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Introduction

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Editorial

In this special conference edition of *The British Journal of Psychotherapy Integration*, we include contributions from the expert panel and workshop facilitators, from UKAPI's 2017 conference, *The Heart of Integration: putting theory into practise*.

In 1998, key figures from different integrative trainings in the UK, got together and ran a conference to share their thinking on integration. It was a great success and led to the setting up of UKAPI. Since then, there have been many developments, new understandings, and new trainings in the field; as well as a greater recognition of integrative psychotherapy. Almost 20 years on, the 2017 conference aimed to bring together again, key figures, psychotherapists, trainers, supervisors and trainees affiliated with multiple integrative training institutes; and offer an exploration of what is at the heart of integrative psychotherapy, important developments in the field and the challenges integrative psychotherapists face. Excitingly, the editors and authors to this edition, are drawn from a range of leading training institutes in the UK. Truly an integrative endeavour.

Lissie Wright considers how both individuals, and organisations, embody 'integration', exploring integration as a process - by drawing on experience and knowledge, disintegration and reintegration. Lissie challenges the reader to consider, not just how this process happens at an individual level in therapeutic practice, but also outside of the therapy room – at a personal, professional, societal, and political level; as well as in the research arena.

Lorraine Price looks at the importance of having an in-depth knowledge of theory, rooted in a coherent philosophy, at the heart of integrative practise, particularly when working with complex issues, early relational trauma and regression. Lorraine argues that a thorough theoretical grounding enables the establishment of narrative, an understanding of defences, and facilitates spontaneous, therapeutic response.

John Nuttall reviews the history of the integrative movement, and discusses the issues raised in the quest to reconcile psychoanalysis, cognitive-behaviourism, humanistic and transpersonal psychologies. John explores the idea that the quest for integration may in fact be viewed as an evolving personal process and a way of being - an inner quest - and part of an advance towards individuation. Further, John details a new descriptive framework for the integration process, considering the question of whether the psychotherapy models we develop are relevant to the phenomena in the world we experience.

Tree Staunton outlines BCPC's model for integration reflecting on her role as a trainer and Director of BCPC, and previously chair of HIP UKCP. Tree asks what it is that forms the 'character' of an organisation, posing thought-provoking and creative questions for the reader to consider. The paper outlines the key components of training at BCPC, to elucidate the importance of experiential learning, psychobiography and critical reflection of theory, as well as the challenges, at the core of integrative psychotherapy training.

Maria Luca writes about sexual attraction in therapy, from a relational integrative

perspective. The paper highlights the fact that while the erotic is widely recognised as a commonly occurring phenomenon in therapy relationships, in training and in the literature it has been marginalized. Maria argues for a more honest, facilitative, relational approach to its exploration; outlining the risks of not understanding and handling sexual attraction appropriately, as well as the transformative quality of sexual attraction when it is.

Gerhard Payrhuber challenges the reader to consider what is 'real' in the real relationship, by exploring this concept, and arguing that trauma may impact how we engage with and understand the complex and ambiguous nature of reality, and subsequently the 'real relationship' itself. Highlighting the significance of these questions when working with mental health issues, Gerhard provides a clinical example to emphasise the importance and centrality of the real relationship in healing our clients.

Richard Davis examines definitions of the 'subtle' in the learning of counsellors/psychotherapists. Different perspectives on the concept are explored. The reader is transported to a felt, intuitive knowing that can be described as a spiritual dimension. The author argues that the 'subtle' is possible via the essence of one's humanity. Richard proposes that 'subtle' in itself is a word that is synonymous with integration – a tentative 'holding' and 'being-with' during the complexities and challenges that face both the trainee and facilitator in the integrative project.

Mark Gullidge and **Sue Daniels'** paper, in workshop format, is a dialogue between two psychotherapists who present a climate of discontent in the political, social and cultural worlds. It raises questions on the impact of the world on psychological well-being and of the importance of bringing the political world into the consulting room. It argues that the practice of integrative therapy, of emphasizing relationship and movement between different thinking, may stand in some way against the increasing conflict and positional thinking in the wider zeitgeist.

Heward Wilkinson considers 'enactment' at the heart of psychotherapy integration. Heward illustrates his thinking by drawing on examples from literature and television, and argues that enactment is not reductive in psychotherapy, rather it is the total medium of psychotherapy.

As is our usual tradition, we publish an example of a student's final written submission for their qualification. In this edition, we include **Sinead Kavanagh's** description and critical evaluation of the philosophy, values, psychotherapeutic theories and methods that guide her work as an integrative psychotherapy practitioner.

Megan Rose Stafford (Editor-in-Chief) and **Maria Luca** (Consulting Editor).

Lissie Wright

How do we Embody Integration?

Abstract

This paper aims to offer some thoughts on the nature of psychotherapy integration. In particular, it considers how we as individuals and organisations might "embody" integration. It proposes that integration can be thought of as a process of integrating new experiences and knowledge rather than a bringing together of different theoretical stances. At the Minster Centre, we see this as an embodied process rather than an intellectual task. The paper goes on to propose three qualities that facilitate integrative psychotherapeutic practice: openness, a willingness to be ourselves, and mutuality. It suggests that as a profession we might also have much to gain from bringing these qualities and a sense of integrative process to our wider roles, as individuals and organisations, in the personal, professional, research, societal, even political worlds.

Introduction

The following paper constitutes what I presented at the UKAPI Conference ('The Heart of Integrative Psychotherapy: Putting Theory into Practice', February 4th 2017) as part of a panel of key note speakers.

The brief for the panel was, more or less, to say something interesting and thought provoking about Integrative Psychotherapy in seven minutes. We were to be a panel of representatives from different integrative trainings – so there was also something else built into the set up about our different approaches and our relationships.

It felt like a tall order and my mind was blank for a while. What did I have to offer as an individual and as the current Director of the Minster Centre? How might I take my place alongside the others on the panel?

I thought perhaps I could offer seven personal thoughts and as a whole they might be interesting and thought provoking. Below I present these seven personal thoughts in detail

1. Words and Titles

I'm interested in how we choose words and titles consciously and unconsciously- and the meaning of words. The title of this conference was The Heart of Integrative Practice: Putting Theory into Practice. The Heart made me think about bodies - viscerally, rather than metaphorically, and from that I came to think of how we embody integration in practice – both actually and metaphorically. At the Minster Centre, the body has been an important part of our training since the early days. Today, students do a very experiential module, 'The Body in Psychotherapy', in year 2, and in the 3rd year are working with 'embodied relationality'.

But, often, these days I am personally thinking about how we run the organisation and how we react to others in that capacity; how do we embody integrative practice in that sense?

What do I Mean by Embody?

The online Oxford Dictionaries define embody as:

- *'be an expression of, give a tangible or visible form to'*

- *'provide (a spirit) with a physical form'*

- *'include or contain something as a constituent part'*

- *' form (people) into a body, especially for military purposes (Archaic)'*

Definitions for the body include:

- *'the physical structure of a person or animal including bones, flesh & organs'*

- *'the physical and mortal aspect of a person as opposed to the soul or spirit'*

- *'the main or central part of something'*

- *'group of people with a common purpose or function acting as an organized unit'*

- *But also, 'the trunk apart from the head or limbs, a corpse'*

And What do I Mean by 'We'?

The obvious thought in the context of this conference was individual practicing therapists, but I thought we also needed to think about ourselves in our other roles: as trainers, as part of organisations, as committee members, as individuals in society. And I was interested in we as a group of training organisations on the panel, and as part of the wider group of organisations that represent therapists and are interested in therapy. We the bodies themselves.

So two interesting questions for me were: How do we as individuals, and organisations and committees give expression to integration? And theory to practice in this context?

2. Integration

This brought me to another, maybe, bigger question: What do I mean by integration and can I articulate it? For me, and the Minster Centre tradition, I am not talking primarily about theoretical integration in the sense of bringing two or more theoretical approaches together (which is not to say that we don't value theory; we teach our students a lot of theory and we teach it rigorously. But it is not what I mean primarily when I talk about integration). I am talking about Integration as a process by which individuals (and bodies) integrate new experiences - learning.

Helen Davis, who founded the Minster Centre, talked about this as a 'progressive' process and a 'natural process'; one where the individual is trying to integrate new experiences and knowledge (Holmes, 2005; Murphy, 1992). And when that process won't or can't work we get stuck and we get into difficulties, a situation where therapy might help facilitate the process.

3. Disintegration and Reintegration

If we are talking about integration, we also need to talk about the disintegration and reintegration. We can't take in new experiences and knowledge without dismantling the status quo. Moments of integration are followed by new states to accommodate new experiences, new knowledge, new situations. This can be a smooth process sometimes, but not necessarily. Sometimes we come up against experiences and learning we don't want to integrate, we are ambivalent about, that are too much for us, that are traumatic. And then we may disintegrate, to a greater or lesser extent and we may need to find ways to reintegrate. I believe people find many ways to do this, therapy is one.

4. How do we Embody Integration?

In one sense, we can't avoid it. We are all bodies and these processes all occur in our bodies. We know this and can think about it in terms of what we understand today about trauma and what we know about neuroscience. I am personally particularly interested in how we embody integration (and disintegration, and reintegration) as organisations and institutions- as bodies corporate. And in how we can consciously do so. Because, good as I think we are at some of this as individual therapists in our therapeutic practice, we are often not so good at it outside of the therapy room. I want to suggest that we would benefit from consciously bringing integrative thinking and being, outside of the therapy room, and into the rest of our professional lives.

I want to suggest below as my final three thoughts, three qualities that facilitate integrative psychotherapeutic practice that we might bring to our thinking about (and to our actions), in the broader, personal, professional, research, societal, even, political worlds.

5. Openness

By 'openess' I mean our willingness to say with unknowing. Helen Davis talked about being interested in many points of view (see interviews in Holmes, 2005; and Murphy, 1992). At the Minster Centre, we ground our trainees in many theoretical frameworks. Have you noticed how, if you read an interesting clinical article, the next week all of your clients seem to be expressing aspects of it? When we have a framework, we tend to think about things within that framework, we see through that lens. When we know about more than one framework then we can think about things with more than one conceptual framework. We can develop different theoretical languages to talk about different experiences and stories. We can wait a little longer to see how we might frame an experience, whether there is an alternative way of approaching it, if another point of view might offer something we can integrate.

There is of course a potential pitfall here if it leads us to think everything is of equal value; that anything goes. Although I am advocating for intellectual and emotional openness I also believe we must not abandon our capacity for critical thinking. We need to be rigorously critical and thoughtful and open to alternative ways of thinking, feeling and being.

And that means perhaps that we have to be open to difference, to holding and tolerating tension and difference within our organisations and between them.

So as a panel representing different organisations, with different histories within an integrative family, we might think about how we can, as siblings, both play and create and be with our rivalries and differences. It would be easy for the reality of personal and organisational competition to be unspoken at such a conference or glossed over to leak out unacknowledged. I was glad that there was banter about which organisation had been offering integrative training longest. I ventured that as the Minster Centre approaches 40 years (2018) we might be the eldest. I reflected that, if I was going to claim, even in jest, the place of eldest sibling, something personally familiar to me, that could be uncomfortable and stuck, but it might also be fluid and fun.

6. Personal

As therapists, we go into the consulting room, ultimately, with what we know - our knowledge of theory, our experience and skills, our unique histories, our self-awareness and, or perhaps in, our bodies. That is what we have to offer our clients. This reminds me of sometimes anxiously revising on the train on my way to teach or when I spoke at the UKAPI conference, but then ultimately, I have to go in there and work with me, with who I am and what I bring. So, I also find myself thinking about how I bring the personal to my work as a manager of staff, a leader of an organisation, a member of a community. How do I consciously embody the personal in these roles?

7. Mutuality

Increasingly, we recognise in therapy the importance of relationship. Many of us have come to think more about the relational dynamic between client and therapist in 'two person' terms - two vulnerable people. At the Minster Centre, as elsewhere, that leads us to work with students to explore deeply their own histories. What Shoshi Asheri (2015), one of the tutors, calls an, "…archaeology of relational patterns and habitual internal positions," (Asheri et al. 2015, pg. 19) as an essential preparation for engagement with clients. So, I am asking myself how I, we, also bring that personal awareness and that mutuality, that intersubjectivity, that awareness and engagement with co-creation to our work, our practice, and outside of the therapy room.

Conclusion

I want to go back to the heart and to some definitions:

- 'A muscular organ that pumps blood through the circulatory system'

- *'The centre of a person's thoughts and emotions, especially love and compassion'*

- *'One's mood or feeling'*

- *'Courage or enthusiasm'*

- *'The vital part for essence'*

- *'The condition of agricultural land as regards fertility'*

- *'A close compact head of cabbage or lettuce' Mmm that may take more thinking about!*

(Oxford dictionaries, on-line) It was an interesting choice for the title of this conference.

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Lorraine Price

Theory at the Heart of Integration

Abstract

This article aims to highlight the importance of having an in-depth knowledge and understanding of our theoretical base when working with complex clients. I identify the risk of psychotherapists accepting new concepts at the expense of earlier ones. From a relational/developmental perspective, I identify why a depth knowledge and understanding of theory is significant in my practice, where a large proportion of my work involves clients with early relational trauma, and I recognise that other practitioners, and integrative psychotherapy as a whole, should be alert to these concerns.

Introduction

When I was asked to give a keynote presentation, as part of an expert panel, at the United Kingdom Association for Psychotherapy Integration (UKAPI) conference, *The Heart of Integration: putting theory into practice* (2017), I connected with my thinking about the particular importance of theoretical understanding when working with complexity. The title of the conference spoke to me because I believe that it is necessary to continue to hold a coherent philosophy for psychotherapy practice, and to work with theory that is compatible with that philosophy. I wanted to take the opportunity to highlight the importance for integrative psychotherapists of keeping in touch with their theoretical roots. Psychological theories provide a framework for understanding human behaviour, thought, and development.

I value highly being an integrative psychotherapist, supervisor, and trainer. I recognise that integration has many strands, and emerges as more than the sum of its parts - this is my experience and it delights me. My philosophical stance is relational/developmental, and using appropriate theories within this philosophy when working with my client, enables us to work together to understand their history, their story and to offer appropriate repair. This does not in any way discount or undervalue the significance of the relationship, on the contrary, without the healing nature of the therapeutic relationship, theory is useless, to me and to my client. The relationship is the vehicle for therapeutic repair and theory can help us, as psychotherapists, to find ways of being most effective in this work. Knowledge of theory provides a framework for a cohesive flow from understanding, through interpretation and into action. A cohesive and consistent framework helps us to address the client's issues most effectively. Theory is a way of conceptualising an issue, and of developing understanding. Knowledge of theory helps both beginners and experienced practitioners, and the application and testing of theory fosters research. Rousseau (1968) considers that, to provide a rationale for why one is acting, one must have thought about it realistically and thoroughly. Without a thorough understanding of theory we are unsure of our trajectory, we may get there, or not. In working with individuals our responses often need to be immediate, in situations that we don't always expect, that may be complicated, or new to us. Utilisation of theory enables us to learn from the experiences of others and add this to our own experiences and intuition, to enable the best outcome for the client. I consider that the

need for a good knowledge of in-depth theory is necessary for working with all sorts of complexity.

How Theories Support Therapy

In my presentation at the UKAPI conference (2017), I gave the example of cake making; I know the basics of cake making, I know that to make a cake you need flour, sugar, butter, eggs, and if I mix them together, put them in a tin and put it in the oven some form of cake-like object will emerge. However, achieving a successful and edible cake requires more than that minimal knowledge. Firstly, a recipe is needed, this is the theory of others, born of their knowledge and experience; the correct ingredients in the correct amounts must be mixed in the required way, placed in the appropriate tin and applied to an oven heated to the correct temperature, for the recommended amount of time. Then a successful and similar cake to that described in the recipe will emerge. Cake-making is a work of both the science of chemistry and the art and intuition of the baker, just as psychotherapy is both science and art.

From the original concepts of Freud and his contemporaries, modern psychotherapies have changed and developed, some have moved away from these concepts entirely, applying other ideas of how human psychology can be viewed and changed. Other therapies have built on and developed from these earlier views of the development of the self to later understanding of human motivations, such as Object Relations theories and integration. My concern is that new developments, and the incorporation of other contemporary understandings, can impact both the knowledge of, and the significance placed upon, understanding the source theories that have formed the original bedrock of relational/developmental psychotherapies. Integrative psychotherapists and trainees within their integration have to hold a number of cohesive ideas from different theoretical bases. This can mean that breadth of knowledge can overtake depth of knowledge.

As primarily important as the relational aspect of our work is, my contention is that we still need to understand the roots of the theories that our work has developed from. In taking on new concepts and theory, we must not lose the connection to our theoretical roots. As a practitioner, I come into contact with many students, supervisors and supervisees, whose training may have focussed on some areas of theory, but without in depth understanding of the development of these theories, or the context in which they were written. My concern as a practitioner and trainer is that in so doing there is a risk that the 'baby will be thrown out with the bathwater', so that key aspects of theory become diluted, and the importance of concepts from theoretical pioneers, such as Winnicott and Balint, may be overlooked in the move to embrace either humanistic relational concepts or cognitive interventions (Price, 2016).

Theory and Complexity

My main area of interest and expertise is in working with clients experiencing trauma, and in particular, clients experiencing sequelae of early relational trauma. Winnicott (1984) describes these clients as those who must address, "…the early stages of emotional development before and up to the establishment of the personality as an entity." (ibid. 1984, pg. 279). Van Sweden (1995) considers that these clients may present with, "…a sense of futility about life, feelings of hopelessness, a belief about no one ever being there, and inability to form meaningful personal relationships, the manifestation of ego deficits, and a variety of other personality disturbances, including depression and/or eating disorders." (ibid. 1995, pg. 208)

Winnicott (1984) noticed similar processes occurring in the relationship between mother and infant, and between himself and his psychotherapy patients. He concluded that the, "…paediatrician and the psychiatrist badly need each other's help…...those who care for infants… can teach something to those who manage the schizoid regressions and confusion states of people of any age……I am saying that the proper place to study schizophrenia and manic depression and melancholia is the nursery." (ibid. 1984, pg. 170-171) I agree, and consider that the theories and concepts identified in the early development of infants can provide us with a map or template when working with regressed clients. Winnicott (1984) considered that: "In the emotional development of every infant complicated processes are involved, and that lack of forward movement or completeness of these processes predisposes to mental disorder or breakdown; the completion of these processes form the basis of mental health." (ibid. 1984, pg. 159) Having

knowledge and understanding of the complexity of the development of self, psychotherapists can view and experience the needs of the client through an informed developmental lens, which enables them to recognize the developmental process and so be able to offer the appropriate response to the ego state of the client.

In working with early relational trauma, the insights from neuroscience and trauma theory have added to our understanding. However, the importance of 'archived' aspects of theory must not be neglected or diluted (Price, 2014) if we wish to offer distressed and traumatized clients the best possibility of repair and development. This may have occurred because training has focused on appropriate developments in the understanding of intersubjectivity, relational depth, therapeutic repair and other theories, but has sometimes resulted in the sidelining of this body of theory and research from the Psychoanalytic tradition. Johnson (1985) identified the issue, saying that: "Large portions of analytic writing are unnecessarily obscure, dominated by an imprecise and often archaic jargon." (1985, pg. 4) However, he recognized that some contemporary developing therapies lacked a theoretical base, which limited the effectiveness of therapeutic work.

Responding to the Client

Having stressed the importance of understanding developmental theory when working with early relational trauma, I must now acknowledge that in the caretaker/infant dyad, the caretaker cannot learn how to nurture by reading about it or being told. However, knowing about the needs of a developing infant is a good place to begin, and with this knowing the caretaker can care for their infant, and intuition and spontaneity can start to develop. This is also true for the therapist; theory and supervision offer teaching and support to help us to find our way with the client, but at some point the client will make demands for something that comes spontaneously and uniquely from the therapist. Developmental attunement, is necessary to meet clients in this way and is described as: "Thinking developmentally, sensing the developmental age at which the client may need therapeutic attentiveness, and responding to what would be normal in a child of that developmental age." (Erskine and Criswell 2012, pg. 2). In order to respond appropriately to their clients, therapists should have an understanding of this developmental need and how to respond. My point is supported in these words (emphasis mine), "But if we sensitise ourselves to *think* developmentally we begin to sense what a traumatised or neglected child of that particular age may require from a caring and contactful adult." (Erskine and Criswell, 2012, pg. 2) Understanding developmental theory in depth enables the sensing of a spontaneous response.

Therapists and theorists have formulated the therapeutic process as one of 'meeting needs' perceiving that these needs existed independently of, and prior to, the therapeutic process. This happens as a result of the theoretical stance, whereby these inchoate feelings are located by developmental theories in early infancy and so a narrative starts to develop in turning these feelings into needs. When these feelings are named as needs, the therapeutic partner can start to do something about them, i.e. either name them and/or attempt to act upon them. This narrative then forms part of the client's story and gives words and meaning to their inner experiencing. It also means that the therapist and the client can share a language which expresses the client's experiences. This then has echoes of the early infancy dyad, where initially the infant experiences and protests, the caretaker is prompted to respond and, in the early days, the source of discomfort may be unclear, so the caretaker tries alternatives in an attempt to offer resolution. Over time, attunement develops and the caretaker recognizes the protests of the infant and is able to more effectively meet their needs. When the therapist fails to correctly attune to the client's needs, the transgression may seem minor, yet the client may experience an impingement which can result in pain or rage. Too many such impingements can result in a return to the despair of childhood, and if this is not recognised by the therapist, the relationship can rupture beyond repair and the client may terminate therapy. Unconscious processes emerging within the therapeutic relationship enable both client and therapist to identify archaic deficits, and so work together to obtain repair. Thompson (1943) identified Ferenczi's (1931) assertion that the inability to work with such clients was more to do with the lack of skill on behalf of the therapist rather than the client being unsuitable for therapy. I consider that it is this potential lack of skill, due to a lack of theoretical knowledge and experience that I am writing about. For example, working with early relational trauma often involves the

process of regression, a re-experiencing of the developmental stage prior to that in which ego damage occurred, in order to offer repair and so allow progression into ego development, which has previously been fixated, to continue (Van Sweden, 1995). To work with this complexity, the therapist must have in depth knowledge and understanding of these early processes, rather than a generalised overview, and manualisation or simplistic interventions will not achieve repair.

Stern (1985) highlights how narratives are constructed in therapy and he sees the clinical infant - that is, the perception of the client's infancy narrative reconstructed in the course of clinical practice - as a construct which is discovered and altered by both teller and listener in the telling. He identifies the competing theories around early life: "The early life narratives as created by Freud, Erikson, Klein, Mahler, and Kohut would all be somewhat different even for the same case material. Each theorist selected different features of experience as the most central, so each would produce a different felt-life-history for the patient." (Stern, 1985, pg. 15) In this way Stern demonstrates how therapeutic narratives are not used simply to discover what actually happened, but also to create, "…the real experience of living by specifying what is to be attended to and what is most salient. In other words, real-life-as-experienced becomes a product of the narrative, rather than the other way around." (Stern, 1985, pg. 15) He recognises that the establishment of a narrative is an important clinical necessity, and in so doing underscores the relevance of theory to this work.

In Erskine's (1993; 1994) works, he describes the necessity for the therapist's attunement to the client's presenting developmental stage at the time, and to provide an appropriate response within a reparative and emotionally nurturing relationship. Understanding developmental theory, the primitive defenses that have developed as a result of a deficient caretaking environment, and working with the unconscious relationship, allows the provision of an informed and effective therapy, where an atmosphere of affective attunement can be developed and the needs and feelings of the client can be expressed and appropriately responded to, these needs may be emerging from archaic stages or from the current relationship. My experience has developed over the years, and this formed my framework and has added to my theoretical knowledge. My countertransference when working with regression involves maternal feelings, and a desire to attune to the infant ego to provide a 'corrective emotional experience' where I will work in areas of the mind prior to the development of language. In these circumstances, then, reliance on the verbal will fail to provide connectedness. Theoretical knowledge can provide an understanding of the defences available to the infant ego, how we might meet the needs of the infant in an adult body, how to contain an infant's fear and an infant's rage in a psychotherapy setting, what to do, and what not to do. This is where in-depth theoretical knowledge helps us.

Addressing early developmental needs aims to help the client to 'catch up' with other aspects of the self, which have not been fixated by failed dependency and the primitive defences surrounding the experience. Dosamantes (1992), in linking the pre-verbal dyadic couple with the therapeutic dyadic couple writes: "While in a state of symbiosis, the dyadic couple blurs the boundaries between them and together they create the illusion of at-oneness with one another. In this merged state, words have little meaning for them, and communication transpires primarily through touch, sensation, and mental images." (ibid. 1992, pg. 361)

Conclusion

In conclusion, I use one last metaphor to demonstrate my meaning; a patient with acid reflux or gall bladder pain may go to see their GP and be given an appropriate remedy which is tried and tested, and is effective. This may well sort the problem out. If not, a referral to a consultant or surgeon may follow. The GP has knowledge of a wide variety of illness and disease and so is able to treat widely. If there is a referral made, that referral will be to someone who has studied, in depth, a particular area of medicine and knows how to treat complexity or offer surgery. Their study has enabled them to develop expertise in this area. I liken my thoughts to this metaphor. Many good and effective results can be achieved by having a wide knowledge of aspects of psychological theory. But when the issues involve complexity, then further knowledge is needed.

I have demonstrated, through use of my area of expertise, why a good knowledge of theory and its application to practice is so relevant in psychotherapy with complex clients. As

a Programme Leader of an MSc Integrative training course, my aim is to develop students as widely as possible. However, training time is packed with many important things to learn, so it is important to me to try to 'light the spark' of interest in 'deep-diving' the theory, and to explain why this is necessary. My intent is to raise awareness of how knowledge of theory can improve effectiveness for both the therapist and the client. Theory can help us to see further, because we stand on the shoulders of giants.

Some of the concepts mentioned in this article are developed further in Better Late than Never: The Reparative Therapeutic Relationship in Regression to Dependence by Lorraine Price (published by Karnac Books in 2016).

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John Nuttall

Out in the Open Air: The Quest for Integration

Abstract

The origins of current-day psychotherapy date from the start of the twentieth century and the growth of four principal forces – psychoanalysis, cognitive-behaviourism, humanistic and transpersonal psychologies. The quest to reconcile these forces is relatively recent and in the last 30 years a professional integration movement has emerged represented by the founding of the Society for the Exploration of Psychotherapy Integration (SEPI) and the United Kingdom Association for Psychotherapy Integration (UKAPI), and 'integrative psychotherapist' is now arguably the most popular descriptor used by psychotherapists. This article reviews the history of the movement, and discusses the issues raised by this quest, and highlights the personal dilemmas of the individual integrationist. Presenting a new descriptive framework this article posits the quest for integration as an evolving personal process rather than a grand profession-wide position. Three entangled modalities of integration called constructive, complicit and contiguous modes, form a developmental framework that aids the individual activity of questioning, inventing, and researching the discipline within its philosophical, professional and social context. In concluding, the article exhorts the profession to view integration as a personal quest, as a way of being, constantly unfolding in relation to the therapist's training, clinical experience and interaction with the world. The result is indefinable and invisible, a pasture we all graze upon, whether we like it or not.

Introduction

The origins of current-day psychotherapy arguably date from the coincidental innovative works of Freud, Pavlov and Moreno at the start of the twentieth century (Corsini, 1995), although the term 'psychotherapy' itself predates their work as a practice associated with hypnotism (Bernheim, 1980). From these origins the three principal forces of psychoanalysis, cognitive-behaviourism and humanistic psychology developed (Clarkson, 1992a; Nelson-Jones, 2001). The more recently named fourth 'force' of transpersonal psychology (Boorstein, 1996) has, paradoxically, a much longer history, grounded in what Frank (1986) refers to as the religio-magical tradition. These forces have become the basis of one categorisation of the psychological therapies profession although other, slightly different, classifications have been proposed (Beutler, Bongar, & Shurkin, 1997; Roth & Fonagy, 1996).

The quest to integrate these different forces has grown in the last 30 years into a recognisable movement within the profession. This movement has been given a number of descriptors, but the principal feature has always been, "…a dissatisfaction with single-school approaches and a concomitant desire to look across and beyond school boundaries to see what can be learned from other ways of thinking about psychotherapy and behaviour change." (Norcross & Arkowitz, 1992, pg. 1) One of the early names was the 'eclectic movement', but the more recently accepted term for this professional alliance is now 'the integration movement' (Hollanders, 2000) and 'integrative psychotherapist' is, arguably, the most popular descriptive title used in the profession

(Norcross, 1997). Attempts to reify this movement saw the formation in the USA of the Society for the Exploration of Psychotherapy Integration (SEPI) in 1982, the British Society for Integrative Psychotherapy in 1987, (now succeeded by the UK Association of Psychotherapy Integration [UKAPI]) and of the European Association for Integrative Psychotherapy in 1993.

UKAPI, "…views integrative psychotherapy as an approach to the psychotherapeutic endeavour which acknowledges the resonances between different schools of therapeutic thought, draws on concepts from various models, and explores client relationships both inside and outside the therapy room." (ibid. 2017) Importantly, the association offers no prescription for psychotherapy integration, nor does it describe what might comprise integration and, significantly, at its recent annual conference (UKAPI, 2017), promoted integration as a personal quest and not just a profession-wide activity.

Notwithstanding this, a leading international advocate (Arkowitz, 1989, 1992) has enumerated the, "…three most frequently employed strategies for psychotherapy integration as, technical eclecticism, common factors and theoretical integration," (Safran & Messer, 1997, pg. 143) through which a, "…proliferation of integrative theories," (Fear & Woolfe, 2000, pg. 337) have developed. Within these strategies several tactical ways of integrating have also been identified, such as the assimilation of various techniques into a core system (Messer, 1992), and complementarity (Goldfried, 1995), the combining of aspects of two or more matching approaches.

Many authors and theorists (quoted in this article) have explored how the many theories of psychological health and disturbance might be integrated and reconciled, and whether they could be considered, as Roth and Fonagy (1996) suggested, "…approximate models of the same phenomena: the human mind in distress." (ibid. pg. 12) As McLeod & Wheeler (1995) suggested, "It may never be possible to achieve coherent integration, to create the 'grand theory", but let the dialogue continue." (ibid. pg. 287) This article is part of that dialogue and represents a contribution to the quest for integration that will, hopefully, help others on their journey.

The Integration Movement

The integration movement has been generally concerned with finding ways and rationale by which the theories and practices of the four forces can be brought together to improve therapeutic outcome. Frances (1988) argued that the first integrationist might have been Freud himself, as Javel (1999) also later affirmed in his article *The Freudian Antecedents of Cognitive Behavioural Therapy.* He asserts that 'classical psychoanalysis' strayed from Freud's original practices which, he argues, converged more with the principles of cognitive behavioural therapy. He urges cognitive behaviourists, "…to look at the works of Freud for insight, inspiration and answers..." (ibid. pg. 406)

Probably the first public attempt to integrate behaviourism and psychoanalysis was presented to the American Psychiatric Association by French (1933) and again by Kubie (1934). Such links were acknowledged also in the UK (Marks & Gelder, 1966) and were developed further by others. For example, Wachtel's (1977) *Psychoanalysis and Behaviour Therapy: Towards an Integration,* contends that the psychodynamic theories of Sullivan and Erikson include understanding problematic behaviour as a conditioned response to interpersonal relations. Wachtel developed an integrative system called cyclical psychodynamics, and was a co-founder of SEPI in 1982. These integrative developments seem to be the antecedents of approaches such as cognitive analytic therapy pioneered in the UK by Anthony Ryle (1990).

With the ascendency of humanistic psychology in the 1960s (Moss, 1999) the different psychotherapy schools were more inclined to share and accept each other's understanding. This was illustrated by the Gloria films (Rogers, Perls & Ellis, 1965), and demonstrated by two important authors of the time. Firstly, Jerome Frank, in *Persuasion and Healing* (1961), identified a number of features common to the psychological healing traditions of different cultures. Secondly, Lazarus (1989) introduced the strategy of technical eclecticism in 1967 with an approach called multimodal therapy. However, probably the most significant integrative approach based on humanistic values introduced at this time was Egan's skilled helper model (Egan, 1975), which Jenkins (2000) argues, "…shares some characteristics of the cognitive-behaviour school and is firmly grounded in the core conditions

of the person-centred approach." (ibid. pg. 163) Transactional analysis, which also flourished in the 1960s, has been similarly described as, "…a multi-faceted system of psychotherapy [that] integrates intrapsychic dynamics with interpersonal behaviours...within a humanistic/existential framework of values." (Clarkson, 1992a, pg.1)

Clarkson (1995) suggested that the postmodern Zeitgeist encouraged a realisation that the so-called 'truths' or meta-narratives of the four forces are, "…fundamentally flawed as singular definitions of reality." (ibid. pg. vii) Palmer and Woolfe (2000) write, "…counselling and psychotherapy are not immune from this tendency,"" and suggested that it, "…led to a growing interest in flexibility of response and bringing together ideas from disparate schools." (pref. pg. xv) Towards the end of the millennium, Gold (1993) described a trend to stop, "…looking for the 'best' therapy to a more pragmatic search for the best of many therapies in order to survive economically and professionally' (ibid. pg. 6), and Newman and Goldfried (1996) highlighted the pressure to improve the cost effectiveness of treatments from insurance companies and government health services; a pressure currently unmistakable in the UK with the advent of the Increased Access to Psychological Therapies (IAPT) scheme. From within the profession, Clarkson (2003) pointed out that, "…the [therapeutic] relationship is consistently being shown in research investigations as more significant than theoretical orientation," (ibid. pg.5) to clinical outcomes; an assertion illustrated by the meta-analysis of outcome studies presented by Asay and Lambert (1999). Roth and Fonagy (1996) present a similar conclusion in their review of psychotherapy outcome research in *What Works for Whom?* Which adds to Asay and Lambert's work by exploring outcome studies by type of illness and client group. Such research supports Polkinghorne's (1992) view that, "…the large number of theories claiming to have grasped the essentials of psychological functioning provides prima facie evidence that no one theory is correct." (ibid. pg. 158) These trends have resulted in the emergence of higher order models of integration that abandon reverence to psychological theories, emphasising instead the quality of the therapeutic relationship *per se.* Prochaska and DiClemente's transtheoretical model (1984), Hobson's conversational model (1985) and Clarkson's five-relationship framework (1995) are pioneering approaches in this vein. More recent attempts to reify this perspective have, paradoxically, led to the nebulous growth of a range of 'new' approaches under the umbrella of relational psychotherapy (Lowenthal & Samuels, 2014).

Notwithstanding these influences, there is, potentially, a more personal imperative seeking resolution in the quest for integration. Horton (2000) argues that, "…personal integration is an individual construction that can be developed to reflect the thinking and practice of the individual therapist." (ibid. pg. 326) Has the integrative quest a deeper psychological meaning for the integrative therapist and might it be part of an advance towards individuation?

The Personal Quest for Psychotherapy Integration

One obvious aspect of such individuation is that of becoming a professional integrative psychotherapist. But as well as being a 'construction' our choice of approach might represent much deeper psychic reconciliation. Sussman (1992), in *A Curious Calling*, suggests a range of underlying self-healing motives for choosing this profession. Sofie Bager-Charlson (2010) reinforces this perspective, and we might all recall the inner turmoil as we moved through training and the allied personal therapy. This link was noted by Victor Frankl: "It may be that each person who develops his own system of psychotherapy writes, in the final analysis, his own case history." (Frankl, 1988, cited in Nelson-Jones, 2001, pg.1). One of the grandees of the integration movement, John Norcross (1990), defined psychotherapy as:

> *"…the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable." (ibid. pg. 218)*

This is probably still one of the most useful overall definitions, and one endorsed recently by the American Psychological Association (2012). However, the underlying methods, stances, principles and purpose are not fully explicated, and there is no sense of the uncertain and subjective nature of the endeavour. Mahrer (2000) points out:

> *"Although the field seems to lack an officially sanctioned list of its formally stated, taken-for-granted fundamental givens and truths, the field is rife with foundational beliefs that are generally presumed, assumed, implied, taken for granted, and occasionally spelled out." (ibid. pg. 117)*

This is apparent in the diversity of metaphor used to describe the therapeutic journey and its outcome. For example, Freud (2001) said in his introductory lectures what psychoanalysis, "… aims at and achieves is nothing other than the uncovering of what is unconscious in mental life." (ibid. pg.389) More therapeutically, Klein (1940) referred to, "…overcoming the depressive position." (ibid. pg. 353). Optimistically, Kohut (1977) aimed for the restoration of the self; and Rogers (1961) for self-actualisation and a fully functioning person. Cognitive-behaviour therapists aim to change maladaptive beliefs and behaviours. Existential therapy explores life's givens and potential. Jungians seek individuation, and transpersonal psychotherapists aspire to transcend the limits of personal identity. These snippets hardly do justice to the approaches mentioned but, nevertheless, illustrate the diversity in the profession.

As a consequence, maintaining an integrative stance has its ambivalence, with periods of apparent understanding and certainty, coupled with periods of confusion and occasional despondency. Twenty years ago Corsini, (1995) estimated there were over 400 systems of psychotherapy. This proliferation has continued, although many of the new approaches are derivatives of the principal forces mentioned earlier, each of which has its distinct epistemology. Nobody has yet discovered the definitive truth of how psychotherapy works, and the research quoted earlier suggests no one approach is more effective than another. Within this context, it is disappointing that the IAPT scheme, although necessary and laudable, has undermined the rich and varied provision of therapeutic services that had built to meet community needs. The requirement, determined by NICE, to provide therapies that meet the criteria of Evidence Based Practice (EBP) has led to a new generation of approaches being developed that purport to treat the dominant presenting problems in primary care of depression and anxiety. Their manualised delivery and apparent predictable outcomes, made the economic objectives of reduced unemployment and social benefit payments seem attainable (Layard, 2006). But as Asay and Lambert's research suggests, we cannot be sure about the mutative factor of any of our models, as a story about the legendary Mulla Nasrudin illustrates:

> *Nasrudin was throwing handfuls of bread all around his house.*
>
> *'What are you doing?' someone asked.*
>
> *'Keeping the tigers away', replied the Mulla.*
>
> *'But there are no tigers around here!'*
>
> *'Exactly, effective isn't it?'*

(Shah, 1999, pg. 74)

Surely, we should expect our training institutions to provide meaning and certainty. Instead, we are presented with diversity, uncertainty, relativism and a range of different ways of talking about similar psychological phenomena we encounter in the consulting room. No doubt this lack of coherence evokes in us the very psychic dilemmas we entered the profession to resolve. For many would-be integrationists it leads to periods of feeling totally abandoned by certainty; and this is especially acute for trainee integrative therapists. Reconciling this complexity and tolerating the incertitude is, probably, the integrationist's central concern. It is an aspect of the quest that might never be resolved, as Jung's retrospective of his life suggests:

> *"The older I have become, the less I have understood or had insight into or know about myself. I am astonished, disappointed, pleased with myself. I am distressed, depressed, rapturous. I am all these things at once, and cannot add up the sum. I am incapable of determining ultimate worth or worthlessness; I have no judgement about myself and my life. There is nothing I am quite sure about. I have no definite convictions – not about anything really. I know only that I was born and exist, and it seems to me that I have been carried along. I exist on the foundations of something I do not know. In spite of all uncertainties I feel a solidarity underlying all existence and a continuity in my mode of being." (Jung, 1963, pg. 392)*

Horton (2000) posits, quite reasonably, that models of psychotherapy are just, "…views or constructions of reality." (ibid. pg. 326). The four principal

forces have little claim to the 'truth' and are merely stories, narratives of the way the pioneers constituted their experiences. Petruska Clarkson used to say after every theoretical seminar, "And remember, it's only one of the stories, the thing we are more certain about is that two people sit together and there is relationship." (personal recollection) For the integrationist this underlying uncertainty raises the awareness of 'not-knowing' and brings some anxiety about how to practice and how to be with others. Such awareness does not bring solace. On the contrary, it disturbs and awakens us. And it is after this awakening that the integrationist needs to be wary of the certitude promulgated by so-called evidence based practice. As Mulla Nasrudin points out:

> *'I can see in the dark,' Nasrudin claimed.*
>
> *'That may be so Mulla. But if that is true, why do you sometimes carry a candle at night?' asked a friend.*
>
> *To prevent other people bumping into me', replied Nasrudin.*

(Shah, 1999, pg. 72)

Shah points out that this is a famous Nasrudin story about how the enlightened manage to live amongst the uninitiated. As students, practitioners and teachers, as well as sometime clients, we need to realise that the certainty, knowledge, enlightenment, or whatever we seek is within. Heraclitus (535-475BC) tells us, "It belongs to all men to know themselves and to think well," and that, "…much learning does not teach understanding." (cited in Kahn, 1979, pp. 41 and 107 respectively) Professional bodies and schools can guide the way, but they cannot direct our inner quest. It is the integrationist's responsibility to question, experiment, search and re-search for meaning and understanding as part of their integrative quest. Carrying a candle is about integrationists, collectively, being more conspicuous; about shining the light so that others can see their presence. Equally, it is to help us avoid the many obstacles presented by integration 'bumping into' us and inhibiting our quest. O'Brien and Houston (2007), who, "… see integration as a corrective tendency in an over-fragmented field," (ibid. pg. 4) discuss a number of 'obstacles to integration', but the most thorough review of such issues was elaborated by Hollanders (2000) who enumerated nine central to the integration debate. I discuss these below, adding one of my own, to signpost a new descriptive framework for the integration process.

Issues for Psychotherapy Integration

The first issue concerns the definitions of *eclecticism and integration*. 'Eclecticism' implies a process of selecting from something already coherent; whereas 'integration' emphasises bringing things together, to make something new and whole. Hollanders sees eclecticism as a part-range on a continuum encompassing the three routes to integration discussed earlier (1997). Similarly, Norcross and Arkowitz (1992) view eclecticism as the interim stage of a move from the segregation of schoolism, to the stage of full integration, the characteristics of which are not yet determined. These conceptions highlight a tension immanent in most integrationists, as Wachtel (1991) describes, "…eclecticism in practice and integration in aspiration is an accurate description of what most of us in the integration movement do much of the time." (ibid. pg. 44)

The second issue raises the *incommensurability of paradigms* (Kuhn, 1970). Can the principal forces of psychotherapy be reconciled in view of their different philosophical or epistemological bases? This applies only to the route of theoretical integration, and raises, "…the issue of whether integration is a viable project at all." (Hollanders, 2000, pg. 34) However, to accept this would undervalue the work of integrationists such as Alexander (1963), Wachtel (1977) and Ryle (1990).

Issue three is about the relationship between *integration and pluralism*, and questions whether the quest for integration is consistent with the postmodern Zeitgeist. This is only an issue if integration is viewed as the search for a single all-encompassing system. If, however, it is viewed as a position or process that individual therapists determine for themselves, then it may, as Norcross and Newman (1992) hoped, constitute, "…an open system of informed pluralism, deepening rapprochement and empirically grounded practice." (ibid. pg. 32)

This leads to the fourth issue about whether integration is a *position or a process*. If the all-encompassing system is unachievable then

new integrative approaches will only add to the proliferation and bring further confusion to the profession. This may be an appropriate transitory stage of getting to the system envisaged by Norcross and Newman above. However, Clarkson (1992b) preferring its dynamic and indeterminate nature, asserts, "…one of the most underlying values is that integration is an ongoing process in a continual state of development and evolution" (ibid. pg. 290)

The issues discussed so far raise the most important question of where the locus of integration lies (issue five), and Hollanders (2000, original italics) posits three possibilities. Firstly, '*Externally*', which is primarily outside the practitioner, in the profession or group, and he suggests the three routes posited by Arkowitz (1992) represent this locus. Secondly, '*Internally*', which is primarily within the individual practitioner, and which, he argues involves being, "…a reflective practitioner,' where, "…this reflection should be as widely informed as possible, by the experience of others, the literature, varied ongoing training, etc." (ibid pg. 38) Thirdly, '*Within the relationship*', which is between the therapist and client whereby, "…it is the client who indicates what is needed, and that she does so by the way in which she relates to the therapist." (ibid. pg. 39) This third locus has been embraced by several integrationists such as Duncan and Miller (2000) in their client-directed, outcome-informed approach and which is, arguably, the precursor of Cooper and Mcleod's pluralistic psychotherapy (2007). Hollanders suggests that Clarkson's five-relationship framework (Clarkson, 1995) is also a prominent example. He concludes that integration should take place in all three loci, and should not just be a profession-level search for a grand design.

The sixth issue is about the *question of commitment* and whether integrative therapists can build a solid enough sense of devotion to such a nebulous project. Hollanders argues this could come from a personal attitude of commitment, "…not to a narrow school but to the whole project of therapy."' (2000, pg. 42)

This leads to issue seven about the *sociology of integration* and the lack of *esprit de corps* amongst integrationists. The major traditions have their own professional bodies and, although UKAPI and SEPI, represent Nasrudin's candle with built up networks and their own journals, greater solidarity is needed to combat the encroachment of competing professions that seem to present greater coherence to service providers.

This is made problematic by issue eight, the lack of a single *language of integration*; although other, prominent integrationists (Messer, 1987) have suggested that integration might be better served by therapists learning several therapeutic languages.

The ninth issue, somewhat provocatively, asks whether the integrationist is a charlatan or *statesperson*. Hollanders (2000) provides some resolution of all the issues, arguing that the integrationist's *de facto* mission is, "…to serve as a kind of 'statesperson' within the field." (ibid. pg. 44) And within this mission is what I consider to be a tenth issue for the quest for integration. It concerns the inward-looking focus of psychotherapy integration that is emerging, bound within the profession and clinical practice. The integrative quest requires people with a view of the world in which they operate, with a policy for the environment and foreign affairs. A policy that addresses the question of whether the psychotherapy models we build, are appropriate for, consistent with, and expressive of the phenomena in the world we experience and have our being. Plato's Republic is probably one of the earliest expositions forging links between human nature and social institutions but in psychotherapy this integrative process is represented by Freud's *Group Psychology and the Analysis of the Ego* (1922), and *Civilisation and Its Discontents* (1930) and in the humanistic school by Rogers (1990) in *A More Human World*. This process is similar in principle to an unnamed fourth integrative strategy referred to by Norcross and Arkowitz (1992), whereby integration is sought with contiguous disciplines such as psychiatry, sociology and, lately, neuropsychology. These external relationships give meaning and credence to the models of psychotherapy we build, and yet this aspect of integration has not been a prominent feature of the integration movement to date.

The Personal Quest for Integration

Many integrative therapists will have started their journey by identifying with the approach of their therapist, or a favourite tutor, whilst in training. As their training improves their knowledge of different approaches they usually begin to look beyond the constraints of a single school to forge links which will lead to some idealised integrative approach that magically applies across a range of clients and psychological

conditions. For many this is quite a purposive and constructive process that resembles Goldfried's method of complementarity mentioned earlier (1996). My personal quest followed such a path and manifested itself in a series of peer-reviewed articles that forged links between theoretical concepts that had personal meaning (Nuttall, 2008).

This relatively simple reconciliation or combination of theories and techniques, which I call constructive integration (Nuttall, 2002a), characterised the early integration movement, and is still dominant today. It is generally made up of the three routes to integration identified by Arkowitz (1989) and constitutes integration with an external locus (Hollanders 2000). At the professional level, the result resembles more of a position than a process, where new approaches are developed usually by a group of professionals, academics or clinicians. Such approaches may then be accepted as validated, received clinical models supported by empirical research or case history. This mode of integration is arguably driven by the professional and economic imperatives discussed earlier, and has received further recent impetus from the IAPT scheme. Fear and Woolfe (2000) point out, "…the increase in debate, courses and societies to promote the interests of integrative approaches has been accompanied by a proliferation of integrative theories,"' (ibid. pg. 337) and I review three well-known integrative approaches that represent this constructive modality, and the three routes posited by Arkowitz.

The first, is the quintessential example of theoretical integration of transactional analysis (TA), first developed by Eric Berne (1961). Its integrative nature was highlighted by Clarkson (1992a) and further affirmed by Tudor (2002) and Erskine (2010). As a precursor to later similar models like Cognitive Analytic Therapy (Ryle, 1990) it represents the principle of complementarity (Evans & Gilbert, 2005). It has a heritage that dates back to French and Alexander and, "…the plethora of different developments in transactional analysis, from the psychoanalytic to the constructionist, is testament to its flexibility and integrative potential." (Hargaden & Sills, 2002) The unifying principle introduced by Berne and his followers is that of ego states, which have associated feelings, thoughts and behaviours, which manifest in relationships with others, in their transactions. Psychological distress is conceptualised as the development and habitual enactment of ineffective or problematic transactional sequences called rackets, games and scripts. TA aims to understand these transactions and their underlying meaning in order to elucidate them in a way the client will recognise and be able to reformulate for the future.

The second example, Egan's skilled helper model (1975), represents the common factors route; it is primarily skills based and concerns the sequence of psychotherapy. This is broken down into the three phases of exploration, understanding and action; with each of these engaging specific relational skills according to the client's needs. Thus, "…far from being rigid and prescriptive, the model is intended to set out how to be with the client, according to the varying needs of the therapeutic process." (Jenkins, 2000, pg. 168) There is a strong resemblance between the common factors associated with positive outcomes listed by Asay and Lambert (1999) and the skills and techniques enumerated in the skilled helper model.

According to Norcross and Newman (1992), technical eclecticism, "…seeks to improve our ability to select the best treatment for the person and the problem." (ibid. pg. 11) It was pioneered by Arnold Lazarus (1989) in an approach called 'multimodal therapy', which is based on a diagnosis of the client's psychological problems across a range of functioning for which he coined the mnemonic BASICID. This represents: Behaviour, Affect, Sensation, Imagery, Cognition, Interpersonal and Drug/biology. Cooper and McLeod's (2007) 'pluralistic framework' also fits this overall definition as it, "…operates as a meta-theory within which it is possible to utilise concepts, strategies and specific interventions from a range of therapeutic orientations." (ibid. pg.135) They argue that it provides a direct means for empirical research to inform practice. Lazarus (1989), also believed different techniques can be used or combined, without the integration of the underpinning theories, arguing that clinical or research based evidence should be the only criterion for deciding which therapeutic interventions are effective and for whom.

Since the turn of the millennium attention has been focussed on the healing effects of the therapeutic relationship *per se* with the integrative quest being viewed more as a personal endeavour that allows flexibility in the relationship with clients. Clarkson's relational framework (1995) represents an important contribution to this perspective

(Nuttall, 2000a, 2002b, 2016). Her works identify an emergent or higher-order paradigm of practice that both simplifies and embraces the plurality and complexity in the profession. From this perspective integration is viewed as an inevitable product of the ubiquitous process of synthesis that comes from relationship and interaction. It is a process acknowledged through the ages; Heraclitus (535-475BC) said, "…conflict (*polemos*) is the father and king of all things,"(cited in Kahn, 1981) and integration seems part of the evolutionary process the ancients called *Physis* (Kahn, 1981). The concept resurfaced in what the medieval alchemist's called the *coniunctio*, a process the *Rosarium Philosophorum* describes as, "…they that were two are made one as though of one body." (cited in Jung, 1946, pg. 85). A more contemporary narrative is supplied by the theories of chaos and complexity (Stewart, 1997), and Isham (1995) argues that the concept of quantum entanglement suggests at a fundamental level objects are, "…inextricably linked or entangled...in a sense, they simply cease to be independent things, and one can only describe them in relation to each other." (ibid. pg. 27).

Complicit integration takes this facet of relationship and views integration not so much as a 'quest' but as something contemporary science might consider a strange attractor or emergent phenomenon. Stewart and Cohen (1997) define emergence as, "… the appearance of recognisable large-scale features in a system whose chain of small scale causality are far too intricate to describe let alone follow in detail." (ibid. pg. 149) In other words, 'simplicity' emerges from 'complexity'; it happens through an iterative process they call 'complicity'. In *Figments of Reality* they argue that the human condition embodies, "…complicit interaction between culture and individual mind, each shaping the other." (ibid. pg. x) The book expresses a somewhat Heraclitian view of the world as a place of interaction and flux, the reality of which we can never truly know. In deference to this view I adopted the word 'complicit' to describe those integrative approaches that seem to demonstrate such emergent and higher-order features (Nuttall, 2002a). Clarkson's relationship framework (1995) and the transtheoretical model presented by Prochaska and DiClemente (1984) seem to have the characteristics of this process. Others too have identified emergent relational modalities (Gelso & Carter, 1994; Greenson, 1967; Kahn, 1997), although these have not been developed into integrative models of therapy.

Clarkson (1995) distinguished five primary modes of therapeutic relationship, which Hinshelwood (1990) described as, "…an attempt to find a perspective from which an overview might become possible...instead of having incompatibilities we have different priorities and emphasis." (ibid. pg. 129) Hollanders (2000) describes it as an, "… integrative approach based essentially on the nature of the therapeutic relationship," (ibid. pg. 23) which Clarkson argued could represent, "…a possible integrative framework for the different traditions." (ibid. pg. xiii). Similarly, Prochaska and DiClemente's (1984) approach has been described as a, "…higher-order theory of psychotherapy that can draw from the entire spectrum of the major theories." (cited in, Prochaska & Norcross, 1999, pg. 491) Exemplifying the principle of complicity, they write, "…in colloquial terms, we have identified the basics of how (process), when (stages), and what (levels) to change." (Prochaska and DiClemente, 1984, p. 505, my underlining) These approaches bring a new perspective to psychotherapy integration that is about understanding the simplicity, the essence, or the core of what we do as psychotherapists. They are, "…predicated on the belief that the current relativism can be transcended by discovering or constructing concepts that cut across the traditional boundaries of the psychotherapies." (Prochaska & Norcross, 1999, p. 491)

Earlier, I referred to Hollanders's ninth issue of 'acting as a statesperson' and the need to consider the professional environment in which integration takes place. This highlights a third modality to the integrative quest that reflects how psychotherapy relates to, and explains, the world we experience and in which we live. It considers psychotherapy not only as a meta-psychology of the individual, but also of the group, organisation and society, and exhorts engagement with the world and other disciplines, such as neuroscience, sociology and anthropology. In the quest for integration such contiguity or internal-external correspondence is useful in testing an approach's robustness and efficacy. Accordingly, I call this modality contiguous integration (Nuttall, 2002a). This principle of interrelatedness is traceable to Heraclitus (535-475BC) who wrote, "from all things one and from one thing all,' and is exemplified by the Hermetic adage, 'as above, so below' (Marshall, 2001, pg. 251) and the Kabbalistic aphorism, 'so too does the lower sphere affect the upper' (Hoffman, 1996. p. 167). In psychology, Freud probably

first demonstrated this integrating imperative with *Totem and Taboo* (1913) and later in *Group Psychology and the Analysis of the Ego* (1922). These works represent how modern psychotherapy has had, "…an ambition to give therapy to the world." (Samuels, 1995 [video reording]). Similarly, Freud's *Project for a Scientific Psychology* (1895) was an early attempt to integrate psychoanalysis with the more recognised biological sciences; a synthesis apparent in the work of Bowlby (Mitchell & Black, 1995) and, more recently, Schore (2001).

Echoing Samuels's comment above, Menzies Lyth wrote: "Psychoanalysts have been interested in society and its institutions since ever there were psychoanalysts," (1986, pg. 284) and it was probably Bion (1961) who developed the psychoanalytic theories that became the mainstream explanatory paradigms for group and organisational behaviour (Jacques, 1955; Menzies Lyth, 1986; Kets de Vries & Associates, 1991; de Board, 1995). At the political level, Moses (1987) and Elliot (2005) show how psychodynamic processes affect, and often hinder, the political process of conflict reconciliation, such as those affecting the Middle East and Northern Ireland. More recently, Layton, Hollander and Gutwil (2006) have compiled a, "… book that represents a radical psychoanalytical appreciation of the interpenetration of subjectivity and the socio-political order." (ibid. pg.2) In the humanistic school, Gordon (1951) explored the applicability of Rogerian principles to leadership and administration, and Berne's concept of ego states and transactional analysis have been used to understand organisational dynamics (Berne, 1963; Nuttall, 2000c), group treatment (1966) and interpersonal games (1968). Jung offered one of the most extensive elaborations of contiguity in the history of psychotherapy. Hauke (2000) refers to him as a cultural theorist whose approach, "…addresses the gap between contemporary collective norms, values and truths on the one hand, and the variety of beliefs, desires, experiences and 'rationalities' individual subjects encounter, on the other." (ibid. pg.1). My contribution to this contiguous process has covered a range of social phenomena (Nuttall, 2008) which, on a personal level symbolised my struggle to reconcile aspects of my being, my social life, professional career and personal aspirations.

These three dimensions emerged from a heuristic self-search inquiry of my own quest for integration (Nuttall, 2006). Through this journey, I moved from a conceptually naive position of seeking an ideal system, to one of accepting psychotherapy integration as a continuous process; something necessarily personal and contextual and, therefore, at the profession level, diverse yet inclusive. It represents a developmental process: firstly, of reconciling parts (theories, techniques, factors), secondly, of then seeing larger scale features or higher order patterns whilst, thirdly, dialoguing with the world, with other disciplines and social artefact. It is a process redolent of a number of developmental models. Stern (1985) describes how the infant first integrates a range of experiences that form the basis of the core self, which is then extended by interaction with others for a sense of a subjective self to emerge. A Kleinian metaphor also seems applicable, as there is movement from part-object splitting to depressive position wholeness negotiated by projection and introjection. A Jungian alchemical metaphor also seems applicable as the *prima materia* of the four 'forces', rather like the ancient elements, undergo a *coniunctio* in search of the elusive philosopher's stone, a metonym for the integrative quest. The similarity of the integrative quest I describe with these developmental models suggests this conceptualisation might be meaningful for the profession.

Conclusion

Hollanders (2000) proposed that the integrationist's job is:

> *"...to develop connectedness with the different parts of the field, to stand between the various schools, to encourage dialogue and debate, and to find ways of helping each to discover and respect the contributions of the other. In short, her role is to serve as a kind of 'statesperson' within the field." (ibid, pg. 44)*

This represents an optimistic prospect and there is need for communication and dialogue at a profession-wide level. But this must also encourage the continuous and individual quest for integration that can only take place within the person of the therapist and mediated within the therapeutic relationship. The individual may take their lead from other more experienced or learned practitioners whose approaches might be already well-developed and recognised in the profession. But, as the recent UKAPI conference emphasised, it

is still, as Norcross and Arkowitz (1992) wrote, "… premature to advance any one integrative system...I urge students, in the integrative spirit, to take the 'best' from each model and to discern converging themes for themselves." (ibid. p. 23) The process is necessarily a personal one, as Bion (1962) affirmed in respect of the various psychoanalytic schools; "… as a method of making clear to himself the analyst needs his own book of psychoanalytic theories that he personally frequently uses." (ibid. pg. 39)

The framework outlined here for the integrative quest is intended to promote the activity of questioning, experimenting, discovering and inventing, and of researching the discipline of psychotherapy in relationship with the world we seek to understand and in which we, and our clients, have our being. The quest should be viewed more as a way of being, constantly becoming and unfolding, rather than something with a determined and sedimented end. The upshot of this is that integration happens at the level of the therapist and not necessarily at the level of the profession, school or clinic. It is a personal quest that develops within the context of an individual's skills, knowledge and philosophical outlook and must, therefore, in its professional expression, inevitably embrace diversity.

This view is not an invitation for anarchic relativism or poor eclectic practice. As Evans and Gilbert (2005) assert, "…any model of integration [integrative model of psychotherapy] needs to offer a coherent conceptual framework that reflects a consistency between philosophy, theory and practice." (ibid. pg. 149). However, it is an admonition to abandon rivalry and the certitude of ideologies and not to forsake the quintessential element that our experience tells us matters above all, the quality of the therapeutic relationship. Rumi (1991) expresses this beautifully:

Out in the Open Air

There is a kind of food

Not taken in through the mouth:

Bits of knowing that nourish love.

The body and the human personality form a cup,

Every time you meet someone,
something is poured in.

When two planets draw near, they affect each other.

A man and a women come together
and a new human being appears.

Iron and stone converge and there are sparks.

Rain soaks the ground and fruits get juicy.

Human beings walk into a ripe orchard
and a happiness enters their soul.

From that joy emerges generosity.

From being out in the open air appetites sharpen.

The blush on our faces comes from the sun.

There is a majesty in these connections,

A grandeur that has an invisible quality.

Mohammed's horse, Boraq, Arabian
stallions, and even donkeys,

Every creature grazes there,
whether they like it or not.

(Coleman Barks – Rumi: One-handed basket weaving)

Hopefully, the 'grandeur' of the quest for integration will lead eventually to a pasture where, as Hubble, Duncan and Miller (1999) assert, "…the survival of the mental health professions, in other words, will be better ensured by identifying empirically validated treaters than empirically validated treatments." (ibid. pg. 438).

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Tree Staunton

Bath Centre for Psychotherapy and Counselling: Our Integrative Model

Abstract

In this paper I expand on a presentation at the United Kingdom Association for Psychotherapy Integration (UKAPI) conference 2017, where I was an invitation speaker. I present the approach to training at Bath Centre for Psychotherapy and Counselling – both the pedagogy and the underlying philosophy – which remains an integration of Humanistic and Psychoanalytic traditions. I discuss how BCPC has embraced intersubjective Systems Theory, and developed a psychobiographical approach to teaching and research.

Introduction

It was a delight to meet together again in February, at the UKAPI Conference (*The Heart of Integration: putting theory into practice,* 2017) as integrative training organisations – to enjoy the various exchanges throughout the day, and to reflect on how much we have developed in the 18 years since UKAPI was founded. Integrative trainings are in the ascendancy, and we are experiencing a popularity and demand for training which is unprecedented.

As part of an expert panel and contributing on behalf of BCPC, I began my keynote by reflecting that we have been training counsellors and psychotherapists in an integrative model for 33 years; Lissie Wright, the Director of Minster Centre, followed by saying, "We have been offering training for 40 years" and this prompted a later question from the plenary, "What about the competition between you?" My first response was practical – I suppose that being in Bath we are geographically distant from the London trainings and a different catchment area, so it is very clear that we are not competing for business. But when I returned 'home' to BCPC and reflected on this question I wondered whether it was also asking if there is competition over the best 'integrative model'- and this is a more interesting question – is there an integrative 'model'?

I think one of the reasons that we all continue to grow and develop as trainings is because of the individual and distinct characters of each organisation. This was very clear to me when I was Chair of the Humanistic and Integrative Psychotherapy (HIP) College of United Kingdom Council for Psychotherapy (UKCP) – that each organisation brought something unique to the College – not just in terms of interests and theoretical orientation, but some 'other' quality which is hard to define….their 'character'. There is no doubt that those who train with each of our organisations see themselves as that 'brand' of therapist long after they complete their training, and their professional identity is shaped by their original training, even when they go on to include other approaches.

The Unique Character of BCPC

What is it that forms the 'character' of an organisation? Some say it is the psychic make up of its founders which leaves a lasting imprint, creating 'tendencies'. The one characterised by staff over the years in BCPC is of overwork and over caring - being somewhat 'burdened' and over responsible. But it seems to me that this 'character' develops and changes over time and through the countless interactions and creative input of its participants. With this in mind I sent an email out to our students and graduates asking: *'Who is BCPC? If it was an animal what would it be? And if it was a character in a film who would it be?'* Here are some of the responses - as varied and vibrant as our members:

"I am settling on elephant, because I feel the bonds are strong with an instinct to protect the weak and vulnerable, yet at times individuals will be left to fend for themselves, if their actions threaten the group. In times of crisis, the wise elders will lead the group to safety."

"BCPC is a Badger...Inquisitive, resourceful, community orientated, and unflinchingly brave when required."

"For me BCPC is the life cycle of a butterfly. We start as eggs closely together and hatch into larve/ caterpillar. We just eat at this stage! We shed our skin several times as we grow. When we have finished growing as caterpillars our next stage is as a chrysalis, we build this to protect ourselves, it is a resting time. It is also a changing time, as we transform, inside our chrysalis into a butterfly. Our last stage is the opening of the chrysalis as, the imago, butterfly, emerges. At first our wings are soft and moist but we grow stronger and our colour is rich. We need practice to fly but fly we will and soon we will mate and lay our own eggs. That's what I feel about BCPC. A process of shedding and rest and transformation and colour."

In terms of a film character my favourite responses was:

"Sean Maguire (Robin Williams), the psychologist in Good Will Hunting… for his wacky, but loving approach to psychotherapy. Not quite a BCPC graduate, but his willingness to take it where it needs to go in order to make and stay in relationship with the boy Will (Matt Damon), brings to mind the dedication of the team at BCPC to finding what is needed for each and every individual!"

An image came to one student of an 'Egyptian Ank' - a symbol of eternal life – or perhaps of some life giving qualities?

Many wrote, "What immediately came to me was…" and so entered into a communication with their 'unconscious' or 'felt sense' in a way that would be familiar in the training and work at BCPC. Experiential learning has been a key component of training within humanistic psychotherapy and counselling organisations, expressing a fundamental belief in self-actualization: the capacity of an individual to interact with their environment in order to develop and thrive and find their own unique expression of self. This is where every student at BCPC begins. Their foundation is in understanding and practicing the 'core conditions' which Rogers formulated as an antidote to the medical model of psychoanalysis. Pedagogically we are saying, "You have to start with you, here and now." For many adult learners it is a process of 'undoing' what and more importantly *how* they have learnt so far. Like the client who comes to therapy expecting to be 'fixed', the student quickly learns that they are the thinker, the theoretician, the experiencer and the source of learning; that it is their interaction with the theory which brings it alive and makes meaning. How else would they become therapists? Without that 'inner knowing' and a connection to their subjectivity, how would they be able to become a resource to the client in the consulting room?

BCPC's Training Approach

Whilst BCPC's training approach is based on an informed appreciation of the historical roots of theories within the field, across a spectrum from Humanistic to Psychoanalytic, the underlying philosophy is Humanistic, and the theories that are embraced are in line with that approach. Our core values (which can be found on our website and in our prospectus) state that: *We recognise and encourage the unfolding of human potential in therapy, education and beyond and we encourage the potential of the individual in becoming more real, in touch with*

his/her core or true self, and internally connected. And that in our relating, neither theory nor technique should impede an existential meeting.

One of my favourite BCPC core values which I mentioned in the plenary is: *Truth is uncovered, perhaps created, by the relationship in therapy, not by the practitioner's theories.* To hold to this as ethical practice requires patience and discipline, and we acknowledge that *to honour these values requires the risk and struggle of wholehearted engagement.*

One of the most important teachings taken from the Humanistic tradition is the idea that experiential learning - which includes the body, and the imagination - leads to authentic theoretical integration. Our integrative model includes specific focus on body process and embodiment, and in so far as it recognises the interconnectedness of all life, is inherently spiritual. In terms of integration of theory into our practice it may be less important *which* theorists we study than how we study them. However, in addressing the 'key challenges' of an integrative training, there is a real question as to which theories to include and *how* to allow these to unfold in a meaningful way so as not confuse the student.

The questions which might arise are: why do we need to learn Freud in a postmodern era, when the thinking and the practice is out-dated? Why not just focus on modern theorists, or more systemic thinking? It has been said that you cannot understand where we are now if you don't know what went before, and when our learning is based on experiential methodology our 'knowing' goes far deeper. As a body psychotherapist, my first theoretical understandings came from Reich (1980) but in later study, if Winnicott (1965) had not spoken to me so deeply, I would not have known that Reich had not. Winnicott comforted me with his language, and I sensed him speaking with a maternal voice, whereas Reich's voice I received as more mechanical and objectifying, and at times judgmental. Ironically, although I liked Reich's ideas, my body sense opened more to Winnicottian language than Reichian. There is always a 'felt sense' of cultural nuance behind the thinking, which we process in the background of reading their 'theory'. Cultivating an interest in very different theories and approaches gives us the opportunity to see things from many different perspectives. One of the key understandings of BCPC trainees is that theory becomes integrated within us at all levels of our being, and we invite the recognition of it 'speaking to your experience'.

A capacity to be critically reflective of all theory, and also of our own thinking, is crucial in a world threatened by dogmatic interpretations and systems of thought, and is essential for the development of our research as practitioners. BCPC's collaboration with Middlesex University since 2004, has brought a significant strengthening of the academic aspect of our programme, but also an overall integration of the clinical and academic aspects. I would say that supporting the development of critical thinking has been a major focus within this. Critical thinking comes from dialogue about difference, and a failure to recognize one's viewpoint as particularized or subjective amounts to a state of non-differentiation from the object world. Following in the footsteps of Husserl (1964) and Heidegger (1962), Gadamer's (1991) hermeneutic phenomenology informs our philosophical underpinning that we are *all* prejudiced since our thoughts and feelings are based on the limits of our experiential horizons.

Meeting in the Middle: The Relational Turn in Psychoanalysis

Whilst Humanistic psychology was from the outset, a 'two-person psychology' we have seen the development over time of an approach within the psychoanalytic tradition which has embraced subjectivity as a more fundamental principle of therapeutic interaction and in some important ways it seems to me that humanistic and psychoanalytic strands have 'met in the middle'. The prevalence of real life trauma presenting in the consulting room led psychoanalytic theorising to embrace the 'actual' events in people's lives and to shift away from 'drive theory' and notions of unconscious fantasy, towards a clearer understanding of 'relational trauma'. Just as Kohut and Self Psychology was a bridge between the inter-psychic and the relational theories, it became a bridge for us in terms of a shared clinical approach based on empathy. What has come to be known as the 'relational turn' in psychoanalysis then,

is the response to clients' *lived experience*. Relational theory has been described as "…any theory which assumes that development and unconscious phenomena are situated within, and marked by, relationships not drives." (Layton 2008, pg. 3) In the relational paradigm the interactive process is primary, and this changes everything. Jessica Benjamin's writing on 'mutual recognition' and her rewording of Freud's famous idiom[1] to, "…where objects were, subjects must be," (Benjamin, 1995, pg. 29) has been central to the dialogue and has been described as an 'intersubjective dictum'. We found resonance with these theorists, and the notion that an individual can be *found* through dialogue chimed with our own thinking.

Stephen Mitchell and Jay Greenberg in their groundbreaking comparative analysis *(Object Relations in Psychoanalytic Theory, 1983)* note *(italics mine)*:

"We had struggled to help students grasp something of the larger context from which various traditions of psychoanalytic theorizing have emerged……..but found that it was impossible to teach Sullivan as if his approach was entirely *sui generis, having nothing to do with his complex and often ambivalent reaction to Freud*," (ibid. 1983, pg. 1) indicating that relationship issues were entwined with theorising. They go further to introduce context, explaining that, "…the intricate theoretical emendations introduced by Freud's loyal followers could not be understood fully without realizing that they had been created at a time when the basic premises of Freud's original model were under attack by the interpersonalists, the culturalists, and the object relations theorists." (ibid. 1983, pg. 1)

Breaking new ground in the development of theory has never been straightforward, but the indications are that it involves highly personal and subjective inter-relationships as well as being contextual. The breakdown of the relationship between Freud and Jung has been well documented, and we see throughout the history of our profession that there have been splits and division. We have witnessed this in the early days of UKCP with the breakaway of psychoanalysts and the difficult relationship between UKCP and the British Association for Counseling and Psychotherapy (BACP) over the years. Why is it so hard to agree?

Teaching Theory Psychobiographically

In the early nineties, BCPC became very interested in Stolorow and Atwood's ideas, elucidated in *Faces in a Cloud* (1979). They were struck by the lack of consensus as to the basic conceptual frameworks in psychology, and came to understand that all personality theories are at least partly subjective and pre-theoretical, and that rather than being based on any empirical fact they arise out of a theorist's own personal reality, and experience of the world. They suggested that no theorist offers definitive statements on the meaning of being human unless he/she feels that they offer a framework for understanding his/her own life. Jung, they say, had pointed to the 'problem' inherent in studying the psyche, that the psyche is not only the object but also the subject: "The observer is the observed." (Stolorow & Atwood, 1979, pg. 5)

In *Faces in a Cloud* (1979), they present analyses of four major personality theorists from a psychobiographical perspective: Freud, Jung, Reich and Rank. So for example, in their analysis of Freud's early life they note that he, "… enjoyed a positive and relatively undisturbed relationship with his mother during the first months of his infancy," and they surmise that, "…this early period involved an unusually intense narcissistic enmeshment." (ibid. 1979, pg. 39) However the birth of his brother, when Freud was 11 months old, and his subsequent death when Freud was 19 months old, they see as formative experiences which seemed to prevent Freud from owning his jealous rage, and processing his ambivalence towards his mother. In Stolorow and Atwood's (1979) view, then, it is no surprise that in Freud's metapsychology, "…the sources of evil were located not in the parents (mother) but rather in the child himself, in his own sexual and aggressive impulses which emerge, according to an innate, biologically predetermined sequence in relative independence of environmental influences." (ibid, pg. 53) It is also no surprise that Freud could not countenance a theory in which an imaginary 'bad breast' featured.

1. 'where Id was ego shall be' Freud 1991:112

'Why do I think what I think?' has become so much a part of postmodern theorising, especially in our field, that it is hard to remember a time when we did not question in this way. At BCPC we have, from the beginning, implored students to 'hold theory lightly' and repeated that 'no theory is the truth.'

Intersubjective Systems Theory

Since 1995, our psychotherapy training has also embraced Intersubjective Systems Theory (IST) more fully, teaching the theory and dialoguing with the theoreticians – in particular with Donna Orange who is an Honorary Fellow of BCPC and visits regularly. She would say that from a clinical point of view, intersubjectivity is not so much a theory as a *sensibility*. She says that the most important shift for many clients is, "the self-experience as a worthy participant in human conversation," and this is achieved, "because the analyst is able to be flexible and vulnerable, to *respect patients' expertise on their own experience*, and to find ways of connecting with desperate and despairing people." (Orange, 2010, *italics mine*) This brings us back to one of our fundamental humanistic tenets.

"Intersubjectivity theory can be understood as part of a wider paradigm shift taking place in Western thought" (Shaddock, 2000, pg. 17), and this shift has allowed us to embrace IST as fitting with our humanistic paradigm – phenomenologically, speaking to our lived experience. Furthermore, in re-defining Psychoanalysis as, "…a study of the intersubjective field created by two differently organized subjective worlds" (ibid, pg. 19), words have been given to the ways in which humanistic psychotherapists have been practising all along. These ideas – that we are not the expert, not infallible, and that we as therapists participate in the therapy - may not be as new to humanistic psychotherapy as they are to psychoanalysis, but we certainly have not in the past engaged with this as consciously or with the *sustained self-reflective attitude* that Donna Orange encourages.

A key notion in Stolorow and Atwood's thinking which impressed itself upon us at BCPC, was the significance of context in relationship, and the recognition that the foundations of psychological life are intersubjective. Their explication of, "the myth of the isolated mind" (1992, pg. 7), gave us a solid foundation for moving away from the tendency to reify psychological concepts in teaching of theory, and I think allows us more 'room to grow' in thinking about ourselves as human beings. BCPC's integration of humanistic and psychoanalytic thinking is further deepened by an understanding of the dialogical philosophy of Martin Buber, who, writing at the same time as Freud, focused on the primacy of 'meeting' between persons. Where the intersubjectivists, out of the analytic tradition, provide a developmental framework for understanding ourselves in relationship, the dialogical model emphasises the therapeutic encounter, where two subjects meet in a fully human way, as an end in itself.

At BCPC, our engagement with intersubjectivity theory has enriched our thinking as integrative psychotherapists and helped us contextualize and position ourselves, but more importantly perhaps has offered a new way of teaching and researching – our psychobiographical approach. We had already begun to approach theory in this way in our Foundation training, for example in looking at the topic of 'Psychotherapy and Politics' there was the question, 'How has your cultural and family background informed your political viewpoint?' But Stolorow and Atwood's thinking took us further into looking at all our theorists with fresh eyes.

Teaching Theory Psychobiographically

One of the manifestations of our move away from reification of theory was the teaching of theory psychobiographically. What this means is that we include from the beginning, a link between a person's life experience and their way of thinking and being. For BCPC students starting out in psychotherapy training, their first essay invites them to reflect on their psychobiography and consider how their life experiences have impacted on their world view and shaped their relational patterns and 'emotional convictions' (Orange, 1995). This is the underlying 'blue print' that they carry forward with them in all their subsequent writing. After being introduced to the four psychobiographies written about

in *Faces in a Cloud* (1979), students choose other theorists to research, and to make their own connections as to how the theorists' metapsychology and approach may have been influenced by their personal history.

Understanding the relationship between a theory and the life of the theorist not only emphasizes subjectivity, it brings about a compassionate understanding that all theorizing arises out of a relational matrix. No one is more 'right' than another. Learning in this way helps us to expand our own relationship to theory, giving us room to breathe and reach an embodied understanding. A theory is only useful if it speaks to us and creates personal meaning, and this is also what makes it clinically useful - that is, how much it is 'alive' in us.

Research within a Psychobiographical Perspective

This approach carries through to the research process in the final year as students prepare to submit their papers. In a psychobiographical research approach, the self of the researcher is primary, and the topic they choose is a deeply personal one. Their research brings about personal transformation, described by Moustakas (1990) as Heuristic inquiry: "The question is one that has been a personal challenge or puzzlement in the search to understand one's self and the world in which one lives. The heuristic approach is autobiographic, yet with virtually every question that matters personally there is also a social – and perhaps universal significance." (ibid. 1990, pg. 15)

Given that intersubjective and dialogical approaches are both rooted in the tradition of phenomenological enquiry, it makes sense for BCPC students to view their chosen research methodologies through this lens. Three particular methodologies are introduced: *Imaginal Research* (Romanyshyn, 2007), *Heuristic Research* (Moustakas, 1990), and *Embodied Research* (Todres, 2007). All have relevance in terms of application to psychotherapy practice. At its heart, heuristic research holds the promise of a new contribution to a particular question about human experience, the possibility of generating new insights into old problems, the development of new understandings for the researcher him/herself and for the readers of the research.

It will be evident from all that I have said about training, that embodied enquiry is, for BCPC students, a natural practice to be adopted and incorporated into their research methodology, and that writing would be 'experience close'. In 2008 following the publication of *The Wounded Researcher* (Romanyshyn 2007) we adopted *Imaginal Research* as a methodology. As Romanyshyn indicates: "The term 'imaginal' was coined by Henri Corbin to differentiate a region of reality that is intermediate between sense and intellect and that mediates between them." (ibid. 2007, pg. 80). Techniques of active imagination and visualization, with which BCPC students are highly familiar, are used to explore this intermediate world, considered by Jung and his followers to be the world of the soul.

Robert Romanyshyn was an invitation speaker at our members' conference in May 2014 when he also offered supervision groups to students writing up their dissertations; this was a valuable and enriching experience and we look forward to a further visit from him this summer. We are extremely fortunate to be able to have these ongoing dialogues with the theoreticians and writers who influence our thinking so that we can continue to develop our teaching and research methodologies. Furthermore, great credit goes to our alumni who have contributed profoundly moving and rich research studies to add to the expanding body of knowledge in the field.

'And one more thing…' – my colleagues present at the conference laughed at my plenary contribution which ended with several such sentences…..the diverse and skilled teaching staff at BCPC make it what it is – a forum for robust debate and dialogue, close and formative relationships, and a place to be 'found'.

Conclusion

Over and above the teaching and practice what is quintessential in any training is the personal development of each student, which is facilitated through a personal therapy

process throughout training and the 'open group' on the course, offering a forum for interpersonal learning. Of equal importance to the teaching are the deep bonds between trainees formed over time and wrought through struggles and mutual recognition.

At the end of the day what makes a psychotherapist is not how much they know, but their ability to be present - to themselves as well as the client - to remain in dialogue and to meet the other person without compromising their own well being. This is a process which calls for resilience and self searching, and one which happens over time. A BCPC psychotherapist is unlikely to complete their training in less than 7 years. And as we all know, that is just the beginning.

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Maria Luca

Understanding and Handling Sexual Desire in Therapy – A Relational, Integrative Perspective

Abstract

This paper, on a topic I have been researching for a number of years, culminating in my recent book (Luca, 2014), aims to give sexual attraction as a therapeutic experience, the attention it deserves and create a forum for further professional reflection and debate. Despite several publications in the literature, the topic continues to remain taboo, both in terms of therapists working with it and trainings continuing to neglect making the subject core to their curricula. A review of the literature highlighted a wide spectrum of publications on the erotic, dating back many years with some early psychoanalytic admissions of therapists falling for their clients; others warning of the harm to clients in boundary violations where therapists become sexually involved with their clients; and other recent attempts to normalise sexual feelings in therapy. While the literature review in this paper is by no means exhaustive but selective, it aims to focus on an overview relating to the key areas discussed. A relational, integrative perspective forms the nucleus and is weaved into key ideas presented. This is a revised version of an article that first appeared in The Psychotherapist (2015).

Introduction

"It does not take particularly great powers of observation to see that sexual matters are everywhere, that sexual meanings infiltrate and imbue our daily interactions, that sexual glances are forever being made, that sexual fantasies quietly attend our dealings with numerous people, that a person's gender and sexual attractiveness fundamentally determine how we react to him or her…

(Giles, 2008, p.2).

Sexual attraction is part of human relationships and recognised as such through references to erotic, or romantic love which involves an emotional and physical union and a desire for the otherness in the loved one (Jeanrond, 2007). It manifests in psychotherapy too and when it does, it raises anxiety, confusion and fear among therapists (Pope et al., 1986, 1993), mostly due to the ethical and professional codes that strictly prohibit physical union between client and therapist. Historically, the literature speaks more readily of platonic love between therapists and clients, what Rogers (2004) borrowed from the Greeks, namely agape, containing non-sexual loving feelings, empathy and understanding, containment, holding, challenging and affirming, and postulated it as key to a facilitative process and a successful therapy. The idea of sexual feelings continues to be located in the domain of romantic love between partners, described as a desire for union, an appreciation of otherness culminating in an intimate relationship. "*Literature on sexual attraction in psychotherapy relationships before the 1980s was limited to some brave admissions by psychoanalysts who experienced sexual feelings, fantasies and desires for their clients.*" (Rappaport, 1956; Searles, 1959, cited in Luca, 2016, p.27) In the last twenty years there have been advances in the study of the erotic in therapy as well as further admissions by therapists of sexual feelings that take place between

client to therapist, therapist to client or mutual (Orbach, 2000; Schaverien, 1995). Recognition in the 1960s that sexual involvement between therapists and their clients was a widely occurring phenomenon, despite the professional proscription of such relationships, led to research focussing on transgressions and the harm that these caused clients and therapists (Epstein, 1994; Gabbard, 1997; Gabbard, & Lester, 1995; Kernberg, 2004; Thomson, 2006) reinforcing anxiety among therapists. For a recent comprehensive review of the literature on sexual relationships between professionals and their clients I would refer the reader to the literature review by the Health Professions Regulatory Advisory Council (HPRAC) (2011).

It has been well documented that sexual attraction evokes shame, guilt and anxiety in therapists (Bouhoutsos et al., 1983; Borys & Pope, 1989) with the risk of early termination and a negative impact on therapeutic work. These findings prompted exploration of the facilitative and healing potential found in other studies (Giovazolias & Davis, 2001; Rodolfa et al., 1994), who tried to normalise sexual feelings in therapy, by suggesting that therapy encourages intimacy and that, "*…the content of the revelations and the process of revealing is a form of erotic, or erotically charged activity.*" in itself (Shlien, 1984, p. 171). This is not to say that sexual feelings can be acted out through sexual involvement between therapists and clients. Abstinence, evenly suspended attention, neutrality, confidentiality and anonymity were designed to encourage the transference and help patients overcome resistance. Abstinence is reflected in ethical codes stipulating that therapists must abstain from using clients for their own personal gratification (Simon, 1991). Despite the defensiveness in most literature, more recent research indicates that 96% of psychologists never acted out sexually, only 12% never felt attracted to a client, 76% felt inadequately prepared to handle sexual attraction in their therapeutic work, 50% failed to consult a supervisor, almost half reported that their feelings of attraction benefited the therapy process, and 43% reported negative consequences (Rodolfa et al., 1994). Similarly Giovazolias and Davis (2001) found that 77.9% of counselling psychologists felt attracted to at least one client, 39% reacted with shock and guilt upon realising their sexual feelings, 27.4% did not seek consultation, 50.5% reported that their attraction had a positive impact on therapeutic process and 45% normalised their feelings. The results from these research studies suggest that a growing number of therapists normalise their sexual feelings for a client and increasingly seek consultation. However, a substantial number of practitioners avoid seeking supervision.

While the erotic is widely recognised as a commonly occurring phenomenon in therapy relationships, neither training, nor the literature give it the attention it demands. As Shlien (1984) suggested, the therapeutic process, *"…not only permits but encourages intimacy, privacy, trust, frequent contact, revelation of precious secrets….in this way both the content of the revelations and the process of revealing is a form of erotic, or erotically charged, activity."* (ibid. pg. 171). Yet, as Mann (2011) observed, *"…passions of all kinds such as hate, anger, aggression, envy are well documented in the therapeutic setting and well researched. Eroticism, however, has been marginalized, never quite making it to the acceptable family of feelings and ideas in psychotherapeutic theory and practice."* (ibid. pg. 4-5).

In psychoanalytic thinking much has been written on erotic transference and countertransference, but with little emphasis on the therapist's subjectivity playing a crucial part on their therapeutic response. Searles, as early as 1959, was an exception. He felt there was a connection between the analyst's erotic and loving feelings and the patient's psychological growth, a perspective giving significance to such feelings and challenging the maxim (see Wolf, 1992) that a therapist's sexual arousal or attraction is indicative of psychopathology. It has taken decades for the field (Mann, 1994; Schaverien, 2006) to recognise that like with clients, erotic feelings also stem from therapists' own subjectivity and not purely as a direct reaction to clients' erotic transference. The handling through transference interpretations of this dynamic reflects the dominant psychoanalytic conceptualisations of erotic, erotized and sexualised transference.

More recent research on trainee therapists and sexual attraction (Luca, 2016) shows that these therapists equate having sexual feelings, or feeling flattered by client erotic desires, with being immoral and ethically wrong. Some, even go so far as to ensure their physical appearance, clothes they wear and demeanour is designed to deliberately dissuade clients from feeling attracted to them. Even experienced family therapists are unsettled by sexual attraction. A study by Harris (2001) on family therapists found that the

majority (85%) of participants stated that they would be cautious if a client felt sexually attracted to them, would feel uncomfortable (69%), would feel nervous (53%), flattered, (48%), self-conscious (46%), respectful (44%), embarrassed (22%), vulnerable (18%) and scared (15%). The statistics are on client sexual attraction. It is anticipated that if it was therapists feeling the sexual attraction, their feelings would be even more intense.

Despite the increasing research on sexual attraction, little is known of therapists' sexual feelings towards their clients and how these are handled. There are a few recent exceptions (Fischer, 2004; Giovazolias & Davis, 2001) showing that a substantial number of therapists experience sexual feelings towards a client at some point in their career. Sexual arousal is present from infancy, evident from masturbatory behaviour in boys and girls (Fonagy, 2008). It would therefore be natural for sexual feelings to take place among therapy dyads. However, little is written on how sexual feelings can be handled in therapy in a facilitative, relational way, as opposed to resorting to avoidance due to fear, anxiety, cautiousness and guilt, among other reactions.

Understanding Sexual Attraction

> *"Eros is an issue of boundaries. He exists because certain boundaries do. In the interval between reach and grasp, between glance and counterglance, between 'I love you' and 'I love you too,' the absent presence of desire comes alive. But the boundaries of time and glance and I love you are only aftershocks of the main, inevitable boundary that creates Eros: the boundary of flesh and self between you and me. And it is only, suddenly, at the moment when I would dissolve that boundary, I realize I never can."*

Anne Carson (1998), Eros the Bittersweet

Interpersonal relationships in everyday life include, among other relational states, sexual attraction, a notion that is intricately intertwined with love, erotic desire, longing, the wish for sensual pleasure and exciting imaginings in relation to another person. It is an affective state that encapsulates an expectation for emotional and/or bodily connection with the other. This otherness can, through desire, graduate to bodily union in the act of sex. It involves anticipation of the act of sex, physical arousal and ultimate pleasure. This subjective state differs mentally and physiologically in individuals depending on their infantile developmental experiences and adult preferences encapsulated in a unique mental apparatus. In exploring why we fall in love, Carson (1998) suggests that, *"To be running breathlessly, but not yet arrived, is itself delightful, a suspended moment of living hope."* (ibid. pg. XI) Sexual attraction is itself a state of anticipation and hope for connection, intertwined with the pleasure residing in the fantasy of bodily union.

The term encapsulates either a fit between two people that involves mutual interest, due to characteristics they find attractive in each other, or it is not shared but exists within an individual who feels sexually attracted towards another. Personality, physical appearance, gender and the psychological aspects of a person, including what one person represents for another, play a part in the development of sexual attraction. The latter is a complex and dynamic constellation, difficult to unpack and specify. For example, the psychic character in individuals can create sexual feelings due to a compelling desire to repeat traumas with the underlying motive of resolving them, or to dissolve the existential angst of aloneness. Issues of sexuality are brought to therapy because clients live with the consequences of a secret sexuality for years, before finding the courage to explore these in therapy. This interest in another has the potential to develop into desire for emotional and physical intimacy and into romantic love. It can also lead to frustration and disappointment, especially in unrequited love. Eros in the Greek meaning was a uniting force. Therefore the human desire for union is intertwined with awareness of otherness and difference. Union temporarily removes the experience of otherness, difference and existential aloneness, providing relief and pleasure. Agape (platonic love) is a Greek term used to capture emotional, intimate closeness and friendship without elements of erotic desire, a therapeutic quality more legitimized in the field through the use of terms such as empathy, attunement, care and loving, even though the latter is still much of a taboo in the field.

Sexual Desire in Therapy

People come to therapy to deal with anxieties, depression, loss, sadness, confusion over their sexuality, eating disorders, to mention but a few. At the core of the therapy relationship is

an evolving intimacy lending itself to profound depths of relationality that make it possible for clients to trust and reveal the depth of their psyche. Psychotherapists are trained to be subjectively involved, to allow ourselves to be affected by the depths of despair, love and hate, hopes and fears, longings and desires felt by our clients, giving us an opportunity to appreciate their suffering from the inside out. We are also trained to reflect on our clients' patterns, observe the unique characteristics of their life's journey and help them make sense of their pain and hurt. Therefore, as therapists we have a professional responsibility to, at the very least, expand our own psychic boundaries and deal with our anxieties so that we can develop the ability to contain our fears and anxieties to be in a position to see the manifestation of the erotic as an opportunity to help clients and not as a dread to be avoided. The risk of therapists feeling out of our depth is to allow our feelings of guilt and fear to shame our clients. An example of this is, in response to a client feeling sexually attracted to her/his therapist, the therapist reacts by saying 'you know nothing can happen between us' or ignoring the statement altogether. Such statement assumes that the clients wants something to happen. Most clients who bring their sexual issues and sexual attraction to therapy, do so because they expect the space to be safe and hope the therapist will not exploit them, or shame them. This means they can flirt, seek out recognition and validation and learn to own and value who they are, including as sexual beings. Clients' sexuality is a pivotal aspect of being human and needs to be given the attention it demands. If it is ignored, clients are likely to seek out a different therapeutic relationship that embraces what they need.

The therapeutic space lends itself to both eros and agape. As discussed elsewhere (Luca, 2014), *"… it is within this space that erotic desire appears demanding a response."* (ibid. pg .xvii) Therapists and clients are not immune to sexual feelings towards each other. The therapy relationship rests on an alliance, trust and understanding; therefore it is possible that interest and desire can develop into sexual attraction. In some therapy dyads sexual attraction (client, therapist or mutual) presents itself at the first meeting, especially in the presence of complex factors, e.g. chemistry, disclosure of intimate self. If it is not understood and handled appropriately by the therapist it could hinder the development of a therapy of trust, respect and emotional intimacy and pose an obstacle to helpful therapeutic work. If acknowledged and understood, sexual attraction, as an anticipated desire, not an actuality, has the potential to positively transform a client's as well as a therapist's psychic space.

As a clinician and supervisor for many years I have witnessed the fears, anxieties as well as shame associated with clinicians who experience sexual attraction towards a client, at times with a devastating impact on their confidence. I have often wondered how such a normal experience, located at the heart of the human condition destabilises us, to the extent that some of us would prefer to end the therapy, as we see no other means of dealing with the potential risk of acting out or of being viewed as unethical by supervisors. Is the force of sexual feelings so powerful that therapists struggle to contain both in themselves and in their clients? Is it possible that the topic is neglected by psychotherapy trainings? Could ethical guidelines by professional bodies, apart from, "…the conceptual ambiguity about boundary interventions contributing to '*stultifying defensive therapeutic rigidity,*'" (Glass, 2003, pg. 429), generate overwhelming anxiety for therapists? The literature of the last 20 years with its focus on sexual boundary violations and their damaging effects both on clients and clinicians, has certainly not helped ease clinicians' fears of enactment or being unethical, often purely by association. One example is Gabbard, (1994) who, in his introduction to *Sexual Exploitation in Professional Relationships* draws attention to the harmful effects of professional exploitation on patients. He asserts: *'The problem of sexual exploitation is one with which every clinician must be familiar."* (Gabbard, 1994, pg.xii) A second example is from Pope et al, (1991) who refer to anonymous surveys by Holroyd & Brodsky (1977), which suggest that 12% of male therapists and 3% of female therapists engaged sexually with at least one patient. It is well documented that a minority of therapists become sexually involved with their clients and this must be acknowledged in ways that do not create fear in the discipline.

Knowledge and maintenance of boundaries is recognised by the majority of therapists as essential for effective therapeutic outcomes. The importance of understanding the permutations of sexual attraction that lead a small percentage of clinicians to exploitative enactments therefore becomes more urgent. As practitioners we are confronted with tension that arises from

erotic desire towards clients or vice versa. In the context of a boundaried professional relationship, navigating through tension could nurture the potential growth and depth of therapy. As I see it, relationality in integrative therapy includes not just being infected and affected, so we can develop insight into our clients' psyche, but handling psychological conflict that creates tension in our work, often associated with sexual desire.

The Reciprocity of Transformation

As Searles (1959) had argued, the analyst's erotic, loving feelings are potentially transformational for the client. Many of our clients harbour the desire to have an impact on us; to influence us, to challenge us and reach us in their attempt to know us and be special to us. If we conceive of the therapy relationship as one of 'reciprocal, mutual influence' (Stolorow and Atwood, 1992), we become aware that inter-subjectively clients and therapists have mutual insights. Our clients often harbour antennae perceptions about us and transform us as we transform them. We know that boundary maintenance is essential for progress in therapy and that our profession holds us accountable for this. The question is: what are we attempting to achieve and how do we facilitate this process? How humane do we allow ourselves to be so that our clients can push through our professional defences and feel they can access us emotionally? The antithesis of a relational approach to handling sexual feelings in therapy is the classical, neutral, psychoanalytic approach, where all feelings, including the erotic, are interpreted as transferential or countertransferential, doing away with what emerges inter-subjectively, from the domain of the real relationship (Clarkson, 2003).

In my own clinical experience a mutual emotional opening can nurture sexual desire between therapist and client. We may become phobic to these moments and resist being known by our clients, something that could create an impasse and a phony response rather that a constructive communication of what is going on between us here and now. On the other hand there is a risk of opening too much, becoming dependent on our clients' emotional dependence with the risk of becoming seductive or inappropriate in our communications. Therefore how we navigate, i.e. are affected by and communicate this internal emotional landscape is what will make a difference in reaching the depths of understanding and ultimately transformation. Although therapy focusses on the client's process, a meaningful, effective therapeutic relationship requires a joint collaborative engagement. I also believe that honesty, shared in a facilitative, sensitively expressed language contributes to a relational handling of sexual feelings.

Handling Sexual Attraction

> *"Forms of avoidance promoted by fearful ignorance, shame or guilt are unhelpful. Fearful ignorance, like feeling that attraction is synonymous with a boundary violation or that it should not be happening if one is a good therapist, can produce shame and attempts 'not to know' that desire is present."*
>
> McIlwain (2014, pg. 53)

In the course of our work we encounter an emotional landscape of monumental proportions, whose every corner offers unlimited opportunities for exploration and discovery. We choose a promising avenue only to realize that it quickly leads to narrowing spaces and in the end to an impasse. We turn back and seek alternative paths. In the midst of our keenness to see through the fog, we sometimes forget to navigate through a foggy space before we can see more clearly the vibrant colours emerging through the fog. I have used this analogy to make a point on how essential it is for therapists to navigate through our confused feelings and the space of not knowing before we reach clarity. This quality becomes more pertinent in the face of fears that sexual attraction would pose a threat to ethical practice. In my view the threat of inappropriate enactment is more pertinent if therapists choose to ignore erotic feelings in their clients and in themselves. One of the risks of such avoidance is early termination of work and a loss of the potential to deepen the therapeutic endeavour.

Although some literature may argue persuasively that neutrality, an uninvolved stance and a non-surrender to the client's power are fundamental to transformation, it seems potentially more therapeutic to me that if therapists can break through defences and facilitate emotional integration we need to be relationally involved. Moments of emotional meeting are memorable to clients. A therapist's tear, smile, sadness, love

or erotic desire can be the mirror of empathy, validation of desirability and understanding clients' need for growth. This is not to say that clients don't vary in their wish to know their therapist. Some will fear it and feel safer with snippets of mutuality, while others would bathe in it. The level of intimacy clients are capable of transpire in the process of therapy. Our own fears of being at the mercy of feelings of anger, love, sexual desire or hate in relation to our clients, can lead to avoidance and an impasse in our work with the consequence of thwarting the potential for learning to be intimate, a common problem presented in therapy.

Boundary Violations

So what are the risks for boundary violations? In Maroda's words (1998): *'While I realize that we are only human and boundary violations cannot be eliminated, I do believe that more boundary violations result from the analyst's emotional dishonesty than anything else."* (ibid. pg.57) Hence it is our responsibility to negotiate with each unique encounter the appropriate therapist verbal/non-verbal disclosure and the way it is best communicated. Acknowledging sexual feelings when present in therapy and finding the appropriate language and timing to openly explore them can be a useful tool for deepening understanding and growth. For therapists to feel safe and honest about their erotic feelings, both trainings and professional bodies need to encourage open discussion and give the message that to feel erotic desire is not the same as to act on it.

Supervision of the Erotic

It is not the aim of this paper to explore the value and use of supervision of sexual attraction. However, I would like to emphasise that supervision is a necessity, not a luxury, in helping therapists negotiate the tensions that arise in our practice when we encounter sexual desire. As discussed elsewhere: "'Supervision in psychotherapy is essential in client work. In the UK it is a continuous professional requirement (Wheeler & Richards, 2007) but is not always to the optimal benefit of supervisees, especially where sexual attraction is at play." (Ladany et al., 1997) Ladany, Friedlander, & Nelson (2005) suggest it is the supervisors' ethical obligation to explicitly make sexual attraction a topic for discussion (Luca et al, 2017). Training supervisors to learn to handle their own fears and to normalise sexual feelings in clients and therapists, is essential, so that therapists are not afraid of being judged by their supervisors as some literature suggests.

Towards a Relational Model

Increasingly, what some literature (Kumin, 1985), thirty years ago described as *erotic horror*, has been transmuted to fear, anxiety and guilt, a much less compromising therapeutic reaction. I hope that this paper has evoked interest and motivation among readers to contribute toward more dialogue about a therapy phenomenon that has been in the shadows, resulting in further positive transmutations. If we are to avoid sexual desire, or succumb to temptation we would fail in our quest to help our clients reach illumination and growth. Our approach must be one of acknowledgement, sensitive exploration, appropriate honest expression and disentangling what is happening between therapists and clients in the inter-subjective space. To achieve a conducive space for exploration of sexual attraction, authentic dialogue that creates safety is necessary. In therapy consciousness is a mind-body consciousness. It emerges through a rhythm of negotiating separateness and togetherness, through handling tensions that arise from deep psychological conflict and angst that negatively impact on self-discovery. The caricature of the silent, cold, distant and stern therapist portrayed in movies, is an old-fashioned approach. The caricature of the humanistic therapist that asks gentle questions with an empathic smile is also outdated. Contemporary relational (psychoanalytic, integrative and existential) therapies do not encapsulate therapists who listen and think whilst being unaffected by the most shocking revelations. A right to right brain hemisphere dialogue is where emotional connection takes place and without this, client safety is compromised, especially if we only ask questions rather than risking expressing our thoughts and understandings and being exposed to our clients' scrutiny. As Susie Orbach (2000) asserted, *"…therapy today is not so much the putting together of details to produce the cathartic aha! as it is an exploration of the development of the therapy relationship and of the minuscule movements within the individual and between the two people engaged in the therapy."* (ibid. pg.14)

Freud's (1915) original technique of free association was designed to encourage patients to bring to the fore whatever comes to mind, without censoring what they may deem insignificant. This helped the analyst access every minute feeling or thought in the service of insight. A relationally informed model of working with sexual feelings and sexuality in therapy requires a phenomenological attitude, where everything experienced implicitly and explicitly in the shared therapeutic space is given equal value, is explored and worked with. There is no rule as to how this could be achieved specifically. Each therapist needs to identify what is happening, judge the appropriateness of an intervention and the timing of it and cease the moment to bring it to the surface, or appropriately respond to it if it is explicit. Avoidance of the erotic in therapy relationships is a missed opportunity for client and therapist growth and a deepening of therapy and can lead to a stalemate. By implication something fundamental to human relationality that has potential for an authentic, alive therapy experience, may be omitted intentionally due to therapist anxiety.

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What is the Real Relationship and How Important is it?

Abstract

In this article I will explore the concept of the real relationship in psychotherapy and psychoanalysis. I will discuss philosophical implications, explore its impact on the therapeutic relationship and argue that the real relationship might be a necessary agent of change and fundamental to the psychotherapeutic process. I will show that intersubjective relatedness can only happen in the real relationship and supports the development of an intersubjective sense of self, while both therapist and patient stay anchored in their respective realities. Using a clinical example I will try to show some aspects of what is real in the real relationship and how it gains fundamental importance when working with early trauma and abuse survivors.

Introduction

If we look into the history of psychotherapy and counselling we find many books and articles dedicated to transference or counter-transference, the working alliance and the psychological development of individuals. Many books are dedicated to various theories of the profession itself such as psychoanalysis, humanistic psychology, attachment theory or cognitive behavioral theories. There is hardly any kind of in-depth discussion or approach to the real relationship in psychotherapy or counselling.

In psychoanalysis Greenson (1967) established an important insight of various relational forces at play in a successful analysis or in psychotherapy. He stresses the importance of the working alliance and the transferential experiences as mutually exclusive or as opposites. In the humanistic tradition Carl Rogers named congruence and genuineness of the therapist as significant but had little to say about working alliance or transference as such. So what about the real relationship? Why is it hardly mentioned, written or thought about?

One of the reasons for this development might be the problematic and challenging nature of the concept of 'reality' itself. Traditionally claims about the nature of reality have been linked to power and oppression (Foucault, 1991).

Another reason for this lack of engagement might be the complex and ambiguous nature of reality itself (Philosophy 2.0: Theory of Reality: http://philosophy20.blogspot.co.uk/2011/01/theory-of-reality-introduction.html). Many of us feel that it is too complex, overwhelming and perhaps not significant enough clinically to deal with such philosophical issues. Through the post-modern idea of construction, co-construction, and relativity some practitioners argue that reality or realities are not important for psychotherapeutic work, as our reality is subjectively and inter-subjectively negotiated and constructed. I find it interesting that constructivists argue that there is no reality outside of human construction and with that, fall back into a platonic and idealistic

concept of reality. Here philosophical traditions all of a sudden start to matter. The argument about what reality is, has been part of a philosophical discipline since thinking perhaps started to think about itself.

Another reason for our blindness to reality and associated complexity around issues such as age, disability, economic class, gender, culture, religion, and sex to name but a few, might be our own reaction to a traumatic wounding. Therapists are not only citizens of a state but 'Weltbürger' (world citizens) and therefore do carry cultural, historical and political trauma as well. Reality for us as subjects of a world, of a "Lebenswelt" (life-world) as Husserl (1936) says, I understand mainly as economic, social, political as well as environmental realities.

Our institutions and individual therapists or psych workers often carry a, "…resistance to the socio-political." (Guralnik, 2016, pg. 655) This defensive strategy or resistance mediates our relationship to realities that might be unbearable for us. I believe this has a powerful dissociative impact on therapy mostly expressed through the ignorance of the real relationship. The myth of private suffering often disavows the socio-political or economic realities (Dimen, 2011; Hooks, 1995; Holmes, 2006; Tweedy, 2017). The turn to our inner worlds can be understood as a collusion with the dominant social order, and psychotherapy can as well become a discipline that supports oppressive ideological state apparatuses and, through the depersonalization and de-realization of psychotherapy, is deeply aligned with a traumatizing state reality (Achebe, 2000; Drescher, 2008; Fanon, 1952; Davids, 2009; Harris, 2009; Kovel, 2007).

A Philosophical Lens

Philosophy has a long and rich tradition in thinking about reality and what it might mean for us, but has failed to provide a solution to the problem of what reality actually means. We can think of philosophical traditions as either idealistic or materialistic where both streams of discourses would argue the opposite to be true. Where idealistic tradition presumes that only human ideas and understanding (transcendent idealism) matters, and the materialistic thinkers argue that it is the objective reality that structures our way of thinking and our perceptions. The post-modern tradition really challenges both styles of argument and highlights the importance of the linguistic construction. Is there anything outside the linguistic web or signification?

There are no final or absolute answers to those fundamental questions about reality and practitioners might have to get used to an ongoing and open dialogue rather than a simple or definite answer.

Emanuel Kant (1780-1790) put forward his approach, which many of us still follow, when he argued that we are unable to have knowledge of things-in-themselves. As humans we are limited to the transcendental conditions of our access to the world, e.g. space and time and 12 categories of understanding. Many psychological approaches still follow his approach to define our relationship to reality. Reality is not an important category in an idealistic world-view. The human mind becomes the most significant phenomenon of the philosophical investigation.

Phenomenological thinkers offer a different solution when they argue that the interplay of human and world is primordial. Here thought and object, 'sein' and 'dasein' are primordial coordinates of human life (Heidegger, 1927; Husserl, 2009). In this tradition both the things and our thinking are manifestations of "being" as being needs to be (needs to become real) in order for it to make sense at all. Phenomenology sets reality in motion, where what shows itself becomes real in either an objective or subjective sense, and we could argue that the subjective and the objective are just different registers of how the world unfolds and develops. To exclude the materialistic dimension would take away a fundamental part of our existence, and to claim absolute reality as a subjective linguistic or transcendental condition violates existence as well. Both streams are interwoven and hard to distinguish but constitute each other. Husserl already described the fundamental role of empathy and inter-subjectivity for the phenomenological telos. His concept of 'life-world' might be a really valuable starting point for the understanding of the real relationship in psychotherapy.

The concept of reality seems far removed from therapeutic practice but impacts the way we work and understand our clients fundamentally. Reality is the starting point for all philosophy and all psychotherapy; hence the real relationship holds all other relationships. The real relationship is primary as in 'always given', 'just there', 'omnipresent'. When we arrive it is already here. When we first meet, we meet in the real world, however we construct our worlds however we interpret them. The real world is the ground on which we walk and the real relationship, I believe, is the fundamental bedrock on which any psychotherapy rests. Real relationships are our playground, our background which we bounce off and play with. Because we get lost in it, or ignore it, or forget about it as other features come to the fore, does not mean it is not there. In Gestalt terms, reality has a dynamic ground and figure configuration where we often only see the figure and forget about the ground. And there is often good clinical reason to do so.

What is real about the real relationship is part of our relational experience (intersubjective relatedness) that does not go or just disappear. The real in the real relationship bounces back, keeps on interfering, can hardly be captured or named but is still there to haunt us, or to call upon us. If nothing is real, if there is no reality then nothing will ever change. Real change will not be able to happen. The real relationship, like the concept of reality, is a contradiction in itself, a paradox and a living conundrum. Lacan (2006) embraces this when he claims, "the real relationship is impossible." (ibid, pg. 324) But while we can never name or define the real in the real relationships it is nevertheless always present. The real in our real relationship is beyond linguistic grasp, but not an independent object in distant space either. The real of the real relationship like reality itself, is that which defines you and that you define – it is both the medium and the message, both perception and physical response. Reality is duality and an interconnected system.

Working with, and in, the real relationship requires seeing that the, "…human psyche is not some abstract entity operating in splendid isolation from the world, but is on every level profoundly involved in the world; we are embedded, embodied, and embrained, and the world-for better or worse- is hardwired and mirrored within us." (Tweedy, 2017, pg. XXVI) I find this contribution highlights our fundamental ambivalence about the real relationship that we have inherited from Freud (Phillips, 2014).

Freud (1856-1939) deliberately developed a personal and political disengagement from Vienna and its reality. He advocated a deep suspicion about social and political realities and in a sense made psychoanalysis less real. This wave of derealisation of the psychological profession is still very alive today. His, "…paradoxical sense that the very thing that sustained us could ruin us." (Phillips, 2014, pg.63.) has permeated most of our psychoanalytical or psychotherapeutic theorizing. With this de-realisation we lost the significance of the real relationship and the magnitude of our social and political selves. I agree with Samuels (2001) when he argues that, "…the world is making people unwell, it follows that, for people to feel better, the world's situation needs to change and consider doing something about the state the world is in." (Samuels, 2001, p.21)

The real in the psychotherapeutic space can further be understood as multidimensional, flexible, fluid and expanding. Nothing about the real can be just directly perceived or read. Reality disappears when symbolized or imagined, we can never directly access it. In philosophical terms reality is always 'vermittelt' (mediated). Hence there is a gap, a difficult hole between the subject and its own experience. This fundamental problem of 'vermittlung' is seen as a primary human condition which we cannot simply alter.

The real of the real relationship can be defined as the collective, interactive and dynamic that can live both in the internal and external world. A thought, a feeling and a stone in the grass can share the same collective, subjective, interactive quality and are, of course, never fixed. Hence the real of the real relationship is both natural and social – we all live in a social, political, economic and natural realities simultaneously.

The real becomes significant and clinically fundamental when we work with mental health issues (which voice of all the voices

I hear is real?) and when we work with people who survived abusive early childhood experiences as well as trauma. Did the sexual abuse really happen? Do I just imagine it? A sexual abuse survivor asked me this questions for weeks: What if I just make it up?

Seldom is the power and magnitude of the real so tangible and challenging in our work. And in my experience it is here where people need a real relationship to support them navigate through intensive and emotional times. Those moments when abuse survivors take the courage to push the boat out and really need to know what you think. To say it is real if it is real for you, is not a valid way to go. If we stay in just a co-constructed reality then the legal system or legal charges of paedophiles or sex traffickers becomes irrelevant. If we just say. 'yes I believe it is real', then we might play into a huge revenge phantasy, or we perhaps support an imagined reality and miss what kind of abuse really happened.

What is the Real Relationship in Psychotherapy?

Integration as an approach leaves open the question of 'what modality is key for therapeutic change?' Rather than humanistic or psychoanalytic frames that, for example, claim that one part of the therapeutic relationship is more vital than the other, integration keeps its focus on the therapeutic process open, dynamic and interactive. In my view integration is a process that sees all dimensions of the therapeutic journey as equally important. It is here where the real relationship can be at its strongest. I think that we need to develop a real relationship in order to be able to integrate various domains of the therapeutic process, such as working alliance configurations, the transference-counter-transference dimension, the person-to-person relationship, the transpersonal and the political or social dimensions, to name but a few.

As an integrative practitioner I would argue that integration can only happen in the real relationship when we have attuned to, and worked through, the painful problems people bring explicitly or implicitly to us. In this sense what is real about the real relationship is the connection we allow to develop after we have worked with transferential issues, for an example, or after power issues in the political and social dimensions are addressed. It goes without saying that clients bring issues from potentially all dimensions of life hence the real relationship is the bedrock of all psychotherapeutic endeavor regardless of whether we name it or address it directly. I agree with Gelso (2011) when he writes: "Let me state immediately my belief that what I term the real or personal relationship is a vital part of successful psychotherapy and psychoanalysis; that is, regardless of whether the therapist works directly with and through the real relationship, a strong real relationship is highly facilitative of successful treatment." (Gelso, 2011, p. 57)

But I disagree with his concept of the real relationship strongly, as he only focuses on the genuineness and realism of the patient and the therapist, but leaves out the whole social, political and cultural world that is at play in any given moment. It seems Gelso (2011) integrates Rogers' (1957) core conditions for successful therapy with the psychoanalytic approach. As I expected in his book, there is not even a word mentioned about race, gender, sexual orientation or class, for an example. His concept of the real relationship is without a real body and becomes, therefore, rather abstract and meaningless. Although unlike Rogers, Gelso has addressed the difference of the core conditions for therapist and client.

I understand 'das reale' (the real) as that which defines you and that you define – it is both the medium and the message, both perception and physical response. Reality is duality and an interconnected system. The real relationship is an ongoing process that will invite both participants into an open ended, as well as ongoing, inquiry and constructive participation that will help to build a solid and transparent therapeutic process. The real relationship will always show itself in myriad ways within the psychotherapy hour. It will depend on the skill, experience and knowledge of the therapist to facilitate and develop it together with the client. Working in the real relationship will foster a powerful and transparent mutuality – where people can be deeply connected yet different at the same time. I would call this process 'transmuting mutuality'

and I believe that it is fundamental to a positive therapeutic outcome and represents what is real about the real relationship. My notion here is very close to the concept of 'mutual vulnerability' as discussed by Levine (2016).

I believe that the real relationship promotes deep reflection as well as a mutual inquiry into reality as it is lived now and then. To attend to the real relationship will help clients to face many intense emotional challenges where they can find the other with them, yet separate, at the same time. In the real relationship the power of empathic attunement works alongside recognition and creates inter-subjective life as Benjamin (1993) describes. I would argue that inter-subjectivity can only unfold and develop in the real relationship. The most important feature of the real relationship is it's emotional and affective tonality (Stern, 1985) that is very hard to capture and gets very little attention in this essay as I want to stress the more cognitive and intellectual dimension.

The restoration of balance between the intrapsychic and the intersubjective in the real relationship should not be construed as an adaptation that reduces fantasy to reality; rather, it is a practice in the sustaining of contradiction. When the tension of sustaining contradiction breaks down, as it frequently does, the intersubjective structures - mutuality, simultaneity, and paradox - are subordinated to complementary structures. The breakdown of tension between self and other in favour of relating as subject and object is a common fact of mental life. For that matter, breakdown is a common feature within intersubjective relatedness - what really counts is the ability to restore or repair the relationship. As Beebe and Lachmann (1988, 1994) and Tronicj (1989) have proposed, one of the main principles of the early dyad is that relatedness is characterized not by continuous harmony but by continuous disruption and repair.

In my understanding 'intersubjective relatedness' (Benjamin, 1990) can only develop between two embodied subjects who face the real challenge of rupture and repair as an ongoing feature of the real relationship. Two embodied subjects who live in a real world as gendered, racial, sexual, classed, social and political selves, will find their rupture and repair cycle will be worked with and go through exactly those realities. The somatic and neurological conditions or age and other physical dimensions, will all play a role in an intersubjective relational world.

The psychotherapeutic process can therefore not transform or overcome such realities, but certainly change and influence those dimensions of reality both therapist and client might share in equivalent or different ways. We could understand the real relationship to develop in a continuum from objectified selves to subjective selves to inter-subjective selves. The motor of development, to use Benjamin's (1990) concept of intersubjective relatedness, happens through a moment-to-moment negotiation of recognition and destruction. According to Hegel's (1770-1831) phenomenology of spirit this dialectical movement is reality at work with itself. Hegel, like Benjamin, sees this dialectical development as a category of the mind. Karl Marx (1818-1883) critiqued this approach as idealistic and claims that our material reality has dominance and is dialectical as well. Interesting that in an integrative understanding both materialistic and idealistic dialectics can be real and valid at different points.

A Clinical Example – Is it Real?

When Sylvia enters my consulting room she always smiles, nods and takes off her jacket. She is always smartly dressed, slim and well kempt, some would say a very adapted self. She is a white heterosexual female and was born in South Africa. She sits down and often looks at me quietly before she starts telling me how hard her life is. She is a mother of a 3-year-old daughter and finds mothering really difficult, draining and exhausting. We have established a good rapport and we often end up talking about our daily chores. Both white middle-class professionals but with different gender, as well as different cultural, backgrounds. Our difference has become part of our shared reality within the session as we explore together what it's like to live in the UK as non-British subjects. For a real relationship to develop, self-disclosure is not only permissible, but necessary. Self-revelation and self-disclosure of what is felt or thought is fundamental in the development of the real relationship. With Sylvia our warm and sensitive real relationship has

been developed over time through our carefully attuned moment-to-moment sharing as well as self-disclosing. The real relationship has become a bedrock for our work with highly traumatized, shame- and rageful 'self-states' (Bromberg, 2001).

Our explorations of how we experienced totalitarian ideologies and state practices, sharing how our families were either involved or opposed to fascistic politics, helped us to develop a strong bond. We recognize each other's cultural traumas and often help each other to understand the impact on our grandparents, parents and families at large. We often joke that we feel we were already experts in trauma before we were even born. We are both experts of our experience while holding our difference in gender and culture.

The 'otherness of the other' is felt and established through ongoing exploration and sharing. No one can be sure exactly how the racist and fascistic states impacted the psyche and the real life of, "…our forefathers who were mostly silent." (Holmes, 2016, pg. 642) We both feel we slowly need to develop a language of this specific cultural trauma that is both socio-political-economical and psychological. We understand how our respective families aligned themselves with totalitarian regimes, we understand how some fought against it. Mostly we discover that there was a dark fog of hopelessness and a deep sense of futility where nothing we think or say could ever really matter. We further discover together through our mutual explorations of our respective family members, who all acted in different ways, that they often lack any form of empathy or tenderness. Cultural trauma produces – we both agree on this – a 'zombification of life' (Wilgowicz, 1999). We both describe different styles of the death of empathy and tenderness, where sensibilities are completely shut down or often non-existent. Dissociation is the norm here, not the exception. People were busy surviving or so they told us. Perpetrators became heroes, victims were portrayed as bad people or not mentioned at all. We often nod when the other talks about our respective experiences. With Sylvia the real relationship helps me to develop an 'affective openness' (Casement, 2006) and in our work with early relational trauma it is key when we need to, "…enable what is more real to emerge." (Casement, 2006, pg.158)

Sylvia's father left when she was about 7 years old. Her mother turned her into her ally against her father as soon as she was able to talk. Sylvia's mother could only confide in her daughter as she did not trust anyone else. She keeps up appearances, keeps no close friends and is deeply suspicious about others in general.

Her mother talked often about how bad her dad was, how mean, how evil and how horrible. Sylvia, after many weeks and months freezing into distressed and terrific stupors, starts slowly remembering. The ongoing fights, the violence, the verbal and physical abuse - that was her daily bread. Sylvia, "Felt she was like air," during the fights of her parents which could last for days. They would only stop when one of them had to go to work and they continued fighting when they came back home. Sylvia was used to getting ignored, attacked emotionally and shouted at. They never hit her but they hit each other. Each saw the other as mad and described each other as a monster.

Sylvia had years of therapy, but her last therapist left her to travel the world. She came to me deeply angry and suspicious, "…about the whole therapy thing." She feels deeply hurt and abandoned because her therapist ended with her saying that she didn't offer any skype sessions or email therapy, only to find out that her therapist did offer skype and email therapy to other clients..

We have been through difficult waters from the beginning, but built a solid and sound working alliance. From the beginning in our work I offered transparency and a curious sense of investigation. I often felt I needed to protect and help her, offer her comfort and some sense of safety, only to trigger more mistrust or painful sadness in her. I quickly learned to listen to her traumatic and dissociated self-states with an open mind and an affective openness.

The real relationship enables enough stability to sail through stormy emotional episodes, especially with abuse survivors. I acknowledge my felt sense of her horror, rage and terror. I share my feelings and my counter-transference openly with her which makes her feel calmer she says. I often find myself missing her. Equally, I often do not get her, do not understand her enough, thus becoming another traumatizing

other. I often feel we are going through Dante's inferno, wherever we go and look there is pain, torture or isolating desperation.

The worst and most difficult experience is still her contact with her mother who lives alone in South Africa. Sylvia has described episodes with her mother recently where mother rings and says, "You are not feeding George and Monica enough food." Sylvia tries to dismiss mothers' impression of her parenting style only to get told that she is full of herself, arrogant and horrible to her daughter and her little doggy called George. Discussions with her mother often end in arguments where mother aggressively shouts. Sylvia is told that she is utterly useless and spoilt. Her mother finds her selfish and is convinced that she is disturbed. Sylvia often ends up feeling confused, mad and lost. She knows she can never do anything right. "You know, I cannot really do relationships! I am just not good at it." After such episodes Sylvia feels like floating, deeply depressed and hopeless. "Perhaps mother is right," she tells me. "What if I make it all up? What if my mother is right and I am really hurting my daughter and my pet?" After a few awkward moments Sylvia looks at me asking: "Is this all real? Perhaps it is me getting it all wrong?"

We have been here before. I feel caught between a rock and a hard place. I know Sylvia has a disrupted self. When those questions, memories or worse arguments with mother occur, Sylvia feels her ordinary sense-of-self disrupted. And I feel it is exactly here, where the real relationship can be of such great importance. I say: "Perhaps both are true and real at the same time?" Sylvia is puzzled but looks at me and wonders what I mean. I tell her about my pondering about the real relationship and about writing this very essay. I say, "I can feel it is important perhaps to acknowledge both sides: one part of you feels real and knows how abusive your mother's behavior can be and another part feels completely lost and unreal. I can really sense your pain in this tormenting and vital tension. A tension that often tears you apart."

This moment of deep terror keeps on revisiting us and we often strengthen our real relationship before we directly work with this disturbing material. We talk about my life, my interests as well as hers, about her research and about her thesis. This is the last training requirement she has to meet for her psychotherapy training. We keep on feeling and naming this real tension of fundamental doubt and identity loss. In our real relationship we hold on to a sense of shared reality, in the here and now, and through that we are able to meet this traumatic torment: "Is my upbringing and experience with my mum really as traumatic as I think, or is it made-up, unreal, is it all my fault?"

Sylvia came back recently telling me that she is doing a little better. When I asked her what does feel better for her she says, "When I face my horrible moments I can relax a bit more and I sometimes tell myself perhaps both is real?" We both smile knowing what a difficult daily struggle it is for her.

I think through our collaboration in the real relationship we develop a good sense of intersubjective relatedness with her completely cut off, terrified self-states. Deep reflection about her experience and mine, offer islands of intersubjective moments where new meanings can arise. In our session last week I said, "Perhaps your horrific doubt is in search of a body, a body that can sense and tolerate what had happened." Sylvia said, "No, not a body that can bear what happened then, but a body who can bear it now. I need to make sense of how it was for me when I was little and how it is for me now as an adult." As usual Sylvia has discovered what feels right for her and she can get a little more real with her struggle and with me in the therapy. Eventually feeling like anger and rage might be able to be part of our intersubjective development.

Conclusion

Theoretical explorations do often not portray the rich and affective world we are engaged in. This emotional and affective dimension plays a key role in our intersubjective development. Our affective landscape is disrupted and riddled with states of emptiness and terror. I often imagine a graveyard full of craters.

In our work with early trauma and neglect survivors I feel we need to strike a fine balance. "The analyst must be especially attuned to a patient's shifting equilibrium between affective

safety and affective overload. If the analyst's commitment to this attunement is honored, a transitional reality can begin to take shape between patient and analyst that has room for the subjective experience of each partner and space for relational negotiation that is affectively alive. This in turn enhances the patient's capacity for intersubjective functioning in areas of personality where the capacity to bear intrapsychic conflict had been pre-empted by dissociation." (Bromberg, 1994, pg. 134)

The real relationship in my understanding is defined by an ongoing affective authenticity and an attuned spontaneity that will allow the birth as well as the development of an embodied intersubjective reality.

'Sylvia' is a fictitious client created using real-life clinical examples.

All extracts from real-life clinical examples are used with the permission of the respective client.

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Richard Davis

Reflections on Dualistic Forms of Subtle Learning in Counselling/Psychotherapy Training from the Integrative Perspective

Abstract

It is widely acknowledged that training to be an integrative psychotherapist is not a straightforward process (Watchel, 2010). Psychotherapy integration implies a higher ordering of theories, strategies and philosophies implying that at least two perspectives are examined to produce an emerging construct that further defines what it is the therapist does which designates as 'integrative' (Norcross and Goldfield, 2005).

The teaching of integration, however, is less considered in the literature and research. As a course leader of an integrative program the endeavour to produce an integrative approach is one that requires similar levels of attention, care and consideration. The facilitator of learning asks 'how best students will learn?' and thus seeks the most effective methods and strategies to maximise and optimise this, yet so too does an integrative facilitator ask: 'is the construction of the learning itself 'integrative', or is it piece-meal, additive, or even dis-integrative and fragmented for the learner?'.

The scope and purpose of this paper is to incorporate two divergent perspectives - dimensions of the psychoanalytic and the transpersonal - into a form of integration. By combining theoretical understanding, observations and experiences as a teaching academic, it is possible to define polarised concepts making them more accessibly 'whole' for learners.

It is arguable that the teaching of psychotherapy requires more of a focus on how it is itself 'integrating', the essence of this subjectively-based article. This paper is limited by its very subjectivity. Its methodological construction is one of reflection of experience rather than investigation by research. To explore such themes and draw further research-based conclusions for the future the author welcomes communications with other interested practitioners and teachers of counselling/psychotherapy from the integrative perspective.

Introduction

'Place the things of the spirit to the fore and all else shall follow behind'

(Maori proverb Takitimu Wakatauaki)

The subtle level of spiritual experiencing has a rich literature, Wilber (1996), Rowan (2005), Heron (1992) and others. The word has been long associated with transreal and psycho-spiritual experiences within and outside of the therapy domain and from the transcendent perspective. In this article the definition and conceptualisation of subtle phenomena in the teaching of counselling and psychotherapy training are extended and proposed to exist at both the past focussed, 'unreal level of relationship' (Gelse & Carter 1995) and at the transpersonal level (Rowan, 2005). I present a dualistic definition of subtle phenomena in the context of counselling/psychotherapy training

and in the context of examining processes which contribute to students' personal development which further enculturates subtle phenomena. In this view subtle processes (past focussed) are proposed as an evolution of self-aspects, previously not subject to awareness, or conscious reflection, which occurs in therapy and training and which lead the student back into their past to re-evaluate themselves and their significant relationships which constitutes an essence of personal development. On the other hand, transpersonal subtle processes are a form of encounter and awareness which takes one beyond oneself and can be ascribed to be transreal (transcendent).

Any discussion on the subtle from these two perspectives is without context unless an exploration is carried out of what is the nature of the subtle in personal development and on the nature of spirituality in the subtle. For past focussed subtle definitions concepts from Winnicott (1971) and Bollas (1992) will illustrate how unconscious experiences are in essence 'subtle'; continuing this exploration on the subtle, centred on the nature of spirituality, the second form of subtle phenomena (transcendent) is shaped on the proposition that spirituality is an organic, rather than culturally acquired, or introjected aspect of existence and will include considerations of the works of Wilber (1996), Rowan (2005), Heron (1992).

A further dimension to this paper has been to configure what can be argued to be 'subtle learning' in the context of established learning paradigms relevant to integrative counselling/ psychotherapy and to this end revises Wilburg's (2008) five categories of ways of knowing to include 'subtle' as an additional component of learning.

What is Subtle Process?

In facilitating the concept 'psychological contact' (Rogers' first proposition, 1957) to a group of postgraduate students, normally approximately 18 in number, I ask them to participate in a relatively simple, highly unscientific, provocative (hopefully curiosity-inducing) exercise. Having presented three facets of psychological contact, 'basic contact' (acknowledgement), 'cognitive contact' (understanding), and 'emotional contact' (having an emotional response), we reach the 'subtle' definition of psychological contact as proposed by Warner (2002). To do so I invite the group to empty their pockets of anything that could emit a noise, to take off their shoes and to line up approximately four feet away facing each other in two parallel lines, and for one of the lines to close their eyes, relax by concentrating on their breathing, and for members of the opposite line to either move towards or away from their partner in front of them. Before opening their eyes, I ask those students to state whether they've experienced their partner as either moving away from or towards them. The objective of the exercise is that once having limited the tangible variable factors that may factually inform those participants as to whether they have experienced their partner as moving towards or away from them (such as noise, nuanced variations of atmosphere in personal space, and so on), to draw upon an extrasensory, intuitive or mentative experience to inform them of their decision or choice. In most instances of counsellor/psychotherapist training, participants are normally correct 75% to 90% of answering correctly - that is, of implicitly knowing or connecting in some way to how their partner has acted beyond an immediate visual, cognitive or concretely experienced/observable manner. The exercise is repeated with the opposing line, often with similar results. Once the immediate emotional reaction of surprise, startled puzzlement and confusion has passed (as well as laughter), the discussions arising from this exercise often involve the participants' exploring what they experienced/knew which led them to stating their answer. It is not unusual that they are left returning to the vexed question of 'how do I know when I know something?' except from a varied standpoint from before they began the exercise.

The immediate discussion on this exercise usually condenses to the students' 'felt senses' or alternatively they state that theirs was a haphazard guess without any other prompting experiences to guide the answer. Students will suggest 'I just knew my partner had moved towards me' or 'I guessed'. Other factual cognitive or sensationally-based knowing processes are not entirely graspable or clearly communicable. This exercise demonstrates Warner's (2002) contention that 'subtle' psychological contact, hard to fully grasp, is no less than, "…a fundamental adaptation of the human organism that allows human beings to feel that they are meaningfully present, both verbally & non-verbally, to themselves & each other." (2002, pg. 80) As the student discussion continues the phrase 'felt sense' is more often than not distilled further

to 'intuition' as a form of knowing, at which point the 'conceptual knowing' of what occurred in the exercise tends to end; and is where an exploration of subtle process may begin if explored from the dual perspectives of possible past focussed/ unconscious process or as more transpersonal forms of knowing. To do this a further definition and distinction of terms and meanings are required.

Subtle Process: Definitions

Subtle has been defined as something, "…so delicate or precise as to be difficult to analyse or describe"; or "…delicately complex and capable of making fine distinctions." (http://www.dictionary.com/browse/subtle). The word's origins extend back to Middle English and refer to a sense of 'not easily understood'. Similarly, from the Old French 'sotil' and from the Latin 'subtilis', meaning 'precise'. Interestingly, its etymology contains the possibility for broad definitions in that it implies that fine distinctions result in challenging comprehension. I advance that it is for this reason the word subtle can be used to describe a distinct process of learning in the training of counsellors/ psychotherapists. The word can be employed to describe subtle contact processes in that a person's self-contact experience, self-regulatory states and subsequent regulation of the relationship, which is phenomenologically current, may not be 'easily grasped', and that in the intricate complexity of this experience lies the possibility of fine distinctions to be made (the essence of past-focussed subtle process). Conversely, the definition of subtle gives rise to a more spiritual experience. Common to both is that states of perplexing uncertainty are roads to making more precise one's experiences. Firstly, I will explore the latter category of the subtle.

The subtle as a definition from its transcendent perspective can be accorded as when we meet in our subjectivity in a subtle kind of 'an otherness' (Heron, 1992). John Heron emerges as a polemicist from a high Anglican background incorporating liberal theology and post-structuralism to shape the subtle as a form of immanence within a phenomenological subjectivity conjoined with an immaterial exteriority, whether spirit, nature or even the built environment. Refreshingly, Heron (1992) ultimately posits that the human being can have subtle experiences with such every day phenomena as roads, and buildings. As with Moore, (1992) what is 'soulful' - intimate, personal and close - and what helps one 'attach to the world' (Moore 1992), and what is 'subtle' are almost synonymous expressions. Heron consistently struggles with, or outright opposes, Ken Wilber's (1996) more contentiously masculine and eastern-philosophically orientated, if not hierarchical, definition of the subtle. For Wilber (1996) the subtle is appreciated as a spiritual aspect of the inward arc, once the more existential modes of lifespan development concerned with the building blocks of a secure sense of self, are matured. His concept of subtle phenomena is espoused within an, at times, bewildering eastern mystic and Vedantic/ Buddhist epistemology. In the tradition of mystics throughout history he advances that there are, behind our waking mentality, vaster ranges, "... superconscient to it to which we would become sometimes abnormally aware ….and that there are behind our gross physical being other and subtler grades of substance." (Radhakrishnan & Moore, 1957, cited in Wilbur 1996, pg. 76). Wilber (1996), for convenience sake, divides the subtle into 'high' and 'low'. For the purposes of this paper I will be concerned with aspects of the 'low' subtle, which essentially equates to the transrational, noumenal experiences of mind and body, that are concurrently beyond the mind and the body. Both authors differ in many regards. For Heron there is a vital self-related to otherness, and the co-creation with an immanent spirit; for Wilbur there is the ultimate spirit, Atman - the God within, and Brahman, the ultimate thou in the form of the God of the universe and cosmos. Heron strikes me as more humanist in that the person is both central and ultimate; Wilber reads as more spirit as God and deificentric, or as he writes, 'deity forms' transform consciousness upwards. The difference may be one of intonation: in the latter God supersedes and permits a transcendence by implying an overcoming of humanity, or of being above the 'gross bodymind'; in the former the subtle is possible via the essence of one's soulful humanity. If there is a commonality between them, it lies in the axiomatic relationship between the potential for inner spirituality and this being met in an 'outside' other. (For a fuller discussion see West, 2000.)

> *"It was really weird, at that moment, it was as if I had no body, I was still breathing but couldn't feel my breath. Or my body. I was without weight - not that I thought that I was out of my body, but, but at the same time, and again it was so really strange, I felt as if I was a part of everybody else's*

> *mind in the group, that somehow I was one of them, rather than entirely me, and for a moment it was incredibly well, sort of scary but beautiful".*

(A student writes in their journal of an experience in an unstructured group).

The above citation from a trainee on an integrative programme implies that contact at a subtle level is organically unfolding and is a component of the human experience as akin to say, sexuality, or human appetites, spiritual experiences such as this one involve a transcendent experience which is not necessarily interpreted within a religious framework, and in itself comes from within and without …… is more Heron than Wilbur. A second corollary extends the inherent nature of communication as a teleological essence of spirituality, as qualia towards connection, or the essence of 'contact energy' in Paganism. That the drive of spirituality is a purposeful unitising component of human relationships which is intractably bound up in, and is beyond, the experience of love in its familial, platonic, erotic and agape forms. A third proposition is that the subtle is not necessarily a sacral innerness per se, a la Wilbur, but a more 'secular spirituality' (Wallach, 2014) - a less consciously conscious energy towards inter-subjective connection which can be ascribed as transreal.

This leads us specifically to a further definition of subtle process. To do this from the past-focussed perspective requires an overview of the nature of personal development on an integrative training course, and to examine the framework of 'how' trainees learn so as to find the place for subtle learning. In so doing this complex and nuanced aspect of learning will be made clearer. How students learn on the course is the subject of this next section and will be limited to my own reflections on this matter as a facilitator on a postgraduate diploma integrative course over many years.

Personal & Professional Development & Past-focussed Subtle Process

Bateson (1973, cited in Wilborg, 2008) identifies four valid and useful levels of academic learning in Higher Education (HE). Level one: facts or skills defined by the context, the syllabus of the particular course; level two: enabling students to make comparisons or connections; level three: facilitating the ability to doubt the validity of previously held perceptions; level four: facilitating the ability to take a meta-view of not only content but also process. It is in the realms of levels three and four that the next section will be focussed upon. Specifically in relation to these domains a rigorous counselling and psychotherapy training is difficult and all-encompassing because it requires students to engage in multi-various relational and academic activities. At the same time, but in particular ways that are difficult to assimilate (level 3), in the personal development sphere, they are required to be themselves and to allow others to communicate with them in a manner which may be uncomfortable and unfamiliar. They are invited to be themselves yet to be more of themselves in the context of how the other is impacting upon them – in essence they are to extend beyond themselves. They are required to intellectually incorporate substantive theoretical perspectives on the person in terms of health, ill health and psychological dysfunction; and those theories which aim to make sense of this plurality, as well as their social, cultural and environmental impact on health and dysfunction, and to consider strategies, responses and interventions so as to work with vulnerable people. They are also required to put their learning into place in an ethical and safe manner. Throughout all of these three domains of training, personal development is central for relationally-based therapists. While personal development is a complex process there are observable repeatable patterns among student groups, which are significant and instrumental in the development of their 'clinical' identity, and are not subtle in the context as described above.

Psychotherapy integration is built around the concept of the therapeutic relationship, and substantially includes therapeutic alliance, real relationship/existential perspectives, unreal relationship (transference/countertransference) perspectives and psychospiritual perspectives. The emphasis towards competence as practitioner is both personal and academic development, and includes psychological processes as well as established models of learning. Personal development learning on a counselling/psychotherapy training course is undoubtedly challenging. Students are required to bring their past experiences of how they organise themselves, and of how others and themselves exist as a duality of intersubjectivity. Such consequentially

broader reflections on the idiosyncratic nature of one's constructed reality are central to this activity. Such an end requires a commitment to personal reflection, to be available to others in the learning and personal development environment. Any examination of one's past experiences into the present is likely to be challenging and this is brought about in numerous ways on the programme at Lancashire: in addition to external personal therapy, 'within class' sessions are taught essentially in an experiential mode, skills sessions are not role-play activities, personal development groups provide a discrete area of personal and group examinations of issues for self-reflection which has emerged throughout the days learning. It is not uncommon for students to be perplexed, anxious, confused and 'lost' as personal and social constructs of identity as they have been shaped and formed, are examined and reflected upon. Bateson's (1973, cited in Wilborg, 2008) model of phase one two and three, are very useful at this point for providing a certain amount of academically structured certainty to what is otherwise a challenging personal process or journey.

Psychologically, the personal development journey of the students' training is revolving around two motifs: 1: the cohesive sense of self, and 2: emotional self-regulation. In the former an examination of past experiences that synthesise to what extent a secure sense of self exists in the present, is re-experienced in terms of how the students are relating to each other and their tutors – secure, ambivalent, anxious/avoidant (Bowlby, 1980; Ainsworth, 1970) and other ways of measurement of the self. Allied alongside the development of the secure/cohesive sense of self, is the concept of emotional self-regulation within a window of tolerance (Ogden, et al, 2006). If these two notions provide the superstructure of the process, then what psychological processes students go through can be subdivided and summarised as a form of subtle process (past focussed) - either 'friendly' or 'unfriendly' to use Gendlin's (2003) facilitative terms. To illustrate, I will return to the group exercise from earlier in the paper and involve a focus on the nature of 'intuition' (which trainees often cite as their rationale for their statements). In the context of our discussion this begs the question: what is intuition?

Bollas (1992, cited in Nettleton, 2016) uses his concept of the 'receptive unconscious' or mental processes, when the conscious mind develops and is structured by a process of 'creative receptivity', to explain intuition or when a person comes from their intuitive place of 'not knowing why, but I do/say or feel what I do'. What individuals may think of as 'intuiting'- as in the class-based psychological contact exercise earlier - whether a person has moved towards or away from them - is structurally a function of a pre-verbal (unconsciously) lived and (re) created experience of either attachment or separation. For Bollas (1992, cited in Nettleton, 2016) this receptive creating constitutes 'psychic genera' (the unconscious workings for motivational fulfilment) and are, crucially for the purposes of subtle process, based on two Freudian concepts: 1: 'thing – presentations' (preverbal experiences of things–in–themselves); and 2: 'nodal point experiences' (different elements of psychic intensity come together in the unconscious mind of the infant to produce moments of perplexion, confusion, and tension – and over time this produces in health, assimilation and accommodation of experience). Nodal point experiences ultimately become received and created as 'I' and 'you'. Over the life span, different encountering phenomena is subject to the same nodal tensions of receiving new experiences, shifting perception of what is known-ness, to an experience of restructuring known-ness). In the group exercise example, it can be construed that the trainee's definition of their intuition was a 'friendly', 'hard to grasp', nodal activity, which can be also called a subtle process (past focussed). In other areas of training and in therapy, the experiences may not be so 'friendly'.

In the training / therapy environment other such nodal experiences are cognitively perplexing and affectively dysregulating to trainees. Another psychoanalytic concept I will use to illustrate this form of subtle is that of 'destruction – creation', to use Winnicott's (1971) applicable, if paradoxical – and rather startling statement. Winnicott used this term to illustrate a form of growth that a child experiences in the relative dependence stage of development. In the absolute dependent stage of development, the infant needs the good enough mother / self-regulating other, to be under his or her omnipotent control and to meet its requirements, night and day, as if by magic, and always at its moment of need. Winnicott (1971) posits that the relatively dependent infant, who is now older and more mature, is to be slowly disillusioned of their being able to conjure up this always available, always on-time and all-providing

other. To do this the 'good enough mother', or significant self-regulating other slowly fails the infant who responds with a mixture of anxiety, aggression and frustration. When the 'good enough mother' is absent (another nodal point experience of the thing-in-itself) then they need to process these intense feelings in some way – usually via toys, and the 'unfriendly' aggression can be vented onto an external object (when the significant other is present this can manifest as personal attack). If all goes well in the empathic withdrawal of omnipotence the infant is able to destroy the unconscious imago of the other as always being there when it needs it and to provide it's every need, and recruits in its place the platform for its own more independent ontology; the infant is both destroying an object /toy and creating at the same time. As a more resilient self - having gone from a position of object relating to object usage – the infant now relates to the other with a sense of me and their other-ness, rather than a me-and other-as-me-ness. In their nodal point fury and frustration, they destroy the toy / significant other, but the other survives the intensity of their emotions and is re-creatable in the environment at some time in the future. At which point the infant finds their gratitude and concern for the object that they annihilated, as the object neither abandoned nor retaliated against them. Can it be that trainees go through a similar process? An example:

A student is observed in a 30 minute practice therapy session by a tutor and a fellow student. The client is another student on the programme. At the completion of the mini session the tutor guides the student feedback around the theme that, while they provided sufficient generalised empathy, the student did not seem to communicate sufficient empathy with the client's declaration of actual physical pain. This comes as a surprise to the trainee who at first finds it hard to hear what is being said and is puzzled and cannot make immediate sense of what is being said (subtlety, hard to grasp). The tutor invites the students to reflect on the feedback during the next week. In a subsequent tutorial, the trainee expresses how he has been wondering if he might be denying the pain of others. He is cognitively preoccupied with it and thinks it's significant to his personal development but can't make the links yet as to why. Over the next few weeks the student appears detached, and slightly 'numb-up' in class. In a following tutorial the student expresses frustration at the tutor for providing feedback that doesn't make sense to him and that he can't understand.

A few months later, the student - having undergone a period of personal therapy - is able to report that they have found out a great deal about themselves on the matter of the disavowal of the acceptance of physical pain, and that it is related to his sense of self, in that he de-sensitises, that he doesn't give himself permission to be in pain as it is a sign of 'weakness' and is contrary to his introjects of 'being strong', and 'being good'. He makes the link as to why he is emotionally and attitudinally affected personally when other people are not in class because they're off sick, he makes the link as to how he has structured himself in terms of 'good' and others in terms of 'bad' on the basis of their capacity to deal with personal illness. For the first time in many years, he has a period of sickness himself, and returns to class feeling ashamed at being off sick for a period of time. He finds it difficult to accept the empathy of the group and once again he becomes detached, numbed, and withdrawn. This process continues for some time as the student goes through his 'destruction and re-creation' in therapy, and in class, and slowly his omnipotent control over his belief that 'to be good is to be without pain' is slowly disillusioned.

There is in the above an illustration, a slow process of how aspects of the student's archaic self' is being phased out, or 'destroyed', as their reshape(ing) of personal identity occurs based on subtle, hard to grasp, processing of past-into present re-ordering. (Destruction still has validity as a term as often this process can be excruciatingly difficult for students with heightened emotion, fear and anxiety as well as perplexing self-states, personal agitation and confusion.) In this process, self and 'otherness are partially or substantially re-organised. Subtle potential is promoted, not actively by didact or instruction, but via personal development, from which ground vague and uncomfortable subtle experiences may flow into new, crystallised figure-based gestalten.

The process of psychological growth is then, both a maturing of innate forces, needs and temperaments, as well as the provision of a facilitating environment that supports this, so as to become more of who we are. Winnicott (1958) writes, too, that as a process of development the infant's innate capacity for unintegration also develops. In an age when mindfulness and its

evidence base is becoming more widely available it is worthwhile to reflect on Winnicott's (1958) concept. Describing unintegration as a formless quiescent state 'of no orientation', such occasions appear to constitute what can be called 'aloneness-in-peace moments'. Winnicott describes the infant as not compelled to do anything. There is neither an inner urge, or drive, or need, nor an environmental stimulus to respond to, nor an agency to create something in the environment to meet an inner need – to just be in the moment. It seems possible that what Winnicott was positing is a form of the earliest expression of a capacity to hold one's own internal 'subtle', self-spiritual state – not subtle in that there is no transreal quality, but spiritual in the sense of a connection to self and environment that is harmonic and purposeful towards true self-being, or soulfulness (Moore, 1995). The corollary, albeit speculatively proposed, is that when Winnicott advances that an adult individual who has sufficient 'true self' becomes inter-dependant with the environment, that this is the result of a series of development provisions that includes this self-subtle process, a self-spiritual state? Correspondingly, when we review psychological dysfunction as uncontained unthinkable anxieties (Winnicott 1962) could it be that a form of splitting from one's own innate spirituality occurs as well when unintegration is not facilitated by a 'good enough environment? That developmentally the person is arrested in their capacity to unintegrate and by not being able to split off from an aspect of their own innate spirituality? A double hit of dysfunctionality? Questions that are difficult to answer in this paper but provide the basis for further thought.

Where these Winnicottian processes are 'good-enough', individuals develop true self aspects, and increased emotional plasticity, or a broader window for the capacity of emotional toleration. Neurobiologically, there are terms that we can employ to understand this process. For example, the person has likely reprocessed their procedural affective memory in the subcortical circuits (Panksepp, 1998) via phenomenological self-reflection and in relationship to others and via the social construction of past into present. The emotionally based memory/memories have altered via subcortical reprocessing due to both emotional maturing and cognitive re-ordering of object to subject in present-centredness, that is temporal shifting. In my experience students engage in this form of activity for a substantial amount of time in a standard counselling/psychotherapy training, and while not subtle (transcendent), the process can be termed as a spiritual one in that a movement of deeper or more self-related connection has occurred.

If we reflect on this form of learning, against two established models of learning, we can examine possibilities of how subtle phenomena may arise as a result of, but normally after such processes have occurred. Wilburg (2008) cites Belenky et al.'s (1986) five categories of ways of knowing, with a focus on women's ways of knowing: silence, received knowledge, subjective knowledge, procedural knowledge and constructive knowledge. If we apply such a categorisation to the aforementioned class contact exercise we can advance a discussion that silence and subjective knowledge (which includes intuition and felt sense), played a part in the students' decisions of how they experienced themselves and their partners of moving towards or way from them. Arguably, there was insufficient data in the form of objective, received, or procedural data. However, although there are intimations towards ephemeral or subtle knowing, this model is essentially one based on the concrete and formalised acquisition of skills which involves personal reflexivity, with an emphasis on putting such skills into practice in the future. This model requires a traditional teacher/student paradigm to fit. It does not seem to incorporate the subtle as a way of knowing. The two active agents that were likely to be in place in the above example were silence and subjective knowledge, and neither necessarily incorporates the external other in a way which is above rationalisation or cognitive understanding. How, for example would the student quotation example (i.e. "It was really weird", see above), fit the above categorisation of learning? This description of an incorporated other goes beyond traditional ways of categorising it as a concretised learning experience. Using Belenky et al.'s (1986) model the nearest it affiliates with is in the realm of constructive knowledge in which: "Women view knowledge as contextual and experience themselves as creators of knowledge and value both subjective and objective strategies for knowing . . ." (ibid. 2008, pg. 23) Again, a distinction can be made in intonation: there are similarities but the use of key words provide an impetus for a more nuanced definition, especially with reference to the word 'strategies' which implies cognitive formulation of a new outcome rather than the unfolding of process in which a spiritual

or transcendently contact energy is affected, and a subtle component may be present. This latter concept seems vital to me in approaching subtle phenomena and requires review.

Traditional models of learning tend to conclude with levels of outcomes from knowledge into practice, theoretical understanding into self-development, and a form of what Egan (2009) calls 'future scenarios': that based on experiences of learning, the individual has a model of what to do in the future. I think that it is in this latter category in particular, where subtle experiences do not fit easily into how we subsequently 'live out' these experiences; subtle experiences do not construct a strategy base for future behaviour. Due to their puzzling yet harmonic nature, behavioural changes which occur are not planned or strategised, or conceptualised around anything in particular – extended subtle behaviours just happen/ have occurred. A student writes: "I now do things that I never thought I'd do . . . . I don't even find myself thinking about what I'm doing which is of importance to me anymore." In other words, the process of the 'destroyed-created self-structure' happens in a harmonic congruence between the person and their environment as a result of neuronal reprocessing. To what extent this happens in major or only in minor ways is particular to each individual. Perhaps we can add another category of learning to the four: subtle learning?

A definition of the subtle which adds resonance to the points explored above in the context of counselling and psychotherapy training is that subtle process is ultimately a transient relational experience. Like moments of unintegration they are fleeting; while, as discussed, they can leave one floundering for a time in perplexity or in joy. Both types of subtle processes and experiences may be 'unlooked' for, hard to embrace, and cannot be arrived at by searching for. They are likely to be experienced as something of a shock, involving cognitive dissonance (confusion), disembodiment (out of body awareness), and 'dysidentification' (separation of known self) (Vaughan, 2001). Subtle experiences may involve one's subjective self, an environmental context, and an energy, power, force or phenomena - represented by an object, thing or person, which is difficult to accurately symbolise within known nomenclature; such subtle experiences result in mixed emotion, perhaps trepidation and fear and uncertainty as well as, if reached, certainty, joy, bliss and acceptance. Unlike Heidegger's (1978) existential 'thrownness', which is fraught with angst and life confusion and stems from existential vicissitudes rather than psychological ones, subtle experiences incorporate a 'benign thrownness', as a person may not consciously cognitively understand what is occurring and may experience a range of emotions, yet are concurrently psychologically contained whilst not environmentally grounded. Usually the experiences are not understandable immediately. Due to their ultimately transreal harmonic nature, there is subsequently intense connectivity to oneself and the environment, if not all things, the results of which lead to a heightened, enhanced and altered self-personal experience. (Differences with psychosis are evident in these characteristics and do not require explanation.)

To Conclude

King (2016) states that spiritual happiness is likely to occur in the context of bliss (separation of self from known self), community and relationally (Sangha) and finally, a state of benignity (in connection with disembodied essences, or beyond matter presences). In this paper the quest for 'happiness' is not a quest but a positing that relative heath is an emergence of a cohesive sense of self in resolving and updating past-focussed subtle processes and of embracing the possibilities of the transcendent encounter. That a training course may go some way in this endeavour is a possibility.

Finally, I am aware that, of the many critiques to this paper, the one that stands out is of utilising a form of construction that Webster (1995) accused Freud of doing, which is of 'using one key to unlock all doors', an acknowledged failure of the scientist. In proposing that subtle in itself is a word that is synonymous with integration – that the word subtle is a method of psychotherapeutic integration when viewed dualistically, I offer merely a form of tentatively 'holding' and 'being-with' during the complexities and challenges that face both the trainee and facilitator in the integrative project.

All quotes, and eaxmples from students throughout this paper are used with the permission of the respective students.

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Mark Gullidge and Sue Daniels

Disintegrating world? What can integrative therapy offer practitioners and clients in 2017?

Abstract

This paper reflects on a workshop conducted by the authors at the United Kingdom Association for Psychotherapy Integration (UKAPI) conference, The Heart of Psychotherapy: putting theory into practice (2017). The authors contend that politics cannot but be present in psychotherapeutic practice, using reflections from their own work. There may be a particular role for integrative psychotherapy in the present political situation given its practice of openness to different belief systems.

Introduction

> *"From a psychological point of view, the world is making people unwell; it follows that, for people to feel better, the world's situation needs to change. But perhaps this is too passive; perhaps for people to feel better, they have to recognise that the human psyche is a political psyche and hence consider doing something about the state the world is in." (Samuels, 2001, pg. 21)*

> *"Hope is not a form of guarantee; it's a form of energy, and very frequently that energy is strongest in circumstances that are very dark." (Berger, 2011, pg. 68)*

This paper is a reflection on the workshop we conducted at the UKAPI conference, *The Heart of Integrative Psychotherapy: putting theory into practice* (2017). When the conference was proposed we thought that the current political, social and cultural situation needed to be reflected upon during it. Both of us have a long-held belief that the social, political and cultural has to be paid attention to in the therapy room and sometimes is foreground. Some people believe politics has no place in the therapy room, it needs to be kept outside. By the time of the conference the doors of our therapy rooms, it seemed to us, were being burst open by the situation in the world. The election of Donald Trump in the US, the approaching vote on Article 50 to trigger Brexit in the UK, the rise of the far right and populism across Europe and wider, the Syrian refugee crisis, were all set against technological change and ecological crisis. We as therapists, supervisors and teachers felt our own destabilization alongside those of our clients, supervisees, students and colleagues.

The blurb for our workshop said:-

> *The world for us as practitioners and for our clients is shifting. Political division, consensus crumbling, social networks reconfiguring, the climate changing. This workshop will explore what integrative therapy may have to offer in the face of the likes of Brexit, the rise of the far right and populism, the influence of the algorithm and ecological crisis. We suggest that such issues cannot but enter our practices and our relationships with clients. The workshop is an opportunity to think about this for you personally and professionally and what you might be doing and what you might do as a therapist.*

Our sense was of being in shifting sands. Our focus pertained to what integrative psychotherapy had to offer at this particular time.

In this paper we will first present an initial dialogue between us which featured at the beginning of the workshop. We then will highlight some discussion points that arose in the workshop. Finally we will make some concluding remarks.

Initial Dialogue

We had thought beforehand that psychotherapy encourages and offers dialogue, and suggests that through it solutions can be found, or at least more holding ground might be established. We therefore started the workshop by talking to one another as follows, in front of the workshop delegates. We hoped dialogue would follow with those who attended the workshop.

Sue:

I started off thinking about integration. Of the many theories in psychotherapy, counselling, and counselling psychology there seems to be a growing consensus that what is common to all of them is the relationship with the helper. However, the world of psychotherapy is also driven by rivalry, competition for resources and position as well as deeply held feelings about the 'rightness' of what we do, how we were trained etc. In many ways it does not transcend the patterns in society so much as reflect them.

However, we have set ourselves the task of creating a space to think about these things both today and in integrative psychotherapy in general. Clearly both psychotherapists and our clients exist in the outside social and political world. The use of 'outside' world suggest the existence of an internal world that is different. Clearly there is a relationship between the two.

I turned to psychotherapy as a way of 'curing' or at least understanding the outside political world.

Mark:

I came to psychotherapy 15 years after doing a politics degree. I was looking for a "cure" for myself and others, but knew that had to have a political context. I had worked since my degree in psychiatric settings, observing the political in mental health, power played out through policy and practice. I was frustrated at the way psychiatry often curtailed freedom. I anxiously sat in left wing politics.

Sue:

From the age of 18, and for the next twenty years, I was heavily involved in a number of progressive organisations: women's groups, anti-fascist and anti-racist groups as well as opposition to British policy and violent attacks in various parts of the world. Despite seeming to have common aims, the group dynamics I found in these movements was often of bitter competition between them, with a desire to humiliate or derail their rivals. Of course, when under pressure I found the same impulses in myself.

Mark:

I entered the psychotherapy world to discover politics as present in psychotherapy and counselling organisations and services, as anywhere else. There wasn't an easy "cure". I found rivalry and shaming between the psychotherapy models.

Sue:

Can integrative psychotherapy help with current events that many of us have found shocking and disorientating in the present situation? Brexit, the Trump presidency, the growing use of algorithms and the ever-present threat of global warming. All of these events are crying out for different groups of people to begin to talk to each other and yet we seem to be moving firmly away from being able to do this.

Mark:

So, Brexit: shock, celebration, division in the land, people unsure of their future, a strong sense of dislocation; the American election: a "populist' throwback or new form of politics, difference, instability, fear, celebration, fake news, alternative facts. Something new every day; the influence of the algorithm (the formulas which lie behind many technological organisations and networks): a sensed of technology 'running ahead' of us, infiltration of personal worlds by machinelike systems, celebration, possibility, choice, control, rapid change in communication;

ecological crisis: the environment changing, the air we breathe, the weather, the temperature, the earth beneath our feet. What is my head in? Where am I, are we, heading?

Sue:

Watching the Trump inauguration on television I was struck by his supporters expressing their different experience of what was happening. They were thrilled in thinking about the world to come. The women especially, it seemed to me, were cheerful, probably caring to their families, 'just want to get by' kind of women. They seemed to have a common ideology of having coped with the world as unfair as it had been. It was clear to see their hatred projected onto 'the white elite', 'the intellectuals', and 'the successful'. In this I include psychotherapists. In turn I felt defensively furious with them.

And yet I know that their grievances are real. The poverty, the lack of hope and the fury at having been neglected and despised for so long. The stuff of comedy - the fat ignorant man and woman revealed in all their vulnerability for us to laugh at. But that is only half the story. The answer to this situation provokes outrage in me and obviously, many others. I then become, in imagination, part of the elite that they despise. I am once again powerless and overwhelmed but uncomfortable in knowing that I am not getting to grips with the issues that the Trump supporters are expressing.

The world of psychotherapy with its attempt to listen and willingness to understand seems very far away.

Mark:

For me Trump represents the bad father. Misogynistic, greedy, a bully of the worst sort. Memories of men in my own life ripple through me as I see his swagger and arrogance, I don't want to accept him, I want to hit him or worse kill him. I've never known so many people talk of assassination. He is unthinkable to some. I cannot believe, don't want to believe, he is more than acceptable to others. So how to think when I don't want to, how to act without killing? In therapy his name shuts down thinking. That's my current challenge as a therapist.

A therapist I know recently told me of his fantasy that a crack group of therapists go to the White House, break in to the Oval Office and confront Trump with an interpretation about his narcissism. "He would just deflate in front of them," he said. Death by therapy, another assassination. Therapists as Navy Seals. Trump as Osama Bin Laden. If only it were so easy.

Sue:

And then there's Brexit. My experience of the process of Brexit was much closer to the world I live in and so much more painful. I experienced total shock that this could happen. And then I furiously asked, who were these people who coexisted with me in the same country, who were so lacking in insight etc. So selfishly following their own interests. I also experienced a turning in on ourselves -who is to blame? Older people? Northerners? I was amazed how firmly these things took hold of me and how threatening I found it. Clients and students talked about their inability to talk to members of their families and in terms of never seeing them again. It was difficult as a therapist to explore the idea that these things had been there all along, they did not just arise on the day of the referendum. Everyone seemed to be looking for someone to blame.

Everything seemed to be flying apart. "Something terrible is about to happen!" seemed to express what a lot of people were feeling. Again, as with the Trump example, I know at first hand that the working-class people in various parts of Britain have little hope of change. Some of these are my own family. I am furious when I think of the circumstances in which they live, but the solutions that many people seem to embrace also leave me furious - UKIP, anti-immigrant etc.

It struck me at the time that that some of these reactions are about loss; the good safe world we were living in had disappeared over night. This, despite the fact that the world we were living in contained the beheading of Robert Crum and others by ISIS, the events of the twin towers, the bombings in Iraq and Syria all televised and coming constantly into our homes.

And yet it was the immediacy of Brexit that cause British people to express their dismay and shock to colleagues, passengers on public transport, people in cafés and shops. Knowing myself to be both a northerner and old, I felt judged and criticised even though I had not voted for Brexit.

Mark:

For me, Brexit was a shock too. My bubble burst. Opinions I was vaguely aware of were suddenly right in front of me. Another bullying man - Farage - triumphant. Parts of the country suddenly were no go areas. London a haven. I hated the flare up of racism - European and international colleagues, clients, students, looking out their passports, racist incidents reported, England a grey, unpleasant land. Could I move beyond disgust and fear to understand those on the other side? I felt suddenly afloat on an island soon to be drifting from its moorings. Dislocation, dislocation, dislocation. I'm still there. And with a guilty sense of why didn't I see this coming? Friends of mine, with more dislocated histories, had been saying for a long time, "something's coming", "this feels familiar."

Sue:

So, back to integrative psychotherapy.

After the Trump victory, I had a dream in which I was furious and contemptuous of the idea of integration. I wanted something more solid and clear in the face of this new insecure world order. I felt ineffective in the dream and wondered if this had a wider meaning. Finding a space to listen and think, as we try to do as therapists, seemed more difficult than a definite point of view. In a world of more insecurity we need a firm idea about the way forward.

However, there are examples of this thinking space in the political world. In the Irish peace process, after years of violence, members of the British government, Nationalist and Republicans sat down together to talk, because it had become clear that the violence was not furthering anyone's aims. This was a pragmatic decision although hurt, if not hatred on the part of participants must have been powerful. There was a clear political aim in mind to find a way out of their present situation. There were many breaks in the process of understanding each other with each side 'flouncing off' and juggling for position. However, there was something impressive in them finding a way to see what the others needed. Out of this, came a much-reported friendship between Ian Paisley and Martin McGuinness.

Psychotherapists and social work teachers were active to help to make this agreement deepen. Large therapy groups and school exchanges promoted ways to think about Catholic and Protestant children together.

So, to integrative psychotherapy. What can we offer to this threatening, out of control world? Certainly not a dialogue of compromise. We have seen a lot of this making things worse. It is something about being able to hold onto our own firmly held beliefs about how the world could be better, but still be able to listen to the idea that there might be other ways of getting to the same place.

Mark:

For me the ecological crisis is the most important thing. We are in the world as the world is dying by human hand. There is a climate change denier in the White House now, but we are all climate change deniers. We cannot in some way take ownership of the fact that we are part of what is happening in the environment. It is too big, too overwhelming. We cannot admit it. We suffer because of our denial and yet we cannot escape it.

So, the algorithm. We have been part of the growth in technology that has brought about systems which seem to think before we do, know our wishes, choose our friends. It too is overwhelming. We cannot altogether accept it.

And Trump is in the White House on our watch. In our world now. And we may have voted for, or against Brexit. Either way we are in a soon to be post-Brexit world. Our world. In which we live. And, in some way, we cannot accept this. We deny it. We can't accept it. It's too big. Yet we live in it. This is our world.

Could it be that integrative psychotherapy has little to offer in the face of all this? Could we better accept that therapy has nothing to offer in a disintegrating world? The critical is too critical, the world - our world - needs something else. We'd do better thinking differently, acting differently. Also, am I in a fit state to be a therapist? Distracted, troubled, uncertain, reactive, sad, angry, outraged, and sometimes hopeless. Should I take a break? A step back? A time to recover?

For some maybe yes, yes to both or either. A break and a reconsideration.

For me, integrative psychotherapy sits in this world of splits and hate, hope and change, technological

control, climate change denial. We cannot 'un-think' or' un-feel' it, but we can talk about it, to each other, to our clients, applying our theories, applying our practices. We can feel it together, supporting each other, coming together, to shout, or cry, protest, be outraged, feel ashamed, feel vindicated, and feel human. We have important work to do, important work in this world, as therapists. We may be very distressed, feeling powerless. We may be very hopeful, celebratory. We are at an anguished time, but we can talk about it, we can feel it, we can carry on relating.

General Themes Arising from the Workshop

Several themes arose from the workshop and discussions we had afterwards.

1. Variety of political experiences

People are responding to the current political situation in different ways. Some people are reconnecting with politics and political protest. Some are marching for the first time. Some, who are used to protests and activism are retreating into themselves, for now at least.

2. People from different backgrounds can help one another

Different people can help other people understand what's going on. Some non-British Europeans have perspectives which can help some British people, e.g. the fluidity and threat in the current political situation in Britain mirroring something of other historical times in other European countries.

3. Challenge

Confronted by recent political events, some therapists appear to be recognising more clearly how some of their clients – and colleagues - have felt and are feeling in an ongoing way. Senses of dislocation, fear, anxiety, confusion, uncertainty and worry, which often clients report because of political situations, are perhaps now more active in some therapists.

4. Feeling too overwhelmed to be working, or needing a break

Some therapists appear to be very impacted and destabilized by political events and are questioning their capacity for therapeutic work.

5. Political ideas that are psychotic and/or need to be confronted

Some therapists are feeling that therapists need to be politically active, as some of the ideas that are very alive in the current political domain, need to be spoken against and therapists have an important role in doing this.

6. Therapists are good at talking and conflict

Therapists have something to offer to the current situation in terms of dialogue, particularly across disagreements. Conversations, where we 'knock up' against each other's differences and keep talking, are the ones to be having.

7. Other activities for therapists

Some therapists are thinking it might be better for therapists to be involved in communal events - marches, protests, community meetings, coming together – rather than doing so much one-to-one therapy.

8. Technology and the algorithm

Mental health services are using algorithms to run their systems efficiently and economically. The use of technology in functioning as a therapist and the predominance of technologised social networking in therapists and clients lives, is another background cultural experience of life that often enters the therapy room.

9. Ecological crisis and climate change

This issue seems particularly difficult to talk about, feeling too overwhelming for therapists and clients.

10. Have integrative therapists something particular to offer?

Given the open approach to different ways of looking at things the integrative approach encourages, perhaps it can be useful in this current situation of splits, firm beliefs, dissension and conflict.

Conclusion

Looking back at the workshop we feel it (and the conference as a whole) happened at a particularly alive political moment. There were other similar workshops and talks at other conferences and therapy centres happening simultaneously. There seemed to be a general concern as to how or whether the political storms would settle and whether clients, and therapists, would continue to be destabilized indefinitely. As we write this two months after the conference, little has changed, other than a degree of familiarity with some of the issues.

We continue to see the effects of the political and cultural on our clients and on ourselves. The practice in integrative therapy of emphasizing relationship and movement between different thinking may stand in some way against the increasing conflict and positional thinking in the wider zeitgeist. This may in its own way be a political practice. We are pleased that the political, social and cultural were featured at this particular conference, where the current place of integrative therapy was the focus.

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Heward Wilkinson

The Primacy of Enactment Theory over Scientific Developmental Theory in Psychotherapy

Abstract

The paper argues for 'enactment' as more primary than 'scientific developmental' theory, as the heart of psychotherapy. Enactment, in a wider sense than the reductive psychoanalytic sense, as a human dimension, encompasses all kinds of live and active human meaning (even bracketing within itself propositional representation of states of affairs, but not reducible to this). All kinds of frame and conventional context-based human activity, the domain of 'as if' and frame, illustrate enactment including sport, all art, psychotherapy, and all procedural human activity. By its nature, it is more fully communicable by example and experience than by definition. Enactment is meaning which is primarily itself, and understood in terms of itself, except for its dependence on background and context, and is not defined by its reference to states of affairs external to it; in slogan form, 'it is the being it is about'. Connections with both general human reality and psychotherapy are drawn.

Introduction

The following, with the 'read out loud' quotations expanded a little, was what I presented at the UKAPI Conference ('The Heart of Integrative Psychotherapy: Putting Theory into Practice', February 4th 2017), and will serve to outline the conception I sketched on behalf of Scarborough Counselling and Psychotherapy Training Institute (SCPTI). The rest of the paper will then be a commentary on the juxtaposition I have sketched

First Quotation: from Shakespeare, *King Lear,* Act IV, scene 7

CORDELIA
….He wakes; speak to him.
DOCTOR
Madam, do you; 'tis fittest.
CORDELIA
How does my royal lord? How fares your majesty?
KING LEAR
You do me wrong to take me out o' the grave:
Thou art a soul in bliss; but I am bound
Upon a wheel of fire, that mine own tears
Do scald like moulten lead.
CORDELIA
Sir, do you know me?
KING LEAR
You are a spirit, I know: when did you die?
CORDELIA
Still, still, far wide!
DOCTOR
He's scarce awake: let him alone awhile.
KING LEAR
Where have I been? Where am I? Fair daylight?
I am mightily abused. I should e'en die with pity,
To see another thus. I know not what to say.
I will not swear these are my hands: let's see;
I feel this pin prick. Would I were assured
Of my condition!
CORDELIA
O, look upon me, sir,
And hold your hands in benediction o'er me:
No, sir, you must not kneel.
KING LEAR
Pray, do not mock me:
I am a very foolish fond old man,

Fourscore and upward, not an hour more nor less;
And, to deal plainly,
I fear I am not in my perfect mind.
Methinks I should know you, and know this man;
Yet I am doubtful for I am mainly ignorant
What place this is; and all the skill I have
Remembers not these garments; nor I know not
Where I did lodge last night. Do not laugh at me;
For, as I am a man, I think this lady
To be my child Cordelia.
CORDELIA
And so I am, I am.
KING LEAR
Be your tears wet? yes, 'faith. I pray, weep not:
If you have poison for me, I will drink it.
I know you do not love me; for your sisters
Have, as I do remember, done me wrong:
You have some cause, they have not.
CORDELIA
No cause, no cause.
KING LEAR
Am I in France?
KENT
In your own kingdom, sir.
KING LEAR
Do not abuse me.

Here we have the major elements of SCPTI's relational synthesis in understanding integration: relationality; overcoming of shame, abandonment, and abuse through relationship and forgiveness, validation, and avoidance of humiliation; reconciliation; open-heartedness and transparency; recognising primary emotional and cognitive identity markers and locators; moving from social emotion to heart emotion, to primary relationship and pre-verbal resonances. Presumably, the watchers at a great performance of King Lear, like Paul Scofield's in the sixties, could nowadays be tracked neurally, and their integrating responses at all encephalic evolutionary levels would be verified. That tragedy purges and heals through the catharsis of pity and fear has not been news since Aristotle's (384-322BC) Poetics.

But to think this all totally explains what happens is once more to reduce psychotherapy to something else. These meanings are valid at their own level. A second reading will bring this out.

Second quotation: from TS Eliot,
East Coker (Eliot, 1944)

O dark dark dark. They all go into the dark,
The vacant interstellar spaces, the vacant into the vacant,
The captains, merchant bankers, eminent men of letters,
The generous patrons of art, the statesmen and the rulers,
Distinguished civil servants, chairmen of many committees,
Industrial lords and petty contractors, all go into the dark,
And dark the Sun and Moon, and the Almanach de Gotha
And the Stock Exchange Gazette,
the Directory of Directors,
And cold the sense and lost the motive of action.
And we all go with them, into the silent funeral,
Nobody's funeral, for there is no one to bury.
I said to my soul, be still, and let the dark come upon you
Which shall be the darkness of God. As, in a theatre,
The lights are extinguished, for the scene to be changed
With a hollow rumble of wings, with a movement of darkness on darkness,
And we know that the hills and the trees, the distant panorama
And the bold imposing facade are all being rolled away—
Or as, when an underground train, in the tube, stops too long between stations
And the conversation rises and slowly fades into silence
And you see behind every face the mental emptiness deepen
Leaving only the growing terror of nothing to think about;
Or when, under ether, the mind is conscious but conscious of nothing—
I said to my soul, be still, and wait without hope
For hope would be hope for the wrong thing; wait without love,
For love would be love of the wrong thing; there is yet faith
But the faith and the love and the hope are all in the waiting.
Wait without thought, for you are not ready for thought:
So the darkness shall be the light, and the stillness the dancing.
Whisper of running streams, and winter lightning.
The wild thyme unseen and the wild strawberry,
The laughter in the garden, echoed ecstasy

Not lost, but requiring, pointing to the agony
Of death and birth.
You say I am repeating
Something I have said before. I shall say it again.
Shall I say it again? In order to arrive there,
To arrive where you are, to get from where you are not,
You must go by a way wherein there is no ecstasy.
In order to arrive at what you do not know
You must go by a way which is the way of ignorance.
In order to possess what you do not possess
You must go by the way of dispossession.
In order to arrive at what you are not
You must go through the way in which you are not.
And what you do not know is the only thing you know
And what you own is what you do not own
And where you are is where you are not.

This paradigmatically process based passage ends in an epiphany paradox, which is enactment: where you are is where you are not. Once we recognise that enactment is not merely reductive in psychotherapy, the way is open to recognising that enactment is the total medium of psychotherapy, as it is of literature. Enactment is irreducibly phenomenological, takes place in and through consciousness. Poetry is third realm phenomenology and so is psychotherapy. The science, however important, however fashionable, is secondary.

Expanding the Argument

My arguments, which have now been around in one form or another for nearly ten years now (e.g., Wilkinson, 2008 and 2009, cited in Frie and Orange, 2009), remain puzzling if not explained experientially, which I believe I did manage to achieve in the workshop I ran at the UKAPI Conference (2017). There are modest signs that the tide is turning, however; the recent book The Therapeutic Imagination by Jeremy Holmes (2014), writing from the Attachment Theory wing of Psychoanalysis, overlaps with a substantial portion of my thesis, though not with the enactment part of it, as I indicated in a review paper for the Journal of Psychodynamic Practice (Wilkinson, 2017).

In outline, my argument is this:

1. The Power of Developmental Science

The massive amount of work now being done on developmental issues in psychotherapy, on trauma, on the environmental background to defence and pathology, on the evolutionary necessity of relationality, including the conditions to attain reflexivity or mentalisation, and on the neuroscience of the emotions, - with the connections to research into the efficacy of the alliance or relationship (e.g., Wampold, 2015) - , might make it seem that, within the narrative-relational psychotherapies, apart from the individuality and dialect idiosyncrasy of the modalities, a non-reductive, developmental-science, approach to the understanding of psychotherapy will give us everything we need.

2. Enactment Theory: Enactment is Always Present, but not Explicit

However, once we take account of this further dimension of enactment, which is constituted by, and realised in, the textuality of the work, and is not reducible to a scientific analysis, this proves to be not enough to account for what happens in therapy. What is missing? Implicitly, from the non-reductive, developmental-science approach, the presence of enactment is not missing; it cannot be. That was why the use of the King Lear passage 'worked' so well at the conference. It has an extraordinary modernness, anticipating anti-psychiatry, and the developmental-relational understanding we take for granted - along with, and embodied in - the Cordelia passage's profound repudiation both of the honour code, and the cruelty embodied in the feudal order, which was on the point of breakdown in Elizabeth I's reign. But, of course, it too, as poetry, is an apotheosis of enactment.

3. Differentiating from the Psychoanalytic Concept of Enactment

The dimension of enactment, as I am using it, should not be confused with its use in the Psychoanalytic Community, and its Integrative-Humanistic offshoots, a use which means something tantamount to acting out. This assumes that enactment is something to be superseded, for example, by reflexive awareness, mentalisation (as it has become fashionable to say), good contact, or by an 'adult' ego-state, or many such variants

which are usually some form of unexplicit representational theory. These reduce the function of enactment to a mere downside derivative of normality, with the tendency towards diagnosis.

One of the best Psychoanalytic Relational theorists, Lewis Aron (1996), comes tantalisingly near to recognising the limits of this model, as I partly discussed in my Doctoral Commentary (Wilkinson, 2011). And, indeed, he is almost where I would wish him to be (!), except that 'enactment', as he uses it, still carries some of the resonance of the old psychoanalytic concept. Aron (1996) does not quite complete the leap into recognising that Enactment Theory delineates the alternative, non-representational, primordial epistemology for psychotherapy.

Enactment, in fact, in this wider sense, as a human dimension, encompasses all kinds of live and active human meaning, (even bracketing within itself propositional representation of states of affairs, but not reducible to this), and is most clearly demonstrable when attempt at representational paraphrase would eliminate the enactive meaning, as in the perfomative paradox 'DO NOT READ THIS'. All kinds of frame and conventional context-based human activity, the domain of 'as if' and frame, illustrate enactment, including sport, all art, psychotherapy, and all procedural human activity. By its nature, it is more fully communicable by example and experience than by such a definition as this one! Enactment is meaning which is primarily itself and understood in terms of itself, except for its dependence on background and context, and is not defined by its reference to states of affairs external to it; in slogan form, "it is the being it is about".

4. But What's the big Deal About Enactment Theory?

But, why would the wider conception matter? Well, theories have consequences! It matters because the wider conception of enactment brings into view several realities, which are otherwise neglected, and which are part of the progress of psychotherapy; these include:

i. Epiphany. The full potency and glorious sacredness of such realities as 'moments of meeting', in Daniel Stern's (2004) analysis, which derive from the background, as he indicates in his analysis, of 'the present moment' (in 'the breakfast interview', 2004) and which obviously overlap with the dimension of Buber's (1959) I-Thou.

ii. The all-pervasiveness of enactment and therefore of textuality. The connection I am making here is the most difficult step and I shall return to it below

iii. The primacy of human meaning and of the linguistic, including within this the whole dimension of meaning as implicit and embodied

Only through shaking the diagnostic 'normality' model to which I refer above (section 3), can we attain a genuinely non-judgemental relation to those who are labelled insane or personality disordered, let alone a genuinely welcoming stance towards 'minorities' of all descriptions. Otherwise we are surreptitiously buying in to the 'normality' model of psychiatry, which, masquerading as scientific, is actually a social conformity model (Foucault, 1964; Pirsig, 1991), and has, as such, been embedded in diagnostic classification systems, such as the Diagnostic and Statistical Manual fifth edition (DSM V, American Psychiatric Association, 2014) for many a long year.

5. Enactment Theory and Textuality

I now turn to the core of enactment theory, namely, the all-pervasiveness of enactment and therefore of textuality, to which I promised I would return. I attempt to evoke it, with illustrations which are inevitably meagre.

In the delightful parody, the Monty Python Philosophers' World Cup (accessed via YouTube, 30.03.2017), what is essential to it is that it is derivative upon, but transformatory of, an actual soccer World Cup. What notoriously happens in this sketch is that the philosophers (German versus Greek) forget - until Archimedes has his 'eureka' moment - to kick the ball at all; this is accompanied by comment on their extraneous activities, all in the mode of a football commentary. The caricatured features, captured so well, rest upon our knowledge of real World Cups, but of course the discrepancy lies in the absolute impossibility of this kind of philosophical paralysis being the basis of a football game. So it gives us the delight of a total 'as if', an absurd fantasy which is in no danger of becoming a reality. This gives us the enactive texture of the piece; we delight in the 'what

if' dance of the process. Humour is non-reducible to cognition; it is through and through enactment.

But then we realise that there are inherent conventional elements, also, in a wider generic sense, in the reality which is being caricatured, which are revealed by the possibility of caricature (Derrida, 1988). A World Cup match or final is conventionally defined and woven around those elements in the human process which are caught up in the endless enactment which is human institutional process. So, if we are those who enjoy football, we are gripped, even hypnotised, by the 'trappings' of a 'World Cup Final' (actually, in the larger sense, the defining features; it is not just 'the rules of football', certainly not!).

We do not have to take anything as conventional as a World Cup, however. Consider how we relate to pets, as human beings, particularly dogs and cats. What is it that gives us such delight? Is it not, in part, that they are parodies of ourselves, so that in loving them we love ourselves? But, of course, however rooted in instinct, our recognition of them as 'like' us is, it is still also conventional. It is an on-going enactment of human meaning possibly preceding the development of language. (This, for the philosophically inclined, is the Platonic dimension of enactment: enactment being informed by partly repeatable, recognitional, meaning.)

6. Psychotherapy as Enactment

Finally, I come to Psychotherapy as enactment. My view is that the dance of enactment in psychotherapy is all-pervasive. But it comes out in particular in the peculiarities of the psychotherapeutic frame, about which psychotherapists have written very little, and for which I have to refer to the magnum opus of the sociologist Erving Goffman (1974). Just as TS Eliot will have gone into an altered mode of self-relation when composing such poetry as the passage from East Coker (1944), so the psychotherapy frame, with its artificial and parasitic dimension, evokes enactive processes of great power (Wilkinson, 2014). It is common for a skilled psychotherapist to reach a point where they don't know what is going on, and yet they do. These are the moments of impasse, analogous to what Eliot (1944) invokes in the quoted passage. It is in these moments that the sheer mystery and uncanniness of psychotherapy work becomes evident. And it is very often out of such moments that a new synthesis spontaneously emerges, from either party, which breaks the impasse, and may well be quite magnificent and transcendent. I record such a moment, framed through a reading, at the end of the earlier mentioned review paper (Wilkinson, 2017).

Conclusion

In short, whilst science has very much to say about the nature of psychotherapy, there is a whole dimension which coexists alongside of it, in total parallel to it, and which is as much the whole of human reality, as the recognitions of science. That is the dimension of meaning as action, as enactment, which constitutes the human world. And whilst the analysis of the human world, the process frame and so forth, is of necessity infinitely subtle, it is not reductive; every analysis deepens our sense of the enactive meaning which is already implicitly there. There is a Cartesian double layer which we as psychotherapists have not resolved, but which clearly involves 'two wholes', equally necessary. However, the whole which involves language is more primary and primordial, than the science which evolved from it (Leavis, 1962), and which now seems all-conquering. This ideology of all-conquering science, I believe, is an illusion - an illusion I would like psychotherapy to be a lot more sceptical about than it now is. Enactment theory gives us a fully inclusive alternative and parallel dimension through which to give counterbalance.

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Sinead Kavanagh

A Description and Critical Evaluation of the Philosophy, Values, Psychotherapeutic Theories and Methods that Guide My Work as an Integrative Psychotherapy Practitioner

This material (abridged for the purposes of the current journal) is taken from a research dissertation submitted in part fulfilment of the requirements for the MA in Integrative Psychotherapy, Cork Institute of Technology, Cork.

1.0 Introduction

> *"In a word, you cannot be a real therapist if you do not feel engaged, every time, by the beauty of the slow reflowing of the vital possibilities of the other, if you do not gaze in wonder at that profound re-possession, that renewed belonging-to-oneself and to the world that therapy fundamentally is."*

Sichera (2003, pg. 93)

Recently, my five year old son asked me what I do when I go to work. My tentative response was, "I meet people." How could he understand the quality and depth of meeting I was describing, one which has the capacity to be immensely healing and bring about change? And so I asked my son, "When you're upset, what makes you feel better?" "To be with you," he replied. And such is therapy, an often profound 'being with' that embraces both our mastery and vulnerability, our fluidity and rigidity, our uniquely human capacity for healing one another.

In this article, I will present the philosophical assumptions underpinning my approach to psychotherapy, the assessment lenses I use, my concepts of function and dysfunction, and the mechanisms of change. All of these elements combine to outline my Integrative Map of Psychotherapy. I realise that who I am as a person, and as a therapist, is a constant evolution, an ongoing process of integration. I humbly acknowledge the ongoing challenge of living and working true to these philosophies and theories in my practice. It is the experience of therapy, the beauty of human relations in evolution described above by Sichera (2003) that sustains my faith.

2.0: A Description and Evaluation of the Philosophical Assumptions that Inform My Approach to Psychotherapy.

There are five main pillars to my personal and professional philosophy. Firstly, the philosophy of dialogue, espoused by Martin Buber, (1937) and extended by Maurice Friedman (1960), Rich Hycner (1991), and Hycner and Jacobs (1995). It postulates that the essential fact of human existence is in the 'sphere of the between', where man meets man. At its most profound level, this deep interpersonal meeting, which is both connecting and differentiating, "touches on the edges of the sacred" (Hycner 1991, p. 78). When the philosophy of dialogue extends to the whole

of our lives, it speaks of non-violence, compassion, equality, and respect, not just for our fellow human beings, but also for the nature and environment we live in. The second pillar is strongly fortified with existentialist philosophy, influenced by Soren Kierkegaard (1813-1855), Yalom (2002, 2008), and also Zen Buddhism. I am passionate about the search for meaning and excited by the internal conflicts held in a person as s/he confronts the givens of life, death and existence. Creativity of all forms is an aesthetic which cements the third pillar, the human being on his or her creative journey of self-actualisation (Rogers, 1961), the gestalt that is aching for completion. These things I hold dear. The fourth pillar consists of the concept of the wounded healer, that is, how we respond to our own emotional injury in the process of healing ourselves and others. Finally, I extend the concept of dialogue to include an I-thou stance towards nature and the environment in which I live and work. I begin by briefly describing the core tenets of these philosophical assumptions, recognising the philosophical traditions they lean upon.

2.1 Dialogue/Relational

Buber was concerned with the difference between man's attitudes to man, and man's attitude to things. For him, "*All real living is meeting.*" (Buber, 1937, pg. 11) Dialogue beholds an attitude of deep respect and availability to the soul and presence of another, one which is characterised by mutuality, confirmation and inclusion, and which recognises the spirit, the *Thou* that is present between *I* and *Thou*. Indeed, Buber says, "Every encounter with Thou is a glimpse of the eternal *Thou*." (Buber, 1937, pg.75) Unlike the monologic I-It, the dialogic I-Thou is thoroughly relational, describing a present, often spiritual meeting between two people, where the persons are not left unchanged by the encounter. "*A man does not pass, from the moment of the supreme meeting, the same being as he entered into it.*" (Buber, 1937, pg. 109)

The goal of dialogue as a theoretical approach to psychotherapy, is the enhanced relational ability of the client (Hycner and Jacobs, 1995). It consists of the vicissitudes of the relational moment between two people, where difference and otherness is valued. Buber's 'inclusion' is different to empathy, it is "*...a bold swinging - demanding the most intensive stirring of one's being - into the life of the other,*" while keeping hold of one's own centeredness (Buber, 1937, cited in Hycner and Jacobs 1995, pg.81). Existential Psychotherapist Ernesto Spinelli (2007) notes how in phenomenology, Husserl and Heidegger challenged the, "*…foundational assumption that ran throughout scientific enquiry: the dualistic split between subject and object... instead all reflections... are inter relationally derived.*" (Spinelli, 2007, pg.11) What was viewed as a split between subject and object before the relational turn, is now held as, "*…one particular expression of relatedness.*" (Spinelli, 2007, pg. 20). My philosophy of relational psychotherapy embraces the therapeutic use of self (Wosket, 1999), including appropriate disclosure of affective countertransference (Maroda, 1991), receptivity, and expressivity, and an open willingness to make explicit and work out of the co-created relational experience. The therapeutic alliance can be a special type of bond and bonding experience - where the process of attachment in psychotherapy is available and alive. For Daniel Siegel, "*... the experiences of Presence, Attunement, Resonance and Trust reveal the PART we play as therapists.*"" (Siegel and Solomon, 2013, pg.252) These words speak profoundly of what it means to be relational, and are central to my philosophy of psychotherapy.

2.2 Existential

I am interested in the search for meaning and purpose in our lives, phenomenology and the experience of emptiness, existential loneliness and despair in lived existence. I share Yalom's (2008) belief that life milestones can be awakening experiences. When we look at an issue with the lens of the impermanence of life, the shape of the issue can transform, decisions become clear, priorities sharpen and focus. The potential power of this philosophy is beautifully illustrated by Paolo Coehlo (1999), where his chief protagonist, "*…comes to realise that every second of existence is a choice we all make between living and dying - it is in meeting the reality of death that we sometimes start to really live.*" (Coehlo, 1999)

Kierkegaard also extols the notion of the *leap of faith* - essentially trusting one's gut. This central theme of Kierkegaard's is elegantly paraphrased by Gaffney: "*Taking the leap is to risk losing my footing: not taking it is to risk losing myself.*" (Gaffney, 2010, pg. 10) I resonate with Kierkegaard's focus on choice, and the core existential challenge

described by Gaffney as, *"…being a 'self' with others or losing 'self' in others."* (Gaffney, 2010, pg. 17)

2.3 Self-Actualization and Creativity

I am also broadly supportive philosophically of Rogers' suggestion (1961) that the risk to change in the direction of being true to oneself, can in itself be transformative, and bring about a more harmonious relationship with ourselves, a more authentic position in relationships, and can create possibilities for happiness. The core concept of, *"To thine own self be true,"* (Shakespeare, Hamlet Act 1, scene 3, 78–82) is a key philosophical concept in my life and practice. This speaks also of the journey of self-actualization (Rogers, 1961), our organic movement and stretching in the direction of wholeness and self-healing. When I tune in to the authentic voice and needs in myself and my clients, the pathway towards change becomes clear. Our task is to embark on that journey together with courage, knowledge and awareness.

Philosophically, I source great hope in the possibilities for transformation in 'physis', the creative, *"…force of nature, which eternally strives to make things grow and to make growing things more perfect."* (Berne, 1968, pg. 68) I view each session as a creative experiment, the outcomes of which are unknown, and cannot be controlled. I find excitement and aliveness in relational co-creation, *"It is about daring inter-personal creative interaction… what happens in the no-mans land between us."* (Amendt Lyon, 2003, pg. 5) Creative experimentation in therapy is in itself a leap of faith. It harnesses the imagination and intuition, our capacity for expression, action and risk. By calling upon these creative dimensions both within, and between us, we can touch upon a vast and rich world that goes beyond the, *"…churn of stale words in the heart again."* (Beckett, 2012, pg. 57) By countering the 'aboutist deadlock' (Polster and Polster, 1973), we are not just talking about, but fully present to. When I step into this creative space with a client, I am aware of our shared vulnerability as we both risk and explore. I am often touched by how the process of stepping into this experiment of being and working together, can in itself be a profoundly healing moment of meeting. We respectfully share the uncertainty, the unfamiliar territory, both willing the unknown to become known in this creative and intimate encounter.

2.4 The Wounded Healer - Zen Philosophy and the Japanese Philosophy of Wabi Sabi

In the context of my psychotherapy practice, I accept the construct of the wounded healer, an archetype which recognises that a therapist who has learned from the process of recovery from their own wounds can bring this learning, and indeed hope, into the healing relationship. It is a construct that has existed for millennia, originating in Greek mythology and shamanism (Zerubavel et al. 2012, pg. 482). The therapist as wounded healer embodies transformative qualities relevant to understanding his or her recovery processes (Briere, 1992; Miller & Baldwin, 2000).

I am also engaged with the Zen philosophical approach to the 'beginner's mind'. This philosophy acknowledges the beginner's mind as, *"…empty, free of the habits of the expert, ready to accept, to doubt, and open to all possibilities."* (Suzuki, Shunryu, and Trudy Dixon. 1970, p. xiv) With the beginner's mind, the process itself is a rich landscape of discovery and experimentation, unencumbered by excessive pre-suppositions about the person or narrow pathological categories. This is beautifully represented for me philosophically and metaphorically by Kintsukuroi, a Japanese art of repairing cracked and broken pottery with lacquer and gold (see Figure 1). Kintsukuroi recognises that what is broken is part of the history and journey of life, something to be embraced rather than hidden and disguised, and something which can make the broken object even more beautiful for its brokenness. It beholds a view that just because something is broken, doesn't mean that it has come to the end of its life, or its use. It accepts

Figure 1: Kinstukuroi: "…a distinctively Japanese aesthetic perception and sensitivity which, rather than considering defects…and imperfections… as flaws, is able to discover a profound and touching quality in them." (James et al, 2008, pg. 17)

change as part of life: *"The vicissitudes of existence over time, to which all humans are susceptible, could not be clearer than in the breaks, the knocks, and the shattering to which ceramic ware too is subject."* (James, et al., 2008, pg. 17). When the damage, or in therapeutic terms, the trauma, is fully integrated, the person is transformed. I also value the philosophy of Wabi-Sabi (Koren, 2008). Associated with Zen Buddhism, Wabi-Sabi expresses an appreciation for the earthy, the imperfect, and the unpretentious. It represents something quite opposite to the Western ideal of great beauty as something monumental and spectacular. Wabi-Sabi is found in nature as the seasons turn, leaves decay, lushness and bloom subside. It recognises the beauty to be found in these seasons in our lives also. In the context of psychotherapy, this is a philosophy, which, like dialogue, is hallowing the everyday (Friedman, 1988).

Figure 1: Kinstukuroi: "…a distinctively Japanese aesthetic perception and sensitivity which, rather than considering defects…and imperfections… as flaws, is able to discover a profound and touching quality in them." (James et al, 2008, pg. 17)

2.5. Nature and the Environment

Non-violence is an important, core, ethical stronghold for me, and this extends to my relationship with the physical environment I live in, the relationships I engage in, and the food I eat. I have been a vegetarian since I was 17 years of age and as a vegan in recent years - I don't want to eat food that has caused suffering. While these are values I hold, it is important to me not to impose this view on anyone else, and to respect difference. Philosophically, accepting difference is a core tenet of dialogue (Friedman, 1955). I live in a passive house, the philosophy of the architecture reflecting my own - not to unnecessarily harm the environment in order to exist in this world. I believe that the environment we spend our time in effects our relationship with the world around us. I take great care to provide a warm, inviting environment for my clients, a space that will reflect the philosophy of dialogue. It is an I-Thou environment. In times of distress in my own life I retreated to the beauty of nature to find healing, space, solitude, awe and gratitude. I live in a place which is for me one of the most breathtaking environments in the world. It nourishes my soul, and helps replenish me in broken moments. Philosophers such as Thoreau (1817-1862) realized that finding the right place to live - somewhere with rich possibilities - was a central part of a meaningful life (Hochstetler, 2007, cited in Austin, 2007).

3.0 Theories of Function and Dysfunction Including Assessment

Functionality in human beings is a process, it exists on a continuum. Health is a process of development towards the ideals of health - often a cyclical or spiraling process rather than a linear one (Sills, Fish and Lapworth, 1995). I conceptualise health in human beings as something that encompasses a combination of factors of the body, the brain, the mind and also the relational self. It is within these factors that wellness and illness, and the conversation between the two, can be assessed. I integrate gestalt concepts of health and ill-health into my assessment, whereby ill-heath is understood as an interruption to the lively, creative state in which we were born. The interruptions or disturbances at the contact boundaries manifest as the distress, malaise or anxiety our clients present with (Sills et al., 1995). These interruptions can often take the form of retroflection, projection, introjection, and other blocks to contact.

In this section I will first describe characteristics of healthy functioning and dysfunction, and then I will focus on the areas of developmental psychology and attachment, trauma and dissociation, survival adaptations, and neurobiological contributions that inform my psychotherapeutic practice. In this section, I also give a description of my assessment methods.

3.1 Developmental and Early Attachment Perspective

Human relationships are pivotal in our development, sense of wellbeing, and functioning in the world. A strong and secure early attachment experience provides a secure base, a strong foundation which can support us in the challenges life presents (Bowlby, 1969). For Sue Gerhardt (2004), when a foundation is good, it is almost invisible, but when the foundation is shaky or insecure, it becomes more difficult for a person to deal with stress, and dysfunction or ill health can result. When a person's self-esteem is

affected negatively by early childhood attachment experiences, it can be more difficult to address life challenges effectively and regulate the nervous system in times of stress (Bowlby, 1969; Ainsworth, 1978; Schore 1994, 2003; Fonagy, 2002; Gerhardt, 2004). Modulation of arousal and the neurobiological stress response system are also affected by the 'hidden epidemic' (Van der Kolk, 2014) of developmental trauma and disturbances in early attachment (Van der Kolk, 1987, 1996, 2014; Schore, 2003; Siegel, 2006; Heller and LaPierre 2012). This can effect a person's capacity to develop healthy relationships. The development of Borderline Personality Disorder is now also thought to be related to disorganized attachment, dissociation and relational trauma (Forgash and Copely et al., 2008).

Thus, developmental experiences are directly relevant to a client's health (function) or ill-health (dysfunction) in the world today. Mary Main (1995) demonstrated that adult attachment patterns showed a continuity from childhood to adulthood, and Peter Fonagy (2002) widened the focus to the capacity for emotional regulation, attentional mechanism and mentalisation. The therapeutic relationship provides an opportunity for the development of secure attachment, rich in possibility for developing affect regulation and mentalising capacities. As Wallin (2007) states, *"The patient comes to know himself in the process of being known by another."* (Wallin, 2007, pg.57)

3.2 Function

I understand function, or health, in humans as a combination of factors: a resilient self, sufficiently integrated and able to effectively manage stress and crisis. A person on a continuum in the direction of functioning can tolerate emotions, hold appropriate boundaries, be able to have intimate relationships where support is appropriately sought and received, and personal boundaries are well defined and appropriate. This person has a capacity for self-reflection, a positive self-concept and is compassionate to self and others. Though not exhaustive, Figure 2 summarises my understanding of function and health in human beings. With it, I can assess the strengths, resources and coping strategies a client brings into therapy, upon which we can build.

For Rogers (1961), the fully functioning person was in process towards the 'good life'. The characteristics of the process, or direction, of the fully functioning person were increased creativity, fulfilment, openness to experience and aliveness, and increased existential living, rather than defensiveness (Rogers, 1961; McLeod, 2007). Living in the moment brings with it mindfulness, presence, availability to compassion. This movement is concerned with authenticity: *"Clients move away from facades, oughts, from meeting expectations, away from pleasing others towards self-direction, towards acceptance of others and trust of self… towards being what he actually is…"* (Rogers, 1961, pg. 190)

3.3. Dysfunction

Dysfunction in a human being is often evident in the 'survival adaptation' (Heller and LaPierre, 2012), personality or character structure (Johnson, 1994), fixed gestalts or 'Representations of Interactions that have been Generalised (RIGs)' (de Young, 2003; Stern, 2004). Core needs of connection, attunement, trust, autonomy, love and sexuality which were longed for in the attachment bond, but perhaps not met, are reached through a distortion of the life force and a foreclosure of the self to maintain attachment (Heller and LaPierre, 2012). The distortions, shame or pride based adaptations, can include dissociation, isolation, physical symptoms and collapse, or defenses such as narcissism. Dysfunction also manifests in low self-esteem, poor self-acceptance, and difficulty in relationships. The Diagnostic and Statistical Manual fifth edition (DSM-V) (2014) informed diagnoses of specific syndromes and disorders, are indicators of dysfunction such as paranoia, schizophrenia, bi-polar disorder.

3.4 Neurobiological Context:

The way in which memory networks are consolidated has an impact on subjective feelings of disturbance, and the lived experience of trauma and dissociation. When current experience is processed through the lens of an emotionally charged traumatic memory, the adaptive information stored in other neural networks can be bypassed, thus new experiences are not processed effectively (Shapiro, 1995, 2001, 2006). Eye Movement Desensitization

Figure 2: Summary of Concepts of Function and Health in Human Beings

Reprocessing (EMDR) psychotherapy treatment is designed to transform a disturbing trauma memory into a narrative memory, encompassing the capacity for positive adaptive learning. This transforms the memory into

something that is no longer disturbing (Forgash et al., 2008, pg. 17-18). We sieve our current experiences through existing memory networks. Access to adaptive information during this process can help contextualise and frame current experience in a healthy way.

Pathology can arise when a person has not processed traumatic memory fully or effectively. These memories can fail to access adaptive information as they are frozen in neural networks which are in state specific form. Thus the memory is susceptible to being triggered and can result in behaviours, responses and other potentially maladaptive responses such as dissociation, withdrawal, avoidance, dissociation, hyper vigilance and intrusive memories - all common elements of Post-Traumatic Stress Disorder (PTSD). The concepts of Dysfunction and Health in Human Beings, summarised in Figure 3, suggests areas of inquiry which give context to a client's current struggle. This informs me and my client around what supports may need to be introduced in the interest of stabilisation, and is a useful psycho-education tool. It highlights the inter-relationship between aspects of dysfunction in a client's life, and suggests a guide around our shared understanding of the focus of therapy.

Figure 3: Summary of Concepts of Dysfunction and Health in Human Beings

Figure 3. Summary of Concepts of Dysfunction and Health in Human Beings

3.5 Assessment

At intake, I take a detailed bio-psycho-social history of my client. This robust history, using the assessment lenses summarised in Figure 4, helps me understand the often complex interweave of factors that culminate in a client seeking therapy. Knowing how a client has come to this present moment of struggle, is a necessary starting point from which we can move forward to more adaptive ways of living and relating. Figure 4 is also therefore a psycho-education tool. Thus, in the initial session, I ask clients about early developmental/attachment experiences including separations or losses, experiences of abuse, educational and sexual development, grief and loss, and socio-economic and occupational history. I also ask about physical health and ill health (e.g. chronic pain, immune issues), medications, prior accidents and prior mental health issues. I ask whether the client has had thoughts of self-harm or suicide. I trace trauma, dissociation and complex trauma as it appears in the timeline of a person's life, aware of the neurobiological dimension to these issues. I also explore the client's resources, supports, coping mechanisms (including addictions), their relationship to food, and whether they have difficulty sleeping.

My assessment process is largely phenomenological. I consider the whole person, not just the presenting dysfunction or pathology. I consider how what

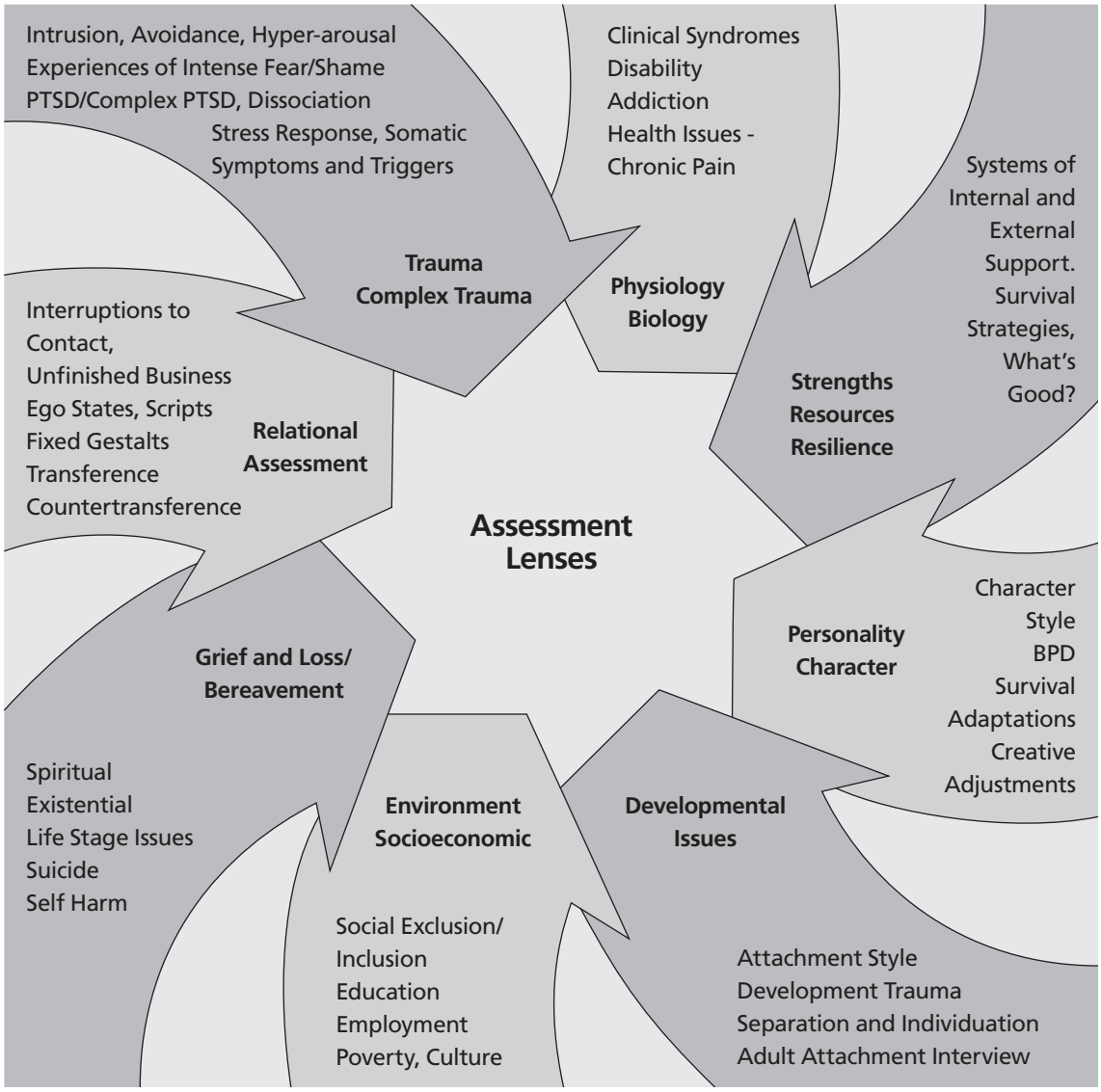

Figure 4: Summary of Assessment Lenses

is being brought to therapy now, is part of the greater context of a person's life. I am always interested to assess the therapeutic relationship, in terms of what is happening in the 'between' with this client? What gets triggered in the room and in this therapeutic relationship? What are my countertransference reactions to the client? (Maroda, 1991). I tune in to my felt sense (Gendlin, 1996) of the client's presence. I notice body language, eye contact, and blocks to contact in the here-and-now. Hycner and Jacobs (1995) describe this type of dialogic relational assessment thus: *"What I need to do… is to use all my senses, all my experience, all my training, to become aware to what is missing in this potentially dialogical situation. There is an unconscious 'dialogical therapeutic complementarity' that the therapist needs to be sensitive to."* (Hycner and Jacobs, 1995, pg. 13) In the here-and-now, I get a sense of the relational injury, and how it emerges in the client's contact function. I am curious as to what survival adaptation (Heller and LaPierre, 2012) or creative adjustment is enacted with this client. This includes rupture and repair in the therapeutic relationship, the attachment style, behaviour and relationship in our psychotherapeutic encounter.

Figure 4. Summary of Assessment Lenses

4.0 Change Mechanisms in Psychotherapy: Review of the Process of Therapeutic Change and Factors Contributing to it

Change is brought about by bringing a state of dysfunction to a state of integration. It is accepted

that there are common factors throughout all therapy modalities that bring about change (Hubble, Duncan, Miller 1999; Norcoss, 2011). There are also specific factors among certain modalities or therapeutic approaches which have been empirically validated as effective when working with certain identifiable diagnoses or presentations. The specific factors are unique to the client and the therapist, and the leverage of a particular modality with specific, often manualised, technical framework.

4.1 Common Factors:

There are four key common factors shown to be effective in bringing about change across all therapies (Hubble, Duncan, Miller 2011). These are:

1. The client and extra-therapeutic factors
2. Therapist factors
3. Therapy models or techniques
4. Therapeutic relationship

Frank and Frank (1991) add to this the important factors of a healing setting, an explanation for symptoms, and a credible process for restoring the client's health, which both therapist and client are confident in and invested in.

Central to the common factors is the therapeutic relationship and alliance, regardless of the theoretical orientation of the therapist (Norcoss 2011; Cooper, 2008). There is now a very significant body of evidence which supports the hypothesis that the strength of the therapeutic alliance is hugely accountable for the degree of change in therapy, if not the most important element (Norcoss 2011; Cooper, 2008). Norcoss (2011), expounds that this is just as important an agent of change as the modality or particular mode of partitioning embraced by the therapist. For effective therapy, the relationship is flexible to the needs, preferences, and socio-cultural factors of the client (Norcoss and Wampold, 2011). An American Psychiatric Association (APA) Division 12 Task Force on empirically based principles of change in psychotherapy (Beutler & Castonguay, 2006), gave evidence to support that Empirically Supported Therapeutic Relationships (ESTR) are at least parallel to Empirically Supported Treatments (EST) (Castonguay and Beutler, 2006). The therapist's ability to empathise both deeply and accurately with the client is a key factor promoting change. Evidence based research shows that a common therapist factor to all effective therapy, is an emotionally charged bond and relationship between the client and therapist in a healing environment supported by robust psychologically derived explanation for distress and rationale for a path of treatment. The therapist must be able to formulate a clear case conceptualisation with accurate diagnostic judgments taking the unique client into consideration, developing goals collaboratively with the client, and revising and revisiting the progress of therapy with the client throughout the therapeutic process. Interpersonal expertise and skill is an important therapist specific factor, where the therapist can flexibly adapt and exert efficacy with diverse cultural backgrounds (Norcross, 2002).

Optimal outcomes for the client occur when the psychological treatment they are met with responds effectively to their own personality style, cultural context and personal preferences. Level of motivation of the client is also an indicator of potential outcome (Gabbard et al., 2005). Other significant variables in the therapeutic equation influencing outcome are factors such as the presenting issues, syndromes and behaviour patterns, the client's developmental history, including their ability to engage in this therapeutic relationship, socio-cultural factors and environmental factors (APA 2005).

4.2 Specific Factors

The foundation of the specific factors hypothesis suggests that particular and specific interventions, procedures and processes in therapy designed to address specific issues in a certain way, are what bring about change in psychotherapy. It proposes that it is the specific interventions which are native to a particular theoretical orientation and ritual of practice that lead to change in psychotherapy (McCarthy, 2009). Some studies have found that specific factors, rather than common factors, created greater outcomes of change for a client (Oei and Shuttlewood, 1996, 1997). Weinberger (1995) found that 40% of the variance in outcomes for a client were related to specific factors.

All empirically validated psychotherapies have a treatment manual. In other words, there is a clear theoretical conceptualisation of the mechanisms, interventions and psychotherapy

rituals which would be implemented to the aid of resolving clearly defined symptoms. The implied standardisation of treatment in a specific modality leans towards greater possibilities for these therapies to be validated scientifically (McCarthy, 2009).

In particular, memory reconsolidation has been shown to be a specific factor that can effectively bring about change in fixed, unwanted responses and maladaptive emotional learning, particularly brought about through traumatic experience and PTSD (Cukor et al., 2010). This is a process whereby dysfunctional, stored memories are accessed and retrieved, identifying triggers and the lens of previous experience through which this memory is viewed and re-experienced. The therapist then activates the adaptive information processing system. When the network is open, the therapist introduces disconfirming or positive factors and the memory will settle back to a different way to how it came forward. This work targets emotionally encoded learning. Pathology can occur when experiences are processed inadequately and unlinked to adaptive resources and cognitive and somatosensory information. Memory can be transmuted by specific mechanisms of change elucidated by EMDR for example, which can foster integration with appropriate systems towards an adaptive resolution. The information processing system is thus repaired (Shapiro, 1995, 1997; Forgash, 2008).

4.3 My Integrative Map

I do not believe there is a 'one size fits all' approach to therapy, and therefore I use an integrative approach in my practice. I employ an integrative, attachment-focused approach that draws from relational-cultural, gestalt, adaptive information processing and existential theories. Dialogue, an I-thou position, is at the centre of this map, as illustrated in Figure 5 below. I draw from various treatment modalities to choose an approach and treatment best suited to a unique, individual's needs. When appropriate, I use creative and expressive approaches including art and sand work. I combine research supported common and specific factors in my approach to psychotherapy. I integrate empirically validated therapies such as EMDR when working in particular with trauma, and complex trauma. I also embrace mindful awareness as an important and validated process in psychotherapy. I employ Judith Herman's Tri-Phasic Model not only as recommended phases of treatment for trauma, but for the psychotherapeutic encounter in general. These phases are 1. Safety and Stabilisation, 2. Remembering and Mourning, and 3. Reconnecting and Integration (Herman 1992; Ford and Courtois, 2009). I also work with the body, using Gestalt based body process in therapy (Kepner, 1993; Clemmens, 2011), and my work is informed by Somatic Experiencing (Levine, 2008, 2010).

We are social and relational human beings. We affect one another, as self-in-relation, but also on an intersubjective and neurobiological level. We have the capacity both to hurt and heal one another. My therapeutic outlook trusts that healing and change can occur in the context of an attuned, present, trusting, respectful, empathic and compassionate therapeutic relationship.

I am fully committed to 'intersubjectivity' in my work. Stern's description of intersubjectivity is, *"… being able to say to you: "I know that you know that I know", or "I feel that you feel what I feel." That's what it ultimately is."* (Stern, 2003, pg.33-34)

My clients and I co-create a relationship which we cannot control, but we can participate in. My emphasis is on the relational, what happens in the moment to moment contact between myself and therapist and my client. This includes here and now present moment thoughts, sensations, feelings, body process, verbal and non-verbal responses: the dance of relationship as it unfolds between the person of the therapist and the person of the client. Stern (2003) notes that there is agreement that things that happen in therapy in the here-and-now take hold, and make for better progress and greater change. It is my experience that what is alive in this between provides here-and-now 'grist for the mill' (Yalom, 2010) as we explore the issues, personality adaptations, survival styles and attachment based disturbances as experienced by the client. My focus is not just the self-actualization of the client, but rather on 'relational actualization' (Hycner and Jacob, 1995). In my practise, I attempt to facilitate healthy movement/change in the direction of the organismic self, self-actualisation and 'relational actualisation'.

I am interested in creativity, in life, in art, and in relationship. I am available to creative experimentation (Zinker, 1978) in my work. I

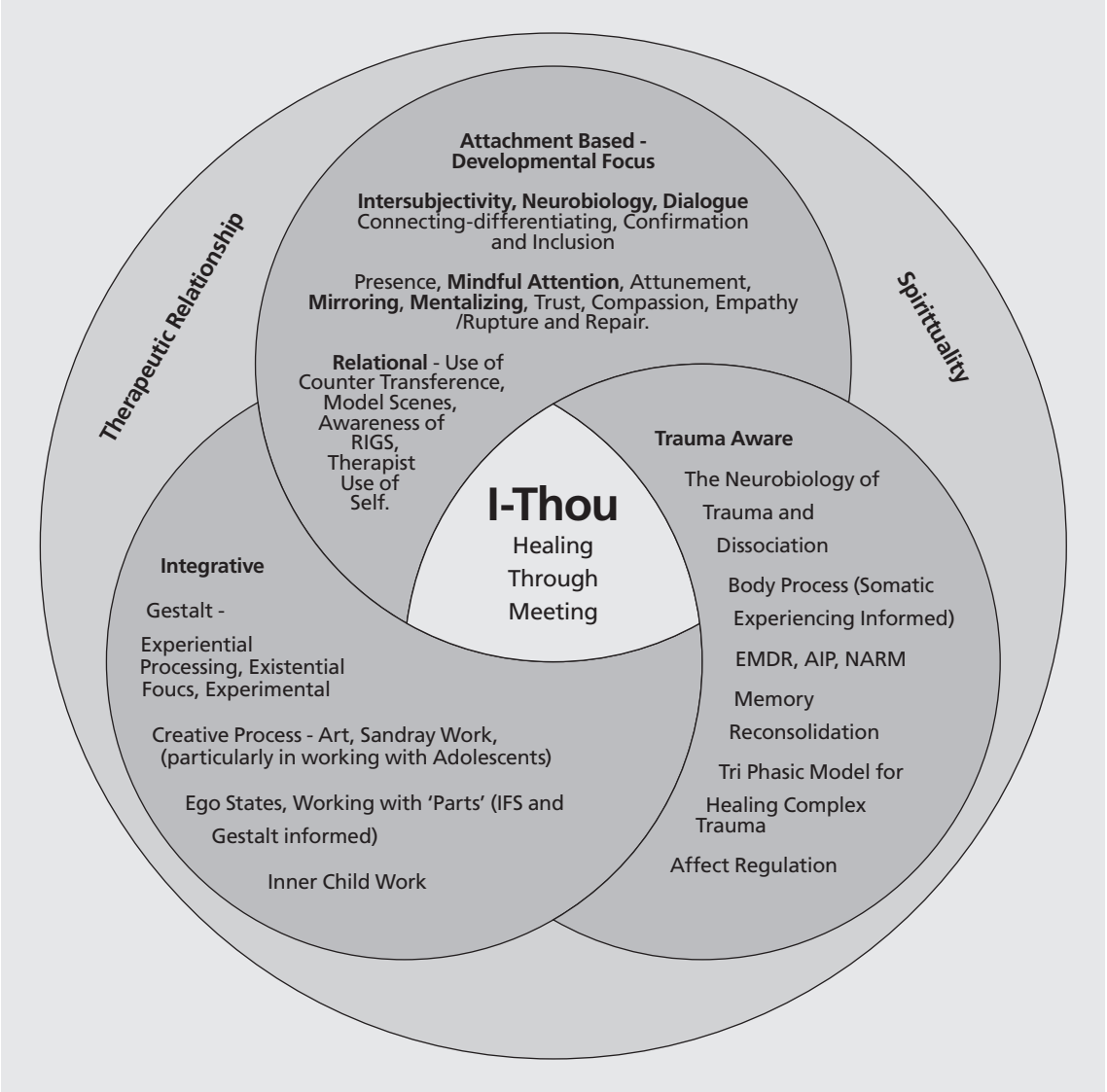

Figure 5: My Integrative Map of Psychotherapy

strive to, *"…make the implicit explicit, and the explicit experiential."* (Siegel and Solomon, 2014, pg. 143) tracking and noticing every step, risk and gesture a client makes towards change, towards creating something new, in their relationship with me and others, and in their lives.

5.0 Conclusion

In this essay I have outlined the theoretical and philosophical assumptions guiding me in my life and work, my understanding of function, dysfunction and assessment, the mechanisms of change in psychotherapy by providing a sketch of my 'integrative map'(Figure 5).

Previous to my MA programme at Cork Institute of Technology, I was thoroughly beholden to a dialogic psychotherapeutic philosophy which saw psychotherapy as relational artistry, and was restrained in my use of overly technique laden rituals of practice which may create an I-It relational experience with a client. Having gained a greater understanding the neuro-scientific substrate to psychotherapy and intersubjectivity, I now consider psychotherapy as something which is at once artistic and scientific. They are not mutually exclusive. In my view, when scientific understanding is brought to bear within a relationally artistic moment and environment, there is potential for great change and healing to come about for a client.

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