

Reflexive Theory: Critical Reflections on Western Psychotherapy

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Abstract

Western — and Northern — psychology and psychotherapy stand accused of an overemphasis on the individual, ego, and self (“the Self”), autonomy, and self-development. These criticisms have been made from other intellectual, cultural, social, spiritual and wisdom traditions, but may also be found in critical and radical traditions within Western thought. In this article, exponents of ten different theoretical orientations within or modalities of psychotherapy reflect on one or two key aspects of their respective theories which, together, offer a holistic conception of the person; account for family/social/cultural context; provide an understanding of the human trend to homonomy (or belonging) alongside autonomy; articulate a relational understanding of human development, attachment to and engagement with others; and emphasise spirit, group, and community. As such, these psychotherapies — and critiques of Western psychotherapy — offer a wider vision of the scope and practice of psychotherapy and its relevance in and to Aotearoa New Zealand.

Whakarāpopoto

E tū ana te whakapae, e kaha rawa ana te whakapau wā ki te takitahi a te whakaora hinengaro o te Uru me te Raki i te takitahi, te whakaī, me te whaiaro (“te Whaiaro”), tino rangatiratanga, me te whanaketanga whaiaro. I ara ake ana ēnei kūrakuraku i ētahi atu tikanga hinengaro, ahurea, hāpori, wairua, me te mātauranga, engari ka kitea anō hoki i roto i ngā tikanga arohaeheanga rerekē hoki o te whakaarohanga Taiuru. Kei tēnei kōrero, ko ngā tauira o ngā ariā tekau āhua mau ki roto, ki te āhua rānei o te kaiwhakaora hinengaro e whakaata ana i tētahi, ētahi tirohanga rānei o ā rātou ake ariā, ā, ngātahi e tuku ariā tapeke ana o te tangata; whakaaturanga horopaki whānau/hāpori; whakarato

Tudor, K. (Ed.), Cockburn, G., Daniels, J., Goulding, J., Hubbard, P., Larsen, S., ... Stuthridge, J. (2013). Reflexive theory: Critical reflections on Western psychotherapy. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 17(1), 27-54. DOI: 10.9791/ajpanz.2013.03 © New Zealand Association of Psychotherapists Inc.

moohiotanga o te ia o te tangata ki te whakaōrite (whai tūrangawaewae rānei) i te taha o te tino rangatiratanga. Ki te whakapapa mātauranga whakapā ki te ira tangata, tōna whakapiri ki me te whakapiri ki ētahi atu hoki, ā, ka whakatāpua wairua, rōpū, hāpori hoki. Koia rā, ko ēnei kaiwhakaora hinengaro — paearu kaiwhakaora hinengaro o te Uru — e tuku tirohanga whānui ana o te matapae me te mahi a te kaiwhakaora hinengaro me ana whakapaanga katoa i Aotearoa nei.

Keywords: reflexivity; critical analysis; Western psychotherapy; bioenergetics analysis; gestalt; Hakomi; Jungian analysis/analytic psychology; psychoanalytic; psychodynamic; psychodrama; psychosynthesis; self psychology; transactional analysis

Foreword — Keith Tudor

The English poet and essayist, John Donne (1572-1631), famously asserted that “No man is an Island, intire of it selfe” (Donne, 1624/1920, p. 135). He might well also have said that no island is an island, in the sense that all islands are also ultimately connected under water. We can take this — and, similarly, the Māori whakatauki or proverb: “Ehara taki toa i te taki tahi, engari he toa taki tini” | “I am not a lone warrior but a warrior amongst many” — as a reminder not only of interconnection but also of context: we are not “intire” (entire) or “lone” or alone, and “man” only exists in context. So, too, ideas and theories, many of which, such as the different theories of psychotherapy, are also interconnected, and only exist in a social/political and cultural context. If we accept that theories, along with myths, legends, and stories, metaphors and narratives, develop in a particular context, and, arguably, are context-dependent, then it follows that, when the context changes, the theories will — and should — change. As Connell (2008) put it: “Since the ground is different, the form of theorising is often different too” (p. xii). This is well illustrated by early revisions of psychoanalytic theory by Malonowski (1924) with regard to the kinship system in the Trobriand Islands; by Girindrasekhar Bose (1887-1953), the Indian psychoanalyst, in his theory of “the opposite wish” (Bose, 1935), and his reconceptualisation of the Oedipus complex; and by Kosawa Heisaku (1897-1968), the Japanese psychoanalyst, also in his revision of the Oedipus complex as it might pertain to Japanese culture (Kosawa, 1935). Interestingly, these revisions were received somewhat coolly both by Freud (see Akhtar, 2005, Hartnack, 2010) and by his immediate followers (see, for example, Jones 1957).

In this postmodern age, in which we are, for the most part, beyond the rivalries and “turf wars” between psychotherapies and psychotherapists of different modalities or theoretical orientations, in which eclecticism and integration in psychotherapy have been replaced by pluralism (see Samuels, 1997), and in which colonial assumptions and thinking have been challenged and (hopefully) changed by ontologies, epistemologies and methodologies informed by indigenous and post-colonial theories (see, for instance, Stewart-Harawira, 2005), I think it useful to subject “Western” theory to some critical self-reflection or reflexivity (see Thomas, 1923; Popper, 1957; Holland, 1999).

With this in mind, I approached leading exponents of various theoretical orientations in psychotherapy in Aotearoa New Zealand. These ten approaches represent those in

which people can train to qualification in psychotherapy and, should they choose, to apply for state registration as psychotherapists; indeed, training courses/programmes in eight of the ten approaches provide “current Board approved qualifications”, approved by the Psychotherapists’ Board of Aotearoa New Zealand (2013), the exceptions being Hakomi and Self Psychology. I asked each contributor (in one case, two contributors) to write about one or two concepts within their own theoretical orientation, which offer a social/cultural view of the person, child and human development, psychopathology, and/or the therapeutic relationship; and which meet the challenge to Western psychology of individualism. I have edited their responses into one article, and added this foreword as well as a reflective afterword. The contributions are arranged in the order of the development of the particular theoretical orientation in this country, from when the first training in that approach was established, as follows.

- **In the mid/late 1940s, Psychoanalysis/Psychoanalytic Psychotherapy**, training in which was initiated by Dr Maurice Bevan-Brown (1886-1967), a New Zealand psychiatrist who, while in the United Kingdom between 1921 and 1940, was active in psychiatric and psychotherapeutic circles, undertook personal analysis with, amongst others, Hugh Crichton-Miller (1877-1959) (one of the founders of the Tavistock Clinic in London). Bevan-Brown himself worked at the Tavistock, first as a clinician and then as a member of the lecturing staff (see Miller, 2008), before returning to New Zealand where, amongst other things, he founded the New Zealand Association of Psychotherapists (NZAP). The New Zealand Institute of Psychoanalytic Psychotherapy currently runs a training programme which concurs with the training standards set by the Psychoanalytic Psychotherapy Association of Australasia (see www.nzipp.net.nz/training.html).
- **1973, Psychodrama**, in which training was first offered by Max and Lynette Clayton at the University of Auckland. Training was provided for several years from overseas trainers, mainly Australian, and, principally, by Max Clayton, who, sadly, died earlier this year. In 1980, the Psychodrama Institute of New Zealand (PINZ) was established by Wayne Scott, Rex and Valerie Hunton, together with Evan Sherrard and a wider group of enthusiasts. The organisation was a grass roots association which assisted and promoted training and practice. The Australia and New Zealand Psychodrama Association (now AANZPA) was founded the same year, initially only for certificated practitioners. During the 1980s training institutes of AANZPA were established and PINZ converted to being four regions of AANZPA. For current training programmes see <http://aanzpa.org/training/ftinz> .
- **In 1974, Transactional Analysis**, in which training to qualification and certification with the International Transactional Analysis Association was initially facilitated by Ian McDougall in Wellington; other practitioners were supported in their training to become Certified Transactional Analysts and, in due course, Teaching and Supervising Transactional Analysts, by visits from Robin Maslen (who died in 2008) from Australia (see Maslen, 1979); for current training programmes in Auckland, Christchurch,

Dunedin and Wellington, see www.nztaa.org.nz/ta_training_providers.php.

- **In 1977, Gestalt Therapy**, training in which was offered by Don Kaperick, Peter McGeorge, and Lewis Lowry in Dunedin (until 1986), based on the Cleveland model (see Nevis, 1992); visiting overseas trainers, notably Fred Grosse, continued to support training in gestalt therapy; and, in the early to mid 1990s, a number of other training organisations were established in Auckland and Christchurch; the Gestalt Institute of New Zealand (www.gestalt.org.nz/), established in 1991, is the only organisation currently offering a training programme in gestalt therapy, including offering a recognised government-accredited Diploma of Gestalt Psychotherapy.
- **In the early/mid 1980s, Jungian Analysis/Analytic Psychology**, since which training has been available through the Australian and New Zealand society of Jungian Analysts (see <http://www.anzsja.org.au/?page=training>).
- **In 1986, Psychosynthesis**, training in which became available when Peter Hubbard and Helen Palmer founded The Psychosynthesis Institute (see www.psychosynthesis.co.nz).
- **In 1990, Self Psychology**, since which training has been available, usually based in Christchurch, through the Australia and New Zealand Association of Psychotherapy (see www.anzapweb.com/index.php?option=com_content&view=article&id=2&Itemid=2).
- **In 1992, Bioenergetic Analysis**, since which training has been available through the New Zealand Society for Bioenergetic Analysis (see www.bioenergetics.org.nz/training.htm), following seminars held in Christchurch and Wellington in 1989 and 1990 by Eleanor Greenlee, an international trainer from San Francisco, for the International Institute for Bioenergetic Analysis.
- **In 1993, Hakomi**, when the first professional training was established, although there had been previous workshops and ten day skills training courses taking place since 1989 (see <http://www.hakomi.co.nz/training.php?top=training>).
- **In 2006, Psychodynamic Psychotherapy**, training in which dates from the establishment of the Master of Psychotherapy programme at Auckland University of Technology (AUT University), Auckland (see www.aut.ac.nz/study-at-aut/study-areas/health-sciences/psychotherapy), although there has been a psychotherapy training programme at AUT (originally the Auckland Institute of Technology), since 1989; this training is currently the only public sector psychotherapy training in the country.

In response to my brief, first, Margot Solomon writes about psychoanalysis with reference to object relations, and the importance of a space for thinking. Second, Joan Daniels examines the psychodramatic concept of role, by which we can view people as cosmic

beings and examine how they enact this in their lives. Third, Jo Stuthridge reminds us that Eric Berne (1910-1970), the founder of transactional analysis (TA), envisaged it as a “social psychiatry” and presents some examples of how TA can transcend the divide between individual and social contexts. Following this, Brenda Levien traces the roots of Gestalt theory in phenomenology, dialogue, field theory, and holism, and suggests that these can sit alongside aspects of Te Whare Tapa Wha (life contexts) health model (Durie, 1985). Then, Chris Milton discusses the Jungian concept of individuation, and distinguishes it from individualism by clarifying a concept of Self which always involves the other. Next, Peter Hubbard and Helen Palmer describe the centrality in psychosynthesis of a spiritual dimension to human identity and experience which encompasses body and soul, soma and psyche. This is followed by Sheila Larsen’s contribution in which she discusses self psychology and, specifically, the “conversational model” of therapy which promotes mutual meeting in conversation, and engages with the inevitable ruptures in the therapeutic relationship with empathy, understanding, and repair. Tracing the lineage of Bioenergetic Analysis, Garry Cockburn, then outlines the social dimension and application of this neo-Reichian therapy which is based firmly in a dialectical understanding of mind and body or mindbody. In the penultimate contribution, Jules Morgaine outlines how five Taoist principles — of mindfulness, organicity, unity, (mind-body) holism, and non violence — which underlie the method of Hakomi, body-centred psychotherapy not only reflect indigenous culture/s but are central to working with people who are disconnected or alienated. Finally, Josie Goulding addresses psychotherapists’ understanding of homonomy and heteronomy alongside autonomy, and the implications for the concept of individuation and how psychotherapists work with this.

Psychoanalytic Psychotherapy — Margot Solomon

Freud called psychotherapy the impossible profession — and the task set by the editor is, similarly, impossible. I would argue that any psychoanalytic concept can be used to think across any of the specified polarities but that this has less to do with the theory than with the underlying value system, philosophical stance and the object world of the thinker. That said, the two concepts that I have chosen to illustrate the brief of “a more social/cultural view of the person ... and which meet or challenge the accusation of individualism” are: object relations, and a space for thinking.

Central to my understanding of reflection and object relations and linking them is the idea that there is no such thing as an individual (Dalal, 1998; Foulkes, 1990). The social unconscious (Hopper, 2001) links us all, while the minding (de Maré & Schöllberger, 2004) or reflection process builds the potential for dialogue in individuals, thus crossing the bridge between the individual and the group and culture, and the dialectic between autonomy and homonomy.

Object relations means that every infant develops a mind and the capacity to think and understand their world by installing in their mind internal representations of countless relational experiences with the people who are closest; an internal whānau that becomes the matrix of thinking.

The nature of this relationship creates the internal structures of the child's mind. As the child develops its individuality, its internal world collides with the external world of reality, which creates the basic organising structure of the psyche at an individual level.

Within psychoanalysis there is a broad range of thinking about the term "object relations". What has developed out of object relations theory in the last three decades has been what has variously been referred to as the relational turn (Mitchell, 1988), intersubjectivity (Stolorow & Atwood, 1992), or social relations (Clarke, Hahn, & Hoggett, 2008). This move acknowledges an increase in awareness of the influence and stance of the therapist and acknowledges twoness and threeness in the therapeutic space.

This recent thinking creates more of a context for the use of the term object relations. Some psychoanalytic thinkers prefer to keep the focus on the internal thoughts and feelings of the patient, and to keep any extraneous information or influences away as they may contaminate awareness/reflection/thinking. This approach prioritises the mother—infant dyad, the internal world of the individual; and, in my work, while I hold this space, I also hold in mind the idea that there is no such thing as an individual. Just as we are unable to understand a melody if we listen separately to each tone, so we are unable to understand an individual if we isolate them from their groups of belonging (Rouchy, 1995). Māori culture places relationship (*whanaungatanga*) at the centre of mental health. Object relations is an internal map of these early relationships.

In western society, the primary group is the mother, infant and (usually) father. Davids (2009) has used object relations theory to demonstrate the process of internal racism, which he claims is part of the human condition. Usually the father is the first other, then, by the age of eight months the role of the other is allocated to a stranger. As each person becomes known, then the internal racist is projected into somebody else. The route to dealing with this human issue is by working with the process of symbolisation, and making contact with reality (or facing our true paranoia and depression).

Davids considered that it is an ordinary human problem that we are dealing with in terms of managing our struggle to imagine and truly be with another who is different. This brings me to the second concept, which is "space for thinking" (Mollon, 1989), that is, a process of reflection and reverie which implies the capacity to symbolize and make contact with reality (as opposed to living in a fantasy world). The active creation of this sort of space for thinking is fundamental to psychoanalytic practice, and describes an interpersonal dynamic matrix within which real thinking can happen.

The process of reflection is about being able to find the creative play-space (Winnicott, 1971) within oneself to consider what is in one's mind, and allow the links to emerge from one's unconscious feelings and sensations. This requires us to bear the feelings and thoughts that come up without trying to control them, stop them or even necessarily make sense of them.

Lemma (2008) has described the process of developing a mind as it occurs in early childhood through the feeding process. The mother who freely offers the breast at the same time offers her mind — and, thereby, psychic nourishment. On the other hand, a mother who does not enjoy feeding can be experienced as withholding her mind.

This containing process is repeated in the therapeutic space and is essential in terms of creating the space for thinking for the patient. Having the space for thinking or reverie

makes it possible for an individual to stand outside himself or herself, to imagine and empathise with the other, and indeed with oneself.

Here I have explored briefly the importance of the concepts of object relations and the space for thinking to understand and work with who we are as social beings. One of our tasks as therapists is to explore with our patients their thinking/reflecting loop and obstacles (defences), which can potentially free our thoughts, feelings and actions from the binding of neglect and abuse that is the heritage of human object relations and social relations.

Psychodrama — Joan Daniels

Psychodrama enables the mind—body to be integrated within the person and develops a more complete sense of self. Further, psychodrama is a systems theory which emphasises the interconnection and interdependence of all things. Dr Jacob L. Moreno (1889-1974), the creator of psychodrama, theorised that “man” is a cosmic being, not merely a social being or an individual being.

Moreno’s concept of role is a unifying feature of psychodrama practice. Moreno (1961) defined role as a guiding principle or map of the universe held by the individual. The use of psychodramatic techniques serve to broaden and intensify experiences of the psyche far beyond what actual life is able to offer. Moreno (1987) believed that all people are creative beings interacting with their environment through roles and role structures.

“Role” is a purposeful act created by an individual. A role demonstrates the observable functioning of a person, both as an individual and within the relationships. It is a recognisable configuration of thoughts, feelings and actions. Concretising, one of the techniques of psychodrama, is setting out the roles that the client/protagonist experiences using people or objects to represent the roles and role relationships described by the client who is then asked to become these objects and enact these relationships. The roles may be living or non living. This makes the invisible visible.

This systemic approach allows for the socio-political culture in which a person develops to be observed. Boszormenyi-Nagy (cited in Schutzenberger, 1998) had his clients speak at length about their lives, because for him, the goal and the force of a therapeutic intervention is to develop awareness. He suggests there needs to be a contextual approach as well as a systemic one which may include all the present and absent members of the family, as well as pets or household helpers. This is Boszormenyi-Nagy’s concept of a “multi-person system”.

Boszormenyi-Nagy’s concept of loyalty within the family system offers two levels of understanding: a social, “systemic” level and an individual or psychological level. In order really to understand a person we must define him or her by the full scope of his or her needs, obligations, commitments and responsible attitudes to the family/whānau relational field over several generations. A psychodramatist needs to work from multiple references. When a person is able to accept and “own” what impels them, and to choose their guiding principles consciously, they are able to live more in harmony with themselves and with others.

Psychodrama incorporates an anthropological approach, as it insists on the vital

importance of family rules and decipher these rules, which are more often than not tacit rather than explicit (Boszormenyi-Nagi & Spark, 1981). By exploring the psychogenealogy of a person, individuals become aware of what it means for them to be what Schutzenberger (1998) has referred to as a “loyal member of a given group”. Schutzenberger stated that this approach is as once contextual, psychoanalytical, transgenerational, and ethological.

Hall and Fagin (1956) defined a system as a set of objects together with the relationships between these objects and their attributes. These definitions place no limitations on what the “parts” or “objects” may be. They may be living or non living. In therapy, all the dimensions of time — past, present and future — are brought together in psychodrama, (as they are in life) from the point of view of functional therapy.

Role reversal is an important technique in psychodrama. When one is able to warm-up “at will” to a role and then have that role in relationship to other aspects of oneself or to others, then the system we are relating to enables a much more purposeful life. As he is able to role-reverse with others he begins exploring what forces within him propel him towards his life purpose. He may concretise all the people and/or situations which are impacting on him at this time and influencing his present thinking and behaviour. As he relates to these aspects of himself, he warms to himself emotionally, intellectually, physically, and spiritually. The meaning to him as he allows himself to warm-up to these roles strengthens his sense of identity.

Psychodrama works to enable people to discover their inseparability from all life and their appropriate place in the universe. When this occurs we begin to discover the sacred in ourselves and in nature.

Psychodrama enables the mind—body to be integrated within the person and develops a more complete sense of self. The need to have the whole system present is important in therapeutic and sociodramatic work. Everything relevant to the client/trainee’s warm-up in their present world needs to be in the room. The client/trainee does not have an awareness of where the health is in the system. Neither does the therapist. Consciousness can occur in any role. Simply by describing itself more fully, a system can change (Williams, 1989).

Psychodrama works to enable people to discover their inseparability from all life and their appropriate place in the universe. When this occurs we begin to discover the sacred in ourselves and in nature.

Transactional Analysis — Jo Stuthridge

I discovered transactional analysis following a decade of involvement in political activism, working for Rape Crisis as a counsellor and with anti-racism networks. We spoke personally in groups and created collective narratives to make sense of our experience. We marched and made speeches, focused on action and social change. However this strong awareness of socio-political forces wasn’t enough to heal the depths of private pain in the sexual abuse survivors with whom I worked. I began to realise that the demons we were battling were inside the psyche as well as outside. While feminism had focused attention on the real events of child abuse, the struggle for most adult

survivors took place on an internal battlefield. I looked to psychotherapy for an in-depth understanding of the individual.

Transactional analysis offered a modality that transcended this divide between individual and social contexts. Eric Berne envisioned transactional analysis as a “social psychiatry” (1961/1975, p.77), based on the premise that coherence within the human psyche is dependent on patterns of social recognition. Berne was a classically trained psychiatrist and psychoanalyst with an unusual interest in cultural context. During the 1950s, he visited mental hospitals in over thirty countries. In a departure from drive theory, Berne (1961/1975) argued that the infant is motivated by a psychological hunger for social recognition or intimacy. His work was influenced by Spitz’s (1945) infant research and Fairbairn’s (1952/1992) object relations theory, both of which emphasised the infant’s dependency on a caregiver. Transactional analysis assumes that psychic and social realms are intertwined: outside shapes inside and inside shapes outside.

Decades before current trends in relational psychoanalysis (Mitchell & Aron, 1999), Berne postulated a view of the self as rooted in interpersonal experience. Repetitive transactions between infant and caregiver are internalised to form a series of Child and Parent ego states. As Berne (1961/1975) put it, the mind contains “relics of the infant who once actually existed, in a struggle with the relics of the parents who once actually existed” (p. 55). Child ego states are archeopsychic, that is, derived from past experiences of the self, while Parent ego states are extereopsychic, derived from experiences of the other. This inner world shapes our view of the world outside influencing relationships in the present through unconscious patterns of relating known as “script”.

The term script uses a theatrical metaphor to refer to an unconscious life plan that unfolds as “a dynamically progressive transference drama” (Berne, 1961/1975, p. 174). Script theory takes the idea of transference outside the bounds of the therapy relationship and places it on a broader social stage. The past is internalised in ego states which become living characters in dynamic, present-centred dramas with partners, friends and therapists. Through patterns of transference intrapsychic conflicts are externalised in social relationships. Game theory describes how we use these interpersonal sequences to enlist others to play a part in the script. For example, the abused child’s anguished early relationships, internalised as a series of toxic ego states, inevitably emerge in adult patterns of relating. Abusive introjects create chronic self-blame or are alternately projected and perceived as external threats. Through the lens of her internal world the adult survivor continues to see others as untrustworthy, uncaring or hurtful. The script becomes a self-fulfilling prophecy as experience in the present is used to confirm old conclusions about self, others and life.

Both client and therapist bring script patterns shaped by personal, familial and cultural contexts to the therapy setting. Our subjective experience is saturated in the social ideology in which we grew up. Dynamics of power, oppression gender, race and sexuality are often unconsciously reactivated in the therapy relationship. As with the broader dilemma of managing complementary transference deadlocks, the therapist usually needs to look within herself before a space can be opened up within the dyad. For example as a pākehā therapist working cross-culturally, I sometimes need to find the racist within while simultaneously identifying with the other’s intense pain. When these

unconscious patterns are brought to light, transformation and new script possibilities emerge, often for client and therapist.

Transactional analysis theory posits culture not simply as a backdrop to individual development, but seeks to understand how culture and psyche interpenetrate and recreate each other. The model provides a bridge and a place for me to stand as a therapist, between the individual and social and between personal and political realms. Psychotherapy, like political protest, is a subversive activity.

Gestalt Therapy — Brenda Levien

While Gestalt therapy is often practised as individual therapy and has often been seen as strongly individualistic, it has always had a group focus, together with a strong stance against oppression and for creativity, expression and choice, both therapeutically and socially. With its roots in psychoanalysis and an evolution which was often in reaction to it, Gestalt therapy has developed a focus which is strongly holistic, and involves the exploration of the co-created nature of relationships. If we pursue these ideas, it becomes possible to see how the interconnection and co-creation of relationship alongside a dialogic and phenomenological approach, can be expanded to work with intimate systems, small groups, work groups, large groups, and even communities.

Gestalt therapy has its roots in psychoanalysis and a social environment which included the rise of fascism, the Holocaust and World War II. Indeed, many of the initial contributors to the development of Gestalt psychology and therapy — Kurt Goldstein (1878-1965), Martin Buber (1878-1965), Max Wertheimer (1880-1943), Kurt Koffka (1886-1941), Kurt Lewin (1890-1947), Wilhelm Reich (1897-1957), Fritz Perls (1893-1970), and Laura Perls (1905-1990) — were forced to flee their homelands in search of safety and freedom from fascism (see Bowman, 2005). They brought a system of values with roots in European philosophy such as: from Kierkegaard the view that truth is subjective, from Heidegger that being is more fundamental than consciousness, and from Buber (1923/1937) the concept of presence and mutuality summarised as “I-Thou”, which is fundamental to the dialogic approach of Gestalt therapy. Central to their developing theory were concepts such as the organism, and the human capacity to adapt to the environment in the face of adversity (from Goldstein), organismic self-regulation (from Reich), and field theory (from Lewin). These values, and these concepts, together with phenomenological method (from Husserl), informed the early principles of Gestalt theory and method.

One of the cornerstones of Gestalt therapy is field theory which, put simply, refers to an interconnection of all things. Field theory, as articulated by Lewin (1952), is characterised by a systemic web of relationships, being continuous in time and space, with the field perceived as a unitary whole where everything affects everything else in the field, phenomena are determined by the whole field, and everything is of the field. Further field theory concepts suggest that perceived reality is configured by the relationship between the observer and the other, that everything which has an effect is present in the here and now, and that experience is a dynamic process not a static entity. In Gestalt therapy we understand that, as Parlett (1997) has put it: “lives and collective

systems intertwine and need to be considered together as a unified field” (p.16).

However, if we follow this line of thinking about interconnection of aspects within a field, then the reciprocal nature of therapeutic and other relationships becomes critically important. This, together with the phenomenological method, dialogue, and a relational stance, brings the Gestalt therapist into a more engaged, and less detached relationship with the other. From this position we cannot be detached observers or experts on the client’s plight. Jacobs (2000) described a new shared emphasis: “the perspective of understanding that every phenomenon that happens in the therapeutic encounter is variably co-created by the therapist and the patient together, never just by the patient” (p.106).

While work with larger groups will not replicate a therapeutic relationship exactly, Gestalt theory can be employed to inform the work within these wider settings and, indeed, Gestalt principles have been applied in various settings and many aspects of organisations. The Gestalt Institute of Cleveland has a strong and long-standing organisational development (OD) programme which uses Gestalt principles and trainers/facilitators in a variety of OD groups. There are also other Gestalt organisational groups in the UK and other countries in Europe as well as in other parts of the USA.

This holistic perspective, together with the concept of co-creation or how all aspects of the field influence the other, make it possible for Gestalt theory and practice to have far reaching applications. This more collective philosophy can relate to a Māori world view and so provide possibilities for exploring commonalities. With great respect I suggest that the cornerstones of Gestalt theory (phenomenology, dialogue, field theory, and holism) can sit alongside aspects of the Te Whare Tapa Wha (life contexts) health model (Durie, 1985). In te reo Māori, wa means the eternal present, which encompasses te Ao Tawhito (the ancient world) as well as te Ao Huri Huri (the changing world). The concept of dialogue connects with the belief in kōrero, kanohi ki te kanohi (face to face meeting); the concept of field refers to the interconnection of all things past and present; and holism includes attending to body, mind and spirit in a phenomenological exploration of the life space of the client with regard to: taha tinana (the body), taha hinengaro (the mind), taha wairua (the spirit), and taha whānau (the family): all in the context of people’s relationship to te whenua (the land) (see Tohiariki & Levien, 2003).

It is my personal belief that we can — and need — to take the work we do into the wider sphere of influence which our ways of being and working create.

Jungian Analysis/Analytic Psychology — Chris Milton

Central to Jungian analysis, more properly called analytical psychology, is the concept of individuation which is quite different to individualism (Brooke, 1991a). Whilst, in psychological terms, *individualism* is the belief that the ego is the centre of the personality, *individuation* entails the understanding that the transpersonal Self is experienced as the centre of the personality (Jung, 1944/1952):

The [S]elf is an archetypal image of man’s fullest potential and the unity of the personality as a whole. The self as a unifying principle within the human psyche occupies the central position of authority in relation to psychological life and,

therefore, the destiny of the individual. (Samuels, Shorter, & Plaut, 1986, p. 135)

It is experienced as the centre of the personality (Brooke, 1991a) and is implicated in individuation in that it drives and shapes it. Individuation includes the evolving relationship between ego and Self (or “ultimate Other”) (Papadopoulos, 1984). However, the Other and the other reciprocally echo each other and so individuation is always manifest in the changing shapes of our embeddedness in relationship to others.

Jungian analysis is the facilitation of this encounter between the ego and the Self. In analysis the processes of individuation manifest in an interpersonal archetypal field and are presented in the bodies of both analyst and analysand. Hence, rather than being an abstract process, analysis, and thus individuation, occurs in the living density of bodies being together with each other. The unconscious finds form in the body and in relationship.

For Jung (1946, para. 1) body and psyche were inextricably mixed, for: “psyche depends on the body and body depends on psyche”. Plaut (1956/1974) acknowledged this in his concept of “incarnation”, and Samuels (1989) in the term “embodied countertransference”. In analysis our bodies become the “location” at which the mind of the other is registered (Brooke, 1991b) for “the analyst’s body is not entirely his or her own and what it says to him or her is not a message for him or her alone” (Samuels, 1989, p. 164). This ambiguity in the “possession” of the body gestures towards experience and activity in an interpersonal archetypal field.

Jung (1946) grippingly described the density of the interpersonal relationship in transference, and early on he saw transference as central to the analytic endeavour (McLynn, 1997). An interpersonal archetypal field concept of the transference appears in Jung’s (1946) essay “The Psychology of the Transference”. In this he described how an interpersonal archetypal field is built up around the split bi-pole of an archetype, which itself underlies the analytic relationship. Analyst and analysand are thus “embedded in an imaginally perceived whole situation in which [t]hey experience the unconscious or archetypes both ‘around’ and ‘between’ them as well as ‘within’ them — an encompassing, infusing, and mutually interactive field” (Spiegelman, 1996, p. 186). The interpersonal archetypal field is understood to shape experience and behaviour as an I-It relationship that becomes an I-You (Jacoby, 1984) in the processes of analytic interpersonal encounter.

In summary, the Jungian notion of individuation is quite different to individualism in that individuation involves the Self which means that it also always involves the other. In particular the individuating analytic processes are mutually presented in the bodies of the analysand and analyst, and both embedded and manifested in the interpersonal archetypal field.

Psychosynthesis — Peter Hubbard and Helen Palmer

In a chapter on “Self-Realization and Psychological Disturbances” in his book on *Psychosynthesis: A Manual of Principles and Techniques* (Assagioli, 1965/1975), Roberto Assagioli (1888-1974), the originator of psychosynthesis, asserted that the complexity of

human psychology needs to acknowledge the spiritual dimension of human identity and experience. He developed a model of personality to represent how individual consciousness operates within levels of collective consciousness. While acknowledging that his picture of a human being's inner constitution was limited because it could not show the dynamic reality of psychological life as being plastic and elusive, he considered it theoretically useful and clinically helpful to have a "pluridimensional" concept of human personality (Assagioli, 1975, p. 16) that included inter-individual and spiritual aspects. He said: "Indeed, an isolated individual is a nonexistent abstraction. In reality each individual is interwoven into an intricate network of vital, psychological and spiritual relations, involving mutual exchange and interactions with many other individuals" (ibid., p. 5).

The Institute of Psychosynthesis NZ (www.psychosynthesis.co.nz) has developed Assagioli's original model to rectify the privileging of a transcendent spiritual dimension of unchanging ontological experience over an immanent spiritual dimension of being embodied and, therefore, evolving. This emphasises a view that holds human being, not as a soul with a body, nor as a body with a soul, both of which perpetuate a modernist, dualistic frame that is potentially polarising, but, rather, as living spirit manifesting as material form in the phenomenal world of four-dimensional timespace. Human spirit then is to be considered as a pluridimensional event embodied in levels of experiencing which are distinct and not separate: body and soul, soma and psyche (see Firman & Gila, 2010).

Assagioli differentiated the work of understanding and operating on the patterns of experiencing, expressing and relating in the world from the work of analysing and understanding individual unconscious processes. Central to his understanding of these patterns and processes is his concept of Will. In his schema, Will is not a partial function of the psyche, but an *a priori* ontological experience, both something one has, and essentially something one is. To develop increasing awareness of Will, and to "track" Will in both its conscious and unconscious iterations as the dynamic organising function of the whole psyche and also of its constituent levels, becomes a progressive developmental skill and practice and is central to the therapeutic process (see Assagioli, 1975).

Etymologically, synthesis can mean a "placing together". This provides a postmodern frame to think about human identity in a way that contextualises such dualities as individualistic versus interdependent identity. Psychosynthesis holds identity in a socio-cultural context that extends all the way to the universe, which was identified by Assagioli as the "Supreme Synthesis" (ibid., 1975, p. 31). It pays attention to how an individual constructs their identity in connection with, and in response to their socio-cultural context, understanding that there will be an intrinsic embodied organisation responsive to however that culture is experiencing its ontological reality. So identity formation unfurls as an individuated sense of autonomous personal identity *and* as a connected sense of interdependent relational identity in interaction with whakapapa and natural world. Exploration of "Who am I?", and how best to live an authentic and responsible life, therefore includes existential concerns, and issues of spiritual emergency and spiritual emergence. Psychosynthesis then does not favour particular theoretical frames, but, in the spirit of "placing together", seeks to include what best elucidates awareness of patterns of drives and needs, developmental understandings, aggressive and anxious processes,

love and power themes, early and subsequent attachment frames and object relations, all with reference to existential, interpersonal and psychospiritual considerations.

The process of “placing together” is not simply about the contents of experience. It seeks to hold relational space open and observe its evolving dynamic. It is therefore applicable not just to intrapersonal psychodynamics and interpersonal relationships, but also to cultural and spiritual concerns exemplified in Ferrer’s (2002) metaphor “oceans with many shores” and its particular appositeness for Aotearoa New Zealand. The skill and practice of disidentifying is central to the “placing together” process.

Psychosynthesis holds a context of Self-realisation that applies to all stages of human development. This is understood in terms of how individuals express their unique identity. From the very beginning of life, the baby/infant/child engages an active process of organising experience in meaningful and reality-based interactions with significant others and environment. Through different developmental stages and transitions over time, “long patterns” of psychological structure are cohered and become established. Identifying these patterns involves not only consideration of the past but also an examination of how these patterns are being maintained in the present, in relation to an emerging future. Thus attention is focused on Will as the organising and directing function of the psyche cohering personal consciousness. By acknowledging that individuals can connect with their best sense of what life might be about, however modest, and that they can strengthen their capacity to act in ways that are connected and life-enhancing, psychosynthesis emphasises therapeutic work which includes and is not contextualised by a deficit hypothesis, but rather by a context of evolving potential.

Self Psychology — Sheila Larsen

Self psychology has its origins in the 1930s when there was little literature concerning the nature of private consciousness. Psychological development in children had just started to be seen and understood, not only as intrapsychic but also as interpersonal, and the mother-child relationship began to be recognised as of crucial importance. Influenced by the work of Henry Stack Sullivan (1892-1949), Donald Winnicott (1896-1971), and Harry Guntrip (1901-1975), the theory and techniques of self psychology were developed by Heinz Kohut (1913-1981) (see Kohut, 1971).

Self psychology has been further developed by the British psychiatrist, Robert Hobson (1920-1999) and the Australian psychiatrist, Russell Meares, into what is now known as the “conversational model” (Hobson, 1985; Meares, 2001, 2002, 2005), a model which has been taught in New Zealand since 1990 by the Westmead Faculty of the Western Sydney Hospital.

As a theory, this form of self psychology immediately appealed to me in that it seemed to bypass the absolute certainty of other theories and their detached practitioners, and to focus much more on empathically understanding and responding to the client’s felt experience, i.e. empathic attunement. For the therapist, this is much more than simply imagining oneself *in* the other person’s position, but, rather, imagining what it would be like to *be* the other person with all their history and experiences, while at the same time not losing one’s own sense of being. The therapist’s task is to attune to the client and to

engage in ways that were absent in the child's early days, promoting a detailed exploration of the client's reality, particularly in areas of the client's relationships which have been hindered by anxiety or fear. This is a shared journey where being unrushed, being engaged with, and *talking with*, as opposed to *talking to*, listening, and responding, are essential; it is a journey of not knowing, of speculation, of checking and re-checking, a journey in which one is willing to be wrong and to be corrected — and in all these ways, it may be thought of as akin to the shared bicultural journey made through partnership and conversation. In the conversational model, the therapist's responses need to be such that the client's false expectations and perceptions are challenged, and new learning is promoted, so that, with the client, significant problems are reformulated. Although the conversation model, like self psychology, derives from and is a form of psychodynamic psychotherapy, it relies more on empathic listening and the development of a common "feeling language" than on psychoanalytic interpretation. The term "conversation" is an apt descriptor of this theory, and is used in order to stress the central importance of language, non verbal as well as verbal; indeed, the therapist must have a command of both, as words are not the only element of a conversation. In many ways this is a "relationship-centred" model: it is the client's experience of him or herself, the integration of experience, and the small increments of improvement that may be noticed by *both* client and therapist which are the measure of therapeutic achievement.

The term "self psychology" may, of course, be criticised for its focus on the self and, whilst the predominant focus in self psychology has been on and about working with individuals, neither the individual nor "the self" exists in isolation. Indeed, one of the aims of therapy in the conversational model is to encourage a form of conversational relating, which is referred to as "aloneness-togetherness", on the basis that the development of the self implies a capacity to embody and span this dialectic.

Empathy can be an expression of a "one-person psychology" (Stark, 1999); in self psychology and the conversational model, it is recognised that being empathic is not about offering perfect attunement; it is about a consistent if not constant sensitivity to repairing empathic failures when they occur. Therapists must be able to modify their statements; and it is precisely the acknowledgement of ruptures, and our attempts to repair the disruption they cause, that then allows the client to assimilate new understandings. Optimal missing the mark is better than accurate empathy. In the conversational model — and, specifically, in its manualised form, psychodynamic interpersonal therapy — empathy is more directed at a shared understanding and, thus, the therapist may use "We" (as distinct from "I") in order to develop a shared, mutual language.

I see empathic attunement as also being an appropriate response beyond the individual to groups of people. Individuals identify with groups and respond emotionally to events that impact on that group. Consider thinking about any group as if it were an individual. This is particularly pertinent when considering race relations. Groups develop a history that moulds how they think, feel and act, for example, in response to the impact of colonisation — on both Māori and Pākehā. There is no easy solution to the conflicts between groups because there will always be individuals within those groups who have conflict with one another, or who hold extreme views. The therapeutic and conversational journey is a process, and, crucially, a two-way process; it is not a fixed structure or a series

of techniques (even in its manualised form). In terms of the wider social conflicts we experience in this country, whilst Treaty settlements and apologies have helped, more is needed at local and interpersonal levels — a “more” which requires empathic understanding and acknowledgement of ruptures and errors, and attempts to repair those errors, which could lead to a maturing of interpersonal, including bicultural relationships, and to creating a new way of being together. I think the conversational model of self psychology can help in this ongoing process.

Bioenergetic Analysis — Garry Cockburn

Paul Ricoeur, the French philosopher, has asserted that: “otherness is not added onto selfhood from the outside” (Ricoeur, 1992, p. 317), but is based on our experience of our bodies. For Ricoeur, our three greatest experiences at the level of meaning are: my experience of my own body; my experience of others (as bodies “over there”); and my experience that I wish to live ethically with and for others (and *nobody* be hurt). In other words, on the level of meaning, there is a direct connection between the body, our experience of others, and social ethics. These understandings are inherent in Bioenergetic Analysis and other psychotherapies that incorporate a somatic dimension into the study of the mind.

Bioenergetic Analysis was founded in New York in 1956 by Alexander Lowen (1910-2008), a student of Wilhelm Reich who, in turn, was a student of Freud. Reich was a strong Marxist, and the first to apply dialectical philosophy to psychoanalysis. This dialectical legacy is strong in Lowen’s writings and in Lowen’s understanding of the relationship between the mind and body, or psyche and soma. The task of therapy is to bring the mind and body into an attuned “functional unity”, so that we embody the mind and re-mind the body at the individual, relational and social levels, all of which are linked dialectically through the body. Lowen was passionate about this. His assertion that “the self for me is the bodily self, the only self we will ever know” (Lowen, 2004, p. 243) is, therefore, quite profound from a philosophical as well as from therapeutic point of view, as it points towards the energetic and somatic basis of all human experience and knowledge.

Lowen was also the first person in the psychoanalytic tradition to get the patient off the couch and onto his/her feet, and the first to articulate the notion of “grounding” in psychotherapy. “Grounding” the person in their body, in their legs and onto the ground, and being grounded in relationship, puts them in touch with “reality”. In his book *Language of the Body*, Lowen (1971) systematically showed, before anyone else was doing this, how child-rearing patterns and family dynamics at various developmental stages in Western families gave rise to characterological defensive structures which disconnected people from their feelings and their bodies; and he developed a wide range of therapeutic techniques for each character type to help restore a sense of groundedness and a sense of self based on the bodily self. It is only when individuals are “connected to the earth and the natural environment, to their body and its feelings, and to their loved ones and fellow creatures” (Lowen, 2004, p. 136) that they are grounded in the true sense of the word. In this way, through a dialectical understanding of the relationship between mind and body, and through grounding the living body in its feelings and in relationship to others and

to the earth it is possible to establish a sense of self that is secure and ethically responsible to the earth and to all other creatures.

While Alexander Lowen (2004) acknowledged that he was “not a revolutionary like Reich” (p. 92), he directly linked intrapsychic and characterological issues with the forms of patriarchal oppression in capitalist societies (Lowen, 1980, 1985, 2005). Bioenergetic Analysis has a strong social dimension in many parts of the world, for example:

- In São Paulo, Brazil — bioenergetic therapists provide free clinics to street-cleaners.
- In New York, Chicago, and Hanoi — bioenergetic therapists are involved with community projects for the intellectually disabled.
- David Bercei, a bioenergetic therapist, has developed Trauma Releasing Exercises — which are being used by over a million people in the Sudan, Uganda, South Africa, Israel, Lebanon, China, USA, and New Zealand, by people suffering from environmental disasters or war trauma.
- In Aotearoa New Zealand — Bioenergetic Analysis is being used in child abuse prevention programmes as well as in the therapy room, and there has been strong support for its use by kuia and kaumatua who understand that the respect Bioenergetic Analysis has for working with the reality of the bodily self (tinana) in today’s urban environment also opens up a pathway for the fuller expression of wairua, the engagement of hinengaro and the development of whānau. It has been a powerful experience to engage with the embodied experience of tangata whenua as sometimes the energies experienced have embedded within them strong, and quite tangible, historical, social, and spiritual dimensions which are not usually evident when working with Europeans.

Lowen (1976) saw that the challenge for therapists was “to understand human nature and to influence cultural patterns so that they favor this nature” (p. 48) — and that remains as true for us today as it was for Lowen.

Hakomi — Jules Morgaine

Hakomi is a Hopi Indian word which translates — as much as it is possible to translate a concept from one culture to another — to “How do I stand in relation to these many realms?” This could be shortened to “Who am I?” but, in using the longer version, we are not referring only to an individuated sense of self but, rather, to bringing curiosity to a much larger sense of interconnection.

Western culture has, in general, and especially in the last 350 years, supported dissociation from the body, the heart and the soul. Cognitive functioning has been privileged and, thereby, created a separation from other dimensions of our being, the very dimensions that give life significance, pleasure and passion. Hunger for knowing ourselves deeply, for the quiet, wise rhythms of life to guide us, becomes manifest in symptoms that disturb.

Taoist principles underlie the methodological aspects of Hakomi body-centred psychotherapy (Kurtz, 1990). These age old Eastern principles invite us to an understanding

of the way things are, the laws that govern all of existence and non existence. These same principles more accurately reflect what indigenous cultures have known but from which they have also become disconnected as a result of the process of colonisation.

The application of these principles to the practice of psychotherapy becomes the ground from which to heal this disconnection. Mindfulness, both as a technique but, more importantly, as a place in which to position ourselves, both therapist and client, brings us into a connection with this moment and the way in which we are organising our experience around the core life issues with which we are grappling, thereby providing access to the deep unconscious beliefs we are holding about ourselves and about life.

From this position of paying attention in an open, curious and compassionate manner, we come to see the possibility of knowing our deepest nature and living in accordance with it. The principle of organicity recognises that all living systems are self-organising with natural impulses towards higher order organisation. As such this invites an honouring of the client's inner knowledge and inherent wisdom.

In our essential self, wherein lies the impulse towards healing, we know that we are vitally connected to all that exists, both human and otherwise, this being the unity principle. It is a participatory universe in which we live. In psychotherapy this reminds us that the therapist is intricately and personally involved in the process. This invites an orientation of partnership whereby one can be the expert on therapy and the other the expert on themselves, thus requiring a light holding of predominantly Western-based psychodynamic theory and a welcoming of the inherent wisdom of the other. This requires an experiencing of a sense of humility in the recognition that what one may know is as nothing compared to what exists.

In honouring the principle of holism, there is understanding that the path towards healing cannot be achieved by attending to only one aspect of being. Mind, Body, and Spirit are interacting subsystems of one meta system within many systems, the connections between which are complexly determined and often circular.

Western culture is very reliant on the use of words, and the written word, as a means of communicating, just as I am doing here with you, the reader, now. Western psychotherapy has traditionally been a "talking-based" process, making use of the mind. Integrating the wisdom of the body with its own language of sensation gives one direct access to the core organisation of personality. This body wisdom is not culturally-bound and, as such, is accessible to all with the process of mindfulness.

This has particular pertinence in Aotearoa when considering a psychotherapy which can address the effects of colonisation whereby many Māori have lost connection to the deeper spiritual concepts contained within Māoritanga and te reo Māori, though it should be acknowledged that tau iwi are also frequently alienated from their cultural roots.

Non violence is a practical recognition of the other principles. It is characterised by an attitude of acceptance and active attention to the way things unfold naturally. It honours the whole person within the context of their life. Models of Western psychotherapy in which the therapist is the expert, and clients are understood in terms of their defensive processes which need to be "overcome", frequently fail to recognise the creativity of survival strategies and celebrate these, thereby showing a deep respect for the whole person.

These Taoist principles also invite recognition of the socio-political import of psychotherapy as a practice. At this time in Aotearoa New Zealand, where many are experiencing a sense of disconnection from self, illness and dis-ease are prevalent; families are isolated; people are alienated from their cultural roots; there is a sense of spiritual poverty; and, beyond this, our planet is greatly at risk. A psychotherapy that embraces these principles — of mindfulness, organicity, unity, holism, and non violence — offers rich potential for healing.

Psychodynamic Psychotherapy — Josie Goulding

In writing a short response to this topic the area that interests me is how we as psychotherapists use and understand autonomy, homonomy and heteronomy when thinking about the development of a healing relationship with the client.

In my practice I bring together my history of thinking and training which is a mixture of humanistic and psychoanalytic psychotherapy with a particular leaning towards relational psychoanalytic thinking. These traditions believe the key to the healing process is the dynamic exchange in the therapeutic relationship. The focus of Western psychology, of which these traditions are a part, has, however, primarily been the individual person, the smallest unit of human existence that is seen to be able to exist separately:

From the 15th century and earlier, and also today within the fields of statistics and metaphysics, individual meant “indivisible”, typically describing any numerically singular thing, but sometimes meaning “a person.” From the seventeenth century on, individual indicates separateness, as in individualism. (Wikipedia, 2013)

Western psychological traditions have been influenced in their theorising by the ideological changes that are represented by the rise of individualism which is defined as:

the moral stance, political philosophy, ideology, or social outlook that emphasizes “the moral worth of the individual”. Individualists promote the exercise of one’s goals and desires and so value independence and self-reliance while opposing external interference upon one’s own interests by society or institutions such as the government. (Wikipedia, 2013)

Developmental psychology and psychoanalysis have described individuation as a core process in the development of the mind and the concept of “self” and autonomy is generally seen as the positive outcome of individuation. To some degree this is an a priori position which influences how we understand autonomy and often links it with individuality and individualism. This move to focus on the individual as the measure of what it is to be human has, as Loewental (2011) has put it, “formed the unquestioned bias of many practices, with their emphasis on autonomy, egocentricity and notions of a bounded unitary self.” Some would say it is a bourgeois individualism that can ignore the phenomena of our social being (Flynn 2006).

Why we think these concepts are important, and how we think they develop, impacts on the way we practice. New Zealand indigenous culture challenges the Western privileging of autonomy and individuality as the goal of developmental maturity and invites us to reflect on the question: is autonomy fundamental or culturally derived?

I prefer to approach my understanding of this as a number of questions to carry with awareness rather than a dogma to which to adhere. Here I note two.

First, what is the “essence” of what Western psychology and, specifically, psychotherapy, thinks is important when we define individuation and autonomy?

Psychoanalytic literature defines the capacities associated with individuation as the necessary ingredients for play, creativity, empathy and other factors which lend richness to human experience and relatedness. They include the capacity to recognise a differentiation between our internal state and the outside world; and to have an experiencing self, and an observing self and, therefore, be able to experience, think about our experience, and to make meaning of it. It requires the capacity to extend that awareness to understand that other people also have an experiencing and meaning-making mind—body and that those experiences and meanings may be different than one’s own (Bram & Gabbard, 2001).

Both psychotherapy and neuroscience literature acknowledge that these capacities only develop in relationship with others. To relegate this solely to a developmental process, however, would suggest that we cease to need other people for creative intercourse, and that, once autonomy is achieved, we can — and should — be self-sustaining. This would also relegate psychotherapy to a developmental endeavour rather than one which acknowledges the need for others in the ongoing process of meaning-making or “coming into being” in our lives (Ogden, 2002). In the field of relational psychoanalysis and other relationally-orientated psychotherapies there is a strong swing to acknowledge ongoing relational needs. These psychotherapies propose that relationships are integral to the formation and maintenance of a stable “self-experience”, even when we are physically alone, as well as to the capacity for the aforementioned experiential richness.

Despite this, Western psychological traditions have struggled to express, or define through theory, the dialectic of both experiencing oneself as different than others and, therefore separate, and, at the same time, having a lived experience of always being in relationship to others (irrespective of corporality, time and space) and therefore, never separate. Zeddies (2000) expressed it so well in the question: “Is there any such thing as inside and outside?”

To label these phenomena and experiences as individuality and autonomy with their linguistically and socially loaded associations is perhaps a misattribution even though it is clear that Western culture identifies these qualities as healthy and desirable, socially constructed interpretations.

It is important for us to be open to “other” experiences in staying creative in the meanings we attribute to experience and growing our theory and practice.

Second, how does this relate to our work and the healing moments?

Many would say that the development or engagement of the capacities attributed to individuation is the aim of therapy, so what of method?

In his paper “Morning and Melancholia” Freud (1917/1957) pointed to the idea that our internal world is populated with our experiences and our processing of external objects

and it is only in psychopathology there is a cut off between the unconscious internal object world and the world of actual experience with real external objects (Ogden, 2002).

The relational turn in psychoanalysis suggests that working through transference is both a method to reactivate the movement in the interface between our internal world and the outside world, and, concurrently, brings new relational experience which develops or reinforces the capacities attributed to individuation.

Afterword — Keith Tudor

These ten contributions represent both a diversity of approach and theory, as well as a willingness to be reflexive, that is, to reflect critically, in this case, on the subject of the psychological and the social. I am grateful to all the contributors for their responsiveness to what was, if not an impossible request, certainly a challenging one, and their stimulating and succinct contributions — and, given the length of the lead-in time to publication, their patience. Separately and together, they represent not only aspects of the “relational turn” in psychotherapy but perhaps also an acknowledgement of a “social turn” in the field (see Tudor, 2009; also Clarke, Hahn, & Hoggett, 2008). Specifically and summatively, the contributions represent:

1) An holistic conception of the person.

This conception, distinct from an atomistic view of the person, accounts for the inextricable relationship between family/social/cultural/spiritual context and identity and is especially evident in the contributions of Solomon, Levien, Milton, Hubbard and Palmer, and Morgaine. I am particularly struck by the references to the body in Milton’s contribution as this reflects the greater and current interest, especially within analytic approaches — both psycho-analytic and analytic psychology — in the somatic and in embodiment. This is a significant interconnection between what have previously been seen as different and, to some extent, differing “forces” of psychology (see Totton, 2005).

2) An interrelational view of the “individual”.

This view of the “inter-individual” (as Hubbard and Palmer put it), and the social, transpersonal, and even cosmic sense of the individual has influenced conceptualisations of the individual as self/Self, and in terms of personality, a perspective which is particularly present in the contributions of Daniels, Suthridge, Milton, and Hubbard and Palmer.

3) An understanding of the human trend to homonymy (or belonging) alongside autonomy.

This understanding offers a contextual and relational perspective on human development, not only through attachment to an initial “object” (usually the mother), but also to other “objects”, or “subject-relations”, such as mountain, river, canoe, and land, an understanding expressed in the contributions of both Solomon and Suthridge, and, as trends (see Angyal, 1941), explicitly discussed by Goulding.

4) An interconnected and intersubjective experience and view of relationships and,

specifically, the therapeutic relationship.

This acknowledges the more dialogical (Levien), dialectical (Cockburn), or conversational (Larsen) experience and understanding of relationships, and thus represents a one-and-a-half and two-person psychology (Stark, 1999) if not a “two-person-plus psychology” (Tudor, 2011).

5) An emphasis on social relations, group, community, organisation, and systems.

In her contribution Daniels refers to this as an “anthropological” approach. This emphasis reflects a social as distinct from an individualistic vision of the scope and purpose of psychotherapy and is a view particularly present in the contributions of Solomon, Stuthridge, Levien, and Cockburn, and implied in the contribution of Larsen.

6) A broader vision of the scope, purpose and application of psychotherapy.

This vision moves psychotherapy from being concerned only with the therapy of the individual’s psyche to the application of the particular psychotherapy theory and practice to interpersonal and social issues such as racism (Solomon), global events (Stuthridge), groups and organisations (Levien), and various disadvantaged groups (Cockburn), an application which Totton (2000) has described as the psychotherapy of politics. As Solomon argues, psychoanalysis could be — and, indeed, has been — applied to many “social” situations and issues; and Stuthridge reminds us that transactional analysis is a social psychiatry or psychotherapy.

Only two of the contributions, those from Levien and Cockburn, make direct links between the(ir) particular “Western” model and indigenous model of health and healing, respectively, between phenomenology, dialogue, field theory, and holism, and Durie’s (1985) Te Whare Tapa Wha (life contexts) model of health; and between a Bioenergetic Analysis of the bodily self and Māori concepts of tinana, (the fuller expression of) wairua, (the engagement of) hinengaro, and (the development of) whānau. In her contribution, Solomon observes that Māori culture places whanaungatanga (relationship) at the centre of mental health and that object relations offers an internal map of such relationships; and Morgaine argues that Hakomi, and the Taoist principles on which it is based, is particularly suited to offering a therapy for people who are alienated from their cultural roots. This reflection perhaps suggests that there is more work to do in making the links between Western theories and models of psychotherapy (human development, psychopathology, etc.) and indigenous healing traditions — or, perhaps, better, having a genuine dialogue or bi-alogue between practitioners of these different traditions.

These broadening and expansive developments of psychotherapy theory and practice, nevertheless, represent a “both and” approach to psychotherapy, for example, both individual and group, both intrapsychic and interpersonal, and both personal and social/political — which is reflective of pluralism and a pluralistic approach to psychotherapy (see Samuels, 1997; Totton, 2012), which has important implications with regard to our understanding and analysis of the issue/s presented by clients; the education and/or training of practitioners; and forms of professional association, organisation, and regulation.

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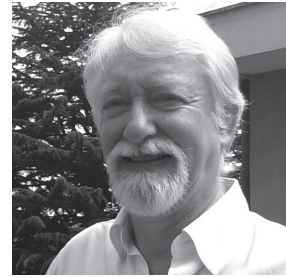


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