences – when it is known that someone has died but not where; if someone goes missing but there is absolutely no information about whether he or she is alive or dead – and this can go on for years. As an example, some people who survived the Holocaust mention this about their relatives, just not knowing whether they survived Auschwitz or not, so that people are left in a state of limbo. Could you give a few examples of what some of the parents said about what happened to their lost one's body, or whether it was known where they died and what that meant to them?

L: Yes. I think in particular – and this links to COVID-19 deaths – that seeing the body, handling the body, caring for the body are so wrapped up in bereavement and death and dying. If you cannot see a body – something that has been shared with the COVID-19 bereaved – these kinds of sudden, unseen deaths lead to wondering: "Is this person really dead?" This brings us to Freud's view that mourning is about accepting the reality of the death (Freud, 1917) – something that people have experienced: "Are they really dead?" "Will they walk back through the door at any minute?" I think there is something about seeing the body which makes you realise "This is my loved person; it's not a mistake. They haven't got the wrong person". What we have just been describing is about how we like to care for the bodies of our dying and our dead, and there is something now, in the pandemic, about the stress of not being with someone who is dying, not seeing the dead body and not being able to go to the funeral and participate in a meaningful way – even touching the coffin.

S: Yes, sometimes people want to do that. Absolutely.

L: I remember CBUK ran a conference with a mixed audience of professionals and those who had been bereaved through military death. One of the speakers was a funeral director, who held the MOD contract for repatriation, and he described the process and how they cared for the dead, and for a bereaved mother in the audience something really shifted when she heard how the bodies were taken care of and that they were not left alone. There can be a lot of fantasies about how someone has died – tormented images that Rynearson and Salloum (2011) describe as a "narrative re-enactment" – the fantasy that goes through the bereaved person's mind about how somebody died and what their last thoughts were.[4] So the relief for this mother, of learning something new about her son's body, was very potent.

S: I am hearing that emphasis on care – ideally that the family can care and tend in their own way, but to know somebody has somehow ritualised it. If we think of how, throughout history and in different cultures there are different ways of doing this, there is the last journey of the funeral, the last journey of the deceased from the home to the church or synagogue or other place of worship where the coffin is a dramatic presence – a symbol, then the final committal in whatever form that takes – sometimes the physicality of a grave or possessing a container of ashes which people can decide what to do with – then, in some way, the enduring bond with the loved one is symbolised in the

gravestone: a plaque, or something like a tree under which the ashes can be scattered. They are places to come back to. And you speak about this in your paper when you describe the importance of the memorial areas created in the parents' gardens which was very personalised and different from the military funerals or a public war memorial. How were these memorial areas set up? It was a very interesting scheme I thought.

L: Yes – they arose quite serendipitously. One of the things I noticed going into the parents' home was that the families already had some form of memorialised space. There would be photos of their son in uniform alongside any citations or medals – I wouldn't use the word 'shrine' as such, but there was definitely a focus visible in the room for me as a visitor to see, so there was already this memorialising. One of the things about traumatic bereavements, including from a military death in conflict, is that there is a kind of synergy of distress. They want to think about the dead person, but they can't bear to think of them at the same time because of the distressing images (Rynearson & Salloum, 2011). For many people – as we have just been talking about in the case of COVID-19 – there is a loss of control over what happens to the body. Who 'owns' the body? Who decides how that body is going to be disposed of? And in some cases in the military context, there was a conflict not only with the Army but also between the parents and their son's partner (as designated next of kin) about who owned it, or who had access or who made decisions about it. In one case, their son was buried close to his partner's home four hundred miles away from where the parents lived, so there was no possibility of regularly visiting the grave. And whilst their son's name was now on the local war memorial, if the parents sat there they didn't feel comfortable weeping in such a public place. The men who were doing this practical support originally found and spontaneously set an artefact belonging to the person in a part of the garden, later asking parents if they had something with meaning that they would like to place there. The charity managed to negotiate with DIY companies who supplied them with free arbours which they placed in the garden overlooking the artefact where the parents could now go and sit and think about the person who had died. It was a place where they felt close to their son. I remember this one mum saying, "He is not there, he is here".

S: That's lovely and it really highlights things I have read about the importance of acts of commemoration for individuals and whole communities in order to heal. And thinking about Jewish mourning traditions – there are some very private rituals which one would do at home in the context of the family and some very public ones such as citing the *kaddish* prayer at significant anniversaries. There is also a time in the year when anybody in the synagogue who has lost a loved one can feel that both their personal loss is expressed in that joint chanting of the prayer as well connecting with everybody's losses, and this goes back to that point you made earlier about the change needing to happen for healing and the need to feel understood, and the feeling of belonging, sharing and knowing that your experience is similar to, as well as different from, that of others. It is massively important.

L: Yes. One of the difficulties that some of these parents experienced is that they didn't subscribe to the war in which their sons had died. So it felt like a meaningless loss. What was the point if, a couple of years after his death, the town their son had been defending, in say somewhere like Afghanistan, had been lost? So in relation to the capacity to make meaning that we have been wondering about, then to a certain extent, it was a meaningless death.

And there was something about the way in which this particular charity – the men were not counsellors, they were not offering emotional support, they were given guidelines about how to respond, for instance, they were not to collude if parents complained about poor equipment in the Army – they would just listen, and the families found it so helpful, because they didn't have to explain anything about the death, about why this person had died, or why they were sad. There was something very holding, very containing, about all this which, as I mentioned in the paper, was as if it was society that was saying: "We actually do care about you. It does matter!" These are such complex deaths because the meaning of them, the significance you can attribute to that person's death – you hear people saying, and quite rightly, "These men were heroes" – it wasn't an absolute waste of a life.

S: Did that mean for some people they lost their sense of purpose in their own lives?

L: Yes. I think meaning and purpose because they were overwhelmed by grief and loss, and sometimes they felt ashamed about this. Shame, as you know, is an emotion turned in on yourself, so that the feeling of shame had almost a negative biofeedback. The parents were ashamed that they could not keep the garden looking nice, ashamed that they were still weeping years later. I remember one woman saying to me "He would have hated to see me like this".

S: And yet it is so normal to feel some of these things after a loss, after a trauma. I remember reading in your paper about just not having the energy or motivation to keep going. It is normal. When I think of the stages of grief that Bowlby wrote about – we go through a stage of disbelief and numbness, and then a kind of anger or sadness (1975, pp. 46–47). But we also go through phases of collapse and detachment and the loss of an energetic sense of excitement about anything in life.

L: Yes. We know about the experience of loneliness that people who are bereaved can experience. But there was an additional loneliness for those who were bereaved through these military deaths because, apart from the cultural isolation arising from a death in an ambiguous conflict, they were geographically isolated. In World War I and World War II, the chances are that there were other bereaved people in your street. It would have been unusual not to know another family who had been touched by loss, whereas for these families, they may be the only person in their town, so there was compounding isolation – the geographical and the physical and the cultural.

S: Yes. All the programmes in 2019 celebrating the centenary of the ending of the First World War have reminded us of the magnitude of the losses in both

world wars. And I agree with your point that it would have been unusual not to know someone else who was grieving, but this is clearly different for more recent conflicts. You commented on the practical support and you say these volunteers communicated in a very non-intrusive way that they understood, and there was something too about their presence doing practical things. In our work we tend to focus a lot on 'doing the therapy work', but to my mind connecting with ordinary things is important. I often say, "I'm going to prescribe you 'ordinary' at the moment" – to do things like: cooking; something in the garden; creating something; having a routine – the ordinary things of life. And that is the ethos in certain charities like Freedom from Torture where they have: gardening groups; bread making groups; and writing groups; and where a good part of the healing process is in having a chance to reconnect with ordinary life and people, and to give those who have been traumatised a sense of purpose and of pride. Sometimes we don't need to ever go back to telling the awful story. It is just that reconnecting that strikes me as important.

L: Yes. There is a group of researchers in Utrecht who have done some very interesting work. Stroebe and Schut developed a model about twenty years ago called the Dual Process Model of Bereavement (1999). I don't know if you have heard about it?

S: I have not read their work, although I've heard of it. But tell me more.

L: It is really picking up on what you are saying. Their research suggests that we have two ways of coping after bereavement – one is 'grief-focussed' and the other is 'restoration-focussed', and that during bereavement we oscillate between the two. Early on after somebody's death, the grief-focus is very high and the restoration-focus is often very low. Over time, all being well and in relatively normal circumstances, although the grief may never go and sometimes we will be caught out by it, the restoration of (an albeit transformed) ordinary life becomes more dominant. With these military deaths, and with trauma, it is a collapse of that capacity to restore. My research colleague and I really hadn't expected to find the extent to which somebody coming in and doing something practical 'ramps you up' and leaves you in a better place.

S: Inspiring. And going back to the importance of doing ordinary things and that being restoring, in this current pandemic crisis I have noticed some very interesting conversations I have been having with others about food and cooking. People have been sharing recipes, where you can go to get certain food and what food they are starting to grow now in their gardens. And it is enriching: I send them a recipe and then they send me something in return, and then the pleasure in the cooking of it and eating of it! So, maybe instinctively, we are already doing some of this restorative work.

L: Yes. The other dimension, which is being talked about a little more now, is the effect of gratitude. Referring to the COVID-19 pandemic, I have heard it said by many people that "We are all in the same boat", but it was pointed out to me recently that we are not. We're all in the same storm, but not in the same boat and some people are in very leaky ones. Being grateful for what I have, even with all this around, is certainly my experience, and the idea of gratitude

was a very strong dimension in both of these studies towards those who were putting themselves out to assist and help. That gives a sense of self-worth – that somebody thinks you are worth helping, you are worth supporting. So we are getting to understand a bit more about the idea of gratitude – to be thankful for the experience of something good and positive in our life.

S: Sure, and added to that I have noticed in conversations with many people recently, that they spontaneously name what they are grateful for. When we can't have something, when it's not there, we deeply appreciate what we have all the more. The number of times recently I have thought: "My goodness, I so appreciate the sound of birds at the moment, or I so appreciate, knowing that for some people they have nothing like this, the wonderful garden I have and how important that is to me – things that in the ordinary round we may take for granted, because we are just so busy. I could see my family and friends whenever I wanted, and now I can't I deeply appreciate a telephone call with them even more".

L: I think the idea of gratitude is part of making meaning of something – in the gratitude for the practical support, in the gratitude towards the childhood bereavement services – people are grateful for the practical help, they are grateful for the advice about how to help their bereaved children. In the childhood bereavement services study, one of the things that the parents were so grateful for was that somebody was taking care of their children's emotional needs when they themselves were unable to because of their own grief. The gratitude is partly thankful for the practical dimension, but it is also that somebody thinks you are worth it.

S: Yes, with all the shame people carry and whatever the story lies behind it in their lives, that somebody thinks you are worth it.

Liz, you have mentioned several times your UK study of childhood bereavement services and I wonder if we could turn to your second research paper and the interview with the mother whose husband was involved in a fatal car accident, and then she had this terrible task of telling her children, and her sense of responsibility realising that from then onwards she had to be the sole parent. There are themes which link with what you discovered in your interviews with the military parents that we talked about before and the really strong themes with what we are grappling with today – 'What leads to change'. One of the things that I took from reading this paper was the idea of oscillating in time.

L: Yes.

S: Having those memorial spaces, the parents in the military study could oscillate between past, present and future rather than just getting stuck in endlessly reminiscing about the past and not able to move on, or stuck in the present and thinking "I can't quite grieve, I can't quite let that go and yet I can't just move forwards and carve out a future". And here was a mother faced with the absolute immediacy of having a young family with plans for the future which had been severed by the sudden death of her husband. She describes thinking about that very close future, but also thinking about that distant future and

what it would be like to be the sole parent, and for the children later not to have a dad; weighing up whether to tell them what had happened or whether to let them see his body and go the funeral – so many decisions she had to rapidly make. So in trying to help her children adjust to the new world, but not forget the old, she did some beautiful work – therapy work, but not therapy – where she was doing what you called 'meaning-making'. Could you explain Liz what you mean by that term?

L: There are different ways in which we can think about meaning and meaning-making, and one of the current, quite popular ways of thinking about the bereavement experience comes from Robert Neimeyer's work around this (2001). His view is about the importance of meaning-making as part of the work of grief. What I had in my mind with this interview text is that, whilst we can talk theoretically about meaning and meaning-making, she seemed to be describing what might be thought of as 'meaning-making in time' – her thoughts in real time, as it was happening. This seemed to be an example of the thought processes of somebody trying to both minimise disruption as she tries to bridge, through continuous oscillation, the temporal split opening up in her and her children's storyline between past and future time, and also making meaning for the future in the present. But I am also a great fan of Victor Frankl and his seminal text *Man's Search for Meaning* in which he is very prosaic. It is not existential meaning necessarily, although, of course, that is part of meaning – and this mother's narrative is an example of the oscillation *of* time *in* time in order to render existence meaningful – but he is talking about meaning as value in life or purpose in life. So there is something about meaning-making that is a purposeful activity. It may be very practical. I recall in Frankl's book the example of a man trying to wash himself in a puddle of water, and that practical act was about giving meaning to himself as a human being. So it can be very practical as well as having a spiritual and existential dimension. But of course we try to make meaning as a way to making sense of something "What's the sense of this? What does it mean?"

S: There are some interesting points there, and I agree that there is a dual interpretation of the word 'meaning'. There is the idea of purpose – "What is my purpose in life?" – and of making sense. What I would like to hold us to now is the idea of meaning-making in real time. A lot of the sense making in therapy is in retrospect and sometimes it could be years after the events in question when somebody feels a calling to make sense of their lives, sometimes in order to fashion a new purpose in life. But if you think about our current context, I am certainly aware that I am personally drawn to try to make sense of these rapidly changing and, at times, horrific events. I am aware that clients are desperately trying to make sense of what is happening. I'm aware of it in conversations with friends and colleagues. We are trying to make sense of the pandemic, the race protests, the climate emergency. So how could we support our clients, our supervisees and more broadly people in the community now with that sense of meaning-making? Is there any way you could use what you learned from what this widowed mother did that would help others?

L: It is interesting that you've raised this question! I can identify with 'struggle' in this time that we are living through. What is interesting between these two pieces of research is that the military parents could not always necessarily make meaning of the death of their sons because the conflict in which they died was to them 'senseless'. It was a waste of time, and therefore a waste of a life. So that level of being able to make sense of something was often quite visible as evidently being senseless. But the other dimension is, for the widowed mother, too, it was a senseless death. When someone crashes into you and within days it kills your partner – that is senseless. But one of the inner world differences between these is that, whilst they were both traumatic events in that they were sudden deaths, the mother had some capacity for control and that was in contrast to the military parents. One of the things we know is that we can all experience a traumatic event, but we are not necessarily traumatised as a result, and one of the features that pushes us into being traumatised is loss of control. What I hoped to bring out through the mother's narrative was her agency over the situation; in particular through the emerging dimension of time and the way in which she oscillated between past, present and future in an attempt to repair what has been described as their 'fracturing storyline' – the rupture that arises in a life – in this case as a result of a death (Brown & Addington-Hall, 2008). It is that agency that gave her control but also, as time goes on, that is what she takes forward as part of the meaning of that experience.

S: Right, yes, yes.

L: She was able to engage in it and with it in a dignified way. She was positioning herself as a moral agent in relation to her mothering, and that is the most profound sense of meaning we can give ourselves and a tremendous . . . almost like an 'inoculation' against the impact of trauma and against meaninglessness.

S: Yes. In a way it is a mobilised defence, a mobilised strategy compared to one that immobilises us, which is a language trauma therapists often use (Ogden et al., 2006, p. 89). If we can use fight or use flight and that leads to safety – we have mobilised what's hard wired into us and move on. If we struggle and fight and it makes no difference; if we shut down; if we collapse into despair then that immobilises us – we are more likely to stay stuck and traumatised. From my reading of Frankl (1984/1949), he also observed that it was the people who gave up who more quickly died, who were less likely to survive Auschwitz.

L: Yes. It is an inner world capacity that can be mobilised. I think with the mother – she had the gift of time. It was a sudden event; it wasn't a sudden death. It was a sudden event that led very quickly over a matter of days – I think Friday to Monday – but that period of time gave her that space to mobilise. Whereas I remember during the military parents interviews, I heard how it starts the minute you hear a knock on the door – it's 8 o'clock in the morning and perhaps if you are a single parent and there is no other adult in the house, and perhaps you are getting your children ready to go to school – you just open

the door and you know. You've got no chance, no warning, to mobilise. But the mother was there in the event itself, and that is another important feature I think. So what we talked about – the fantasies, Rynearson's narrative enactment – she did not have to do that. She was present; she saw the car coming, she saw her husband – I think he was flung from the car – so nothing needed to be made up. Nothing needed to be fantasised, no gaps needed to be filled.

S: So again coming to the present context, there is something very different about the death of a relative, let's say from a terminal condition and you know, of course not exactly when, but that they would not have long to live but you have time in those final weeks or days to be with that person; you have time to have some last conversations; you have time to plan a funeral – you are very present in it. But if you contrast that now with how the virus can suddenly strike someone who is relatively healthy and they can be whisked into hospital and the relatives can't visit them or be with them at that end. How would you support people in that situation Liz in the aftermath?

L: I think one of the things – and we are talking about meaning – is to try and understand what does this all *mean* for each person? What is the meaning for them? One of the things about fear, about trauma, is that there are different dimensions that create the problem for us. What has been lost? What are they afraid of? What are their fantasies? There is a rhetoric that I have been hearing a lot about on a Childhood Bereavement Network[5] webinar which is the idea that people are dying alone. But they may not be dying alone; they are just not with you. And people's fantasies about somebody dying alone need grounding in truth or in reality. It is not ideal, it isn't what we wanted, but they were not necessarily alone. If they were in an intensive care unit (ICU) there will have been someone who really cared, who would have been totally dedicated, and who worked in an extremely caring way. Obviously, you don't want to say to someone, "but this is your fantasy" – you would have to work with this – but that is reality; they may not have died alone.[6]

S: So an existential fear of dying and being alone in that death, a fear which we can then project onto others and imagine that somebody else is dying and afraid and alone. It reminds me of a poem called "Dying is fine" by e. e. cummings where he says just that – dying is fine. That is miraculous and perfectly natural, but he strongly protested about death.

L: So what are we actually working with? Is it the fear that somebody who they deeply loved died alone – and we can work with that fear – but what does that mean? It actually means "I wasn't with them"; "I wasn't able to care"; "I wasn't able to hold their hand", and so that becomes a different route for the work. So we are trying to understand – for that particular person – what the issues are. What is it that is the deep trouble which is over and above their grief and loss? We know that is normal, we know that is awful, but there are special features, like in the military deaths, that make something potentially traumatic.

S: I think what we can learn from your work Liz, about what is transformative and what leads to healing and then the chance to move forwards that stands out, is that we have that long history of thinking about the individual world that

links with the external, about the individual's history and how that colours what happens now, and we can keep asking these very reflective questions to make that more conscious.

L: Yes. The other important thing too that I tried to draw out is that bereavement is normal – there's nothing abnormal at all about bereavement and grief. But it is a traumatic incident over which we had no control and are traumatised by that gets in the way of bereavement, and it is this that needs to be dealt with. We can't escape the dimension of loss, but we can be stuck in that loss if we're stuck in the traumatic element of it.

S: I'd like to come back to the subject of time, and you explained to me that you met each of your interviewees just once for two or three hours. As therapists we face increasing constraints on how much time we can work with our clients and therefore the question of what we can offer that will be effective is important. At the moment too, and this links with what several other contributors to the book have to say about using our skills in the community, many counsellors and psychotherapists have been offering free sessions to support front line workers. They may only meet each person perhaps two or three times, but helping the individual with how their work with coronavirus victims is impacting them is clearly important. Do you feel Liz, that your presence – witnessing and listening – made a difference? And in the real time of your meeting with the mother was there anything particular you noticed about her oscillating between past, present and future?

L: What I tried to describe in the paper is the emerging dimension of time in the mother's narrative and the way in which she oscillated between past, present and future. In other words, she described, in the 'present time' of our interview, the thoughts she had during the 'past time' of the death when she thought about her child's immediate past and envisaged herself in the future as a moral agent – as a good mother trying to do the right thing – and how, in this imagined future time, she might describe to someone how she tried to think about her children. So, in the now 'present time' of our interview I became an 'actor' in that future that she had been imagining back then.

S: And with regard to the military parents, was there anything particular about them that made you think they were oscillating between past, present and future?

L: There was, for many, although not all of them, quite a 'stuckness' – the stuckness of trauma when you are living still but in a rather hollowed-out way. There were others who fared better, but all of them fared better as a result of the work of the charity. I can think of one person who talked the whole time about her son from the minute the door was opened, leaving me no chance to clarify the research with her or ask for her written consent or for the preliminary social pleasantries. She still had the curtains of her front room closed since the news that her son was killed eleven years ago, and she talked about what 'face' should she put on when she went outside. Her garden was a gift, a place she could go and think about and weep for her son. This is one of the problems of research in these very emotional and sensitive areas because the

researcher *becomes* a part of their journey, part of their emotional life. But unlike therapy there is no seeing them next week, and that is very challenging as a researcher.

S: And you said, although you are a therapist, you were a researcher not a therapist in that context, and yet your interviews with the participants had something therapeutic about them. This particular woman – she just wanted to talk. She wanted someone to hear it, to off-load it, and I wonder, did you get a sense that with the woman whose husband died that there was something therapeutic in that interview for her?

L: Not in the same sort of way – and, of course, I don't know this – but it is almost like what is happening now, in the sense that your questions are making me think! And the kinds of questions – the interview – is a reflective moment. I will be with them for a few hours and I did ask some of them what it was like as part of the process. It is a moment of reflection very often -and this is where I am now. Gosh!

S: And I am also aware that I am asking you some searching questions as I am reflecting quite quickly as we talk. Can I ask you a question that might put you on the spot? There may not be a clear answer at the moment. Given what you have learned from your research, and what is in the real time of now and all that is going on, and from your responses to things I am sharing and questions I am asking you – to my mind the central thing that is emerging today is about moving through grief rather than getting stuck in the traumatic side of it. If you were teaching trainees about working with grief and traumatic loss, are there some key points, bullet points, that you would really want your trainees to take away?

L: A few things come immediately to mind, but they are not quite joined up. It is partly what I said earlier – that grief is normal and what bereavement services know is that most people just 'get on with it'. They are in a 'heap on the floor' in the privacy of their own home for weeks and months. But they get on with it. So a question is – what has led somebody to struggle? Is it just that they don't have somebody to talk to and they need someone to talk to in a befriending way? Is it, given that culturally we have become increasingly removed from death and grief, a supportive issue? But then, is there something more related to two dimensions which come to my mind, one of which I have spoken about already. First, is there an element of trauma about it, even if not a trauma which leads to PTSD? Is there a traumatic element, and, if so, that's where the work has to be. The other dimension is about attachment and the links with secure attachment. Those who are securely attached are likely to fare better and to need less support, although they need a good friend to take them out for coffee, or buy a lippy, or listen to them talk about the dead person if they want to. Those who are insecurely attached are likely to struggle more. If they are 'avoidant' and so more 'restoration-focussed' that may not be a problem for them. "Who's got the problem?" is the question. It may not be a problem for them – just because they do not appear to 'express'

or show their grief doesn't mean they are not grieving. But it may be more of a problem for someone who is very insecurely attached – and this comes into Freud's domain again: "the shadow of the object fell upon the ego" (1917, p. 249) – if they experience an incapacity to separate in some way. And this becomes where the work is.

S: I think you have come up with some points that are probably more cogent than you thought you would, and I absolutely agree there are these two dimensions, and I am really holding the centrality at the moment of the attachment element at a time when we are deprived of being able to actually be face to face with our attachment others, which makes it harder, and the prevalence of so much isolation and loneliness. Then thinking about what I might be stressing to trainees, I would probably be saying: "Can we provide a secure enough attachment even in brief work?" "Can we provide something holding?" I am thinking too about our attachment to nature. That can be a deep solace, and many people are finding something really healing to be out in nature or with animals. They are things we know; they are part of our wisdom. I'd also like to think more about what you said earlier about control. We need some sense of agency whatever the loss or trauma. If we have that we are more likely to get through it. So what can we do that supports people to have a sense of agency and purpose?

L: I suppose, in retrospect we can't change what went on necessarily.

S: No, we can't. There's a wonderful quotation from Sartre, I don't know if you know it: "Freedom is what we do with what's been done to us" (2020).

L: Yes, so linking in to that quote, we can't change what happened, but we can change what we think about it.

S: Yes, our attitude to it.

L: Yes. This was what I was trying to say about someone who died in an ICU – they did not necessarily die alone. So instead of that awful empty feeling that someone has died alone, it helps someone to think differently and to get to what is actually troubling them. The other thought I want to say to trainees is. "What has been lost for that bereaved person?" We can be in danger of making assumptions, but what has been lost for that client? Exploring this is where the work is.

S: Some wonderfully interesting things that I would certainly like to think more about. They connect with other chapters in the book. They connect with my chapter when I talk about the importance of having a sense of purpose and having a purposeful future, of finding an alternative perspective on things. We have so many assumptions, like people dying alone. We can get so fixed on one way of seeing things, but I have seen many people start to change when they have realised: it could mean this, or it could mean that; I could do this and I could choose to do the other. It is about choice. We can think about things in other ways rather than being stuck in seeing things in a fixed way. And I am certainly going to take from our discussion challenges to my own thinking when it has got a bit narrowed – to consider "Is there another way I could think about this"? Thank you so much for that. But as we come to the end of our conversation Liz, is there anything you would like to add?

L: I think we have been talking about the respective features in the two different ways in which people have been experiencing loss – the loss of a partner or the loss of a child described by Brabant et al., as "harsh and relentless" (1997, p. 255). The widowed mother lived in a small community and in a faith community that surrounded her then and now. But the military parents were isolated – geographically and socially – and I wonder in the COVID-19 situation as the pubs reopen and people are forgetting the two-meter rule in this hedonistic rush to get back to normal – something I can quite understand especially for families who have been cooped up for months – I fear that both the carers and the bereaved will become isolated from the society that is desperate to get back to normal.

S: That is a telling and very moving point Liz. We mustn't forget them.

L: And for many, many people who have lost loved ones through traumatic bereavement and the pandemic life cannot, and maybe never will, get back to normal.

S: Yes. We must not forget. Thank you very much, Liz.

Notes

1 The interview and subsequent discussions about the chapter took place in July 2020.
2 Whilst female members of the armed forces had also died in conflict during the period prior to the study, no parents of a daughter agreed to participate in the research.
3 The study excluded families where the death involved homicide.
4 Rynearson and Salloum argued that "the narrative re-enactment of violent dying is the solitary enactment of horror and helplessness isolated from the care, respect, and protection we normally enact with dying from a natural cause" (2011, p. 180).
5 The Childhood Bereavement Network (CBN) is the hub for those working with bereaved children, young people and their families across the UK, providing members with support and representation and bringing them together across localities, disciplines and sectors to improve bereavement care for children. See www.childhoodbereavementnetwork.org.uk/.
6 For a deeply moving account of this care from an ICU doctor, please see: www.bbc.co.uk/programmes/p08bjlqw.

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I have lost the rhythms of my life.
Where did they go –
the old structures and timings that my body knew how to do?
The familiar anchoring
that lent a sense of safety
when inner and outer storms temporarily derailed me?
But this storm – that knows no borders –
has swept all that away.

****

7 A change of time

Judy Ryde

"Time like a never-broken stream bears all its sons away". As a child, I sang this line of the hymn "Oh God Our Help in Ages Past", feeling vaguely disturbed by its sentiment but without really allowing myself to think about it very much. Certainly, we are born within time and die after a certain period. But does the analogy to a never-broken stream work in our subjective experience? Scientifically, time is predictable and regular, though even this is not true according to the general theory of relativity where time bends. Maybe that bending of time is more like our actual experience where time seems to elongate or contract or jump about. Maybe time is more like a piece of music with a ground bass over which a melody is played. The ground bass provides the natural, predictable rhythms of night and day, seasons of the year, mealtimes, work and leisure, sleeping and waking. These things hold us in their reassuring familiarity, and time may seem to slip by without our really noticing it. Our earliest experiences include the regular sound of our mother's heart heard from within the womb and, after birth, we are rhythmically rocked in her arms. Food and sleep often come at reasonably regular intervals. These things hold and soothe us, keeping anxiety at bay in their predictable rhythms.

But we want more than this. We don't always want things to be reliably the same. We want change too. We want to be excited, to explore our world. To break out from being held so tightly. We crawl away from our mother's knee and find delight in the unexpected until we hurt ourselves and the reassuring rhythms return to soothe and hold us close, once more allowing us to feel brave enough to explore again (Winnicott, 1988).

I have these thoughts when I contemplate the fate of the refugee and asylum seeker clients that I meet in my work, both in person and through providing

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supervision. In this chapter I will use the term 'refugee' in its Oxford Dictionary rather than legal sense as 'a person who has been forced to leave their country in order to escape war, persecution, or natural disaster', thus including asylum seekers within the definition. This is less clumsy and, maybe, more respectful to those who have thrown themselves on our mercy hoping to escape a terrible fate.

Those who later become refugees have often previously been imprisoned and thus torn away from the reassuring rhythms of daily life and thrown upon a new rhythm described so aptly as a warped invocation of a mother's arms by the hostage Brian Keenan (1997) in his book *An Evil Cradling* involving imprisonment and torture and which brings a parody of a rhythmical existence interspersed by shocking and traumatic events as the discordant melody. Many who live in repressive regimes have chosen to risk leaving the predictable home life of their family to challenge inequalities or injustices, thereby risking arrest, injury or death. I have a client who, at the age of 18, decided to join those who fight for liberation. He needed to change from being a child to an adult in charge of his own life, a brave warrior in the fight for the self-determination of his people. He soon discovered that this was no game like those he had played with his friends only a few short years before. This came home to him when he gathered up the body parts of his commanding officer in order to ensure a funeral for the grieving family.

Here in the UK refugees find that the rhythms of life are often very different from those of home – no regular call to prayer, for instance, and the usual habits of life, like the timings of meals and patterns of work, are unfamiliar or non-existent. One of our African clients found that even the day/night rhythm was disturbed, as the light pollution of the city led her to declare that there were "no stars in Bristol". The usual reference points are not present and so cannot bring a sense of comfort. Any rhythms of daily life that refugees are able to find in the UK are interspersed by shocking and traumatic communications with the Home Office. Even the positive news of being granted 'leave to remain' can lead to a shocked response when memories and desires flood back; the reality of a new life is often felt to be out of kilter with the previously dreamt-of future – leaving the individual living in a traumatised present it is hard to move on from. The pace of life in the UK when, and if, the refugee becomes part of British society, can feel alienating to those whose culture includes a natural rhythm which western society has all but lost. Peter Hawkins and I have written, for instance:

> A collective rhythm – traditionally, cultures would have collective rhythms that gave shape and meaning to the day, week, season and year. As children, both of us went to church on Sundays, both experiencing a clearer distinction between the working week and the weekends. The school day began with an assembly of prayers and hymns. We experienced the fasting of Lent, Whit walks, Harvest festivals, May Day dancing around the maypole and Christmas that was not just a consumerist indulgence. We have lived through the blurring of these boundaries and thus the weakening of the containers

> between work and play. With digital technology, work can happen anywhere, anytime and emails and messages chase us round the world.
>
> (Hawkins & Ryde, 2019, p. 40)

During the pandemic, these themes are writ large. Many of the rhythms of life that remain to us have been disrupted for everyone, including the daily rhythms of work/school and home. Whilst some families may be successful in providing a daily routine, others are not, so that time becomes chaotic and unpredictable. For our refugee families who typically live in very small spaces with their children, these difficulties are heightened. Their fear of the virus is the greater as it seems to be another threat on top of the ones mentioned earlier. Their need to keep their children safe leads to them not going out at all so that the mental health of themselves and their children becomes impossibly compromised. A toxic mixture of anxiety and anger can get easily out of control when the stress leads to the amygdala being triggered and the individual pulled into one of a number of instinctive survival strategies (Siegel, 2010).

Anxiety and states of arousal bring a fracture in time where traumatic events are like a continual present, a moment that does not bring one back to the reassurance of predictable and soothing routines. This can lead refugees to feel outcast from the rhythms of life that sustained them in the past. Those with babies do not have the expected family and community support which not only help to soothe their baby but also the mother in her task of caring (Gerhardt, 2015). Many long to see their own mothers who held and rocked them as infants and saw to it that daily life continued in the usual pattern. They have often reached the age when, within their expected stage of life, it would be their turn to keep their family safe from harm. Instead – and often at the behest of parents for whom the life of a child is paramount whatever their age – they have, in their own eyes, saved only themselves by escaping imprisonment, torture and death, leaving their parents to fend alone. This reversal of the expected order of things is deeply disturbing. So, they live in a terrible limbo, unable to establish the benign and predictable pattern of life they would have expected to live. Instead they are easily shocked and re-traumatised in the hyper-aroused state brought about by traumatic memories and the certain expectation of a fate being meted down to them by others and largely out of their own control.

As a therapist working with refugees, I am aware of the way time impacts on my clients and myself. Time spent recently in the UK and time in their country of origin is sometimes conflated. Home Office interviews and asylum tribunals are obvious situations. The legal procedures and formalities take refugees back to previous arrests, interrogations and torture as if the time in between did not exist. Less obvious events like the sound of a knock on the door, a firework exploding, the sound of a pneumatic drill, the sight of the police or a police car can propel a refugee back to a time when they were in danger at home, bringing symptoms of trauma to the fore with the accompanying physiological effects on the brain and body experienced as emotional distress and an associated expectation of imminent danger (Gerhardt, 2015) In the pandemic, asylum seekers still experience

this, but on top of that, the workings of the Home Office have all but ceased so that the expected outcomes of tribunals do not arrive. Within a session, this collapse of time brought about by a shocking event can occur, in spite of our best efforts to ensure that we have a quiet uninterrupted space. From time to time something happens, such as someone barging into the room by mistake or loud banging outside. We therapists might unwittingly do or say something that can trigger a traumatised response. Our willingness to understand the effect of these events and take steps to ensure they are not repeated helps in the recovery of our clients and, if they are not too overwhelming, maybe it helps this recovery by the fact that the situation becomes available to be reflected upon. As Robert Stolorow so aptly says "trauma destroys time" (2007, p. 17) and Valery Sinason that it "kills time" (Papadopoulos, 2002) so it is important to establish new benign rhythms and restore a sense of past, present and future – a sense that, although bad things happen in life and nowhere is completely safe from this, life can move on and traumatic events can be recovered from, at least to some extent. Though life has changed out of all recognition, an ability to adapt to new circumstances can be found and lived.

One of my refugee clients told me he was 10 years younger than his actual age. When he felt emotionally safe enough for the truth to emerge, both to himself and to me, he said: "If I was ten years younger, then I still have a family and they did not get killed". This client had not previously found a way to move on from his changed circumstances, but with his ability to reflect on why he had said he was younger than he was, he was beginning to find a way through.

Life events are part of the melody that provides a counterpoint to the regular heartbeat of time and, all being well, this melody can now include more positive things like learning to speak English with a friendly and helpful teacher, finding friends, children doing well at school, finding a football team to play with, finding something funny and laughing. The first time laughter happens in therapy is a real landmark.

Establishing in the UK a new ground base to the pulse of life is important too so that the melody of events is played within its holding beat. Therapy can be an important part of establishing this rhythm and provides the safety within which traumatic events can be approached and resolved. Often our refugee clients have no reference points for the regularity of therapy. The doctor is visited now and again when there is a specific symptom to bring. The worth of turning up on a regular basis is not always evident, and the idea that the therapist will not alter the time to suit the client is not readily understood. Again, the fact that the therapist can understand their difficulty with this, rather than be angry that they are questioned, is important in establishing trust. Therapy appointments, with their insistence on regularity, is unfamiliar. It is common at first for clients to miss sessions even when reminded. Trying to understand what this is about is important. One or all of these possibilities may be present:

1 Time itself is distorted for refugees. The last session may seem like yesterday or last year, memory has become unreliable and some events are seared into

the memory as if ever present, while others are too painful to be brought to mind at all. It seemed to one of our clients that each session only lasted 20 minutes. This client had recently been re-traumatised by having to leave one therapist and go to another. She experienced correctly that her first therapist gave her 50 minutes but angrily declared that her next therapist short-changed her.

2 Distortions in the experience of time can be caused by the effects of trauma or head injury or both. Many of our clients have head injuries caused by torture or warfare or even self-harm. The debilitating effects on the brain caused by psychological, physiological and physical trauma are very complex.

3 The previous session may have been difficult for the client in some way. Sometimes our refugee clients are disturbed or angry about something that arose in a session. Not coming to the next one may be the only way they know to express this. Discovering that anger can be expressed and heard without the therapist retaliating is important, just as it is with non-refugee clients. Even when they appreciate the session in which difficult things were spoken of and empathically received by the therapist, they may try to regulate the pace of approaching significant events by not attending rather than understanding at this early stage that the therapist can be a partner in managing the uncertainty of this situation.

In order to get through this initial stage, it is important to think about these or other possibilities and bring them to supervision to be talked through.

After a few weeks, or maybe even months, a regular pattern is established and a holding rhythm found that allows the work to proceed and deepen as the clients are contained within the structure and regularity of the work. After a summer break I discovered that one of my refugee clients had been in the habit of coming to the place where our sessions were held at the usual time. She sat in the waiting room until the time our session would normally finish and then go home. She told me that she found it helpful to keep her usual routine going.

The pandemic has, of necessity, made it hard to keep the therapy routine alive for clients and is a particular challenge. During lockdown, electronic means of contacting clients was all we had. As lockdown eased, some found creative ways round it like meeting in an open space, but many have to continue using distanced ways of being with clients, often just on the phone. Learning to make these sessions human and intimate is something we have had to take very seriously in order to minimise the extra layer of trauma that could be caused by our sudden unavoidable disappearance.

Stolorow maintains that it is not the event itself that traumatises, but the lack of an empathic other to receive it (2007). So, in order to provide help to traumatised people, we need to ensure that we deal with any vicarious traumatisation of our own. We must take responsibility to ensure that we are normally held within benign rhythms, dealing with and being familiar with our own dark places (Van der Kolk, 2014). The melody or counterpoint of our lives which play over this ground bass can then include the brutalities and barbarities experienced by others

and lead us to be able to have enough space in our hearts to deeply empathise. Any vicarious trauma we experience can thus be repaired with the help of the rhythms of our own lives and, as Woodcock talks about in the following chapter, by being empathically received by colleagues and supervisors.

I have valued being given the challenge of writing a paper to engage with you about time and change in relation to refugees. It has helped me to fully take on and understand the importance of time in the healing of trauma in refugees, which does not mean the often-stated but rather hopeful aphorism that time itself will heal, but that after a traumatic event has occurred, there is a fracture in time and this fracture needs to be understood and attended to. This can bring the body back to a calmer state, become less reactive and not hyper-aroused. A new rhythm can bring with it the resilience needed for life to move on to new melodies.

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What is needed to change our perspective?
To enlarge the index of what can be talked about,
felt, imagined and rendered into healing metaphor
so that experience can be bought back into time and life?

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8 Living with someone else's trauma

Extreme events, time, liminality and deep subjectivity

Jeremy Woodcock

Beginnings

Let's begin with the observation from Freud, that in the mind there is no time (Freud, 1940). Also, in the mind, in sleep, there are no boundaries as we know them and as we experience boundaries and relationships this side of consciousness, as in this waking observing state of now. In deep states of meditation we enter states of mind that are beyond relationship, and yet in this relation-less state, all possibilities of relationship co-exist.

Within Buddhist apperception the fourfold of the *tetralemma* gathers this up – this forever standing on the precipice of time and existence:

All things exist
All things do not exist
All things both exist and do not exist
All things neither exist nor do not exist

These are resonant themes for psychotherapists working in relationship where the meeting places with those we work is like a garden that gathers up the seasons of life, so that simultaneously we are within time and beyond time. Let us move on to consider two brief vignettes that capture and expand something of the flavour of these ideas.

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The woman whose father was imprisoned by the Japanese in Changi Prison

In the ten years that I worked full-time at Freedom From Torture, as it is now called, the vast range of our work was focused on asylum seekers and refugees. But we also worked with people from the UK – aid workers who had been caught up in conflicts; journalists and travellers who had been captured and ill-treated; men and women affected by torture in the Second World War and the many conflicts that followed. Notably Helen Bamber, the founder of Freedom From Torture, worked for many years with Eric Lomax, and his wife Patti, whose story was made famous in the film *The Railway Man* based on his book of the same name. This work with people who had grown up in the UK offered a helpful contrast, a point of triangulation, to our general work with refugees and the profound differences of culture and experience this work often entailed.

Such a case was a woman in her early 40s who was referred by her GP after years of anxiety and depression. Born in 1950, the single child of a couple who had married shortly after the war, she had suffered all her life, and most distinctly during her childhood, with terrifying dreams and nightmares of imprisonment and torture. She knew her father had fought in the Far East, but only as an adult did he very briefly reveal to her that he had been a prisoner of the Japanese in Changi Prison in Singapore, which was notorious for its ill treatment of Allied servicemen and civilians captured during the fall of Singapore and the subsequent capture by the Japanese of outlying territory. She knew very little of Changi herself and had no recollections of her father talking of his war experience; indeed, what was striking was that it was never spoken of in her childhood as far as she knew. She 'sensed' something of his experience because of her father's agonised demeanour at times, but words and explanations were never offered by her parents. Yet her dreams were so vivid that they accurately revealed aspects of life in Changi Prison that could only have been known to those who endured its anguish and atrocities. Throughout her life, it seemed, she had literally dreamed her father's repressed experience.

Here is our first example of both how there is no time in the mind and of how we live with another's trauma. That which is repressed comes back to haunt not only us but also those with whom we are emotionally connected. We will consider in more detail how this happens later.

The woman who lost the use of her arm

Our second clinical vignette is of an Iranian woman who came with her husband for conjoint couple therapy with my psychiatrist colleague and myself. She suffered from recurrent depression and complicated grief for her brother who had been shot dead during a political demonstration. She had also lost the use of her left arm. However, during one of our therapy sessions it became apparent to us in a shared vivid and intuitive flash that her brother had been shielding her during

the political demonstration, and he had received the bullet that may well have smashed her arm had he not been standing directly in front of her. As we examined this intuitive thought and carefully picked through the detail of what had happened that day with her and her husband, recollections that had seemingly been lost to her returned, and as we pieced things together, the power began to return to her arm, as well as the terrible full-blown shaking grief for her brother and her guilt that he had died rather than her. It was a powerful and shocking consultation, but it led to many weeks of closely observed and detailed work that marked the beginning of her recovery from long years of debilitating depression and paralysis of her arm. We could surmise that the woman's arm had been lost in time: smashed by the bullet that would have entered her if her brother had not been standing where he had been, directly in front of her.

Extreme events

So extreme events have this facility to exist beyond time. Let me explain my use of the term extreme events. Trauma is often readily used to describe both events and their psychological aftermath. When we run events together, we can, if we are not careful, construct a reality that lacks verisimilitude – trueness to life, and in psychological work it is most important that we do not do violence to trueness to life. Indeed, our work is to restore trueness to life. Trauma is caused by extreme events, events that are beyond the usual run of human experience, but in truth, not all extreme events are traumatic, and there may be many reasons for this. They may happen to members of a resistance culture where hardiness to extreme events is valued and modelled. They may happen to children where parents model resilience that entails acknowledgement of what has happened and its integration into lived and felt experience. It may happen to people who know that struggle entails risk and who reconstruct and model responses to extreme events within those frameworks of meaning. However, it is when extreme events elude easy definition, when they surpass our capacity to make meaning of them, that they become psychologically traumatic and take on a life almost of their own, outside time. Furthermore, trauma isn't just trauma because it is not responded to accurately, relationally, sensitively and holistically. A poor relational response to extreme events can and does exaggerate a psychologically instantiated set of traumatic sequelae. But of great importance in the traumatic response to extreme events is when our bodily organism is actually overwhelmed. Those events swamp the reflexively responsive habitual bio-social-cultural matrix in which our deepest life meanings are mediated, which co-exist both relationally and, most importantly, actually beneath the reach of conscious process (Van der Kolk, 1987, 2015; Agger, 1992; Herman, 1992). For these reasons, as will be explained later, it isn't sufficient to explain so-called 'compassion fatigue' as merely based on the failure to respond adequately in a relational manner to a person's contact with extreme experience (Stolorow, 2007). What is most important is that we understand as far as possible the complete situation in which extreme experience literally gets under the skin of not just those who are directly inflicted but also their families

and those who set out to help them. It is most deeply in this sense that trauma that is transmitted between people exists in a lacunae that lies outside time, and this contributes to its potency to harm.

So, let us now see more deeply how they exist beyond time. I believe there is a developmental trajectory that has cogent explanatory power, which brings together what can be broadly described as the two pathways that we encounter in work with trauma. These are the path of thought and cognition and the path of sense and emotions, and they are deeply informed by an understanding of attachment theory and neuroscience. What we need to warn against, however, is the danger of being a neuroscientific reductionist: that is allowing explanatory models from attachment theory and neuroscience to be too deterministic in shaping our understanding of the actual clinical presentation. As my systemic family therapy colleagues would say, calling to mind Gregory Bateson's use of this idea, "The map is not the territory" (Bateson, 1972).

So now let me outline my understanding of trauma gained from my clinical experience. I was privileged to work at *Freedom From Torture*, the human rights organisation in London, with many families from all over the world who had escaped persecution. What I began to notice was that there were husbands and fathers described by their wives and children as having been good, warm and engaged husbands and emotionally involved fathers who after extreme experiences of violence were described as deeply preoccupied, emotionally remote, mentally absent, irritable, easily moved to anger and privately anguished. My colleague Sheila Melzak recalls children saying, "My daddy looks and feels the same but he's completely different" (1999, pp. 2–21). What was initially deeply puzzling was that the therapeutic work we provided to build and enhance family relations, based on an understanding of their previous good relationships, foundered because something of their previously intact attachment had seemingly been irreparably broken. What in our different ways we were all noticing was that the attachment nexus of these men (and often women), that is the complex cluster of all their attachment responses, had been profoundly altered by the extreme violence they had endured. Furthermore, what was striking was how intellectually moribund these previously lively men were, unable to respond with creativity to the challenges of their new situation.

While wrestling with these clinical encounters, a striking parallel emerged from the work of Mary Main. Through the lens of attachment theory, she described how prior to about the age of three children cannot 'dual code' and therefore they cannot be meta-cognitive. Dual coding is the ability to 'see' something in one's mind from more than one perspective. Typically young children experience the world and relationships within it as rather concrete. For instance, you may be familiar with Piaget's experiments in object permanence whereby a child cannot track a favourite toy hidden under a series of cups, or in relational terms the apparent apprehension that mummy or daddy seem to disappear when they leave the room. These moments turn on this failure to dual code. Things either are present in a very concrete way or are not present at all. They cannot be imagined in the mind as having more than the present quality. Because young children cannot dual code,

they do not have the capacity to be meta-cognitive; that is they cannot 'see' their own thinking. Similarly, to extend the idea, they cannot be meta-emotional either; that is, they cannot be truly reflective of their own emotional experience. In other words being meta-cognitive and meta-emotional are developmental achievements (Woodcock, 2000, pp. 213–239).

What we conceived was that in the midst of extreme violence we lose the capacity to dual code the experience, and hence our capacity to be meta-cognitive to the extreme events is compromised. Extreme violence is therefore experienced in a very concrete way. It is what it is, and the valency for that experience to be challenged by others, be they spouse, children or therapist, is deeply problematic. Thus after extreme events we lose our way developmentally and our previously intact capacities are damaged.

Extreme events or trauma?

Now to return to the reason why I use the term extreme events – people can experience the same extreme event without it becoming a trauma: one person's trauma is another's extreme event. The thing that makes the difference is the capacity to emotionally and cognitively process the extreme event – and this can be influenced by all sorts of mediating factors described earlier: how prepared and resistant one's community is to such events; how emotionally hardy one's family is; if sense can be made of the events, and most critically, in my opinion and clinical experience, if the capacity to be meta-cognitive is intact. It should be noted here, that at best, therapy is a meta-cognitive activity.

Deep subjectivity

Let's take another step forward now and think about deep subjectivity and liminality and how these play with time: Heidegger, the German existentialist philosopher, critiqued and built on the work of the phenomenologists, principally that of his teacher, Edmund Husserl. Heidegger's search was not merely a subjective enquiry into life experience, but a phenomenological enquiry into the nature of being itself. Thus, as well as enquiring into our subjectivity and laying the contemporary philosophical ground for an appreciation of our ever-unfolding experience and the evanescent qualities of our subjectivity, in the third turn of his thinking which followed *Being and Time*, Heidegger pointed towards the profound relevance of our dwelling and of our pre-verbal interior space as possessing qualities that co-determine our deepest sense of being in the world, not merely at a subjective level, almost in a return to the idealism, which he rejected. His later work suggested a realm of appreciation of being in the world that has supramundane qualities. This is a state of mind and body that I believe is captured in the term deep subjectivity. Utterly aware of the absence of the essential as a graspable utilitarian concept, Heidegger conceptualised our dwelling as the human essence. To quote from Julian Young, "To dwell is to be at home. . . . To dwell is for one's place to show up as dwelling-place". Young describes Heidegger's grasp of the

idea of dwelling within the "fourfold": "To dwell is to belong within the fourfold of earth and sky, mortals and divinities" (Young, 2006, p. 389). In writing this, Heidegger does not want to sacralise dwelling in any particular sense. In fact, he is wishing to point to the unfathomable mystery of existence, which comes forth in the mundane details of our lives. "To dwell is to be on the earth – spreading out in rock and water, rising up in plant and animal – and under the sky – the year's seasons and their changes, the light and dusk of day, the gloom and glow of night, the clemency and inclemency of weather" (2006, p. 389). Heidegger's grounding of dwelling in the particularity of life lived points to the particularity of our experience when we are homesick. It is then that we feel the particular qualities of our dwelling and its absence. This being so, to what extent do we attend to these dimensions of deep subjectivity in therapy? Can awareness of deep subjectivity be helpful to the therapeutic process? Is deep subjectivity merely the province of the rural, of the pastoral landscape that we may idealise, but which is a far cry from the experience of many of the individuals and families we see?

Heidegger has been criticised for "his anti-urban, radical pastoralism", but actually deep subjectivity has no limitations (Sheehan, 2006). It emerges in all of us after conception when as a growing child we have the neural capacity for felt experience. It is the beat of our mother's heart in the womb, the orchestra of rushing blood in our mother's body. It is the sound that rain makes only on our roof. It is the hum and roar of traffic on the nearby roads and the hubbub of human traffic in our neighbourhood. It is in layer upon layer of experience that identifies us within our home and it has both unconscious and conscious elements.

Deep subjectivity is the ground of our emotions, almost beneath the conscious threshold. It is the echo of the feelings conjured up in us from our earliest journeyings into life. When we are still, we become aware of its presence and its power to help us find our place in the world. To carry on in life in any sort of way requires that we move away from the immediately familiar, hence the need to mourn. Fruitful mourning requires that we can bear to hold in ourselves the sounds, and feelings and fleeting images of what has passed before. Tuning into the deeply subjective is part of that process (Woodcock, 2010, pp. 11–13).

The question then arises how we tune into the deep subjectivity of the people with whom we work: to sit in our consulting room and tune into the sounds inside ourselves and our surroundings; the feel of the textures and fabric that clothe and hold us; the moods that echo within us. This deep subjectivity is in time and beyond time. It is now, and it also contains the past and imagined futures. Furthermore, I believe understanding deep subjectivity and the non-duality of its simultaneously immanent and time transcending qualities can enable us to enter into the intersubjective with greater depth and compassion.

Liminality and rites of passage

The next step is to grasp the notion of liminality, the borderlands, the betwixt and between; the hinterlands of human experience, human history and human endeavour. Liminality is best understood within the context of rites of passage. Rites of

passage involve the beginning of something, a steady state, life as it always was and always will be, time flowing forward without interruption. There then follows an abrupt separation, a time of being in the wilderness, in the betwixt and between, often accompanied by incredibly challenging tasks and searing rituals, which join one with one's fellow participants in this marginal and liminal (or limbo) space. Finally there is a time of re-entry, accompanied by incorporation rites, where the participants are welcomed back into their society or social group but with a different status. In tribal cultures, these rites of passage are often forged around adolescents growing into adults.

The anthropologist and social thinker Mircea Eliade describes our cultures as having myths of a great time, a golden age: Blake's song Jerusalem conjured up such a mythic remembrance:

> And did those feet in ancient time
> Walk upon England's pastures green?
>
> (1958)

In the United States there is the foundational myth of the state, that conjures up an epic time:

> Give me your tired, your poor,
> Your huddled masses yearning to breathe free,
> The wretched refuse of your teeming shore.
> Send these, the homeless, tempest-tossed to me,
> I lift my lamp beside the golden door!

We are also reminded of the celebration of Thanksgiving, and worldwide of Christmas and Easter. These have mythic qualities that harken back to a golden time where the horizontal vertex of time's arrow is subverted into a vertical so the celebration of time stands still. In Buddhist and Hindu thought, this same state of being is somewhat captured by the notion of the *tathagata garbha*, the womb of creation which exists both in time and outside time.

For refugees who have been through harrowing events of violence and forced to flee their homeland, who then have to wait typically for many years in exile before they are granted asylum – the legal right to stay in a country that offers protection – I would say that those experiences can be understood as the simulacrum of a rite of passage; almost a rite of passage but not quite a rite of passage. It is certainly not a rite of passage that is held in a thoughtful and structured way within the social and cultural norms of a community, but it contains each of its elements – separation from the social group, loss of original status, searing and deeply challenging experience and re-entry into a new social situation. But what is deeply lacking are the incorporation rituals that are the key to any rite of passage. Furthermore, the liminal phase is hugely extended, filled with anxiety and robbed of definition. The sense of self provided by guaranteed relationships loses

its apparent solidity. The passage of time defined by work, the seasons of one's homeland, the deeply subjective rhythms of the day and week and month dissolve at their edges.

Let me give you a few examples of this liminality. Families I have worked with describe being at sea, where there is nothing familiar in the social landscape to which they can anchor new experience; women describe the food they cook as being bland and tasteless, without salt (Woodcock, 1995, pp. 397–409). In the early 1990s I had been working with many Iranian and Kurdish families with very significant levels of distress. Some progress had been made, but the gains had not been as great as I had hoped. Our work coincided with *Naw Roz*, the New Year festival coinciding with the first day of spring, which is shared by both Iranians and Kurds alike. In the months before this, the Gulf War of 1991 had convulsed these communities. I sensed a tremendous feeling of the need to celebrate, and I routinely enquired of all the Kurdish and Iranian families how they might celebrate the *Naw Roz*. It was quite astonishing to learn that few families anticipated celebrating the traditional family rites, although most expected to attend events laid on by the various community cultural centres. This struck me as peculiar, because I had not encountered the same resistance to the individual family celebrations of *Eid*, the Islamic festival which marks the end of the fast of *Ramadan*. Indeed, with some families we had incorporated some of the cultural associations of *Eid* into our sessions. However, there is a religious sanction which more or less demands that *Eid* is marked in an appropriate manner. By contrast, because *Naw Roz* is a more permissive event, it seemed that the bereavement of exile militated against its celebration by individual families. Furthermore, there seemed to be further reluctance for families to celebrate it because, following the thinking of Mary Douglas, of what may be conjectured as their discomfort at being in a disorganised and therefore in a polluted state (1966). However, because I realised how powerfully cultural and religious festivals could motivate families' recovery from the effects of atrocity and exile, I encouraged families to celebrate *Naw Roz* in much the same manner as they would in their homelands. My belief was that by encouraging them to participate in traditional forms of celebration, crucial elements of their cultural identity could be incorporated into their life in exile.

Naw Roz is a particularly interesting example of a New Year festival. Eliade believed that the myths which vivify religious and cultural festivals refer back to a 'great time', prior to the cosmic breach between humankind and the Creator: a golden age when all was right in the world (1949). He therefore considered that the rituals of New Year not only mark the beginning of the temporal year but also refer back to the beginning of time. Because they have this quality, Eliade believed that seasonal rituals actually have the power to regenerate life by giving it meaning and purpose. In his terms, the festival of New Year can be understood as a symbolic return into the womb of creation. Families and communities leave the Old Year behind, enter a period of gestation in which they are symbolically separated from the mundane demands of life and inhabit both the past and the future simultaneously (1949). Thus by their very nature these rituals inspire reminiscence and future thinking. Finally, there is an incorporation rite, which enjoins

the insights from the ritualised primordial great time with the current demands of living.

I became very excited by the parallels between these rituals and the processes of imprisonment and political exile, which were like truncated rites of passage which left people in limbo. My idea was that seasonal rituals could symbolically shift families out of that state of limbo. The ritual would serve two purposes: firstly, affirming the value of their culture and its transportability into a new setting; and secondly, aspects of the ritual would resonate with the experiences of loss, atrocity, imprisonment and change. However, instead of leaving them in limbo, the full process of the ritual, and particularly the incorporation rites, would enable them to integrate those experiences and so heal the torn fabric within their existential and communal worlds.

We embarked on conversations with these families with the purpose of getting them to celebrate *Naw Roz* and suggested that they should celebrate the festival for every conceivable reason to do with transition and change that we could think of together. For instance, the children had gone up a class and that had to be marked, the children needed to know that it's all right to be a Kurd in exile, a brother in exile in Sweden would want to know that the family could still celebrate and so on. Once the families were enabled to conceive the possibility of celebrating the festival, a sense of renewal was generated, and they became very motivated to enact the festival as fully as possible. I found that families felt very affirmed by discussing details of how the festival could be celebrated in the present circumstances of exile.

For instance, we discussed how they might acquire the artefacts needed to celebrate the festival properly. With one family, the interpreter became very animated as she described to them how to find the shop which had exactly the right fish (actually goldfish) which were needed for the family rites. These conversations therefore linked the tempo of change in their lives to ritual aspects of their culture which, although in a process of adaptation and change, was recognisably their own.

This then is the fourth dimension by which trauma exists both in time and outside time, and whereby it may be more fully integrated into the natural ebb and flow of time.

Towards an ending

Let me now bring this together with some concluding remarks: My colleagues Helen Bamber and John Schlapobersky wrote a paper a long while ago entitled, "Torture, the Perversion of a Healing Relationship" (1987). In a way the point made is obvious; however, the implications for therapeutic help are complex and profound. A parallel statement is that trauma is the subversion of a healing relationship. By this I mean that in profound trauma what I clumsily describe as the attachment nexus is so disorganised and disturbed that one of the primary psychological tasks of parenting, which I take to mean the capacity to take into oneself the discomfort experienced by the child and be capable of digesting it and presenting it back in a way that can allow it to be metabolised. Trauma needs to

be metabolised in much the same way; experienced at the level of felt sense; intuitively entered into, and I have described this work as entering a labyrinth, mapping each of its many hidden dimensions. But be warned, there is no time in these places because one is in a place developmentally that is before time (Woodcock, 2001, pp. 136–154). The stabilising links that can be made to deep subjectivity do not readily resonate; similarly, the cultural dimensions encompassed by liminality are profoundly devoid of the markers of time.

Therapists can founder at this point, and many times in supervision the task has been to enable the therapist to endure, but also to conjure into their mind what at times may seem unthinkable, both the darkness and horror that must be entered into metabolically, but also to clothe the experience with thick description. Bion said, and I paraphrase imaginatively here: attend the patient without memory or desire (1988), and I would say, that doesn't mean purge your mind of thought. Rather, it means allow such a richness of competing narratives to enter your mind so that all possibilities co-exist; conjure up their deep subjectivity; call up with imagination the incorporating rituals of their life; imagine time passing in one's homeland and their homeland; call to mind the richness of each season's fruits. This is the maternal task that anchors time in the depths of reverie.

Now let us return to the final theme mentioned in the title of this chapter and outlined briefly at the start, in fact the real question: How we might live with someone else's trauma in a way that is creative and affirming, rather than damaging? To answer this question, I will turn now to consider how trauma affects therapists.

My veins don't end in me

For over 20 years now I have enquired into the effect of working with people affected by extreme events on the inner life of therapists (Woodcock, 2014).But also, as in the first clinical vignette of the woman affected by her father's war-time experience in Changi Prison and with my work with refugee families, a constant theme has been: "How is extreme experience experienced and managed by those with affectional bonds with the traumatised?" And therapists also have affectional bonds!

Two countervailing themes emerge – damage and hope – and here is a brief overview of what I found in my research with therapeutic staff. There was a significant dosage point, and this was staff who worked for at least 15 hours per week face to face with survivors, which also included time spent in clinical discussion with colleagues. The majority of these colleagues were affected by what is described in the following. Those who worked longer hours were more likely to be motivated into the work by personal experiences. The sense that the work was rewarding declined with hours worked but remained high, and so idealism remained high. The work got into people's dream life irrespective of the hours worked. Sadness affected all; low mood was pervasive; anger was pervasive; anxiety was pervasive. Respondents said that in general they felt they were far less easy to get on with and far less friendly.

In my study and subsequent follow-ups the questions that were most revealing of how disturbed staff were by the work, in other words, the most diagnostic questions, were:

Has the work has got into your dream life?
Has the work intruded into your intimate relationships?
Has the work intruded into your sexual relationship?
Has the work interfered with your mental well-being?
Some people cannot remember whether they have done something or have just thought about doing that thing: does this happen to you?
Are you connected to the themes of the work through a personal or family history?
Anxiety as revealed by Hospital Anxiety and Depression Scale.

Connection and survival

What I discovered at the heart of the study were a group of senior and highly experienced staff who were involved in the work in a deeply committed way. At a declarative level they admitted the work was troubling, but also psychological tests embedded in the study revealed that they were implicitly (and to a varying extent less consciously) disturbed by a profound set of phenomena:

A high percentage spoke of forgetting important facts about patients; of feeling sleepy with patients; of failures of concentration.
Work intruded into their intimate relationships and, quite often, their sex life.
They were habitually anxious and frequently felt anger and shame.
They showed significant signs of dissociation.
They went out of their way to avoid violent and traumatic material on radio, television and at the cinema.

What was also significant was that many of the group had personal or family associations with the work. Mostly, these staff in senior clinical positions were very hard working and had lengthy, in-depth experiences of personal psychotherapy.

In summary, they were deeply troubled by the work, intruded upon and disturbed in their mood, but they were also very hard working and reflexive in their attitudes. They valued collaborative work and enjoyed their colleagues and felt respected and valued by them. What is more, their attitude to supervision was exemplary: of all respondents they were the most open about their feelings, their struggles and their failures. A high percentage described themselves as being fascinated by the work, well supported by the organisation and valued by colleagues. Half were inspired by the place of work and thought that the organisation was open and supportive of their way of work. Most felt their commitment to their patients kept them in the work. Indeed, the sense of mutual enjoyment and trust of colleagues was a very striking feature right across the respondents and institutions

in the study. This underscores the point made by Judith Lewis Herman (1992), that the most resilient are those who struggle to maintain connection. The evidence suggests that they felt strong in themselves, that they valued supervision and used it well. Through processes of reflexivity, these staff had developed an understanding of their personal links to the work and of their unique responses to it. For some, the struggle for awareness will have been conducted against the background of dissociation, low mood and angry feelings, which in turn may well have evoked curiosity and fascination but also served as a deterrent to insight. In the group of staff in this study, much of the insight appears to have been gained through personal psychotherapy.

There were also universally significant changes in the respondents' existential beliefs. This was the most profound and unequivocal finding of the second part of the study. Respondents spoke universally of feeling less motivated by ambition or material gain; spiritual/holistic values were regarded as more important. Set against this, they felt that life seemed far less predictable; they felt deeply that some people were very unfortunate, and they believed that politicians were deeply untrustworthy. They also felt that time for enjoyment and time for reflection were very important (Woodcock, 2014).

Conclusion: six key matters

Let us now finish by briefly outlining the six key matters that affect how trauma and its relationship to time impacts on how we might find ourselves living with someone else's trauma.

The first is that events take on extremity because of their capacity to breach the body's fleshy interior, and this is the body as both a physical entity and an imagined entity, living in all its social and cultural relationships. Once breached, the alarm that extreme events cause registers within the limbic system, and once activated, the limbic system will continue to be sensitive to similar breaches, either real or imagined, until it is decathected. Furthermore, it is worth noting that the limbic system exists outside time: in other words, it isn't primed to remember time, it is primed to respond to threat. To be decathected isn't some mysterious process. It merely means to respond to trauma through the therapeutic relationship, while taking into account that our own capacity to respond will be constrained and shaped by the traumatic charge, the 'limbic load', and that the felt experience in our body, and the patient's body, needs to be attended to with care, with mutual respect and patience (Welwood, 1996). Furthermore, "there are more ways of killing a cat than merely choking it with cream". We can decathect with eye movement desensitisation and reprogramming; with cognitive behavioural therapy (CBT) and mindfulness; with psychoanalysis; with intersubjectivity; with various forms of body psychotherapy that respond at the patient's pace to both the actual and imagined body within the complexity of its social and cultural setting. However, what comes over remarkably consistently in the literature is that we need to decathect with clear and consistent attention to our felt sense and the felt sense of the patient. The body has need of coming forth in work with trauma.

Second, extreme events make us experience the world in more concrete and less reflective ways. When we lose the capacity to be meta-cognitive, we are captured by events in a most cruel way because we lose the capacity to be sagacious about our own experience. This is often experienced in families where the prime sufferer (of course, the whole family suffers) has an unshakeable grip of their own experience but they only allow it to be seen in their way. A healthier response emerges when different perspectives can be allowed that open up the experience and enable the prime sufferer to appreciate what they have endured from the perspectives of others, as well as their own. This mapping of experience between family members requires the ability to hold robust positions with sensitivity. When symptoms and conflicts become metaphors, we know we are succeeding.

Third, we need to pay attention to deep subjectivity not merely as an adjunct to psychotherapeutic work but as the very ground of our patient's experience, and our own. To arrive at a place where we can be comfortable in our own skin requires a deep physical and existential knowledge of who we are. To sense the path between the discomfort of where we are and where we might hope to rest is the process.

Fourth, to pay attention to the dimensions of time and movement in the liminal territory has the potential to gather up developmental processes that elude the merely clinical space.

Fifth, recovery from trauma, in itself the subversion of the healing relationship, requires us to come forth intersubjectively and to attend simultaneously to the physical currents between us that such a healthier relationship with trauma requires.

Sixth, commitment to the work is infiltrated by both damage and hope, and the central task is to manage these dimensions: to pay attention to what may get repressed, literally lost to time, and how what is lost can be held in mind by attention to the quality of relationships between us. This dimension is critically important in allowing the patient to set and lead the pace of discovery, the interior tension and the cultural symbols that arc between victimhood and survival. Furthermore, this dimension of damage and hope is highly relevant in work with individual families. There is a sense in which work is about enlarging the index of what can be talked about, felt, imagined and rendered into healing metaphor, literally enabling experience to be bought back into time and life.

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Only connect.
Play with the imagination.
Drop into a different language.
Explore new possibilities of meaning and living.
Only thus can we revitalise the present and revision the future.

*****

9 Journeying in time

Psychotherapy and the change process

Sue Wright

> "*In a fraction of time, in a moment, something momentous can occur.*"
> *For change "what 'really' happened has to be met by something that is 'really' happening and is 'really' different."*
>
> (Slavin and Rahmani, in Lord, 2018, p. 61)

> "*Change happens slowly, sometimes disappointingly slowly.*"
>
> (Eger, 2017, p. 337)

Our views about therapeutic change will inevitably be theoretically biased. My ideas, based on my trainings, reading choices and clinical practice, will be different from yours. A vast amount has been written on the subject, and I am not claiming to offer any radically new ideas. But what I want to bring to the debate is the place of the temporal dimension in the change process. Over the last few years I have grappled with the following questions:

What is it that occurs during the life of a therapeutic journey, however long it lasts, that makes a difference?
Why is carving out a special temporal space for such a journey important?
How can psychotherapy open up a discourse of possibility rather than pessimism and doubt?
What helps to change people's memories – or rather, their relationship to them?
How can we help our clients to imagine different futures from the ones they anticipate – futures based on trauma-related certainties – that the future will be just like the past, or fit what they were told as children?

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What is needed to help them envisage themselves as very different from the negative versions of self they have so long held?
And what do I do that supports this process?

I have also thought about therapeutic change as both a revolutionary process and an evolutionary one, something momentous in a fraction of time or at a slowly evolving pace. Steven Mitchell wrote, "Pasts, indeed, are not reconstructed; they are constructed in the here and now" (1993, p. 59). In similar vein Donnell Stern argued that "the vitalization of the present by the past or the past by the present requires that experiences be linked across time" (2012, p. 53). In this process time needs to "turn back on itself" (p. 56). It is a recursive process of repeated looping back that makes it possible to change the meanings of what took place in the past and free us from its constraints. The future can also be altered. In the therapeutic encounter with memory we therefore inhabit two or more time zones at once, and there is a doubling and tripling of time

But what is needed for the vitalisation of the present?

In my ongoing grappling with the question: "What leads to change and transformation in our clients' relationship to past, present and future?" these are the things that strike me. I see it as a process that cannot occur without certain conditions. It could be argued that all the conditions, and they are interlinked, involve something mutative occurring in real time. Sometimes one will be in the foreground. Then the process will become dominated by another. The other common feature is that they all involve something new being connected with the past that alters procedural memory. It occurs when earlier states are accessed (i.e. state-dependent memory), and in this altered state of consciousness there is an opening for a new experience to profoundly change our beliefs, alter our self–other patterns (internal working models) and for sensing and relating to our bodies in a different way. Daniel Stern argued that change is based on lived experiences that alter the functional past. As he said,

> In and of itself, verbally understanding, explaining or narrating something is not sufficient to bring about change. There must be an actual experience, a subjectively lived happening. An event must be lived, with feelings and actions taking place in real time, in the real world, with real people, in a moment of presentness.
>
> (2004, p. xiii)

DeYoung made a similar point: Insights, she argued, have no power to change anything "unless they are performative insights, or insights that are intimately connected to interactive, emotional experience" (2003, p. 4).

> Whatever keeps going wrong (the old scripts or self-other-patterns) will turn into a story you can tell together, and then there will be a way to bring a new

> story into being . . . things will change when the two of you can do your relationship in a significantly different way.

There is a sense of aliveness, immediacy and risky potential in what both these therapists advocated. The old, stale story could be replayed endlessly in the therapeutic relationship, *or* something excitedly new could emerge, provided that both partners are willing to risk being authentically with the unknown. To use Ron Kurtz's evocative phrase, it is about finding the "fertile ground at the margin of the moment" (1990, p. 79).

The novel experience can be intersubjective, intrapsychic, somatic or involve the imagination. Intersubjectively change can occur when a rift or enactment challenges the therapeutic relationship, both partners caught up in old patterns and fixed beliefs belonging to their respective implicit pasts. Transformative moments can also occur when someone has a new experience of his or her body, for instance, a feeling of mastery or of embodied safety, the completion of an action that got stuck during a traumatic event or when he is able to envisage something hitherto unknown through imagination and metaphor. It is what Marks-Tarlow called a "fresh response".

In order to effect deep change, both therapists and clients must be open to what is new, which is inherently the domain of the right brain. Whereas the left brain can help people analyze problems, spell out choices, or make conscious predictions, only the right side carries the creative capacity for something entirely novel, spontaneous, or unpredictable to emerge. Herein lies the importance of interpersonal creativity, including Philip Bromberg's concept of 'safe surprises' by which the therapist/patient pair can break through old patterns to stumble upon something new (2011 , p. 17).

What a lovely, evocative phrase: interpersonal creativity!

Conditions that support transformation

In what follows I am going to discuss nine conditions which support this transformative revitalisation of past and present. In the last chapter of the book I explore the differences between revolutionary and evolutionary change.

Memorial activity and making connections

Going back to Stern's point that "the vitalization of the present by the past or the past by the present requires that experiences be linked across time", the first condition involves a "dialogue with time", a self-reflective, integrative process of re-collecting our life-story, or what Loewald called "memorial activity". As he pointed out, memory is not a *fait accompli* "leaving traces on a waxtablet brain". Instead he viewed memory as action or rather as a linking activity in which we link disparate bits of experience into a nexus which gives meaning to each

element by virtue of the reciprocal relationship created between them. We make our history and thereby shape our identity by virtue of this memorial activity "in which past-present-future are created as mutually interacting modes of time" (1972, p. 409). There is something important in this which goes to the heart of how psychotherapy supports change. Change is about making connections, and in connecting we find meaning.

I am reminded here of Haynes's observation that "meaningful becoming depends on two principal actions: the act of creation (which is inevitably twinned with destruction), and memory", and change entails not just connecting and integrating, but separating and differentiating (Siegel, 2010). Haynes continued: "Unlike the processes that are required for the recording of history, precise or accurate memory, in this context, is less desirable than an ability to make links that allow us to weave the particularity of one life to the pattern of all lives" (2007, p. 212). Different therapies emphasise the importance of connection and integration in different domains. Some prioritise the connection between self and others; some between different parts of self; others between thoughts, feelings and emotions; whilst body therapists focus on the connection of body and self. There is also the connection between unconscious and conscious. Where we stand on this depends on our theoretical bias.

If change is about making connections and in this integrative process finding meaning (and I am thinking both of meaning as insight and meaning as purpose), contrast this with situations when the creative activity of memory is suspended – for instance, when trauma breaks the reciprocal relationship between past, present and future so that what is experienced is a meaningless now. Trauma freezes the past and deprives it of the plasticity needed to connect with the present (Stern, 2012, p. 56). People become embedded in their experience. They blend with younger parts of self, for the memories held by those parts have not been updated, and they find it hard to hold multiple perspectives.

Story making and story breaking

Story telling is part of all counselling and psychotherapy, whatever the model of the therapist. *But what is it about being able to tell one's story that is transformative? And what do we do to support this?*

David Herd observed that the passing on of stories means "that a story that belongs to one person now belongs, also, to other people; that other people acknowledge the experience that constitutes the story, but that also in making that acknowledgement they register responsibility" (2016, p. 142). To be witnessed reverses the loneliness and alienation of carrying a silenced and shameful story, and the listener's acknowledgement is an act of recognition. It recognises the individual and his suffering and the fact that other people harmed him. And without recognition – by others and by oneself – healing is harder. But story telling within a therapeutic relationship offers more than this. It is potentially transformative because it fulfils a number of functions:

1 *Firstly, stories are inherently integrative and, of particular importance, they help to integrate our experiences across time*.
2 *Narrative serves as a container*.
3 *Stories help shape and maintain our identity*. We grow up into stories. If we can tell a coherent story about our lives, it contributes to our sense of ongoingness. As Oliver Sacks said, "To be ourselves we must have ourselves – possess, if needs be repossess, our life-stories. We must 'recollect' ourselves, recollect the inner drama, the narrative of ourselves". A man needs such a narrative, a continuous inner narrative, to maintain his identity, his self" (1995, p. 117).
4 *Stories provide a vehicle for meaning-making*. Throughout history communities have shared stories which attempt to make sense of our existence and of death and disaster. In the context of therapy people often start to narrate and process events which, at the time, made no sense to them. But more than this, the narrative process enables them to create new meanings and versions of self. Another way of putting this is that *through a process of story making and story breaking, it is possible to transform the past into history and to reframe old beliefs*.
5 *The role of the witness is crucial and especially when stories have been silenced or forgotten*. I have in mind here when others communicate that it is not OK to talk about the past, or in repressive regimes history is effectively whitewashed with propaganda. *For many people, most important about being with a witness is actually being heard and understood*.
6 *Lastly stories bind together groups and communities*.

Let me say a bit more about story making and breaking – concepts I owe to Jeremy Holmes who asserted that "psychological health (closely linked to secure attachment) depends on a dialectic between story making and story breaking, between the capacity to form a narrative, and to disperse it in the light of new experience" (1999, p. 59). I find this concept compelling, and it links with two of my essential conditions for change. Story making is a key part of creating a new relationship between past, present and future. Meanwhile story breaking plays a part in connecting something new with the past that alters procedural memory.

Taking story making first, it could be argued that there are two aspects to it.

One is actually finding a story – contextualising and integrating remembered situations into a more coherent, chronological pattern; perhaps discovering things about significant others that enable us to fill in puzzling gaps; and encountering and piecing together fragments of implicit memory, however they have come to be represented, and giving words to them so that what has been split off – the "unthought known" – can finally be "possessed" and assimilated into our life-story (Bollas, 1995).

Therapeutic story making is not a straight journey from A to Z. It entails going back again and again to the start and leaping between different time zones as a thematic strand is followed. As a hypothetical example, a woman I will call

"Rose" recalled with distress how her mother treated her when she was six, then leapt to something similar when she was seventeen and struggling, and then saw a parallel with her mother's refusal to come and help when she gave birth to her first child. This is memorial activity in action – the doubling and tripling of time I spoke about earlier. Then through reflecting on what emerges there is a creation of new meaning that did not exist before, one, as Bollas said, that "could not exist were it not based on past events and did it not transform them into a tapestry holding them in a new place" (1995, p. 143).

Finding meaning is the second aspect of story making. Through repeated retellings we can find meaning in known and half-known stories as we discover more details, more nuances and what that situation means to us in the present. It is an integrative process in which the details include more than facts. They include the emotions, sensations, impulses, thoughts and beliefs that go with narrative of what happened. Meaning making is also much more than answering the question "why?" We could see that as the first level – for instance, someone grappling with a question that has preoccupied her since childhood: "Why was I abused, but none of my sisters? What was it about me?" Or another person who could never understand why his mother walked out leaving him and his brothers, all under ten, with their taciturn father. The second level is when we start to make sense of our own patterns of thinking, feeling and behaving in the light of our history and significant relationships.

Turning to story breaking – there are a number of ways we could conceptualise this. Bollas viewed the narrative process of "reviving the past in different ways" as one of transforming the past into history (1995, p. 15). It involves reworking, unpacking and reassembling memories in order to discover new perspectives and new versions of the old story as new details come to light (Holmes, 1999, p. 61). But story breaking is not simply about telling and refashioning a tale in different ways and reflecting on what emerges. To view it like this fails to do justice to the depth and complexity of the narrative process. The transformation of the past into history, and along with this a loosening up of the principles around which we organise our present-day experience, comes through interweaving new, live experiences in the present with the stale, repetitive and limiting narratives from long ago. It gives us narrative freedom – "a new freedom to feel, relate, see, and say differently than before" (Stern, 2010, pp. 116–118).

The presence of an engaged witness and co-narrator

So what can we do to ensure that story telling is transformative not just a regurgitation of something well-rehearsed and laden with grievances and that the therapy does not get stuck in relational impasses? Journeying in time and narrating one's story needs to occur within a safe, supportive relationship. But more than that, we need an engaged witness, a co-narrator, a companion on the journey. Jeremy Holmes described the therapist as an "assistant autobiographer" whose task is to witness, hold the narrative boundary and help the client to shape the story into a more coherent pattern through the use of enquiry, mirroring and reflecting back.

It is someone who is not only available to listen but who can share the process at an emotional level. It is a witness who is moved with you, but can contain his or her feelings. It is someone who communicates understanding, who gets it, and that is at a level much deeper than any cognitive understanding. Our engaged participation is important in the emergence of the something new. As Mair said, if we listen with the whole of ourselves and suspend the need for literal accuracy, we can help give voice "to what is being said in the living space of both the speaker and the receiver" (2013, pp. 44, 45). There is an imaginative opening up of alternative perspectives. From a different standpoint Mitchell wrote about the analyst adding imagination: "a facility with reorganising and reframing, a capacity to envision different futures, different endings" that supports a shift in narratives that are stereotyped and closed (1993, p. 76).

We need to be willing to bear imagining what our client's ear1ier experiences might have been like; to step into the shoes of the frightened, lonely, confused and disconfirmed child; *and* to be able to dream dreams about the person he could become. In such imagining we are doing what an ordinary parent does – holding the child as an adult in mind and then encouraging and supporting the child to achieve his own dreams. In the use of our imagination we are oscillating in time, holding our client's present self, his past selves and his potential self in mind when he is unable to do this for himself.

When we really engage at an emotional level we support the reconstruction of the past and the development of a more coherent and perhaps compassionate sense of self. And we do this by intuitively turning to a form of communication that is qualitatively different from ordinary conversation. It is the language of caregivers and babies, a language of immediacy, attunement and communion/togetherness. The attuned mother manages to step inside her baby's experience and reflects back her empathic understanding through the tone and pace of her voice, her facial expressions and her gestures. Repeated moments like this shape our emergent self. A therapist who captured simply and beautifully the quality of this right-brain, non-linear language of connection was Ron Kurtz. Kurtz explained that "offering a short, simple comment on the client's present experience" shows that we are following what is going on for him (1990, p. 77). The connection is also made by communicating that this is the client's time. We listen, watch and wait until something indicates that he is ready for us to say something. These "contact statements" help capture what otherwise is likely to get quickly lost as thoughts, feelings and sensations go rushing on (p. 76). We might contact what we see: "Lots of feelings, huh?" "Something happens when you think of that"; or what the client is talking about: "You were really scared, huh?" "So confusing for a little girl" (pp. 78–82). Kurtz argued that when the client feels listened to and understood, he relaxes and goes deeper. It moves the process along.

Feeling understood settles us. It quietens anxiety and reduces shame. And over time it is essential in the formation of our identity. For some of our clients, this might be the first time someone else has been aware of how they feel inside. There is a fit between how they experience themselves and they are responded

to. It is just right – a moment of connection that is way more than communicating an understanding of facts. Maybe this is an, or *the*, essential feature of the "something more than", the dramatic change moments the Boston Change Group discuss. or that in Winnicott's language could be thought of as a "sacred moment" (Stern, 2004). It is a moment of meeting, an event in a tiny moment of present time which can profoundly alter the experiencing of and learning from the past.

An example comes from my work with a woman who I will call Kim who suffered from acute loneliness. On this occasion she had started by saying that she could not imagine ever not feeling lonely. She described how during the week the pain in her chest felt unbearable, "like spikes being pushed into it". Kim had tried to focus on stroking her cat, her pets usually bringing some comfort. But that had reminded her of a dog she had been particularly fond of, and the pain felt even worse. Kim welled up as she spoke. "You really miss him", I said. "I keep thinking, maybe I didn't make the right decision about having him put down", she said, suddenly biting her nails. "Such worries", I contacted. "They gnaw away at you." I sensed she felt understood as she looked away, then said, "I can hear him . . . his bark when he was excited playing ball". She paused. "It was the right thing to do." "Yes, part of you knows that", I commented, "that now he can be free to play somewhere else". Kim smiled.

There are various situations when a good-enough fit between how we experience ourselves and how others respond to us is lacking with consequences for the formation of a coherent sense of self. They include very early experiences with a depressed mother who was unable to "give the baby back himself", or with incoherent and inconsistent parents. They also include situations when abusive adults deliberately tried to confuse the child in order to keep her scared and subservient. And lastly, there is the trauma of disconfirmation when our reality is repeatedly discounted or disconfirmed.

An internal witness

We also need to be able to witness ourselves, or to put it another way, to occupy two or more self-states at the same time. This is Donnell Stern's argument. He explained that the linkage across time occurs when we are able to "occupy self-states in both the past and the present", each bearing witness to one another. This is the internal work of accessing and dialoguing with different selves, those hurt and traumatised selves that have been split off, silenced and repudiated as "*not me*". In such dialoguing we will come up against internal conflicts; for instance, all too often it is accompanied by harsh self-criticism, a voice full of "shoulds" and "oughts", or that scorns and wants to get rid of other parts of the self.

As the external witness we need to welcome all the conflicting parts of self into the dialogue and invite curiosity and compassion about their individual beliefs and strategies. By encountering and learning to tolerate them, it becomes possible to hold multiple perspectives. It leads to a much more benign form of internal witnessing without which change is far less likely to occur. Our capacity for internal

witnessing has its roots in symbolic play (Meares, 2012, p. 24). It is possible because as children we experienced an attuned other who gave our experience back to us in manageable form. And it is a process that can get derailed by overwhelming events that sever the connections between different parts of self.

An "affective bridge"

Change also entails creating "affective bridges" between feelings and knowledge and past and present (Stern, 2012, pp. 55, 60; Modell, 2009). The use of metaphors supports the creation of affective bridges. But what do we mean by metaphors? And why are they transformative?

Thinking in metaphors is a right-brain process, "the currency of the emotional mind" (Stern, 2012, p. 55). It belongs to the realm of Kairos, the kind of time that is non-linear and can turn back on itself. Metaphors re-present experience. They "stand for" and have an "as if" quality. To explain this Stern described how when a present experience reminds us of something from the past, things feel they belong together. There is a "feeling-connection", an affective bridge, between two episodes, and that is because our brain "maps" certain experiences onto others such as an emotional state onto a sensory detail or bodily experience (p. 54; 2010, p. 132). For instance, we might associate feeling safe with the smell of baking cakes or feeling anxious with the sound of raised voices because these sensory-affective states are reminders, albeit not consciously recognised, of situations in the past. Metaphors provide links between emotional memory and current perceptions (Stern, 2010, p. 135; Modell, 2009, p. 8). This, I suggest, is an important aspect of memorial activity.

Mair used the term vehicle for metaphors (2013, p. 33). We use them as vehicles to "give form, shape, and expression" to our experiences. In this way, we create associative links between otherwise separate experiences, something Stern believed is crucial to psychic growth (2010, p. 136), and find ways to explore and relate our inner and outer worlds. Again this brings me back to the importance of connection and integration. Creating links is an essential part of sense making, and as we discover meaning in our experiences, it opens the door to new ways of being with ourselves and others. Mair evocatively captured how metaphor can enrich experience when he said, "through metaphors, new possibilities of meaning, of living, can be entered and explored, new costumes, new plays, new parts, new access to the scripts we did not know we were being spoken by" (2013, p. 18).

We can appreciate how crucial the process of creating links and organising emotional memory is when we think of trauma survivors who find it impossible to do this or to make sense of what happened to them. As Modell pointed out, "in health, metaphor retains its complexity, generating a multiplicity of meanings". However, "in interpreting the memory of trauma, metaphor loses its play of similarity and difference and becomes frozen, involuntary and invariant, and recognizes only similarities" (2009, p. 8). In Modell's view, in the wake of trauma, the past becomes timeless in the sense that it exists beyond the experience of time. As a consequence, the traumatic events stay fixed "as a concrete record that cannot

be contextualized in the present" (Stern, 2010, p. 135). This adds weight to my emphasis on the need for something new to be connected with the past. Because of its "as if-ness", the use of metaphor helps us to oscillate in time. When we play with images we find it easier to look at events, whether in the past or imagined in the future, from a distance. We can scrutinise the image from a number of angles, each revealing new perspectives and meanings. It is having a dialogue with our experience that opens up new possibilities for living.

Just as the capacity to play initially depends on an engaged witness, so, too, when someone is struggling to find something that will make sense of her life, to have another person with whom to play with metaphors is important. Perhaps like the falling tree that only makes a sound if someone is there to hear it, it leads to feeling heard at a deeper level, to a sense of togetherness. In the moment we grasp and share a felt response to the enormity and pain of the experience being discussed. When, for instance, Rose said it felt as if her mother's repeated accusations – "You're too . . ."; "You always . . ." – were killing her, I sensed the profound impact these words had and reflected it was like a barrage of arrows attacking her. They annihilated her sense of self and, in consequence, she found it hard to know and speak her truth. I could tell that Rose felt understood when I amplified her word "killing" and sensed that she also understood herself a little more deeply.

Harnessing intuition and the imagination

How can psychotherapy help our clients to imagine different futures from the ones they anticipate – futures based on trauma-related certainties – that the future will be just like the past, or fit what they were told as children? How can we help them to dream? To play with different visions of themselves? And how can we harness our own intuition and imagination as we work?

In the world of psychotherapy the value of the imagination has not always been recognised (Wright, 2020). Freud considered emotions as irrational and inferior to reason and scientific knowledge, and although he did not use the term imagination or intuition, I think he would have put them in the same category. For him one of the tasks of analysis was to challenge fantasy and illusion. To his mind illusions were indicative of a failure to adapt to reality, a defence and a wish fulfilment (1927). Winnicott and Milner challenged this view and stressed that illusion is adaptive (Turner, 2002, p. 1070). "Moments of illusion", said Milner, are "the essential root of a high morale and vital enthusiasm for living", and Winnicott argued that play lies "at the heart of all creative living, both in childhood and later in life" (Turner, 2002, pp. 1063, 1070, 1077). Playing, he said, "denotes the ability to distinguish reality from fantasy and past from present, while giving playful rein to a creative imagination which is neither delusional nor literal", and rather than a defence against reality, he saw illusion as a bridge between inner and outer worlds (Horne & Lanyado, 2015, p. 140). As Orange pointed out, for Winnicott, illusion referred to an "omnipotent sense of possibility that fuels creative life", and even if we know that our future dreams might not necessarily be realistic, sometimes

they need to be bold and come from a place of Winnicottian omnipotence (2011, p. 159).

Coming to the present day, we have become constrained by a prioritisation on evidence and protocols that can be measured. These are all the territory of left-brain thinking. The left hemisphere specialises in focussed attention, analysing, naming, forming concepts and categorising. It uses language to represent things. It is logical – and all this fits with the drive for evidence-based research and treatment guidelines. The right brain, meanwhile, specialises in making connections between things, in "betweenness". And this, I would argue, is one of the things that goes on when we engage in more creative, imaginative processes, even if the links can feel uncanny and make no immediate sense. Insights come when we start to explore the betweenness of things and how they connect and interact. The right brain is also related to the unconscious and to more embodied processes. Left-brain dominance is evident in far more fields than our own. It is an aspect of a much wider cultural trend that Iain McGilchrist charted in his fascinating book *The Master and His Emissary: The Divided Brain and the Making of the Western World* (2009). His thesis is that the left brain, formerly the "emissary", has usurped its older, right brain "master", and he identified periods that were more left and others that more were right brain dominant such as the Enlightenment and the Renaissance and Romantic eras, respectively.

Among psychological therapists there is a polarisation between those who subscribe to the former and those who subscribe to the latter.[1] However, I think a shift is occurring in psychotherapy from measuring and categorising to valuing the power of intuition and the imagination, in other words, right-brain processes. It is now possible to back the latter up with scientific evidence. We have, for instance, a greater understanding of phenomena such as implicit relational knowing (IRK) and the "active imagination". IRK is a primary form of learning and memory used in the first two years of life before the left brain, with its more sophisticated forms of language, comes online. It involves "emotional, relational and body based experiences that precede later-developing explicit, cognitive and verbal faculties" (Marks-Tarlow, 2018, pp. l, 145).[2] It helps us to predict how to do things with others and shapes our internal working models. Knowing about IRK has helped me to understand why having sudden images or body sensations often tells me something about a client that later proves useful. I believe that the active imagination, which Jung described as "the art of letting things happen", is a form of IRK. As Stevens said, it is "a matter of allowing the natural mind time and freedom to express itself spontaneously" (1990, p. 202). It is what emerges when we are in a state of reverie without memory or desire. Once one partner in the therapeutic dyad shares an image that suddenly strikes her, what often happens is a trading of images and metaphors, with one person's inspiring metaphor resonating with the other. We play. We are immersed in a spontaneous right-to-right brain dialogue.

Here is an example of how I might try to harness a client's imagination in order to regulate her. Aiesha, the woman in question, had started to shut down as she remembered hearing the angry voices of the people who attacked her when she was a little girl and she said she was feeling numb. "It feels like a stone in my chest that stops

me feeling", she added. I asked Aiesha to imagine what she'd like to do with that stone. She smiled as she explained that she'd melt it. Then she visualised a slope of snow starting to melt. To deepen this I asked if she could bring the terrified little girl into the picture. Aiesha smiled again and said if the men appear she'd grab her skis and ski down the slope. "She's a good skier, much faster than them . . . she knows how to get away". I asked Aiesha what she felt now in her body. She no longer felt numb, but imagined whooshing down the hill with powerful legs. It was an empowering image and not only did it regulate her in the moment, but she returned to it later on occasions when hearing angry voices unsettled her.

Putting aside agendas

Agendas, whether our own or those of the client or other people eager to see her change, can get in the way. We can be too speedy, too eager, try too hard when we have something in mind that we think should happen. It prevents us from hovering at the fertile margin of the moment. What is more important is to be able to wait, allowing the client space to find herself and her truth. In time-suspended moments both client and therapist can enter a more liminal space, a place of reverie. It enables us both to digest what has been coming up, to notice how something is resonating at a somatic-affective level, or simply to breathe and centre ourselves again. It is the listening, watching and waiting that Kurtz advocated. And in these few minutes "in parentheses" it is interesting how often our client discovers a new thought.

I know my tendency when excited by a new idea – what Winnicott rather splendidly called a "brain child" – to eagerly share it with my client. I need to remember his wise advice to hold back on premature interpretations. As Kurtz said, "every client is an experience that wants to happen not a problem to be solved" (1990, p. 146). Getting out of our own way and cultivating what Gestalt therapists call "creative indifference" is important. We can also get hooked in by the seeming urgency of our clients to change something about themselves or their world. This need to fix something and do it quickly is an aspect of the world today and reflects the difficulty we have waiting and tolerating discomfort or not knowing.

When we put aside agendas, it enables us to sit alongside our clients however they are. I have talked about inspiring people, encouraging them to develop new versions of self and visions for the future. However, when someone has, for instance, a terminal illness or one of their relatives does, after a tragic bereavement or – right now when the future looks decidedly grim with rising infection rates from coronavirus, businesses laying off staff or completely closing down, increasing restrictions on how we live our lives, it would be insensitive to invite a client to imagine a positive new future, because things are likely to stay grim for some time. But what we can do is help people to manage the feelings and reactions they have about their circumstances. The future could include finding ways to live as well as you can with an illness or disability; to deeply miss someone, but not be paralysed by this; and to find gifts in life even during stringent lockdown. Creating a container where there is no pull to change someone's lived reality is transformative in itself. It is a position of creative indifference in which

"the therapist is not invested in the future life of the Other, but simply trusts in the shared meeting at this time" (Taylor, 2021, p. 135).

A chance to mourn

"Return and repetition are always elements of change", said Harris (2009, p. 4), and grieving is an essential feature in that return. As DeYoung pointed out, "grieving brings past and present together into coherent meanings, dense and rich with feeling" and "from the crucible of mourning relational losses, a once-fragmented self emerges as a self of integrity" (2003, p. 115). Judith Herman observed how grieving is at once the most needed and the most dreaded task of recovery after trauma. People fear that once they start to grieve they will never stop. They resist it with fantasies of revenge, compensation and forgiveness, and their resistance is perhaps the most common reason for stagnation. The unmourned keeps trauma active. It stays split off as a present absence, a gap, a ghostly haunting (Herman, 1994, pp. 188–189; Harris, 2016).

In the analytic tradition much has been written about the transformation of melancholia into mourning. In the halted time of melancholia there is a romance and an omnipotence that banishes need and loss, for it "carries the imaginary power to change outcomes" (Harris, 2016, pp. 192, 197). But the reality of death and, after trauma, the loss of how things were before and of the things one needed but were never forthcoming, has to be faced. Unless we can mourn and face our pain, we will not be able to internalise what we valued in the past or fully enjoy what is available to us now (Salzberger-Wittenberg, 2013, p. 3). "Only through mourning everything she has lost", wrote Herman, "can the patient discover her indestructible inner life" (p. 188). Once again the presence of an engaged witness supports this process. It allows emotional pain to be transformed into grief (DeYoung, 2003, p. 155).

Integration

Whatever it is that leads to transformation, the new experience needs to be integrated otherwise it won't stick. It is all too easy for both of us to rush ahead with a new thought or issue. But we need to spend time allowing a new sense of the body or fresh insight to land and take root. Integration entails differentiation and linkage – noticing separate details of an experience and bringing together, combining or weaving parts into a whole (Siegel, 2010; Ogden et al., 2006). It entails being with and honouring the range of emotions that suddenly burst forth – excitement, amazement, relief, calm – and often frozen grief, because this new experience throws into relief all that was not, the time lost, the opportunities that could not be fulfilled. There is a bittersweetness to change. We can support our clients' deepening awareness of the "something new" by encouraging them to stay with and savour the experience, to allow the emotions to sequence, then to discuss ways of integrating the change. To enjoy a new feeling, body sensation or belief in the safe, transitional space of the therapy room is one thing. But it won't have meaning unless there are ways of applying it to how the client lives his or her life and relates to himself and others in the future.

Diana Fosha presents a cogent argument for deepening into positive emotions when they emerge and meta-processing what it is like having these experiences, including being heard, with the therapist. Fosha's term for what she does is "turbo-charging". In her approach, processing the transformation is essential. In response to each change moment the therapist asks, "What's that like?" "And what's that like?" As she said, it is a "recursive process in which each round's reflection on the experience of change-for-the-better yields a new experience, which then in turn becomes the focus of the next round of experiential exploration and reflection." Such meta-processing, Fosha argued, "involves a dialectic bouncing back and forth between right brain-mediated, somatically based experience and left brain-mediated experience-near reflection, promoting a prefrontal cortex-based integration" (2018, pp. 273–274).

In the following example you can see how I tried to deepen the transformation. In this particular session George began describing some recent family events. He felt frustrated that he kept giving in to their requests. The theme of something being forced into him emerged, and we explored this using imagery and the body. When George said he felt like he had swallowed something big that got stuck in his stomach, I asked what colour and shape it was. We played with the emerging imagery. George visualised a prickly thorn hedge forming a boundary around him and shouting no if anyone approached. "What does that feel like?" I asked. "Good! Like I'm learning the language of no", he replied. "Notice that feeling", I urged (so that the small new experience could be integrated). George told me that inside the hedge it felt safe enough to be himself. Again I asked, "What's that feel like?" But now George was more tentative. It reminded him how his two-year-old acts if she's done something wrong and is expecting to be told off. I immediately thought of a child believing he is naughty if he exerts his will and says no, and intuitively said: "If there's any part of you who is worried about disagreeing with people, can I tell that child 'it's not naughty to say "I don't want that"'". This had an immediate body response – a somatic "moment of meeting". George said he suddenly felt solid and grounded. "And it's not just things I don't want", he added, "It's about being who I am". "Yes", I said, that's so important – and "it's not naughty to be yourself". This had an even bigger impact. I could see George taking it in, a look of amazement and excitement on his face. He told me that the tension in his body had vanished. Instead he felt very calm and centred. He'd never felt quite like this before. "It's really big", I said and invited George to take his time to let this really sink in, that being himself wasn't bad. I also suggested that he repeat to himself those words so that his younger selves did not forget. We agreed not to do any more that session. This was absolutely enough.

Conclusions

And this feels enough, or rather time to pause in an ever-evolving debate about the nature of change in psychotherapy, a debate informed by context and the personalities and interests of individual therapists and the people they work with. However, let me sum up my thinking at this point in time. For transformation, the therapeutic process needs to be embedded within a secure, attuned, containing

relationship. It necessitates some doubling or tripling of time and processes that give words to past events, make sense of and alter their meanings. The writers who speak about the uncanny process of recursiveness and the looping back of time are all in tune with more right-brain, analogue processes – something creative, relational and liminal that involves stepping out of the ordinary, known and categorised. To step out demands letting go of agendas and dropping into a different sort of language, the language of feeling, imagination and metaphor – and this is a language of connection. It also demands accessing feelings about what has happened and, in particular, working through grief. Lastly, something needs to take place that integrates the changes.

When we can hold different time zones in mind simultaneously – one foot in the present and one in the past or future – and reflect on our experiences now and then, including the experience of something new occurring right now, a space is opened up for something new to emerge. Harris put it this way: Structural change – and here I would include a new experience of our body such as feeling strong and empowered or the completion of truncated actions; greater dialogue between and acceptance of different parts of self; the ability to express and hold difficult emotions or a loosening of fixed, limiting beliefs – "structural change alters our experience of temporalities, of timelines, or in reverse, a change in the experience of being in time (whether past, present, near future, or horizon): alters identity, object history, and internal worlds" (2009, p. 13).

Notes

1 We know that providers and wider systems with business models lean to the former, and this puts pressure on therapists to follow suit.
2 This fits with the idea of primary and secondary process symbolisation. The former is associated with the preverbal, images, sensation and emotion and the symbolism of movement and gesture. The latter is associated with language and the symbolism of signs and words.

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Worlds within worlds.
Spiegel im spiegel.
Alternative perspectives.
What we see, notice, changes when we
look at things from different angles,
from up close, or stood far back.
We need to let go of our safe knowns,
to be perturbed, confused,
courageous, in order to
reform like a melted ice cube
into a new shape or vision.

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10 The change process of the trainee

A necessary rite of passage

Richard Davis

Introduction

It seems self-evident that clients require their therapists to be competent. But what is it that a potential client seeking the competent therapist looks for, as there is a barrage of information confronting the private client seeking an independent therapist? Such information encompasses the range of indicators communicating a therapist's expertise, what professional body accredits them, the differences of approaches and the particular approach that is noteworthy in the treatment of commonly presenting symptoms such as anxiety and depression. And what of the array of descriptors which therapists use to vouch for their own competence, experience and professionalism? Therapists' self-descriptions are a vital component of instilling in the client that they will be in competent hands. Inherent in these narratives is that the therapist is a representative of good health, that they emanate a presence of psychological groundedness that clients find confidence in and aspire to – or at least to the client that the therapist represents a person who has developed sufficiently so as to enable them in turn to develop in the way that they desire, want or need to.[1] Like it or not, even in those models of therapy which do not put behavioural change at the forefront of their philosophy and practice, for example, Gestalt or person-centred,

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therapists of these schools are likely to be viewed by clients as personifications of change, or as competent facilitators of change in others. Within this client viewpoint – although clients are unlikely to use the language of therapy-speak i.e. heightened awareness, or personal development – there is an expectancy that therapists have gone through a process of change themselves in order to do what they do and offer the services they offer.

This chapter views a trainee's development of competence via a personal change process as a necessary rite of passage and that practitioners who become effective, self-reflective therapists have gone through a cathartic change process themselves as part of their training. In this lived experience the achievement of competency is not in itself being awarded a diploma or degree, but the extent of an impactful personal development experience and hence an authentically lived identification with some form of change. This goes beyond the therapist being able to experience and communicate enough empathy, for example, to someone in need of a form of acceptance in order to be able to facilitate change. It means that the therapist is somebody who has gone through a sufficient process of self-change. The distinction is important: that the therapist has travelled something of the client's challenging path and has reached something of the 'other side' of this path, albeit that their paths are likely to be different.[2]

This chapter explores the various dynamics on a standard relational-based training course that are considered central to the trainee's professional development and personal growth. I outline how growth develops out of the position of vulnerability and resilience, where knowledge-based understanding coupled with personal construct change occurs. As a trainer on a five-year integrative holistic UKCP training course, I illustrate something of these processes in relationship to the programme and of its language. Central to this change process is the trainee's receptivity as momentum within themselves and in the learning environment develops towards a state of perturbation. Working through and becoming conscious of what is required to learn from these states lends itself towards personal holistic assimilation. This occurs both as a knowledge-based process (epistemological) and on a personal development basis (ontological). It seems to the author that to some degree or other this is a necessary rite of passage for all trainees. Beginning with a review of the key terms integration and holism so as to elaborate on the themes of the knowledge and personal construct-based conditions of change, I then elaborate on a form of learning that I call 'ice-cube' learning (a state of change of self and what one knows) moving through to a form of 'subtle learning' (Davis, 2017) to reach an end-point of personal holistic assimilation.

The terms integration and holism evoke minor controversy and mis-understanding even to those therapists who identify with them as aptly representing how they work, given the clear lack of uniformity they take in practice. Integration is the more established term. Holism, like pluralism, is more contemporary (Andrews et al., 1992; Cooper & McLeod, 2010). The brief will not seek to define the terms as concrete and discreet. What interests me here is to try and communicate something of the challenge of becoming integrative/holistic as a trainee and so experience

a within-programme change experience. As the literature highlights, becoming a therapist is challenging, and becoming an integrative psychotherapist entails unique challenges. Becoming aware of these definers at the start of any course is important, as it helps the trainee gear up and slowly adjust to the culture of the new environment. It is my contention that before the challenges of becoming integrative/holistic as a definition of a type of therapy is reflected on, it is important to recognise integration/holism in a broader conceptualisation – as they are in themselves, elemental processes of *human beingness and doingness*. The human being is a highly complex storytelling, narrative constructing (myths, metaphors and symbols), pleasure seeking, survival seeking, meaning-making, relationship seeking, habit-forming organism. An organismic determinant of this functionality and motivation is to be what it is, to fulfil its potential, to actualise (Rogers, 1961). The history of almost everything to date from the perspectives of psychotherapy has taught us that this is not as easy as it sounds (was it ever meant to be so?). Correspondingly, it is an organism capable of a wide breadth of capacity: to create and destroy, to love and hate, including all their vicissitudes. From out of this cocktail of the intra-psychic and systemic coupled with the existential givenness and angst of one's context, the talking cure evolved; initially into 'single schools' following a leader such as Freud, Berne, Perls, and Rogers[3] and then into sub-schools moving towards integration.

Integration exists because psychotherapy is not a 'follow-the-leader', or a single-model activity. The human is more complex and variable than models dictate. We exist in non-linear dynamic systems, often adjusting to this, or making a habitual living sense of this, by ordering ourselves and others as linear, non-dynamically predictable and sequential as possible to carry out these fundamental purposes towards survival, actualisation and meaning-making (Lichtenberg et al., 2011). The psychodynamics that result in this tendency, espoused in many models of therapy, are examined as part of the life of a training course. What is a human construct of making meaning and ordering is reflected in the establishment of the therapeutic models themselves: humans seek routine and habit, order and formality (even if to the outsider looking in this does not appear so[4]). Many psychotherapy models have likewise developed. Holism takes these two processes into account, as it acknowledges the wider, paradoxical non-attributable dimension of what we know. Stern goes some way towards painting a picture of this:

> Over the last decades we have seen the application of . . . dynamic systems theory open up our clinical eyes to various features of the clinical situation, such as the emphasis on process; the approximate equality of the contribution of patient and therapist, that is, the notion of creativity: the unpredictability of what happens in a session from moment to moment, including the expectance of emergent properties; a focus on the present moment of interaction; and the need for spontaneity and authenticity in such a process.
>
> (2007, p. 101)

The divisional challenge of integration

An integrative model then needs to exist in this context of non-linear, dynamic systems. It consequently adopts a Janus view of the journey of becoming a relational-based therapist. The training is based on the following divisions:

1 It is epistemological (a body of psychotherapeutic knowledge)
2 It is a practice (praxis)
3 It is personal (ontological – of oneself and self-history, values, experiences, etc., that form and influence your 'you-ness' and the extent that the activity of training impacts on you)

Integration is perennially challenging, as it involves extensive time and effort spent in what is hoped to be on the surface a relatively secure, habituated and managed environment in the training institute. It is concurrently subject to the relatively insecure rhythmicality of the dynamic, non-linear environment active under the surface. This scenario is almost entirely unpredictable, depending on the accumulated dynamics of what the facilitators, students and happenstance events across the lifetime of any training course bring. Training as a therapist is to live in an idiosyncratic sub-culture that involves a counter-cultural activity. This leaving of one's established community for a period of time to undergo some form of ordeal or initiation is traditionally the first stage in the mythic rite-of-passage journey represented by many archetypal stories throughout the ages and an inherent phase in the life of a person at some point or other.[5] And herein lies a paradox of therapy training: our goal is to facilitate others' capacities to live more fulfilling lives in their culture. It is little wonder that the term 'psychotherapist' has been clustered into the fold of collective descriptors defining itself as an 'implausible profession' or a 'Curious Calling' (House & Totton, 2011; Sussman, 2007). Thriving in this sub-culture requires a mixture of characteristics generally represented by this axis model (Figure 10.1):

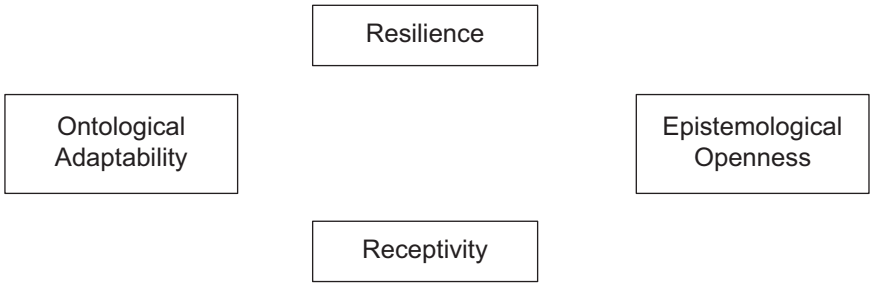

Figure 10.1 Trainee positions of optimal availability[6]

At its most fundamental level, two questions are asked of trainees to reflect on: 'How am I in relation to the world of others?' and 'How do my personality, values and relational map manifest and impact on my relationships with clients?" (Luca, 2019).

Even by being both open and resilient at times trainees experience the challenging place of anxiety-uncertainty, fear, shame, stuckness and other uncomfortable, perturbing states (Lichtenberg et al., 2011). This is usually normative, as it is going to happen more often than not. Some have theoretically named this process 'disintegration and reintegration' or a 'destruction-creation paradox' (Wright, 2017; Winnicott, 1971). I liken it to ice-cube learning: learners gradually thaw out their present state and re-shape into something else. The new shape is less in a state of fixity, or habituated organisation, able to tolerate differences of perspectives on both fronts of the epistemic and ontological, especially ontological. This shift is an available, heightened sense of agency towards a newness of experience, or a capacity to grow, becoming a reflection of the individual's 'shape-abilty' as more 'soft wired' than 'hard wired' (Schore, 1994). This brings with it increased plasticity and assimilative adaptability. The corollary of this is that optimally adaptive practitioners do not become a newly (re)formed ice cube set in a different shape; rather, trainees coalesce into continually being in-flux, shape-shifting learners, relatively 'un-set', as it were. After all, the more that one adheres to something, the more one tends to hold off something else – the antithesis of integration.[7]

This final point requires some additional commentary on the nature of truth and meaning without going into too much detail here, as these topics are, of course, considerable in scope and are continual watermark themes through a training. What I describe earlier relates to an ontological process. An ontological process that cannot be divorced, however, from a knowledge-based one. A rigorous programme is based on a critique of what is the truth and the evidence base in therapy. Trainees progressively discover their truth of what works for them and their clients in their contexts as they go through the course. Truth is not a determinant of some form of teaching fixed-cohesion (Fox, 2012) – i.e. 'my trainers taught me this so I teach it too'. It is a mutable, movable fluid, perhaps contradictory, concept. Caputo captures some of this essence as 'every time you try to stabilise the meaning of a thing . . . the thing itself, if there is anything at all, slips away' (Caputo, 1997 cited in Luca, 2019, p. 23). We know that what was true for Freud in the late 19th century is no longer a truth for us now. Even the truth that cognitive behavioural therapy (CBT) is the therapy of choice for, say, the treatment of depression based on *the science* is antagonistically debated – and with some justification, as outlined in Chapter 1. By contrast a post-modernist perspective on truth in psychotherapy is that there are multiple truths, co-existing, perhaps paradoxical, and they are themselves subject to diffusion and alteration over time and between contexts.

To be entirely appreciative of these nuances, I will now return to the theme of 'ice-cube learning', change and adaption in relationship to the course's culture of learning I introduced earlier. Back to deconstruction. Caputo, drawing upon Derrida, analogically defined deconstruction as light cracking open a nutshell and disturbing its tranquillity (in Luca, 2019). Sometimes learning to be an integrative therapist can be so like this, involving what seems like a continual

self-questioning of one's identity or reflectively parsing of client work with theories of being and doing. This is an arduous process often convoluted with an accompanying sense of unease and disorientation. Yes, it can all get too much! A vivid memory is evoked for me here that illustrates something of this regarding my own training and development. The training group I was in then was covering 'attachment and separation in the therapeutic relationship'. As this was introduced as part of the theory base of the programme, echoing themes of attachment and separation soon spread to all components of it. Like a viral contagion, they found their way into the nooks and crannies of all the course's activities, and for several weeks students in the programme were continually discussing attachment and separation issues. It was noticed by others in my personal development group that I had 'gone quiet', or even more quiet than usual. I hadn't noticed that I had particularly. My quietude was interpreted as something of an attack on the group, to derail its cohesion and purposes. Still, I did not seem overly concerned by this in that I remained in 'gone quiet' mode and, if anything, recall agreeing with the challenge to some degree even though I didn't entirely, nor did I make sense of it in that way. I was 'being/doing "me"', that's all. In addition, at this time I was sharing my clinical supervision with another trainee.

In one such session, and in the midst of this course process, our supervisor and my peer were discussing another attachment style impasse about one of her clients when I realised that I had developed, quite suddenly, a thumping headache. My session was over. Unbeknown to me, though, was that I had reached a psychological 'tipping point' (Lichtenberg et al., 2011, p. 3). By the time I got to the car to drive home – thankfully, I wasn't driving – I dizzily stumbled into the car as if I was drunk, hardly able to stand up, my breathing congested and forced. I was having my first – and to date in my life my one and only – panic attack. The drive home was about eighteen miles, during which my cool-headed partner re-assured and soothed me into a more controlled breathing state (and to probably aid her in keeping the car on the road, such was my uncontrolled agitation). By the time we reached my home I collapsed, crying uncontrollably into the arms of my stricken dad, who I was living with at that time. My fellow student remained a beacon of containment as she ushered me through the door, reassuring him that 'sometimes these things just happen in our training' before calmly exiting, probably enormously relieved to separate at last. I was by now in considerable pain, apoplectic and speechless, having lost any conscious ability to know what was going on with me. The next morning my body felt as if it had been through a mangle, I had a pulsing migraine, and I spent a week off work, 'ill'. Later in therapy I unravelled my process.

My long-repressed experiences of loss, grief and perceived or actual abandonments had finally forced themselves to the surface. That I had been engaged in a fight with myself in holding off past experiences to avoid anguish only to find myself in a converted form of self-alienation. Later I took from that my 'go quiet' strategy was merely a form of energy conservation brought on by dissociative adjustments to my own experiences and memories – so called 'Void States' (Allen et al., 1999). I realised that my introverted character style was an element of my

defence organisation rather than my long-held assumption that *being quiet* was *just the real me*. This was my first known insight into how my body was a repository for past pain, storing up like a barn with mulch to overfill unable to house the fresh crop without an evacuation of the old. My headaches were a symptom, my rigidified body, a symbol; my denied, emotional introversion, a source. Emerging from the other side of these experiences, and these slowly pieced-together insights, took a long time and felt gruelling, endless. I remember feeling terribly exposed to others going through this part of my rite of passage – at work, at play, in every context – as if others could see what I'd been trying to hide from myself for so long. Outwardly, of course, this was not the case. This secondary insight provided me with another link to what I now understand as my shamed-based response to exposure that had combined so well with the original dissociative process.[8] These defences work well, and best, in the dark. But oh, so, too, can the light hurt.[9]

If this was an ontological critical period, something similar was being replicated epistemologically. When I first began training, I was transfixed by psychoanalytic theory and practice. The writings of Freud (1920), Jung (1965), Klein (1957), Winnicott (1979) and others all seemed to reach deep wells in my own sense of self and in how I could be as a therapist. Over time I became more person centred and radically changed how I practised. To this day I often think in terms of self-psychology, object relations and Jung as in-the-moment practice in a person-centred experiential approach. Sounds easy? This rite of passage was also not a comfortable one. This formation of constructing 'a nutshell' approach is difficult and testing. When life events layer on top of such a personal learning process, it can all become too pressing. Personally, I needed time out of training and away from therapy as a result of the intensity and challenge that it represented – as have many others I know now. Sometimes I thought that the whole endeavour was too difficult, harbouring thoughts of giving up altogether. Thankfully, I didn't.

Years later becoming a trainer revealed to me that many trainees go through similar change experiences which are as uncomfortable and reflect something of this disintegration/re-integration pattern. I think that being integrative/holistic is especially relevant in these themes because the approach compromises single models, thus welcoming ensuing divergences. As with my own example earlier, one can then be confronted with dichotomies and oppositional forces that one 'integrates' with or defends against. The challenge of integrating is one of adaptability of oneself which involves – and I believe that this is a critical point – the degree of absorption that one has in that which is being unfolded, that capacity to be caught up in and reflectively embracing of the it-experience, no matter how perturbed. This, I think, is a matter of integration-disintegration which is ultimately of holistic creativity. Derrida considered that when you deconstruct what had previously been a fixed finite concept, you are unlikely to find an absolute endpoint in your new position. This concept goes against the grain. Not only is this a general theme of post-modernism but is an element of the challenge of integration – initially finding your place with it, then being subject to the question 'How does this present as an opportunity to change?' Or, as in my examples

earlier, one is forced into a rite of passage as there is no place further to hide. The enduring cliché of the journey, not the destination, comes to mind; or rather the illusion, or illusionary nature, of fixed truths as revealed through working for many years with people presenting as clients. Integration, then, as a statement of an end in itself, is a way of being and self-identifying that you are essentially authentically client-led to the holistic experiences of the client – a statement that other relational therapies would argue they stand for, too.

'Not knowing before you know' – does integration pick you?

There is something significant about the idiosyncratic nature of integration and holism that I am drawn to outlining. As with any standardised training and educational course, there are many formal assessments and deadlines to be met. At the same time, the movement required to acquire integration, or be in process towards and into integration, needs time and a certain matter of 'letting go' and discovering where you end up – not just by your own self-agency, desire and motivation but by how integration comes to you and imprints itself on or in you. You may rightly jump up from your reading at this point and ask me: 'How does this occur? How can an abstract it – out there, like a therapy model – find me?'

Bear with me for an analogy. I was struck by a metaphorical example that came alive in the Harry Potter series of books. In the later stories the motif that it was 'the wand that chooses the wizard', not the other way round, became a central idea on character and plot formation. This slowly emerging thread, unbeknownst to many wizards in Potter-world was an important element of the relationship between them and their handheld instrument of magical agency hitherto taken for granted. Similarly, I've seen something of this thread weaving 'to and fro' with students of integration: that the model of integration is choosing them as much as they are intentionally choosing what integration is. The 'wand' may have to find you before you are able to 'integrate with integrity' (Worsley, 2012) or what I call 'personal holistic assimilation[10]'. This takes time, patience and a variety of experiences and, yes, back to openness, receptivity and curiosity in the face of perturbation. In my advice to new trainees at a course's beginning I say something like this to them: 'In a few years' time other members of this group will be engaged in developing their "model of integration" that will be different from yours'.

At this point you may well be wanting more than I have written thus far. You ask me with passion and urgency, 'Well, what is a wand?' and 'what will mine look like?' In response I'm tempted to provide the sort of standard response that one finds anywhere between traditional psychoanalysis, classical person-centred and Buddhist spiritualism. This response is often symbolised by the story of the wandering noviciate taking many months on foot to reach the door of the far-off monastery, perched high on a remote mountaintop, finding themselves knocking on the snowy door and it being answered by an elderly, venerable abbot. 'You are welcome', says the other. 'I've walked many leagues over many months. I wish to find wisdom and enlightenment', says the traveller. No response from the abbot. Silence, save for the sound of the wind. 'But what will I find?' says

the now-hesitant traveller. 'That is up to you', says the abbot. And while there is a certain amount of truth in this, if I was the traveller, I'd be annoyed and vexed at hearing that answer (hopefully noting that the experience of my anger would be the best place for me to start). As a tutor I am reconciled to the point that this journey towards personal holistic assimilation is as individual as this ancient rite-of-passage parable hints. Crucially it is a collective one, moreover. Students need others, of course, including teachers, supervisors, peers and so on. This collective will all be part of the holistic mix of what I have been outlining earlier and so co-created in the moment as they progress through the years.

What I can tell you in response to the traveller's question is that a 'wand' is likely to appear non-linearly, subtly and dynamically through personal therapy, supervision, the actual work with clients – some more so than others – and by the contextual dimensions of client work, by reading, personal development and so on. Learning is holistic and creates its own innate pathway on a training course. Epistemologically, it will emerge through hard work, long hours, critical reading and keen attention to the known pedagogic and practice-based activities of the profession. Ontologically, it slowly emerges through activities of the right brain such as dreams and nightmares, spontaneous drawings, metaphors, symbols, non-verbalised signals through periods of emotional dysregulation, existential uncertainty and destabilisation as a reflection of a non-linear, dynamic interaction. This growth comes not just from pain or darkness but from light, too – from more harmonic episodes experienced as part of a like-minded community accompanying feelings of joy and moments of new identify confirmation; moments of tender intimacy, insights of discovery or as a form of learning that Martin Buber called 'grace' (Blenkinsop, 2005).

Let me put it another way: integrative psychotherapy involves a holistic approach to human development. It represents something that we cognitively acknowledge what it is to be a 'good-enough therapist' per se, coupled with factors that are involved in a particular therapy with a particular client such as attachment, personality styles, emotional regulation, etc. This sum of appreciable knowledge is ever-expanding. Thus, indicative, realistic psychotherapy represents a body of knowledge and a body of practice that is adapting and being extended in its creation. In other words, this very process I describe is occurring now, 'out there' if it can. The possibility of being involved in such a truly co-creative project which one is non-conscious of the final manifestation of has drawn many students into its embrace over the years and has a resonance for mature professional practice.

Integration as modernity – holism as post-modernism

The name of the course at Warwick University where I teach is integrative/holistic, which requires some elaboration and explanation, as this title seems not to be readily identifiable as an established or traditional model as described in the various texts, nor as indicated in the titles of other training courses. Some may critique this description as mere playing with words to artificially create a separate label for a course that is not dissimilar to others. Others' questioning of

the course's title may reflect further a point made regarding psychotherapy in that it is predominantly middle-class and intellectualised, if not something of a grand artifice with little substance behind it. Both views require addressing.

As indicated earlier integration is a product of modernity in that it seeks higher-ordering predictability as it acknowledges accumulative complexity, which takes itself out of its own framework. We can see this with something akin to cognitive behavioural therapy's (CBT's) third wave proliferation and its recent incorporation of mindfulness into its theoretical and practice canon. The practice of mindfulness is merged into the essential components of a 'scientific' approach like CBT which makes the model more of itself. This form of additive movement represents a long history in the development of psychotherapy model-making, requiring little analysis. It is eclectic: it works because it fits.

Trop et al. outline that all models of therapy encompass a theoretical view of the person and a place and 'thing' – forming 'pattern-formation' systems (2013, p. 35). In-practice holistic experiences inform us time and again of the limits to these models. From the example of the psychoanalytic, one client has distinctive oedipal themes running through their therapy narrative; the next client may well have similar presenting problems with an entirely different psychological substratum of dynamics; elsewhere, one client's irrational beliefs are damaging and evidently non-purposive to their life fulfilment; the next client's 'automatic negative thoughts' have some credible purpose and serve useful functioning in their life. In seeking model consistency, therapists obscure the complexity of the client's idiosyncratic presentation.

A course called holistic is to account for the post-modern, dynamic systems element of the development of psychotherapy and its uniquely personal dimension as personal holistic assimilation. This form of therapy is less predictable and formulaic and subject to tailor-making as a model only due to the unique circumstances of client, therapist, time and context. The therapy emerges through the co-construction of it in the moment or over time with a particular therapist. There is rarely a single model that fits this absolutely model-fitting client. A holistic approach is more than a 'model' and is rooted to the person of the therapist and the person of the client. Where integration is more 'plot-able', foreseeable, the holistic element of the work is unviewed in a direct sense – it quietly, if not imperceptibly, emerges; both require broad life experiences, high tolerance for uncertainty and a meta-theoretical depth, inclusive of an informed curiosity of themes relevant to but outside of psychotherapy – think of the major issues of the day as they impact in the therapy room: from Brexit, COVID, planetary health, gender and sexuality. Integration is intentional in the combining and syncretic association of models, holistic is non-conscious assimilation; integration's movement is towards finite endpoints, holism commits to lifelong continual process.

Personal holistic assimilation

Given the personal context of being holistic, I intend to take just one aspect of a trainee's life and use this to illustrate the illusive concreteness of what I have

attempted to outline earlier. Enrolling onto a training course, each student will have differing educational and professional background experiences, ranging from the arts to the science disciplines, and from work in the financial, educational or caring professions. Take one strand as an example: that of a trainee's first degree being in say, English. That student will bring different knowledge-based assumptions and interests to his course than, say, a student who has studied sociology, criminology or economics. These appreciative knowledge differences (which carry their own ontological threads) once applied to a 'model of integration' inevitably germinate the seeds of further interest and significance and proliferation. They take root and like a rhizome develop a life of their own (May, 2005). A language student, for example, becomes intensely involved in linguistic construction, verbal metaphors and symbols in the nature of the therapist–client dialogue and the implications for their inter-relationship; a sociologist becomes immersed in bringing their assumptive grounding in social constructivism and so on as it continues for each degree subject. This example of a trainee's degree is but one of multitudinous experiences – background and historic, personal and contextual – along with a range of allied personal constructs that will be brought to bear how they holistically make sense of and develop an integrative model.

Ontological and epistemological process: (l)earning the rite to passage

I want to present now an overview of two key elements of earlier themes (Figure 10.1) while exploring the likely stages of learning which can lead to change in the individual trainee (Figure 10.2). In so doing I am immediately challenged in presenting something that represents a pattern or trend which is likely to be predictive and observable after having grounded a good deal of this chapter in the idea of non-linear, dynamic change. Such is the fate of holding contradictory phenomena and pledging it to paper. I content myself that they are not wholly mutually incompatible.

Ontological

The ontological process as both opportunity and challenge is represented by two axes A–B and C–D in Figure 10.2. The first is a private domain of ontology or the trainee's private self-experiences. Based on a student focus group analysis presented to the UKAPI conference in 2017, they identified this as the 'golden thread' of personal development (Davis, 2017a). Golden threads – as the name illustrates – arise out of the tapestry of the globalised experiences of the student in the group and encompass experience – near elements of profound ontological meaning.[11] These meaning states are often shaped around group-identity themes such as being in close relationships with relative strangers, e.g. personal attachment repetitions; or alternatively as self-awareness of somatic processes; or as insight into one's own self agency, self-history, self-cohesion – as with my own example earlier (Stern, 1998). I also generalise that these golden threads evolve

slowly, subject to a degree of 'fuzzy intentionalising' or confusion, resulting in excitement and gathering energy. Or the opposite occurs characterised as uncertainty, puzzlement and uncomfortable perturbation (Stern, 2004, p. 242). Varying responses depend on the individual's response to their learning, whether it is a perception of threat or if it induces a movement towards increased self-reflection or 'deep subjectivity' – something touched on in Woodcock's chapter. Using the language of emotional-focused therapy such moments invoke a 'meaning alert' which, as indicated earlier, is experienced as welcoming and friendly or the opposite when excess and enduring perturbation threatens the private self-system (Elliot et al., 2003). The degree of receptivity or capacity to 'go inward' is instrumental at this place of the psyche. This is a period of immersion in a potential change cycle when fundamental personal constructs of defence are activated, including denial, projection and distortion, or from the person-centred perspective: conditions of worth (Moustakas, 1994; Rogers, 1995). As I consider these elemental non-verbal, non-conscious movements as survival adaptations to early environmental mis-attunement, it is not surprising that trainees can experience these golden threads as more threatening than embracing – more pained 'rusted root' than golden thread. Arguably such experience can be termed ego-syntonic as the learner's stuckness or agitated defensiveness is not subject to their awareness or comprehension (Mearns et al., 2013). Assimilation is yet to occur – if, indeed, it does. Students may deteriorate in functionality, become withdrawn or agitated and hostile as fight/flight/freeze experiences are present (Bion, 1961).

Much, I think, at this juncture depends on the intentionality and receptivity of the students and the embracing holistic atmosphere and culture of the group, including the wider group of supervisors and therapists. Certainly, it can be an uncomfortable time for all. I name this period the critical relational tension in the life of a trainee. The emotional base is often shame, anxiety, anger or a dread without words and without accurate symbolisation. Students often attempt to contain their own degrees of acceptability, or there is the extent to which these emotions are uncontained and so projected into the group, tutors, supervisors or even clients if they are practising. The cognitive base is usually 'I don't understand what's going on' or confusion. The somatic response varies considerably from numbness and deadened hypo-arousal reactivity ('gone quiet') to more hyper-aroused states as in physical agitation, ventilated anger and so on. Ethical considerations are critical at these points supported by course protocols and regulations engaged in the protection of clients and trainees – but are not in the field of examination for the purposes of this chapter.

If trainees are held, supported and contained and move through this period of critical relational tension, there is evidence of increased maturation and expansion of their window of tolerance and the development of a more secure base (Siegel, 1999; Ogden et al., 2006; Bowlby, 2005). Students shift through the period of dis-integration to re-integration, or from the more destructive edge of their learning experience to creating their new form of self-expression. Self-cohesion and self-affectivity are promoted, and these insights and understanding can lead to greater acceptance and understanding, heightened awareness and self-actualisation. This

is change. It is a form of private change which paradoxically can only occur in the presence of others. Others are a factor in the degree of the cycle. Hence the complementary axis of C–D often, but not always, operating at the same time as the life cycle of the A–B axis. When this works well, I go as far as to say that it is something of a magic mix of change. Alas, this is not always the case and the opposite takes place. This I call the tragic mix, where trainees remain in a place of disintegration without reintegration. What can be written about this? Essentially that the tragic can be formed out of the very processes of the magic! I see it as the following.

The C–D axis represents a flavour of the trainee's self-with-other experiences. This can be formed as a tapestry of experience – the globalised, collective experiences of the many sub-groups that a course forms and encompasses (personal development, home/base groups or practice triad groups – there is much literature on the group process in counselling and psychotherapy which it is not my intention to replicate). What seems salient to me in the formation of the various groups of a training course at the initial stage of development is empathic identification. As human beings, students in any new group tend to attach to individuals whom they intuitively empathise with or have a cultural identification with, as in its most fundamental level of gender, class or ethnicity. Identification is implicit and explicit, non-conscious and conscious and sows the seeds for both the magic and tragic mixes. The movement towards similarity, even if this is an unconscious or non-conscious process, is a movement towards security, establishing familiarisation and establishing relationships – hence why I call it tragic, as the very seeds of identification and potentiality contain the same seeds of fixity, harm and mistrust. These organismic survival-motivational tendencies culminate as fixed affinity-bias processes in groups and subgroups and consequently self and other pairing and group splitting slowly effects group fragmentation (Bion, 1961; Fairbairn, 1952; Klein, 1957).

Affinity-bias processes are more consciously evident to both the group and tutors – in this, knowable associative links exist between participants[12] – whereas Bion's pairing develops more subtly perhaps due to the invisible-to-the-whole-group activities outside the formal dimensions of the programme such as at break times, before and after class rituals, on social media and in other such arenas. Arguably the tragic mix arises out of the creeping tension that unfolds into a spectrum of healthy/unhealthy states inherent in responsive cohesion, fixed cohesion and discohesion groups. Each of these three positions of identity formation carry anxiety and uncertainty and inevitably destabilise both individuals and the group. There are many established models vying to illustrate this, from Tuckman's group model and the theoretical constructs of the therapy models themselves in their descriptions of movement towards fixity and defensiveness in the personality. In my experience the characteristics of this tragic mix arise from this overlapping nature of past experiences of learning and being, coupled with the extent of defensive fixity. Central to this is the degree of trust the trainees have in themselves, of the group and of their facilitators and the lengths to which this trust has been harmed or broken both past and present.

I recollect an example of a colleague. She had recently taken over a programme of counselling training halfway through its duration (a daunting task for those who have been in that position). Recording the unusual silence of the customary group check-in that began her first day was only the start of the group's manifestation of mistrust, beyond the fact that she was new. Non-participation in the array of experiential exercises that she had arranged for the theory sessions followed, week after week, to her dawning shock and disbelief. What group participation there was became interspersed with spontaneously erupting arguments between members focussing on injuries past and present both against those in situ, and those absentee members who had left, including facilitators. A hostile enmeshed, if not sadomasochistic, atmosphere permeated the life of this group. No matter what she did, this non-cooperative antagonism characterised the group's discohesive nature. Trust was non-existent.[13] Even in a relatively short period of time the facilitator questioned her ethics and abilities, suffered bouts of anxiety spikes and began to experience something of the disavowed projections of the group. Ultimately my colleague became deeply saddened at the loss of potential the group lived out, having worked through her personal responsibility she felt for the group's harmful past, its destructive shadow and her own limited capacity to work with, never mind go some way towards healing it. Mis-attunement begets pain, begets anger, begets mistrust. And while this sort of cultural experience arises unbidden and sporadically over the life of a group, it can shape into potential for reintegration and reparation. It is not in itself a negative situation. It is the scope of the fixed discohesion that prevents change and growth. The important thing is that there is enough containment to work through the process and for the group to develop an insightful understanding about what is going on at its organisational/defensive level. In this it echoes the individual process of therapy.[14]

The process of maturing these same defences through containment is, thankfully, more common than what was described earlier. In alignment to axis A–B, critical relational tension within groups is matured and worked through. Personal therapy, community and personal development groups are used for this purpose. Such maturing of self–other relationships involves working through socially constructed self-identified, as well as historic, relational injuries, wounds and deficits. What is in evidence towards full functionality are 'big other' cusp tensions[15] and their working through (Lacan, 1991). If it occurs, the eventual regulation of these psychical-emotional tensions, by which I mean students' group processes with each other alongside the course facilitators and lecturers, Personal Development facilitators and even the institution itself, are cognitively updated. This reformulation reaches towards forms of reparation, on the one hand, and 'relational depth' and I–thou contact, on the other (Mearns & Cooper, 2018). Once again what is akin to the self-with-other journey is this enduring theme of 'disintegration-re-integration' and 'creative-destruction' as reliable and within-culture ingredients of becoming an effective self-reflective therapist.

Having outlined something of the ontological process of change within a training course, it would be grievous of me to omit the environmental or existential contexts that congruently exist at any one time, even if they are axiomatic as

instrumental factors in change. Both golden thread and tapestry domains of ontological change are subject to, and influenced by, movements in each individual student's environmental system: their family, friends, work and cultural milieu which at the time of writing includes COVID-19. These external factors impact on both elements of the ontological picture and can be seen to be an outside-in factor on the dynamics described earlier (the environment impacts on course). Any change in these environmental systems, whether viewed as positive or negative, will have a catalytic effect within the course. Similarly, this works the other way around. Within-course activities on golden thread and tapestry axes impacts on these same social systems. Such inside-out factors (the course impacts on the environment) may be significant to how the dynamics of the course impact on the trainee's lived-in cultural world.

Given this multi-dimensional view of ontological processes I think gives vent to the holistic nature of fixed stasis, change and adaptation on any given programme. As this is an overview of such patterning, it is difficult to plot such multiplicity in a specific manner – although this is precisely what I've done here. So, this 'model' is presented on the basis that it exists in the context of a non-linear, dynamic system. It will be perhaps applicable to some readers who will recognise certain trends and movements. To others, it will be unlike their experiences of their training course and read as rather alien and contrived. An overview of the experiences of trainees may be represented ontologically by Figures 10.2 and 10.3, which are extensions of Figure 10.1.

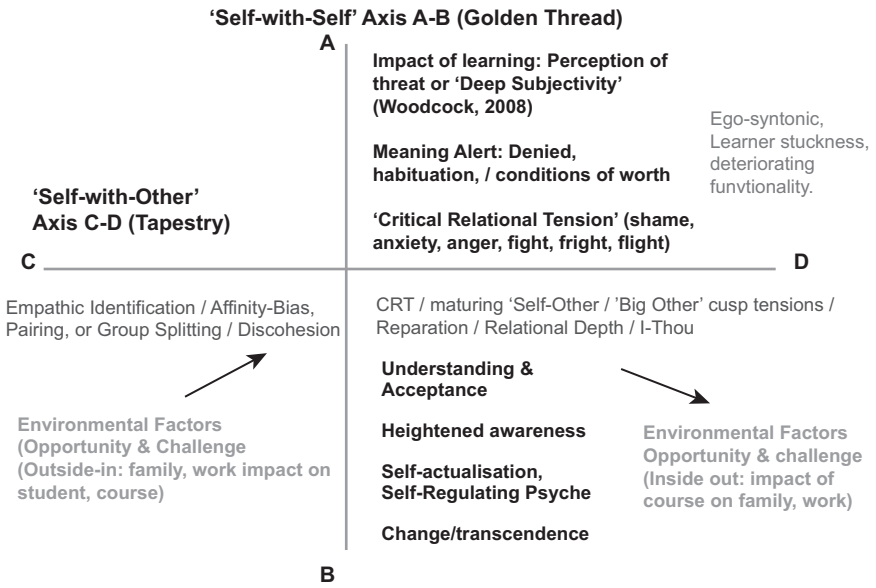

Figure 10.2 Ontological processes: an overview of opportunities and challenges.

Epistemological

I will now turn attention to the epistemic model of change within a course programme and add a further layer to this picture of change within training courses. Epistemological change involves the introjection and assimilative understanding of knowledge-based ingredients of any course. There is also a process stance with the change in ontological processes already described as in the previous section. For as Figure 10.1 indicates, they exist on a continuum and at critical moments appear still to be different and yet, in the same moment, are one of the same. And as stated earlier, all trainees will begin a training from a place of pre-existing knowledge relating to the core model of the programme and other related knowledge. An epistemological journey involves subsequently a progression of both, one by an extension of the other. That is, real, new learning inevitably reshapes old learning, or one's established epistemology.

Wilberg (2008) suggested there are three types of knowledge: applicable and meaningful knowledge, subsidiary knowledge and subsidiary knowledge (personal). By applicable meaningful knowledge, training courses provide the essential data, theoretical, professional and contextual which emerges from the standard curriculum. This will change from model to model, professional body to professional body. The student is consciously aware of what it is that they are learning – or what they are struggling with particularly. Such learning is explicitly stated through associated pedagogic activities. Subsidiary knowledge could be called phenomenological experience, as its field is in the immediate zone of experiencing. It will emerge as a clear 'ah-ha', as a crisply felt Gestalt or as a more unclear, fuzzy cognitive 'figure'. The common denominator is that it provides a cognitive perspective on something that previously was unclear. It is an extension of knowledge. Of course, it will be related to the ontological process as previously stated. Subsidiary knowledge often increases energy and motivation towards further knowledge acquisition. Being stuck at the stage of subsidiary knowledge or even applicable knowledge may also facilitate increased energy towards knowledge acquisition, or a form of stasis occurs.

A further subset of subsidiary knowledge is personal — knowledge which emerges as a reflective insight from categories one and two. Now trainees find themselves at the knowledge-based foothold of the climb towards the development of golden thread narratives – those key private self-with-self processes so essential for personal development. This latter state could exist at the zero point (0,0) of axes A–B and C–D in Figure 10.2 where the line between knowledge as external to the individual's self and her knowledge as central to her own self intercept as immediate knowledge as a component of group process and so coexist on the C–D axis. Subtle learning is the form of learning associated at this interface between the knowledge and disruption to self-processes outlined in the section earlier (Davis, 2017). For example, on a course the student grapples with the concept of transference, the unconsciously repeating patterns of relationship that underpins personality functioning, according to Freud (1923). They understand it as a knowledge-based concept, while, at the same time, cannot see the repetition of relational patterning in their own life – as with the 'mote in the eye of your

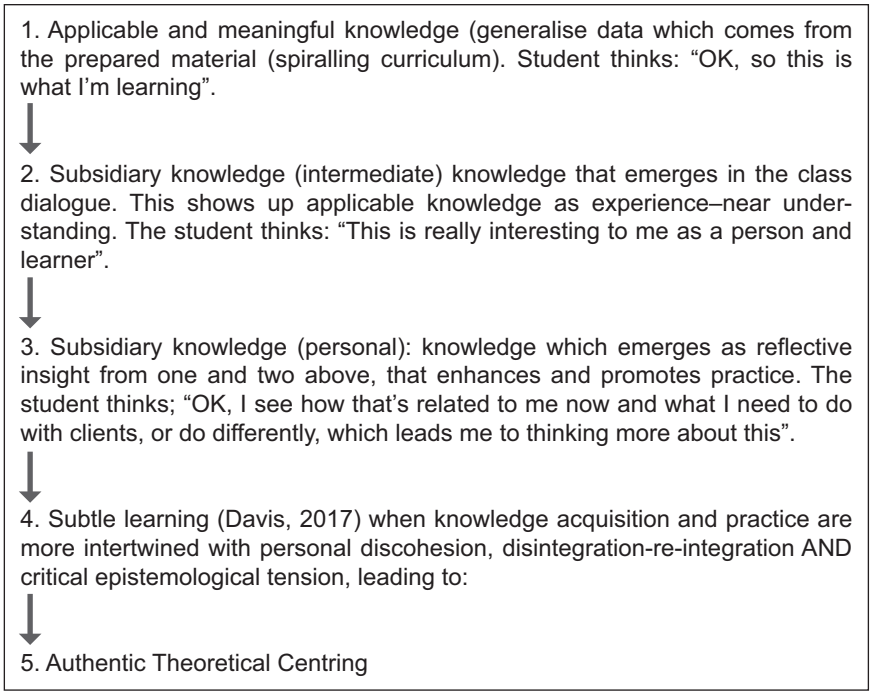

Figure 10.3 Epistemological overview of opportunities.

brother' from the Sermon on the Mount, which is easier to see than the bough in one's own (Matthew, 7:3). They seek out more 'data' on the 'many faces' of transference in the literature or pursue the theme in their own personal development or therapy. Slowly the trainee becomes alive to the repeating possibilities of this concept. They are duly reflective and aware of possible relational ontological processes hitherto non-consciously held as organising principles in their life. At this point we can say that they are now at a ground zero, the cross-over point of the two sets of axes and engaged in a form of subtle learning (past integrating with the present potential for self-transcendent experiencing). This facilitates and is a vital component of authentic theoretical centring – the model is owned as genuinely held within as one is changed by the model; integration with integrity has occurred. Authentic theoretical centring and personal holistic assimilation are one; they are like conjoined twins in their sense of inseparability. I outline the stages towards attaining this in Figure 10.3.

Conclusion

In bringing this final section together, I'm reminded of the perhaps false dichotomy which I have attempted to resolve between the ontological and epistemological within a context of non-linear, dynamic change, as rites of passage. So much is

continually overlapping and multi-levelled. Post-modernism's gift has permitted us to view the ontological and epistemological complexities as inseparably indivisible and to redress a false imbalance that single-model therapy has produced (Transactional Analysis, Gestalt and others may vehemently disagree). Perhaps to present to potential clients our credentials as competent therapists, we need to include not just our qualifications and experience of engagement with other clients and training, but rather to present as equally valid a measured flavour of our own change experiences as genuine rites of passage.

Notes

1 If it were in a Hollywood movie, the expression is: "Man, you can just tell that they've sorted their shit out".
2 The therapist's own path not being as traumatic as the clients, for instance?
3 A long story which I have deliberately kept very brief.
4 The recent biography of Lucien Freud, for example, cited his life as one of his continually being non-conformist, rebellious and rejecting responsibility. This represents a formed predictability. It just so happens that his was not a commonly accepted or culturally condoned predictability.
5 How do trainers convey this adequately to new students apart from the entreaty at interview or induction to please talk to their loved ones and family about this undertaking?
6 Some social scientists and philosophers argue that ontology and epistemology are uncomfortable bed-fellows, even to exclude one from the other entirely in some cases – see Ayers (1993). My position in this chapter is less binary – and perhaps more simplistic: that ontology is the nature of one's being/reality, and epistemology is how one forms and concludes upon knowledge of reality.
7 This does not mean that integrationist/holistic trainees need to incorporate everything 'without end' or without criticality. The aim of the integrationist is to be incorporative of the many while working towards synthesis and praxis; to be curious, open-minded, non-defensive and transparent towards multi-levelled complexity.
8 Bromberg's (2011) definition appears to fit here, as disassociation is not repression per se, but to unconsciously avoid the creation of a certain dread 'state of being, or identity, . . . the person one must not be'. Hence his distinction of dissociative process creating unformulated 'not – me' states (p. 58) as I present here.
9 This form of 'impasse-implosion' state is a quintessential characteristic of many a personal development or therapy experience but try saying this to those who are going through it at the time (Perls, 1969).
10 Another symbol of the rite-of-passage myth is the discovery of a talisman, or an object of spiritual power and significance, at a crucial point in their quest.
11 While discovering gold is the enriching endpoint in a treasure hunt, the Jungian association with the pursuit of gold based on the history of alchemy is one occluded by conflicts, oppositional forces and elements beyond conscious and scientific understanding.
12 In the days before bans on conference centre smoking, as a non-smoker who didn't know any other attendees, I would likely be found outside the doors of the centre during the breaks, as I found that those that smoked were generally the easiest delegates to begin a conversation with. Either that or my usual skill at starting a chat is particularly poor at conferences! Courtesy of the cigarette, within a few minutes of being with a pair of smokers, it was like we had all known each other for years. Thankfully, I gained the pleasure of the conversation and benefit of the affinity bias without adapting to the habit itself.
13 The degree to which facilitators can provide trust and safety for a group is a striking one. Sometimes I have been asked at interviews by prospective students 'whether the group will be safe?' – a question which speaks a thousand words. I generally respond by saying that safety is a relative feeling and that it is not just facilitators who are

responsible for ensuring the 'safe but not too safe' environment that Ogden et al. (2006) recommend for optimal growth.

14 While posing the question whether all training groups can always offer a growthful learning environment given the complex interplay of magic and tragic mixes. This parallels some clients' experiences of therapy in that they have had multiple unfulfilling experiences before arriving at a successful one; just as some individuals engage in more than one training in search of final satisfaction.

15 I use Lacan's 'big other' term very tentatively at this point (1991, S2, Ch. 19). I am suggesting that a person's experience of 'big-ness' outside of themselves, existing in themes of power, control, authority, nurturance and so on, are attached to 'objects' who represent them e.g. organisational entities, government, managers, teachers, lovers, etc., who are both symbolic and real internalised structures that come to bear on course relationships. Students' affiliations and, alternatively, conflict-based contacts can be characterised by such structures. A student may unknowingly trigger a symbolic association of, say, 'an abuser' in another student who responds to that other in their normal way as if they are that abuser of power for as long as the dynamic remains in place, not consciously aware at all of this relational tie. It is usually a 'big' shock to one, if not both, when such cusp tensions are revealed and worked through.

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There in a hollow in a stone wall
is a clump of primroses.
The yellow flowers – a ray of light
on a cold, murky November day.
This close connection
with the other-than-human world
changes my mood,
my perspective.
I feel more hope.

****

11 Who needs to change?

Reflections on the complex relationship between climate change, mental health and the profession of psychotherapy

Steffi Bednarek

Preface[1]

"*I am a white European woman. I carry the horrors of Auschwitz, industrialisation and the Empire in my bones. The traces of the Berlin Wall run through my body like an invisible chain. The raping of women and the raping of the Earth has scarred the texture of my femininity. My voice is silenced by patriarchy. Plastic in the oceans clogs my veins. Refugees washed up on the shores of our rich countries make me blind and numb. My body retches in an attempt to rid itself of my bingeing on accumulated privilege.*

In order to survive, I anaesthetise my human experience. I have forgotten how to connect with the land underneath my feet. I have killed off any notion that the Earth may be alive. I have banished God and the idea of the sacred. What I believe in is my individuality and the value of owning things. Matter is dead. I feel lost and empty. I live in a world and in a body that I no longer know how to inhabit. I have settled in this no-man's-land, but I am not alone. It is densely populated here.

Sometimes in certain precious moments, my body remembers that I am made of the Earth. What I call 'I' is made up of more micro-organisms than human

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> *cells (Clark, 2012). 'I' is not an entity but a multiplicity, a reciprocal relationship between the human and the more-than-human world. I am made up of stardust, oxygen, carbon dioxide, hydrogen, nitrogen, calcium and phosphorus, just like the world around me. I am not separate from it, I am made of it. In those moments I feel a sense of wonder."*
>
> (Bednarek, 2018, p. 8)

Introduction

It is a difficult but important time to be alive as a human being right now. As we are heading towards a global climate crisis, everyone alive today participates in some way or other in this threshold moment for our species' future. Ninety-seven per cent of the scientific community agree that human activity has led to devastating changes in the Earth's climate system (IPCC, 2018; Hoggett, 2019) and that younger generations are set for disruptive levels of global warming within their lifetime. Unless we dramatically reduce our CO_2 emissions in the next decade, no place on Earth will be spared the consequences (Wallace-Wells, 2019; IPCC, 2018).

We know the percentage of CO_2 in the atmosphere. We know the rates of species extinction, and yet things are getting worse, not better. Information clearly has not led to change in the 50 years that we have known about climate change and have allowed things to deteriorate. In order to meet the enormity of the times ahead, climate psychologists argue that we need much more than technical, political and economic solutions (Hoggett, 2019, Orange, 2017, Bednarek, 2019a).

Climate change breaks down the boundaries that have been drawn between the human psyche and the world, between the personal and the public, between political, economic and social data and the response to it from an individual perspective. It is time to attend to the human entanglement with a world that no longer allows us to reduce it to a mere backdrop. The effects of climate change impact on our mental health, and in turn, our psychological response over the next decades will alter the state of the world for better or for worse. Will the psychotherapeutic profession allow the world to enter our practice, our theories and our consulting rooms?

Does the need for change lie with the individual client, or is it possible that aspects of therapy itself need to change in order for the profession to meet the collective danger that humans have manoeuvred themselves into? How do we widen our focus and allow the state of the world to enter the conversation? And what is being asked of us in times where the ordinary arrangements don't seem to be working anymore?

This chapter is a short summary of my writing and thinking (Bednarek, 2018, 2019b, 2020) on climate psychology. It is impossible to give a full overview of what a psychology with the health of the Earth in mind may look like, but one thing is certain – if psychotherapy wants to meaningfully contribute to a rapidly changing world, the lens of traditional psychotherapy has to widen. In the following, I will discuss two particular aspects of psychotherapy that I believe are closely

aligned with an ideology that is costing us the Earth, namely psychotherapy's anthropocentric perspective and its tendency to work within a privatised, individualistic view of the client. The need for a critical analysis is wider than this and is discussed in much of the literature that emerges in the new field of climate psychology (Hoggett, 2019; Randall, 2009, Rust & Totton, 2012; Weintrobe, 2019).

Undoing the damaging narratives of modernity

The world we built with our extraordinary technical genius no longer provides the answers we need. The old arrangements are not working anymore. Maybe they never have. The heroic stories of eternal ascension, human supremacy over the 'more than human world' (Abram, 1997), white supremacy, male supremacy, western supremacy, are crumbling. The cruelty of these ideologies has torn scars into the fabric of the world that are so deep that they can't be healed by ordinary medicine. Most of us have become colonisers and colonised at the same time.

With the Black Lives Matter movement, we have seen some of the monuments to the ideologies of colonialism tumble and fall. But as well as paying attention to the cultural edifices that uphold an oppressive system, we have to ask what is engraved in us. How do we deal with the monuments that have been erected in our minds during all these years of socialisation – and what damage has been caused by these narratives of modernity? They are very difficult to relinquish. I must ask what damaging beliefs are engraved in me and what harm they cause through me, my actions and my non-actions.

In a report, titled *Regenerative Capitalism*, the Capital Institute points to a link between the capitalist worldview and climate change (Confino, 2015) and stresses that a transition from capitalist values towards a new systems-based mindset is urgently needed. This call for a shift in mindset comes from a capitalist institution itself and the reality of it would not only revolutionise our political, economic and corporate worlds but would also have consequences for mental health professions. Capitalism has become hegemonic in western culture and permeates the mental health field too (Bednarek, 2018).

In order for these strongly internalised narratives to give way to a new story of inter-connectedness, I may need help to dispel the power that these false stories have over me and help to dismantle that which is toxic in the culture that I have grown up in. I will have absorbed aspects of these ideologies deep into my sense of who I am and what I take for granted.

The systems theorist Fritjof Capra (1982) points out that the dysfunction of complex systems is primarily a crisis of perception, where our seemingly innocent collective everyday beliefs contribute to the stuckness of much larger, complex systems. Our assumptions and internalised values serve as the connective tissue that holds things in their rigid place. In order to dismantle this toxic sense of 'normality', we may have to come together and provide support and containment for each other so that we can begin a process of personal and professional

de-colonisation of the mind. This is the territory of psychotherapy. However, in line with Capra's argument, the profession of psychotherapy may need to ask if there are areas in which its theory and practice reinforce unconscious biases that contribute to the larger problem. Are there aspects of psychotherapy that collude with the stories of human supremacy, the heroic outlook of individualism and other ideologies that are linked to the capitalist outlook? Is it possible that aspects of therapy itself need to change?

> *Pause for a moment. How equipped do you feel to support people troubled with eco-anxiety? How much of your focus is on them and their individual story and coping mechanisms and how much focus of the work is on the malaise of the culture that this fear arises out of? How would your interventions change according to your focus and how do you work with collective themes that show up in the lives of individual clients? Has your training equipped you to resolve this tension?*

There is a widely held belief in our profession that all psychotherapy is a positive act that will impact positively upon the wider community. The hope is that a person who is aware of themselves and the choices they make will contribute to a healthier society. James Hillman contradicts this view in his well-known book: "We have had 100 years of psychotherapy and the world is getting worse" (Hillman & Ventura, 1992). Hillman criticises psychotherapy for its focus on the individual at the expense of taking responsibility in the wider world and points out that more psychotherapy has not lead to a healthier world.

My own view is that we are partially prepared. We have excellent theories and methods to support individuals who experience trauma, depression or anxiety. We know a lot about self-regulation; we support individuals to stay within a window of tolerance between hyper-arousal and hypo-arousal of their nervous system; we know about resistance to change, the difficulty to stay with uncertainty and so much more that affects individuals and groups.

What we are perhaps less good at is to widen our perspective from the individual to the more-than-human world and the inter-connected and inter-dependent relationship that exists between them. I would go as far as saying that we mostly operate within the confines of a privatised psychology and rarely include the state of the world in our assessments of mental health issues. I think this is a myopia that is proving to be detrimental to humans, to other species and to the Earth itself. It is the phenomenological field, the psycho-social context, that the individual is contextualised within that needs more attention in order for a balance to be restored. The field has been diminished and depleted for too long whilst the focus firmly lay on the individual. Climate change forces us to recognise that our sense of well-being is intricately linked to the well-being of our ecological surroundings.

Naomi Klein tells us that climate change changes everything and therefore everything must change (Klein, 2014). Of course, this call for self-reflection

includes aspects of psychotherapy, psychology and the mental health professions at large. What psychological capacities do we need to foster in order to meet the enormity of the current times? How do we bring the malignant normality of 'business as usual' into greater awareness, especially if therapist and client both participate in the same culture? And how do we grieve something we may not even realise we have lost? These questions present our profession with unprecedented problems that certainly don't have linear answers. We may need to look beyond the old traditional ways of thinking in order to find perspectives that meet the magnitude of the challenge ahead.

COVID-19 has done the seemingly impossible possible. It has deranged the sanctity of the therapy room. And so we work from our own homes, talk to clients from their cars, their kitchens or sometimes from park benches or even forests. We have stepped over a threshold into new territory. Necessity has made this possible, regardless of modality and theoretical orientation. The field is opened up to experiment with what happens when we invite the world into the conversation as a third other.

How to do that? This chapter is not going to provide the answers. In urgent times most people hunt for solutions, but it is difficult not to grasp for the same old strategies that got us into this trouble in the first place. So instead of muscling our way through adversity, a radical step may be to hold expertise and experience in one hand and to open up to uncertainty on the other. Before we can reach new certainties, it may be beneficial to reflect on the aspects of our profession that are too closely aligned with a problematic worldview. The next steps may reveal themselves once the conversation gets going. In the following I will discuss two of these aspects that may need some collective reflection, namely anthropocentrism and individualism.

Anthropocentrism

The human biologist Paul Shepard once said: "The grief and sense of loss, that we often interpret as a failure in our personality, is actually a feeling of emptiness where a beautiful and strange otherness should have been encountered" (Shepard, 1994, p. 209). In Shepard's opinion the loss of connection to this beautiful and strange otherness engenders a pervasive sense of loneliness that lingers in the background. From an anthropocentric and individualistic lens, the blame for this feeling of emptiness is typically attributed to oneself, and psychotherapy often colludes with this idea in its theory and practice. Shepard asks us to consider that this emptiness may not be a personal failure, privately owned, but the absence of a reciprocal encounter with the other-than-human world. The feeling of emptiness would then no longer be interpreted as a personal shortcoming, but be seen as the last frayed connection that is left to a sense that something beautiful and majestic has been lost. The underlying dullness that many people are experiencing may therefore not be pathological, but a healthy reminder that something essential is missing in the life we construct.

And in the absence of connection with a wild, reciprocal world as an 'other' that is related to, western society's gaze narrows down and seeks what we long

for only in other humans. We look to our parents and partners with an expectation to find unconditional love and belonging. Many books and therapy sessions focus on the shortcomings of this expectation, supporting a belief that this longing can and should be met by the fallible, vulnerable and ordinary people that have given birth to us. The Earth is no longer experienced as Gaia (mother). Instead, we turn to our actual mothers, or to psychotherapists as the new mothers, to provide the magnitude that may be beyond human beings to provide. There is a rigid literalness about the expectation to be mothered by the individual woman who has given birth, whilst western society systematically kills off and desecrates the much bigger feminine principle in our culture. We are looking for something in individual human relationships that may be unattainable whilst becoming more and more estranged from knowing how to foster a reciprocal relationship with something life giving that lies outside the confines of gender and the merely human realm.

Most psychotherapeutic theories don't tend to include the absence of a relationship to the living world in the understanding of human development. We don't have diagnostic criteria for children who grow up without adequate contact with the natural environment, a dire state that Richard Louv calls "nature deficit disorder" (2005). Equally the condition of solastalgia, coined by the philosopher Glenn Albrecht (2005) and describing the existential pain experienced when a place of belonging is subject to environmental degradation, is not part of the assessment repertoire of most therapists. Mostly our profession is not particularly worried if people have a lack of attachment to place or have lost the ability to view themselves as part of nature. Most theories seem to view everything from a human perspective as though nothing else shapes who we are. Nature has become a thing, a recreation ground, real estate, investment, natural resource, a beautiful backdrop or a free gym. It is hardly ever seen as a reciprocal 'other' that humans have a need to form a meaningful relationship with. The cultural historian Thomas Berry says that we have become autistic to the world 1988).

This anthropocentric view is reflected in news reports about natural disasters, where the focus is mostly on human casualties and damage to property whilst the catastrophic damage to the ecosystem and the thousands of deaths of animals are usually completely under-reported.

If our western society were a client in our consulting room, I would imagine it to present as a white, middle-class man, who has a righteous belief in his superiority above all other living entities on this planet. He would display a noticeable lack of empathy and care for the suffering of other lives. His superficially polite and politically correct manner would barely cover up his exploitative relationships, his consistent irresponsibility and his reckless disregard for anything that doesn't serve him. His self-esteem would be derived from personal gain, power or pleasure. As a therapist, I would probably note his materialistic outlook and his addiction to consumption, his annihilation of the basis of his own existence and his ardent pursuit of an idea of happiness that he feels he deserves at all costs. Following this image, I feel that the diagnostic criteria for a sociopath describe our relationship to the more than human world pretty accurately. As a profession we don't tend to focus on the

devastation and cruelty that our race inflicts on the more than human world that gives us life.

It is striking that whilst collectively, we seem capable of the worst desecrations of life imaginable, like eliminating entire species or exploiting our life support system for short-term profit, not many individuals would actually choose to have this effect on the world. Not many would want to actively contribute to the death of the last whale, melt the ice in the Arctic or contaminate the most remote parts of the ocean with plastic. There is something irresponsible about our collective actions that may not be evil in intent, but that holds something that Hannah Arendt described as the banality of evil (2006). Exploitation and cruelty towards the other-than-human life has become so ordinary that it is not even on our radar. We have de-sensitised to it as a way of socialisation. Our seemingly innocent anthropocentric view may be the cause of unimaginable cruelty that is not intended as such, but that we are not able to stop, because the paradigm in which we are steeped in does not allow us to recognise the result of our actions. As long as we don't think about anything that is non-human as holding value worth honouring, we will not recognise the devastation we are causing with our lifestyle choices.

I suggest that the notion of psyche as being separate from the world is at the heart of a larger problem. As long as psychotherapy operates within an anthropocentric paradigm and reduces human relational needs to the purely human realm, our profession colludes with a 'malignant normality' that spells disaster (Bednarek, 2019b). I believe that we need to come together across the divide of modalities and widen our perspective.

Individualism

A personalised psychology, based on individualism and ownership, tends to ascribe unwanted feelings to a personal failure in the individual. The problem is located in the interior and can be subjected to attempts to fix or eradicate that which we don't like. As therapists we risk reinforcing this mechanical attitude by going along with the attempt to select unwanted aspects from the ecosystem of our client's life and targeting them with interventions to foster change. This indirectly and maybe inadvertently maintains a shameful sense that one needs to be fixed before returning into community before it is OK to belong. The impact on the wild human nature may parallel the monocultures we have created in our physical surroundings. But what if our primary human need is not to attend meticulously to our own interests or our emotional wounds, but rather to live our flawed and imperfect human lives in deep connection with all that we encounter in the world?

From the walls we have drawn around private therapy it is so much harder as a therapist to open things up again and widen the perspective to the possibility that the suffering that is felt might be a collective one which doesn't need to be fixed, but needs to be shared. The question is what therapy can contribute to cultivate a different relationship to all that is alive in us and outside of us, the mundane, the beautiful and the unruly.

Our hegemonic ideology has isolated us out of our sense of belonging to a larger, more meaningful entity than our individual existence. We are so conditioned to the individualistic mindset that we often do not even have ways of imagining a different way of being. I often wonder what would happen if therapists worked pro-actively with the wider culture in an effort to re-ensoul that which has lost soul. It would take an enormous effort to work together across modalities to extend our theories in an effort to create a culture of welcome for all the exiled human shame and suffering, all the things that are kept out of sight for fear of not belonging. What would it take to work with the wider culture so that individuals have safe places in which it is possible to declare their suffering to the world so that they can be met by caring eyes and open arms in their fallible brokenness?

A client that has taken her pain and grief outside of the therapy room into the streets and into her conversations with friends, into her work appraisal and her relationships said this:

> My hope is for an authentic communal space that is supportive and that maintains a shared vision for a more beautiful world. My tears are an expression of the grief and isolation I currently feel in my modern, materialistic way of life. I don't necessarily want to leave my current life, but I yearn for something that I do not currently have. Sometimes I feel hope and think that as the reality of climate change sinks in, a communal sense of care may become faintly visible.

However, in a hyper-individualised culture community is really hard to maintain once it gets beyond the fun part and one meets the growing edge that requires the ability to stay connected when things get sticky. The longing for community is sometimes hard to reconcile with the reality of fallible human beings coming together, the beauty of it and the moments of tension, betrayal and misunderstandings. I believe that we are not well equipped with the skills needed to bear the intimacy and exposure of being in community. Western culture makes it easy to retreat into one's own bubble, I believe that therapy has an important part to play for people to learn how to step back into community.

In many forms of therapy clients are encouraged to focus on themselves and to 'own their stuff', which at times can come close to the capitalist ideology which encourages people to possess everything as private property. In therapy there is a risk of supporting this sense of individual ownership by applying it to ideas, feelings, dreams or what goes on in our psyches. We may ask clients: "What do you take from our session today?" "What do you take from this dream?" By doing so we emphasise the value of extraction. Clients expect this, of course, and may even feel short-changed if they don't 'take anything home'. When we encourage clients to 'own' their feelings and talk about them as residing clearly within them, our language has a norm of acquisition that separates them from the context in which a particular feeling emerged. Once they own an idea, they can then extract the maximum potential from it as if an eternal hunger for something was demanding to be fed in every interaction.

An alternative approach would be to put our own lives in a relative position of service, allowing ourselves to surrender and serve *its* needs, being curious about what *it* wants from us rather than the other way around.

From this perspective we would ask what the dream, the fear or the relationship asks of the client "*What does this breakdown require of you in order for you to do justice to it?*" And "*How can you be of service to the darkness that descended or to the dead animal that presented itself to you in your dream?*"

The promise of great happiness and satisfaction from eternal self-care, self-fulfilment and self-development never really seems to pay off. There is enough research to show that fulfilment is much higher for those who know how to serve something outside of themselves, appreciating their participation and contribution to a bigger picture, serving something larger than their own individual needs. Weller talks about the joy and satisfaction that is engendered in people who have fostered the ability to relativise the self in service of community, thinking as a village or a commons (2015).

Can we find in us the willingness to be of service to the things in life that are bigger than our own concerns, our own lifespan or the lifespan of the people we love? And how would we learn to love the land around us as deeply as we love our partners?

We may not be able to learn this from humans alone and may benefit from an engagement with the land, the rivers, the lichen and the mountains around us, exposing ourselves to their rhythms, listening out for their needs and how we may serve them. We don't do this with cognition, but with our sensual bodies, smelling, sensing, touching and tasting the world.

If we encourage our clients to take their sorrows, dreams and insecurities out into a place in their environment that calls out to them, we increase the opportunity for them to learn to love this place, to form a relationship to it and to see if they come back changed. This would be an aesthetic engagement, which invites participation in something bigger than their own individuality. If a little hope for a different future grows in them, how can we support them in allowing this to claim them? By extending the remit of our focus beyond individual self-interests and asking what we may be able to contribute to the greater good, we act beyond the culturally encouraged call for gratification and self-advancement and this may make a difference. We are not small and insignificant. We are also not large and omnipotent. But our choices matter. We can be part of a change for good.

But as we guide others, we may also need to create safe spaces for professionals to explore a widening of the terrain, and this may well entail a willingness to be undone ourselves. Where are the spaces that offer the necessary steps into this derangement?

As a climate psychologist I have offered incubation spaces for mental health professionals where we slow down, look around us with fresh eyes and reflect on what it would take to step through the door of the therapy room, into the world. We create a community of reflective and proactive practitioners who are willing to work with the culture at large. And this unknown territory can be terrifying in a culture that is based upon control. Anyone who stands on the edge of the unknown will sooner or later have shaking knees and a fluttering heart. Fear is a natural reaction to moving

closer into new territory. As therapists we know that if we resource ourselves to stay with uncertainty and impermanence, something new usually reveals itself. I believe that we need to create spaces of support for each other to bear uncertainty and to listen out for what these times are calling for.

Conclusion

In a time of crisis, we have the opportunity and maybe the responsibility to re-imagine our habitual ways of doing things. Psychotherapy can support individuals to create community and to transform their fear into meaningful mobilisation. Maybe we can put something else alongside individual support and take part in re-ensouling western culture, re-building communal containers where ordinary people are empowered to co-create appropriate responses. Before we can even begin to guide others as professionals, we may need to get to know the terrain. So let us come together and infect each other – not with pathogens, but with passion, courage and the intimacy of our vulnerability. Let's create safe spaces to be lost together and see what emerges.

I want to end with the words of Clarissa Pinkola Estes, one of my teachers. She wrote this in response to a young activist who expressed a sense of despair and hopelessness:

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

Note

1 The following is an adapted presentation at a conference in Stroud in 2019 and is based on previously published work by the author.

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New worlds.
Our perspective changes as the ever shifting
light throws something new into view
or intensifies a colour.
Our conversation grows
as we share ideas.
It grows into something more.

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12 Change and challenge

Developing clinical fluidity

Sue Wright

"Once the storm is over, you won't remember how you made it through, how you managed to survive . . . But one thing is certain, when you come out of the storm you won't be the same person who walked in."

(Haruki Murakami, 2002)

Introduction

During 2020, the year in which the conference papers were shaped into a book, things have been changing so rapidly that I am sure we would be asking some different questions and raising some different points if we were writing these papers now. A paper, a book, a poem, is but a snapshot in time and things will have moved on by the time you read this. Perhaps too, remembering the questions Davis raised in the introductory chapter, during the course of reading the book your views on what leads to change may have altered subtly. Do you find yourself doing something a little differently now with a client? Do you think of things in a slightly different way? Has your definition of yourself as a therapist, a person, in this complex, troubled world shifted at all? Reading the book you will have heard how the nine contributors conceptualise the change process and their particular approaches to facilitating transformation and growth. You will have encountered people whose relationships with themselves and their history have been transformed. You will also have encountered the ideas of theorists and researchers who have tried to pin down what makes therapy work. If we were all in a room together you may have questions to ask, or things you would like

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to challenge or comment on. Although the authors are all integrative therapists, we have our own idiosyncratic approaches. But looking back at the contributions certain themes stand out.

In this final chapter I want to outline and reflect on these themes and to consider their relevance to the crises we currently face. What I value most about a café conference is how it becomes a space for an evolving dialogue between the speakers and the audience, continued afterwards by subsequent conversations between the speakers.[1] This ongoing process creates something new – a rich process in which one idea generates new thoughts and ways of seeing things. It leads to something greater than the parts. Moreover, as we have shaped our chapters for this edition and given each other feedback more ideas have emerged. My own process as the author of two chapters and editor of the whole book has been coloured by my context within my family, my profession and a world in crisis. What I write now in this final chapter could not but be informed by that and the many conversations with others I have had about living in what Taylor describes as a time of collective traumas (2021), as well as by things heard on the radio and books read this year. It would feel inauthentic not to include thoughts stemming from all this. The chapters themselves highlight interlocking fields in the way they discuss therapeutic processes at the level of the individual, the family, socio-cultural groups and the wider world, and so this concluding chapter is a drawing together of all this within my here and now context.

The first theme is that of crisis and opportunity

What can emerge as a result of crises at the meta- and the individual level? What can we learn from the pandemic that will better serve us, our clients and communities? And as therapists, how will we work in the future? The term crisis is derived from the Greek *krinein*, which means to separate (McNamee & Gergen, 1992, p. 187). A crisis can separate us from others, something painfully evident as I write with the constantly changing restrictions on meeting friends and family members. Crises also separate us from the continuity of past, present and future. The idea of separation implies a boundary and in some cultures crises are viewed as integral to life-stage transitions. It marks an opportunity to let go of something we have outgrown or that no longer serves us. The other essential feature about a boundary-as-difference is that it can open our eyes to novelty. Bateson's argument that all information is necessarily "news of difference" and that the perception of difference triggers new responses in all living systems is a core premise of systemic therapy (White & Epston, 1990, pp. 2, 7). When we cross over into a new space things take on a different perspective. We see things anew. And the difference opens the door to change. We won't, can't, thinking of Murakami's telling point, be the same person we were before.

The duality of crisis and opportunity is evident in the Chinese use of a single character for both. There is a gift in "trouble", wrote Rebecca Solnit, and "trouble seems to be a necessary stage on the route to becoming" (2013, p. 13). However,

she argued that most of us "don't change until we have to, and crisis is often what obliges us to do so". Solnit's own book emerged out of the crisis of dealing with her mother's final years with Alzheimer's (2013, p. 152). She drew on the metaphor of fairy tales which are usually about some form of trouble that the protagonists have to face and surmount before they win the "gift" that enables them to live happily ever after. As I asked in the introduction, could it be that we need a crisis now and then like the pandemic and the upheaval it causes which forces us to face something – our dragon, descent into the underworld, or the seemingly impossible task of many fairy tales – in order to change and become wiser, more pro-social, appreciative of what we have, and less wantonly careless about nature's resources and insistent on progress at all costs?

For change, Solnit pointed out, the sufferer has to be willing to let go of his or her story. But "some people love their story that much even if it's of their own misery, even if it ties them to unhappiness, or they don't know how to stop telling it." She speculated "maybe this is because of loving coherence more than comfort, but it might also be because of fear – you have to die a little to be reborn, and death comes first, the death of a story, a familiar version of yourself" (2013, p. 242). Weller has written about the need to enter a state of derangement by which he means "a state that is beyond our normal way of perceiving and experiencing ourselves and the world". It is necessary because our "current emotional arrangement is not working" – the old beliefs, strategies and relational patterns. We have a carefully arranged relationship with life – whether it is to be suspicious and hypervigilant, to aim for perfection or making others happy, to avoid conflict or to use addictive substances to manage our feelings (2015, p. 86). But these arrangements deprive us of choice and freedom. Weller explained how ritual processes facilitate a state of derangement, as in a rite of passage. We could argue that therapy is itself a ritual process – a stepping outside of normal life and separating from others for a set time, facing ordeals, and hopefully re-entering the community in a new state.

Although there is much thought about what needs to happen in psychotherapy for people to change, it often takes something external to occur to really shift things. It could be something difficult and challenging or something new and exciting. You cannot manufacture these occurrences, as Michael Barkham explained in a delightful book about butterfly hunting. When writing about the chances of seeing rare migrants that appear briefly in this country he said, "scarce migrants are like little twists of fate: You cannot just visit a particular woodland or meadow to see them. You cannot choose to find them; they find you, once in a life time". He contrasted that with the painstaking work of planning and spending hours lurking around places where a species might appear at specific times of year (2010, p. 13). What a wonderful metaphor for the evolutionary/revolutionary change process in psychotherapy that I discuss next!

An example of a "little twist of fate" and how a crisis can lead to change through a process of "story breaking", which I named as one of the conditions of change in Chapter 9, emerged in my work with Kim. If you recall from that chapter, her core fear was of being alone. Kim anticipated being rejected by friends and

was incredibly scared of her partner and mother dying, a fear that was inevitably heightened by the virus. The origins of this story were of a little girl terrified by her mother's threats to kill herself when depressed who gradually became dependent on outsiders to give her some sense of care and support. As an adult Kim took the role of a patient who could not survive without medical and therapeutic care. But in the time I worked with her Kim slowly came to trust her capacity to be her own parent and therapist. One of the problems of the current crisis was that because Kim was phobic of phone calls we had not been able to "meet" in that way, although exchanging emails kept us in touch and enabled her to process things that came up during that period. As lockdown eased and it felt safe enough to meet in a secure outdoor space she told me how surprised and pleased she felt to have managed without seeing me. "I've been enjoying it" she said, adding that she had checked in with younger parts of self if she felt upset and found ways to calm them. Of course Kim would probably have discovered she could manage alone once we had ended. But the additional "gift" was that we could talk about it together. It opened up a discussion about what she had taken away from our work and was now using in a wonderful way, and how much she had changed since I first met her. But Kim did not think she would have appreciated this if it hadn't been for coronavirus.

Another example of discovering the "gift in the trouble" emerged in my work with a man I will call Rupert. However, this time the "trouble" was the fact that I was moving and therefore ending my work with many clients – an "imposed" ending, not in accord with his timing. Rupert said having a definite date for ending sharpened everything. Suddenly, he began to talk about our relationship and what it meant to him. Metaphorically speaking he had previously put me "in exile" along with parts of himself he did not want to own. And so for some time he felt numb when I enquired about things going on between us. In the remaining weeks we agreed to talk about us, both sharing our subjective responses to the other in those remaining precious hours – and Rupert at last allowed himself to take in the experience of unconditional support and being held. "And when I feel held", he said, "I can hold myself and the younger mes".

Evolutionary versus revolutionary change

The second theme concerns the nature and timing of change. Is the change process of necessity a slow one, and certainly the creation of a secure relationship takes time, or do the deepest transformations occur in what Kurtz called "the fertile place at the margin of the moment" (1990, p. 79)? In other words is change evolutionary or revolutionary? Hilary Mantel commented that an objection to analytic psychotherapy is that it is simply slow. "Though the important creative leaps may be made within a matter of seconds, analysis is slow in the way that writing a novel is slow; it is an open-ended commitment to watching a narrative unfold, and you can't force the pace without selling yourself short" (Haynes, 2007, p. 5). There is much I could say about the importance of not forcing the pace, of having time for things to slowly unfold, of the value of a relationship that endures over

time and has both its own history – to which we can keep referring back – and gives the client a needed experience of someone who can hold her history in mind. I also know that some amazing changes can occur in "moments of meeting" or "wow moments" when something new and surprising emerges in the present that alters the client's relationship with his or her past (and ours too?). Pye's example of a moment of meeting with Paul illustrates the point. Davis's sudden migraine, meanwhile, illustrates how the catalyst for revolutionary change can occur in contexts other than the therapy room. This "ontological personal crisis" in which Davis's body alerted him to what he had dissociated remained out of the sphere of more evolutionary changes occurring in his ongoing therapy and training.

Evolutionary change takes place gradually and incrementally, a process characterised by continuity and continuous growth and development. Revolutionary change involves difference, novelty and discontinuity. It challenges and discards things. This rapid, dynamic, more dramatic route can occur in a fraction of time (Slavin & Rahmani, 2018, p. 61). Something momentous occurs in a flash. Maybe it stuns us, shocks us – like seeing something horrific such as the car hitting Liz Rolls's interviewee's husband, hearing bad news, being humiliated by a cutting remark or being attacked from behind. In that moment life is changed. But dealing with the aftermath – trauma's tsunami – can go on for years. Indeed, as Ryde pointed out, trauma can ricochet down the generations. On the other hand the sudden change catalyst could be far more benign – a moment of meeting with someone in a therapy session or in another context; being offered a different job or invited to join an expedition. It could also occur during a ritual process when stepping outside the ordinary opens a space for a flash of insight or the emergence of a comforting image. However, processing what happened and integrating what one learned from it takes time. As Fosha argued, for the change to stick we need to find a way to "turbo charge" it and process the transformation (2018). There is an unevenness then about a change process. It goes in fits and starts through phases of both evolution and of revolution. Going back to the analogy of butterfly hunting – you might catch sight fleetingly of a rare butterfly and, if very quick, perhaps you could take a photograph or, in the days before there was any concern about the extinction of species, catch your prey in a net. But then, as Barkham explained, the keen lepidopterist would kill the butterfly and mount it on cork boards which were kept in mahogany drawers, to be marvelled over and slowly studied during the winter months (2010).

The work of the Boston Change Process Study Group has alerted us to the potency of "moments of meeting" in which the "momentous something" occurs within the therapeutic relationship. Pye's chapter gives a vivid description of that process. Within therapy a pivotal moment can also occur when, intuitively we ask a certain question or reflect something back. The example of Veronica described by Smethurst is a case in point. When she reflected that being with Veronica felt like being with an out-of-control truck this "mirror of truth" deeply shocked her. But it also revealed her survivalist truth and, as she said, whilst painful, this was profoundly liberating. Such mirroring, which is rather different from the attuned mirroring that Winnicott and Kohut advocated, fits the idea of a necessary derangement. As Smethurst said, often "something needs to get worse in order to get better".

The progressive, evolutionary route to change meanwhile, is slow, repetitive and incremental and arises in the moving along process of therapeutic conversations. It is the result of courageous, patient work in which old fears, shame and grief shrink a little each time part of a story is revisited. It involves taking in and integrating new information bit by bit and a recursive process of trying something new, returning to old patterns which, even if they bring problems, feel familiar and safe, then bravely stepping forward again. And the therapist needs to offer a reliable, holding presence, willing to be there for the long haul through moments of stuckness, to get caught up in intense dramas and still hold the longer evolving history in mind. As Stern said,

> in and of itself, verbally understanding, explaining or narrating something is not sufficient to bring about change. There must be an actual experience, a subjectively lived happening. An event must be *lived*, with feelings and actions taking place in real time, in the real world, with real people, in a moment of presentness.
>
> (2004, p. xiii)

In the moving along process therapist and client co-create ways of being with one another and regulating their intersubjective field. These subtle, new intersubjective present moment experiences create a novel "present remembering context" when details from the past are reassembled to create a new functional past (Stern, 2004, p. 222). The new experience does not repair the past by filling a deficit. What happened has to be acknowledged and grieved. But it creates a new experience that can be carried forward and built on in the future (p. 179).

As an example of progressive change one client's fear – a fear dating from long ago – was that I would suddenly announce that I didn't want to see her any more or that I'd become seriously ill. It was a rejection/abandonment script that surfaced on numerous occasions. But over time the woman gained some distance from the fears. She was able to say, "The adult me knows that you've never done this, but it's my teenage self. She doesn't trust anyone". And when her life was more stressful than usual or if there had been a small rift between us she would keep checking if I was OK. There was a dissonance between what she knew explicitly and the implicit memories that coloured her responses. This, as Stern explained, is because the content of language and narrative is an abstracted experience, once removed from the temporal flow of direct experience. It can only rewrite the explicit past, not the implicit experienced past (2004, p. 221). And that is why the relational, affective, imaginary and somatic dimensions of our work are so important.

The importance of assimilation and meaning making

An acquaintance recently said to me that she liked the wild weather, as it was part of seasonal change and that is about expected changes. But it was the unexpected ones she found hard. She described an unexpected change in her social world as

like an explosion, and we talked about how one feels in the aftermath of something sudden, dramatic and shattering which leaves us reeling, stunned, and unable to find words to describe what we are experiencing. We can all find unexpected changes hard to deal with, and in a period of dramatic changes because of Covid this is starkly evident. In a world where we are bombarded by rapid change it is hard to assimilate and process our reactions to what is happening, and what remains unprocessed can cause problems later in life. One of the ways therapy supports change is that it helps people to process and make sense of their reactions to life events, and as we discover meaning in our experiences it opens the door to new ways of being with ourselves and others. It provides space for that "vitalization of the past by the present and the present by the past" discussed in Chapter 9, a process which also colours our future. And of course there are other spaces and situations that provide an opportunity for this vitalization. Gerson, for instance, argued that as we move through life the challenges we encounter provide real-time opportunities for a revisioning of "wax figured" models of ourselves and those close to us (2009, p. 344). Gerson was writing about life-stage challenges. But this can be extended to all challenges. Changing circumstances lend themselves to revising old beliefs and fashioning a new "vision" or version of ourselves and our future. I have certainly heard many people say that the events of 2020 have given them a greater appreciation for people and places they took for granted. It has made them rethink their priorities and what they want to do with their lives. I should add that I am in no way suggesting that crisis and adversity always provides growth opportunities or that anyone whose "revision" is deeply negative is failing in some way. Some crises are so devastating that it is impossible to assimilate what happened and the wounds can never fully heal. Indeed, as we know, their impact can reverberate across the generations.

That said, I can personally attest to some significant real-time shifts, a very present experience as I worked on this chapter, for some profound revelations came to me as I sorted through the ephemera of decades in my parents' old house. My "inheritance" included boxes of old photographs from my earliest years onwards. Looking through them I was taken on a strange journey – literally seeing the house I only had shadowy memories of, and pictures of myself as a baby, a growing child, a rather sad-looking teenager and then a young adult, and of my very young-looking parents and my brother as he also morphed over time. Added to this were old documents – my father's school reports, old letters and postcards, including contacts from unknown relatives. All this led to seeing things I could now value in my parents – things I had not realised we had in common or that gave them added depth, as well as some things that made me angry. It helped me understand myself and my survival strategies in a deeper way. I can also think of other revisionings that have occurred during my life – sometimes because of a family crisis, or a chance conversation with an old friend or relative who reminded me of something I had long forgotten or not known. Some brought truths that were hard to know and rocked earlier beliefs, others smiles and appreciation. And at the time there was often no space to process and integrate these new versions of my family and my past. But over time they have all deepened my

compassion for myself and others. These personal experiences illustrate that there can be a nesting of revisions across time, each new piece of information altering the last, and during the course of therapy as we revisit old stories and themes a similar nesting of revisions often occurs.

In my work I can think of many examples of revisioning, for instance, of people who began to see something new when tasked with caring for an elderly parent or who noticed things they missed when he or she died. When Rose's father was diagnosed with terminal cancer he began to talk to her about his early life. It confirmed things Rose had guessed about why he found certain things difficult and why he was so uncommunicative. Meanwhile for Geraldine grappling with the conflict between staying at home to care for her first child and needing to work helped her to revision her own mother who she had labelled as selfish and uncaring. She could now entertain a vision of her mother as a single woman with three young children who worked all the hours she could and was consequently exhausted in the evening. I encouraged Geraldine to bring old photographs to our sessions, and as we looked at them she was saddened by pictures of her mother holding her with a loving smile on her face. "Maybe I was wanted after all". These present experiences revitalised her old story and in time her present relationship with her mother.[2]

We know that to risk change we have to feel safe. However, paradoxically the situations in life and in therapy that jolt us out of our familiar, safe ways of being hold elements of risk. We need "safe surprises", or in to put it another way, to be at the upper edge of our window of tolerance for change to occur (Bromberg, 2011, pp. 145, 149). To hold people at this edge is an art. Smethurst gives examples of a Sensorimotor approach to this in her papers, for instance by trying to maintain dual awareness, which she described beautifully as "doing adulting"; to stay in the present; to bite size talking about traumatic events, and to be honest. There are also many ways in which we can help our clients to develop an embodied sense of safeness, and sometimes this *is* the change (see Wright, 2020a). We also need to understand that the reasons why people cling to old and potentially harmful strategies and survivalist truths is that these give them the illusion of safety, as Smethurst's case examples of Cat and Eddie in Chapter 2 illustrate. What we do specifically in psychotherapy is to work with the old beliefs that keep pulling people back into their old survivalist stories. For instance, one woman realised that when I invited her to step across the threshold between her past and a new future, her parents' message "you must be obedient" clicked in. She felt scared, not ready yet to take that step. But there was an inner conflict because of the need to please me. Naming the conflict made all the difference.

The need to integrate the changes

As well as needing to emphasise that unless we feel safe change is hard, another caveat is that it's one thing to have a new experience during a therapy session, however, it may not stick. How then, do we integrate it, make it relevant to the client's life and influence how he relates to himself and others in the future? And

neurologically what is needed to support the integration of different areas of the brain, implicit and explicit memory, as well as different parts of the self? It is all too easy for both client and therapist to rush ahead with a new thought or issue. But we need to spend time allowing a new sense of the body or fresh insight to land and take root. How do we do this? We can, of course, turn to problem solving and discuss the applications. However, in my experience transformative moments become change points when we encourage our clients to stay with and savour the moment rather than speeding on to another issue. We can deepen this by asking mindful questions about what someone notices now emotionally or somatically. In this way we honour and contain the range of emotions that suddenly burst forth – excitement, amazement, relief, calm – and often frozen grief, because this new experience can throw into relief all that was not, the time lost, the opportunities that could not be fulfilled. We can also use visualisations and somatic techniques or do something to enhance the newly emerging positive emotions – in other words make further interventions which support the connection of different regions of the brain. Examples include asking whether there is an object or animal or gesture that captures the essence of what the client has just discovered, then inviting him to see it in his mind's eye, or to make the gesture and notice any emotions and sensations that go with this. Smethurst described this process as one of taking stock of what the important things are and the not so important things, "like sifting and sorting after a cyclone or storm" (C2, p. ?).

Change is about making connections, and in connecting we find meaning. Different therapies emphasise the importance of connection and integration in different domains. Some, prioritise the connection between self and others; some between different parts of self; others between thoughts, feelings and emotions; whilst body therapists focus on the connection of body and self. There is also the connection between unconscious and conscious. Where we stand on this is dependent on our theoretical bias and personal experiences. And – importantly – we need to trust that our clients will find their own ways to make connections and integrate what is important to them.

Drawing in right-brain processes

By right-brain processes, which I believe are important generators of change, I mean intuition, the imagination, metaphor, visualisations, the use of objects and artistic media and the embodied process.[3] The poet David Whyte commented that parents who lack imagination bring disappointment to children (2003). They are certainly less likely to spark that "omnipotent sense of possibility that fuels creative life", which as discussed in Chapter 9, Winnicott believed is the essence of illusion, and right now perhaps we need magic, myth, fantasy and an "omnipotent sense of possibility" even more to help us make radical changes to how we live our lives. Intuition is closely linked to imagination and, as Marks-Tarlow argued, it is an important asset for therapists. Clinical intuition, she wrote, "responds to nuance implicitly and subcortically. This is a fully embodied mode of perceiving, relating, and responding" (2018, pp. 145, 146). It opens up "a fresh response to a

lived moment" – the "something new" I spoke about in Chapter 9. "Whereas the left brain can help people analyse problems, spell out choices, or make conscious predictions about what comes next, only the right side carries the creative capacity for something entirely novel, spontaneous, or unpredictable to emerge" (2018, p. 149). But both therapist and client, Marks-Tarlow argued, "need to be open to what is new in order to effect deep change", and that is conditional on us providing a safe enough container for people to play.

Although I am emphasising the value of right-brain processes here, and admit that I am far more of a right than a left-brain thinker, I want to go further than that. For integration we need to access both hemispheres. Interestingly according to Kestly "for good story telling a right-left-right progression is necessary". She explained that stories begin in the right hemisphere as we experience life through our senses and bodies. The left hemisphere re-presents those experiences using language. Then "through metaphorical language we return our lived experience to the right hemisphere where once again they find the connectedness to the world of bodily experience" (2018, p. 118). This, perhaps, is why a client can feel deeply met when we reflect something back using metaphorical language. Defining and categorising the experience might lead to insight, but have far less lasting impact.

How might we make deliberate use of this right-left-right sequence? Based on my training as a dance movement therapist, now and then I invite a client into an experiential process which starts by allowing the body to move spontaneously. Then I suggest drawing an image of this process and giving it a title. The final stage is to reflect verbally on all that emerged. Another way to work with symbols is to invite a client to make a gesture that captures how they feel or holds the essence of a liminal process they have been through, to find a word that communicates what the gesture might be saying and then to share thoughts and observations about the process. In these sequences we move from primary process thinking, the language of images and preverbal, affective, sensory domains, to secondary processing using words in order to facilitate the discovery of new possibilities and meanings. The final expansion into the verbal domain is a phase of meaning making, consolidation and integration as new perspectives on the initial issue are revealed.

During the book you will have read other examples of right-brain creative processes and the changes they unleashed. For instance how it moved things rapidly along when Smethurst shared with Veronica her powerful metaphor of the runaway truck, and the examples of her descriptive use of metaphors such as the hovering helicopter when turning to psychoeducation. Meanwhile Woodcock gave a powerful example of how a flash of intuition for both his Iranian client and himself led to significant change at a somatic level, and cognitively she gained a new perspective on her ongoing depression and paralysed arm. What Woodcock described next – how they picked through the details of what happened the day of the shooting and how that unleashed memories, intense grief and released what had stuck symbolically in her arm – could be described as a right-left-right progression. And I would imagine that the integrative process continued in subsequent sessions. As Woodcock said, "when symptoms and conflicts become metaphors we know we

are succeeding". We could amplify this, and this is illustrated in Chapters 2, 5, and 9, by saying that when stuck survival patterns and somatic symptoms, patterns and habitual actions are translated into the verbal domain, either as metaphors or verbal accounts, we know that change has occurred.

> *Before continuing your reading pause a moment and notice whether you feel drawn to working in a right-brain way or feel more comfortable in the realm of left-brain thinking. In what ways do you already involve creativity, the imagination and embodied experiments? And how might you now engage right-left-right sequencing in order to consolidate what emerges?*

The importance of rites of passage and rituals to support grieving, healing and re-integration into the community

Therapists from different backgrounds have written about the importance of symbolic processes to support therapeutic change. I think in particular here of Jungian philosophy, psychosynthesis, psychodrama, the arts therapies and play therapy and of the idea of transforming primary process thinking into secondary or symbolic thinking. I am often amazed what emerges when I introduce objects and creative media into the process or when I have suggested engaging in a ritual process to help a client to let go of something or mark an ending. As Weller said, "we are creatures of ritual and have been using rituals for tens of thousands of years" (2015, p. 75). Traditional rites and ceremonies have helped people in all cultures to deal with crises and loss as well as to celebrate and give thanks. Ritual involves our old brain. It speaks a language older than words, a language of rhythm, gesture, movement, and the senses (Weller, pp. 76, 77). Rituals connect the individual and the communal and past, present and future. Ritual processes can also take us into liminal or altered states. What do we mean by liminal? A liminal state can be thought of as "betwixt and between", a threshold or at a boundary. In a liminal state we often lose track of time and experience. "At such moments", said White and Epston, "you are in a threshold state of potential change" (1990, p. 13). In a rite of passage this state includes experiencing disorientation and ambiguity when the participants leave their pre-ritual status, but have yet to make the transition to the status they will hold once they re-enter their community.[4] For me the important thing about liminal states is the sense of possibility just, as I argued earlier, as there is a latent opportunity in any crisis. We can learn and grow after adversity, and in a liminal space we are at a border when new possibilities and ways of viewing things can emerge. It is a place of wondering, playing with "maybe", and engaging in fantasy.

I find it concerning that in our pursuit of progress we have lost many of the rituals and ceremonies that used to punctuate the religious, agricultural and urban year and helped to bind together communities. These traditional ritual processes as well as indigenous practices and wisdom have helped people across the ages in many cultures to deal with crises, losses and transitions. They have enabled people to express grief and feel witnessed and supported and, as a result of that

shared process, something healing and transformative could occur. But now, just at a time when we desperately need the comfort of familiar ritual processes, we are deprived of them. The stark photograph of someone on his knees on Easter Sunday in front of a locked church is etched on my mind. It speaks of so many gaping holes in the fabric of our communal life.

Woodcock's chapter provides us with the idea of what could be thought of as an "anti-rite of passage", a simulacrum, an experience that has some of the elements of a traditional rite, but is not held in a thoughtful and structured way within the social and cultural norms of a community. To put this another way it is an event in parentheses, or as Simmel described it, "like an island in life" (1971, p. 189). Simmel used the idea of the adventure to describe periods that involve a momentary "dropping out of the continuity of life", and "adventures" in this sense can be both positive and negative. On the negative side a traumatic event also entails a temporary dropping out of the continuity of life. However, it is terrifying rather than exciting. The same applies to life crises such as a period of critical illness or the events surrounding and following the death of a loved one, or like the asylum seekers discussed by Woodcock and Ryde forced to flee their homelands because of war or persecution. Ryde has written eloquently about refugees losing the familiar ground bass rhythms of their lives, and Woodcock about Iranian and Kurdish refugees who were reluctant to celebrate the traditional family rites at *Naw Roz*. Appreciating the healing aspects of engaging in cultural and religious festivals he encouraged the families he worked with to celebrate *Naw Roz* as they would in their homelands. He believed it would shift them out of a state of limbo and help them to integrate the traumas they had experienced, their cultural identity and their life in exile. We could argue that the pandemic has also pulled everyone into a frightening anti-rite. Circumstances are forcing us into a state of separation from our community. We are presented with a frightening ordeal. We will inevitably be changed by this experience. But at the moment there is no knowing when we can re-enter our communities, nor what our roles will be then. We will certainly need rituals to support us at that stage and to commemorate all we have lost. As pointed out in Chapter 9, the unmourned keeps trauma active. It stays split off as a present absence, or a ghostly haunting. Supporting our clients to mourn the loss of loved ones, as well as losses in the other-than-human world and to fashion commemorative rituals, can release them from the grip of the past and from a deadening state of ongoing depression. And therapists also need to mourn.

An overarching message in the accounts of the work of all the book's contributors is of the centrality of relationship and connection

The philosopher Levinas said "suffering is ungraspable; we cannot dominate it. It breaks down meaning, *at least until another responds*" (Orange, 2011, p. 69). We should not underestimate the importance of our presence as witnesses willing to sit with the ungraspable, to attune to what we sense in others and slowly to help them find words and meanings in what is unformed. Whatever strategies

and techniques we incorporate, as Davis pointed out in the Introduction, these are embedded within interpersonal processes, and the attuned therapist will be constantly titrating how far to go into something more directive, when to step back from talking about a distressing memory and offer something psychoeducational, or when to check what is going on internally or between us, or to simply sit with emerging emotion.

I said that we should not underestimate the importance of our presence. Nor should we underestimate the strain being with the suffering stranger can put on us. Taylor has pointed out that "it is common for caregivers to consider it to be selfish to take themselves into account in their work" and empathy, an attribute stressed as an important contributor to a positive therapeutic relationship, brings with it the risk of empathic strain (2021). She argues for an ethical position of directing compassion to ourselves as well as to our distressed clients and that attending to ourselves should be our first intervention. I like her challenging point that people pay her for being sufficiently resourced emotionally, physically and spiritually to be able to tolerate their wounds. "They do not, cannot, pay me for the quality of my attention" (p. 101). Woodcock's chapter substantiates Taylor's points. When researching the effects of working with people affected by extreme events he noted that although senior clinicians were deeply troubled by the work and it had an adverse effect on their mood, connection to others, being reflective and open about their process, and feeling supported at work and by spiritual/holistic values promoted resilience. Our capacity to regulate ourselves helps to regulate the other and to maintain therapeutic presence. It helps us to catch when something is going on in the co-created transference field – which Smethurst beautifully likened to a "tangled ball of interpersonal string" – and to step back and reflect on what we are bringing to whatever relational tussle is going on. These inevitable enactments are the alchemical gold dust in the process of change. If we can live through them, be as honest as we can, and assist our clients to speak about their own here and now reactions this new experience of being with another has the power to transform old self-with-other beliefs.[5]

What we have added in the book to the psychological wisdom of the centrality of the therapeutic relationship is the importance of our connection to the other-than-human, something equally important to our mental and physical well-being. For me, coronavirus has heightened my appreciation of my connections to others and to the natural world. I do not believe that I am alone in this, and I want to keep in mind Bednarek's challenge: "What if our primary human need is not to attend meticulously to our own interests or our emotional wounds, but rather to live our flawed and imperfect human lives in deep connection with all that we encounter in the world?" How different life might be were we to honour that.

The final theme of the book is the need to change our assumptions about the therapeutic project and what therapists do

The chapters by Staunton and Bednarek bring this debate into centre stage, and quite rightly. The former has invited us to consider the philosophical underpinnings

and underlying assumptions of our practice and posed the questions: "Who am I as a therapist and what is my intention in practice?" and "How do I 'prove' that the therapeutic relationship I am offering 'works?" Both are important questions. But perhaps even more important is the question whether we believe that treatments cure disorders or relationships heal people. Staunton also raised important points about the current emphasis on progress and helping people to fit in. Such an ethos pathologises what may be understandable responses to suffering and blinds us to a more thoughtful curiosity about the meaning of symptoms and problems. Bednarek takes a similar stance and also challenges us by reminding us about the devastation we are causing with our lifestyle choices and with the question, "how might aspects of our theories and assumptions collude with a system that is costing us the Earth?" Her suggestion that rather than focussing on an individualistic paradigm, an alternative approach would be "to put our own lives in a relative position of service, allowing ourselves to surrender to *it*, serving *its* needs and being curious about what *it* wants from us rather than the other way around" accords with a Levinasian ethic. Have we the courage and commitment to look into the face of the suffering Other – Levinas's challenge, and to offer our "crust of bread, our hope from empty hands"? (Orange, 2011, pp. 45–54, 62; Taylor, 2021). Can we stay resourced and grounded enough to venture into the unknown without always knowing what to do next?

> *For a moment I invite you to pause and consider these challenging points and questions. Have the events of the last few years – personal and societal – altered your beliefs in any way? Has reading this book supported or challenged your views? What more might you need in order to stay fluid and open?*

We need to contemplate expanding our range of possibilities. For instance, offering more to people who would not usually access therapy, like front line workers or people who have been marginalised and oppressed, and to people who have limited means or time to devote to therapy. In a discussion about working in a community project Smethurst described the innovative idea of "bubbles of contact", a more flexible and individually sensitive arrangement for contact rather than the standard approach of 50 or 60 minutes a week over a specific period of time (2017, pp. 28–29). In individual therapy could we use this idea of "bubbles of contact", which could include shorter contacts for some people – sometimes in an ad hoc way – and sessions at intervals or on demand? When I think of our range of possibilities this entails each therapist being aware of his or her current range of interventions and what holds him back from expanding it. We need to embed this into our thinking in a coherent, reflective way and ask what theories support a more flexible range? Can we keep challenging our theoretical assumptions – not to become so spread in what we espouse that our theoretical ground lacks coherence, but becoming, in Davis's words, holistic as well as integrative? And if we do experiment with new ways of working can we check that we are still working ethically? I might ask myself questions such as: "Who is this supporting?" "Is it

grounded?" And "what is it trying to support, for instance: The client's agency and independence? Developing a greater sense of safety? Providing something developmentally needed? Insight and a capacity for self-reflection?, or Healing from past wounds?"

I believe that if we are creative we can capitalise on the recent challenges to our assumptive therapy world, for as well as losses and tensions they also bring gifts. We could, for instance, build on what we have learned working remotely, even though it has its limitations and become more creative and flexible about what we offer. It has certainly enabled us to reach people further afield or who don't have time for travelling to therapy as well as the session. And if the work is only to be very brief perhaps we could focus on things that are immediately resourcing. In their chapters Smethurst and Wright present ideas of a psychoeducational and practical nature which give tools that people can use to regulate themselves when they are overwhelmed emotionally. Such interventions, of course, challenge the assumptions of therapies which emphasise a non-directive approach. However, we offer them in a deeply relational way and as part of an ongoing process of tracking our clients and ourselves. Another suggestion from Bednarek is about linking the wider context into our thinking and our work more by being directive and asking our clients about the impact of that context. As an example, do you ask your clients how the lockdown or news about the protests about institutionalised racism or of frightening signs of climate change is impacting them? But again this can be done in a relational way in which we need to be authentic about our own reactions. Again and again, even when I am questioning my assumptions about the therapeutic project, I come to the centrality of the relationship.

The gift and the challenge in the trouble

Our relationship. One of the "gifts in the trouble" that I have observed is that something is changing in the therapeutic relationship, and this is because of being in this "storm" together. An Australian therapist, writing months after the terrible bush fires in Australia in early 2020, spoke of the "increasing levels of angst, magnified responses to daily stressors and more frequent tears" in the sessions with her clients and about the ways the fires came into the room in overt and unexpected ways (Jones, 2020, p. x). As a fellow human in that context she showed that she was affected too. She began sessions with a two-way check in in which there was no pretence or denial on her part. "We are in that bit of reality together, we are bonded by it, and with some clients, I am sensing a deepening mutuality in our work" (p. x). I agree with her point about sharing a bit of reality and that to say "me too" is important. It normalises our clients' responses to world events and challenges the power imbalance between us as "experts" and the clients as "patients". Of course, we need to keep in mind that although we're all in the same storm, we are not in the same boat, and my personal reactions are not necessarily the same as yours. That said, I agree with Pye who said, "something is bringing therapist and client into a different conjunction", and he, too, has noticed a greater parity and intimacy. It is not that he is being different, he stressed, but that something is different in his interactions with clients and others. "It is something about

love, sharing, people offering to help" (personal communication). Perhaps, we could argue, we are finding more moments of relational depth in our contacts with others as we face the terrible crises of our age. However we position ourselves with our clients, psychotherapy will never be the same again, and neither will the world despite the drive to "get back to normal". And we have choices how we want to live our lives and to work and engage with others.

I am aware of doing a great deal of reflecting over the last year, sometimes because of major changes in my family situation, sometimes because of what is going on in the world and sometimes bouncing off things I read, hear on the radio or are shared by friends. But it is more than reflecting. It is a revisioning myself. In the present of now, I am looking back and revisioning myself and others in the light of things emerging about my history. I am also imagining myself in a new future, a place where I could be and do things in different ways, and that includes debating with others about how we might revision how to stop living in ways that are costing the Earth. Reflecting and revisioning is central to the process of change in psychotherapy, and troubled times seem to be a catalyst for it to take off. In the process the therapist is both a witness, an enquirer, a fellow sufferer, and at times also part of the catalyst. We have shared case examples in the book where this revisioning process emerges strongly, whether it be finding a survivalist truth by exploring what goes on somatically and relationally in the room or as a result of a moment of meeting or something occurring in the wider field, and we have offered our personal views on our role as change makers in our current world. In a personal communication Smethurst said, "if this is a time of meaninglessness, the challenge is to employ our creative imaginations in fuller deeper ways". She continued, "maybe we need our imagination to enter into the experiences of our clients and be open to the suffering of others in new more fluid ways. Not fixing or treating but sharing, seeing and noticing. Using our imaginations". The word fluid feels right – even empowering – rather than staying stuck in old ways or fear, anxiety and hopelessness. Now more than ever we need clinical fluidity as well as clinical rigour.

Notes

1 In a cafe conference the audience sit around tables, and after each presentation there is a space for those around each table to discuss what they made of it. Over the day their thoughts fuel ideas discussed further in the whole group.
2 Looking back at the contributions from my colleagues, I notice examples of revisioning in their descriptions of their work. For instance, in having space to reflect with Rolls, the bereaved mother was revisioning herself in the context of past, present and future and as a mother. Making sense of her dreams enabled the woman whose father was a prisoner of war to gain a fresh vision of him and herself, and the Iranian woman revised her "known" story when she and Woodcock stumbled on the truths behind her paralysed arm.
3 For a more detailed account of the importance of imagination and intuition, see Wright (2020b).
4 This makes me think how disoriented and scared a client can feel when in the process of letting go of old beliefs and unhelpful strategies. It feels very unsettling because of not yet finding or trusting a new way of being.
5 I speak in more detail about enactments and their potential in Wright (2016, 2020a).

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Index