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TE ROOPUU WHAKAORA HINENGARO

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Editorial

This is a bumper issue. It is a first because it is the first time we have had more papers than we can possibly publish.

The wide diversity of ideas included in this issue well reflects the New Zealand psychotherapeutic scene and the wide ranging dialogue that NZAP encompasses. The subjects in this issue range from metaphor, desire, dream-work and spirituality to fathers and fatherlessness, adoption, cultures, the body and dance. This is an extraordinary span that indeed represents the rich melting pot of New Zealand psychotherapy.

A curious thing is this 'psyche', that word that lies at the centre of our Association. It means the soul, spirit, breath or breathing that we never seem to be able to actually touch, smell, taste, see or hear. Its presence is inferred from our ongoing experiences, and the meanings we make of it outlined in our theoretical abstractions. We have a tendency to put together these abstractions to develop conceptual models of the psyche that end up being abstractions of our abstractions, meanings of the very meanings we make.

There is also a curious phenomenon at work here. Many of us will recall sitting down with a new client and after an hour's interview and another hour or so writing, coming up with a rigorous, taut, diagnostic dynamic formulation. For some time afterward we are convinced that what happened in that interview was in fact a deep penetration into the human psyche, afforded by the conceptual model we espoused at the time, and revealed by our marvellous formulation. On reflection, however, what is much closer to what happened in the interview is an exciting swirl of emotions and conversation in which neither we nor the client has much idea of exactly what the other was going to say next. Furthermore, in some cases it is unlikely in retrospect that the client would have even recognized that the formulation was about them or their psyche, let alone agreed with its conclusion.

A model is a representation of something. That "something" is the original, not the model. Conceptual and theoretical models are models, not the originals. They are abstractions, by very definition. Often our models are constructed out of abstractions of abstractions. The more abstractions there are and the more coherently we weave them together, the deeper and richer the meaning

appears to be. Yet at the same time, this has a tendency to take us further and further away from the actual experience. The more we try to pin down the meaning the more the actuality escapes us.

We are all familiar with the question we ask ourselves in a group or in a session: 'What is really going on here?' As if there were some reality, some fundamental aspect of the psyche being manifest beyond what is immediately accessible and obvious. And the answers will invariably carry the flavor of our own conceptual view of the psyche, and the authority with which we assert any answer is likely to be a function of how strongly we are wedded to it.

Models yield richness, diversity, interest and meaning, but at the same time they can lead us conceptually away from what is literally happening. Conceptual models of experience are fine, and in one sense they are all we have to go on, but let us not forget the source of our fascination: the "original".

Tony Coates
Peter Hubbard
Robin Riley
Jenny Rockel

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Eng-Kong Tan

Abstract

This paper enters into the field of spirituality and psychotherapy by first referring to the differences between Eastern and Western psychologies and then comparing the spiritual traditions to psychotherapy. Transference and transcendence are then discussed with reference to major analytic thinkers. The true spiritual journey which could commence as psychotherapy completes is described as development from selfhood to selflessness. Finally, the author attempts to describe what, and when, brief spiritual moments occur in psychotherapy and how the therapist might deal with these special and sacred times.

Introduction

As I began preparing this paper I was aware that its readers would be citizens of a country that is steeped in spirituality. The spirituality I refer to is inherent in New Zealand's adherence to the principles of the Treaty of Waitangi and in the current Maori cultural renaissance, and is more akin to Eastern traditions of spirituality than to those of Western societies.

This prevailing spirituality is one of the influences which direct this country's mental health policy-makers and providers to recognise the equal right of Maori and the Crown to shape your lifestyle, culture, religious beliefs and spiritual beliefs. John Turbott (1996), in a paper entitled "Religion, spirituality and psychiatry: conceptual, cultural and personal challenges", asserts there is widespread awareness in this country that much Maori ill health today can be attributed to alienation from the land and to the loss of spirituality, group support and identity (Durie: 1994; Rankin: 1986; Sachdev: 1989). In the Ministry of Health's document *Looking Forward: Strategic Directions for the Mental Health Services*, it is stated that "services in the future will need to be culturally safe and be able to provide treatment at a spiritual, physical, emotional and cultural level" (Ministry of Health: 1994).

All of these factors contribute to a cultural context in which psychotherapy might more easily extend its boundaries to include a spiritual dimension than in many other parts of the predominantly Western psychotherapeutic world, where the spiritual dimension of mental health has only just begun to be acknowledged. As recently as ten years ago, psychotherapists had to hide their interest in spiritual matters, in case their colleagues would consider them non-scientific in their thinking. Today, there is increasing discussion of the therapeutic value of spiritual approaches to psychotherapy and, in particular, of the healing powers of meditation.

I commend two books in particular to those interested in the spiritual dimension of psychotherapy. In 1997 Daniel Goleman, author of *Emotional Intelligence*, edited *Healing Emotions*, a record of extraordinary encounters between the Dalai Lama and psychologists, physicians and scientists on mindfulness, emotions, biology, culture, ethics, medicine and compassion. Just last year, Deepak Chopra published his twenty-fifth book, *How to Know God: The Soul's Journey into the Mystery of Mysteries* (2000), a scientific approach to spirituality which takes the reader on a journey through seven stages ascending towards life-changing experiences of the sacred. It is based on the simple premise that 'If we want to change the world, we have to begin by changing ourselves'.

Western and Eastern psychologies

Perhaps one way to enter the field of spirituality and its relationship to psychotherapy is to consider the differences between the psychologies of the West and the East. These differences are similar to the apparent differences between Western psychotherapeutic endeavours and Eastern contemplative disciplines.

Western psychologies are mainly concerned with the self and the development of self. Eastern cultures, on the other hand, pay more attention to the group, ranging from family-based values to the ideal of sacrifice of self for the whole country. In the field of interpersonal relating, the Westerner might be considered aggressive and confrontational when compared to the more submissive Easterner, whose initial wish would be to mediate. Perhaps there is a win/lose polarisation in the Western psyche, most apparent in the competitive world of sports and business. In the East "saving face" and a balance of "Yin" and "Yang" appears more important.

The Western world, best exemplified by America, is considered materialistic and acquisitive. In fact, a culture of narcissism is very alive in most Western countries. Perhaps more in the past than the present, the Eastern world has been deemed to be spiritual, compassionate and benevolent. Taking the relationship to nature as an example, the Western approach to landscaping would be first to bulldoze the area and then start afresh with selected plants, rocks and an automatically controlled sprinkler system. The Oriental landscape gardener would first plan everything to be in harmony with what is alive and present on site. Temples are often built around trees and waterfalls.

Cartesian law divided the body from the mind and physicalist science has insisted on studying only what can be concretely observed, preferably under the microscope. Eastern tradition, on the other hand, maintained the inseparability of mind-body. Maori, Indian, Chinese and Aboriginal concepts of illness and treatment still refer to the mind, spirit and body of the individual as a whole.

Psychotherapy and spiritual traditions

In a collection of essays entitled *Awakening the Heart* (Welwood: 1983), Robin Skynner has addressed "Psychotherapy and the Spiritual Tradition". Skynner begins his discussion of the similarities and differences between psychotherapy and the spiritual tradition by looking at similarities.

First of all, there is in both disciplines the idea that man's perception is clouded and distorted, that he does not see things as they are but as he wants them to be. In psychotherapy, we describe these distortions in terms of the various ego defences. In spiritual teachings, there is an emphasis on the world of false appearances, with our materialistic existence, our search for pleasure and avoidance of pain contributing to an illusionary view of the world.

Secondly, both traditions see self-knowledge as the key to good health and peace of mind. Through psychological self-knowledge, man may be freed from division into 'I' and 'not-I', from identifying with some parts of his being and rejecting others, which then become projected in negative fashion onto those around him. When he attends to his developmental deficits and resolves his early conflicts, he is cured of his neurotic disorders. In the spiritual traditions, man's destructive emotions are identified in terms of the seven deadly sins, and he is encouraged to resist them and cultivate instead wholesome and healthy emotions of love, kindness, compassion and forgiveness.

Thirdly, both require that the searcher shall be in regular and personal contact with a teacher/guide/guru/therapist or leader who has already been through the same experiences; has seen, understood and accepted many aspects of himself; has repaired and resolved some of his own fragmentation, delusions and distorted perceptions; and so can, through being able to perceive the searcher more objectively, help him in turn to become more objective about himself.

Fourthly, personal therapy and spiritual attainment are expected to be painful but necessary medicine that can ultimately heal and lead to regrowth. In psychotherapy, the painful truth has sooner or later to be acknowledged within the containment of the therapeutic frame. The unconscious is made conscious and the self is expanded as denial and projection are reduced and the dissociated past returns to awareness. In the spiritual life, in the "open confession of sins", in the acceptance of whatever internal manifestations arise during the stillness of meditation or prayer, similar processes occur. In both traditions, a clearer perception of the world, a greater capacity to understand and relate to others, can be seen to follow from greater self acceptance and objectivity.

Finally, both traditions see man as possessing hidden resources, which cannot become fully available without self knowledge and integration, though the scale of this hidden potential is differently perceived by two traditions.

With so much apparent overlap, I think we may be forgiven if we experience some confusion initially between these different kinds of exploration. However, these two paths also lie in quite different dimensions, and often lead in opposite directions. Let us look now at some of these differences.

Perhaps the most striking difference between the two is that in the sacred traditions man is perceived as having a choice of two life purposes. He may serve the ordinary world of appearances or a more real world behind it. He may pursue his natural appetites and desires or an inner voice of conscience. The spiritual traditions tell us that although we must still live on earth, a connection can be made with a higher order. For the person who is awakened to this other realm, a stronger energy, a more subtle intelligence, become available and begin to change the whole purpose and meaning of ordinary life. In "ordinary" psychology, by contrast, there is no concept of this second purpose to which a man can give himself and, because of this, there is no real possibility that the world of appearances could be illusionary. Thus ordinary psychology becomes (from the perspective of the spiritual tradition) another

elaboration of the illusion itself, providing more blindfolds, another ring through the nose, more "hope" to keep us turning the treadmill.

Secondly, the possibility of recognising and beginning to understand the significance of the sacred traditions usually begins from a disillusionment with ordinary life, with one's ordinary self, with ordinary knowledge. We have to see that life is not going anywhere in the way we have been taught to manage it, that it never has and never will. Thus, we begin from the point of failing and relinquish our valuation of our ordinary selves, to replace it gradually with something which at first does not seem to be ourselves at all. We have to die to be reborn. "Ordinary" psychology, on the other hand, leads to an expansion of our "ordinary" self: more efficient, more fruitful, more enjoyable and less conflicted perhaps, but the same ambitions, fulfilled instead of unfulfilled, the same desires, satisfied instead of frustrated. Hence, "ordinary" psychology simply seeks to *improve* the self, according to the ideas of the ordinary self; it scarcely seeks to *destroy* it. There is no journey to selflessness.

The third important difference is in the view of consciousness. Following what one may call an "archaeological" concept of consciousness, Western psychology tends to assume that we already possess the light of consciousness, but that there are some parts of ourselves that have been buried and need to be found and brought to light again; until this happens, they remain potentially accessible. By contrast, spiritual traditions maintain that consciousness is much more limited, fluctuating and illusionary than one usually realises, and that an extraordinary amount of persistent effort is needed to maintain consciousness steadily, let alone increase it. For the spiritual traditions, consciousness is like light powered by a dynamo, driven by the wheel of a bicycle, where one has to pedal constantly if it is to remain alight and pedal even harder to make it brighter.

The fourth major difference concerns the relationship between teacher and pupil. The psychotherapist will certainly recognise a difference in authority between himself and his patient, based on age, experience, knowledge and skill. This would be expected to change in the course of treatment. As the patient matures, it is hoped that the transference is dissipated, and while some regard and gratitude may remain, persistent dependency and deference to the therapist's authority are taken to indicate incomplete treatment. In the sacred traditions, however, it is accepted that the teacher is in some part of his being an actual manifestation of a higher level, and so a sharply hierarchical pupil/teacher relationship is seen as appropriate. And since the human chain

continues presumably all the way up the mountain, it would be appropriate that the authority of the guide, or of the next man above on the rope, might continue indefinitely.

Now that the differences seem clear enough, it is hard to see how we could have confused these two different kinds of development. Indeed, if we are to accept these differences as valid, it seems to me that they lead us to a view that psychotherapy and the sacred traditions are at right angles to each other, with fundamental aims that cannot in their nature coincide at all. Psychotherapy is about ordinary life, the development of man along the *horizontal* line of time, to death. The sacred traditions begin from the horizontal line of time, but are concerned with a different, *vertical* line of development: man's increasing awareness of, connection with, and service to the chain of reciprocal transformation and exchange among levels of excellence, which the cosmic design appears to need some of mankind to fulfil.

At this point we can all feel satisfied. Followers of sacred traditions can reassure themselves that, after all, they did not really need to have the analysis which seemed so much to improve the life of their neighbour. The psychotherapist can also feel relieved and firmly satisfied that the people who follow a traditional spiritual path are not living in the real world and are best left to their delusions. But—alas—to simply point out the similarities and differences between psychotherapy and the spiritual traditions is to oversimplify both pathways to development.

What complicates the issue is the relationship that exists at the meeting point of these two dimensions: that crossing, within each man, of the *line of time* and the *line of eternity*. Most of us know that there are many who, in following a sacred tradition, change profoundly with regards to ordinary life adjustment, so that many of the problems that might otherwise take them to a psychotherapist simply melt away—like ice in the sun. Their difficulties disappear without any systematic attempt to change—under the impact of some subtler, finer influence that begins to permeate and alter the whole organism. We also know of patients in psychotherapy who reach a point of simple openness, of awareness of themselves as part of mankind and of the universe, sometimes more intensely than many following a traditional teaching. We have to make a place for these mysteries in our psychotherapeutic theories and practice. I shall refer to such spiritual moments in psychotherapy later in this paper.

Transference and transcendence

We all know that the cornerstone of the analytic process is the work we do in the transference. As psychotherapists we can skilfully construct interpretations, usually transference interpretations, which provide moments of transformation in the patient and lead to amelioration of symptoms, healing and sometimes even cure. There is a sense of immediacy when these transformations occur.

We cannot, however, understand all worldly phenomena in the light of transference alone, as Freud attempted to do in his analysis of religion. In *Totem and Taboo* (1913) he reduced religion to an "obsessional neurosis" and in *The Future of an Illusion* (1927) dismissed it as a means of mitigating the terror of uncaring Nature and of removing the fear of death by providing an illusional immortality. In Freud's view, religion represents our infantile needs for protection, compensation and the assuaging of guilt. Freud was, however, always ambivalent about religion. To the extent that it performed a civilising function and kept instinctual chaos at bay, he could approve of it. But Freud thought that psychoanalysis could provide "education to reality" which would render religion implausible and unnecessary.

Most of us today think that Freud was wrong. Meissner, in his book *Psychoanalysis and Religious Experience* (1984), using analytic theory concludes that Freud's interweaving of complex religious themes rides on a powerful undercurrent that stems from his own unresolved infantile conflicts:

> Deep in the recesses of his mind, Freud seems to have resolved that his truculent spirit would never yield to the demands of religion for submission and resignation. He had to overcome the religion of his father and annihilate the very image of the father himself. Freud was never able to free himself from these deep seated entanglements and their associated conflicts, and ultimately what he taught us about religion, religious experience and faith must be taken in the context of these unconscious conflicts. Hence, so convinced was Freud about the falsity of religion that he failed to notice that just as there can be apsychoanalysis of belief, so there can be a psychoanalysis of unbelief, just as there are neurotic reasons for believing in God, so there are neurotic reasons for refusing belief (1984: 55).

As opposed to psychotherapy, the cornerstone of spirituality is transcendence. Religious transformations occur as moments of spiritual growth during transcendence. But there must be some overlap between the healing process and spiritual growth. James Jones (1991) thinks it lies in the area of the sacred.

He suggests that in psychotherapy there is a concentration on the bond between the patient and the therapist, and that that unique interpersonal relationship is sacred, at least to the two individuals. Religion, on the other hand, concentrates on the bond with God, and it is this spiritual connection that is also sacred. In spiritual moments, to experience God is to move from the dread of the precariousness of our life to the realisation of the power of being itself. To experience God is to be in touch with the source that sustains existence in the face of nothingness, and provides the basis for the courage to live in the face of life's inevitable uncertainties.

Since Freud there have been many leading analytic thinkers who have delved into the area of spirituality. Carl Jung (1938) saw religion as a universal form of wisdom. He concluded that religion was the traditional shepherd of the process of "individuation". For him, analysis was not just cure of neurosis but recovery of the sacred buried within each self. For Jung, each of us has within ourselves the collective wisdom of the human race. If I am not mistaken, he was only one small step away from saying that each of us has to find God within ourselves.

Winnicott (1971) implies that the sacred is encountered through a transitional state of awareness transcending subjectivity and objectivity. Winnicott placed the seat of spirituality and creativity in transitional space. He spoke of letting go of our separate selves, losing ourselves and opening ourselves to an inner spirit. He also described this as a state of unintegration. A modern day Winnicottian, Christopher Bolas (1987) suggests that sacredness is in the transformative power, the capacity to evoke the foundation of selfhood.

Bion (1970) considers psychoanalysis as a sacred transformative process. He makes it clear that the human mind and body are derivatives or precipitates of the *infinite*, the *ultimate* attributeless, timeless and unknowable—he calls this "O". Atreya (2000) points out that, depending on the religious tradition, this same phenomenon is called Godhead, Al Huf, Brahman, Shunyata and Tao. For Bion, all healing, all growth, ultimately has its source in "O". This is the same as the unshakeable faith in all sacred traditions, arrived at not through the intellect, but by direct personal experience. For those of us interested in these interesting and challenging areas of the psychodynamics of religion, transformations and a psychoanalysis of the sacred, I would recommend James Jones' book entitled *Contemporary Psychoanalysis and Religion* (1991).

From selfhood to selflessness

Let us now move further into the area beyond psychotherapy, that is, the developmental path to selflessness. Western psychology's contribution to our understanding of this path lies in the development of a sense of self. As Engler puts it, "first we have to be somebody before we can be nobody" (1981).

The contribution of Eastern psychology is the emphasis on growth *beyond* living full and rich lives. Drawing on his exceedingly comprehensive review of the literature on spirituality and psychology, Wilber, Engler and Brown (1986) have offered a thorough and complex model that depicts development as a nine-stage ladder, with sub-phases, where each rung marks a different structure of consciousness, culminating in the condition of enlightenment, i.e., the condition of no mind and no self. This complex model can be broken down into three phases:

- The *pre-self* phase, as in early childhood when the self and structure has not attained full cohesion and continuity, differentiations between self and object have not been fully formed, and the observing self is still absent;
- The *self and object* phase, where a cohesive self and structure have developed, including the differentiation between self and object representations and the capacity for observing self-awareness; and
- The *trans-self (no-self)* phase, as in conditions of advanced spiritual development where the self and the distinctions between self and objects have been transcended.

Other similar models have been proposed by Meissner (1978) and Fowler (1981).

John Suler (1993) points out that the advantage of this developmental model is that it unites ideas from the East and the West, enriching each perspective where it has been deficient. Western psychology, particularly Object Relations Theory and Self Psychology, has constructed a very elaborate developmental theory that accounts for how the individual evolves from the pre-self phases of infancy to the structuralised conditions of a cohesive self and object relations that mark adult normalcy. Engler (1981) pointed out that this developmental concept is lacking in the Eastern systems which always assumed that people had a structuralised self and so never fully explored the conditions of narcissistic deficiency that Western psychology describes as psychosis and borderline disorders. Western psychology, on the other hand, always assumed that

development ended with a structuralised self, and ignored the idea that self is but another phase that one must pass through. To be rigidly attached to the self without progressing to higher stages, in which the self is recognised as transitory, is to be fixated on the developmental path, to be blocked in the manifestation of no-self, which brings the fullest actualisation of consciousness and wellbeing. Combining the developmental insights of both East and West, we arrive at a full-spectrum model of self development.

Western psychotherapy as it stands today is focused on the development and strengthening of the ego or the self. The spiritual journey goes beyond therapy as it allows the individual to discover that suffering is due primarily to non-awareness of a transcendent being. Psychotherapy without attention to spiritual aspects can only hold suffering at bay. However, a spiritually aware and, dare I say it, a spiritually *based* psychotherapy, can offer much more. Spiritually informed psychotherapy can help establish and unfold creativity itself. Analytic theories, in particular those influenced by Winnicott, have touched on the phenomena of creativity. But to date, there has been no Western psychological theory on the methodology or the creative steps to creativity!

For this reason, among others, we should not be surprised that amongst the psychotherapies today, the humanistic, experiential and existential forms are in the ascendency. Indeed, psychotherapy is now moving towards more overt forms of spirituality, including the Eastern religions.

Most of the time, I suspect, creativity comes from a transcendent source. To find creativity, one must first surrender to a higher and a more encompassing fountain of inspiration. Is this fountain of inspiration a moment of divinity? God *is* within us. The divine is within ourselves. Spirituality taps into our inner resources rather than continuing to rely on another, as interpersonal theories in psychotherapy emphasise. This brings us to the next and, for me, the most challenging and important aspect of the connection between spirituality and psychotherapy. That is, the questions *What, and when, are the spiritual moments in psychotherapy?* and *How do we deal with them?*

Spiritual moments in psychotherapy

First, we have to define what are the spiritual moments. I would suggest that they are experiences concerned with the spirit, or our souls. They are obviously not worldly-minded. They are definitely separate from our concerns for our

physical body and material world. There is a sense of existing in another level of being, perhaps a higher order of existence.

When might these moments occur in therapy? I would suggest that at the earliest, these spiritual moments occur in the middle phase of therapy, usually past the mid point of the middle phase. The noise is over, the "empty talk" that Lacan (1978) refers to has ceased. There are more moments of silence. And then, the patient and therapist are together in a joint self-reflective exercise which I would also describe as meditative moments. In my paper "Meditative Moments as Medicine in Therapy" (1992), I describe these moments when there is an openness of mind in the therapeutic dyad and there is certainly a loss of egocentricity in both parties. This then leads on to experiences of the patient describing the development of a deeper sense of self as part of something larger. Both the patient and the therapist become very aware that they are part of mankind. Sometimes there are moments of direct communion between the two members of the therapeutic dyad. Each begins to feel totally vulnerable, naked in front of the other and somehow separate and yet fused together. It can be quite a frightening experience, as if the patient and the therapist could read each other's minds. Spiritualists have often referred to this universal phenomenon as "at-one-ment".

One of the most significant and important spiritual moments in therapy occurs after a long period of many sessions of despair. It is as if the layers of the onion have been peeled again and again. The therapist has nothing more to say that could be useful. Both parties wait. The therapist has to have faith: not only faith in the process but faith in himself. Michael Eigen (1993) has written on "The Area of Faith in Winnicott, Lacan and Bion" in an engaging, rich and challenging way. In summary, Winnicott's area of faith is expressed in his descriptions of transitional experiencing (1953) and taken forward in his later work on object usage (1969). In Lacan (1978) the area of faith is associated, at least in its developed form, mainly with the symbolic order and his notion of the "gap".

For me, Bion's work on "O", his sign denoting ultimate reality, comes closest to the spiritual core of faith. Nina Coltart (1992) in *Slouching towards Bethlehem* refers to the striking similarities between her thoughts on faith and those of Bion. She says

> However much we gain confidence, refine our technique, decide more creatively when and how and what to interpret, each hour with each patient

> is also in its way an act of faith; faith in ourselves, in the process, and faith in the secret, unknown unthinkable things in our patients which, in the space which is the analysis, are slouching towards the time when their hour comes round at least (Coltart: 1992: 3).

She continues:

> Those of us who were fortunate enough to be taught by the late Dr Bion value the stress which he laid on the need to develop the ability to tolerate not knowing; the capacity to sit it out with a patient, often for long periods, without my real precision as to where we are, relying on our regular tools and our faith in the process to carry us through the obfuscating darkness of resistance, complex defences, and the sheer unconsciousness of the unconscious (1992: 3).

Most of us associate the phrase "without memory nor desire" to what we know of Bion. But what then occurs or takes the place phenomenologically when the analyst refrains from memory and desire? Bion (1970) says in "Attention and Interpretation":

> It may be wondered what state of mind is welcome if desires and memories are not. A term that would express approximately what I need to express is 'faith'—faith that there is an ultimate reality and truth - the unknown, unknowable, 'formless infinite'. This must be believed of every object of which the personality can be aware (1970: 31).

Hence, for Coltart and Bion, the essence of the creation of faith is a positive willed act that comes from each individual. It is widely known that Bion was not only a genius but also a mystic. Coltart, in the same book, *Slouching towards Bethlehem* reveals in her second to last chapter on "The Practice of Psychoanalysis and Buddhism" that she has evolved from Christianity gradually towards and finally into Buddhism over about 20 years (since 1972). Her practice of Buddhism in the Theravada tradition, as with all the main schools of Buddhism, centres on daily formal meditation. For Coltart, Buddhism and psychoanalysis "flow in and out of each other, and are mutually reinforcing and clarifying" (1992: 3). She gives a summary of how Buddhist teachings can be seen to contain the essentials of psychoanalysis, as she understands it. She also goes on in the same chapter to point out that the discipline of meditative practice enhances the discipline of one's contribution to an analytic session which somehow is, in fact, itself almost indistinguishable from a form of meditation. In my paper on "Meditative Moments as Medicine" (1992), I

postulated that growth occurs in moments of silence in the session. I compared meditative practices to the psychotherapeutic endeavour and I suggested that healing and cure occurs during meditative moments in the session. Often when the therapist has not only faith in the process but faith in himself, at some point, the patient finds hope in himself. This might even herald the beginnings of the true self (to use a Winnicottian term) for some patients. The patient finds an inner strength to move on and often to find life worth living for the first time in living memory.

Later, much later, towards the ending phase of therapy, spiritual moments come in the form of awareness of positive feelings, of higher order emotions such as loving-kindness, compassion and forgiveness. The therapist must make time and space for these therapeutic spiritual moments to be to be acknowledged, experienced, enjoyed and even celebrated. George Hagman (1997) explored mature self object experiences, which among others, included self transformation and altruism. Indeed, towards the end of a long and successful therapy, many patients begin to develop a deeper sense of morality, a sense of selflessness and the beginnings of a de-attachment from money, power, status and even significant others! Spirituality is often introduced as a raising of philosophical and religious issues, issues surrounding the question of the meaning of life. Some patients return to faith with a more mature relationship to it. Some patients start their spiritual journey as therapy terminates. Lacan (1978) says that psychoanalysis brings the patient to "thou art that". But the real journey begins in meditative practices post-therapy.

How do we manage these spiritual moments? I do not think there is a theory yet for this. Most psychotherapists are too afraid even to acknowledge these moments. Some traditional therapists who have not kept up with contemporary developments, and whose minds are closed, do considerable harm by analysing spirituality away. They act on what Freud thought more than 100 years ago.

If I might humbly suggest, perhaps we should first recognise and acknowledge these moments to ourselves. Then we might join our patients in their experience, often without having to say much. Perhaps we could attune ourselves to these spiritual moments, simply validate and affirm them to our patients without judging or pathologising them. If the patient insists on embarking on a discourse on these matters we have to remind ourselves to return to our psychotherapeutic contract. We might respectfully suggest that these areas fall beyond the domain of therapy and, if appropriate, refer the

patient to spiritual/philosophical/religious leaders and literature. I believe the psychotherapist does have a role to help patients to continue their journey beyond the limits of therapy.

Conclusion

In conclusion, it is my belief that successfully completed psychotherapy is a stepping stone to the spiritual journey. The world of Western psychotherapy is just beginning to venture into the spiritual traditions to try to understand some of the apparent similarities and the obvious differences between the two. I would predict that a psychotherapy which would also take into account spiritual moments, responding appropriately as psychotherapist and not as religious leader, would offer our patients something they may choose to pursue within an appropriate spiritual practice and tradition.

Writing this paper has challenged me and my perceptions and current approaches to the spiritual aspects of psychotherapy. I am still struggling with many of these issues. I continue to read many new books and journal articles on this area. I continue to practise my Buddhist meditations in my spiritual journey. Most of all, I continue to learn from a small group of my patients, some of whom are ahead of me in their spiritual journey.

I would like to conclude with the analogy of our search for self being likened to a dog's relationship to its tail. One dog does not even know its tail is there, and never bothers to look. Another dog gets a glimpse of it, snaps at it a few times, realises the impossibility of latching on. Another dog chases it round and round in a circle, perhaps playfully, perhaps filled with a desperation, ultimately collapsing in exhaustion. Yet another dog, fully sensing that its tail is there, just wags it. This paper has given me a valuable opportunity to have a look at my tail again!

References

Atreya, D. (2000). *Psychoanalysis & spirituality: Helping ourselves beyond our psychotherapeutic task* . Paper presented at Metta Clinic's Seminar Series on Psychotherapy and Spirituality, Sydney.

Bion, W. R. (1970). *Elements of Psycho-Analysis, Attention & Interpretation*, London: Heinemann.

Bolas, C. (1987). *The Shadow of the Object.* New York: Columbia University Press.

Chopra, D. (2000). *How to Know God: The Soul's Journey into the Mystery of Mysteries.* New York: Harmony Books.

Coltart, N. (1992) *Slouching Towards Bethlehem.* London: Guildford Press.

Durie, M. (1994). *Whaiora. Maori Health Development*. Auckland: Oxford University Press.

Eigen, M. (1993). The area of faith in Winnicott, Lacan and Bion. In A. Phillips (Ed.), *The Electrified Tightrope*. Hilldale, NJ: Jason Aronson.

Engler, J. H. (1981). Vicissitudes of the self according to psychoanalysis and Buddhism: a spectrum model of Object Relations development. *Psychoanalysis and Contemporary Thought* 6: 29-72.

Fowler, J. (1981). *The Stages of Faith*. New York: Harper & Row.

Freud, S. (1913). *Totem and Taboo*. New York: Norton.

Freud, S. (1927). *The Future of an Illusion*. New York : Doubleday Anchor.

Goleman, D. (Ed.). (1997). *Healing Emotions*. Boston & London: Shambhala.

Hagman, G. (1997). Mature self-object experience. In A. Goldberg. (Ed.), *Progress in Self Psychology*. (Vol 13, pp. 85-107). New York: Analytic Press.

Jones, J. W. (1991). *Contemporary Psychoanalysis & Religion: Transference and Transcendence*. New Haven, CT: Yale University Press.

Jung, C. (1938). *Psychology and Religion*. New Haven, CT : Yale University Press.

Lacan, J. (1978). *Four Fundamental Concepts of Psychoanalysis*. New York: Norton.

Meissner, W. W. (1984). *Psychoanalysis and Religious Experience*. New Haven, CT: Yale University Press.

Ministry of Health. (1994). *Looking Forward: Strategic Directions for the Mental Health Services*. Wellington: Author.

Rankin, J. F. A. (1986). Whaiora: a Maori cultural therapy unit. *Community Mental Health in New Zealand*. 2: 38-47.

Sachdev, P. S. (1989). Psychiatric illness in the New Zealand Maori. *Australian & New Zealand Journal of Psychiatry*. 23: 529-541.

Suler, J. R. (1993). *Contemporary Psychoanalysis and Eastern Thought*. New York: State University of New York Press.

Tan, E. K. (1992). *Meditative Moments as Medicine in Therapy*. Paper presented to Auckland Family Counselling & Psychotherapy Centre, Auckland.

Turbott, J. (1996). Religion, spirituality and psychiatry: Conceptual, cultural and personal challenges. *Australia & New Zealand Journal of Psychiatry* 30: 720-727.

Welwood, J. (1983). *Awakening the Heart*. Boston: Shambhala.

Wilber, K., Engler, J., & Brown, D. P. (1986). *Transformations of Consciousness*. Boston: Shambhala.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *International Journal of Psychoanalysis* 34: 89-97.

Winnicott, D. W. (1969). The use of the object and relating through identification. *International Journal of Psychoanalysis* 50: 711-716.

Winnicott, D. W. (1971). *Playing and Reality*. New York: Routledge.

Dreamwork
Weaving the Ego, Shadow and Spirit

Margaret Bowater

Abstract

Using two vivid examples of nightmares from a 13-year-old boy and a 38-year-old woman, a process of interpretation by which the dreamers gained significant insight and healing of major life-issues is demonstrated. In each case, it becomes clear that there is a holistic process at work in the dream, referred to as the inner spirit, seeking to highlight a conflict between different elements of the psyche, referred to as ego and shadow, and offering a potential resolution through re-integration. Thus, healing is shown to emerge from within the psyche by means of a dream.

Introduction

I will begin by defining the terms I am using, and then demonstrate a piece of work I did with a young boy and his nightmare. In this dream, the boy's ego is portrayed in conflict with a shadow monster. It is as if his spirit is seeking to integrate both sides of his personality. Finally, I will discuss the power of a "healing nightmare" which released a woman from a complex trauma.

Ego and shadow

Let me begin with Carl Jung's famous dream about the shadow:

> About this time I had a dream which both frightened and encouraged me. It was night in some unknown place, and I was making slow and painful headway against a mighty wind. Dense fog was flying along everywhere. I had my hands cupped around a tiny light which threatened to go out at any moment. Everything depended on my keeping this light alive. Suddenly I had the feeling that something was coming up behind me. I looked back and saw a gigantic black figure following me. But at the same time I was conscious, in spite of my terror, that I must keep my little light going through night and wind, regardless of all dangers. When I awoke I realised

> at once that the figure was a "spectre of the Brocken," my own shadow on the swirling mists, brought into being by the little light I was carrying. I knew too that this little light was my consciousness, the only light I have (Jung: 1961/1987: 107).

This dream of Jung's revealed to him quite clearly that he had not only a conscious personality–of which the ego is the centre–but also, unavoidably, its shadow, which followed him on the edge of the unconscious forces that swirled behind him. You cannot have light without a shadow. As your ego presses forward with the tasks of living in reality, your total presence includes the shadow that goes with you, much more visible to others than to yourself.

Robert Bly (1991) describes it as "the long bag we drag behind us", into which we stuff all the forms of energy we are taught to reject as we grow up. In Western society, that includes most of our anger, pride, greed, cruelty and spontaneity—in fact everything that does not fit with our family context and the ego ideal we seek to live up to—and always includes a lot of energy that would be very useful to us if we sifted it through more carefully.

Jung talked about making friends with your shadow, "eating it", overcoming your fear, discovering the gold within it. In practical dreamwork, this means holding a dialogue with the shadow figure to find out what it wants. You may be quite surprised at what it has to tell you. Your ego may then have to change its attitude. Shadow nightmares are most easily recognisable when they show you in conflict with an unknown figure, usually of the same gender, sometimes an animal, or perhaps a past acquaintance who is no longer significant in your life.

The Self or inner spirit

One of the basic principles Jung defined in dreamwork was that our dreams tend to be compensatory. They tend to bring into awareness aspects of a situation, or your feelings about it, that you had not seen before. They arise from the deep Self or inner spirit at the centre of your being (called the Inner Core in transactional analysis), analogous to the nucleus of a cell, which has the task of regulating your psychological balance and development. This inner Self knows both your ego and your shadow, and sometimes confronts your ego very forcefully about its inadequate view of life. In the metaphors and stories of your dreams, your inner Self may pull or prod you into a step of personal growth—acknowledging an unacceptable part of yourself—weaving dark and light threads together to create the richer patterns of wholeness.

For my first example, I will choose a piece of work I did with a 13-year-old boy whom I will call Donald. His mother, Carol, and younger brother were also present, and contributed to the session in useful ways. I will use the sequence of steps described in my book, *Dreams and Visions - Language of the Spirit.*

Step 1: Telling

I asked him first to read me the story of his dream. I listened, noticing his responses, and my own feelings as I heard it. It was quite a long story-dream, but I will quote just the first part, containing the essentials.

> **Dream report: Fern Monster**
>
> I'm showing my friend Patrick around my grandmother's house. There's a washing-machine in the laundry, and it's shaking because there's a monster inside it. It's making a sort of nest with fern leaves. You can smell them. I feel scared, and I warn Patrick not to go near it. Then we're all sitting in the dining-room next door, discussing how to deal with the monster. You can hear it howling, as it circles the house in the dark, chanting "Me got ferns! Me got ferns!" Dad can't hear it at all. My Grandpa is there, although he died three years ago. I want to kill the monster.

I then asked Donald to draw the scenes for us on the whiteboard, which he did quite confidently, dividing the board into the different scenes. The monster's shape was not clear—its message seemed more important to him than what it looked like. That suggests a shadow figure.

Step 2: Context

Every dream emerges from a context, so I clarified a bit about his life. He had had the dream a week before this session, three weeks after his thirteenth birthday. He had recently started as a third-former in a top class at a prestigious academic high school, where he was facing his first formal exams, with some anxiety. He had been studying hard to pass them.

Step 3: Tracking the dream ego

I noticed what was happening to Donald's ego in the dream. His feelings showed that he was scared of the monster, worried about it, but also determined to kill it. His actions showed him initially keeping away from it, and seeking advice from his family on what to do. In the third scene, which I

have not reported, he and his friend trapped the monster and apparently killed it. In the fourth scene, it resurrected in a child-like form, and they tried to kill it again. Then he woke up.

Step 4: Associations

I enquired more about his associations with the images in the dream.

The setting was his grandparents' house, apparently before his grandfather died, at which point he would have been under nine years old and quite a little boy. The laundry was notable for its shaking washing-machine; perhaps he was once afraid of it, wondering what made it shake. The dining-room seemed to be symbolic of family consultation, although it was notable that Dad did not hear the monster howling. I wondered if he was not sympathetic to his son's feelings.

What about relevant memories? I was mystified about the significance of the ferns, which gave off a strong smell, and were obviously of great importance to the monster, so I asked Donald what he associated with ferns. He shrugged. But his mother and brother remembered that as a child he used to build tree-huts in a neighbouring piece of bush with ferns in it, which had recently been sold off. This gave me the clue that ferns were associated with adventurous play, which he was no longer doing. The language of the monster also sounded child-like.

What about his associations with monsters? Donald told me he had enjoyed a fantasy story over the summer holidays about children fighting with monsters who lived in caves. He obviously identified with the children against the monsters.

The dream monster had a folk-tale quality about it in the way it haunted the house, and refused to die. Archetypes tend to appear at transitions—in Donald's case, he had suddenly left his childhood behind. In the back of my mind I began making a connection with Robert Bly's myth of Iron John, the Wild Man, who lives in the shadow of civilised men's minds.

Donald's mother added further information here. As a mark of reaching 13, Donald had been given his own bedroom downstairs—adjacent to the laundry—and he was the only one of the family living downstairs. At first he had found this a bit scary.

Step 5: Interviewing roles

By now I judged that we were ready for interviewing roles, to hear a different point of view from that of the ego. Obviously the role which had most to tell us was the monster itself. I had assessed that Donald was in a stable and healthy state of mind, so I asked if he'd like to enact the role of the monster, and let it speak for itself. (If he had declined, I would have accepted that, and simply asked him to describe it more fully, and "listen to its thoughts".) In fact, however, Donald's face lit up, and he moved into a corner of the room to be the monster, chanting energetically, "Me got ferns! Me got ferns!" I interviewed the monster respectfully, asking what it wanted. The answer was immediate and clear: "I want to scare everyone away! I want the place for me!"

I thanked the monster, and directed Donald back to his chair, as we were now running out of time in the session. It sounded as if the monster felt dispossessed, and wanted to attract Donald's interest. How could we create a new ending to the story?

Step 6: Dialogue

The next step, given time, would have been for Donald to have a dialogue with the monster, to see if they could co-exist more happily. In Donald's extended dream-story, he and his friend had gone on trying to kill the monster, with uncertain success. It wouldn't die. An alternative could be to make friends with it. A shadow-role cannot be simply got rid of, because it is part of your humanity, as Carl Jung emphasised. (If I had found Donald too scared of the monster to deal with it any further, I would have invited him to summon a powerful wise friend or ally to support him—such as *Star Wars'* Obi Ben Kenobi—according to his inner world of heroes. He did not need this, however.)

Reflection

By now, the pieces of the puzzle had fallen into a coherent pattern for me, which I briefly discussed with Donald and his mother. The monster seemed to be a "wild" part of Donald himself, crying out for space in his life. In real life, Donald was barely 13, but had been thrown suddenly into an intensely competitive school environment, where he felt as if there was no room left for childish activities. He used to love building tree-huts, being a "wild man", a "nature-boy" with the other boys, but he wasn't doing it any more, under the

demands of beginning a professional career. A part of his healthy natural energy had been pushed out of sight, into the shadow, and it called to him to make space in his life again for adventure and imagination. But Donald was afraid to let it back, for fear of jeopardising his academic success.

Carol confirmed this picture, and Donald and his brother were nodding. They left, feeling pleased with the new insights, and agreeing to think about a better balance in Donald's life.

Postscript

A fortnight later, I received a grateful letter from Carol, saying that Donald had been a lot happier since the session. He had resumed making Lego constructions, which he had given up before as "a bit childish", and was now engaged in a major construction project in the garden. I felt delighted that he had reclaimed his natural creativity.

The inner spirit

If we pause to think a bit more about Donald's nightmare, we are struck by its perfect fit to his circumstances. His ego is portrayed bravely trying to deal with the threatening shadow-monster, just like the children in the book he had been reading. But this is a child-monster, a projection of the "nature-boy" he used to be in the tree-hut games, and now believes he must reject in order to succeed in the academic world. The monster calls to him from the shadows outside the house, and in the extended story he tries to kill it—but it will not die. It simply transmutes into other forms, and his battle goes on, true to the archetypal pattern of the hero.

From what part of Donald's mind does such a dream come? Not from his ego, which feels threatened by the story—Donald entitled it, "My Bad Dream." Nor from his shadow, which is having such trouble to get its message across, though it is true to say that there is motivating energy in the shadow. The dream has to come from a larger perspective, one that sees both sides of the problem, and seeks to bring them into balance. It also knows this boy's experience very thoroughly, having access to memory, thoughts and feelings, but seems to have an independent viewpoint about the way he is developing. Carl Jung called it the Self, the central organising principle of the psyche, the regulator of balance, analogous to the nucleus of a cell. He also called it the archetype of the divine.

If we switch to a Transactional Analysis framework, the dream presents a conflict between, on the one side, Parent and Adult ego-states, and on the other, the Child. The dream-source then must be the Inner Core, housing the spiritual energy of *physis*, the innate drive towards wholeness and health. Eric Berne referred to physis as "the fourth force of personality", in the first book he wrote, *The Mind in Action*, later re-published as *A Layman's Guide to Psychiatry and Psychoanalysis*. Berne was still a Freudian at the time, and meant that the other three forces were the id, ego and superego. Freud himself denied that the human mind held anything so unscientific as a spiritual Self.

But when we look at a dream like Donald's, I think we must acknowledge an inner Self at work, whether we consider it human, divine, or both. It is the unconscious creative artist within us, the weaver of the dream. It called Donald to stay in touch with his inner "fern monster", which knows about the fun of building tree-huts. Donald wants to be an architect when he grows up.

His dilemma is significant for us all, however: how to live in the modern city but not lose touch with Nature. And the message was carried by a nightmare. How fortunate that his mother knew enough about dreams to take it seriously.

Re-integration

Now I will discuss a remarkable nightmare brought to me by a woman of 38, after a dream workshop. She had been attending counselling to deal with memories of an abusive childhood, the most painful part of which was witnessing scenes of violence by her father against her mother. As the eldest child, she had learned from an early age to shut off her own feelings and do her best to protect her mother and sister. And since they lived above a shop in a city street, the family's reputation had to be protected by not telling other people.

She recalled several recurring dreams from that time. From about 7 years, she had a dream of the house falling apart behind its façade—an accurate metaphor for her family situation.

> **Dream report: Rotten House**
>
> If I tried to get away from the house, it would start to crumble around me. The staircase would collapse so I couldn't get down to escape. I was trapped in a rotten house.

She was full of feelings, but she knew of no place where it was safe to let them go.

Dream report: Exposed Toilet

I would look for a toilet because I really had to go. But when I got there the doors would fall off, and people could see me as they walked past.

She had many dreams of flying away.

Dream report: Learning to Fly

At first I could barely get off the ground, struggling to get higher, but I got better at it. I would run to the back steps and take off, moving my arms like swimming breaststroke. There was enough light to see, because I had to get above the oak tree, and watch out for the power lines, not to hit them going up or down. It was so wonderful to escape.

But she didn't always get away.

Dream report: Black Monster

I would be running away from a big black monster-man. As I flew up past the eaves of the house, his arm would reach out and grab me by the ankle, and I would wake up terrified.[1]

When Rita was 14 her father finally left home, and the family got on with their lives. Rita married, raised a family, separated, became a successful professional, and began to consider a career-change into counselling.

At 37, Rita went to a workshop in which participants did a visualisation exercise. To her surprise, three bizarre images came vividly into her mind. In the first, she saw a big butcher-knife stuck into the top of her head, hidden under her hair, and she thought, "How come I never noticed that before?" The second was an image of a volcano in her chest, with a red flow rushing underneath, feeling as if it was about to erupt. And the third was a sensation of a block below her chest, "like a magician's blade", cutting off feeling in the rest of her body. She felt startled and disturbed, especially about the knife in her head, which she intuitively knew had been there for a long time. A night or two later, she had a shocking nightmare.

Dream report: Brain Operation

I'm in a room, feeling unsafe. I have to get out. I walk down a long hospital corridor. My younger sister appears beside me in a black dress and white top with long hair. I take her into a room. There's a mattress

1. I think it is potentially harmful to assert that all dream-figures represent a part of the dreamer's personality, even as a shadow. In this case, it is clear that the monster represents her real-life abuser, whom she does not identify with, either in childhood or in maturity.

on the floor, like a storeroom. Then she's lying face down on the bed, while a doctor is setting up the gear for an operation. I know she has to have an operation on her head for a tumour. I walk out, but I turn back at the door. The doctor is straddled over her, with his hands on her head, cutting her head open with a butcher knife. She is screaming and convulsing. I run to her, telling him to stop. He stops, and says he had to get the tumour out, and she couldn't wait for the anaesthetic. I'm very shocked, and in pain myself. I hold her hand and tell her I'll never leave her. Then I woke up, with a terrible feeling in my gut.

Rita speaks: The dream set off flashbacks and memories of what had happened at 14. I told my counsellor, feeling safe enough for the first time to let myself feel the feelings of pain and anger that I had cut off since childhood. The dream scene was like the moment when I had walked into my sister's bedroom and found my father lying on top of her. I was so angry I told him to stop and he left the house. When Mum got home from work, I told her, and she never let him come back. At the time, I survived by dissociating from the pain of it, but this time I felt the feelings that were there in my body for all those years. Because he had sexually abused me too.

Reflecting on her childhood in the safety of a confidential relationship with her counsellor, Rita had recalled a lot of fearful memories. But it was the free-roaming visualisation experience that brought into awareness the symbolic images of the butcher-knife, the volcano and the magician's blade. Initially they were detached from feelings, but sufficiently startling to set her wondering what they connected with. The volcano is an archetypal symbol for anger, and the magician's blade allows the illusion of cutting the body in half while it remains physically intact—a clever symbol for dissociated feelings. Both images signalled that she was about to re-connect with powerful emotions. But why was there a knife buried in her head?

Rita's post-trauma nightmare brought back the unbearable memory, followed by further flashbacks of her experience. The scene is set in a hospital, a place where surgery takes place. The sister, who also symbolises Rita's dissociated self, must urgently have a "tumour" removed from her head, a destructive growth that interferes with her mind. Rita takes her shadow sister, the one who has suffered in silence, to the operating room.

Then the historical bedroom scene of sexual abuse takes over. Rita's horror is conveyed by the metaphor of "butchery". Rita herself had been sexually abused by her father, before seeing him with her sister, whom she had always tried to

protect. She feels as if her head is split by this knowledge, a terrible knife in her brain. This time there is no anaesthetic to cut off her feelings. In a poignant moment of the dream, at the point of greatest pain, she also makes a commitment to her sister-self that she will never leave her again. Henceforth she will stay connected to herself, whole, not dissociated any more.

Rita had poured out her buried feelings to her counsellor in a volcanic eruption of pain and anger. At last, through the "healing nightmare", the trauma was released.

As Rita talked about the nightmare a year later she was still deeply moved, and still finding more meaning in it. Other associations came to mind. She had undergone surgery three years before the dream. When she had been to hospital to have her appendix removed, an undiagnosed tumour was also found in her abdomen and excised—a knife at work in the middle of her body. She had also suffered whiplash pain in the back of her neck from a medical accident in hospital. No wonder she felt unsafe in the hospital room.

The three symbols that appeared in her visualisation were the forerunners of the dream that brought the traumatic memory back into conscious awareness. Each one was a dream image in itself—the knife in her head, the volcano and the magician's blade—but still dissociated from emotion or meaning. It took the dream, with its embedded memory, to bring it all into consciousness in one sweeping movement, re-uniting Rita with her buried emotions.

That alone was powerful healing. But what about her promise to her sister in the midst of the pain? "I hold her hand and tell her I will never leave her." Rita's shocked ego made a commitment to her wounded shadow-self to stay connected, to be whole again in spite of the butcher-knife in her head, to acknowledge the harsh truth of her experience. Surely this is the inner spirit at work, marvellously weaving the new design out of all the fragments!

Rita had valued the dream when it came, as a revelation of her buried trauma. Now when she processed it further with me, a year later, she was amazed at its spiritual power and artistry. And all this came out of her own unconscious!

So in these two examples of dreams—the Fern Monster, and the Brain Operation—I have shown how creatively the inner spirit works to confront the ego when it is choosing too narrow a path in life. The academic boy is reminded to stay in touch with his playful self. The woman who had pushed her feelings into a disowned shadow-self is reintegrated through recovering a traumatic memory, woven into a dream.

To use the metaphor of weaving, it is as if the dreamers had been trying to limit themselves to working in black and white, when the inner spirit rose up and insisted that they bring in green and gold and red! Our soul is meant to wear a coat of many colours.

References

Berne, E. (1968/1971). *A Layman's Guide to Psychiatry and Psychoanalysis.* London: Penguin.

Bly, R. (1991). The long bag we drag behind us. In C. Zweig & J. Abrams (Eds.), *Meeting the Shadow.* Putman, NY: Jeremy Tarcher.

Bowater, M. (1997). *Dreams and Visions: Language of the Spirit.* Auckland: Tandem Press.

Jung, C. G. (1961/1987). *Memories, Dreams, Reflections.* London: Fontana.

The Use of Metaphor in Psychotherapy
A Psychodramatic Exploration

Jerri Bassi

> "*A good metaphor implies an intuitive perception of the similarities of dissimilars*" (Aristotle).

Abstract

A metaphor that comes into a therapist's mind is a product of two minds, therapist and client, who are both unconsciously working together. The therapeutic metaphor is thus a co-creation, emerging from the therapist's perception of co-unconscious communication. This paper describes the use of psychodramatic techniques to illustrate the therapeutic use of metaphor.

Introduction

When a therapist is able to think about, speak or even enact an image or metaphor that emerges in the therapeutic relationship, this extends or gives language to what is present and not yet fully known to either therapist or client. When the therapist's experience is couched in the language of metaphor, opportunities for the creative use of symbols arise in the mind of the other person. Some questions I have are as follows:

Can we learn to use metaphor?

Should we be looking for metaphor in our work?

Will expressing the therapeutic metaphor be useful to client?

The formation of metaphor

The therapist's perception, in the form of metaphor, of their client's struggle is the result of an unconsciously projected attempt at psychological linking. I believe it is the therapist's obligation to bring to the relationship with the client both the words and the images from within the therapist's mind. These images are based on the therapist's own capacity for symbolisation. This, in turn,

inspires the client to find his/her own creative capacity to link with this presented metaphor, as well as with the person of the therapist. My sense is that many creative insights may be lost when the therapist stays too objective and ignores or passes over these metaphoric images that occur in the therapist's mind.

The way in which words are used and heard determine what meaning can be made of language. I will now set out my own personal definitions of *metaphor, simile, sign* and *symbol*.

When I hear someone saying "I *feel as if* I am...", I know they are in the realm of *simile*, as there is some measure of caution or tentativeness in their expression. Such a person may say "I *feel as if* I am like a bird, flying..." stopping short of fully identifying with the bird. Moving toward a state of metaphor—an experience of "I *am*:.."—the same person may warm up to saying "I am a soaring eagle." The person has truly entered into the subjective experience of seeing the world through the eyes of an eagle.

I often ask myself when a *sign* is a *symbol* and visa versa. Meares explores the literal definitions of symbol as "not part of the observable world" (2000: 125). Signs, on the other hand, are observable, as a ring on the finger may be *seen* as a sign of marriage. The symbol of marriage cannot be seen and is *perceived* as a quality of connection within the relationship of the pair. The symbolic marriage exists in the open-hearted sharing of conscious and unconscious minds. Hence, the ending of the marriage occurs well before the separation of the pair, when the signs and rituals of marriage lose their symbolic meaning.

Meares states that:

> The metaphoric process is the direct descendant of symbolic play.... The use of metaphor to describe inner states signifies the emergence of true symbolisation. The words are now free of representing things whereas in symbolic play the word was part of the thing.... In essence the therapist's goal is to participate in the creation of a feeling of aliveness in an individual whose sense of ordinary living is one of deadness. The task will involve the bringing into being of an inner life in someone for whom such an experience is limited, interrupted, or fragmentary.... Metaphors have to be found in the intersubjective field. In this way, they are shared, to be played with together (2000: 125-126).

Rather than thinking "metaphors have to be found", which may encourage a type of "looking for", I would say, here, that metaphor is a co-creation that

emerges through the intersubjective relationship and manifests in the mind of the therapist.

Jacob Moreno (1946) challenged Freud's belief that resistance had to be directly interpreted in order to treat people or to access unconscious material. Moreno thought that individuals could assist each other in groups. A group member can become an *auxiliary ego* for another; the group leader can be the *double* and speak the unconscious language of a member. Later in this paper I give an example of how a group member acted as therapeutic *double* for me, by alerting me to how I was expressing myself through my body movements.

Moreno thought Jung's notion of conscious and unconscious (each being both individual and collective) left room for another idea, that of the *interpersonal unconscious* or *co-unconscious*. He referred to the Greek story of Philemon and Baucis who hosted Zeus and his son Hermes with generosity and humility. As a reward they were granted one wish. They wished to grow old together. Their wish was granted and they continued to cohabit and at death intertwined as an oak and a lime tree. The on-going 'linking together' is symbolic of the co-conscious and co-unconscious aspects of relationship. This may inspire us to think beyond individual psychology and consider the psychology of the pair and of the group.

Psychodrama takes the individual's experience beyond the usual dyadic (therapist-client) forms of treatment. Enactment works with an individual's capacity to play and therefore to symbolise. The objects on the stage become the metaphorical representation of the similarities and differences of both the internal and the external world. As a psychotherapist and psychodramatist I am a *producer* who follows the ideas of the client-protagonist, assisting in bringing into being both signs and symbols. I am engaged in, and also guided by, conscious and unconscious forces both in others and in myself. Here are two examples of the use of metaphor.

Individual Psychotherapy: *The Baby is Rocked*

Charles, a 32 year old father separated from his young child, is relentlessly going over his experiences in a persistently wordy manner. I perceive his emotional distress and his endless speech and say to him "I am holding a little baby here now" (and make a rocking movement with my arms). He sees me, perceives my awareness of his emotional experience, and we meet in a moving encounter where he cries deeply, allowing himself to truly enter into his experience as the infant.

Charles has his unfulfilled need reflected in the words and action of the therapist, who enters into the transferential relationship and speaks the words of the 'mother'. He is held 'in metaphor' or metaphorically 'held'. My sense is that he can now say "*I am* that baby he is holding and I am utterly distressed and being held is a release for me". He is able to move from projecting his experience into the other to entering into concern for himself through the 'play' of the therapist's intervention.

A Group Working with Metaphor

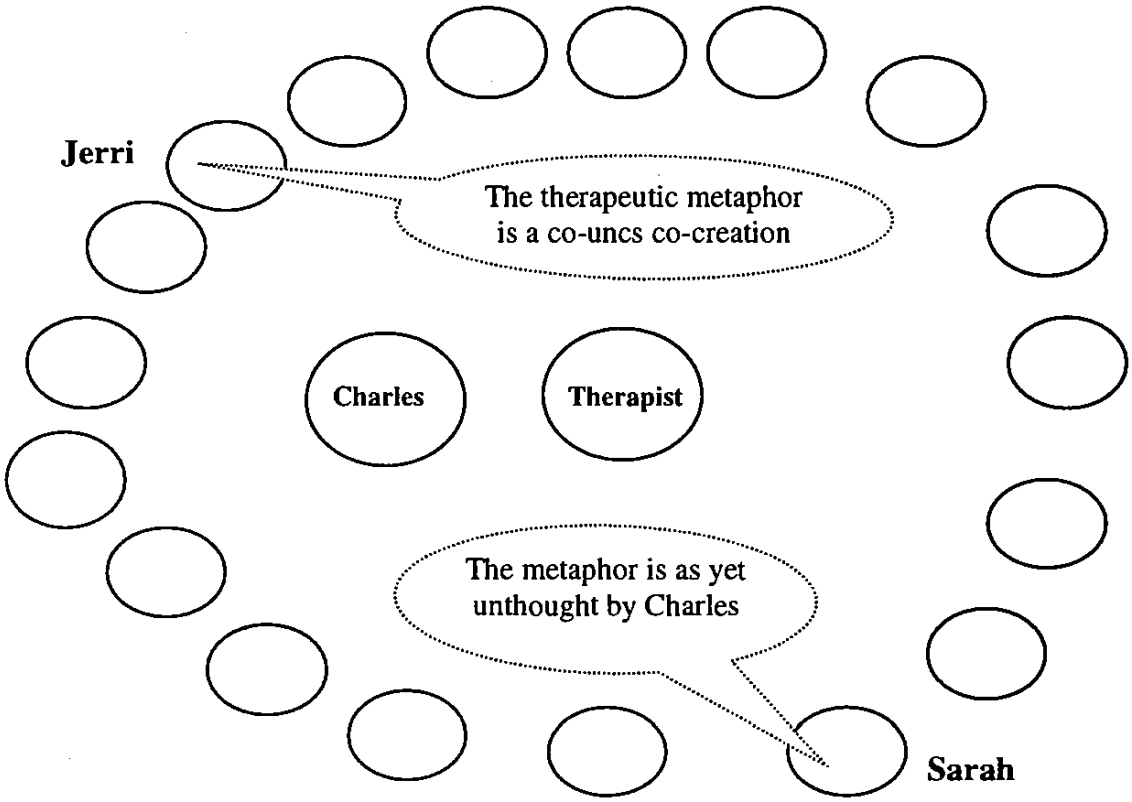
The two diagrams below represent workshop group members sitting in a circle, considering therapeutic metaphor in action. The centre of the group was the action space or 'stage' and people invited onto the stage are represented by ellipses. People were chosen to enact the psychodramatic roles of therapist and client and these roles are indicated by circles within the ellipses. In this context *role* is defined as "the actual and tangible form the self takes..." (Moreno: 1946: 153).

The moment I have chosen to present here is just after I had recounted the therapeutic story of Charles. The group members had been thoughtful about the effect of the therapist sharing the metaphor: *The Baby is Rocked.* I was about to move on to another point when a group member, Sarah,[1] spoke in response to the idea that the therapeutic metaphor is a co-unconscious co-creation of both Charles and therapist.

Sarah's reflection was: *"The metaphor is as yet unthought by Charles".* At the time, I felt I had communicated an idea to the group unconsciously and it was possible that Sarah had responded to that. The following diagram depicts the group, 'Charles', and 'Therapist', and the communication between Sarah and myself.

Prior to Sarah's reflection, I had been wondering when to bring in Bollas' thinking about the *shadow of the object,* which he referred to (1987: 3) as "the human subject's recording of his early experiences of the object", and his notion of the *unthought known.* "While we do know something of the character of the object which affects us, we may not have **thought** it yet". (Bollas: 1987: 3). Bollas wrote in terms similar to the language of psychodrama when he spoke of the "*conservative object*" which he describes as "a particular self state conserved because it is linked to the child self's continuing negotiation with some aspect

[1] Pseudonyms are used throughout this article.



of the early parental environment" (1987: 110). In the workshop I had wanted to find a way to concretise this idea of the conserved object within the symbolic play of the psychodramatic production.

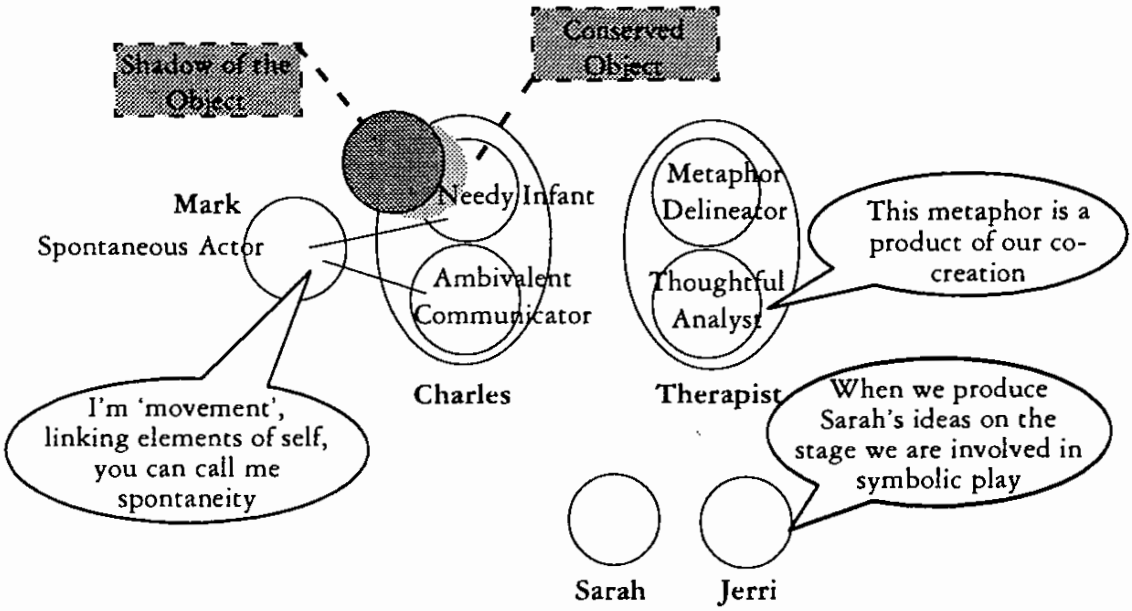
I invited Sarah to step onto the stage and co-create with me a production of the idea that had emerged in her mind. I interviewed Sarah regarding her experience of the 'Charles' story and we began to set out the elements of the clinical vignette, as shown above, using group members to represent the ways in which 'Charles' and 'Therapist' were responding to one another. I added someone to represent the *shadow of the object,* the thought I believed we had shared in an unspoken manner and which Sarah had spoken about in the group. Having the 'shadow' on the stage demonstrated how Charles' experience as a needy infant had been overshadowed by some unthought experience in his early life. Thus the needy infant emerged when the therapist communicated metaphor in word, image and gesture.

The enactment included identifying Charles' ambivalence in recognising his previously unthought experience of being a needy infant. During the setting out, another group member, Mark, noticed my physical movement and asked if I was aware of this. I invited Mark to create his impression and enact his experience. This is what was referred to earlier as the role of therapeutic *double.* Mark perceived something of the unconscious language of my body. His

willingness to enact the expression assisted me to be more conscious. He then became the 'movement' required for Charles to psychologically link up the *needy infant* with his *ambivalent communicator.* In that moment Mark was the 'therapist' for the group, sharing his insight in the form of movement which both linked two conflicting forces within Charles and also enhanced the spontaneity level of the group-as-a-whole.

Mark had taken a risk, yet his expression was his 'response-ability' to the group. He was expressing the perception of the group in that particular moment of symbolic play. When this perception was expressed and enacted the picture on the stage became more complete. Given more time we could have maximised the enactment still further to give further clarity to the therapist-client relationship.

The following diagram depicts Sarah being interviewed by me at the edge of the stage, along with my thought that metaphor is a product of our co-creation. On the stage itself, aspects of 'Therapist' and 'Charles' are depicted. The therapist's role of *thoughtful analyst* linked to Charles' role of *ambivalent communicator;* the *metaphor delineator* linked with the emerging *needy infant.* Mark, as spontaneous actor, linked the *needy infant* and the *ambivalent communicator.*



The dramatic enactment was the metaphorical expression of the group experience beginning with recognition of a co-unconscious communication between Sarah and myself. Mark's contribution linked up the unexpressed insight of the group-as-whole.

Conclusion

The therapeutic metaphor, occurring in the mind of the therapist, is invaluable because it is the therapist's perception of the client's inner conflict. Sharing this perception requires a level of creativity and spontaneity in the therapist. This will ultimately assist people in developing their own capacity for symbolic play and therefore symbolisation. When I present my ideas in action, I endeavour to create opportunities for participants to gain greater perception through their experience whilst utilising the spontaneity of the group. This is both a rewarding and a challenging task.

References

Bollas, C. (1987). *Shadow of the Object: The Psychoanalysis of the Unthought Known*. London: Free Association Books.

Meares, R. (2000). *Intimacy and Alienation: Memory, Trauma and Personal Being*. London: Routledge.

Moreno, J. L. (1946). *Psychodrama.* (Vol 1) New York: Beacon House.

The Three Phases Of Connecting
A New Zealand Study of the Treatment of Dissociative Identity Disorder

Gudrun Frerichs-Penz

Abstract

This grounded theory study generated a conceptual model of the processes by which clients with Dissociative Identity Disorder (DID) handle psychotherapy. Eight DID clients participated in this research. Out of the analysis emerged the fact that the main concern of DID clients is **Connecting,** with three distinct stages of 'Reaching out for therapy', 'Coming together', and 'Making human contact'. Core issues at each stage of the process have been identified and implications for clients and professionals have been discussed.

Introduction

Dissociative Identity Disorder can be defined as "the pathological separation of aspects of mental functioning, including perception, memory, identity, and consciousness, that would normally be processed together" (Spiegel, Butler, & Maldonado: 1998: 423). This separation manifests in the presence of two or more distinct personality states that alternate in exercising control over the behaviour of the person (American Psychiatric Association: 1994).

I have worked with numerous dissociative clients over the last eight years. I have borne witness to their struggle to survive day-to-day challenges, and deep black holes of despair, terror and pain. It was hard work for me, and more so for my clients. This prompted me to use the research component to look for ways in which both this severely traumatised client group and the treating clinician could be supported in the demanding therapy process. I felt equally moved to give clients an opportunity to speak about their experiences in their healing journey, as research into psychotherapy with DID clients so far has paid little attention to the experience of clients. Many "ills of modern

medicine" are rooted in ignoring the patient's view of their treatment (Spence: 1994). This study addresses this gap.

For a long time clinicians considered dissociative disorders a rare condition. However, international research indicates that DID is present in as much as 1% of the general population (Steinberg: 2000). One recent New Zealand study found that approximately 6% of the general New Zealand population suffer from high dissociative symptoms (Mulder, Beautrais, Joyce, & Fergusson: 1998). The impact of DID on a person's life and on society is enormous. A large percentage of persons with dissociative disorders depend on Social Welfare, are involved with child welfare services, have criminal records, and abuse drugs and alcohol (Loewenstein: 1994). Given the high prevalence of dissociative disorders and the high costs to the individual and society, improved understanding and service delivery for this client population are of paramount importance.

Methodology

I have chosen the method of grounded theory for my study, which offers the researcher a methodology and tools that identify core concerns of a group of people, and documents how they continuously resolve or handle these concerns (Glaser: 1998: 11). The 'coding families' of cause, context, conditions, strategies and consequences (Glaser: 1978) were chosen for data analysis to most accurately describe clients' experience. Clients' own expressions were used to stay close to the data. Forty-five therapists were asked to approach suitable clients for this research project. Eight female participants between the ages of 30 and 61 years were recruited. Two audio-taped unstructured interviews of 32 hours in total provided the data.

Results

The model of **Connecting** describes a process of persons—previously disconnected from themselves, others, and the world—gradually re-establishing those severed connections. Although presented here as a linear process in three consecutive stages, the experience of healing from DID is more a back and forth movement. All categories are present in all three stages, although they have varying degrees of significance in each stage.

Connecting

	Stage One Reaching Out For Therapy	Stage Two Coming Together	Stage Three Making Human Contact
Cause	Losing it	There must be more to life	Behind block walls
Context	No understanding	Being alone & in crisis	Don't know how to relate
Condition	Keeping going	Having faith	Repairing broken trust
Strategy	Grappling for control	Grouping together	Learning to relate
Consequence	Making a connection	Integration	Homecoming

Reaching out for therapy

In order to engage in effective therapy, DID clients had to find a suitable therapist whom they could trust. Yet it was particularly their ability to trust and their sense of safety that had been compromised by experiences of childhood abuse (Herman: 1994). Even though people were longing for human contact, their fears and their defences had built thick walls of protection around them, through which therapists had trouble reaching them.

> *Carol:* It's also very 'catch 22'. Because I needed the help of the therapist to feel stronger within myself, but in order to find that therapist, I had to reach out. So, it's a hard one. All that I knew was that I had to keep to myself. I had to protect myself with whatever means I could.

Losing it

'Losing It' is a state of total chaos—irrational thought patterns, dysfunctional behaviour, amnesia, and self-harming tendencies—and causes clients to reach out for therapy.

> Multiples seem to teeter continuously on the brink of total disaster. Every improvement is followed by a relapse. Hostile alters threaten suicide, internal or external homicide, and assorted other catastrophes (Putnam: 1989: 160).

> *Krista:* And I knew that if I stepped over that doorway I would totally lose it. I was trying to get my son into order, I was beating him. And I couldn't do that any more.
>
> *Carol:* [T]hey just said that I was very moody and they said that I had said things that I had no recollection of saying. It was like "I never said that...I didn't do that." And I felt like everyone was making up stories about me. It was like being against me. Everyone was out to get me.

'Losing it' described the eminently difficult task for DID people of coping with the symptoms of DID while also battling the debilitating symptoms of post-traumatic stress. Providing everything went right, clients seemed to be able to cope with everyday life. However, once things went wrong they quickly slid down to crisis point and got so far out of control that professional help was needed.

> *Sharon:* [W]hen he (son) attacked me, that was too much... Well for me basically it caused me to have a total breakdown... till then I managed to hold it together, still with ups and downs. It was not like depression where you slide into a pit. It was just sliding down into a strange world with all sorts of voices and all sorts of things happening.

No understanding

'No Understanding' was the context in which clients reached out for therapy. It emerged in this study as a significant obstacle to recovery. Indeed, it was the lack of the therapists' understanding that prolonged the clients' search for healing and compromised their safety. At the same time DID clients struggle with their own inability to understand both their symptoms and their needs, which makes finding a therapist a challenging task.

> *Ruby:* They (therapists, crisis team, respite worker) don't really know anything. I think there is a lot of misinformation around. I mean people, they know I've got DID, but they don't really know anything about DID so they don't really know how to deal with me. They either treat me like a psychotic person, or they treat me as someone who is totally incapable, or they treat me as someone who is really capable and who doesn't have a problem.

Participants felt that this lack of knowledge, understanding, and the sensationalist depiction of DID in the media, have been breeding places for being stigmatised and labelled crazy.

> *Ruby:* I tell some people about some of my parts and they freak out. They don't bother to get to know the rest of me. They just freak out on that.

Participants highlighted how important it was for them that their therapist was able to see the world through their eyes and share their reality, because it is "impossible to conceive of a self arising outside of social experience... social interactions make possible the development of self" (Charon: 1998).

> *Sharon:* You are asking that someone suspends what they think of as real, and what they think are the normal boundaries that they experience every day. . . .To be able to help the patient through you've got to be able to go to the place that that patient visits. And to not do that, I can't see how anyone could help. It's like a wall between you.

Society is held together by people communicating or sharing their knowledge, meanings, and attitudes (Charon: 1998). Shared reality is indispensable for the creation of truth as it is impossible to perceive something as true that is not recognised, understood, acknowledged, or accepted by at least one other person (Rahm, Otte, Bosse, & Ruhe-Hollenbach: 1993). Thus, being understood and having one's reality affirmed leads to immense relief and lessens the sense of isolation. 'No understanding', on the other hand, transports clients further into isolation and is ultimately disempowering and increases their sense of being out of control.

Keeping going

'Keeping Going' was regarded by DID clients as the condition under which they had wrestled while reaching out for therapy—particularly 'keeping going' in the face of shocking experiences with therapists and high numbers of transfers from one therapist to another. This made the therapy process for them extremely difficult and caused an overwhelming sense of being unwanted, abandoned and disappointed by therapists.

> *Carol:* I really don't know how the heck I kept going with therapists. I mean to this day I look at it and say, how many did I have? Eight (in 3 years)? Yeah! It really blows my mind.

The main challenge was to stay motivated for therapy in the face of frequent transfers. The eight participants in this research altogether had 32 therapists. These transfers were due to therapists' burnout, change of employment, or staff changes. Participants felt they ended up with a therapist selected by availability and not by suitability. This disrupted the already difficult task of

trusting and attaching to a therapist and were experienced by participants as counter-therapeutic and damaging.

> *Katherine:* As a client you have to put in so much trust, and that is a hard thing to do. . . . I know I left that therapist with the thought that I was a bad person. I finished with that, I was bad and stuffed up. As in, like 'mental'.

Participants reported other unsatisfying and shocking experiences such as breaching confidentiality or questionable professional practice.

> *Carol:* [S]he phoned him (abuser) up to come for a session between us. And I had no idea of it. She hadn't discussed it with me. It was shocking. So that was my first attempt. I had absolutely shocking experiences with counsellors.

The lack of progress was sometimes due to therapists' inability to cope with the material that clients brought up. DID clients are known for being highly attuned to their therapists and "will know if the therapist is unable to tolerate hearing what has happened to her, and the therapeutic progress will come to a standstill" (Putnam: 1989: 191). Therapists need to be aware of their avoidance of traumatic material and have the courage to admit and explore that together with the client (Dalenberg: 2000).

> *Treena:* They just didn't seem to be able to cope very well with what was coming out of my head. So I knew I had to go to someone else.
>
> *Krista:* And so I felt like I was pulling myself along. Doing it for myself still, because I was still, although I saw her and had a cup of tea now and then. At home I was still really working on my personalities and not using her. Trying to do it by myself.

If participants wanted to continue in their search for healing they needed to start anew with several therapists the difficult process of building trust and safety. This process of stopping and starting kept them for years trapped in the first stage of **Connecting**. The strain on the individual client and the economic costs of such inefficient treatment are colossal.

Grappling for control

'Grappling For Control' is the strategy DID clients use to solve the problems they encounter. Struggling to control their conflicting needs, terrifying experiences, confusing feelings, and fear-producing environment are common

experiences for traumatised persons in the beginning phase of therapy (Herman: 1994; Kluft: 1993; Putnam: 1989; Turner, McFarlane, & van der Kolk: 1996).

The sense of being out of control, feeling helpless and 'lost', evoked for participants a yearning for somebody, the benign other or good enough caretaker, to take control.

> *Carol:* Really, I guess, I look for somebody to take control when I am out of control. Or when I feel I am out of control. . . .I am then so lost, I don't even know what I need.

Clients' need for control often concerned making their environment predictable, especially when the inner world of the person was not predictable. Therapists who taught their client skills like journal writing, relaxation techniques, and ways to foster internal communication, helped them to control emotional states and to self-soothe.

> *Krista:* Teaching people routines is good. Teaching them to be consistent with what they do. Even though flipping through your personalities, still everyday life being consistently the same. So that you're not setting yourself up for situations where things happen.

Once women in this study had been diagnosed they involved themselves in researching DID, which increased their sense of control because they started to understand their actions and the historical origins of DID.

> *Ruby:* So then I started researching and went to the Mental Health Foundation. So I started getting information from my therapist, I started going to the library, I got medical things, and I got the DSM III. I started reading really seriously. . . .I did a lot of research on DID. So I know what I am talking about at least.

When therapy did not provide the client with good enough experiences, or when for example transferential issues were not satisfactorily resolved, some clients attempted to salvage control by terminating with their therapist.

> *Krista:* I needed someone to believe in all of us. . . . I felt that with my first therapist. I didn't feel that with my second. And that's when I knew I had to find another counsellor. It wasn't like I wanted to, but I had to.

A close analysis of the data revealed that clients only initiated four out of 32 transfers, and then only after a long period of struggle that left them feeling guilty and bad.

> *Mona:* I ran away and hid for a while.... I was pretty paranoid at that stage. And I actually felt that I was being abused... and she was the kind of therapist who tried and tried for me to come back. And just wanted one more session for closure. And I just needed to get away. I was terrified.

Making a connection

'Making A Connection' was necessary for clients to enter the second stage of connecting. For this to happen they have to connect with a therapist and DID has to be diagnosed. How long the client cycles through this stage for hinges to a large extent on therapists' diagnostic skills and their skill in communicating and relating to this traumatised client population.

> *Mona:* Therapists that I had gone to and it hadn't worked and I left after one session, there was nothing there. Like, we weren't like kindred spirits or not even that deep... it was simply something missing that was human .... it's like sort of transference, but it is deeper than that.

The ability to empathically feel with the client, to see the world through her eyes, and to acknowledge that this world might look different through her eyes rather than one's own (Rahm et al.: 1993) seems to have made the connection between therapist and client possible. Symbolic interactionism asserted that people's actions arise not only from their interactions with others and with the self, but also from their interpretation of those (inter) actions (Charon: 1998). Thus, DID clients' interpretation of the intersubjective moment determined whether or not they had found the right therapist.

> *Treena:* The fact that they could have the empathy with what I was saying, could have the understanding of what I was saying, and they could have insight which was helpful to me in what I was saying, created in me the healing opportunity.... It made me feel recognised. It helped me get insight. It really made me feel as if we were on the same war-path. Really, really good connection.

Diagnosis and the subsequent increased understanding surfaced as the crucial variable. Only when the client was able to trust that the therapist knew what she was doing, and that the treatment would help her to recover, was she able to overcome her fear of the traumatic material and start the next phase of the healing journey.

While diagnoses and the labelling of clients are controversial, participants in my study unanimously welcomed their diagnosis. They felt the healing journey

became clearer, they were able to make sense of their experiences, and the tasks ahead became more tangible.

> *Ruby:* I loved having that label. It was, I had an answer to my prayers. Like I knew who I was, I knew why I did what I did, and it's like it's all right to have lots of parts. It's OK. I am normal in a DID sense.

The importance of the diagnosis lay in the fact that it provided the intellectual and theoretical understanding for what the person was already experiencing on a physiological, psychological and emotional level. They could understand the concept of needing to connect what had been disconnected. The correct diagnosis was therefore the most crucial rite of passage for DID clients in this study.

Identity is a label a person gives herself (Charon: 1998), for example 'I am a woman' or even 'I am a multiple'. As such, identity is an important part of one's self-concept that undergoes changes or is affirmed in interactions. Participants in this research identified themselves as crazy or insane before they started therapy. The diagnosis of DID and their interactions with the therapist have given them the opportunity to identify with a different reference group such as abuse survivors.

Coming together

Two aspects emerged as most crucial to progress in this stage. Those were acceptance and understanding of the different personality parts, and the processing of traumatic material. Therapists' main tasks in this second stage were to provide safe containment, encouragement, acceptance of all personality parts, consistency and reliability, and thereby to assist the clients to develop a sense of object constancy. This gave clients the sense that the 'caring other' (object) can be relied on and trusted to be available when needed. Thus therapists provided self-object needs that clients could not provide for themselves just yet. Self-psychology (Baker & Baker: 1987) assumes that over time clients internalise these and will be able to provide these for themselves.

There must be more to life

'There must be more to life' is a realisation that motivates clients soon after finding a therapist to connect with and being diagnosed. Feeling accepted and understood by their therapists, participants started to become increasingly accepting and understanding of themselves and of all their personality parts,

setting in motion a process of integration, generating hope and desiring a better, different life.

> *Sharon:* And as I talked to my therapist I began to discover a yearning for more. I felt that there was more to life than getting yourself into a state where you can function from day to day and towards other people. It's got to be more than that.

Motivation also came from those experiences that participants in the study wanted to move away from, such as problems with relationships, parenting, work, suicidality, and self-harm urges.

> *Krista*: I don't want to be what my parents created. And that is the greatest fear for somebody like me. To treat my kids like shit and have them hate me at the end of the day.... And I really didn't like what I did. I really had to change.

The motivational direction of participants' goals changed once they had moved further along in their healing. It was at this stage of the process of 'coming together' that all participants identified future goals incorporating aspects of 'giving back to society'. They claimed that through being abused they had acquired skills and understanding that not every person would have had access to. By using them, and turning them around to help other people, they changed for themselves the meaning of the experienced abuse into something positive.

> *Sharon:* [I]t will enable me to say yes, I had these horrific experiences in my life. Experiences that no one should have to go through. But look how something positive comes out of it. I am not saying I needed to go through all this trauma. What I am saying is, I have gone through them and look, I am turning the tables on all those people who inflicted those various things. I am turning the tables on those. I am actually saying, I take that, and I use it. You gave me a gift. What you thought you were doing to me and what happens now is different. I am actually taking it and I am changing it into a gift that I can use in my life. And let it work for me rather than it running my life in a negative way.

Herman (1994:175) cites Freud, who stated that in dealing with trauma

> [the patient] must find the courage to direct his attention to the phenomena of his illness. His illness must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a piece of his personality, which has

solid ground for its existence, and out of which things of value for his future life have to be derived.

Being alone and in crisis

'Being Alone And In Crisis' is an expression for the state of loneliness and the sense of isolation participants lived with. It has been a pervasive theme during interviews and became a significant aspect of all three stages of connecting. In this stage it referred to the feeling of being alone while in crisis, when people other than the therapist were perceived as toxic and dangerous.

> *Ruby:* I think (the hardest thing was) that I was alone and that I was doing it by myself. And I was scared of the darkness, I was scared of my... I was scared of everything. Oh my God, I think the worst moment was when I was alone and when I was shaking, all the little kids were out, and no one was there to help us. And we were all alone.

Trauma theory has identified isolation and the severing of human connections as a main impact of traumatic events that not only affected the psychological structures of the self but also shattered the "systems of attachment and meaning that link individual and community" (Herman: 1994: 51).

> *Carol:* I thought if I don't say anything, if I don't allow myself to interact with people and be with people, then I am not going to get hurt again.

Re-visiting, grieving and processing of the traumatic events are situated at the centre of recovery from trauma (Herman: 1994). Timing and pacing of the therapeutic work in order to avoid crises due to trauma processing are most important and should only take place once the client has sufficient self-resources and is stabilised in her environment (Briere: 1994). Models for working with DID (Braun: 1986; Kluft: 1993; Putnam: 1989; Ross & Gahan: 1988) identify a wide range of techniques and interventions to assist the DID client in the emergency state. It is suggested that the client be taught certain skills to help her deal with these problematic moments and to develop a sense of control and empowerment.

> *Mona:* When I was going through my memory stuff I had very little containment. And if I had been able to learn skills, to come into therapy, to do a memory, and switch it all off again, go home and get on with life and only remember in a safe place. And I mean I am dissociative, I knew those skills. I should have been... it would have been helpful if I had been helped to use those skills.

Transference issues were a significant contributing factor to participants' sense of isolation. The rewards were many when clients were helped to work through transference issues and able to identity how experiences in the past of being hurt, abandoned, rejected or misunderstood had clouded or influenced their interpretation of dynamics in the present between them and the therapist. Thus the therapist's recognition and skilful use of transference dynamics had a considerable influence on 'being alone and in crisis'.

> *Mona:* I was with that therapist for almost a year and in the end I begged and pleaded for another psychiatrist to come and review the relationship.... The psychiatrist said that I was having a psychotic negative reaction to her... and that none of that (examples of feeling abused) was true. That I had bad trust issues, that it was all in my head. And I don't know, that's probably true; all I know is that I spent eight months deteriorating. I had been doing really well before.

If transferential material was not worked through, clients were likely to control these overwhelming feelings by acting them out and, for example, withdraw or leave therapy. Traumatised people are prone to what is called traumatic transference, the expectation of being hurt by the therapist just as they had been in childhood, either through exploitation, abandonment, intrusion, betrayal, neglect or other forms of abuse (Tendler: 1995).

> *Ruby:* I was giving her a really hard time. Lots of us didn't trust her; lots of us like hated her. It was all that nasty countertransference stuff going on as well.... And I think gosh, she stuck around through all of that... it was a turning point in our relationship because I realised she really loved us.

When transference phenomena were dealt with well, not only did the therapeutic relationship end up being strengthened, but also clients were also able to deal with large portions of significant clinical material.

Coming together

'Coming together' occurred under the condition of 'Having Faith'. Participants not only developed a sense of faith in a higher power, but also faith in themselves, their own capabilities and capacities, and in the goodness of their internal personality parts. To be able to identify with the positive aspects of oneself, even though they might have been formed by trauma and abuse, allowed for an increased sense of power and compassion.

> *Katherine:* We learnt (from the therapist) that there was nothing wrong with us.

The development of faith was an ongoing process during the early stages of therapy and depended to a large extent on the therapist's ability to convey that healing was possible, that the process would produce healing, and that the client had the ability to manage the process. In turn, the women in this study were then able to develop faith in their own capability, not only to deal with the legacies of the abuse but also to create a different future for themselves.

> *Krista:* I think that [faith in me] coming from a counsellor is really important. Being told that, no matter what, what you do every day is just so great. Because in reality you are so defective. But you can do all these things in life and not be.... I needed someone to believe....

For the DID clients, 'having faith' in themselves entailed fostering a loving and trusting relationship with their different personality parts, for which an understanding of the originally positive intention and helping nature of the different parts of the client's personality was necessary.

> *Mona:* I had so much confidence in my people. I always accepted, even the ones who I thought might be cult active.... I had unconditional love all the time. And so we had a really good relationship and a lot of trust built up. And that was the best thing. It was like having a million dollars to the bank.

Two of the participants felt strengthened and encouraged by their therapists' acceptance and acknowledgement of their spiritual belief, which became a rich resource for self-soothing, skill development, and inner strength.

> *Sharon:* I think where the spiritual line helps, it gives you the strength to cope. In a really difficult situation, when your resources have gone, you've got no resources left; it's like an athlete running a marathon. It gets to the point when they get wobbly legs. And they've got nothing more to give and they are all confused, getting dehydrated, they've lost all their body salts and things like that. I got to that state where I'd got nothing else left. And tapping into my spiritual life gave me that strength to say, "I can do that, I can walk along, I can get on".

Grouping together

'Grouping Together' was the expression used for the interactions and strategies that helped people to come together as a person. The integrative aspect came

about when the person got to know and like the different personality parts and understood how traumatic events had shaped their tasks, beliefs, and behaviours.

> *Sue:* It gave me an understanding to who the child was. And helped me to connect with myself. I realised I was that child. At first she seemed like a stranger to me. And I felt bad about connecting her to me. And I find myself now being able to see myself not as a bad person.

Integration occurred when the traumatic memories had been disseminated amongst all parts of the person and the related affect re-associated. The validation and recognition of the different parts and their differing needs reduces fragmentation and crisis. Only when DID clients were able to communicate with their different personality parts were they able to negotiate the often conflicting needs of their whole system. This resulted in a reduction of acting-out behaviour and provided them with a less chaotic life.

> *Krista:* I feel now I've got someone with an arm around me. Who says, it's OK, it can't have been easy. All the sort of things I want to hear from somebody out there. If they are not there to tell me, I try telling myself more now. So as a unit we all stand together. Standing with the arms around us. And that is grouping. We all stand strong.

Integration

'Integration' was the outcome of the effort of 'coming together'. Participants were able to re-associate the previously fragmented and split-off parts of the personality into a coherent sense of self. Functions of memory and perception were no longer divided amongst personality parts.

> *Treena:* It is, it is very much becoming one. No voices any more, parts coming together, no voices any more.... It's a funny sensation. There is this weird sensation, you are all there together, but so united. There isn't voices talking to each other or talking at you.

While some participants stated they aimed for becoming one person, others were afraid of that concept and feared some of their parts would have to die. The latter was a source of enormous grief and fear.

> *Krista:* Unification. Yeah, because that was scary. When I met that lady who said how it was to become one, it freaked parts of me out. Because we thought, well, were would we go? And then I thought that's not me. We are not going to become one, we will become 15. And we will all work together.

Experts point out that integration cannot be expected to be a linear process but should be anticipated as oscillating between achieving a certain level of integration that could be followed by relapses (Putnam: 1989). Numerous events and stages over a person's lifespan—such as motherhood, old age, an accident, or a serious illness—might impact on a person's sense of identity and need to be integrated. It is of major importance to offer DID clients the opportunity to reconnect with the ongoing dynamic process of life, and help them to understand integrating as a living dynamic phenomenon in every person's life-journey.

Making human contact

All through the history of mankind, being part of a community has been indispensable for the survival of the species. The worst punishment, equalling the death sentence, has been to be expelled from one's community. Plato stated "...the individual apart from a community was an imperfect and fragmentary being, a mere collection of potentialities which were only realised in a society" (Field: 1961). It is for this reason that traumatic events have such a devastating impact on people, " because they breach the attachments to family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others" (Herman: 1994: 51).

Thus DID clients live in isolation, because it is difficult for them to engage and connect with other people.

> *Krista:* But I've got a hunger, a hunger to be loved and to be treated like anybody else with respect and caring and all those things.

The data for this stage was less dense then for the other two due to the fact that all participants were still at the early stages of 'making human contact'.

Behind block walls

Living 'Behind Block Walls' became the reason people started 'making human contact'. Once participants had a sufficient sense of themselves as a person and internal chaos and conflict decreased, their need for human contact moved into the foreground.

> *Carol:* I don't know. I just felt very hurting. I don't know. I mean I wanted help. I wanted the support. There were just these block walls all around me. I was just pushing everyone and everything away from me.

Being 'behind block walls' became a major therapeutic focus, because the rising need for human contact met the fear of being re-abused, re-abandoned, and re-traumatised. This fear was not easily dismissed.

One of the most prominent symptoms of DID is the shifting between personality states, or 'switching' as DID clients call it. It not only keeps people safe but also prevents the establishment of meaningful relationships.

> *Sharon:* One of the things about DID that I found is, that permanence becomes a thing that exists for other people only.... Your whole world is completely changing all the time. It's shifting. It's like shifting sands.... The difficulty was that different alters trusted different people. So I speak to one person I will be quite friendly one day and another day I would be... keep away! That side of it got quite difficult.

Don't know how to relate

The context participants found themselves in is described as 'Don't Know How To Relate'. They soon realised they lacked basic relationship skills and felt unprepared to make contact with others.

> *Carol:* I never had a relationship until my boyfriend, and it's like wow, if I do get a relationship, what the hell am I going to do?

Herman (1994) compared these feelings of insecurity and awkwardness with behaviour usually encountered by adolescents. People learn relationship and communication skills by interactions with others and themselves. "Human nature is not something we are born with: instead, it arises in social interaction" (Charon: 1998: 156). DID clients, with their fragmented sense of self, would only marginally have benefited from such intricate interactional processes. They find themselves ill prepared for any social contact as a consequence.

> *Ruby:* I don't go out, it's too hard.

DID is intrinsically about disconnection, being separate, not being aware of others, and hiding from others. Concepts of linking, connecting, and relating were completely foreign to participants.

> *Mona:* It's almost that you have the ability, you know you are OK and that you want to be friends with people.... But you kind of have to learn the skills to do it. To get in the habit of doing it. The fundamental mechanics of it.... It's like kids have to when they are growing up. In a way it's like going back and doing all the stages of development again.

However, their work within therapy and therapeutic modalities such as group psychotherapy offer rich opportunities for learning about and experimenting with relatedness with others. It is at this point of the recovery process that group work can provide the DID client with the skills needed for 'making human contact'.

Repairing broken trust

'Repairing Broken Trust' became the crucial condition to enable human contact. Trust issues dealt with in the early stages again formed a pivotal part in this phase. Trusting and accepting oneself as well as others had to be revisited. Trusting now involved trusting one's own intuition, one's own judgement of other people, and one's own ability to be able to deal with letting down the walls.

> *Carol:* In order for connections to occur properly I had to have acceptance, acceptance of myself and acceptance of other people.

Herman confirms that by having established a safe haven through therapy "the person is gradually able to expand the level of contact with the wider community" (1994: 162). To do so participants had to change their view of other people and not automatically expect to be hurt by others.

> *Krista:* Because it is something that I have not experienced before, I am trying to open myself up to it. The fact that he touches me and rubs parts of my body that nobody ever has been allowed to touch before, is all put down to fighting what I feel and my past experiences and just letting it go and seeing what happens from it.

To let down the wall they had built in childhood for protection became easier as participants' self-system grew strong enough to self-soothe, self-acknowledge, and self-nurture, so that a disappointment from another person was not experienced as a 'fatal' injury anymore. One participant (Katherine) commented on how important it was for her to realise, that "it's OK to be disappointed".

Learning to relate

'Learning To Relate' included the strategies and interactions participants employed in order to make contact with other people: communication and relationships skills, testing themselves and other people, taking risks, and cautiously revealing themselves.

> *Katherine:* Each one has little terms to come out, and then bit-by-bit they gradually learn doing things together. It's like sticking their nose out, and testing, always testing. And then it's important to trust. Trusting the inside to be able to deal with the outside.

With living in isolation as the alternative, 'making human contact' and 'learning to relate' took on a desperate dimension. This is a time of enormous vulnerability because DID clients venture out into a situation for which they have no guidelines or roadmaps. However, the increasing sense of achievement and belonging helped them to continue making connections with other people.

> *Krista:* So I sort of try to open myself up a little bit more. But it's not that easy. That's what I am trying to do in that group. I'm afraid it's not going to happen and I am thinking, oh God, what am I going to do next? It's going to be somewhere for me.

Homecoming

'Homecoming' was the consequence of 'making human contact'. Participants have affirmed that to live without human contact means isolation, despair and hopelessness. The ability to establish and maintain relationships with other people that are fulfilling and nurturing, was seen as a central aspect of well-being.

> *Treena:* We are actually meant to have human friendships and closeness... If your life is basically in total isolation, and you don't have any quality relationships, that's what you can't cope with. And having that, to me is the quality of life, the happiness of life.

'Homecoming' also meant participants could give up striving to be who they were not; they could like themselves and be accepted. It meant coming to terms with their limitations and with the basic conditions of their lives. This provided participants with a sense of peace or even more with a sense of having found something very precious, something to be treasured and held very tight.

> *Carol:* The real me, that had been locked away. That part of me is now able to live a normal life. It's like being connected with the world, having your own thoughts, accepting who I am and accepting other people. Be the real me! I see myself as blossoming.

Conclusion

A main shortcoming of this study is the small number of participants and the fact that they had not completely finished the third stage. However, the three stages of **Connecting** corresponded with the widely understood trauma models of Herman (1994) and Briere (1994). Therefore the hypothesis is made that the model of **Connecting** reflected not only the experience of the participants in this study, but also of trauma survivors in general.

The importance of the therapist as the main facilitator and supporter of a person's process of connecting has been stressed by participants in all three stages of the recovery journey. The therapist's capacity and ability to enter the client's world with empathy emerged as one of the most crucial variables in 'reaching out for therapy'. It was imperative for the establishment of a 'human' relationship between client and therapist and for the establishment of safety and trust. The diagnosis and the subsequent increased understanding surfaced as the other crucial variable. Only when the client was able to trust that the therapist knew what she was doing, and that the treatment would help her to recover, was she able to overcome her fear of the traumatic material and start the healing journey.

The central feature of the second stage was participants' inner journey of 'Coming Together'. Therapists' main responsibility at this stage is to approach traumatic material gradually and carefully in order to prevent an escalation and intensification of post-traumatic symptoms and thereby a deterioration of clients' overall level of functioning (van der Kolk, McFarlane, & van der Hart: 1996). The ability of therapists to create a safe therapeutic environment and their stance of acceptance towards the different personality parts became the model for clients' restructuring and re-connecting of their self-system. Another finding of interest was that all participants planned or mentioned some sort of involvement in helping others or educating others about trauma. Herman (1994) considers finding a survivor mission a significant part of healing from trauma. To transform the abuse experience through interpretations that are growth-producing (Dalenberg: 2000) has been an important aspect for the participants. Therapeutic work that incorporates finding a survivor mission will enhance clients' healing processes.

The third stage, 'Making human contact', emphasised the crucial human need of making contact with others. The ability to connect with others and regain a sense of belonging emerged also in other literature as a basic human need and a core factor in experiencing quality of life (Laliberte-Rudman, Yu, Scott, &

Pajouhandeh: 2000; Taylor: 1994). Indeed, the ability to be in relationship with the environment and with people is a precondition for human survival and human development.

> In order to experience oneself as an autonomous 'I' we have to experience the 'Other'. Without the 'Other' there is no 'I'.... To be held and contained in the world is a basic experience (basic trust) that every human being needs (Rahm, et al.: 1993: 80).

This innate human need continuously fuelled the processes of participants. It cannot be treated as a by-product of therapy but has to be the most important goal of therapy and maybe even of one's life-journey itself.

Persons who have been diagnosed with Dissociative Identity Disorder have been badly wounded at the core of this basic human need and require respectful and understanding therapists who can help them to re-establish vital human connections. The rewards for working at such a deep level with another person lie in the privilege of bearing witness to the unfolding of a person out of the ashes of terror. It can touch our hearts and give rise to hope for a better world.

References

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.

Baker, M. N., & Baker, H. S. (1987). Heinz Kohut's self psychology: An overview. *The American Journal of Psychiatry*, 144: 1-9.

Braun, B. G. (1986). Issues in the psychotherapy of multiple personality disorder. In B. G. Braun (Ed.), *Treatment of multiple personality disorder*. Washington, DC: American Psychiatric Press.

Briere, J. (1994). A self-trauma model for treating adult survivors of severe child abuse. In APSAC, *Handbook on Child Maltreatment*. Newbury Park, CA: Sage.

Charon, J. M. (1998). *Symbolic interactionism: An Introduction, an Interpretation, and Integration* (6th ed.). Upper Saddle River, NJ: Prentice Hall.

Dalenberg, C. J. (2000). *Countertransference and the treatment of trauma*. Washington, DC: American Psychological Association.

Field, G. C. (1961). *The Philosophy of Plato* (4th ed.). London: Oxford University Press.

Glaser, B. G. (1978). *Theoretical Sensitivity*. Mill Valley, CA: Sociology Press.

Glaser, B. G. (1998). *Doing Grounded Theory: Issues and Discussions*. Mill Valley, CA: Sociology Press.

Herman, J. L. (1994). *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Harper Collins.

Kluft, R. P. (1993). The initial stages of psychotherapy in the treatment of multiple personality disorder patients. *Dissociation*, VI (2/3) : 145-161.

Laliberte-Rudman, D., Yu, B., Scott, E., & Pajouhandeh, P. (2000). Exploration of the perspectives of persons with schizophrenia regarding quality of life. *American Journal of Occupational Therapy*, 45: 137-147.

Loewenstein, R. J. (1994). Diagnosis, epidemiology, clinical course, treatment, and cost effectiveness of treatment for dissociative disorders and MPD: report submitted to the Clinton administration task force on health care financing reform. *Dissociation*, VII (1) : 3-11.

Mulder, R. T., Beautrais, A. L., Joyce, P. R., & Fergusson, D. M. (1998). Relationship between dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample. *American Journal of Psychiatry*, 155: 806-811.

Putnam, F. W. (1989). *Diagnosis and Treatment of Multiple Personality Disorder*. New York: Guilford.

Rahm, D., Otte, H., Bosse, S., & Ruhe-Hollenbach, H. (1993). *Einfuehrung in die integrative Therapie: Grundlagen und Praxis*. Paderborn: Jungfermannsche Verlagsbuchhandlung.

Ross, C. A., & Gahan, P. (1988). Techniques in the treatment of multiple personality disorder. *American Journal of Psychotherapy*, VXLII (1): 40-52.

Spence, D. P. (1994). The failure to ask the hard questions. In P. F. Talley & H. H. Strupp & S. F. Butler (Eds.), *Psychotherapy research and practice: Bridging the gap* (pp. 19-38). New York: Basic Books.

Spiegel, D., Butler, L. D., & Maldonado, J. R. (1998). Treatments for dissociative disorders. In P. E. Nathan & J. M. Gorman (Eds.), *A Guide to Treatments that Work* (pp. 423-446). New York: University Press.

Steinberg, M. (2000). *The Stranger in the Mirror: Dissociation — the Hidden Epidemic.* New York: Harper Collins.

Taylor, B. J. (1994). *Being Human: Ordinariness in Nursing*. London: Churchill Livingstone.

Tendler, R. (1995). The treatment of narcissistic injury in Dissociative Identity Disorder Patients: The contributions of Self Psychology. *Dissociation*, VIII (1): 45-51.

Turner, S. W., McFarlane, A. C., & van der Kolk., B. A. (1996). The therapeutic environment and new explorations in the treatment of posttraumatic stress disorder. In B. A. van der Kolk & A. C. McFarlane & L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.* New York: Guilford.

van der Kolk, B. A., McFarlane, A. C., & Hart v. d., O. (1996). A general approach to treatment of Post Traumatic Stress Disorder. In B. A. van der Kolk, A. C. McFarlane & L. Weisaeth (Eds.), *Traumatic Stress* (pp. 417- 440). New York: Guildford Press.

Including the Body in Psychotherapy
The Development of Bioenergetic Analysis

Pye Bowden

Abstract

This paper describes the development of Bioenergetic Analysis, one of the more recent psychotherapies to arrive in New Zealand. Bioenergetics opens up psychoanalytic theory and practice to include all aspects of the self: the mind, the body, emotion, energy and relationship. In doing so it provides a holistic psychotherapy for the twenty-first century. The paper describes Bioenergetic's beginnings with Wilhelm Reich, a contemporary of Freud, and its establishment by Alexander Lowen. It critiques Bioenergetic's association with the 'cathartic' approach of the 1960s and describes how Bioenergetics is integrating Reich's and Lowen's work with current thinking about the therapeutic relationship.

What is Bioenergetic Analysis?

Bioenergetic Analysis is one of the more recent mainstream psychotherapies to arrive in New Zealand. A simple description is that it includes 'working with the body' as part of the psychotherapeutic process. While this description seems to imply a duality between mind and body, a primary principle of Bioenergetics is that mind and body (including cognition, affect, behaviour and spirit) are simply different expressions of the same 'bio-energy' or life energy. Bioenergetics provides a holistic framework for doing psychotherapy.

Besides incorporating the client's body into the healing process, the bioenergetic therapist must grapple with this concept of energy. Most therapies do not explicitly include this notion in their conceptual frameworks. They may even question its relevance or existence. Outside therapy, however, 'bio-energy' is not difficult to envisage when confronted by a dead body, for instance, or when drooping plants are revived with water. Children, too, can provide wonderful examples of the way alive bodies are meant to work. Unfortunately, adults seem to lose access to their awareness and experience of this energy.

A living body is in constant motion: only in death is it truly still. This inherent motility of a living body, which is the basis of its spontaneous activity, results from a state of inner excitement that is continually erupting on the surface in movement. When the excitement mounts, there is movement, when it falls, the body becomes quieter (Lowen: 1977: 7).

Thus, while a primary goal of the bioenergetic therapist is to help clients work through their unresolved issues, it is also important to help them experience increasing health and vitality. When a therapist is working with the client's body and energy, as well as their cognition, affect and relating, this increase should happen spontaneously, as a result of the therapy.

Reich: the beginning of Bioenergetic Analysis

The development of Bioenergetic Analysis is traced back to Wilhelm Reich (1897–1957). Reich was one of Freud's talented young pupils and, later, a dissenter. It is interesting to realize that while Freudians worked to provide a 'blank screen' of therapeutic neutrality by sitting behind their clients and out of sight, Reich faced his clients and observed them closely. It was from these observations that he saw how fundamentally mind, body and emotion were connected. He went on to develop Reichian therapy, which involved working with each of these aspects of the self directly. He emigrated to the United States in 1939.

Lowen: the establishment of Bioenergetic Analysis

Alexander Lowen, born in 1910 and from New York, was one of Reich's clients from 1942–1945. While he owes a large part of his knowledge and understanding to Reich, he also developed his thinking extensively. Lowen wrote many books on the subject and called his approach 'Bioenergetic Analysis'. He set up the International Institute for Bioenergetic Analysis (IIBA) and established a group of trainers who took Bioenergetics to various parts of the United States, and later to Canada, Europe, Britain and South America. In 1992 the first IIBA bioenergetic training programme commenced in New Zealand. Bioenergetics is now strongly established in 26 states and countries around the world.

The development of Bioenergetic Analysis

Both Reich and Lowen observed that emotions were specific and more intense waves of 'bio-energy' moving through the body. They observed that, in order to repress these 'waves' of feeling, the involvement of the body was required.

In fact it is not difficult to see why this should be so. If, for instance, a child is told to 'stop that crying or I'll give you something to cry about', the question is, how do they accomplish this? The child must tighten some of the many muscles in the throat, neck, upper chest and shoulders, in the jaw and around the eyes. Breathing must also be inhibited. If crying was generally forbidden, the child would develop a chronic pattern of contraction in some of these areas of the body, just to keep the tears at bay.

Of course, this supposes that muscular development has taken place. In fact it is only towards the end of the second year of life that the cognitive and neuromuscular structures are developed enough for the child to use them as a means of defending him/herself against emotional pain. How do babies defend themselves? Later observations suggest that very young babies break the flow of emotional energy by a contraction in the connective tissue extending throughout the body (Davis: 1997). For Reich and Lowen this pattern of holding was observed as a disconnection at the joints and in the eyes. They thus drew attention to the organismic basis for what was generally known as the 'schizoid' condition. Similarly, extreme failures in parenting around early feeding patterns were considered by Reich and Lowen to result in the contraction and collapse of the neck, shoulder and upper chest areas. This condition is observable in adults with a diagnosis of 'orality'. Slightly older children defended themselves by internalization and splitting (Fairbairn: 1943). Reich and Lowen observed that this splitting occurred just as much in the body as it did in the mind.

Thus Reich and Lowen were in agreement that severe trauma or ongoing deficits in parenting produced different effects in the body, depending on the developmental stage of the child. They called these developmentally derived patterns of holding 'character structures', and used the same diagnostic terms that were in general use in the world of psychiatry at that time.

According to Reich and Lowen, then, because the emotional history of each client's story is structured into their body, the body must also be included in therapy. When adult clients let go some of the muscular holding involved, it is not uncommon for them to start re-experiencing the emotion the holding was initially set up to repress. This is not done quickly, nor should it be, as the body does not give up its old patterns of repression lightly. There is always a depth of pain involved. When it does happen, however, it also allows the life energy to flow through that area in the body again and a greater sense of aliveness and energy is the result.

Further developments of Bioenergetic Analysis

There have been three major developments in Bioenergetic Analysis since Lowen's original formulations. The first has to do with bodywork method and the place of catharsis. The second has to do with the relationship between client and therapist. The third concerns the application of bioenergetic principles to post-traumatic stress disorder (PTSD). While this latter development is making an important contribution to the treatment of traumatic stress (Eckberg: 1999, 2000), this information is beyond the scope of this paper and will be addressed at another time.

The connection with catharsis

In the 1950s and 1960s it could be said that Bioenergetic Analysis developed a reputation for an emphasis on catharsis. This was despite the fact that Lowen himself had a much deeper understanding of his clients' needs than this would suggest. However, two of Lowen's preferred exercises were, firstly, asking clients to stretch backwards over a breathing stool and, secondly, asking them to lie down, kick on the mattress and shout 'no' or 'I won't'. Lowen used the former to open up the heart, chest and breathing, while the latter was used to bring energy down into the legs as a means of restoring grounding and natural assertion. In less experienced hands these exercises may have been used primarily to facilitate the expression of strong feelings. As time went by, many, including bioenergetic therapists, moved away from pursuing catharsis as a goal of therapy, realizing that expression *per se* did not change anything and that it could, in fact, be harmful. It was also recognized that the more easily accessed emotions were often used as defences against deeper and more difficult issues. In fact, bioenergetic therapy is now much more about the containment of feelings and the building of psychological and somatic strength than it is about expression.

Importantly, the new thinking also recognized that the kinds of exercises described above were only suited to clients with post-oedipal structures: that is, clients whose primary damage occurred after three years of age. Clients whose major wounding was pre-oedipal, as has been explained, have different patterns of holding in the body. Strong expressive therapy was more likely to retraumatize these clients. Their ego structures were less developed psychologically and somatically and they were therefore less able to contain the emotions safely. Instead, softer and more relational techniques were required, in line with the earlier developmental needs for safety, nurturing, individuation

and the right to a sense of self. More suitable bodywork techniques took the form of somatic awareness, attention to breathing, stretching, looking, pushing or reaching. As well, these exercises needed the kind of relational context that went with the developmental needs the client was exploring at the time.

Updating Bioenergetic Analysis: the therapeutic relationship

This brings us to the second major change in Bioenergetics since Lowen, which was about developing an appreciation of the nature of the therapeutic relationship. This movement took place as bioenergetic therapists began to incorporate developments in the field of Object Relations (Fairbairn, Winnicott, Mahler, Stern) and Self Psychology (Kohut). It continues as the nature of the therapeutic relationship is further defined. The most recent influence is the work of Martha Stark (1999). In integrating different major psychoanalytic paradigms, Stark suggests that three basic modes of therapeutic action underpin them all. These three modes also describe the way in which the therapeutic relationship in Bioenergetics has evolved over time.

The first of these modes, a *'one person therapy'*, is the name for a *knowledge-based* model. It was the one largely practised by Reich, Lowen and the classical analysts. In this mode, the therapist does not see her/himself as a participant in a relationship but as an objective observer. While Reich and Lowen established their therapies on a developmental foundation, they maintained the concept of therapeutic neutrality in respect of their own role in relation to the client. They diagnosed their clients' somatic and neurotic patterns, including transferences, and suggested somatic and psychological interventions.

The second of these modes, a *'one-and-a-half-person therapy'*, is an *experiential* model of therapy and comes out of the varying schools of Object Relations and Self Psychology. It is based on Fairbairn's (1943) premise that the libidinal impulses within the individual point them towards relationship with an object rather than towards gratification *per se*. The therapist's role is to set up a corrective relational experience by providing the client with some form of unconditional acceptance. The client is then able to experience a 'good' object as well as perceive and work through the negative relational patterns they developed originally around the 'bad' object. Stark calls this a 'one-and-a-half-person model' because it is a one-way relationship. The therapist gives and the client receives. As the Bioenergetic movement gained some separation from Lowen, therapists increasingly worked in this way. Their ability to respond at

the energetic level to their client's movements towards and away from them made this a potent means of working with the relationship.

The third mode, a *'two person therapy'*, is a *relational* model because the therapeutic relationship is seen as two-way: as "co-evolving, reciprocal and interactive" (Stark: 1999: xix). In this mode, more emphasis is placed on the impact the client has on the therapist. It is the therapist's job to contain the client's projections and transferences by being aware of this impact and by finding ways to work with this awareness with the client. At the same time, the therapist must be aware of her own energy and what effect this is having on the relationship. For the bioenergetic therapist who has a heightened sense of how her own energy and issues are linked, this last approach makes sense. It has become clear that human beings are open, not closed, systems and that they are energetically impacting on one another continuously. This third mode of therapeutic interaction demands a high degree of self-awareness from the therapist and the need for a sound understanding of her own major issues. The inclusion of the energetic and somatic components make this even more essential (Hedges, Hilton, Hilton, & Caudill: 1997).

Of course these three modes are complementary rather than mutually exclusive. Bioenergetic therapists, like all therapists, need to choose the most appropriate mode of therapy for each client. It is also quite conceivable that the therapist could be 'authoritatively directive', 'warmly empathetic' and 'authentically relational', all in one session. Knowing the difference and the appropriate timing for each, is the art of therapy.

Conclusion

In practising bioenergetic therapy today, there is the ongoing challenge of keeping pace with new developments and their professional applications. Furthermore, to be useful to the client, the therapist must be able to incorporate the theory and practice of bioenergetic principles into her own life. To this end, Bioenergetics, like any psychotherapy, is a lifetime pursuit. Without doubt, however, the most exciting aspect of Bioenergetic Analysis is its explicit goal of fostering aliveness and a passion for life: a goal as central for the therapist as it is for the client.

References

Davis, W. (1997). The biological foundations of the schizoid process. *Energy & Character.* 28: 57-76.

Eckberg, M. (2000). *Victims of Cruelty: Somatic Psychotherapy in the Treatment of Posttraumatic Stress Disorder.* Berkeley, CA: North Atlantic Books.

Eckberg, M. (1999). Case study of a survivor of political torture. The treatment of shock trauma. *Bioenergetic Analysis 10*(1): 53–95.

Fairbairn, W. R. D. (1954). The repression and the return of bad objects. In *An Object Relations Theory of the Personality,* (pp 59-81.). New York: Basic Books. (Originally published 1943.)

Hedges, L. E., Hilton, R., Hilton, V. W., & Caudill, O. B. Jr. (1997). *Therapists At Risk.* New Jersey: Jason Aronson.

Lowen, A. (1971). *The Language of the Body.* New York: Macmillan.

Lowen, A. (1975). *Bioenergetics.* Harmondsworth: Penguin Books.

Lowen, A. (1977). *The Way to Vibrant Health.* New York: Harper & Row.

Reich, W. (1991). *The Function of the Orgasm.* New York: Noonday Press.

Reich, W. (1989). *Character Analysis.* New York: Noonday Press.

Stark, M. (1999). *Modes of Therapeutic Action.* New Jersey: Jason Aronson.

Culture as a Variable in Psychotherapy

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Abstract

This paper reviews the impact of culture on the therapeutic relationship. It suggests that difficulties often arise within the inter-subjective milieu when the therapist fails to maintain an attentional stance with regard to their own values, beliefs and world-views and the way these contrast with those of the client in cross-cultural psychotherapy.

Introduction

The essentially bicultural society of New Zealand is becoming increasingly multicultural. Immigrants from other parts of the world are faced with the severe stress of acculturation here. They may also be suffering from the aftermath of trauma endured in their own country. Psychotherapy with these clients of varying cultural background is extremely complex.

Literature on psychotherapy rarely explores matters concerning culture. This may be due to the fact that psychotherapy evolved in the West and therapy often occurs in a monocultural setting. However, when psychotherapy happens in a cross-cultural setting, culture furnishes an undeniable variable. It has a profound impact on the process.

This paper undertakes to explore the answer to the question: *What are the effects of culture in psychotherapy in a cross-cultural setting?*

Definition of cross-cultural therapy

Cross-cultural psychotherapy is a therapy relationship in which two or more of the participants differ with respect to cultural background, values and life-style (Sue, & Sue: 1990).

Culture and social constructionism

A culture is a community of individuals who perceive their world in a particular manner, and who share a common meaning and value system (Howard: 1991). Social constructionism describes the process of coming to know the world

through a socially negotiated construction. The social constructionist view emphasises the ways in which people collectively perceive, interpret and construct experience in order to make meaning of it and thereby shape their world.

The semantic dimension of social constructionism focuses on the relationship between language and culture. It also emphasises the intersubjective nature of knowledge. Social constructionism is not concerned with ontology and considers objective knowledge of reality as unattainable. The reality referred to is a consensual reality where meaning is communally constructed through dialogue (de Shazer and Berg: 1992). Knowledge is located neither in the observed nor in the observer but in the intermediate space, in the sociocultural arena. When knowledge is constructed as embedded in culture, notions of health and psychopathology become arbitrary. No particular conceptualisation can claim universal relevance. Concepts of the child, of mother's love, of the self and other constructs remain essentially culture-bound (Gergen: 1985).

This is relevant to the practice of psychotherapy because the process is concerned with the creation of meaning. In a cross-cultural setting, where the client's and therapist's world-views differ, the intersubjective milieu is permeated with "unthought" forces. If the therapist fails to recognise and accept the world-view of the clients, there can be detrimental consequences.

Culturally mediated notions of wellness and illness and approaches to healing

In the development of psychoanalytic theory, culture is not regarded as primary. Many phenomena viewed as pathological in psychoanalytic terms can be seen as social realities in an anthropological view. Psychopathology can be seen as the individual's representations of symbolic themes concerning social relations (Lewis, Balla, & Shanok: 1979). Subjective experience of distress is not the same in all cultures and different cultural groups experience different emotions. Affective experience of any kind includes not only what is happening but also what the person makes of it. The phenomenon of depression in the Western world provides a useful illustration. What is experienced is not just depression but the subject's own interpretation of it. I have observed that depressed clients carry the added burden of guilt about being depressed due to the Western world-view that negative emotional states are objectionable. This culture-bound response is an indication of the social construction of meaning.

Psychoanalysis has a model of human personality centred around biography and the individual's unconscious. Early childhood experiences and relationship with parents are seen as shaping the personality. Psychosexual and interpersonal traumas are seen as affecting the healthy development of personality in the child. The healing process in psychoanalysis is through self-exploration which may lead to personality transformation. This model of healing is inadequate for some other cultures.

Jung (1964) stated that it is presumptuous to claim that we understand the human psyche. For him, healing comes from the collective unconscious which has the wisdom of the ages, beyond the wisdom and knowledge of any therapist or any school of psychotherapy. Jung's notion of healing parallels the concepts of healing in Eastern cultures, which incorporate faith and religion.

Between the West and the East there are stark differences in the goals and objectives of psychotherapy. The Western concept of mental health involves a search for intrapsychic integration and attainment of autonomy. This is at variance with Eastern concepts where therapy is focused on reintegration of the individual into their familial and social matrix.

Culture-bound issues in psychotherapy

A culture consists of explicit and implicit behaviour patterns acquired and transmitted through symbols. A culture exists at two levels, the observable phenomena and the realm of ideas. At the first level the pattern of life within the respective cultural group is clearly visible. At the second level there is the subtly organised system of knowledge and beliefs that allows a cultural group to structure its experience.

The second realm of culture furnishes a challenge in cross-cultural therapy. In a given culture an individual acquires systems of values, beliefs and meaning, learns a particular language and acquires norms of behaviour and patterns of experiencing the environment. By habitually thinking in a particular language or in a set of beliefs, these forms of thought become structured in the biology of the individual of a particular culture. (Thompson, Donegan, & Lavond: 1986). In other words, the sociocultural environment has a physical dimension for the individual. The culture specific neural organisations influence most aspects of cognitive processing by individuals, forming cognitive schemas and structuring their experience of the world. In a cross-cultural therapy context, each member of the therapeutic dyad carries unique vehicles of thought, conceptual structures of space, time and of the natural world.

Psychotherapy presupposes certain innate qualities in the persons concerned. The capacity for listening and empathic appreciation for another's experience is paramount. In the therapeutic relationship, there is an ongoing trial identification (Casement: 1985). The therapist attempts to place herself in the exact spot where the client is. How is this possible in the cross-cultural context? Do cultural differences between the dyads impede trial-identification? Does the cultural contrast in their life experience curtail empathic immersion in the psychological experience of the other? Where there are few resonating experiences in the therapist and the client, how do they maintain attunement with the other? These are important questions in cross-cultural therapy.

Attitudes, beliefs and behaviours of therapists and supervisors

Rosen and Frank (1962) studied therapeutic encounters between black clients and white therapists. They recognised that the inter-racial situations embodied deeply rooted racial beliefs and attitudes. They observed that pairing in individual therapy or even in group therapy was determined by the cultural attitudes of whites and blacks towards each other. The authors noticed that black clients bring predisposing attitudes of resentful anxiety and distrust to the therapeutic relationship. The therapists revealed unconscious prejudice which manifested through behaviours such as insecurity, reaction formation, guilt feelings and rejection. On the other hand, if the therapist was black, over-identification with the black patient was the consequence.

Grier (1967) has stressed the role of race in the transference process. It was observed that the therapist's race from the outset evoked certain unconscious dynamics in clients from other races. Gardner (1971) studied therapeutic encounters under two racial situations, white therapist–black client and black therapist–white client. He observed several countertransference patterns which include racial guilt on the part of the white therapist, the need for a dominant role and the desire for a broadening of social experiences.

Inter-racial psychotherapy studies conclude that psychotherapists carry the attitudes, values and biases of the cultui ? of which they are a part and therefore are not immune to cultural conditioning. Therefore therapists need to be concerned about the potential influence their cultural conditioning exerts on the intersubjective context.

Transference and countertransference

To illustrate culture-bound countertransference, I shall describe an actual therapy situation from my practice. Hema, a twenty-three year old Indian woman, was referred to me after a failed suicide attempt. The clinicians who assessed her at the hospital were from another culture. In their contact with Hema, they experienced her as polite but reluctant to engage. They felt very concerned for her safety.

In my initial session with Hema, I experienced her as candid and co-operative. I was struck by her ready trust. As I became aware of my countertransference, I was able to identify the cultural variables operating between us. I recognised that Hema was perceiving me as an older, trust-worthy relative who would give her spiritual advice and even act on her behalf. I also realised that Hema was not seeking transformative insight into emotional conflicts. She wanted a spiritual resolution to her problems. She was also concerned with restoring harmony within her immediate and extended family.

The fundamental questions I had to address in working with Hema were related to the meaning of healing and the role of religion and spirituality in the process. This led to questions concerning the nature of self and the nature of client -therapist relationship.

The cultural, ethnic and religious elements of cross-cultural therapy engender characteristic issues. External reality may intrude into the therapeutic space and may appear in the manifest and latent content of therapeutic interaction. In an initial session a Caucasian male client commented on my idiosyncratic use of English. I perceived this as a transferential interaction coloured by cultural differences, which I raised with the client.

I am also aware that cultural differences can be used by the client in the service of resistance. A female Caucasian client, very early on in therapy began to project her racism on to the cultural symbols in my office. When I interpreted this, she was able to get in touch with her racial prejudices against me.

I have strong countertransference responses in these clinical situations. I am aware of the potential for projection of my impulses onto the client. I could also fall into over-identification with the client's devaluation of me. I manage these countertransference responses by addressing cultural, ethnic and religious differences in therapy. At times cultural attack can temporarily impair my technical skills, empathy and diagnostic acumen. It can affect the stability of my self-esteem. When I am under attack from clients on ethnic or cultural

lines, the therapeutic path lies in the exploration of the meaning of cultural and racial differences. Internally, I am deeply wounded by the attack but am able to sublimate and create meaning out of this emotional pain. I also explore whether the client's attack on me is an avoidance of their psychological pain. Cross-cultural therapy requires me to explore my internalised rules of racial categorisation and ethnic stereotypes. I have been able to differentiate a self from the culture of origin with enough space for thinking and reflecting.

Working with clients from non-Western cultures has exerted profound influence on how I work with Western clients. My Indian supervisee discusses in supervision a Caucasian client who is married to a Pacific Islander. The client brings to therapy the conflict regarding the husband's extended family. In her view the husband's priority is his extended family, not wife and children. The client's conflict indicates a clash between world-views. The main supervisory issue is the possibility of the Indian supervisee's identification with the husband because of similarity in their world-views.

Being aware of the impact of cultural variables in therapy has influenced my practice. When I assess a new client I am interested in knowing about as many of the members of their families as possible including grandparents and great grandparents. I enquire about how long people lived in a particular place and why they moved. If clients do not remember, I wonder how these events were erased from their memory. A lack of connection with family histories and myths seems to be an important part of the alienation felt by so many clients.

Hearing non-Western clients' relational narrative alerts me to the Western paradigm of the individual. Western clients want to move away from home in search of autonomy. I hold their aloneness—which is due to the break from significant relationships, places and historical roots—and work with it. Working with cultures where family and community still have great importance for the person reminds me of the psychoanalytic schools where self-in-relation is emphasised (Mitchell: 1988).

Conclusion

I have lived in cross-cultural settings over the past 22 years. In the last 10 years I have worked psychotherapeutically with clients of different cultural and ethnic backgrounds. My supervisees also come from various cultures. From my clinical experience and through research I have drawn the following conclusions.

Postmodern philosophies see reality as a by-product of human interaction, a social construction mediated by language and contextualised by culture. Psychotherapy is influenced by postmodern thinking. Within the field of psychoanalysis, postmodern dialogue is evident between intrapsychic schools and experiential schools (Mitchell: 1988). The outcome of this dialogue is an evolution towards a more relational perspective.

Levinas proposed the concept of heteronomy where one shares the phenomenal world with others, allowing others to limit one's autonomy (Matthews: 1996). The fundamental otherness of the culturally and racially different other must not be made 'the same' through a process of assimilation.

Therapists need to remain alert to the pitfalls of applying theory to fit the culturally other into their world-view. The therapist's awareness of her own assumptions, values and biases will alert her to the client's world-view. The movement from being culturally unaware to being aware of one's own cultural matrix opens the way to valuing and respecting cultural difference in the other. It is evident that a culturally blind psychotherapist is likely to impose her world-picture onto a client from another culture. Consequently the therapist may unwittingly engage in an act of cultural oppression. A culture-sensitive psychotherapist is willing to acknowledge her own racist attitudes, beliefs and feelings. Preconceived notions of psychopathology are suspect because cultures are too complex to fit universal descriptions of mental health or illness.

The integral part of being human is our capacity for imagination. Without imaginative expansion, human life becomes a dull animal existence. It could be argued that in psychotherapy across cultures, it is the human person's capacity for imagination that spans the space between separate cultures. Also, for human beings, experiencing is primary. In the course of cross-cultural therapy, the client's capacity to attend to and find ways of articulating the felt sense of her being can bring about the narrowing of the cultural gap.

References

Casement, P. (1985). *On Learning from the Patient.* London & New York: Tavistock Publications.

de Shazer, S., & Berg, I. K. (1992). Doing therapy: A post-structural re-vision. *Journal of Marital and Family Therapy,* 18, 71-81.

Gardner, L. H. (1971). The therapeutic relationship under varying conditions of race. *Psychotherapy: Theory, Research and Practice,* 8, 78-87.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist,* 40, 266-275.

Grier, W. H. (1967). When the therapist is Negro: some effects on the treatment process. *American Journal of Psychiatry,* 123, 1587-1591.

Howard, G. S. (1991). Culture tales: a narrative approach to thinking, cross-cultural psychology, and psychotherapy. *American Psychologist,* 46, 187-197.

Jung, C. (1964). *Man and His Symbols.* London: Pan.

Lewis, D. O., Balla, D. A., & Shanok, S. S. (1979). Some evidence of race bias in the diagnosis and treatment of the juvenile offender. *American Journal of Orthopsychiatry,* 49, 53-61.

Matthews, E. (1996). *Twentieth Century French Philosophy* (pp. 158-165). New York: Oxford University Press.

Mitchell, S. (1988). *Relational Concepts in Psychoanalysis: An Integration.* Cambridge, MA: Harvard University Press.

Rosen, H., & Frank, J. D. (1962). Negroes in psychotherapy. *American Journal of Psychiatry,* 119, 456-460.

Sue, D. W., & Sue, D. (1990). *Counselling the Culturally Different: Theory and Practice* (2nd ed.). New York: John Wiley.

Thompson, R. F., Donegan, N. H., & Lavond, D. G. (1986). *The Psychobiology of Learning and Memory: Steven's Handbook of Experimental Psychology* (2nd ed.). New York: John Wiley.

The Fathering Debate

In May 2000, at the invitation of the Christchurch branch of NZAP, Rosemary Du Plessis contributed a paper exploring the sociological realities of fathering and fatherlessness to a panel discussion entitled 'The Contextual Realities of Psychotherapy in the New Millennium'. Members of NZAP working from a variety of theoretical foundations were later invited to respond to the implications of this paper for psychotherapists, their clients and the work of psychotherapy. The paper and members' responses to it follow.

Fathering and Fatherlessness
Challenges for the New Millennium

Rosemary Du Plessis

Abstract

In the last decade there has been a considerable amount of writing about 'fatherlessness', 'father hunger' and 'fatherhood'. Fathering activists have argued that issues relating to fathering are challenges that individuals, families, communities, political parties, state bureaucrats and those in the helping professions must confront in 'the new millennium'. This paper examines some recent assertions offered in the United States and in New Zealand about a fathering 'crisis' and appropriate responses to it. The aim is to highlight some issues associated with fathering and fatherlessness that may be relevant to those working as psychotherapists at the beginning of a new century. A long-term interest in the politics of gender provides a background to the discussion of fathering politics offered in this paper.

A fathering crisis?

In the last decade a new social movement has developed, the fathering movement, and a host of new books have emerged that address fathering as a social issue (Blankenhorn: 1995; Burgess: 1997; Coltrane: 1996; Coontz: 1997; Daniel: 1996; Faludi: 1999; Gersen: 1993, LaRossa: 1997; Popenoe: 1996). Fathering activists argue that issues relating to fathering are challenges that individuals, families, communities, political parties, state bureaucrats and

those in the helping professions must confront in 'the new millennium'. I want to focus on their assertions about a fathering 'crisis', their claims relating to 'fatherlessness' and their arguments about the significance of men's contribution to parenting. This involves looking at the arguments of the most prominent fathering advocates in the United States and at some books published recently in New Zealand. These are publications aimed at a wide audience, but particularly directed at men. Through this review I hope to highlight some issues associated with fathering and fatherlessness that may be relevant to those working as psychotherapists as we move into a new century. My early academic work developed out of debates about mothering and paid work in the 1970s. Then the focus was on 'mother absence' and 'maternal deprivation'. 'Father absence' was not a significant issue. It seems appropriate a quarter of a century later to look at men's arguments and activism about fathering.

In 1995 David Blankenhorn published *Fatherlessness in America: Confronting our most urgent social problem*. Fast on the heels of this attempt to construct the United States as 'a fatherless society' was sociologist David Popenoe's *Life Without Father: Compelling new evidence that fatherhood and marriage are indispensable for the good of children and society* (1996). Both Blankenhorn and Popenoe assert that fatherhood is 'on the decline'. For them the challenge of the new millennium is the challenge of what they describe as 'fatherlessness'. These books inform much of the writing in the New Zealand context that focuses attention on fathering and fatherlessness.

Anxiety about the supposed 'decline' in fathering is based on a statistical decline in the proportion of biological fathers who occupy the same households as their children. Even men who live with their children may not be 'fathers' in the way fathering advocates like Blankenhorn and Popenoe consider appropriate. 'New Fathers', fathers who parent much like mothers, are not seen as 'fathers' (Blankenhorn: 1995: 96-123). Their children are defined as 'fatherless' because they are not exposed to a male parent who is differentiated from their female parent. For children to be 'fathered' according to this view of fathering, they must not only have access to a male parent (stepfathers, mothers' friends and lovers, uncles and grandparents are not good enough), but also to a man who parents *differently* from their mother.

Why this attack on men who change nappies, get up in the night, supervise the homework and talk to children about their problems with their friends? The problem, according to the most conservative of the fatherhood advocates, is that these new fathers are potentially superfluous. If men offer no more than

women as parents, then they are redundant and replaceable. For Blankenhorn and Popenoe, convergence in male and female parenting is deeply threatening, particularly in a context where women are capable of earning as well as parenting and where the state has assumed some economic responsibilities for the support of sole parent households.

In the 1970s the issues around parenting focused on mothers not being sufficiently available to their children because they were increasingly in paid work. Now the attention in many social democracies, like Aotearoa/New Zealand, has shifted to *men*. Fathers, not mothers, are the parents under scrutiny for their lack of involvement in the lives of their children, either as fathers who do not live with their children, or fathers in the same household who are not active 'hands on' fathers.

The fatherhood advocates argue that men have to be organised into fatherhood. They require a set of legal and extra-legal pressures to get them to meet up to their responsibilities. According to Blankenhorn:

> Because men do not volunteer for fatherhood as much as they are conscripted into it by the surrounding culture, only an authoritative cultural story of fatherhood can fuse biological and social paternity into a coherent male identity' (Blankenhorn: 1995: 3).

Feminists' critiques of masculinity and arguments for men's greater emotional and practical involvement with children disrupt this 'authoritative cultural story'. The fatherlessness agenda is, at least in part, an attempt to revive that story. Anxiety about it is, however, an indication of its fragility.

Critiques of the fatherlessness thesis

What criticisms can be directed at this moral panic about fatherlessness? Most significantly, what are presented as the consequences of fatherlessness are often the consequences of sole parenthood. It is cut-backs in state support for sole parents who are not in paid work, pressures on them to train and enter paid work when they are heavily pressed by domestic responsibilities, the low rates of pay for female dominated jobs and levels of unemployment among working class men that are the sources of deprivation and disadvantage, not the absence of fathers *per se.*

Fatherlessness gurus like Popenoe and Blankenhorn concede that the most immediate consequence of men not living with children is financial deprivation. Another way of looking at this is that levels of marriage dissolution and

conception outside ongoing cohabiting heterosexual relationships have highlighted the damaging consequences of *gender differentiation*. Since the financial situation of children in father-only households is not considered a problem, one has to conclude that the problem is women's earnings and the lack of significant differentiation between those earnings and forms of state support available to one-parent households. Since children in father-only households do not experience the poverty of children in mother-only households, the problems must lie with their parents' access to resources, either through the state or through their own earnings.

Getting closer to home: Aotearoa/New Zealand and the fathering debates

Two recent books published in Aotearoa/New Zealand explore some of the agendas that have been the focus of discussion in the United States about fathering and fatherlessness. Both are self-help books aimed at a popular audience. One is focused on men becoming parents: *Beginning Fatherhood* (1998). The other addresses fatherlessness explicitly: *Fatherless Sons: The Experiences of New Zealand Men* (1999). What do these books tell us about how arguments about fathering are being translated into this national context?

An Antipodean version of the uniqueness of fathers - Fatherless Sons

Rex McCann's *Fatherless Sons* draws on interviews with 40 New Zealand men who talk about the experience of fatherlessness in their lives (McCann: 1999). Fatherlessness is defined as the physical or emotional absence of a father. Rex McCann's assertions about the impact of increased sole parenting, divorce, separation and the decreased involvement of biological fathers are largely consistent with the United States fatherlessness literature, particularly the work of Popenoe and Blankenhorn.

McCann argues for 'new' forms of masculinity, but also against the 'new father' who parents as women parent. Like others in the fatherlessness genre, he is convinced about the need for men to offer something *different* as parents. Men are presented as encouraging physical risk taking, an engagement with the outside world of work, sport and competition. They are presented as having a long-term view of their children as functioning earning members of a community, while mothers are seen as the experts in being emotionally responsive to children on a day-to-day basis. All the standard claims are made about the correlates of not having a father in the home—suicide, teen

pregnancy, youth crime, lower academic achievement, behavioural problems, depression.

McCann argues against an oppositional approach to women and the women's movement, but he is convinced about the 'uniqueness' of women and men's contributions to parenting. In many respects McCann's project is to construct a new public story about men and fathering, a story for the new millennium. Men are presented as experiencing grief and uncertainty about change, but 'yearning' for something 'unnamed'. This is a story which has much in common with Betty Friedan's discussion of 'the problem that has no name' in *The Feminine Mystique* in the late 1960s. For educated white women in the US in the 1960s it was conflicts between career fulfilment and the constraints of domesticity that were the problem; for men on the cusp of a new millennium the problem that cannot be named is 'love' —'the fire of an engaged masculine heart' (McCann: 1999: 125). Critical of the old patriarchal archetype, McCann nevertheless wants to construct a new archetype.

A number of feminists have responded to arguments about 'father absence' by advocating 'paraparenting'—notions of parental commitment that extend beyond the nuclear family and involve adults who are not biological parents in long-term commitments to certain children (Cornell: 1996; Stacey: 1996). McCann similarly argues for the importance of spreading commitment to children beyond biological or adoptive parents. He talks of 'a fathering force' in the community. Why not a parenting force or 'paraparenting'? Well, because he wants, like others, to argue that there is something totally distinctive about the way men do parenting; it has to be *fathering*, otherwise this distinctiveness is unrecognised and unrealised.

Fatherless Sons plays out an Antipodean version of a story articulated in the US in the mid 1990s and in Australia and Britain in the late 1990s—the construction of a strategy to involve men in parenting that does not in any way undermine gender differences or threaten masculinity. It is to be *masculine fathering*, not substitute mothering.

While the overall tone of the book is positive about changes in women's lives, the book includes this question in its chapter on the future:

> In bringing women's concerns into the public sphere have we colluded in running fatherhood down? Without a strong and masculine story of fatherhood men drift off from the role... We have lost an authoritative story

> of fatherhood and it is up to men and women today to re-establish one (1999: 187).

There is no discussion of gay fathers. Men who are not heterosexual are totally absent from this story about masculine parenting.

In his conclusion McCann addresses the negative consequences of criticizing fathers in the past and argues that we need to recognise that 'they did the best they could with what they had' (McCann: 1999: 192). At the same time he argues for change, and 'a break in the stream of fathering'. Old fathering is rejected and the language of partnership is evoked—partnership between cultures, between women and men and between adults and young people.

Catching them early - beginning fathers?

Beginning Fatherhood is the product of cooperation between an Auckland lecturer in men's studies and coordinator of a men's well-being centre, Warwick Pudney, and a West Auckland midwife, Judy Cottrell. It is a self-help book for 'beginning fathers' about how to be what Popenoe and Blankenhorn would disparagingly refer to as 'New Fathers'. At the same time it draws on some of the same discursive repertoire as the writing of conservative fathering advocates (Pudney & Cottrell: 1998).

The back cover suggests that men are both a support for partners during pregnancy and childbirth and 'an integral part of the experience at the same time'. Pudney and Cottrell rework the 'fatherlessness' agendas that construct men as 'essential' and 'necessary'. However, they argue that being 'integral' is a matter of practice and effort, not the inevitable right of biological fathers, nor exclusively the outcome of meeting children's material needs.

Beginning Fatherhood suggests that contemporary fathers may 'do things better' than their fathers (the sort of approach that angers Blankenhorn), but also suggests that this will involve regaining 'some of the fathering that seems to have been lost in our families' (Pudney & Cottrell: 1998: 12). In this respect it harks back to a lost pre-industrial utopian fathering era. It also reinforces the notion that men need to claim their position as fathers against the background of men who think you should leave it to the mother and women 'who might sideline you' (p. 13). This involvement is presented both as an opportunity for men and as the right of children: 'Your child deserves this and so do you' (p. 13).

Fathers are told that their presence is vital for their children. Pudney and Cottrell suggest that girls learn through their fathers to have loving non-sexual

relationships with men. Boys learn how to have emotionally open relationships with other men. Men are encouraged to spend less time doing paid work and more time caring for their children. They are told to take the initiative, not just act as a support person. The job description offered suggests that they should encourage their partner to have a life apart from the baby and that fathers should get support from other men.

So this is new fatherhood which is assertive, that assumes some gender differences, including the differences in male and female physicality and differences in embodied reproduction, but also suggests that parenting is something that men need to be informed about and work at. It is assumed that they will make mistakes and learn from these mistakes. It does not assume that the most important things men have to offer are their earnings and their authority, spiritual or otherwise.

Where does this book stand in the fatherhood controversies? Clearly it draws on both 'new' fatherhood discourses and attempts by people like Blankenhorn and Popenoe to defend distinctively male fathering. The beginning fathers in this book are all assumed to be living with the mothers of the children, while many beginning fathers may not be in the same household. In this respect the book is part of a 'marriage culture' rather than a 'diversity culture' in that it assumes that good fathers will be fathers who continue to live in the same household as their children. A new ideal father is being constructed, and involved fathering presented as a way in which men can avoid being divorced or 'absent' fathers.

Towards some conclusions

What can we conclude about the current escalation of literature on 'fatherhood' in Aotearoa/New Zealand and elsewhere?

This advocacy of fathering is not on the whole gay, lesbian or single mother friendly. It is often directed at consolidating gender differentiated parenting, even as it tells heterosexual men that they can learn to be emotionally responsive, skilled at nappy changing, ironing and tumbler stacking. While texts like *Beginning Fatherhood* are assertive in their rejection of men as 'heads of households' and associate good parenting with egalitarian relationships with women, they still present idealised images of distinctively 'masculine' parenting.

In the light of these arguments perhaps there should not be books on fathering or fatherhood at all? Shouldn't there just be books on *parenting* that assume that

those engaging in this complex and very long-term task can be of either gender and sometimes both or neither? While I am very attracted to this position, I've also found it necessary to subject it to some close critical scrutiny.

Women have at various times had to struggle for access to forms of work defined as solely appropriate for men. Women are still the minority in a number of professions and trades. This absence of women, and their concentration in restricted forms of work, spawned books, research projects, posters and pamphlets. Attention to the women and paid work analogy pushes me to look at some father advocacy as 'affirmative action' for men. Parenting work is absolutely vital in communities and involves some of the most valuable, the most rewarding, the most challenging, the most time consuming and the most emotionally and intellectually stretching activity. Men's involvement in this work has not been as extensive as it can be. There is a lot of ground to be made up.

There may be a time when there will be no need for books on parenting specifically directed towards fathers. Meanwhile their presence is probably inevitable. At the same time they need to be assessed critically for their assumptions about inevitable differences in male and female parenting as well as the assumption that all children will be reared in heterosexual households. Inclusiveness with respect to male parents should involve recognition that 'beginning fathers' may not be living in the homes of their children or their pregnant lovers. They might be embarking on a co-parenting arrangement with their male lover and two mothers. They may be a teenage parent who lives with his parents.

If effective parenting is important then it seems vital that these forms of diversity are built into the development of new discourses of caring that include men. It seems especially important to challenge the presentation of "fatherhood" as a unitary phenomenon and vital that we look at fathering as a variety of activities engaged in by men of different ages, classes, ethnicities and in different household arrangements. The most conservative of father advocates would deny that all but a select group of married heterosexual breadwinning men are 'fathers' and engage in 'fathering'. However, if involved responsible parenting is good for children and an engaging, extending, rewarding activity for adults, then it will need to be presented to a general audience as available to a diversity of men, not just the "fathers" constructed by Blankenhorn, McCann and others.

It will also involve recognising that fathering is always an activity embedded within a network of social relations, and crucially relations with mothers as well as children, regardless of whether parents occupy the same household (Doherty, et al: 1998). Analysing these relations is the work of sociologists. Facilitating talk about them and reflecting on alternative strategies for action is the work of psychotherapists. Both must respond to challenges to old understandings about gendered parenting and new family forms in the twenty-first century.

References

Blankenhorn, D. (1995). *Fatherless America: Confronting Our Most Urgent Social Problem*. New York: Harper Perennial.

Burgess, A. (1997). *Fatherhood Reclaimed: The Making of the Modern Father*. London: Vermilion.

Coltrane, S. (1996). *Family Man: Fatherhood, Housework, and Gender Equity*. New York: Oxford University Press.

Coontz, S. (1997). *The Way We Really Are: Coming to Terms with America's Changing Families*. New York: Basic Books.

Cornell, D. (1998). 'Fatherhood and its discontents: Men, patriarchy and freedom'. In C. Daniels, (Ed.), *Lost Fathers: The Politics of Fatherlessness in America*. New York: St Martin's Press.

Doherty, W. et al. (1998). 'Responsible fathering: An overview and conceptual framework'. *Journal of Marriage and the Family*, 60: 277-292.

Daniels, C. (Ed.). (1998). *Lost Fathers: The Politics of Fatherlessness in America*. New York: St Martin's Press.

Faludi, S. (1999). *Stiffed: The Betrayal of the American Man*. New York: William Morrow.

Friedan, B. (1971/1963). *The Feminine Mystique*. London: Gollancz.

Gersen, K. (1993). *No Man's Land: Men's Changing Commitments to Family and Work*. New York: Basic Books.

LaRossa, R. (1997). *The Modernisation of Fatherhood: A Social and Political History*. Chicago and London: University of Chicago Press.

McCann, R. (1999). *Fatherless Sons: The Experiences of New Zealand Men*. Auckland: Harper Collins.

Popenoe, D. (1996). *Life Without Father: Compelling New Evidence That Fatherhood and Marriage are Indispensable for the Good of Children and Society*. New York: Martin Kessler Books/The Free Press.

Pudney, W., & Cottrell, J. (1998). *Beginning Fatherhood: A Guide for New Zealand Men*. Birkenhead: Tandem Press.

Stacey, J. (1996). *In the Name of the Family: Rethinking Family Values in the Postmodern Age*. Boston: Beacon Press.

Responses

Jayne Hubble

Rosemary Du Plessis' paper was not easy to apprehend. I think she believes parenting is very valuable work and that both men and women need to be involved in its activities. She is not sure about 'fatherlessness' and a 'fathering crisis' which the literature she reviews focuses on. As a feminist sociologist Du Plessis examines the issue of parenting and fathering by looking at the division of labour, (who does what and their capacity to earn), and the related topic of gender differentiation. Du Plessis seems most concerned by how important it is

> to challenge the presentation of "fatherhood" as a unitary phenomenon and vital that we look at fathering as a variety of activities engaged in by men of different ages, classes, ethnicities and in different household arrangements.

On reading her paper I was struck by an important omission: the experience and needs of the baby. A psychotherapeutic viewpoint places the baby at the centre of the parenting endeavour. Our knowledge about the emotional development of the baby is based on 100 years of psychoanalytic/psychotherapeutic practice, observation, writing and research. This includes mother-infant studies, and the rise of child psychotherapy and analysis. More recently this body of knowledge has been complemented by neurological study and research.

We know that for a baby to develop healthily she needs the consistent care of a person over a long period of time. It is important for this person to be able to be attuned to the needs of that particular baby and stay responsive to it, especially in the early weeks and months. We know that, very early on, the baby needs to experience 'good-enough' holding as embodied in its day to day physical care. This enables integration of physical sensations and emotional experience to take place and for the baby to gain a sense of the limits of herself and to begin to develop awareness of the other. We know about the sophisticated emotional capacities of even very young babies, and that they are 'attachment seeking' from birth. (On a personal note, my own son, born very prematurely, demonstrated this capacity weeks before he had reached his due birth date.) Being attachment or relationship oriented, we know that babies

suffer and are strongly affected by the loss of those they have become attached to.

Is it possible then to hold both points of view together, whereby women's and men's choices about work and income are upheld and the needs of the baby remain the priority?

Taking a psychotherapeutic stance also brings us up against prevailing cultural beliefs rooted in our post-modern world. In such a world consumerism rules; freedom for the individual to choose is the greatest god. Image and flexibility are in, "substance" and loyalty are out. How do the baby and its needs fare among such attitudes? In the last 20 years we have seen a proliferation of childcare centres that cater for all levels of childcare, from newly born through to pre-school. Thus care for the baby is 'bought' while mothers and fathers can remain in the workplace if that is what they choose.

I would like to respond to another main theme of Du Plessis' analysis: gender differentiation. At one point she talks about "the damaging consequences of gender differentiation" (her emphasis), and later says

> ...books on *parenting* assume that those engaging in this complex and very long-term task can be of either gender and sometimes both or neither? While I am very attracted to this position, I've also found it necessary to subject it to some close scrutiny.

She goes on to scrutinise it in terms of the disadvantage to women, in the workforce and in relation to income, if men and women are seen as different.

From a psychotherapeutic stance the proposition that perhaps parents could be of either gender, both or neither (I'm unsure what she means by this last category) also requires scrutiny. I would not presume to know the answers to these complex social and psychological questions, except to say that the needs of the baby to have consistent, responsive care still apply. If freedom to choose and select is in and loyalty and substance out, how are mothers and fathers going to fare if the baby they have does not fit in with their chosen social arrangement? Will they have the courage to change to fit around the particular needs of their child?

How else do babies learn about what is male and female than from the intimate experience of being parented by men and women? How does a baby learn to be in a relationship if not from an intense long lasting intimacy with at least one of those parents? How does a baby go on to learn about three person

relationships in the world, if not by experiencing exactly that at home with mum and dad?

Like Du Plessis, I am not sure about a 'fathering crisis'. At least I am not sure that there is any more of a fathering crisis than a mothering or parenting crisis, in which the needs of the baby are often unknown or unrecognised. The field of psychotherapy is an advocate for the needs of the baby and child. More than this, there is a need to disseminate the knowledge we have about the emotional development of children so that others can learn. The language and lens of psychotherapy and feminist sociology are very different, yet they share similar concerns as well. For the sake of parents and babies, it is hoped that these two disciplines, along with related others, can find a way of talking and listening to each other, so that their contributions can be put to good use for future generations.

Lesley King

What a challenge to be invited to respond to this paper. I found myself back in the 70s when men wrote about women's issues and we women were righteously indignant. And I found myself on a personal journey: 'Fathers I have known', reflecting especially on my experience as daughter, partner and mother of fathers who are dear to me.

Like many New Zealanders of my generation, my childhood setting was rural. My father's work was my home. I remember hearing my mother comment that I was lucky to have such an opportunity to know my father, maybe reflecting that as a daughter she had missed that. I agreed, without understanding any personal background to her remark. My Dad and I were good companions. We milked cows and checked the ewes at lambing time together. He taught me to hear the birds, to be still, to believe in myself. Sometimes he punished me, but I always believed that somehow that was my mother's fault. My Dad could do no wrong.

My husband and I became parents in the late 60s and early 70s. My life experience and feminist consciousness told me (and I told him) that parenting was a shared task, that his children were more important than his job, that if I was home caring for our children all day while he was earning our income, then we both shared cooking, cleaning, nappy changing and child minding in the evenings. That if he was doing interesting things in his 'free' time he should have one or more children under his arm. I remember swinging from impotent rage the times he did not do these 'obvious' things to guilt that I felt I had so

much more fun in my life than he did, so much more opportunity to get to know these miraculous new people in our lives. Now my eldest son is a father. Before our first grandchild was born I saw a documentary about the great apes. I learned that when a baby is born in their society the females turn inwards towards the mother-infant pair while the males turn their backs on them and scan their surroundings. For the first time I understood the importance of the parent whose focus is at their family's interface with the world.

Rosemary Du Plessis writes that 'fathering is ... embedded within a network of social relations....' It is also embedded within an historical and intrapsychic network. What a complex interweaving goes into the fabric of parenting: how we and our parents were parented, how we believe that affected us, how we see ourselves and others see us, the ease or otherwise of our relationships with co-parents, how easy or hard our financial path, how easy or challenging the 'fit' between each parent and each child, between each parent and society, all else that is happening in our lives. . . .

Historically 'he fathered the child' has had a very different meaning to 'she mothered the child', suggesting the significance of the father in a child's life was largely at conception. Those of us who examine our own experience and are witness to that of others know for sure this is not so. The reality of one's father, or, if absent, the fantasy woven round him, becomes part of one's core being. Fathers, whether present or absent, are a potent force for their offspring.

In a sense the current debate on 'how to father' continues the questioning families like mine found themselves in in the 70s In that brave new world, where women and men were equal, the easiest way to understand 'equal' was to substitute 'the same'. Anything mothers did fathers could and should do. But often they didn't, leaving women with the mix of dissatisfaction, relief and occasional rage that I remember. I have heard fathers speak of a parallel mix of inadequacy, guilt and resentment. Now that 'equal' is being redefined, and gender roles are less fixed, old ideas are being revisited and new ones stated. This could degenerate into another either/or debate, or it could make room for fathers and their children to find the right way for them. It could focus on roles and behaviour or it could focus on wholeness and relationship.

I watch with empathy and pride as our new family generation meets the challenges of mothering and fathering in this millennium. I wonder too how the fathering and fatherlessness debate helps or hinders parents like these who are currently at the coal face. I hope it does not focus them outwards, on a set of rules, 'how this should be done'. I hope it does not focus them on deficit, on

the differences between their family constellation and the dominant models. The focus I hope for them is relationship. Whether their influence in their children's lives is based in reality or fantasy depends on this relationship, which is forged through moments spent together, meeting each other as they are, beyond socially prescribed roles. Meeting like this goes beyond value judgements about an individual family structure. It reaches beyond the ubiquitous lists of practical child-rearing tips, helpful as they are. It is about *being*, together.

I would like this generation of fathers (and children and mothers) to discover what I learned in relationship with my father: that they are unique and valuable for who they are, not for what they do.

Neal Brown

In traditional white middle class culture, the male role was seen as distinct from that of the female. In what Rosemary Du Plessis describes as the 'marriage culture', the mother had the natural desire to nurture and comfort while the father provided earnings, authority and support. In what this paper describes as today's 'diversity culture', there are many variations to this stereotype. In particular the stereotype has been skewed by the rise in feminism and the growing education of women, with the result that mothers of today are very different from mothers of the nineteenth century. They tend to be more articulate, both emotionally and verbally, and have developed a greater range of roles compared with many fathers.

There does not seem to have been a comparable development of functional roles for fathers, with the result that they are not able to function as equals in the male/female relationship. Previously they would have used power and authority—sometimes even force and violence—as a means of functioning within the relationship. With these options no longer acceptable, the response of the father/partner to the more assertive/educated mother/partner is to withdraw either physically or emotionally into isolation and dysfunction. The anxiety generated by publicity such as that surrounding the Christchurch Civic Creche may be an added reason for withdrawal.

The argument in Rosemary Du Plessis' paper seems to centre on the social roles and gender difference of fathers and mothers whereas the problem, as I see it, is more in the inter- and intrapsychic areas. Role theory from psychodrama can throw light on what is needed to enable couples to function more effectively in these areas. There are three categories of roles: progressive roles that enable a person to move forward and engage; roles for coping; and dysfunctional roles.

Progressive roles include *acceptor of self,* able to accept him or herself as a person; *truth speaker*, speaking their own truth about their thoughts and feelings; *active listener,* putting himself in the other person's shoes; and *naive enquirer*, asking non-judgemental questions. Learning these four progressive roles would enable fathers to stay in a relationship and not withdraw into dysfunctional roles. The task of the psychotherapist is to help both men and women develop the roles necessary to function more adequately. In particular they need to help men not to withdraw but to stay in relationships, and to develop roles that allow them to be more emotionally present, open and flexible.

There is a need to look at the problem as a system: not just to look at one role but to also look at the counter role. How do the mother and father roles complement one another? The issue is not just about how to be fathers. It is about how mothers and fathers function in a relationship. It is about how to be an adequate and equal partner. With this development, the roles of the father will more naturally follow.

Another way to look at the changes that have taken place in parenting, as the article suggests, is to ask the question: 'What roles are necessary to parent?' Who carries them out may not be determined by gender but by the circumstances of a particular couple. Parenting roles are not solely defined by gender, but rather by how the specific couple works out between them who functions in what role to meet the needs of the child. And if as is so often the fact today, fathers and partners may not be living in the same household, flexibility and variation of roles may be even more necessary.

One issue that the article does not address is the importance in a child's life of stability and continuity in parenting. While the paper suggests that paraparenting could meet the needs of the child in a 'diversity culture', I am not so sure. Children moved from home to home are often left feeling unstable and vulnerable. Stability and continuity of parenting are essential if children are to develop a strong sense of who they are.

Andrew Duncan

As a father of a teenager I am very interested in fathering and read Rosemary Du Plessis' presentation with energy and intensity.

I immediately reacted to the negative tone of the article. Early on the focus on "mother absence" and "maternal deprivation" in the 70s is mentioned, and that "'Father absence' was not a significant issue." The tone suggests that the author wishes that was still true. In fact later Du Plessis says "Shouldn't there

just be books on *parenting* (her emphasis) that assume that those engaging in this complex and very long-term task can be of either gender and sometimes both or neither? ... I am very attracted to this position...." It is relieving to hear this clear statement of her bias. Just quietly, although I appreciate her gender neutrality in many ways, I am not sure what to make of the above reference to parenting by people of "neither" gender!

Du Plessis seems to be going to challenge the "anxiety about the supposed 'decline' in fathering... based on a statistical decline in the proportion of biological fathers who occupy the same households as their children" which seems to me to be a very legitimate anxiety, However, she promptly leaves this issue with no substantive critique and moves on to the "fathering" authors' critique of 'new fathers"; those "fathers who parent much like mothers". Here I am in full agreement with her. "Much like mothers" seems to refer to nurturant men who are willing to change nappies and put infants to bed etc: activities which I certainly see as desirable for all fathers if threatening to some. Where I differ from Du Plessis is that I have no anxiety or wish that men who participate in the more nurturant side of parenting will be the same as women in their parenting. To my mind the gender difference runs too deep to be removed this way.

It is argued that "what are presented as the consequences of fatherlessness are often the consequences of sole parenthood". This is an interesting idea but surely needs some discussion if not evidence. She suggests that a well resourced single parent (presumably female) does not need the support of fathering for her children. Again a possible idea but very controversial and surely needing evidence and discussion! Du Plessis seems to be arguing that the real problem is "gender differentiation" (her emphasis). I heartily agree with her stance that the economic inequality between men and women is a very serious problem and that an "immediate consequence of men not living with children is financial deprivation". And furthermore I would add that this has been aggravated by the state progressively reducing support to single parent families (most often women) especially over the last 20 years of new right dominated policies. However, this is a quite different issue from the value or otherwise of gender differentiation in parenting, Given that the economic issues tend more often to be absent with male single parents I wonder if there is any research looking at the outcomes for children of those families.

I find the tone of Du Plessis' presentation objectionable in its subtle polemic. Just one example is the way she diminishes Kiwi men's writing on fathering

by referring to them as "translating" the U.S. issues into New Zealand. I doubt the writers would see themselves as doing that and it diminishes the authenticity of the issues in Aotearoa. Rex McCann's attachment to **fathering** rather than parenting is disparaged, yet once again there is no substance to the argument. I will acknowledge my bias to the value of a distinct contribution to the upbringing of children from fathering, However I see it more as a role than necessarily residing in men. I was impressed by Andrew Samuel's suggestion at the 1997 NZAP national conference from research (if I remember rightly) that in lesbian couples one member tends to take on a more fathering type of role. I can understand an objection to the gender laden word "fathering" being used to refer to this role and I am not attached to the word, but the role itself seems to me to be likely to be important.

Du Plessis' critique of Rex McCann's leaving out any discussion of gay fathers is an important point. Perhaps he did not find any useful material on this but it does need to be acknowledged as an important area perhaps especially when we are talking about fatherlessness.

The critique of *Beginning Fatherhood* seems to try to have it both ways. It is disparaged by the labelling as about 'new fathers' although I thought Du Plessis disagreed with this, and then disparaged implicitly by its description as drawing "on some of the same discursive repertoire as the writing of conservative fathering advocates". Thus Pudney and Cottrell are tainted by the 'conservative' brush but again with no substantial argument.

In fact Du Plessis seems to have little argument with most of the material in *Beginning Fatherhood*. Her description still maintains its disparaging tone but is really just descriptive. Again she validly points out the bias in the book towards the intact family and a seeming implication that to do things well the good father must be living with his partner and children. However I would suggest that this is unconscious rather than intentional (since both the authors are divorced) and does not damage their fundamental argument about the importance of the involved father.

I can't resist drawing attention to Du Plessis' use of the word 'escalation' to refer to the increase in literature on fatherhood. This seems a desperate attempt to create a conflict in writing which is intended quite explicitly to be integrating of men's and women's concerns.

The argument seems to be that advocacy of fathering is by definition not "gay, lesbian or single mother friendly". Is "father advocacy" "affirmative action for

men"? This is a bit strong. I don't believe men are suggesting they should displace women. They are arguing for a valuable role in parenting. Of course, some men do have their own issues about mothering such that they might like to be able to take over the mother role—we have our share of envy of women's capacity for bearing children and breast feeding and being the 'primary caregiver'. However, speaking as the parent of one child, it seems to me there are plenty of valuable contributions to go around. Being a single parent of either gender is not generally something people are thrilled about doing but it is often the best option and a perfectly viable if not easy one. Surely the Kiwi books discussed are interested in how we can cooperate to provide best for the needs of children, and who can seriously dispute that there is a dearth of fathering as well as of parenting?

Warwick Pudney

Men and women are different. Although this seems a rather obvious statement, the West has just experienced 40 years of denial of this difference, albeit for good reason. Our '60s feminists were working to break very rigid gender stereotypes that severely limited women's and men's lives. One aspect of this was a denial of difference for the purpose of generating an atmosphere where society could believe that in fact *"girls could do anything"*. We live today with the success of that political activism and the need for continued change for both genders.

However, there has been some fallout along the way from the process of denial of the differences between men and women. Differences do exist, both genetic and constructed, and these differences serve to give diversity and breadth to our families and communities in the qualities each brings to them. In this way fathering is also different from mothering. To say that they are not is to perpetuate the denial. Some of the tasks may be different, such as protection roles that stem from male physical strength, and nurture roles that receive understanding frown the power of a woman's birth and feeding. The same task, however, may be done differently, with different qualities — women operating in senior management will do it differently from men doing the same task, and men nursing will do it differently from women. Psychotherapy clients often choose therapists on the basis of gender due to the difference that gender brings.

It is to the poverty of our nation that we ignore this difference, especially as every child born in New Zealand has to spend its life relating, successfully we

hope, to both genders and developing its own gender identity, which I would suggest is at least as important as any ethnic cultural identity.

Differences based on both genetic sex and constructed gender include the following:

- Men are born with and continue to have about 30% more muscle tissue than women. This has a profound effect on the roles that they are allocated and results in men taking on higher risk protection roles and danger. Women will always have the power of giving birth and feeding.
- Additionally, the protector roles, combined with the provider role, require men to emotionally repress and focus on the power of anger as the most useful emotion. Girls and women are allowed to display a much fuller range of emotions and have the power and the privilege of vulnerability.
- Boys and men also are cross-culturally more active and physical. They prefer to *do and act* rather than *talk, relate and express.*
- Male brains are "wired' differently and process things differently. Males may practice generally a more linear and problem-solving thinking and females a more systemic thinking that focuses on interrelationship and enables multi-tasking.
- The hormonal make-up of women and men is different and testosterone is a key genetic influence on all of the above.

Whatever the political motivations, there is cultural, social strength in the differences and the diversity that they offer. I believe that it is time to value that difference and consider that it be an essential part of our approach to a broad-based cultural sensitivity. It is for the possibilities of our combined futures and our community that we acknowledge that the culture of men and women is wonderfully different. And nowhere is that more essential than in the parenting, the mothering and fathering, of our children.

Betwixt and Between

An exploration of adoption reunion realities following New Zealand non-Maori adoptions, from a psychodynamic perspective

Ann Nation

Abstract

The aim of this paper is to help therapists to increase their understanding of the powerful psychological underpinnings of adoption reunions. It outlines significant psychological and interactional issues for people searching and engaged in reunion as they attempt to weave new relationships with one another against the background of their genetic, adoptive and relinquishment histories. Altering expectations and relinquishing long-held fantasies can be a very difficult task for all members of the adoption triangle. The paper argues that a lack of psychological understanding of adoption realities, combined with superficial therapeutic practice in supporting those involved in reunions, have been significant factors in many unsatisfactory reunion outcomes in New Zealand.

Definition of terms

"Adoptee" or sometimes "adopted person", has been used to describe the child, or grown-up adult, who was relinquished at or around birth into a family where both parents were adoptive ones, in law.

"Birthparent" has been used through the paper for the genetic father or mother of a child (later an adult) relinquished at or around birth for legal adoption. "Biological" or "natural" parent are other terms for this, but they have not been used in the paper.

"Adoptive parent" describes the legal father and mother of children adopted out, at or around birth, by people who wanted to legally relinquish their child.

The "adoption triangle" means the three people in the above three positions. "Triad members" has also been used to refer to people in those three positions. I have also used "protagonists", and "parties" to designate the people from all three positions.

Introduction

Lifton began her book on adoption by quoting from J. M. Barrie's *Peter Pan in Kensington Gardens*

> "Then I shan't be exactly human?" Peter asked.
> "No."
> "What shall I be?"
> "You will be Betwixt and Between", Solomon said, and certainly he was a wise old fellow, for that is exactly how it turned out (Lifton: 1994: 3).

Lifton was using this notion of "betwixt and between" to highlight an important truth about adoption: the ambivalent position of people involved in adoption and also in the reunion of those separated by adoption. I will develop the meaning of being "betwixt and between" as my paper proceeds.

Adoption is almost always a somewhat stressful experience, whether this is recognised or not. Significant psychological losses have invariably been sustained by each triad member. The adopted person has lost personal genealogy, knowledge of biological roots and often the right to enquire about the past and discuss it with those closest to him/her. Verrier (1994) argues persuasively that early separation of the adopted infant from the previously familiar life *in utero* is a significant trauma with psychological consequences for life. Birthmothers have suffered a profoundly traumatic loss in the relinquishment of their child, the effects of which are invariably "negative and long-lasting" (Winkler & van Keppel, quoted in Weaver: 1999: 47). Adoptive parents have often suffered painful losses through infertility which have left them feeling "defective, different, depressed and disappointed in themselves and each other" (Blum, quoted in Brodzinsky & Schechter: 1990: 53).

I believe that the needs of the adopted person should be given priority over the needs of birth parents and adoptive parents, and over social and legal expediency. It is obvious that birth and adoptive parents had a relatively developed 'self' before their adoption loss occurred, whereas the adopted person had no other 'self' at all to draw on before the relinquishment occurred. It is also clear that the powerlessness of the adopted person's birth circumstances leave him/her in a more compromised position than the other two parties.

A feature of interest to clinicians working with the main protagonists in adoption—adopted people, birth parents and adoptive parents—is that often the protagonists themselves are not fully aware of their own deeper psychological issues. Brinich has stated that "adoption imposes certain psychological stresses on each of its participants ... which are connected inextricably with some of the most basic human impulses: sexuality and aggression, procreation and rivalry" (Brinich, quoted in Brodzinsky & Schechter: 1990: 43). The common psychological scars they bear are the traumata from significant unresolved losses, mild and chronic post-traumatic stress disorder, dissociative states, repression, avoidance, denial, projection, splitting, depression and even suicidal ideation.

The most important issue to be worked with clinically is nearly always grief over the substantial losses associated with adoption. Further psychological losses become apparent in the process of reunion, as poorly resolved difficulties re-emerge with a different focus. Many dreams and fantasies must be devastatingly reshaped as the reunion protagonists get to know each other in reality. Coming face to face with the person who was lost, and discovering that he/she is a stranger in some ways, in spite of genetic similarities, can be a deep shock. Working through the challenging encounters in the reunion process requires honesty, maturity and courage.

Adoption in New Zealand

In New Zealand there were 2617 applications for adoption in 1968. This was the highest number ever recorded. It is now estimated that 3.2% of the New Zealand population are adopted, and that about 16% of New Zealanders are triad members, or are closely related to triad members. Thus, large numbers of New Zealand people have been, and continue to be, affected by adoption issues. Weaver noted that New Zealand "still has by far the largest number of adoptions in the western world" (1999: 147).

"Closed" adoption of Pakeha babies has been practised in New Zealand from 1955—when the Adoption Act we still use came into force—until the present day. This Act sealed off the records of children being relinquished for adoption by their birthparents. When the 1955 Act was passed it was never envisaged that another Act would later take its place. In 1985, however, with the passing of the Adult Adoption Information Act, reunions of adopted people and their birthparents became legally possible. (They had been possible before that time if people could find each other without 'official' help.) Since 1985, staff of the

adoption department of Social Welfare (now Child, Youth and Family Service) have been mandated to assist adult adoptees to find the whereabouts of their birthmother and to help birthmothers to locate the present whereabouts of their relinquished son or daughter.

Adoptees over 20 years of age can get the name of their birthmother on their original birth certificate from the Registrar of Births, Deaths and Marriages, provided no 'veto' has been placed. Birthparents can receive the name of their relinquished child through the Adoption Information and Services Unit of the Child, Youth and Family Service. In 1998 Iwanek reported that "about 65% of people who can, under the 1985 Act, make contact with each other, have done so. 95% of this group has gone on to meet face to face" (Iwanek, quoted in Weaver: 1999: 14).

Effects and defects of adoption law

Adoptive parents, birthfathers, birth siblings and birth grandparents, though they might have had integral psychological input into the reunion, were not included in the provisions of the 1985 Act. It was disappointing that more effort was not made, statutorily, to help all people involved to understand the reasons for some form of early inclusion of adoptive parents and other emotionally significant relatives in the reunion process. Sometimes adoptive parents know nothing about a reunion application made by their son or daughter, as they are legally excluded from the situation unless the adoptee wishes them to be informed. This was unfortunate in the light of psychological knowledge as well as clinical experience which help us to know that the adoptive parents are the primary "introjects" in the adoptee's psyche (Hamilton: 1988; Stein & Hoopes cited in Brodzinsky and Schechter: 1990: 162).

Many birthparents and adoptive parents who had thought that their decisions about relinquishment or construction of new families were decisions for life, have felt shocked and betrayed to receive an enquiry from someone who has managed to track them down. Preparation for only one person in the reunion has been common, and sometimes even this has not happened either. The person searched for has often received no professional support of any kind. Betty-Ann Kelly, in her study of New Zealand birthmothers after reunion, found that they had had "considerable frustration in obtaining consistently good services" (1998: 26). The most significant information 46% of the birthmothers wanted the government to be aware of was the need for "free, well-advertised counselling" (p. 31). There were also reports in Kelly's study

of the lack of helpfulness from counsellors they had consulted because of "no adoption knowledge" (p. 26).

The 1985 law gave the adopted person a small advantage by requiring him/her to be briefed by a Justice Department appointed counsellor to receive his/her original birth certificate. However, many adoptees—with some justification—saw this simply as a further intrusion into their lives, another way the law infantilised them. But at least it gave adoptees the choice of using professional help if they felt they needed it. In this they were more fortunate than many birthparents, adoptive parents and the extended family of triad members, who largely missed out on professional help.

In the early days of the 1985 Act, Departmental social workers were extremely pressured by the high number of adopted people and birthparents coming forward to start a search for their lost relation. In addition, Departmental staff were not briefed in understanding the deeper emotional and psychological issues which underpinned their clients' searching behaviours. Social workers were trained to be information-bearers only and were instructed not to exhibit any emotional response lest they inadvertently sway their clients' decisions about reunion. Trauma therapists have now learned that clients who have self-disclosing, empathic practitioners reach their therapeutic goals more successfully (Dalenberg: 1998; Van der Kolk: 1996).

In 1985, however, a reserved, impersonal approach was preferred by social workers, and also by some therapists. Many social workers did not understand their clients' use of unconscious defence systems to help them cope with the pain of adoption wounds. People pursuing an adoption search were often treated fairly casually. This probably happened partly because of the way adopted people presented their requests, with unconscious denial and minimization of their emotional responses. Searching adoptees were also often determined to be in control of their own searching process. This was an understandable defence to counter their powerlessness about their adopted status at birth. It meant, however, that many adopted people waived any professional help.

There also seems to have been a dearth of therapists trained and specialising in the adoption area. The Adoption Information and Services Unit of the Child, Youth and Family Service has only recently employed counsellors, and they are currently only available from selected offices. Another problem has been that if private agencies are helping, some form of funding is usually needed. People with adoption or reunion issues have often been encouraged to attend adoption

support groups, where people from all sorts of situations told their stories of anguish and occasional delight to strangers, who were themselves often so preoccupied with their own pressing personal issues that they found it difficult to listen and respond to the other person's passionate story. While some found these support groups helpful, many wanted "to work in a focused ongoing way on issues, and thus concluded that support groups were not sufficient on their own" (Kelly: 1998: 31).

Overall, a "she'll be right" mentality has been encouraged by busy Departmental staff, and an institutional rationalisation has supported the view that autonomous searching without help would increase the searcher's chances of being successful. While empowering people and personalising tasks leads to more satisfaction for the person undertaking the action, lack of psychological preparation lessens the adoptee's chances of gaining a longer-term positive reunion relationship. Often futile attempts at reunion have occurred with little understanding of the other person's feelings, and many, sadly, have been aborted in confusion.

Adoption myths

It seems now that while the 1985 Act was enterprising and innovative in some ways, not enough research into the psychological challenges of adoption was undertaken before its inception. Many of the principles and assumptions of the 1955 Act were left virtually untouched in the 1985 Act. Some of the myths—ideas "widely held and yet untrue or unproven" (Collins: 1998)—that surround closed adoption and adoption reunions have been maintained and propagated both by the 1955 and 1985 legislation and by adoption authorities. They have become disseminated into popular belief systems.

Widely accepted adoption myths hold that:

- adopted people do not need to know about their biological heritage;
- adopted children are just the same as children born to non-adoptive parents;
- birthfathers do not really exist or matter;
- birthparents will carry on their lives happily after the relinquishment of their child, as if the child never existed;
- relatives of the adopted person should carry on as if the relinquishment had never happened;
- secrets like this in families' lives are acceptable; and

- it is acceptable for the courts and adoptions authorities to perpetuate "legal fiction" about the child's birth in Adoption Orders (Griffith: 2000: 23).

Perhaps the most surprising myth of all, however, is that now coming to light about reunion. According to this myth it is acceptable for an adult adopted person, with trepidation, curiosity and much ambivalence, and a birthparent who may well have all but deleted the birthing experience from her memory, to be given each other's phone number and address, in small-town New Zealand, often with little preparation, help or therapeutic support in the process, resulting in perhaps a one-off encounter with each other. After this it is expected that both parties will carry on as usual in their lives, as if the meeting had been of some interest but little longer-term consequence for themselves or anyone else. An important part of this widely held myth is that the reunion contact is likely to be completed at the first encounter, because it is believed that what most people want is merely to satisfy their own curiosity about themselves and/or the other person.

Research in Australia indicates high levels of satisfaction about the initial part of reunion (Cowell, Crow, & Wilson: 1996). Ninety-nine percent of the subjects in this outcome study indicated that they did not regret having the opportunity for a reunion. My own findings from clinical and personal experience, however, about people who are well into the reunion process, is that many have become hurt, puzzled, confused and unhappy about the outcomes that arise over time. In reunion relationships simple communications can be misinterpreted and misunderstood. People often talk past each other and avoid addressing day-to-day misunderstandings, because of the deeper psychological forces that are impacting on their own and the other person's life, and because of the insecurity inherent in new relationships.

Societal ignorance and lack of acknowledgment of the enormous affectual lability which adoptees and birth parents often undergo in reunions contribute to the difficulties in reunions over time. The tumultuous surges of feeling which we now understand are normal responses to contemplating, entering and participating in the reunion process, are still not widely enough recognised. Verrier states that

> Reunions are very emotional. I have heard some birth mothers say that the reunion was perfect and that they have a wonderful relationship with their child, and I have held others as they cried and said that their child doesn't care and never phones or even writes (1994: 167).

However, it is important to realise that we do not have enough hard data to be sure of basic empirical facts about long-term reunion outcomes.

Reunion

A successful outcome in reunion is defined as a situation when two people and some members of their families have the type of contact that both wish to have, in a time frame and at a frequency that is mutually acceptable. It is successful when the satisfaction in their relationship gives them some pleasure, even though there may still be some adjustment difficulties at times. But "Success" is when the people want to continue knowing each other, despite stresses in the relationships.

Reunions often result in psychological conflagrations with many different emotional peaks and valleys, and with people finding themselves in an unknown land where no-one seems to have maps. Situations often develop where people have to weave new ways of interacting with each other, while withstanding tough psychological onslaughts.

It is important to understand that the stages of reunion outlined further on are not discrete, and that they tend to overlap with one another significantly.

The whole reunion process, through its four stages, can take anything from two to ten or more years to undergo, depending on people's pacing, their matching of each other's rhythms, their motivation for the reunion, and their resolution of psychological issues, particularly their own traumatic adoption losses.

Other factors are:

- the insight people have into their projections onto the other person;
- their ability to communicate openly with one another;
- their ability to grieve their losses;
- their capacity to share and integrate new people into their family structure;
- their integrity, honesty, and generosity with the other person; and
- their psychological and social maturity.

An important factor in the progress of reunion is the attitudes of the people closest to the protagonists. Many a developing reunited relationship has foundered because some significant family member or friend has some unconscious projection from their own psyche, or from a previous encounter

with an adoption experience, which inhibits their support of the person in reunion.

Stages of reunion

I have identified four stages in the reunion process, which have implications not just for one lifetime, but affect people in the next generations, and in the extended families of all those in the adoption triad. I have called them:

1) Searching
2) Meeting
3) Reality
4) Integration

Searching

There are many factors that lead some people to want to seek out their biological relations in real life, and become "searchers". Some wish to search from childhood. Others have no interest in searching, or vehemently resist the idea: these may instead become the people who are "searched for".

In their outcome study on reunion, Cowell et al. (1996) found some interesting differences between people who searched and people who were "found". Those who experienced more satisfaction in reunion appeared to be those who were "found" – perhaps because the disparity between the expectations and the reality of the "found" group was lower than that in the "searchers" group. The conscious or unconscious dynamics of people who begin the search may also be correlated positively with more rigid defence systems, and thus more vivid projections onto the biological family. This may explain further the disappointments of the searching group noted by Cowell et al.

There are wide variations in initiating searching and also in continuing searching. However, one clear finding from research is that adopted people are not stimulated into searching primarily because they come from troubled adoptive families.

Research indicates that adopted people, especially women, usually want to know about their roots simply because of curiosity. Schechter and Bertocci write that the search helps the adoptee

> repair a sense of loss, relieve the sense of disadvantage, consolidate identity issues including body image and sexual identity, resolve cognitive

> dissonances, internalize the locus of control, and satisfy the most fundamental need to experience human connectedness (cited in Brodzinsky & Schechter: 1990: 89).

There is some evidence that the majority of adopted teenagers, in the earlier stage of adolescence, become curious about their roots. Joyce Pavao hypothesized that

> Although all families and individuals go through developmental stages, the special circumstances that adoption creates add issues and complexity to the process of development. These issues are normal and healthy under the circumstances that surrender and adoption create (1997).

Other triggers for adoptees beginning a search, in addition to curiosity about themselves, are the death of an adoptive parent, getting older (into their 20s or 30s), or having children of their own.

However, adoptees as a group have high sensitivity to the covert wishes of their adoptive parents. This is a common significant psychological characteristic of adopted people—that they often try to "please" people in their significant relationships, to their own emotional detriment. The "pleaser driver" is an important constraint preventing some adopted people starting to search for their biological parents.

Adopted people have other psychological vulnerabilities which make reunions difficult to contemplate. Many have major fears about being abandoned and/or rejected again. Many also have a need for firm controls over their own life situations, given their powerlessness in the face of some things non-adopted people take for granted, for instance their loss of genealogy.

Other psychological characteristics adoptees commonly display are:

- difficulty round terminations of all kinds;
- lower tolerance of frustration in new enterprises;
- a tendency to "shoot themselves in the foot", often in catastrophic ways, unconsciously inviting their close ones to offer support;
- high loyalty to close friends and family; and often
- a deep identification with people who are hurt and oppressed.

All these factors may inhibit adoptees from searching, or from taking the next step in reunion with their birth mothers.

The impetus for many birthparents to search for the adoptee is often the knowledge of the adoptee's growing maturity, and sometimes a change in their own social circumstances, such as the loss of a hostile partner.

Adoptive parents may be driven to search by a desire for accurate answers to their child's questioning, and a wish to help their child or young person become more psychologically whole, particularly if their youngster is an adolescent, and is having problems. Health questions may also be a reason for beginning to make enquiries.

An important point was raised by Brinich. He suggested that the lost (fantasised) relationship "must be mourned before the new (real, adoptive) relationships can flourish" (cited in Brodzinsky & Schechter: 1990: 47). For psychologically healthy outcomes all triad members should, at least in part, have addressed their losses and grieved over them before the reunion starts.

Meeting

The "meeting" stage, which may also be termed the "honeymoon" stage, begins when the adopted person and the birthparent, and possibly their partners/families, meet together for the first time. Meetings of people in the "honeymoon" stage have attracted media coverage because of their human interest. Many highlight the "sunny side" of adoption and tend to gloss over the more difficult aspects, which then perpetuate the earlier adoption myths. People's attempts to be in reunion become fascinating to many television viewers and magazine readers.

The "honeymoon" stage usually has a short intense life, and is notable for its euphoric qualities. However although many people do experience extreme delight and heightened satisfaction, often accompanied by high and low moods in quick succession, it must be remembered that there are some reunion participants who appear to be only minimally emotionally affected—for a variety of reasons.

After the first reunion connection, however, most people do notice an improvement in their daily satisfaction with life, once the initial emotional turbulence is over. Whilst there are some exceptions, research on birth mothers after reunion has shown that usually their mental health improves following reunion, no matter how poorly the reunion progresses. Field's New Zealand study on birthmothers in reunion yielded a conclusion that "the feelings of enhanced psychological wellbeing... were widespread" (1999: 241).

Reality

After a short or long time the third stage, the 'reality-testing' stage, starts. The contact may begin with the first encounter, which is often when a strange adult who looks like the adopted person, (but who has different values and beliefs because her life has taken a different turn from the adoptee's after she relinquished the child), phones the adoptee asking for a letter, a photo, or contact, or when an adult stranger who looks like a young ex-lover walks in off the street with no introduction or preparation. Adoptive parents may find that their adopted adult/child has already met a stranger and her family secretly, and experience their son's or daughter's attitude as subtly colder and more critical towards them.

In this stage of the reunion the protagonists start to get to know not only the positive aspects of the other person, and their family, but also some of their more negative characteristics, including their vulnerabilities and their less adapted aspects. It must be emphasized that some people never reach this point. They let go of the reunion at one or other of the earlier stages, feeling disappointed, sad or angry about the brief encounter they have had with each other. Others feel satisfied with what they have achieved, but decide to finish off at an early point, not wanting to take the contact further.

However if people do decide to continue their association, assertive encountering of each other is often needed, with a generous spirit about differences. It is often difficult for people to be open with each other, because many people find their new relationships have a fragile quality on account of present strangeness, and past rejections and losses. Often people need to forgive one another for old and current rejections and sensitivities. This, of course, is no mean feat.

A point for clinicians and others to note is that people often mistakenly assume that the other protagonist is coming from a similar psychological position to themselves, because their euphoric experience appears the same as the other person's at the beginning of the "honeymoon" stage. However, it must be remembered that the adoptee is looking for another way to gain psychological integration inside himself/herself, whilst the birthparent is wanting to resolve the deep loss of the relinquished person.

These different agendas and aspirations usually become clearer as time goes on, but they are a factor in many people feeling scattered emotionally and sometimes rejected during the early part of a reunion. They are significant in the problems around delays and pacing which are frequently reported, and they are probably a reason for reunions failing to move to the next stage.

Integration

The fourth stage is reached when people accept one another and their families, on the whole. They then find a way to meet with one another in a way that gives mutual satisfaction. At this stage, too, some people lose interest in each other, or decide to maintain a liaison only with selected family members.

Reunions, like anything else in life, can go well or badly. The outcomes can be successful for the seeker and for the sought, over time, or not. In my clinical and personal experience reunions go best when:

- people are psychologically prepared, with real opportunities to get help both in individual therapy if they wish and also in support groups;
- people are accepting of the different timings desired by each individual in the reunion;
- people understand and are sensitive to the significance of birth order roles, and to the difficulties that changes in these entail for other members in the reunited families;
- adopted people and birthparents are not deceived by their seemingly similar "honeymoon" presentations, but realise that underneath, the two parties are coming from psychologically different places;
- adoptive parents' perspectives are taken into account;
- careful attention is given in the process of getting to know each other to the task of "mirroring" each other . As the infant is mirrored and mirrors back his/her mother's gaze, so reunion participants need to engage in looking, gazing, touching, listening, speaking, comparing, getting to love, getting to hate, and becoming real with each other;
- when the main protagonists make a point in the beginning of spending quality time with one another—possibly with partners, to mitigate against GSA/AIR (see page 118)—so they can get to know each other better before other relatives are introduced;
- it is understood that the different parties may need some time—months, perhaps years—to have space from one another and integrate the new relationships. Pacing is important in the process of getting to know one another. Unfortunately there can be a temptation in the early times to rush the process too much, without enough honest checking out of comfort levels with one another;

- it is remembered that all reunions go through minor and sometimes major disjunctions at different points; and
- generosity and toleration of difference prevail as much as possible.

Therapists and friends who are aware of and sensitive to the complexity of the psychological issues in adoption and in reunion are invaluable to the process.

As adolescence is an opportunity to rework the developmental psychosocial crises of the preschool stage of a child (Erikson, cited in Brodzinsky & Schechter: 1990: 145), reunion is another chance to rework the psychological issues of earlier times, and reach more integrated, more human, more satisfying outcomes. It is a chance to attain more therapeutic resolutions of earlier dysfunctional psychological processes.

Clinical issues for therapists working with clients in reunion

As helping practitioners, we have a professional responsibility to know something about the well-developed psychological dynamics present for people in the adoption triangle, even before reunion takes place.

Reunion and ambivalence

Brinich (1986, cited in Brodzinsky & Schechter: 1990: 47) noted that Freud emphasized that mourning is especially difficult if "the relationship to be mourned is an ambivalent one". Brinich went on to observe that many resolutions of internal psychic conflict (in the triad members) develop in ways "which keep feelings of love and hate apart, with one set of feelings reserved for one point of the triad, and another set reserved for the other point" (p. 47).

Thus "splitting" (Hamilton: 1988: 76) is a common defence used by all triad members. The adopted child particularly often defensively projects his negative emotions onto the 'bad' fantasized biological parents.

Evidence about adoptees suggests that fantasizing about their biological family is maintained by the majority of adoptees. It is often kept secret because of subtle societal and parental inhibitions. It seems to be flourishing by the time the adopted children reach latency age, and helps the child to "tolerate ambivalent feelings towards parental figures, and leads them to ameliorate real or imagined disappointments within the parental relationship by imagining something better" (Hoopes: 1982, cited in Brodzinsky & Schechter: 1990: 152).

Hartman and Laird noted that "adopted children piece their stories together from many sources, a little factual information, a chance remark, stories they have heard from others and their own fantasies" (1983, cited in Brodzinsky & Schechter: 1990: 231).

Moreover, if adoptive parents give critical or subtly hostile messages about the adoptee's biological parentage, the adoptee's projections onto the birth parents are likely to be more intense. These unconscious negative ideas about the birth parents have a detrimental effect on the adoptee's developing sense of identity. Frisk (1964, cited in Brodzinsky & Schechter: 1990: 164) reported that adolescent adoptees interpreted unfavourable reports about birth parents "as proof of their own genetic inferiority". However, it must be realised that the projection of fantasies onto biological parents seems to occur as a normal feature for adopted children, no matter what sort of views adoptive parents hold.

Interestingly, my own clinical work with young adoptees has led me to observe that, though many children may have fantasised prolifically about their birth family at latency age, by later adolescence most adopted people seem to be using psychological introjects modelled on their adoptive parents, and fantasies about birth families have receded in significance in their day-to-day lives.

A study by Stein and Hoopes reported a similar finding. "None of the [18 year old] adoptees included their biological parents either spontaneously nor on suggestion from the researcher... in an imagined life space" (1985, cited in Brodzinsky & Schechter: 1990: 162).

Sants (1964, cited in Brodzinsky & Schechter: 1990: 152) highlighted a further point that is significant for adopted people and particularly pertinent to the reunion process. The author coined a term "genealogical bewilderment", which he noted many adopted subjects seemed to suffer from. It was described as an emotional uncertainty and confusion that adopted children seem to experience, from the loss of forbears and from having no way of getting knowledge about them.

Kaye found that "a strong sense of self is inseparable from a sense of belonging" (1982, cited in Brodzinsky & Schechter: 1990: 142). Winnicott too, propounded the concept of the "holding environment" being important for the development of an integrated self (1965, cited in Brodzinsky & Schechter: 1990: 142). An adoptee who searched told a researcher that she hoped "to find a person that looks like me and who looks at life the way I do" (Brodzinsky & Schechter:

1990: 89). This statement underlines the deep longing many adoptees have, to know people who have physical and psychological qualities like themselves.

Transference

It is crucial for therapists to be aware of their countertransferential responses to the powerful primal material that may come into the session from the client's subtle transferences. Lifton states "Many professionals are in the same denial as the rest of society about the adoptee's invisible connection to the invisible birth parents" (1994: 261). Therapists who unconsciously side with the alienated "split-off" parts of their client's psyche, or criticize a person or family in another triad position, are not helping their client work towards integration and resolution of differences. Many practitioners collude with denial and omit any reference to the adoptive parents, as the client and the law already have done. But it is important not to avoid mention of the adoptive parents, and to challenge gently the denial and splitting. It is also important to keep in mind that the adopted person's mature projections are mostly based on the psychological input from the adoptive parents.

Other therapeutic issues

Other points for therapists to be aware of are:

- the importance of understanding the dynamics of coping with object loss;
- the importance of recognizing the underlying traumata, and working with clients' repressed and dissociated states. There is often an opportunity, once well engaged, to do grief work with parts of the early trauma that present themselves again in reunion, as well as to work through the adjustment difficulties in the present;
- the importance of managing ambivalence with skill;
- the need to help people to grieve the "loss of the imagined future as well as the loss of assumptions" Bowman (1997: 76);
- there is sometimes a need to work cathartically with primal rage, conflict about dependence, avoidance, revengeful feelings, regressed helplessness, and anxiety about terminations, if the client can be engaged well enough, and if their defence systems can be disarmed;
- there is sometimes a need to help with poorly resolved oedipal conflicts. Some research (Easson: 1973, cited in Brodzinsky & Schechter: 1990:

151) indicates that the progress of many adoptees through the oedipal stage may be impeded by dreaming that the fantasised biological parents might be better for them than their adoptive parents.

- the importance of helping adopted people particularly, and other triad members, in stabilising their identity and strengthening their ego systems;
- the need to consider a political and social analysis of adoption issues in New Zealand. Therapists need to understand about the subjugation that society's laws and practices have imposed on all three triad members, and be able to challenge sensitively the sexism inherent in these social structures, which has become subtly embedded in their clients' intrapsychic functioning. A useful book to read to understand the New Zealand adoption context is *A Question of Adoption* by Anne Else (1991).

Psychological risks in reunion

Some of the main psychological risks in reunion are:

- that a veto is in place so the reunion does not occur at all;
- that a veto is in place, but people find ways around it, and this creates a setback at the beginning of the reunion;
- that the first contact is so abrupt and shocking that unresolved traumata are triggered, and the parties do not meet at all, or perhaps only once briefly. This can affect them adversely for the rest of their lives;
- that after a few contacts the differences in people's beliefs and values become so significant that one party or both cut off contact;
- that a close relative or friend influences the main protagonist negatively over the reunion, so the relationship dies out in the early stages;
- that there is not enough opportunity to get to know each other well enough in small groups;
- that there is not enough honest communication to learn about the other person's non-adapted behaviour;
- that assumptions are made which do not get checked out. These lead, over time, to hurts and estrangements, and sometimes to complete disjunctions; and

- that sexualised behaviour develops, which in time usually leads to long-term estrangement.

The issue of some adopted people not having been informed of their own adoption has also led to much heartache at reunion. Resultant feelings of betrayal by adoptive parents have been significant detractors from the adoptee's good mental health. Some people have seen it as an emotional advantage for the child not to know that their biological relatives even existed. These people argue that this removed the possibility of dual attachments, which was easier for the child to maintain psychologically (Brinich, cited in Brodzinsky & Schechter: 1990: 42). It also eliminated the chances of psychological splitting between parent figures, real or imagined.

Another significant problem that has emerged over time has been that the reunion process disturbs the equilibrium of the old family structures. A new person entering or leaving a family usually alters the roles that go with birth order, and this is linked to attachment issues, which are deeply entrenched in most families. Many adoptees find they are the oldest in their new biological family, and Oedipal envy, jealousy and sibling rivalry can abound in the reunion process.

Genetic Sexual Attraction (GSA) or Attraction in Reunion (AIR)

A significant issue for many people in the meeting or honeymoon stage of reunion is a sense of euphoria and feeling physically, sensually and/or sexually attracted to the other person. This can emerge in father/daughter dyads, mother/son dyads, sibling dyads, and also across the same genders, e.g. mother/daughter or father/son. These feelings of pleasurable sensual attraction to the other person have been reported in many reunion situations (see, for example, Fitsell: 1994; Gonyo: 1967). The widespread nature of the feelings of attraction, and hence the normalcy of the response for many people in the early stage of reunion, are confirmed by Greenberg (1993), Gonyo (1967), Fitsell (1994), Griffith (2000) and by the subjects in my own study (Nation: 1996). In 1993 I interviewed 12 reunited relatives. A high percentage of these subjects reported having been aware in themselves of being physically drawn to the other in the beginning of the new contact, when their emotions were volatile.

I know from my wider clinical practice that a small number of people do consummate these feelings of attraction in a full sexual relationship. Griffith reported that he had been contacted by people in reunion who were involved

with each other sexually. He wrote "Most were bewildered by the intensity of the relationship and the unique aspects unlike any other they had experienced" (Griffith: 2000: 93).

Griffith suggests that these relationships are neither safe nor healthy for the protagonists. Over the time I have been working as a therapist in the adoption field I have found the same. In nearly all reunion relationships where people have become fully sexual with each other, there is no satisfaction longer term. On the contrary, my experience has been that most genetically linked people in reunion who sexually consummate their relationship, end up being hurt, depressed and sometimes suicidal—often with one person in the dyad feeling more unhappy than the other. The reunion relationships normally break down as well, and the affair causes grief to the participants and to their close families.

Theorists have pondered this attraction in reunion. Gonyo (1967) first used the term "genetic sexual attraction", and Greenberg (1993) developed some hypotheses about it. Other people in adoption circles, and particularly the people in my study, preferred to name it "attraction in reunion" (AIR), to indicate how normal and frequent it is in these situations.

Greenberg noted that a reunion itself is "a highly abnormal situation". He highlighted in his paper that "the intensity and explosiveness of the feelings, and the sudden and almost irresistible sense of falling in love, was universal" (1993: 8).

The subjects in my study believed that AIR was a normal response to the other's physical presence after the trauma of the relinquishment of the lost infant, when the people in reunion as adults were mature in their physical and sexual development. They considered that it arose probably because of the loss of early chances to cuddle and fondle each other, and to engage in "mirroring", as parents and babies usually do. This is in my view a compelling explanation.

Dr Michael Stadter, (2000) an object relations theorist and therapist, describes a category of human psychological development delineated by Ogden and labelled "the autistic contiguous stage". This stage is a primitive psychological state which the infant experiences in the first few months and which focuses on rhythm, smell, and skin surface sensory pleasurings. Stadter observed that some of the clients in reunion that he interviewed "focused on how their relatives smelled. A number were struck by the quality of their relative's skin... they frequently felt a desire to touch, stroke or probe their birth relative..."

Stadter's ideas about the autistic contiguous stage may relate to this common reunion experience. The deprivation of shared sensory experiences between mother and child, may well be a sound explanation for AIR.

For the therapist, it is important to support intensively, and without judgmental criticism, any people who are already fully acting out their sexual feelings in reunion relationships.

If clients are still on the "edge" of this sort of situation, however, one way to assist them is to strengthen the older (or the more psychologically healthy) person's responsibility in the relationship. It is useful to invite both people to understand that the longer term prognosis in these sexualised unions is likely to be the destruction of the relationship. It is important that the therapist alerts clients to the emotional risks of pursuing a sexual path, and that he/she informs people **before** the reunion, if possible, that pleasurable sensual responses with each other in reunion are widespread, human, and normal. People need to be informed that explicitly sexual contact seems to bring about extreme psychological and family stress, and possibly the end of the relationship.

This phenomenon, and indeed longer-term reunion relationships generally, require much more research. Once again, if a therapist is dealing with this sort of problem it is essential that he/she examines his/her countertransferential responses to the clinical material, and makes full use of supervision.

Conclusion

In reunion, adopted people, birthparents, adoptive parents and their families discover they are "betwixt and between", and that family losses and anomalies continue down future generations. The most important task in reunion is for these "intimate strangers" to find a basis on which to trust one another, despite the differences in values and in the ways they have been brought up. This paper highlights ways to achieve partial resolutions.

D. H. Lawrence, though not writing about adoption issues, aptly evoked the generosity of spirit needed in reunion relationships.

> Oh we've got to trust
> one another again
> in some essentials.
> Not the narrow little bargaining trust
> that says: I'm for you
> if you'll be for me –

But a bigger trust,
a trust of the sun
that does not bother
about moth and rust,
and we see it shining
in one another.

(1950: 259)

References

Bowman, T. (1997). Facing the loss of dreams : a special kind of grief. *International Journal of Palliative Care.* 3(2): 76-80.

Brodzinsky, D., & Schechter, M. (Eds.). (1990). *The Psychology of Adoption.* New York: Oxford University Press.

Collins. (1998). *Compact English Dictionary* (4th edition). Glasgow: Harper Collins.

Cowell, J., Crow, K., & Wilson, A. (1996). *Understanding Reunion: Connection and Complexity. Outcome Study of Adoption Reunion.* Paddington, NSW: Post Adoption Resource Centre.

Dalenberg, C. (1998). *Transference and countertransference in therapy for trauma.* Paper presented at a conference of Doctors for Sexual Abuse Care, Wellington.

Else, A. (1991). *A Question of Adoption.* Wellington: Bridget Williams Books.

Field, J. (1992). Psychological adjustment of relinquishing mothers before and after reunion with their children. *Australian and New Zealand Journal of Psychiatry.* 22: 232-241.

Fitsell, A. (1994, July 11). Sexual Attraction following reunion (GSA). *Post Adoption Centre Newsletter,* 11: 4-5.

Gonyo, B. (1967). Genetic sexual attraction. *American Adoption Congress Newsletter.* 4(2): 1.

Greenberg, M. (1993). Post-adoption reunion – are we entering uncharted territory? *Adoption and Fostering.* 17(4): 5-15.

Griffith, K. (2000, October). *Adopted Person Resource : Lifelong Consequences of Adoption.* Paper presented at Adoption Resource Seminar, Wellington.

Hamilton, N. G. (1988). *Self and Others. Object Relations Theory in Practice.* New Jersey: Jason Aronson.

Kelly, B-A. (1998). *The role of the state and the private sector in the provision of placement and long term support adoption services in New Zealand.* Unpublished master's thesis. University of Waikato, Hamilton.

Lawrence, D. H. (1950). *Selected Poems.* Middlesex: Penguin.

Lifton, B. J. (1994). *Journey of the Adopted Self.* New York: Basic Books.

Nation, A. (1996, July). *Attraction in Adoption.* Paper presented to a meeting of the Manawatu Branch of the New Zealand Association of Psychotherapists, Palmerston North.

Pavao, J. M. (1997, June). *The Normative Crisis in the Development of the Adoptive Family: A Model for Professionals Working with Adoptive Families.* Presentation to the International Adoption Conference, Wellington.

Stadter, M. (2000, October). *Relationship re-enactment and regression from an Object Relations perspective.* Presentation to a seminar of the New Zealand Association of Psychotherapists, Wellington.

Van der Kolk, B. (1996, September). *The Body Keeps its Score.* Presentation to Doctors for Sexual Abuse Care Conference, Wellington.

Verrier, N. (1994). *The Primal Wound: Understanding the Adopted Child.* Baltimore, MD: Gateway Press.

Weaver, A. (1999). *Addressing psycho-social implications in social policy: The case of adoption and early intervention strategies.* Unpublished master's thesis, Victoria University of Wellington.

Endings

Rosemary Tredgold

Abstract

We all know that endings are part of our human existence and, as psychotherapists, we know that our termination of work with clients often raises for them memories of other, incomplete endings. In the same way, leaving the job of psychotherapy raises memories for the psychotherapist of other endings, particularly in the profession. This paper argues that it is important to prepare for the ending of our professional lives, whether this ending be planned or unplanned. Without preparation and support through the process it is impossible to make the good enough endings that we owe both to our clients and to ourselves.

Introduction

This paper, which has been three years in the writing, marks the ending of 36 years of professional practice: an ending which needed to be tecognised and evaluated in some way. I resigned from full-time work in 1997, continuing to teach part-time for a further year. As I considered the closure of my professional life, I became aware of ends, seemingly woven into the tapestry of my existence, suddenly standing out like loose threads needing to be darned into the fabric: in other words, needing to be integrated.

As I wrote, I found my throat tightening at times and my eyes filling with tears. Then came the question: "Shouldn't I have got over it by now?" This is the response shaped by the dominant discourse in our society about grief: that one should 'get over it 'and 'in a short time'. I prefer Silverman and Klass's (1996) view of grief as needing to be integrated into a person's system. This means the integration of all the layers of experience of the life lost and the life existing without the grieved object, a process that takes time. With this alternative discourse in mind, I persevered with the paper, knowing that the writing of it was also part of the process of letting go. As well as being useful to me, I hope this story may be useful to others in provoking discussion of an immensely complex process: terminating one's professional self at the same time as terminating work with clients.

The potential space of retirement

I decided to resign from full-time work when the demands of the institution I worked in became intolerably restrictive. Changes in management and philosophy, together with a sore back, led to my decision to retire sooner than I would have expected. I had the financial resources to do so, and in therapy I had identified parts of me that did not want to go on caring for others in the way that I had done. I needed a change from working with depressed people, and wanted time to explore the world and my own spirituality.

Last year, I travelled like a butterfly through China, alighting briefly in places across that vast country, of whose history and culture I knew little. I travelled, wondered, walked and stared at the space, history, beauty and differences of culture and custom. I returned with two themes etched on my memory: the importance of the long view and the value of the space between. 'The long view' is exemplified by the response given to an inquiry as to the importance of the Cultural Revolution. We were told that this would not be known for another 100 years, in contrast to the instant comment of the West on major political events. 'The space between' was illustrated by the design of Chinese gardens. Gardens in China are designed to highlight the balance between plants, buildings, water and rocks, recognising the value of the space between each ingredient and the harmony of Yin and Yang. They are designed to enable the viewer to look through windows and doorways to the splendours beyond.

Since resigning from work, I have greatly enjoyed 'the space between', the time to think and ponder. As I came to write this paper, I found myself immersed again in the maelstrom of elements ever-present in full-time employment: competing deadlines, complex clients, known usefulness, intimacy and conflict, providing a rich if pressured working life. The seeming space of retirement had presented a threatening void when I was working. "What will you do?" was the constant question that I was asked. My response then was, "I don't know, I want time to recover from burnout", trusting that this response would ensure my facing that void and not filling it with activity.

Terminating psychotherapy for the psychotherapist

Much has been written about the termination of therapy, but I could discover little on the process of the retirement of a psychotherapist at the same time. It seemed that most psychotherapists do not give up, but just fade away, dealing with fewer and fewer clients. Was this the only way to go? Was it a wiser, gentler way of not dealing with very difficult issues all at once? This was

certainly how I had previously envisaged giving up work. However, I knew I did not have the energy to do this, and wanted a complete break from client work. So, having arrived at this decision, I was faced with the dilemma of how to disentangle myself. I remember thinking "Thank goodness I am not dying as well; I don't have to say goodbye to everyone at the same time". Yet in one sense I was dying, dying to a full-time professional existence, identity, meaning and all that work entailed.

I was fortunate enough to be able to finish in my own time. What would it have been like—for my clients and myself—if I had not been able to do this? This raises important questions that all therapists would do well to consider, as Suzanne Henderson's endpiece to this paper illustrates. What arrangements have you made for your clients if something unforeseen should happen to you and you were not able to terminate your therapy with them? If you were to develop Alzheimer's, who would persuade you to stop working? Who would place your clients' needs for the closure of a relationship with you above your need to continue work?

I think that we, as psychotherapists, need to pay far more attention to our endings, and to the meaning and processes these entail, something our culture is not good at. Perhaps this is why there are so few papers on this topic. Those psychotherapists who do not withdraw gradually retire completely, close all doors on the profession and do not return to describe the process. I hope this will change and that others will share their experiences of the process of retirement.

The meaning of retirement and the place of mentors

My job as a psychotherapist and educator had been an immensely enjoyable, stimulating, frustrating part of my life, and gave me a good livelihood. Letting go of this has at times resembled the unravelling of the strands of 16 ply knitting wool, each ply needing separation and integration.

In giving up my work as a psychotherapist, I was aware I was relinquishing some hopes and dreams: the dream of doing a superb piece of work, making a mark on history, understanding all about human interactions and making reparation for my mistakes, as well as other personal issues that I will come to later. There was a loss of what had been or might have been, and concern for the future. I am not sure what I thought of retirement, just that I knew I was not ready for that state yet. I saw retirement as a void, and retired people as

somehow less valued and interesting. As I wrote this I wondered what you, my readers, would be thinking of me, and realised this is a crucial part of retirement. What will others think of us as 'retired persons'?

One of the difficulties in leaving work was that as well as there being little written, there were few with whom I could discuss my fears and rejoicings. I felt somewhat isolated in my decision. In hindsight, I think there was a component of shame for me in giving up what had become a major struggle in the institution I worked in, and this prevented me from seeking more help, other than from supervision and from a colleague who had studied the effects of retirement. I was very grateful to know of some psychotherapists who had retired and survived. It was with relief and gratitude that I met women, particularly in North America, who had chosen to resign in their 50s, and were enjoying life! I also had the invaluable support of a New Zealand woman making life changes and leaving a high profile job. These mentors in the possible creativity of early retirement were very valuable, even if I still had to do it my way.

My resignation provoked strong emotions in others and it was difficult dealing with their reactions. The decision to give up client work highlighted my need not to care for and be responsible to others; there were few who could support this part of me because of what it might mean in my relationship to them. Many people, having supported me through good and bad times, were now encouraging me to continue in work, understanding my desire to quit an increasingly restrictive institution, but not that I should give up altogether. For some the move provoked envy that I could afford to do this; others had feelings of loss and anger that I was leaving them to struggle in that same difficult institution; others could not face their own retirement, perceiving it to be the end of life. These reactions compounded my own fear of retirement as a dust heap rather than a rich, nutritious compost.

In retiring I had thought I had solely to leave my clients. As I wrote this I realised my task had also been to leave the counselling service, the institution, my colleagues, and my own professional practice all at the same time: layers of terminations. A tertiary institution is a place of many, varied personalities, all contributing to a rich tapestry. After 23 years I wanted to recognise the enormous contribution so many of my non-counselling colleagues had made to my life there. Then there were the special friends I had made over years of coexistence and struggles to maintain humane value systems in times of increasing monetarism. I wanted to say goodbye and thank you to as many as

I could in private, as well as on the necessary public occasion—a celebration (or a wake) for those who had trusted and supported us.

Personal issues

It was an immense step for me to give up work, as all my family conditioning had been to work hard in the service and care of others. As a single person much of my identity was linked to this role. Psychotherapy and teaching had satisfied many of my needs: purpose, curiosity, usefulness and intellectual stimulation. In retiring, I would have to mourn the loss of a place in which I could care for others, the pleasure of being part of a larger whole, the external recognition and status this role provided, money, purpose, friendships, opportunities to explore ideas and stimuli. It was not as though I was giving up a mundane, unexciting, undemanding, dull profession. There were many good things to mourn: the pleasure of working with others, seeing people change and grow, the stimulation of new ideas and the challenge of an institution where racism and sexism were constantly questioned. I also had to face the fact that this was the end of my professional life, without the excitement and hope of new and continuing work elsewhere.

An aspect of my pathology is to see as my fault any breakdown in communications, so that I felt shame about the deteriorating relationships within the counselling service, even though they resulted from bad management decisions over which I had no control. The ending of the service was the end of a dream, and I am not sure how well I dealt with my disappointment, anger and sorrow at the way this was done. My anger was, however, tinged with humour and pride that I had managed to get away with providing long-term psychotherapy for so long. In hindsight, my anger, guilt and sorrow at the disintegration of the 'good enough' service was one of the elements in my over-arching concern to resign in a 'good enough' manner.

Then there were the specific client-related aspects of my being. My philosophy of psychotherapy, learnt over the years through mentors, experience, trial and error, was that I was there for the long haul with a client. I was available to them for as long as they needed me and were progressing, within the limitations of a professional framework. So in leaving my job, I had to deal with feelings of guilt and shame about abandoning clients before they were ready. I had been part of a counselling service where long-term therapy was available as long as they remained students. My resignation coincided with the destruction of this service as I had known it and, to make matters worse, there was no place other

than private therapy and the crisis agencies in the town to refer clients who needed to continue therapy.

Psychotherapy consists of intimate relationships. I had to mourn the loss of the intimacy I had had with a wide variety of people, including clients with whom I had struggled. I would not know how they were progressing. Had they achieved what they wanted? Were their relationships flourishing? These were feelings I knew well in the termination of my work with most clients. Alongside this there was relief at not having to be responsible to others in this way and not to have the demands of anxiety-provoking, disturbed, manipulative clients. I would be free of an appointment-packed diary, stretching for weeks in advance, and would have time to think, travel, garden and enjoy friends. But would it be like this? Or would my fears of the void be realised, and if so, would I be able to manage this? These were some of the threads running through my mind, having to be known and contained along with any unconscious ones. So I began the long goodbye to clients, the counselling service and the institution, knowing that each interaction would produce a different inter-subjective experience. In this process I attempted to call on my intellectual understanding of client termination as well as my empathy for the other.

Process of termination

We know that seemingly sudden termination is more likely to be experienced by the client as rejection or abandonment than a planned and forewarned ending would be. Working in a tertiary educational institution had provided me with a very helpful frame of realistic reference for clients in planning terminations. The end of the year marked a natural gateway of change; even if students were studying for long-term courses it marked some natural boundary. So there seemed to be few clients experiencing abandonment, in that they were already expecting some change at the end of the year. Or was it that I missed this through my own countertransference issues and my weariness at having to deal with loss continuously?

There seem to me to be a number of dilemmas in the termination of therapy at the therapist's initiative. Firstly, how much notice should one give? Clearly this may be different for long- and short-term clients. For long-term clients the termination process will have a life of its own and this needs to be taken into account. Some may be overwhelmed by old fears and difficulties that had seemed to be under control. Others face the challenge of putting new skills to

the test without the support of therapy. I suggest the therapist therefore give as much notice as possible.

There are ramifications to living in a small town and working in an institution with a very efficient and far-reaching grapevine. In respecting this, I decided to tell most clients at the same time unless they were very short-term, when the information seemed irrelevant and unhelpful, as it would only detract from their need to be held for a limited time. For one student I decided it was important she heard from me before the others; she was a very long-term client in whose work my decision came at the same time as some major issues for her about terminating therapy. What had been a mutual dance in the decision as to when this would occur was altered by my decision. I considered she needed more time with me to work through this and told her before other clients and asked her not to tell other people. Was this right? I am not sure.

In informing clients of my departure so long in advance, I was also aware that I ran the risk of their dealing with perceived abandonment in the same way as they had done previously, such as by avoidance and so cutting short the time we might have had together. This proved to be true, some not returning after I had told them, deepening my feelings of guilt. Some students were able to deal more openly with my departure. They had made gains in therapy, but could have made more, and with these I had to deal with my sorrow and sense of inadequacy.

Personal disclosure

How much of myself did I share in this process? I agonised over this, and over the dilemma of how much self-disclosure is ever therapeutic. When it seemed appropriate I shared my warm feelings for the client and my hopes for their future. I accepted presents as they were given: I think is important to honour clients' gratitude for living more creative lives. One student gave me something he had made, and in a paradoxical way this was more difficult to receive because of my love of craftwork. The piece was beautiful, but as one of the central issues of our relationship had been his need to take care of everyone including me, I was concerned it might have been given in the same vein. I said so, and was told very firmly that it was not so; that the ingredients came from the volcanoes of Antarctica and represented the molten fire of his experiences with me and that he wanted me to have it. I was enormously moved and said so.

When students asked why I was leaving I attempted to listen carefully to the meaning behind the words. At times it was clearly to satisfy their own concerns

as to my feelings for them. Had they been too difficult? Had I found their struggles to hard to bear? Others wanted information out of their interested, caring selves. I responded to this. To them I explained that I needed a change and found it difficult to continue in the changing environment of the institution.

When the process of termination produced regression or strong emotion, I had to maintain my intellectual but empathic understanding of the person. My dilemma was to stay empathically attuned to my clients when their issues mirrored mine, or triggered off within me feelings of inadequacy or failure in such a way that I had to shut down emotionally. In this I was greatly helped by supervision, which I found to be a place where I could express my side of the journey. Supervision was a place to grieve, to enjoy the prospect of freedom and also discuss the process of how to say goodbye as well as I could.

Conclusion

I have reached the end of the description of part of a journey. In the revisiting, I have reclaimed some of the positive aspects of a long career, including pride in starting a counselling service where short- and long-term psychotherapy could be practised and available to all those who needed it. The torrid times of the destruction of the service have been put into context. The process of leaving was good-enough, not perfect by any means, and I continue to integrate it, and to learn how I can use the skills and wisdom of a lifetime of working with people. I have time to enjoy friends, something I could not do before, as I was generally spaced out and needing time on my own. I miss professional contacts and ideas and enjoy the stimulation of the Self Psychology group in Christchurch. I have weathered both a hip replacement and the feared void of retirement, with much support from friends and from a spiritual nurture group of Quakers. Paddy, a wheaten terrier, is a great companion and forces me to walk. There are luxuries such as films at 11 a.m. and others who do not work to see and do things with.

When I left school, my heroine was Lady Hester Stanhope, who rode through the deserts of Arabia. The traveller in me became buried in work and she is emerging while she can, to see blue footed-boobies, Machu Pichu and, I hope, the Silk Road next year. I still find it difficult to say I have retired completely, partly because of the stigma attached to this and partly because I am not ready to close all the doors on a rich existence. My ambivalence is evident in the paradox of my offering this paper and the continuing energy and interest

represented in its authorship. I take pleasure in my memories of an exciting job and I am still interested to read and learn, and sometimes I wish I were still working. Just sometimes!

Reference

Silverman, P. & Klass, D. (1996). Introduction: What's the problem? In D. Klass, P. Silverman & S. Nickman (Eds.), *Continuing Bonds*. Washington, DC: Taylor and Francis.

Postscript: An unplanned 'ending'

Suzanne Henderson

In December 1999 I had planned to take a two month break, to go to the UK to visit my son and his wife and to enjoy a Northern Christmas: something I had always wanted to do. I had prepared my clients for my absence over this two month period and was to leave two days later. I put my tiredness down to a chronic anaemic condition and the need for a long holiday. To my dismay, after a series of tests I heard the dreaded words 'You have cancer and will require immediate surgery to remove the cancer'. As I struggled to assimilate this news the wonderful mechanism of denial kicked in and I went into coping mode, dealing with what was most pressing: to prepare myself for surgery and a six-month of chemotherapy in the best way I could. The implications of what this diagnosis might mean were temporarily lost to me, waiting to be processed later in my grief.

Most of us live with the wonderfully comforting illusion that we will always be able to carry on as we are: well, at least until we are old. Losing this was one of the major facets of my grief. I found myself looking at people and envying them the comfort of 'knowing' they could keep on keeping on and the luxury of feeling able to plan a future. There was doubt about the future for me. Would I recover, or would this be the beginning of the process of dying? I did not know.

What was to become of my clients? Had I prepared for this? The answer was no. My clients thought I was on holiday, so this gave me two months' grace to prepare myself to tell them I would not be back for a while. I was not looking

forward to this disclosure of such a personal and profoundly disturbing experience. I felt I needed to be honest to prepare my clients for what was promising to be an extended period of absence, so that they could make their own decisions about how they wanted to deal with this disruption. I also felt that I wanted to tell most of my clients myself, but I was aware I was too fragile to deal with their fantasies about what this might mean.

My supervisor and some colleagues offered their assistance and I gladly accepted this. We shared the contacting, with me telling my long-term clients myself. Some were very distressed by my sudden departure and found it difficult to accept what was happening. I found this stressful, sometimes feeling guilty and wanting to make it better for them: I had always been there, obsessively punctual and waiting. But this time something greater was happening which I felt I had little control over.

The one preparation I had made for this eventuality was to have procured an income protection policy, which for me was a life saver. I support myself financially so this enabled me to take the time off and devote the year to my healing. Now, after a year off for treatment and two lots of surgery, I am feeling well and regaining my energy. Although I don't think I will ever want to say, as some people do, that the experience of cancer was the best thing that has happened to me, I have learnt a great deal from the experience. I feel positive about the future but I take nothing for granted. I appreciate and value more acutely the wonder of this life and the relationships I have both professionally and personally.

I have begun work again, both with the clients who waited, processing the disruption they have experienced, and the new clients who come my way without knowing what has gone on for me during this last year. I have many thoughts about the effect of the negative projections that we often hold in the course of our work as psychotherapists. I wonder whether we are fully able to discharge those projections in our self-care rituals, and what impact this has on our wellbeing. I realise that my commitment to self-care as a balance to this work is a priority for me.

My message to you, the reader, is to consider how you would manage if you were suddenly unable to continue working and to think about what strategies you would put in place for that—unplanned—eventuality.

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Shame
Frozen Feelings, Abandoned Self

A. Ferrell Irvine

Abstract

In therapy both the therapist and the client must be able to "see" and experience the person of the client. Next in degree to shock and related dissociation, shame seriously inhibits feelings, needs and even the cues of the client, to a degree that makes it imperative for the therapist to understand how shame develops and operates in people. In the grip of shame, it is as difficult for the client to be seen as it is for the therapist to see the client. The primary purpose of this paper is to discuss shame and raise some ideas that may challenge the therapeutic community. It is the result of years of my own personal work with shame issues, as well as 20 years of working with addiction and abuse recovery.

What is shame?

There are two categories of shame, linked to degrees of intensity: healthy and toxic. Healthy shame is a "wired in" affect, with the purpose of inhibiting or drawing the person back in relationship. This affect is part of self-care, part of self-control and the way one contains one's self. Toxic shame is the affect source of low self worth. It results when one is exposed, while at the mercy of another, to being seen in a painfully diminished sense. One is totally visible, and unable to tolerate being visible to that person at that time. Toxic shame may include being met with ridicule and belittlement. It is the painful recognition of total helplessness at the point one thought one was in control. The person is so overwhelmed that instead of just pulling in or back, a form of shock occurs, followed by repression, by freezing of feelings and needs. As a result, the person then needs to focus more on the external cues of others, while losing the ability to know and tolerate their own internal experiences. Self-regulation is unknown or lost altogether.

Shame is a complex emotional state, which contains a significant cognitive component. It includes splitting and polarities in thinking: all or nothing,

good or bad, right or wrong. There is a self-critical inner voice coupled with perfectionism, ideal standards, and blame of self and/or others. There is the language of "should", "ought", "have to", and "trying". The vulnerable self has been exposed to judgement. Along with an overwhelming sense of powerlessness, all other feelings are "numbed" out. Unlike dissociation, which is the absence of feeling, shame is experienced as flooding. As Kohut describes it, in a *faux pas* the body ego is suddenly and unexpectedly flooded with shame and anxiety by a rejection incurred at the most vulnerable time, when approval was expected. In effect it severs the interpersonal and intra-psyche bond, resulting in a disowned self (1982: 230). When relationships are about power and control rather than love and acceptance, there are likely to be shame experiences. Small children are at the mercy of the loved object. A strong negative parental response—such as cruelty from those whom one is at the mercy of—creates shame (Miller: 1981: 20).

Development

Toxic shame is the outcome of a very poorly managed developmental stage and is also evident in physical or sexual trauma experiences. Erikson writes of the second stage of human development as autonomy versus shame and doubt. It follows the stage of getting and taking (1963). The child becomes mobile, moving out into the environment, into the stage of separation and individuation. In pure body language, the healthy child develops the ability to fully retain or withhold, and fully eliminate or expel at will. Healthy shame signals the child to pull in or back. If, however, the child must succumb to parental will, they will feel shame, flooding with a sense of "badness", and develop compulsive and mechanical orderliness (Erikson: 1963).

It is the parent's position to protect the child from internal anarchy and to train discernment. The hope is that the child's basic faith in their existence will not be jeopardised by their own sudden violent wish to have choice (Erikson: 1963: 252). Once a child has established their right to live and to have nurture, there is tremendous charge invested in the right to choose, based on internal motivations. For Erikson, toxic shame is about complete exposure. The child "comes out" strongly, with feelings and needs becoming highly visible and vulnerable. The child is met with strong negative reactions and does not have sufficient separation from the parent to oppose him or her. The hate and rage reaction to repetitions of this violation, also unacceptable to the parent, are turned against the self. For the child, body, feelings and needs are the self. If

the parent will not accept the child's feelings and needs, then neither can the child. The child takes on the "method of the oppressor", internally raging, shaming and controlling the self. The accommodation often results in learned helplessness, or the more solid formation of the roles of "victim/perpetrator". The powerless experience of being at someone's mercy drives the child to conform to parental demands, to abandon the self, and to take responsibility for controlling others' feelings: "to gratefully accept soul murder", as John Bradshaw (1988) put it.

Sooner or later the press of unmet needs and undischarged feeling states overwhelm the child's ego. The result is a progression from overcontrolled behaviours to impulsivity and back again.

Compass of shame

Avoidance (Acting Out, Addiction)

F
l
Attack Others Fight Attack Self
g
h
t

Numbing (Unconscious)

(Nathanson: 1994)

Shame is being stuck in the fight/flight response of the body, at one and the same time conscious (stuck) and unconscious (no sense of feelings or needs). The diagram represents the emotional struggle, and the polarities of cognition and behaviour. (See the discussion of addiction below).

Shaming results from demands for achievement, use of disdain, and criticism. There is no forgiveness in shame-based parenting. As the shaming and control continue, the child is driven to secretly get away with things, or to act in defiant shamelessness (Erikson: 1963: 252). Life becomes only pain and suffering with no prospect of pleasure. With rage and desire for revenge repressed, the child becomes devoted to pleasing others to avoid pain, as well as to escape the internal pain of denied self.

Discipline ought to be about teaching limits and discernment. If innocent natural impulses and feelings are met with rage, criticism, blame, excessive

punishment or physical abuse, a child will be overwhelmed by feelings of shame, with fear and anger underlying. Expression of these feelings will usually be denied as well. The child comes to perceive their feelings and needs, which are inseparable from the self, as wrong or bad. The "omnipotent" child (and many abused clients) believes he or she has brought the bad event upon themself. The self has become the reason for the horrible event occurring to them. The consequence/punishment becomes a breach in relationship to self and other. The response of anger, meant to restore and repair the relationship, is instead repressed. Parenting comes to be about power and control, not respect and dignity, love and acceptance. Time and again, these children must abandon themselves and accommodate to parental demands. They must negate their feelings and needs, which are seen as the cause of the bad experience. Either they introject a verbal critical parent, or create a negative superego to keep them "in line".

These scenarios are similar to what occurs in traumatic events. When a person is flooded or overwhelmed, the purpose of healthy shame is to pull in. In trauma there is no place to pull in to. There is only regression. The shame-and-doubt stage is one place to regress to. Compulsive behaviour, rigidity or some form of addiction are adaptations often made. Believing themselves to be intolerable to others, they become intolerable to themselves. Self-soothing is taken over by the mind ruminating over and over, to eradicate the sense of "what's wrong with me?" It is the response of the parent to the child's helplessness, sadness, anger, fear or rage that creates the need in the child to abandon his or her self.

Bioenergetic approach

Bioenergetic Analysis is based on the assumption that experiences are recorded and represented in the body. Infants, young children and those overwhelmed by trauma have whole body experiences of feelings and events. Hence, there are patterns of the physical management of those experiences and feelings. So in addition to verbal psychotherapy, Bioenergetic work is directed at building awareness of these patterns, helping the client understand them, and creating other ways to manage. In the process events are worked through.

"For a parent to rage at a child is inhuman: without the right to strike back one is humiliated. Rage is discharged through self attack" (Lowen: 1983: 164). When a child reaches out, the muscles are alive and energised. If the response is disappointing, anger results. If the relationship can be restored, muscles remain flexed and alive. But when the reaching child is met with hostility over

and over, love turns to hate (Lowen: 1988). The ego, intellect and feeling are forced to split as the body freezes and contracts. Eventually one becomes concerned with how not to feel or need.

Shame has a body posture. One can have a stance that apologises for being. The eyes are often averted downward, the shoulders pulled forward, the hips/buttocks tucked in, as though their tail is between their legs. There is often deep muscle compression. A stooped appearance results with the upper body collapsing down and the lower body compressing upward on the breathing mechanism. Bioenergetics teaches that the effect of shame on early development is the creation of a masochistic body structure. Since shame involves abandonment of the body self, it makes sense to involve the body in healing.

Implications

Spiritual

I think of shame as "soul murder". My own and my clients' experiences show me a "burning of the soul". Pain, suffering and trauma raise powerful spiritual issues. Forgiveness and restoration of relationships are part and parcel of spirituality. Every human being needs to learn their limitations, that they are finite, not infinite God. Instead of learning limits (healthy shame), or learning from their mistakes, those experiencing toxic shame grow up believing they are irreparably flawed, defective, developing a core identity of worthlessness (Bradshaw: 1988: 10).

A Bioenergetic trainer from the USA, David Finlay, once called shame a spiritual disease. Given the intensely strong self-negating, self-destructive nature of shame, I am inclined to agree. Clients who struggle with shame arising from developmental difficulties or trauma, but who have a solid spiritual base, seem to have a deeper, more stable and often more rapid recovery and healing.

Addiction

Kohut talks of "the undifferentiated suffering ego attempting to do away with itself. The body self is abandoned, and the mind ruminates, trying desperately to soothe and calm" (Kohut: 1982: 149). That is essentially the psychological process of addiction. At the core of most addiction is a shame-based process. For addicted persons, having one's most vulnerable self exposed and judged has been a repeated experience. It makes sense that the function of self-soothing

and self-medication can be relegated to substances like food, drugs and alcohol, to avoid flooding and feeling.

Compulsive, controlling behaviour (of self and others) can lead to addiction. A cycle of rigid, overcontrolled "good" behaviour leads to equally impulsive "bad" behaviour. One is shame-filled, and to discharge the shame, one response is to act shamelessly. "I'm bad, I'll show you how bad!"

Addictions, either to substances or to experiences, become the person's attempt to have relationship, when relationship with people has been so unsafe. Addiction is "a pathogenic relationship with a mood-altering event, experience or substance that has harmful, life-damaging consequences" (Bradshaw: 1988: 15). I refer the reader back to the Nathanson Compass of shame on page 106.

Shame is not a given in addiction, but it certainly is often present. There are no "in body" experiences when one is addicted. The whole idea is to avoid the self. The addiction itself may lead to further shameful behaviour. The body becomes an alien thing, sometimes even evil, at the very least untrustworthy. "My body is the enemy who betrayed me."

One of the most successful treatment regimes for addiction recovery is the 12-step programme of Alcoholics Anonymous. It merges psychological/spiritual methods into a shame/blame-reduction healing programme.

Treatment

Most important in the therapeutic treatment of shame is to help and encourage the client's self-observation, including how much the client observes the therapist. Education is important: how shame works especially. In Bioenergetics, we use techniques like the Gestalt empty chair, where the client is invited to externalise the critic. This is most important, as somehow this externalising takes power away from the critic, engages the client's more rational observer, and helps to make evident the initially protective function of shame. Another useful thing is to encourage the client to ask or demand "why". This often counters the belief that everything happened because of them.

It is important to recognise that these clients often talk about the bad things others did or said, to the exclusion of their response to their own experience. This is done to evoke feelings in the listener, a "through the back door" attempt to get empathy or sympathy. Mostly the therapy will need to work towards healthy recognition and expression of feelings, and to develop alternative self-

soothing and regulating mechanisms. Our hope is to create an experience—and a stance—where nothing will be allowed to come between the person and the self.

Conclusion

Instead of a conclusion there are more questions. How can there be self-directed movement, self-motivation, self-discipline, when the self has been "murdered"? How can contact and relationship be established when contact and relationship are the dangerous places? How can this client be "honest" in therapy when pleasing and accommodating others has been essential to survival? How can we assist in undoing a belief in complete unworthiness?

References

Bradshaw, J. (1988). *Healing the Shame that Binds You.* Deerfield Beach, FL: Health Communications.

Erikson, E. (1963). *Childhood and Society.* New York: W. W. Norton.

Kohut, H. (1982). *The Analysis of the Self.* New York: International Universities Press.

Lowen, A. (1988). *Love, Sex and Your Heart.* New York: Macmillan.

Lowen, A. (1988). *Narcissism: Denial of the True Self.* New York: Macmillan.

Miller, A. (1981). *Drama of the Gifted Child.* New York: Basic Books.

Nathanson, D. (1994). *Shame and Pride: Affect, Sex, and the Birth of the Self.* New York: W. W. Norton.

Desire in Psychoanalysis and Religion
A Lacanian Approach

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Abstract

Is religion the death of desire and desire the death of religion, or is there some desire that is authentically religious? Lacanian psychoanalysis has a strong ethic of desire. By using the Lacanian concept of desire and applying it to Buddhist ideas on desire and Christian ideas on desire as seen in St John of the Cross, this study attempts to show that the concept of desire has a central place in religious discourse.

> The cause of suffering is desire. The way to remove suffering is to remove desire. (Bahm: 1958: 20-21)

> You must love the Lord your God with all your heart, with all your soul, and with all your mind.... You must love your neighbour as yourself. (Matthew: 22:37)

> Have you acted in conformity with your desire? (Lacan: 1992: 311)

Introduction

In an article on religion and psychoanalysis David Tracey (1988) relates psychoanalysis to two religious rhetorics. He classifies Freud as belonging to the prophetic rhetoric and Lacan as belonging to the mystical rhetoric. He further breaks down the mystical rhetoric, and places Lacan not in the non-presence mystical rhetoric of Buddhism, where he places Derrida, but in the apophatic rhetoric of western mysticism, particularly associating him with the fourteenth century mystic Meister Eckhart (Tracey: 1988: 270).

William Richardson (1990: 72), at the end of a paper on psychoanalysis and religion, asks some questions about desire, two of which are of interest to us. First, how are we to give a theological meaning to human desire if it be understood in the Lacanian sense as a lack and as a yearning for a lost object

that was never possessed and that can never be found? Second, how do we understand the Lacanian maxim, "Do not give up on your desire"? In this regard David Crownfield sees only two positions that one can take. According to the first, desire can lead to God; according to the second, desire is illusional and leads nowhere (1989: 162).

My aim in this paper is to carry on the above investigation into the relationship of religion and psychoanalysis. I will do so by looking at the concept of desire, which plays a crucial part in the three discourses of Buddhism, Christianity and psychoanalysis. In the past when considering the phenomenon of religion, psychoanalysis has concentrated on the role of illusion. I suggest that the concept of desire may be a more valuable tool to develop and employ in this regard. In contrast to Tracey, who takes Meister Eckhart's negative apophatic rhetoric as representing Lacan's position, I will take the love (desire) ethic of St John of the Cross. I will also consider the Buddhist teaching on desire, which appears to denigrate desire and so confirms the impression that religion negates desire.

I hope to show that Crownfield's first position is a possibility: that desire can lead to God—albeit by in the end surpassing desire. In pursuing this thesis, I hope to contribute towards a theology of desire, or in Richardson's words to give a theological meaning to human desire. This is an endeavour near to the hearts of Moore (1985) and Daurio (1988) who see desire as central to Christian thinking and practice. Fundamentally, the study addresses the question: Is religion the death of desire or is religion a manifestation of desire?

1. Desire in the three discourses of psychoanalysis, Christianity, and Buddhism

Psychoanalysis

Lacan develops his concept of desire in relationship to Freud's concepts of *wish (wunsch)*, *libido, eros, thanatos*, and drive. For Freud, wishes are embedded in psychic life and manifested in dreams and symptoms. Underlying his notion of drive is energy or *libido*, which is Latin for 'wish' or 'desire'. In *Beyond the Pleasure Principle* (1920) Freud connects *libido* to *eros* and relates this concept to the concept of *eros* used by the Greek philosophers to name that which holds all living things together. In his paper *Group Psychology and the Id* Freud gives the meaning of the word *eros* as being the same as the Greek Platonic notion of *eros* and also the Christian–Pauline notion of love (1921: 41). It would not,

then, be inappropriate to further this comparison by looking at desire in relationship to religion, as I attempt to do in this study.

For Lacan, the human being starts out with certain biological needs satisfied by certain objects. The child soon appears to be asking for the satisfaction of these needs. But Lacan sees such demands as asking for something more: as demands for recognition or love, although in disguised form. Lacan says that "Desire is neither the appetite for satisfaction, nor the demand for love, but the difference that results from the subtraction of the first from the second...." (1977: 287).

As well as desire being related to need and demand, it is useful to relate it to Lacan's mirror stage and to the Oedipus complex. Initially, the child starts life as unintegrated, fragmented, uncoordinated, fully involved with his/her mother. Around the age of six months – the mirror stage – the child becomes enamoured with his/her own reflection in a mirror (or its equivalent – mother's gaze). The infant takes this image, which appears as a compact, total and uniform form, as real, as himself (Lacan: 1977: 1-7). It is that "...which organizes and constitutes the subject's vision of the world...." (Benvenuto & Kennedy: 1986: 55) and is fundamentally alienating. But the discordance between the experience of fragmentation and disunity on the one hand, and the seeming unity on the other, is never completely done away with, although further identifications are made in order to try to close the gap between the two. For Lacan, the initial mirror identification and these further identifications constitute the ego. They help form the identity of a person.

Another level of alienation, building on that of the mirror stage, is that of the Oedipus complex, with its concomitant themes of castration and the entry of the individual into the symbolic order: that is, into language. Although the subject is now able to go beyond the narcissistic stage of the imaginary to relationships with others, there is still something left out. There is further alienation between the imaginary and the symbolic. But one is never completely taken over either by the imaginary identifications or by one's symbolic identity. These may serve to fill the gap, but they never wholly succeed, and that is because of desire. While in many cases retrained and structured by the imaginary and symbolic orders, desire is never wholly subjugated to these orders. For Lacan, desire is caught up in a dialectical structure where desire is the desire of the Other (Lacan: 1977: 312), meaning a desire to be the object of another and also desire for the Other.

Thus desire is not an individual internal experience but is an experience situated in a context of otherness. But while desire can be said to be the desire of the other, there is such a thing as one's own desire. Desire may never reach the object of desire; nevertheless Lacan calls on us not to give up on our desire. Without desire we can not become subjects. The psychoanalyst, by not satisfying the demands placed upon himself or herself, and by subverting the various identifications of the analysand, leads the analysand to "...the language of his desire" (Lacan: 1977: 81). The moral maxim of psychoanalysis is seen in the central question of the analyst: "Have you acted in conformity with your desire?" (Lacan: 1992: 311).

Buddhism

In contrast to Lacan's view of desire, as outlined above, we would seem to have in Buddhism precisely the opposite attitude. Desire is to be renounced. The four noble truths forming the foundation of Buddhist belief can be set out as follows:

1) Existence is unhappiness
2) Unhappiness is caused by desire and selfishness
3) Desire and craving can be overcome by
4) Following the eight-fold path (Ridley: 1978: 19).

For the Buddha "The fire of life must be put out. For everything in the world is on fire with the fire of desire, the fire of hate, and the fire of illusion" (Singer: 1984: 151).

For the Buddhist, there are six main realms of existence in which there is rebirth. All these are involved in some form of desire. The realm below that of humans involves experiencing "constantly unsatisfied cravings" and being bound "to crave what can not be got" (Kantipalo: 1992: 55). One aspect of Buddhist practice which pertains to several of the items of the eight-fold path is that of meditation. The aim is to obtain a state of "one pointedness" of mind, where such hindrances as sense, desire, ill-will, sloth and torpor are overcome, and one reaches various mystical states, the highest and main aim of the practice being the attainment of Nirvana (Harvey: 1990: 249). At this stage, there is no longer any desire. Or is there?

Archie Bahm points out that two terms are used in regard to desire for Buddhists. One is *tanha* and the other is *chanda*. He understands the first as

desire for more than can be obtained, and the second as desire for what can be obtained. He then argues that Buddhist teaching only proscribes *tanha*, that which can not be obtained, and that *chanda* is of value (Bahm: 1993: 60-69). Bahm further points out that the purpose of the teaching is to help people gain as much satisfaction as possible in life with the least effort (Bahm: 1993: 58-59).

Most understandings of Buddhism keep to the strong interpretation of desire. Melford Spiro points out that, while in practice many Buddhists have watered down the doctrine of desire to allow for a more satisfactory life either in this world or the next, the main understanding of desire is orientated towards a total rejection of desire (1970: 99).

So, it seems, there is a either a total negative valuation put on desire or else desire is limited to that which meets needs. Even if the second situation is the case, this understanding related to the meeting of needs does not seem equivalent to 'desire' as understood by Lacan.

Christianity

The commandment "You must love the Lord your God with all your heart, with all your soul, and with all your mind... and you must love your neighbour as yourself" (Matthew 22: 37-40), might well be taken as exemplifying Christian teaching. However, the term 'love' has been interpreted in at least two ways in the history of Christianity: as *eros* and as *agape*.

In a large part of the Christian tradition, love has been interpreted as desire, as in Augustine's definition " Love eager to possess its objective is desire...." (Singer: 1984: 165) or as seen in Hugh of St Victor "What is love but to desire and to long to have and to possess and to enjoy. If not to possess then to long to possess, if possessed then to long to keep" (Singer: 1984: 169). Love is thus related to lack and to longing.

One of the main concerns of Christianity has been the cultivation of this desire—exemplifying the aspiration of the Psalmist, quoted by St John of the Cross: "Even as the hart desires the fountain of the waters, even so does my soul desire thee, O God" (St John: 1977: 70). One cultivates this desire through prayer, meditation and ascetic practices. The ultimate aim is union with God. While on one level the cultivation of this desire is conscious, on another level it can be seen as unconscious (as desire always is for Lacan). It involves going to the heart of our being, giving ourselves up to a desire for God which is within us.

Have we got, then, in Christianity in contrast to Buddhism, a more ostensive valuation of desire, and maybe of the language: "In the beginning was the word" (John 1:1). Is the word going to lead us to desire, as in psychoanalysis?

But Christianity also knows of negative restrictions on desire. Jerome, St Augustine, the Church Fathers in general, have a reputation for negativity about desire, particularly in the sexual sphere. Clement of Alexander, speaking of desire, cites the Greek maxim "...to fight desire and not be subservient to it so as to bring it to practical effect" (Mackin: 1982: 118). He goes on to say of the Christian attitude: "...our ideal is not to experience desire at all" (Mackin, 1982: 118). The psychoanalyst Stuart Schneiderman would agree with this estimate of the Christian view. For him Christianity is a love ethic that in its essence is inimical to desire. It strives for bliss, enjoyment and satisfaction in a union with God, which comes from a direct, unmediated vision of God. This necessarily involves the obliteration of desire. Schneiderman places desire on the side of masculinity and the phallus, where he places Plotinus and the Greek/Roman religions. Love he places on the side of femininity and angelic affect, where he places Christianity and Christian mysticism. He maintains "Beings who seek perfection and complete fulfilment in God's love are not desiring; they are demanding satisfaction" whereas: "desire does not seek satisfaction; desire ...desires recognition; it desires the Other's desire...." (Schneiderman: 1988: 136). So, even in Christianity, we may not have a positive valuation of desire.

But is this really the case? To start to show otherwise I turn to the example of St John of the Cross.

2. The Ego and the imaginary

St John of the Cross

St John of the Cross exemplifies, *par excellence*, the love ethic of Christianity. St John is a master of desire. Like Socrates maintaining that he knew only of *eros*, John says of himself: "I do one thing only... which is to love" (Cugno: 1982: 85). Our question is: Does he *desire?*

In *The Ascent of Mount Carmel*, St John speaks of "...going forth from all things" (1958: 103). He speaks of two nights, nights of purgation that a person must go through on the mystical path. One involves purgation of the sensual part of the soul, the other purgation of the spiritual part of the soul. He speaks of the first of these mortifications as a putting to sleep of the desires (1958: 105),

and he gives counsel as to how best to start on this path of conquering desires—rejecting every pleasure to do with sense, if it be not for the glory of God. Furthermore, speaking about the second night, John says that the same purification must occur as far as spiritual delights are concerned. The three faculties of the soul—the understanding, the will, and the memory, (he refers to all as 'caverns')—must themselves be emptied. He ends both the first two stanzas of his poetry with the phrase "My house being now at rest", signifying "the privation of all pleasures and mortification of all desires", the desires having now been "lulled to sleep" (1958: 159).

Seemingly, the above comments pertain to the concept of 'desire'. I would maintain, however, that what John is aiming at is not the closing of desire, but the opening up of desire. To those things which close the gap of desire, to all of these, John says 'no'. He points the person towards emptiness and detachment. It is here, also, when speaking of the senses and the requirement of purification from reliance on these, that he seems to be referring to what Lacan would call the 'imaginary'. These purifications aim at reaching beyond the "...point at which things begin to fade from sight" (1958: 107). In Book 2, Chapter XII, he deals explicitly with what he calls the imagination and fancy "...which are forms that are represented to the senses by bodily figures and images" (1958: 214). These can form the subject matter of meditation in the early stages, but of them he says: "...all these imaginings must be cast out from the soul" (1958: 215).

The imaginary, then, is subverted and the identifications built up on it are also subverted, leaving emptiness. Even the spiritual gifts such as visions and voices (the symbolic) are negated and must also be given up. The self is despised and depreciated; great aridity is experienced. It all amounts to a stripping (*denudere* is St John's term) of the person, "a stripping himself of himself," as Cugno says (1982: 55).

There would seem to be, then, in both St John of the Cross and Lacan, a notion of the imaginary construct of the ego which attempts to fill up a lack in being. Both attempt to subvert this imaginary ego. Lacan, in fact, calls this process a subjective destitution.

Buddhism

Buddhism has a more explicit theorization of the illusionary nature of the ego than Christianity does. For the Buddhist, the person is built up of five aggregates: matter (which includes sense organs and mind objects), sensations,

perceptions, mental formations (volitional activity) and consciousness. All these are ever-changing states, but taken together they seem to make a whole and seem to be permanent. This gives the sense of a coherent entity or ego. But in fact it is an illusion. There is nothing stable or lasting, only a combination of these elements at any one point of time. So long as we accept it as a fixed whole entity, so long will it be the focus of our lives. And so long as this is the case so long will there be desire or craving "... the will to live, to exist, to re-exist, to become more and more, to accumulate more and more" (Rahula: 1990: 31).

All of this, for the Buddhist, is *dukkha* or suffering, and there is one way out: to overcome the desire that is its cause through following the eight-fold path. In the Fire Sermon, the Buddha speaks of the advanced disciple:

> ...a learned and noble disciple who sees things thus becomes dispassionate with regard to the eye ... with regard to visible forms ... with regard to the visual consciousness ... with regard to the visual impressions .... (Rahula: 1990: 96).

With practice one can achieve various mystical states, bringing some joy and consolation. But as with St John of the Cross, one can go beyond these.

In its cultivation of 'no desire' Buddhism seems to involve what we have already seen in St John of the Cross: the imaginary and the ego that is constructed on it. For both Buddhist and Christian these fill up the gap in our being. In both cases the word 'desire' seems to be used with reference to a matter of appetite. Satisfaction of needs must not be confused with a something else which does not quell desire. For Lacan it is out of the lack that desire emerges.

3. Lack and desire

Christianity

In St John of the Cross we see that while desire as appetite is put in its place, another desire arises. The whole of *The Ascent of Mount Carmel* is embedded in the phrase: "...kindled in love with yearnings...." (1958: 93). The imaginary is put aside and, as with Buddhism, an analogy made with the putting out of a fire. But there is also mention of another fire, a more positive one, captured in the title of the book: *The Living Flame of Love* (1977). Even at the beginning of *The Ascent of Mount Carmel* where counsel is given as to how to conquer desire, John starts with a series of exhortations, which still names desires:

> Desire to have pleasure in nothing
> Desire to possess nothing
> Desire to be nothing...
> Desire to know nothing... (1958: 156).

At the end of *The Dark Night of the Soul* he writes:

> ...yet its [the soul's] love alone which burns at this time and makes its heart to long for the beloved, is that which now moves and guides it and makes it soar upwards to its God along the road of solitude without its knowing how or in what manner (1943: 485).

Through *The Ascent of Mount Carmel* and *The Dark Night of the Soul*, and in the beginning of *The Spiritual Canticle*, we see this yearning or desire increasing—increasing all the more as the beloved is absent. With respect to the first 'cavern' of the soul (the understanding) John says that "... its emptiness is thirst for God" (1977: 70-71). He speaks similarly of the second and third caverns being open to an intense desire, which is the preparation for union (1977: 73). Summing up St John's notion of the soul, Cugno speaks of it as being "...defined by its capacity to desire God" (1982: 41).

Buddhism

In Buddhism, it is difficult to see the same passionate statement on desire or love as we see in St John and numerous other Christian mystics. But Buddhist teaching is based on universal love (*metta*) and compassion (*karuna*) for all living things. The Buddha's teaching was said to be "...for the good of the many, for the happiness of the many out of compassion for the world" (Rahula: 1990: 46). So in Mahayana Buddhism, in contrast to Theravadin Buddhism, there is emphasis on the role of the *bodhisattva* who renounces enlightenment for the sake of staying in this world to teach others the path to enlightenment.

We see, then, that love and compassion are present in Buddhism. But emptiness and lack are emphasized to a greater degree than in Christianity—as also is the need for the deconstruction of the ego. The presence of lack or voidness suggests that it might be true to speak of desire in the Lacanian sense with respect to Buddhism. To see how this could be so, let us consider the Buddhist notion of Nirvana, in the context of what the three discourses (Christianity, Buddhism and Lacanian psychoanalysis) are aiming at in their teaching.

4. Aims of the three discourses

Christianity has union with God as its aim, Buddhism has Nirvana, and psychoanalysis has desire. Is Christian union with God and Buddhist attainment of Nirvana the same thing? Do both serve to fill up the lack in being, and so do away with desire, as Schneiderman (1988) would have us believe with Christianity, and perhaps Freud with Buddhism (Laplanche and Pontalis: 1986: 272).

We have already seen in St John, particularly in *The Ascent of Mount Carmel* and *The Dark Night of the Soul*, an emphasis on absence and lack, and the outcome of this as a desire for God. But what happens then? The whole process for John is moving towards union with God, and he speaks of this union as involving two phases: spiritual betrothal and spiritual marriage. These are dealt with in *The Spiritual Canticle* and *The Living Flame of Love*. The rapture of the spiritual betrothal involves both great joy and great pain (1978: 70). John refers his readers to Theresa of Avila's descriptions of these experiences (1978: 72). He calls the spiritual marriage "...that perfect union with God" (1978: 102). It is a total transformation in the beloved, where the soul participates in the Divine and an end is brought to "...all the operations and passions of the soul" (1978: 145).

In Buddhism, the end is Nirvana. Because of its ineffable nature, Nirvana is seldom described positively. Rather, it tends more often to be described negatively, as consisting in total non-attachment and cessation of desire. It is called 'the unconditioned' or 'unconstricted'. An analogy is sometimes made with the extinguishing of a flame. But there is also a concern, in Buddhism, that Nirvana not be interpreted as annihilation or complete negation. It cannot be the annihilation of the self because there is no self to annihilate. More positively Nirvana has been called 'the marvellous', 'the highest bliss' (Harvey: 1990: 63).

The end state aspired to in Buddhism seems, then, very similar to that of Christianity. Before relating both directly to the problematics of desire, I propose first to look at the Lacanian notion of 'feminine *jouissance*', sometimes referred to as 'the other *jouissance*'.

5. Desire and jouissance

In Lacan there is a *jouissance*—an 'enjoyment' both painful and pleasurable—that is unspeakable. It is beyond the order of words and beyond phallic desire

and satisfaction. It is associated with the feminine (Lacan: 1982: 145). It is beyond knowledge and words. It seems to touch the 'real' order of existence, beyond both the 'imaginary' and the 'symbolic'. It is a *jouissance* of love that can 'condescend to desire' (Fink: 1995: 120, 196). We have already seen how for both the Christian mystic and the Buddhist there is something ineffable, involving both great joy and great pain, and that depends on the deconstruction of the ego, the imaginary, before it shows itself. For John of the Cross there is a need to go more "by unknowing than by knowledge" (1958: 115). Words are dropped in meditation, and the symbolic certainties of life are left behind. Buddhism also positively values the 'I do not know' and 'No depending on words' in reaching its aim (Suzuki, 1979: 14, 41).

Thus far, then, the states that Christian and Buddhist mystics seek to attain seem to be similar to that which Lacan calls 'feminine *jouissance*'. Lacan, in fact, points to John of the Cross and especially to Theresa of Avila as exemplifying this state of *jouissance* (1982: 147).

But here we can ask the question: did Lacan aim to bring the person to desire and to remain there? Or is there something more? And, if so, how are the two related?

In Lacan's thinking at the time of the Ethics Seminar, 'desire' seems to be restricted to desire in the sense of an unceasing, never-ending quest with no ultimate satisfaction: that is, to masculine *jouissance*. It is never-ending because the desire is ultimately based on the lost object, an object which was never in fact possessed but which could be seen as standing in metaphorically for the mother. But the conceptualization goes further and Lacan begins to see the object not so much as that which we advance towards, but as that which causes desire. Lacan calls this 'object a'. But all 'object a' can do is keep our desire going, given that desire cannot obtain any fulfilment. Such desire, then, is hardly going to be what will lead us to God. For the religious person it would seem that there must be something else.

In the Ethics Seminar, Lacan speaks of "that good which is sacrificed for desire" (1992: 322) — that good being *jouissance* — and he seems, in part, to favour this desire. He says there that religions are occupied with this *jouissance* and its recuperation, as if one disallows the other: that is, as if one can have either *jouissance* or desire but not both.

But, in the essay 'The Subversion of the Subject', Lacan says: "For desire is a defence, a prohibition against going beyond a certain limit in *jouissance*" (1977:

322). Jonathan Lee suggests that, though Lacan seems in the Ethics Seminar to value desire as limited by moral law, he goes beyond this in his further development of the concept of *jouissance* and desire. That is, he hints at a form of desire other than that constrained by the moral law (Lee: 1991: 169-322).

Desire, for Lacan, is partly caused by phantasy, which substitutes for the *jouissance* lost at castration. It is easy to see that, limited to this understanding, desire could not lead to God. But in Lacan, at the end of analysis, there is also a traversing or crossing of the phantasy (Lacan: 1979: 273). Psychoanalysis involves, for Lacan, a movement towards the death of narcissism and the taking on of one's own desire, a process in which the phantasy products that fill the hole left by the symbolic themselves need to be traversed. It would seem then, that for Lacan one who makes this journey is willing to go beyond desire to a pursuit of *jouissance* that could be considered close to the path of the mystic or saint. The traversing of the phantasy at the end of analysis seems to be a passing beyond desire or, better put, a passing to a purified desire. We can, in fact, see in all of this a quest for more and more purity. At one point, according to Marcel Marini, Lacan describes analysis as a pure experience of pure desire, something that allows a person to create a vacuum where the "...forever revealed-revealing word can come" (1992: 83). It is here, perhaps, that we find religious desire with its never-ending quest. Here too we see that Lacan, in his treatment of desire, does not stay at a simple bringing of a person to his or her own desire. Beyond this, there is something else.

It does not seem, then, that for Lacan desire is totally discordant with *jouissance*. True, this 'other *jouissance*' involves a going beyond desire. But if the person had not started the (ad)venture into desire, he or she would have remained stuck in the imaginary as objects simply of another's desire.

This feminine *jouissance* seems to be the presence of an infinite desire. It is a desire that Lacan suggests can in some way 'reach another' and is, in the end, neither masculine *jouissance* nor a finding of the 'object a' (the cause of desire) but rather an experience of something that few can write about but of which the mystic has some awareness.

For Lacan, the only kind of love that can coexist with desire seems to be a love that goes beyond the law (a rather Pauline notion, as in Romans 13: 8-10), a love of difference and otherness, of what is beyond identifications that constitute one's previous identity (Lacan: 1979: 276). Perhaps associated with this kind of love is "... that of the moment when the satisfaction of the subject finds a way to realize himself in the satisfaction of everyone..." (Lacan: 1977:

105). It may be, then, that the desire of the mystic goes alongside love and *jouissance*. And while the Christian understanding would see here an achievement of divine grace, there is also a journey to be undertaken, as the titles of Angelus Silesius' work *The Cherubinic Wanderer* and Bunyan's *Pilgrim's Progress* suggest. This journey may, as we have seen, involve passing through a 'dark night'.

What about Buddhism and Christianity? Is there a desire co-extensive with union and Nirvana, or does one preclude the other, as Schneiderman has maintained?

We have seen how for Lacan the two can be seen to go together. In the Ethics Seminar Lacan, speaking about emptiness, lack and religion, first says that "Religion in all its forms consists of avoiding this emptiness" (1992: 130). But he rejects this formula of "avoiding" for that of "respecting the emptiness" (Lacan: 1992: 130). I have already shown how both Buddhism and Christianity respect this emptiness and how it is at the centre of their mystical endeavours. The emptiness is not closed when one achieves union or Nirvana. John of the Cross, almost in opposition to Schneiderman's thesis, speaks of the infinite capacity of the soul's caverns to desire (1977: 71). He asks the same question that Schneiderman and we are asking: "...How comes it, O God, that it (the soul) yearns for Him Whom it already possesses?" (1977: 71). John speaks here, as Schneiderman does, of the angels. It seems to him that the angels do not have pain and yearning and weariness and yet, because they have no weariness, they continually desire. But, unlike Schneiderman, John comes to the conclusion that angels do desire because they are not hindered by the weariness that stems from satiation (involvement in ego concerns). He says of the soul: "the greater is the desire of the soul in this state, the more satisfaction and desire it should experience" (1977: 173). So it is in the relationship of absence that God is found.

Similarly, for the Buddhist, while there is no talk of desire in the sense we are using the term here, there is talk of lack and the need to keep and purify this lack. There is also talk of Nirvana, but Nirvana does not close the gap caused by lack. In Mahayana Buddhism Nirvana, in the end, is lack. It can be referred to as emptiness (*sunyata*) or the void.

So in all three discourses we have a notion of lack and desire, and one of *jouissance*. It is interesting to see that Schneiderman takes Plotinus as exemplifying desire, yet the aim of Plotinean mysticism is a merging with the divine. In Christianity, on the other hand, there is never a merging, but more of a marriage, where difference exists and desire exists. At the end of psychoanalysis,

there is an identification of the person with the symptom. In Buddhism there is the realization that Nirvana is also *samsara*, *samsara* being that which limits and keeps desire going.

Conclusion

Where then do we stand on the questions with which we began? Is religion the death of desire or is religion a manifestation of a pure desire, one that can lead to God?

By bringing the traditions of Christianity and Buddhism into dialogue with psychoanalysis —particularly the psychoanalysis inspired by Lacan—I think we can see, firstly, that the concept of desire as it is used within each of the three discourses is not to be taken univocally. In Buddhism, as partly also in John of the Cross, one aspect of desire corresponds to what Lacan might call imaginary, narcissistic desire. It is desire in this form that the three discourses rail against. For Lacan, as it is for the religious practitioners, this desire alienates us. For Lacan, desire is intimately tied up with others and with an Other. We could be tempted to see this Other as God but that would be erroneous. For Lacan, the Other is not complete either, it is also lacking and is barred. For the mystic also, this is true, as seen in the Buddhist saying "If you meet the Buddha on the road, kill him," and Ekhart's saying "God passes away" (quoted in Suzuki: 1979: 10).

Lacan recognizes a desire which can be one's own. This also is unsatisfactory but, for all that, it is not to negate desire. So we see in Lacan a constant purification of desire—one which can be seen as an initiation through desire but is not an initiation to another *jouissance*. Lacan says that psychoanalysis is not an initiation to another *jouissance* (1977: 7), but the Lacanian psychoanalyst Bice Benvenuto suggests that perhaps Lacan did think that psychoanalysis was able to bring a person to the beginning of this initiatory status (1994: 150). She herself thinks that psychoanalysis is an initiation, one like the Dionysiac initiations, but she too thinks that the mystical initiation is beyond psychoanalysis (Benvenuto: 1994: 150).

John of the Cross takes up desire but also seems to go beyond it, to an encounter with a *jouissance*, which is more pleasurable. It is something other than desire. Lacan is quite clear that John and Theresa experience this 'something else' (1982: 146-147). In their journey through a praxis of desire they have gone further than desire, as has the Buddhist mystic. For Christianity and Buddhism, religious thinking is a thinking informed by desire. The theology of the future,

according to Charles Winquist, is a theology of desire (1982: 198). Christianity is also a therapy of desire, as are Buddhism and psychoanalysis, even if Christianity and Buddhism are more than that. Michel de Certeau in the last page of his book *The Mystic Fable,* commenting on Hadewijch of Anvers and Angelus Silesius, speaks of the mystic as "drunk with desire", as someone "...who cannot stop walking and with the certainty of what is lacking, knows of every place and object that it is not that..." (1992: 299). He says that "Desire creates an excess", precisely that which is beyond itself, beyond desire (de Certeau: 1992: 299). It is this excess that the saints of the different traditions reach. So desire is central to the religious quest. Rather than quenching desire, religion seeks to increase it, even though in the long run there is something more.

Where, then, do we place Lacan in relationship to these two traditions of desire? Is he a Buddhist or a Christian? And is religion a psychoanalysis? A quick response would be that Lacan is neither Buddhist nor Christian. And neither Christianity nor Buddhism is a psychoanalysis. But all three discourses are concerned with desire. Christianity and Buddhism have their saints and maybe psychoanalysis does too, for as Lacan says "... saints are the administrators of the access to desire..." (1992: 262) and it is interesting to note that his own writings are in the same rhetorical style as that of the mystics (Lacan: 1982: 147).

Note

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References

Bahm, A. (1993). *Philosophy of the Buddha.* California: Asian Humanities Press.

Benvenuto, B. & Kennedy, B. (1986). *The Works of Jacques Lacan: An Introduction.* London: Free Association Press.

Benvenuto B. (1994). *Concerning the Rites of Psychoanalysis or the Villa of The Mysteries.* Cambridge: Polity Press.

Bible. (1985). *The New Jerusalem Bible.* London: Darton, Longman & Todd.

Bunyan, J. (1998). *The Pilgrim's Progress.* London: Hodder & Stoughton.

Crownfield, D. (1989). Extraduction. In E. Wyschograd, D. Crownfield, & C. Raschke (Eds.), *Lacan and Theological Discourse.* New York: State University of New York Press.

Cugno, A. (1982). *St John of the Cross, The Life and Thought of a Christian Mystic.* London: Burns & Oates.

Daurio, J. (1988). Towards a theology of desire: The existential hermeneutic in the soteriology of Sebastian Moore. *Downside Review* 106: 195–232.

De Certeau, M. (1992). *The Mystic Fable.* Chicago, IL: University of Chicago Press.

Fink, B. (1995). *The Lacanian Subject: Between Language and Jouissance.* Princeton: Princeton University Press.

Freud. S. (1920). Beyond the pleasure principle. In J. Strachey (Ed.), *Standard Edition of the Complete Psychological Works of Sigmund Freud.* Vol 18. London: Hogarth Press.

Freud, S. (1921). Group psychology and the analysis of the Ego. In J. Strachey (Ed.), *Standard Edition of the Complete Psychological Works of Sigmund Freud.* Vol 18. London: Hogarth Press.

Harvey, P. (1990). *An Introduction to Buddhism. Teachings, History and Practices.* Cambridge: Cambridge University Press.

Kantipalo, B. (1992). *Buddhism Explained.* Singapore: Golden Pagoda Buddhist Temple.

Laplanche, J. & Pontalis, J. (1985). *The Language of Psycho-analysis.* London: The Hogarth Press & The Institute of Psycho-Analysis.

Lacan, J. (1977). *Ecrits: A Selection.* London: Tavistock Publications.

Lacan, J. (1979). *The Four Fundamental Concepts of Psycho-Analysis.* Middlesex: Penguin.

Lacan, J. (1982). God and the *jouissance* of the woman. A love letter. In J. Mitchell and J. Rose (Eds.), *Feminine Sexuality: Jacques Lacan and the Ecole Freudienne.* London: Macmillan Press.

Lacan, J. (1992). *The Ethics of Psychoanalysis: 1959-1960. The Seminar of Jacques Lacan.* London: W. W. Norton & Co.

Lee, J. S. (1991). *Jacques Lacan.* Amherst, MA: University of Massachusetts Press.

Mackin, T. (1982). *Marriage in the Catholic Church: What is Marriage?* New York: Paulist Press.

Marini, M. (1992). *Jacques Lacan: The French Context.* New York: Rutgers University Press.

Moore, S. (1985). *Let This Mind Be in You: The Quest for Identity Through Oedipus to Christ.* London: Darton, Longman and Todd.

Rahula, W. (1990). *What the Buddha Taught.* London: Wisdom Books.

Richardson, W. (1990). Coufontaine, adsum, Lacan and theological discourse. In J. Smith. & S. Handleman (Eds.), *Psychoanalysis and Religion.* Baltimore, MD: Johns Hopkins University Press.

Ridley, M. (1978). *The Art of World Religions, Buddhism.* Dorset: Blandford Press.

St John of The Cross. (1958). *Ascent of Mount Carmel.* New York: Image Books.

St John of the Cross. (1943). 'Dark Night of The Soul'. In *The Complete Works of St John of The Cross.* Vol 1. London: Burns & Oates.

St John of the Cross. (1977). *The Living Flame of Love.* London: Burns & Oates.

St John of the Cross. (1977). *The Spiritual Canticle and Poems.* Tunbridge Wells: Burns & Oates.

Schneiderman, S. (1988). *An Angel Passes: How the Sexes Became Undivided.* New York: New York University Press.

Silesius Angelus. (1986). *The Cherubinic Wanderer.* M. Shrady (Trans.) Kundenwertung: Paulus Press.

Singer, I. (1984). *The Nature of Love, Plato to Luther*. New York: University of Chicago Press.

Spiro, M. (1970). *Buddhism and Society: A Great Tradition and its Burmese Vicissitudes*. London: George Allen & Unwin.

Stevens, J. (1990). *Lust for Enlightenment, Buddhism and Sex*. Boston, MA: Shambhala.

Suzuki, D. (1979). *Mysticism, Christian and Buddhist*. London: Unwin Hyman.

Tracey, D. (1988). Mystics, prophets, rhetorics: Religion and psychoanalysis. In F. Meltzer (Ed.), *The Trials of Psychoanalysis*. Chicago, IL: University of Chicago Press.

Winquist, C. (1982). 'Body, text, and imagination.' In T. Altizer (Ed.), *Deconstruction and Theology*. New York: Crossroad.

Winquist, C. (1995). *Desiring Theology*. Chicago, IL: University of Chicago Press.

'We' With a Capital W
An interview with Farhad Dalal

Stephen Appel

Farhad Dalal is a training group analyst and supervisor for the Institute of Group Analysis, London. He is in private practice as a psychotherapist and group analyst. He has recently published *Taking the Group Seriously: Towards a Post-Foulkesian Group Analytic Theory*, (1998: London & Philadelphia: Jessica Kingsley) which Malcolm Pines has called "a tough, exciting book". The following interview, conducted via email, is a discussion of some of Dalal's principal ideas.

SA: Farhad, tell us a little about yourself.

FD: I was born in Bombay into a Parsee family. We came to London in 1964 when my father, a civil servant, had a three year posting to the Indian High Commission. At the end of this period they went back to India, and I remained to finish off my schooling, and then university (where I studied physics), and stayed on and on.

My first career was as a teacher of mathematics and physics in a secondary school. I did this off and on for 14 years. Whilst teaching I did my first training in a Humanistic psychotherapy (where I met my New Zealand-born wife). Following this I started working in private practice and did my second training as a Group Analyst at the Institute of Group Analysis (IGA) in London.

SA: Can you say a little about your current work?

FD: I work primarily as a psychotherapist and group analyst—seeing individuals, couple therapy (with my wife as co-therapist), running groups, doing supervisions, staff groups and the like. I am also increasingly involved with the training at the IGA, and am now the chair of the training committee. I keep one a day a week clear for writing.

SA: Who would you say have been the most important influences on your therapeutic thinking?

FD: Things change. Twenty to twenty-five years ago I was much more into mystical and humanistic thinkers—none come particularly to mind now. My thinking now is firmly in the psychoanalytic frame, but it is a critical relationship. I find that I have a greater affinity with the ideas of Winnicott and Fairbairn rather than Klein, say. I think that Freud is a genius even though I do not go along with his instinctivist and individualistic rendition of human nature. At present the people I am most influenced by are the works of the father of group analysis S. H. Foulkes, and the sociologist Norbert Elias. Elias is little known. He is a truly revolutionary thinker, who turns many of our accepted ideas on their heads—in particular those about the relationship between individuals and groups.

SA: I'm struck by your comment on Freud. It summarises a problem that I think many of us share; how to be critical without being dismissive; how to be a follower without being a devotee. I'm currently reading Louis Breger's recent biography. *Freud: Darkness in the Midst of Vision.* Breger is himself a psychoanalyst, but in his eagerness not to be a zealot he inadvertently writes a book which is more destructive to Freud's reputation than those like Jeffrey Masson and Frederick Crews who are frank in their antipathy to the man and his ideas. It seems very hard for his descendants to find the right distance from our forefather.

FD: I agree!

SA: Can you say in a nutshell what in your opinion are the major contributions of Foulkes and Elias?

FD: What both of them do, is to remind us that the notion of the individual and the notion of the group are not antithetical to each other. Particularly, Elias reminds us of 'habits of thought' in which we dichotomise reality, and then not only do we experience the poles of the dichotomy as antithetical to each other, we suppose that each of the poles can have an existence without the other. He says that existence is process—but because this is hard to conceptualize, we continually misinterpret it as a series of states. For example, we represent the process called mind (which is continual movement), as a series of structures and states at war with each other—called (say) the ego, superego and id.

SA: Foulkes, of course, is a major figure in group psychoanalysis. But I find it intriguing that Elias is so little known. I myself have his *What is Sociology?* on my shelves but haven't got to it yet. Do you have any ideas about why he has become one of those thinkers that many have heard of, but few have read?

FD: There are several reasons for this. 1. Elias' ideas are fairly radical, and so it requires us to turn many of our usual ways of thinking on their heads. 2. His magnum opus, *The Civilizing Process*, was published in German just as the second world war broke out, and so was little known until many years later. He himself tends to write without locating his ideas in the larger intellectual schema—in other words he keeps himself out, a self-styled maverick.

SA: One starting point for your argument is that "although Foulkes tried to take the group seriously, for a variety of reasons, he was unable to do so" (1998: 12). What would it mean to take the group seriously?

FD: To take the group seriously is not to succumb to the fantasy of individualism. In this way of thinking we imagine that our individuality is something we are born with, and that this uniqueness is constantly threatened by participation in groups. Thus there is a fear of groups—a fantasy in which we imagine that we have a choice about whether to live or not [to live] in groups. Elias puts all of this much more neatly—he says that the 'we' is prior to the 'I', and that the 'we' is part of the 'I'—and cannot be otherwise.

It is interesting to note that the conventions of written English are such that we capitalize the 'I' but not the 'w' in 'we'. To take the group seriously is to capitalize the 'We' too.

SA: The issue you are tackling is a fundamental one—what in traditional sociology is called the macro-micro problem. Some have said that our most pressing theoretical problem is to reconcile Marx and Freud. In my own work I have tried to use Althusser as the bridge. In the chapter "Interlude Between Foulkes and Elias" you talk about the continental structuralist and post structuralist traditions. Is the fact that you have used Elias rather than, say, Levi-Strauss, Foucault, or Derrida simply a personal preference, or do you see his work as superior for your task?

FD: I have used Elias because he fits more organically with group analytic theory—i.e. his influences on Foulkes. Knowing little about Foucault

and Derrida, I am unable to say whether he is superior to them or not. I think that they are all circling the same area.

SA: Say something about what you have called the "Radical Foulkes" and the "Orthodox Foulkes".

FD: They are roughly the same as an "Eliasian Foulkes" and a "Freudian Foulkes". I have called the former radical because it subverts many of our cherished notions in the project of psychotherapy. For example, If the 'we' is a structural part of the 'I', and the 'I' is formed out of the material of the 'we', then what will this mean for the notion of individuation? Will it necessarily be a good thing? And if so, will the word retain the same connotations that it has at present? The theory is also radical because not only does it problematize the I, it also problematizes the we. Another way of putting it is to say that it problematizes the relation of the part to the whole—saying neither of them are 'natural' objects in any sense, and the shapes both happen to take in any moment are contingent on socio-historic processes.

SA: Yes. Basil Bernstein puts the social/personal problem like this: "How does the outside become the inside, and how does the inside reveal itself and shape the outside?" You seem to be arguing that these questions begin too late in the story because they assume a pre-existing individual. How does Elias go behind this individual-group dichotomy?

FD: Elias says that the individual versus social debate is conducted in an impossible space in which it is supposed that society is something beyond individuals and that individuals have an existence outside society. Neither is true. Human beings only exist as humans-in-relation. The fact of being in relation is the critical thing. Elias introduces the term "figuration" to describe this state of affairs. Foulkes uses the notion of traffic as an example of this. Traffic consists of nothing but individual cars and drivers, each "doing their own thing", yet it gives rise to something called "traffic" which appears to have a "will" of its own, and constrains the possibilities of what each driver may or may not do. Further, intrinsic to the notion of figuration is the notion of power. Elias is says that power is an aspect of every relationship; no one is completely powerful and no one completely powerless. It is the differential that is significant.

SA: Those who want to know more will hopefully go on to read your chapter on Elias, of course. Nevertheless, can you outline your path through Elias's concepts which leads you later to an outline of a post-Foulkesian group analytic theory?

FD: This is really too big a question for me—it requires a book to answer it. Someone else might well be able to paraphrase it, but I am up too close to manage that feat. Perhaps I can approach it obliquely.

One of the problems with the individual-group dichotomy is that it is conflated with the free will-determinism dichotomy to make it appear that individuals are free and somehow authentic, and when they combine with others then they are somehow corrupted. An instance of this occurred this very morning: a female patient having lived most of her life on her own, recently formed a relationship. She was concerned that her authentic self was going to be lost or diluted or corrupted in some way by living with another. We can see that this anxiety is predicated on the Rousseauian fantasy that individuals in themselves are free, and that when people come together then their natural state is somehow spoilt.

Elias' notion of figuration cuts through this false dichotomy to show that the two states are different. The first state is not "free", rather it is differently constrained from the second.

In essence what I would say is that if relatedness is central, then rather than focus on the insides of individuals we need to focus on the spaces between them.

SA: Readers of this interview are practising therapists. What can you tell us about what clinical effects your thinking has had on your work—individual and group therapy?

FD: This is hard for me to delineate at present. All I can say is that this way of thinking has many affinities with the intersubjectivists, and that it continues to erode the myth of the objective analyst that does not influence the processes in the consulting room—but only observes and interprets. Whether we like it or not, the therapist influences the patient in the way s/he speaks and what s/he says.

SA: Can we move on now to some of your ideas about what light your post-Foulkesian group theory throws upon issues of race and racism?

FD: In the main, psychoanalysis tends to explain the presence of racism in the world as the outcome of projection of some difficulty in the inner world of a particular individual. This then implies that the 'cure' for racism will be found within the psyches of individuals. This sort of explanation is not only apolitical but also asocial.

The notion of racism is predicated on an idea of race. At its most basic, a "race" is some sort of grouping. The question now is, on what basis has this grouping been formed? Where do the boundaries lie? Where does one group begin and another end? The racists of course would have us believe that these groupings are natural ones and their basis is in genetic code or some difference said to be provided by "nature". But of course there is no such basis for the differentiation of the so-called races. As Stephen Jay Gould demonstrated in his book *The Mismeasure of Man*, all the 19th and 20th Century attempts to measure and calibrate these differences came to nothing.

What we are left with instead is the fact that the so-called races are divided on the basis of colour, but in a peculiar way. Despite the fact that the colours of human kind vary on a continuous spectrum, and despite the fact that humans within designated races are not all coloured the same, we somehow manage the cognitive feat of perceiving the races as homogenous blocks of colour. To my mind it is no coincidence that the colour divides fall neatly onto the various coloniser-colonised divides.

What is becoming evident is that groups are not natural categories but are formed; further, power differentials play a critical role in the way these groups are formed. The construction of an "us" of necessity simultaneously constructs a "them". The question that we now have to ask of this process is why are the lines being drawn in these precise places and in these ways? The answers to these questions will reveal the workings of racism, the function of which is the maintenance of power differentials.

SA: You have said that language by its very nature cuts what is a process in such a way that it creates origin and causation.

FD: We are back at the idea of process reduction. All existence consists of infinite processes; but in order to engage with them we are obliged to break them up into bits and pieces—elements that are small enough to digest. These "bits and pieces" are the "states" that were previously

mentioned. Effectively, we have interrupted the infinite to create something finite. However, Elias says that we are prone to attributing to this place where we have made this interruption the status of an absolute beginning. We experience this beginning in a way that supposes that nothing has gone before it. If nothing comes before it, then this place is now experienced as the 'cause' of all that follows from it.

Complex multifaceted reality has been laid down in a linear sentence—a single line. For example, take the situation of a dysfunctional couple —one person drinks and the other nags. We could represent the situation by saying that the nagger *causes* the other to drink, or we could say that the drinker *causes* the nagger to nag. The point is that the order in which we describe the situation *creates* a cause. Thus the drinker might well make the nagger the cause of his/her drinking, saying in effect that the problem *begins* with the nagger; the drinker denies the existence of anything existing before this particular beginning—saying in effect that the "nagger" started it all. Presumably if one looked into this space before this apparent absolute beginning, then one would see processes in which the drinker would be found to be a little less innocent than s/he would have us believe.

SA: Can you say something about your notion that the unconscious is constantly being constituted?

FD: Odd as it might seem, we can begin to glean these mechanisms by visiting a shoe shop. The shop keeper tells us: there are more brown shoes than red ones.

Now, for this statement to be able to work, for it to be able to say something certain things need to be left unsaid, because if they were said, then meaning would be destroyed.

The statement has created two categories: red shoes and brown ones. The first thing that has to be rendered invisible are the connections between these groups—for example the fact that they are all shoes. If this connection is remembered, then there is the danger that the groups would collapse into each other. In effect, the difference between the two groups is emphasized, and the similarities are rendered invisible—one could say: made unconscious.

Now we can only ever meaningfully say a thing like 'the red shoes' by ignoring all the differences between the red shoes—the fact that some are brogues, some are stilettos, and so on. It is clear then that in order to say "the red shoes" what is being emphasized is the similarity, and what is rendered invisible are the differences within the category.

If we now step back from the whole thing we can see that at the level of the sentence, the parts have been homogenized (made the same), whilst the space between the parts has been heterogenized. In effect we have temporarily introduced two absolutes—an absolute difference between the parts and an absolute similarity within the parts.

We can say now that every sentence contains globules of homogeneity, which are connected by heterogeneity. To put it another way, sentences are globules of similarity in a sea of difference.

Identity, the act of naming a belonging, is a process similar to this. To say "we are group analysts", or "we are vegetarians", is to impose a homogeneity onto the named category. The heterogeneity within the category is annihilated. It has to be so for the sentence to work. And here is the thing: we could say that the internal differences are made unconscious, as are the external similarities. Thus all thought could be said to consist of a weaving together of islands of unconsciousness and consciousness.

What I am trying to describe here is how discourse structures thought—determining to some degree which aspects of experience are rendered conscious and which unconscious. This mechanism is actually the social unconscious at work.

SA: I'm beginning to get a feel for how stimulating your ideas could be for both psychoanalysis and sociology. This is psychoanalysis-*as-sociology*, and sociology-*as-psychoanalysis*. Thank you very much.

The Healing Dance
Movement and Dance Psychotherapy

Jennifer De Leon

Abstract

Movement is a fundamental, organic and intrinsic aspect of our lives. In this paper I discuss a psychotherapy of movement: in which the fundamental movement of our existence is included as a fundamental part of the therapy, and where that movement is taken a step further into the realm of dance.

Introduction

When we are born, one of the first things we do, (provided we live), is breathe. Breathing is thus our first dance, and continues as the fundamental kinetic impulse for the rest of our lives. What the breath sustains, is our bodies. Breath + body = movement.

There are no clients who come to therapy independently of breath or body or movement. Preceding and containing whatever issue the client has come to therapy for, are breath, body and movement. Further, every client presents with distinct characteristics of breathing, body and movement.

Background

Traditional psychotherapy focused on the relationship between cognitive processes and emotions; employing the notion of a hierarchy with the head (cognitive processes) most important, then emotions, and finally the body. The body deserved little attention since "From classical antiquity, the body has been conceptualised as either antithetical to the objectives of the soul, the primary obstacle in man's pursuit of self-realisation, or merely 'inferior' to the soul" (Geller: 1978: 350).

Movement therapy would seem to invert the hierarchy, starting with the body, working through the emotions, and integrating these with the cognitive processes. Freud believed that

> nonverbal behaviour, being under less conscious control than speech and therefore more likely to escape efforts at concealment, could provide

> information that patients were hesitant or unable to discuss verbally (Cited in Geller: 1978: 350).

He and other psychotherapists (Reich, Juror, Rolf, Laban) have tried to interpret the symbolism of nonverbal behaviour; their mind-body theories being formative in movement therapy and dance psychotherapy.

Today the dance therapy arena is turbulent with exploration and discovery. Varying theories—Freudian, Adlerian, Jungian, Gestalt, Transpersonal, Family Therapy, plus tenets of dance therapists such as Dowd, Chase, Evan, Schoop—all revolving around the use of movement in psychotherapy, co-exist (Calliman: 1993).

Dance therapists have been split from mainstream therapists because customarily dance therapy is seen as an adjunct to traditional forms of psychotherapy. Verbal therapists are not usually trained to work with movement; movement therapists may have insufficient training in verbal techniques. A movement therapist may ignore verbal information and focusing on verbal information may lead to overlooking movement clues. Either might dismiss spontaneous or Mindell's (1982) "dream-body" movement.

Dance psychotherapy

Like every good therapy, dance psychotherapy *is* the relationship. Uniquely to dance psychotherapy, the language of relating is the fluid interweaving of the unconscious, the conscious, cognition and movement.

> Dance therapy is the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual (American Dance Therapy Association: 1985).

Jung said:

> To my mind, in dealing with individuals only individual understanding will do. We need a different language for each client... to apply a whole spectrum of therapies as the client moves through the spectrum of consciousness (1965: 131).

As a confluence of mind and body, thought and movement, dance psychotherapy may be perceived as encompassing a whole spectrum of therapies, uniting

- the primacy of the body
- the immediacy of movement

- the intellectual, cognitive faculties

and recognising that emotional, spiritual, dream and transpersonal material are embedded within these.

Dance psychotherapy is a new therapeutic model. Traditional fundamental therapeutic tenets such as autonomy, beneficence, non-maleficence and justice, and methodologies such as attending, listening, matching, pacing, reflecting, are fully present.

There are, however, some differences in terminology and practice:

- the Unconscious is also referred to as "creative energy" or "creative impulse";
- transference and countertransference may be explored through movement, as well as verbally, and are experienced, embodied, felt;
- defences are identified in muscular, postural and movement expressions as well as through speech and behaviour. (In dance therapy, bound or diminished movement will indicate defences);
- communication and processing occur in movement and dance as well as in words;
- the treatment plan may include formal dance technique;
- the therapist–still client-centred and 'waiting-on'–encourages and models the intentional practice of mindfulness and discipline;
- inclusiveness: dance psychotherapy and analysis are for clients who can and can't talk.

Movement and the body are part of the organic; the "Creation" side of life, thus, in the writer's experience, dance psychotherapy attracts clients asking existential questions, exploring *why* (they are here). Most of my clients seek out dance psychotherapy because they perceive it as a language of imagination, for meaning making.

Hillman said "The aim of therapy is the development of a sense of soul, the middle ground of psychic realities, and the method of therapy is the cultivation of imagination" (1983: 12).

Dance psychotherapy—including the mechanics of it—is a language of metaphor and imagination. As such, it lends itself to phrases like "the Great Dance" and "the Dance of Life".

Methodology

1. Assessment and Diagnosis

In my work, The Healing Dance, for the terms "assessment" and "diagnosis" I prefer the terms "compassionate coordination" or "looking with love". In the paradigm of the Great Dance, the "self" is not reified as a discrete entity. There is, therefore, no thing available for encapsulation by assessment or diagnosis. The goal is to recognise self as part of The Dance—to perceive "self" as also movement—changing, shifting, transiting, flexible and, in truth, existing only in this moment of its passing. The Healing Dance concept of self is that it exists as motion, and that 'I' is no thing. (Broom: 1996; Epstein: 1996).

The Diagnostic and Statistical Manual (DSM) contains invaluable information and guidelines, however. Integration of DSM information about state and condition with the movement-transition-flexibility tenets of dance psychotherapy offer a model in which clinical accuracy and imagination exist side-by-side. Making a medical diagnosis based on conduct, utterances or feelings neither I nor my client can ever fully understand and then expressing this in dance is one way of understanding the condition better, and transforming it to metaphor. As metaphor, we allow for mystery and creative magic (Coates: 1997: 84; The Course: 1997, 1998, 1999).

> The more we let [creativity] flourish, the greater is our satisfaction with life, the better our mental health. Our creativity can let us come to terms with our conflict. It can be a crucible for dissent (Crawford: 1997).

By dancing (embodying) the diagnosis the client is empowered with the sense that now s/he has ownership over this condition—and the dance-of-healing is, from now on, in both our hands—and bodies and feet!

"Compassionate coordination" and "looking with love" begin with looking, listening, sensing—an intense, focused activity—because in The Healing Dance not only verbal information, but also *physical* indications, both specific and global, are key.

Physical indications are the clue to defences that the client has amassed throughout her life thus far, often commencing at a pre-verbal time when her experience of the nurturing she received was that it was, in some way, impoverished.

Physical indications include:

- overall general appearance and presentation, and specifics: shape, size, colouring, skin tone, clothing, footwear, ornament and focus;
- muscle tone, posture, gestures, movements and movement quality;
- physiological, postural and movement signs that provide developmental information. (For example, predominantly directionless, unformed movement derives from the pre-verbal time corresponding to Erikson's trust versus mistrust stage; predominantly small, bound movements correspond to Erikson's autonomy versus doubt and shame period);
- the degree of movement adaptation and sophistication, or its lack.

Testing, evaluation and analysis of this information is described in terms of the Effort-Shape Movement Fundamentals Analysis system originated by the Hungarian scientist Rudolf Laban (1947–1960), which is the modern-day dance therapist's generic medium for testing and evaluating normal and clinical populations. Bartenieff (1980), Bernstein (1985), and Kestenberg (1970) show how Laban's theories relate to Anna Freud's developmental lines, to structural and dynamic points of view, and also to the work of Mahler (1968) and Winnicott (1976).

Effort-Shape Movement Fundamentals Analysis investigates the elements of effort, shape, space, time and emotion as they combine in the person's physiology and kinesis, and are expressed in the body's conscious and unconscious movements, thus producing the global dynamic affect.

The Movement Fundamentals Analysis is:

- quantitative: for example, I look at the angle of a person's neck to their shoulders; the amount of tension held in the thighs; the ability to open the arms or hands past the necessary degree of functionality. Opening, closing and widening movements indicate the baby's experience of sucking; directional movements indicate the ability to move from self to other (object); posture components indicate adaptation to earliest mirroring and affirming, or lack of these. If the baby has, for example, received a mixed message, such as the free-flow of milk accompanied by a tense, rigidly-holding embrace, then her belief in adequate provision will be coloured by what it costs. The associated movement adaptation is most likely to be tension-flow rhythms and constricted spatial occupancy.

- qualitative: discernment and description are made in such terms as bound, free, percussive, lyrical, static, flowing, centred, peripheral, and more. These qualities describe emotional states; for example: percussive, static movements indicate the presence of fear which could derive from inhibition of early drive discharge, as in a message in infancy that crying or feeding was *not* all right.

Body information contributes important additional material to that gained in speech-only therapy. Defences will exhibit multi-dimensionally. Linda, in a transference with her preoccupied, unavailable mother, accused me: "You're not listening to me!". Her strident accusing voice was accompanied by in-curving, bond-flow, restrictive, incomplete movements. Through empathic mirroring and an appropriate degree of kinetic merging, I made an interpretation of pre-verbal timidity, fear, shame, hurt, fragility and insubstantiality.

Linda's symptoms suggested a diagnosis of avoidant or dependent personality disorder. Illustrating the point I made above, however, about the language we use, I prefer to say, "Linda's dance seemed to express an avoidancy and dependency which was less poignantly demonstrated by her words alone".

Matching, pacing, reflecting, empathizing, questioning and provoking flow on from the initial observation.

2. Mindfulness

The observing, listening, matching, pacing, reflecting, modelling, empathizing, questioning, teaching, provoking and attending of psychotherapy occur in an attitude of mindfulness.

Mindfulness (bare attention) is the technique central to The Healing Dance psychotherapy. Mindfulness, which Krishnamurti calls "choiceless awareness" (Cited in Epstein: 1996: 166) is a cognitive activity, one of continual aligning of awareness to the here-and-now experience.

Mindfulness incorporates the physical, encouraging awareness—and even some theoretical knowledge—of breathing, alignment and posture, even to anatomical, muscular and cellular connections. The seeing and feeling and moving are organismic, physiological, locomotive and corporeal; it is a kind of depth encountering, leading on to the awareness that stimulates the processes of reflection and change. "The healing is in the looking" (Milner & Sweet: 1998: 39).

The healing is in the dancing.

In the psychoanalytic "mirror" model, the analyst's stillness allows the client to hear and reflect upon what s/he has said. In The Healing Dance this same inner stillness draws forth the client's self-reflective movement. Hearing, seeing, moving and self-reflecting enable the client to encounter his longings, conflicts, confusions—and himself.

Mindful hearing, seeing, feeling and moving make it possible for in-habitation, or embodiment (to give form, body; to express tangibly, so that mind and body become intimate reflections of each other).

3. Embodiment

Embodiment—to give flesh, to give form—to our longings, conflicts and confusions, hopes, joys and visions: literally, to take *in corpus* is to reject the dispersal that comes from unconscious repression or dissociated splitting. We are able to engage more fully with who we are. Analysis and interpretation of embodied movement is part of the work of dance psychotherapy. It is analogous to Winnicott's indwelling, "achieving a close, easy relationship between psyche, body and body functioning" (1976: 68).

To facilitate the embodying process

- Client and therapist create dance sequences, then practise and process these verbally and in movement. This is comparable to Freud's "remembering, repeating and working through" (1964: 147).
- Dance sequences of increasing complexity and accuracy are practised, so the embodiment gets more mindful, the mindfulness more embodied. This facilitates our interpretation of somatic signals.
- We create, practise and process dance sequences containing motifs of paradox (perceived conflict). *Dancing* paradox gives entry to the transpersonal. Examples are movement polarities of motion/stillness, chaos/order, balance/out-of-balance.

Epstein, describing 'dancing the paradox', speaks of "...the fluid ability to integrate potentially destabilizing experiences of insubstantiality and impermanence" (1996: 94). *Embodying* paradox acknowledges, values and aids interpretation and contains it (1996: 212).

My client Ann felt an undercurrent of anger towards me, but was too afraid to verbalize it in case she "lost" me. As she danced, embodying her anger, she realized she was employing "body-management" in order to execute the

movement; she simultaneously identified a self-management strength as well. She found she could express—without "losing it".

I interpreted this as Ann's "growing ability to gather all things into the area of personal omnipotence, even including original traumata" (Winnicott: 1976: 168).

4. Mirroring

Empathic movement reflecting, or attunement through mirroring—setting up the mirror transference—provides the environment for the therapist to enter the undifferentiated world of the narcissistically wounded adult. In empathically adapting her movement to that of the client, and breathing together, the therapist creates a relationship with even the most isolated (Siegel: 1978). This environment allows for the emergence of unconscious, authentic, "play" movements; movement dramatizations and metaphors, of the pre-verbal and unverbalisable. As these are remembered, re-experienced and brought into the transitional therapeutic space, the therapist interprets and reflects back, using symbols and mythologems created by the client. This empathic, attuned movement mirroring, sensitive to the client's developmental effort and shape flow (equivalent to "holding" and "handling"), facilitate the evolution of meaningful memories. These in turn are the "stage" for the development of transferential object relations (perception of the extension of self which is "other", then self) and eventual object constancy and differentiation to occur.

After a suicide attempt, Paula regressed and retreated; she lay on my studio floor curled into the foetal position, barely moving and rarely speaking. Paula and I worked together for one year and most of our work during that time consisted of empathic, attuned movement: lying on the floor, dancing the foetal position, emerging from the foetal position, choreographing a dance symbolizing the security and haven that Paula perceived the foetal state to be, quitting the foetal state, giving herself permission to open her arms and lift up her head, acknowledging and dancing a Paula who could exist with beauty and authority, eventually making a dance expressing "I have a right to be here".

5. Transference and countertransference

Transference and countertransference are psychotherapeutic terms used to describe the mental process of buried or unconscious memories of earlier

relationship experiences coming to life and directed towards the therapist, and the therapist unconsciously responding.

Using transference skilfully is an important element in dance psychotherapy, and the reality is that I do not listen, look and sense alone. While my goal is bare attention, choiceless awareness, the reality is that I am not a mirror empty, but another human being with beliefs, ideas, preconceptions and personal idiosyncrasies. In other words, transference and countertransference are a given. My clients come because in my course of listening, looking and sensing I am making a choreography out of all that they bring to me. Every movement of the dance I dance with my client is a choreography inflected with my own subjectivity. I am aware of this, and conscious of the persuasive potential of my movement, I use

silence

stillness

space.

With space beneath our arms and the slight zephyr of wind in our faces as we move, the transference and countertransference dynamics that I and my client take on and visit upon each other become more visible, more out in the open, and less toxic.

End Statement

Clients for The Healing Dance psychotherapy do not need to be 20, slim, fit and have beautiful legs. The Dancer Within lives in all of us, waiting for us to call him or her onto the stage that is our lives. The stuff of psychotherapy —talking, grieving, celebrating, complaining, hoping, praying—happens in words both spoken and unspoken. Often it is in the unspoken language of our souls that moments of rarest insight and breakthrough occur. The invitation of our miraculous, moving bodies and ever-sparking imagination is to make this a day in which, at least once, we dance.

References

American Dance Therapy Assn. (1985). http://www.adta.org

Bartenieff, I. (1980). *Body Movement: Coping with the Environment.* New York: Gordon & Breach.

Bernstein, P. (Ed.). (1985). *Therapeutic Approaches in Dance Movement Therapy.* (Vol 11). Dubque, NY: Kendall Hunt.

Broom, B. (1996). Mind, body and 'I'. *Forum,* 2: 15-33.

Calliman, P. (1993). *Dance therapy.* Unpublished master's thesis, University of Auckland.

Coates, T. (1997). Science, psychiatry and psychotherapy. *Forum,* 3: 72-100.

Epstein, M. (1996). *Thoughts Without a Thinker, Psychotherapy from a Buddhist Perspective.* New York: Basic Books.

Freud, S. (1964). *Standard Edition of the Complete Psychological Works.* London: Hogarth Press & Institute of Psychoanalysis.

Geller, J. D. (1978). The body, expressive movement, and physical contact in psychotherapy. In J. L. Singer & K. S. Pope (Eds.), *The Power of Human Imagination: New Methods in Psychotherapy.* New York: Plenum Press.

Hillman, J. (1983). *Archetypal Interviews.* Woodstock, CT: Spring Rules.

Jung, C. G. (1965). *Memories, Dreams and Reflections.* New York: Vintage Books.

Kestenberg, J. (1970). The role of movement patterns in development. *Psychoanalytic Quarterly.*

Laban, R. (1966). *Choreutics.* London: McDonald & Evans.

Mahler, M. (1968). *On Human Symbiosis and the Vicissitudes of Individuation.* New York: International Universities Press.

Milner, M. & Sweet, G. (1998). *NZAC Newsletter,* 12: 39.

Mindell, A. (1982). *Dreambody.* Sigo Press.

Siegel, E. V. (1978). Psychoanalytic Thought and Methodology in Dance Movement Therapy. *Focus on Dance VII,* Washington D.C., AAHPERD.

Winnicott, D. W. (1976). *The Maturational Processes and the Facilitating Environment.* London: Hogarth Press.

Harry Potter and the Warp of Resilience

Isla Lonie

Abstract

This paper pursues the theme of resilience in psychological functioning using the example of Harry Potter as traumatised child who manages to survive his early adversive experiences to become a mature and caring older boy. By contrast, Lord Voldemort, the villain in the stories, also has a history of early deprivation but the outcome for him is highly antisocial.

We live in exciting times for increased understanding of the often subtle events which now seem to form the initial conditions which may lead to such differences. A selection of these insights from research in attachment and early trauma is provided to illustrate the theme.

Weaving

In weaving, the first act is to create the warp which is the series of threads which are tied around the loom and which determine not only the possible length of the weaving, but also the strength and durability of the fabric. The weft—the thread which is wound around the shuttle and passed in and out of the warp—may be gossamer thin and fragile, yet if the warp is made of a tough and resilient fibre the resulting cloth will have a strength which will withstand distortions and tearing forces which might destroy a lesser fabric. The warp threads are seen in the fringes found at either end of a piece of weaving where their colours may be seen clearly, and by looking at the cloth we can see how this basic structure affects the tone and timbre of the entire work.

To illustrate this, a fine example was given by Erik Erikson, famous for his eight stages of psychosocial development. He quoted his wife, Joan Erikson, who, he said, had worked with him from the beginning, and who as a weaver had found her own means of representing these ideas by means of a many-coloured scarf.

> One colour for each vital strength. In the fringe at the bottom – the warp – you can see them all: dark blue for Trust; orange for Autonomy; and dark green for Initiative; yellow for Industry – and so on. And please observe

> from the start that there are grey threads to represent the dystonic elements (basic mistrust, shame, guilt, etc.) over which the colours must maintain their dominance and brilliance as well as their essential characteristics. When you study this weaving you no longer doubt that the warp must exist from the start; otherwise the whole would not hang together. Also you can follow the threads as they continue up the years and add their character to the entire life pattern. In this way, everything is interwoven as, indeed, it is in life itself. (Erikson: 1980: 213)

Joan Erikson's weaving illustrates the concept of dependence on initial conditions. The basic colour system set up in the warp influences all the later development of the cloth: for instance, the orange for autonomy stripe maintains a sense of orangeness as it passes through subsequent phases. At the point where the weft is blue, the orange is modified to become a mauve colour, so illustrating the effect of feedback—orange and blue interacting over a square of pixels produces a new effect to the observing eye. Erikson uses his wife's weaving to illustrate the idea that early events influence later developments, and that every earlier stage of development colours later phases to some extent – in fact we use the word "colours" to indicate this phenomenon.

Looking across the piece of weaving from left to right, we see, too, that there are distinct changes in the tone and colour as we move, say, from a part where the warp is blue to one where it is orange. This illustrates another concept from chaos theory, namely that of a "bifurcation point" or "phase transition". Complex systems show multiple behavioural patterns and switch between these patterns in a discontinuous manner. By discontinuous I mean that the point of change from one pattern to the other is abrupt rather than gradual and imperceptible. In order to understand the square, we need to analyse its constituents, to understand the colours in the warp and how the interplay with the weft has produced this outcome. That is, the colour of the warp is a crucial factor here in terms of outcome. This is beginning to sound like psychotherapy.

Harry Potter and Voldemort

I was introduced to Harry Potter by one of my patients who said that she was reading this wonderful book which she could not put down. Moreover, the author had revealed that there was to be a series of seven books and she could scarcely contain herself until the next one appeared. Since this patient never seemed to read anything and was herself an orphaned child, I was sufficiently impressed to find a copy for myself, intending a quick skim to keep me abreast of the themes, but like my patient I found the book to be a compelling read.

Perhaps the reason for this is the author, Jo Rowling's, magnificent inventiveness and her deft touch in presenting the inner world of her protagonists.

The story is that Harry Potter's parents were killed by the evil Lord Voldemort when he was one year old, and he was subsequently reared by his egregious uncle and aunt Dursley. They subjected him to a regime where any sign of magical ability was instantly attacked because they were afraid that he would turn out like his parents, who were a witch and wizard. The Dursleys consistently attributed the very worst motives to Harry, so justifying their acts of deprivation. For instance, his bedroom was the cupboard under the stairs, dark and full of spiders, and he was often confined there for up to a week. They consistently showed their preference for their impossibly spoilt son, Dudley, while depriving and neglecting Harry. Harry was given a pair of his Uncle Vernon's old socks and a coathanger for his tenth birthday present, while Dudley received a new computer, a second television, a camera, a remote control aeroplane and a racing bike. Frequently, Harry was employed as a household slave, cooking the breakfast and gardening all day. He never had any pocket-money. Because Dudley and his friends' favourite game was "hunting Harry", he learnt to be very fast in evading their bullying and physical attacks. Harry, like so many neglected children, was not prepossessing in appearance either:

> Perhaps it had something to do with living in a dark cupboard, but Harry had always been small and skinny for his age. He looked even smaller and skinnier than he really was because all he had to wear were old clothes of Dudley's and Dudley was about four times bigger than he was. Harry had a thin face, knobbly knees, black hair and bright-green eyes. He wore round glasses held together with a lot of Sellotape because of all the times Dudley had punched him on the nose. The only thing Harry liked about his own appearance was a very thin scar on his forehead which was shaped like a bolt of lightning (Rowling: 1997: 20).

Harry is rescued from the Dursleys on his eleventh birthday when the giant Hagrid relentlessly pursues him, despite his uncle's evasive tactics, and organises for Harry to attend Hogwarts School for Witchcraft and Wizardry, in which he has been offered a place. One might think that 10 years' sojourn with the Dursleys would have had a very negative effect on Harry's character development, but as soon as he finds himself in more congenial surroundings he is able to form warm friendships with his peers, to have generally satisfactory relationships with the new adults in his world, and to meet a number of difficult

challenges with courage and fortitude. However, he could be said to suffer from the symptoms of PTSD. He has flashbacks in which his scar burns with pain, and he sees a blinding green light, later accompanied by a high cold cruel laugh. This happens when he is in danger. He also gets a churning stomach and loses his appetite when expecting an ordeal, a response which could represent an overactive physiological response to stress. He is particularly susceptible to the Dementors, guards at a prison who have the capacity to reawaken a memory of his mother's dying words as she tried to protect him from Voldemort. As in depression, the Dementors drain every good feeling, every happy memory out of those who get near them (Rowling: 1999: 140). Harry is told by his headmaster, Albus Dumbledore, that he is particularly vulnerable to them because of his early trauma.

So far four of Jo Rowling's promised seven books about Harry's adventures have appeared. As the story has been unfolding the character and story of Voldemort have become clearer. By now we have learned that after attempting to kill Harry and actually killing his parents, he lost all his power, and was reduced to a foetal existence as a parasite on his faithful follower. It seems that Harry may have acquired power while Voldemort lost it. By the fourth book, however, Voldemort is regaining his old strength, so that perhaps his period of regression may be thought to be proving beneficial, for him, at least.

Voldemort's early history is also an interesting parallel with Harry's, in that both are orphans who grew up under adverse circumstances. Voldemort's father abandoned his mother when he discovered that she was a witch and she died giving birth to him. He was left to grow up in an orphanage, but, like Harry, was invited to Hogwarts on his eleventh birthday. The idea that Voldemort might represent an alter ego of Harry's is strengthened by the fact that both are Parselmouths (that is, they can speak with snakes), both have unruly black hair, and both share feathers from the same phoenix as components of their wands. Voldemort himself says:

> There are strange likenesses between us, Harry Potter. Even you must have noticed.... Both half-bloods, orphans, raised by Muggles.[1] We even *look* something alike (Rowling: 1998: 233).

Voldemort's subsequent history is unfortunately reminiscent of that of many who have an early history of abuse and deprivation, and possibly what one

1. The word "muggles" refers to non-magic people.

might think could be a more likely outcome for Harry after his sojourn with the Dursleys.

> He disappeared after leaving the school, ... travelled far and wide ... sank so deeply into the Dark Arts, consorted with the very worst of our kind, underwent so many dangerous, magical transformations, that when he resurfaced as Lord Voldemort, he was barely recognisable. Hardly anyone connected Lord Voldemort with the clever handsome boy who was once head boy here (Rowling: 1998: 242).

Questions arising about Harry's resilience

We might ask ourselves how it is that Harry can show such resilience after a childhood such as that he experienced with the Dursleys. What are the factors which differentiate him from Voldemort, who has had probably similar experiences of neglect and possibly abuse in his orphanage? We may ask what is known these days about predisposition to later mental health problems such as displayed by Voldemort: lifelong devotion to omnipotent power, unstable identity, absence of the capacity for concern, total disregard for the needs and rights of other people, infantile regression, the expectation that others will act as extensions of himself – unfortunately characteristics displayed by many of the world's leaders. How is it that Harry emerges apparently more or less unscathed from a childhood where he spent significant periods of time locked in a cupboard while Voldemort has become the personification of evil? How does this affect us as psychotherapists?

Early deprivation

First, let us think about the potential for harm of experiences such as Harry has suffered. The Irish poet Seamus Heaney has captured the horror of infant neglect and trauma in his poem "Bye-Child", which commences with the explanation *"He was discovered in the henhouse where she had confined him. He was incapable of saying anything."*

> When the lamp glowed
> A yolk of light
> In their back window,
> The child in the henhouse
> Put his eye to a chink –

Little henhouse boy,
Sharp-faced as new moons,
Remembered, your photo still
Glimpsed like a rodent
On the floor of my mind,

Little moon man,
Kennelled and faithful
At the foot of the yard,
Your frail shape, luminous,
Weightless, is stirring the dust

The cobwebs, old droppings
Under the roosts
And dry smells from scraps
She put through your trapdoor
Morning and evening.

After those footsteps, silence;
Vigils, solitudes, fasts,
Unchristened tears,
A puzzled love of the light,
But now you speak at last

With a remote mime
Of something beyond patience,
Your gaping wordless proof
Of lunar distances
Travelled beyond love.

(Heaney: 1990)

Bruce Perry

Perhaps the person who has had most to say about the effects of early trauma is Bruce Perry. When in Sydney, he showed a CAT scan of the head of a normal three-year-old beside one of a child of the same age who had spent his life confined in a kennel. It was clear that this latter child had a gross diminution of skull volume due to lack of brain development.

Perry has worked extensively with traumatised and maltreated children. Last year he commenced his paper on "Brain Structure and Function" as follows:

> A terrified 3-year old child huddles, sobbing, in a dark corner of his room after being beaten by a drunken parent for spilling milk. A "colicky" infant cries for 8 hours, left alone, soiled and hungry, by an immature, impaired mother. A 7-year-old boy watches his father beat his mother, the most recent of many terrorizing assaults this child has witnessed in his chaotic, violent household.
>
> Terror, chaos and threat permeate the lives of too many children – millions of children across the globe each year have tiny pieces of their potential chipped away by fear. Fear inhibits exploration, fear inhibits learning, and fear inhibits opportunity. And when it does, it changes the child. It changes the brain of that child (Perry: 2000: 2).

René Spitz

The work of René Spitz brought these matters to attention as long ago as 1946. In a paper titled "Grief, A Peril in Infancy", he described a penal institution which took delinquent girls and their infants. For the first six months the girls were allowed to look after their babies, but after that the babies were put in a nursery which was extremely hygienic. The infants were segregated in their cots and had minimal human contact.

Spitz found that out of a total of 123 infants, 19 severe and 23 mild cases of anaclitic depression developed—i.e. 42 infants suffered serious ill effects (35%). Tragically, these infants were those whose attachment to their mothers had been the most intense. Spitz found that where the mother was restored within three months the process was reversible. Where she was not restored the process proceeded to a picture of stuporous, deteriorated catatonia or agitated idiocy, which appeared to be irreversible. We have seen this picture on our television screens in connection with the Romanian orphanages. Spitz found that during episodes of more minor depression, the infants appeared to be more susceptible to colds, lost weight and were unable to sleep. Of the children whose mothers were not restored, one third were dead by the end of a year.

Twenty years after making these observations, Spitz wrote:

> Affective interchange is paramount, not only for the development of emotion itself in infants, but also for the maturation and the development of the child... this affective interchange is provided by the reciprocity between the mother (or her substitute) and the child... depriving the child of this interchange is serious, and in the extreme case, a dangerous handicap for its development in every sector of the personality (1965: 37).

Brain architecture and function

Since there is now evidence that traumatic events early in life may adversely affect the architecture of the brain, first let us consider the structure of the brain itself.

The human brain consists of several discrete parts which are evolutionarily distinct. First there is the spinal cord, which functions at the level of the reflex arc. Sensory impulses come in and trigger motor responses. Next there is the brain stem, where automatic functions such as heart rate and breathing are controlled. Further "up" and deep within the brain is the limbic system, which includes the amygdala and the hippocampus and where memories are stored and emotions are generated. Finally we have the cortex or brain surface, where thinking and planning for the future take place.

Perry makes the point that there is evidence that stress causes actual change in brain architecture, such as shrinkage of the hippocampus, which in turn may lead to difficulties with memory storage and new learning. Moreover, he says

> any deprivation of optimal developmental experiences which leads to underdevelopment of cortical, subcortical and limbic areas will necessarily result in persistence of primitive, immature behavioural reactivity and, predispose to violent behaviour. [...] The traumatized child frequently has significant impairment in social and emotional functioning (Perry: 2000: 2).

Alan Schore

Alan Schore from UCLA has spent the last 15 years patiently collecting information from neurobiological research and linking it with brain development and clinical outcome. He has been particularly interested in the development of links between the limbic system, the seat of the emotions, and the pre-frontal orbital cortex (the part right behind the eyes), where it is now believed that affect regulation takes place. He says that the subject of affect regulation is of paramount importance in understanding human dysfunctional states, and that the beginning of this occurs in early infancy when the mother is learning how to regulate her infant. In fact, the paediatrician Berry Brazelton noted that newborn infants in a nursery regulated sleep and wake cycles by ten days when there was a regular caregiver, but when, as usually happens, nurses were rostered there only occasionally, there was no self-regulation.

Primitive emotional states

The primitive emotional states below are now identified as existing or at least emanating from the deep structures of the brain: the amygdala, hippocampus, thalamus, and limbic system.

1. Interest-excitement
2. Enjoyment-joy
3. Startle-surprise
4. Distress-anguish
5. Rage-anger
6. Disgust-revulsion (This could be an olfactory reflex)
7. Contempt-scorn
8. Fear-terror
9. Shame-shyness-humiliation

Anxiety and guilt are not included on this list since they are learned responses and not considered to be innate. Guilt also differs in that it is not exposed on the face, while shame—its more primitive counterpart—is.

Alan Sroufe, a researcher in this area, says

> Much of human emotion is social in nature, and the development of emotion cannot be separated from its social context. Affection and rage typically have social objects. Shame requires an audience while guilt is based on the internalization of social values. Infants smile more frequently and more broadly when they are with others than when they are alone (1995: 40).

Where there are primitive emotions there is restricted ability to reflect upon the emotional states of others.

The Gaze

In the second half of the fifteenth century Leonardo da Vinci (1452-1519) is said to have observed that the eyes are the windows of the body's prison (McCarthy: 1972). Leonardo was no doubt speaking as the great painter he was—as the creator of the Mona Lisa with her enigmatic smile. He was no doubt referring to the sense of the eye as the window of the soul; to the eye as the source of the gaze which conveys such a profundity of meaning—as that strange attractor which locks in the Other. Eye contact—the meeting of the gaze—binds human beings in a union which is in fact entirely outside of speech. Parents find the wide-eyed gaze of the newborn infant especially

moving and are likely to make comments indicating an experience of a sense of the infant as an mysterious individual they must make contact with: "somebody in there, looking at me". There is something extremely potent about such looking and seeing. It may partake of the sense of a merger or loss of sense of self in the depths of the Other.

Colwyn Trevarthen

Colwyn Trevarthen, now Professor Emeritus at the University of Edinburgh, has spent a lifetime studying the social responses of babies. He was first to make the observation that a baby is hard-wired to relate to people, and that human infants master interactions with people first. In fact, from the age of two to six months, the infant is in his/her most social period. Infants, he says, are much more interested in faces than in anything else.

Trevarthen and Aitken (1994) note that the time spent looking at the mother's eyes develops very fast in the first few days and diminishes after three months. By three months the baby may begin to avoid the mother's gaze at times, and in sensitized women this may trigger a post-natal depression response. Babies with PND mothers may become precociously solicitous, developing a premature responsibility for caring for the mother—a situation which may be labelled as premature ego development or, following Winnicott, False Self development. Pre-reaching declines steeply after one month as monocular acuity increases. At four months there is the sudden development of binocular vision allowing for the fine discrimination of depth for close vision. Trevarthen makes the point that humans are the only primate with white sclera which allow accurate information about the position of the eyes of the other person. For the human infant the gaze is of utmost importance. From age two to six months, the infant is in his/her most social period, showing gaze and smile preference for the human face. We now think that this is the commencement of the sense of self and other. The baby can regulate the mother's social contact by gaze aversion (looking away), so it is that the baby both initiates and terminates social interaction and this is facilitated or otherwise by the mother's handling.

Trevarthen notes that there is a great deal of nonverbal organic intelligence and extremely elaborate sympathetic activities are found when the human cortex is very undeveloped. Babies are highly coordinated and coherent. Baby utterance is at the back of the throat, and is adagio, that is, walking pace with phase lengths of four seconds. He speculates that the human brain is equipped with pace makers designed to move the whole body as in walking. There are

fluctuations in excitement as the mother talks to her baby, mirrored by movements of the gut and changes in heart rate. Mothers and other caregivers who speak to babies alter the pitch of their voices. The mother changes the pitch of her voice to respond to the baby's utterance. The baby raises the pitch of its voice to gain the mother's attention. This is emotional regulation and is more related to music than to any other discipline.

Dynamic emotions express and guide the balance between an infant's challenging adventurousness, withdrawal in self-protection, and appeals for parental care. Infants generate narratives of consciousness that form the fabric of thinking. This is an active, biologically regulated process, which can also develop pathology leading to problems in relationships, actions of all kinds, cognition and learning, companionship.

Trevarthen and Aitken ask:

> Is human intersubjectivity the ability to represent two people? Is there some kind of mental reduplication so that the infant has an ability to represent different states of another person e.g imitation at birth? There is no evidence that we are more aware of our own states than we are of other peoples'. It is other people who know what we are feeling (1994: 610).

Alan Schore believes that the infant's preoccupation with faces and with an intense visual interaction, especially with the mother, allows for regulation of affective states in the limbic system from connections to the right hemisphere, which is larger than the left for the first eighteen months, and especially the right orbito-frontal area.

Internalized objects: The Patronus

We thus have, for the first time, a location for the concept of internalised objects. It seems increasingly likely that this may be in the area of the prefrontal orbital cortex which now seems to be responsible for regulating affective states. Somewhere in the brain, a well-tended infant begins to develop a concept of (to quote Winnicott) a "good-enough parent" which can be summoned up and act as a protective force against adverse occurrences. We see this ourselves when our emotionally and developmentally deprived patients begin to come and say things like: "I was going to take an overdose, but I thought about what you would say and so I didn't".

Harry Potter discovers this sense of a protective father when he becomes capable of creating a "Patronus" to protect him from the Dementors. In order

to do this, he had to think of something happy. In this case he was thinking that he would be able to stay with his godfather in the school holidays rather than with the Dursleys.

> Harry flung himself out from behind his bush and pulled out his wand. 'EXPECTO PATRONUM!' he yelled.
>
> And out of the end of his wand burst [...] a blinding, silver animal. He screwed up his eyes, trying to see what it was. It looked like a horse. It was galloping silently away from him, across the black surface of the lake. He saw it lower its head and charge at the swarming Dementors... now it was galloping around and around the black shapes on the ground, and the Dementors were falling back, scattering, retreating into the darkness... they were gone.
>
> The Patronus turned. It was cantering back across the still surface of the water. It wasn't a horse. It wasn't a unicorn, either. It was a stag. It was shining brightly as the moon above.... It was coming back to him (Rowling: 1999: 300).

In the story, Harry's father is an Animagus, magically able to transform himself into a stag.

Attachment research

I need now to say something about attachment research which has been giving us some important information about what is now being spoken of as the "intergenerational effect".

> Attachment behaviour is organized around the mental representation of a relationship. This relationship is *specific*—it is formed in relationship to a specific person. The representation of this relationship is *durable*—it usually endures either indefinitely or for a large part of the life cycle, even after the relationship has ended. It has inherent emotional components. It can be expressed through symbolism. It also has a semantic component: the representation of a relationship has particular meanings (Marrone: 1998: 13).

The Ainsworth Strange Situation test (Ainsworth, Bell, & Stayton: 1971) was developed as a brief structured laboratory observation of parents and infants, and was designed specifically to highlight individual differences in infants' responses to brief separations from their caregivers. It consists of eight

episodes, presented in a fixed order, starting with introductory periods in which the parent and infant are introduced to the room, the toys, and a stranger, and leading up to the parent twice leaving the room and twice returning to it, leaving the infant first with the stranger, and then alone. The observations of the infant's behaviour during reunion with the mother are especially relevant.

Attachment categories

This test characterises groups of infants as *secure, insecure-avoidant,* or *insecure-ambivalent*. The group of "secure" (Ainsworth type B) infants use their attachment figures as a secure base from which to explore a novel environment. "Avoidant" (Ainsworth type A) infants seem little concerned by the mother's absence, and instead of greeting her on reunion, actively ignore her or move away and may seem more interested in objects such as toys. "Ambivalent" (Ainsworth type C) infants protest vigorously when their mothers leave the room during the strange situation procedure, but when the mother returns they behave ambivalently, alternately demanding contact and then rejecting it.

The original Ainsworth groupings were later reviewed by Mary Main who recognised that the infants who had been hard to classify could form a further group now known as *disorganized/disorientated* or 'D-Group'. A feature of this category is that the infants did not appear to resemble each other in clearly discernible ways. What they shared in common was that during reunion episodes they showed sequences of behaviour which seemed to lack a readily observable goal, intention or explanation. They did such things as approaching the caregiver with the head averted, crying for the mother during separation and then moving away from her during reunion, or approaching her and then falling to the floor or suddenly freezing in mid-approach.

This group has been receiving a great deal of attention in recent years, especially since the observation that in families where there is known abuse the incidence of disorganised attachment rises to 81%. In ordinary community samples, it is usually around 12%.

Adult Attachment Interview (AAI)

This is an hour-long structured interview, which includes scoring verbatim transcripts, to consider how the adult's thoughts, feelings, and memories are organised. Here descriptions of early experiences as good or bad are less

important than the degree to which these experiences have been integrated and can be coherently appraised. As measured by this instrument, adult working models of attachment fall into groups classified as *secure-autonomous, detached, preoccupied* and *unresolved.*

Recent studies linking findings on the Ainsworth Strange Situation and Adult Attachment Interviews have demonstrated high concordance between mother-infant pairs. For instance, Fonagy, Steele and Steele (1991) administered the AAI to first pregnancy mothers in their third trimester and were able to predict with 75% accuracy what the baby's attachment status was found to be at one year of age. These results imply that caregivers and infants share similar patterns of information processing and affective arousal, and give support to Bowlby's theory of attachment which proposes that intergenerational transmission of patterns of relating is mediated by the transmission of internal working models. This is an elegant demonstration of the intergenerational effect which has been so much in the news of late.

Parents' retrospective reports of childhood maltreatment in the Adult Attachment Interview point to three major patterns of maltreatment, each characterised by a different organizing theme of the relationship and by a different working model, namely *rejection, role reversal*, and *fear.* What is repeated across the generations is not necessarily a specific type of maltreatment but an organising theme of the relationship and a way of living or experiencing the theme, or internal working model.

Sroufe's studies in Minnesota have provided empirical evidence for the concept of early secure attachment leading to later good mental health (1995: 48). They have been consistently replicated by other research teams in the United States and in other countries. Sroufe says that securely attached children seem to be more resourceful, more flexible and display greater tolerance to frustration. They are more able to use the assistance of their mothers without becoming unduly dependent on it.

Schore suggests that the right cerebral hemisphere stores an entire working model of attachment relationships. With a secure attachment to the mother, there is the expectation that disturbances of affect will be put right: that there will be an empathic response. Probably this is something like a right hemisphere to right hemisphere link. The right hemisphere is larger than the left in the human infant, up till about eighteen months. It is important in the appraisal and connection with emotional responses.

To return to the puzzle of Harry Potter and Voldemort, perhaps we can now say that Harry has turned out rather well, despite many traumas experienced in living with the Dursleys, because his mother loved him, indeed loved him so much that she died in order to save him. No doubt the early interchanges with her were responsive, attuned and 'holding'. The warp of his interpersonal relationships was strong enough to be relatively uninfluenced by the weft of the Dursleys. Voldemort, by contrast, had no mother, since she died in childbirth and he was reared in an orphanage.

The protectiveness of his mother's love is especially apparent when Harry finds that Voldemort's agent gets burnt when he touches his skin. Dumbledore explains this to Harry as follows:

> Your mother died to save you. If there is one thing Voldemort cannot understand, it is love. He didn't realise that love as powerful as your mother's for you leaves its own mark. Not a scar, no visible sign.... To have been loved so deeply, even though the person who loved us is gone, will give us some protection forever. It is in your very skin. [...] It was agony for [a person] sharing his soul with Voldemort, full of hatred, greed and ambition, to touch a person marked by something so good (Rowling: 1997: 216).

Not only can Harry's skin act as a protective agent, but he can also summon up an image of a protective father—his Patronus—which wards off the effects of the soul-destroying Dementors.

In the second book, Dumbledore says "It is our choices, Harry, that show what we truly are, far more than our abilities" (Rowling: 1998: 245).

With all this evidence I have been citing, we should probably take issue with this concept of free will. The intergenerational cycle of abuse suggests rather that choice may be illusionary. We might paraphrase Dumbledore to say, rather, "It is our earliest experiences, Harry, that give us our life trajectory of good or evil. If you know your mother loves you, it acts as a shield against all later harm, no matter what. If you are supremely unfortunate like Voldemort, and have no mother, or no good mothering, then you may take out your vengeance against the world and tragically and appallingly even against a mere infant, such as you were. Moreover, you were doubly protected by also having an image of a loving father which you are able to summon up when you need him."

A recent episode of the science show, *Compass*, put all this very well: "Our own personal histories are woven into the fabric of our lives."

References

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis,* 39 (5): 350-373.

Bowlby, J. (1977). The making and breaking of affectional bonds. *British Journal of Psychiatry,* 130: 201-10.

Bowlby, J. (1988). Developmental psychiatry comes of age. *American Journal of Psychiatry,* 145: 1-10.

Erikson, E. (1980). On the generational cycle: An address. *International Journal of Psychoanalysis,* 61: 213-224.

Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development,* 62 (5): 891-905.

Heaney, S. (1990). *New Selected Poems 1966 – 1987.* London & Boston: Faber & Faber.

Main, M. & Hesse, J. (1990). Parents' unresolved traumatic experiences are related to infant disorganised attachment status: Is frightened or frightening parental behaviour the linking mechanism? In Greenberg, Cichetti & Cummings (Eds.), *Attachment in the Preschool Years* (pp. 121-160). Chicago, IL: University of Chicago Press.

Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganised/disorientated during the Ainsworth Strange Situation. In Greenberg, Cichetti & Cummings (Eds.), *Attachment in the Preschool Years.* Chicago, IL: University of Chicago Press.

Main, M. & Solomon, J. (1986). Discovery of a new insecure-disorganized/disorientated attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), *In Support of Families.* Cambridge, MA: Harvard University Press.

Marrone, M. (1998). *Attachment and Interaction.* London & Philadelphia, PA: Jessica Kingsley.

McCarthy, M. (1972). *The Stones of Florence.* London: Penguin.

Perry, B. D. (2000). Brain structure and function II. *Child Trauma Academy Interdisciplinary Education Series,* 2, (2).

Rowling, J. K. (1997). *Harry Potter and the Philosopher's Stone.* London: Bloomsbury.

Rowling, J. K. (1998). *Harry Potter and the Chamber of Secrets.* London: Bloomsbury.

Rowling, J. K. (1999). *Harry Potter and the Prisoner of Azkaban.* London: Bloomsbury.

Rowling, J. K. (2000). *Harry Potter and the Goblet of Fire.* London: Bloomsbury.

Schore, A. N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology,* 8: 59-88.

Schore, A. N. (1997). Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders. *Development and Psychopathology,* 9: 595-632.

Spitz, R. (1946). Anaclitic depression. In *Psychoanalytic Study of the Child* (Vol. 2, pp. 53 ff). New York: International Universities Press.

Spitz, R. (1965). *The First Year of Life.* New York: International Universities Press.

Sroufe, L. A. (1995). *Emotional Development: The Organization of Emotional Life in the Early Years.*

Cambridge: Cambridge University Press.

Trevarthen, C., & Aitken, K. J. (1994). Brain development, infant communication, and empathy disorders: Intrinsic factors in child mental health. *Development and Psychopathology, 6*: 597-633.

Winnicott, D. W. (1965). Ego distortion in terms of true and false self. In D. W. Winnicott *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. (pp. 140-152). New York: International Universities Press.

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Graham Bull trained as a psychoanalyst at the Centre for Freudian Analysis and Research (London) and as an intercultural therapist at University College London. Before that he studied phenomenological and existential aspects of psychoanalysis at the Philadelphia Association (London), and anthropology and philosophy at Victoria University, Wellington. He now works privately as a psychoanalyst in Wellington and is also involved in anthropological research into therapeutic aspects of Chinese religious systems.

Jennifer De Leon, MNZAP, names her psychotherapy work "The Healing Dance". She is also a choreographer, performer and tutor of contemporary dance. The focii of Jennifer's life and work are dance — her metaphor for the ability to flow with and be in this moment — and to awaken the dancer in others — that dancer being the vitality within that holds us, against whatever odds, to our vision, whatever that may be. Jennifer works in private practice and raises her two young children.

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A. Ferrell Irvine, MS, was trained in the USA and is a fully trained Bioenergetic therapist, trainer and supervisor. In addition to being a full member of NZAP, she is accredited with ACC. Her training in the USA also included addiction and abuse recovery and family therapy, through agencies that provided counselling for reported abuse cases. She has been an active member of 12 step programmes since 1983, and provides training to the Salvation Army in use of these programmes.

Lesley King currently works as a psychotherapist and registered psychologist in private practice in Waitakere City. She has facilitated community parenting groups for a number of years and for eight years was lecturer in Human Development in the Department of Psychotherapy and Applied Psychology at Auckland Institute of Technology (now Auckland University of Technology). She gains great pleasure from her three sons and two granddaughters, and is President Elect of NZAP.

Isla Lonie is a psychiatrist who has worked as a psychotherapist in Sydney, Australia, over the past 30 years. She has been particularly interested in people with histories of early trauma, and in the effects of trauma early in life before the beginnings of speech. She is currently Director of Advanced Training in the Psychotherapies for the RANZCP in New South Wales.

Ann Nation, BA, DipSocWk, CertSocSt, CertClinSup, MNZAP, NMZAC, is a psychotherapist, family therapist, and counsellor in the Hutt Valley. She has worked as a social worker and family therapist in child and family mental health agencies and in a DSW Adoptions Department as a Social Work supervisor. In the last 10 years Ann has focused more on adult psychotherapy, specialising in abuse and adoption issues. She currently works part-time in private practice and part-time in a community child and family agency. She is also a supervisor, a tutor in family therapy, and a presenter of workshops and seminars on adoption. She brings her personal and professional experiences together in her work in adoption.

Warwick Pudney has worked as a counsellor-therapist, largely with men, youth and couples. He is a co-author of three books — *A Volcano in my Tummy*, *Beginning Fatherhood*, and *Adolescent Volcanoes* — and last year received a UNESCO Peace award for his work with domestic violence. He has recently been the founding CEO of Man Alive, a men's counselling and well-being centre, is a part-time lecturer at Auckland University of Technology and is a father of three children.

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Rosemary Tredgold trained as a psychiatric social worker at the London School of Economics and then as a psychotherapist through the ANZAP Postgraduate Diploma in Adult Psychotherapy. She began work in 1962, arriving in New Zealand in 1970. From 1970 until her retirement in 1997 she worked in health and educational settings, finishing full-time work in 1997 and part-time work in 1998.

Guidelines for Contributors

The notes that follow are intended to guide contributors in preparing manuscripts for submission to *Forum*. These guidelines have been chosen to conform with those used by most international journals in the fields of psychology and psychotherapy.

Submission of manuscripts

The editors welcome the submission of papers, commentaries, research notes, letters and book reviews from the association's members and applicants and from others outside the association with an interest in the field of psychotherapy. Contributors are asked to include an abstract (100 words approximately) and a brief biographical note. The biographical note should be in the third person and should be no more than 100 words long.

The closing date for the submission of manuscripts is **30 April**. Changes following the editing process need to be completed by **1 July**, when both a revised hard copy, and the disk that contains it, should be returned to the coordinating editor.

Preparing manuscripts for publication

Layout: Manuscripts should be double line-spaced throughout on one side of A4 paper, with margins of at least 20mm all round. Preferred font size is 12 point.

Endnotes: These should be typed on a separate sheet following the text, and numbered consecutively throughout the text, with numbers positioned as superscripts.

Tables and drawings should be in black ink or laser-printed, and clearly labelled to indicate their place in the text.

Copyright: Authors alone are responsible for securing, when necessary, permission to use quotations or other illustrations from copyrighted materials.

Acknowledgements: Acknowledgements should be typed on a separate sheet of paper.

Quotations: These must always be acknowledged, and full references - i.e. author, date of publication and page number - provided to identify their source. For quotations of three lines or less, the quoted passage is enclosed in quotation marks without a change in line spacing e.g.

This client's state of mind might be summed up by Phillips' conclusion that "adulthood . . . is when it begins to occur to you that you may not be leading a charmed life" (1993:82).

Longer quotations should be set out, without quotation marks, as a separate paragraph, with single spacing and indented five spaces from the margin e.g.

> The seduction theory had to do with the effect of manifest environmental evils on people's mental balance; the theories of infantile sexuality and the Oedipus complex were elements in a radical and quite fantastical conception of human nature which says we are ruled (and sometimes unhinged) by events that we only imagined as small children . . . (Malcolm: 1984: 77).

Omissions: When part of the passage quoted has been omitted (as in the quotations from Phillips and Malcolm above) this is indicated by . . . if words in a sentence are omitted, and by .... if the end of a sentence is omitted.

Citations: The source of ideas from the work of other writers should be acknowledged in the text, and all sources referred to in the text should be included in the list of references e.g.

Malcolm (1984) set out to chart the complex and sometimes explosive responses of Masson and Swales to Freud's archival legacy.

References: A full list of texts referred to, arranged in alphabetical order by authors' names, should be supplied. (A bibliography listing texts not cited in the paper is not required). All references should include the name and initials of author, date of publication, title, place of publication and name of publisher. Their format should be as follows:

A chapter in a book

Flannery, R. B. (1987). From victim to survivor: a stress management approach to the treatment of learned helplessness. In B. van der Kolk (Ed.), *Psychological Trauma.* Washington, DC: American Psychiatric Press Inc.

A journal article

Hofer, M. A. (1975). Studies on how maternal deprivation produces behavioural changes in young rats. *Psychosom. Med.* 37:245-264.

Books

Malcolm, J. (1984). *In the Freud Archives*. London: Flamingo.

Phillips, A. (1993). *On Kissing, Tickling and Being Bored*. London and Boston: Faber and Faber.

van der Kolk, B. (1987). *Psychological Trauma*. Washington: American Psychiatric Press Inc.

For further guidelines, authors should consult the *Publication Manual of the American Psychological Association* (4th edition, 1994).

Manuscript review

Where appropriate, manuscripts will be sent for peer review to a reviewer with expertise in the relevant subject area.

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