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Editorial

The 2003 edition of Forum celebrates diversity. The papers within cover a wide sweep: across countries, across cultures and languages, across disciplines, from different corners of our psychotherapy discipline. We are delighted to include keynote papers and other presentations from the conference in Christchurch. These papers give us rich reading and thinking from many perspectives - psychiatry, individual and group psychotherapy, history and culture, art, ethics and neuroscience. We have as well papers that pick up the conference theme, the ebb and flow of relationship. We include a formal tribute to Roy Muir and a paper dedicated to him. Its author, Angela Stupples, trained in child psychotherapy with Roy and Liz Muir and her paper opened the day seminar held at The Ashburn Clinic in Dunedin earlier this year to honour Roy's life and work.

There are many threads and colours to this tapestry of lively thought. One of them is the work of passionate and committed men and women, whose contributions, past and present, to the work of relieving suffering and enhancing the human potential for living more fully and creatively, are also part of the heritage of this association. Our life as an association is carried forward by the talents of our forebears and of our present members. We develop as well from the brief, rich encounters with those from outside who walk and talk with us at conferences and meetings down the years or enter into dialogue with us through the offer of a paper for this journal.

Brian Broom has set the benchmark for subsequent tribute papers. His account of Dr Maurice Bevan-Brown is intellectually stimulating, provocative and individual - as was BB. Bevan-Brown took his passionate beliefs about parenting and early development into his community, much as D.W. Winnicott did in Britain. He was not afraid to ruffle feathers.

Neither was Roy Muir. A clinical anecdote from his work with adolescents and families, shared with us in Dunedin by Bill Grant, exemplified this. A difficult family session was taking place. A teenage girl glared angrily at Roy, then snarled at him, 'Dr. Manure'. A brief silence - then Roy's response: 'Yes, I have been shovelling some powerful stuff around'.

In Christchurch in February we listened to and watched our visitors as they wrestled with powerful ideas and powerful material, including clinical material. At times they competed with each other, in ideas and in personal style.

This seemed lively, comfortable and robust. However, at times our speakers ruffled some of our feathers. In a similar and necessary way, when we work with our clients through some of the storms of psychotherapy, our feathers get ruffled and we do some shovelling around of powerful stuff.

In recent years, much time, energy and debate has gone to formulating the ethical principles informing our practice as psychotherapists, principles founded on respect and integrity. A possible side effect of this has been to make our style as we talk to each other very respectful - maybe at times too respectful, too careful. It is good to be reminded of the bracing atmosphere that is generated when we speak freely, frankly, bluntly, with passion.

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A Poetics of Change

Russell Meares

Abstract

The progress of psychoanalysis and psychotherapy depends upon our capacity to study, in a scientific manner, the process of therapy. Since a study of this kind involves charting the waxing and waning of something as elusive as the sense of personal existence, the task has, in the past, been seen as virtually impossible. However, words, or more particularly the way words are used, manifest such shifting states. Sophisticated linguistic analyses are available which give us the means to conduct these necessary studies.

In this article, I am suggesting that an ongoing sense of personal existence, which William James called self, is 'multilayered', in the manner of the poetic, and that indices of such 'layering' will reflect beneficial change. The description of this zone of experience, which might be called the synchronic, depends upon contributions from Marcel Proust, Virginia Woolf, Henri Bergson, and Ferdinand de Saussure.

The most fundamental element of personal existence is the feeling that something is happening within us. The movements of inner life give us our sense of being alive. These movements and this feeling of aliveness are characteristically diminished in those who seek help from a therapist. The aim of therapy is to help the individual gain the experience of a larger form of consciousness in which there is a core of vitality and well-being.

If the practice of psychotherapy is to progress as a science we must be able to test our theories of how this change might come about, and also to evaluate the efficacy of a particular therapeutic approach. Observations are required, and measurements made. Yet we are afraid of these processes. We deal with a world of feelings, of shades of feelings, of nuances and shift, a world in which reality is not an absolute and into which is penetrated illusion, fantasy, imagination. The techniques of psychological assessment, the rating scales, the grids, the so-called 'instruments' of psychological measurement, seem likely to misrepresent, distort or brutalize this world of human experience, or even, in these forms of investigation, to miss it out entirely. How then can we chart the waxing and waning of something as elusive and evanescent as the sense of personal being?

In this article, I suggest that the indices of beneficial change will be found in the structure of the therapeutic conversation. The intriguing new discipline of linguistic analysis promises to advance our understanding of the therapeutic process and to make it amenable to scientific study. Words, or more particularly the way words are used, give us the means of tracking the shifting states of what we call 'self'.

The multi-layered moment

In beginning the task of evaluation, we must start by identifying what it is we are trying to track. William James, who spent his life trying to grasp in words the nature and essence of personal existence, what he called 'self', provides a suitable beginning to an attempt to define markers of change.

In James' great work of 1890 he outlined his conception of self as 'duplex', involving a reflective awareness of inner events which he called the 'stream of consciousness'. He also put forward original ideas about memory and the human experience of time. The whole opus was devalued and relatively disregarded for much of the twentieth century, during the period of the positivist-behaviourist hegemony. However, something of a recovery began in the early 1970s. Developmental psychologists began to use Jamesian concepts to organize their research approaches. In psychoanalysis, Winnicott (1971) implicitly placed at the centre of our therapeutic concerns the experience of 'going on being', an expression very like the 'stream of consciousness'. However, neither he nor Kohut, who at about the same time was attempting to develop a meta-psychology of self (1971; 1977: 310-11), provided a definition for the term.

Yet such a definition is the necessary starting point in developing a theory of self which has a scientific basis (Meares:1977; Meares and Hobson:1977). The Jamesian definition is the centre-piece of the Conversational Model, a project which was launched by Robert Hobson(1971) and later named by him(1985).

The task of evaluating change by means of the Jamesian definition seems daunting, even impossible. How can we grasp the movements of a 'stream', which is neither tangible nor visible? An answer comes in terms of conversation.

The conversation both manifests and constitutes a personal reality. The focus of this article is upon manifestation. Indirectly, through the study of language, we can discern shifts in the flux of personal being which are evident not only in the content but also in the form of conversation.

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The idea that language allows a metaphoric viewing of the experience of self depends upon the notion that the experience has dynamic 'shape'. In a figurative sense, it can be depicted. My depiction depends upon the idea that self is multi-layered, a state in which, superimposed, a number of episodes, experiences, motivations and so forth, are bound together by a particular feeling. These episodes are experienced in the present but, at the same time, there is an awareness of their pastness.

The experience of selfhood which I am describing has also been described, in different ways, by Marcel Proust and Virginia Woolf.

Proust wrote: 'Our self is made from the superposition of our successive states' (cited in Poulet:1977:91-2). He is saying that states which had once been experienced at different times, in succession, are now experienced at a single time, simultaneously. This conception implies two axes of reality. The first of these is horizontal, the reality of succession, in which one event follows another. The other reality, that of self, arises as if vertically from a single moment and in this moment, other moments, other events, are simultaneously experienced.

We can visualise this experience by imagining that the various superposed states are recorded on planes of glass so that, peering down through these multiple layers, the totality of self appears. At heightened moments of selfhood, a sense of what George Poulet calls 'transparency' arises. At these moments, as Poulet put it in his essay on Proust, 'the ordinary opacity of being, of places, of moments, would have given place to a certain transparency so that in plunging his gaze into the depths of his own being, one could see the various epochs of it rise tier upon tier like the cells in a beehive' (ibid: 94).

The metaphor of the beehive, however, does not quite capture the experience, a main feature of which is that *something else* arises out of the awareness of simultaneity. This moment does not merely consist of a conglomerate of this and other moments, added together. The experience of simultaneity is of unification, and of a new ordering which is more than the sum of various elements of the past which contribute to it. This is the zone of the poetic, to which I shall come shortly.

The experience of transparency was described in a more personal way by Virginia Woolf. She wrote:

> The past only comes back when the present runs so smoothly that it is like
> the sliding surface of a deep river. Then one sees through the surface to the

depths. In those moments I find one of my greatest satisfactions, not that I am thinking of the past; but that it is then that I am living most fully in the present. For the present when it is backed by the past is a thousand times deeper than the present when it presses so close that you can feel nothing else, when the film on the camera reaches only the eye (1892:114).

The art of Virginia Woolf seemed to be directed towards trying to grasp and express what she called these 'moments of being'. The goal was more explicit in the case of Proust whose search was for lost time. But this was a special kind of time, the sense of temporality which arises with 'the simultaneity of the successive, the presence, in the present, of *another* present: the past' (cited in Poulet:1977:94). His quest, we might suppose, was for the experience of selfhood.

The Proustian time, the temporal experience which comes with the experience of self, that awareness of the movements and the flow of inner life which William James described, was also figuratively depicted by James himself as lying in a perpendicular or vertical relationship to the horizontal of actual time. Personal time, the temporality of self, is, James pointed out, illusory. He wrote: 'The specious present, the intuited duration, stands permanent, like the rainbow on the waterfall, with its own quality unchanged by the events that stream through it' (1892:286).

We come now to a strange paradox. Since the temporality of self is that of the zone of the simultaneous and this is illusory, a 'rainbow on the waterfall', we conclude that to become alive and 'real' we must live in the midst of illusion.

Durée

At the time of James' writing, a young French philosopher had married a cousin of Marcel Proust. He was Henri Bergson. He was about to become the great philosopher of his time. In 1889 he had written a book which appeared in English in 1910 entitled *Time and Free Will*. He argued that the inner life of humankind involves an experience of time which differs from scientific time, the time of the clock. The time of personal being he called '*durée*'.

Bergson's conception was more utilitarian than that of Proust, which depended upon involuntary memory. Bergson's '*durée*' seems to correspond with Pierre Janet's '*présentification*', the creation of the present moment (Ellenberger:1970). This creation, so Janet believed, is the most complex operation achieved by the brain-mind system and so is the most fragile, the most easily lost of mental

functions. The notion of *'présentification'*, lost for many years, has now returned to psychology and is studied, in a limited and restricted form, as working memory.

The zone of personal being was pictured by Bergson, in a schematic way, as an inverted cone. The pointed end is the present which is continually moving in a horizontal plane. Arising from the present moment are various planes or layers of memory, each higher plane more extensive than the plane below (1911:211).

The conception of the multi-layered moment brings to mind the work of the German mathematician Bernhard Riemann (1826-1866), who introduced the mathematical idea of the multi-layered surface, an idea in which Bergson was interested (De Leuze:1991:39).

These conceptions lead to large and difficult questions. Most importantly, how can we be known to others? How can we express ourselves when self is the multi-layered moment, which is theoretically still but experienced as moving, and which is instantaneously present but includes the past? Our language is capable of telling only one thing at a time in the mode of the 'chronicle' (Meares:1998), a catalogue of the events and activities of one's daily life. This is the experience in which our patients are caught, with no self in it (Meares: 1993, 1997). It is the experience of succession, and of life, as the philosopher A. J. Ayer was fond of saying, as 'one damn thing after another'. In order to join with others by sharing inner states we must use a different language. Since we cannot describe the multi-layered experience of self in a way which resembles ordinary linear prose, particularly of the 'chronicle' type, we need a language of simultaneity. This is the language of poetry.

The poetic
The structure of the poetic can be illustrated by an example, a short poem of Octavio Paz (1979:91):

> If man is dust,
> he is the one
> who travels the plains.

An image of the scene where the words 'ashes to ashes, dust to dust' are being intoned is linked to another scene, of the dry inland, where, in the far distance, men are moving, perhaps in a camel train, dust rising from it. The superposition of the two images has a meaning which is greater than each image alone. The

linking is created through a framework of subtle rhythms, a patterning of words which convey a feeling which is the essence of the poem.

A rather similar structure is found in the following haiku (Bownas and Thwaite:1964:116):

> Girls planting paddy:
> only their songs
> free of the mud.

The mud, like the dust, conveys the notion of human materiality and its limitations. The song shows the opposite, the possibility of going beyond the bodily cage, towards a kind of freedom.

The main effect of these poems comes with the superposition of opposites out of which arises a third thing, a representation beyond the original images. This notion of the third thing, leads to the complex notion of the symbol.

In the haiku we can say, in a coarse sense, that the mud 'symbolizes' the body and the songs the soul, using a distinction which can be found in all cultures. But this is not where the symbolization ends. The main aim of the haiku is the representation of a mood, something which cannot be seen or touched but which is evoked by suitable presentation of the sensate world. The mood of this poem, like any mood, is rather hard exactly to pin down. There is a muted sadness, a sense of longing to break free from the toils and the boundedness of ordinary living, and, at the same time, a kind of leap of exhilaration, a feeling that, in a way, with the songs, it has been done.

Poetic language is not used, in pure form, in ordinary life. The nearest approximation to it is found in early childhood before the experience of inner life is discovered at four, five or six years of age. The child engaged in symbolic play uses a language which is qualitatively different from the linear language which is logical and purposeful and clearly communicative. The child's language in symbolic play accompanies an emergent symbolic function. It is associative and compressed. Thoughts sometimes flow into each other in the manner of simultaneity or condensation. This language has the function, I have suggested, of representing and so bringing into being self as the 'stream of consciousness'. It is internalized, Vygotsky believed, to become 'inner speech', the language of inner life.

With the discovery of an inner life and of the experience of the stream of consciousness, the curious language associated with symbolic play is no longer

used in isolation. Rather, it is now co-ordinated with the other form of language, which is linear, logical and related to outer events. Ordinary conversation is now made up of two fundamental languages. Embedded in the form of social speech are the elements of another language which has the function of representing inner events, or self (Meares:1993, 1998, 2000; Meares and Sullivan:2003).

The synchronic and the use of metaphor

The Swiss linguist, Ferdinand de Saussure, has become known as the discoverer of two axes in the structure of language. In an essay published in 1916, he made the distinction in terms of time, remarking that 'very few linguists suspect that the intervention of the factor of time creates difficulties peculiar to linguistics and opens to their science two completely divergent paths' (1916:54). The form of language which concerned time–as–duration, 'the axis of simultaneity' as he called it, came to be called synchronic. Like Bergson and James, he set this axis at right angles to the 'axis of succession', the diachronic mode.

Using the language of Saussure, social speech is disposed along the horizontal 'axis of succession', in the diachronic mode. In pure form, it has the structure of 'chronicle'. The axis of the simultaneous, the synchronic and vertical mode, is that of inner speech.

Markers of self are to be found in the mode of the synchronic. Beneficial effect is indicated when the language shifts towards this kind of language. I am talking about a poetics of change.

In talking this way, I do not mean that the patient begins to write poetry as he or she begins to get better, although this idea is not entirely fanciful since borderline patients often begin to write as they improve and sometimes the writing consists of poetry (Stevenson:1992). Rather, what I want to suggest is that the principles of an individual's organization of experience resemble the principles of poetry.

The first principle is that of the simultaneous, in which phenomena usually considered discrete and, in a figurative sense, occupying different spaces, are brought together in the same space. The simplest example is the metaphor, which is a main feature of the poetic. Concerning the language of poetry and the poet, Aristotle (McKeon (ed.) : 2001:1479) wrote: 'The greatest thing by far is to be a master of metaphor'.

But for metaphor to become a marker of change it is used in a particular way. It is not mere adornment. It is a means towards establishing the interplay between inner and outer out of which the third thing, self, arises. A symbolic and metaphoric form of speech is needed to portray those aspects of our inner experience which cannot be seen. Most fundamental of these various unified experiences is emotion. As T.S. Eliot remarked: 'What every poet starts from is his own emotions' (Gordon:1998:233). And at the bottom of every self state is a feeling, whether or not it is a salient part of that awareness.

The mechanism of metaphor goes in two directions. First, we take things from the world which have a felt similarity to an inner experience in order to depict this experience. As Aristotle (McKeon (ed.) : 2001:1479) put it: 'A good metaphor implies an intuitive perception of the similarity in dissimilars'.

This depiction has an effect on the realisation of that experience which may not be yet fully known. In a way, the poem tells the poet what his experience is.

The second movement in the mechanism of metaphor is to return to the world that which had been appropriated from it, in this way making known to others something of ourselves.

Metaphor can also be used in another way in which the transfer stays in the world. This might be an indication of cleverness but it is not a marker of self. What I mean is illustrated by considering two translations of the Old English poem, *Beowulf*, the earliest European vernacular epic.

In this passage, the young Swedish prince, Beowulf, sets sail for Denmark with a small band of warriors in a bid to kill a monster which is nightly ravaging the Danish King's mead hall, and devouring his people. Beowulf's warriors are boarding the ship. Here is Tolkien's translation (1950:xxix):

> In her bows/mounted
> brave men/blithely, Breakers/turning
> spurned the/shingle. Splendid/armour
> they bore/aboard. . . .

And here is the translation of Seamus Heaney (1999:lines 212-214).

> Men climbed eagerly up the gang plank,
> Sand churned in surf, warriors loaded
> A cargo of weapons. . . .

Tolkien's passage seems strange, bare, even awkward, yet it is, in my view, the better poem. Consider the metaphor for the waves in each case. Heaney uses a 'churn' i.e. 'a machine for making butter' (OED). The metaphoric transfer here is in the world. On the other hand, 'Breakers turning - spurned the shingle' introduces inner states. Spurning implies pride, not only in the height, the hauteur, of waves, poised above the shingle, but also the pride of the men, setting out, against the odds. Every word is layered. 'Breakers' can refer not only to the 'surf' but also to 'conflict'; 'turning' overtly describes the revolution of waves, but covertly it suggests the gaze of the men, turning their eyes from the shore towards the desolate vastness they are about to cross.

The diachronic and the vehicle of the body

Tolkien's language builds on affective tone. 'In her bows/mounted/brave men/ blithely' conveys the sense of something grand and reckless while the sound of the words has in it the elements of a dark music, a hard beating, like a drum-beat, or the beat of waves. There is, in this form of expression, an intensity lacking in the Heaney lines: 'Men climbed eagerly up the gangplank', as if they were a mob of tourists.

An affective tone, including the sense of aliveness, which is at the core of 'going on being', is conveyed by intonation and also by rhythm. The rhythmic element of poetry leads us to consider again the notion that the experience of self is illusory, that the present moment in which we live does not conform to the facts of the world. However, the illusory state of self cannot exist without that world. Self, like play, is both real and unreal. We can think about the matter in terms of the synchronic and the diachronic.

There can be no self without the axis of succession. A life goes on from moment to moment, just as a heart maintains existence from beat to beat. There can be no 'going on being' without this basis. The actuality of the body is the vehicle for the illusory experience of self.

In the same way, social speech is the vehicle for that form of language which manifests and represents the experience of self. Also, in the same way, poetry needs the axis of succession as its vehicle. In a well-known lecture A.E. Housman said:

> Poems very rarely consist of poetry and nothing else; and pleasure can be derived also from their other ingredients. I am convinced that most readers, when they think they are admiring poetry are really admiring, not the poetry in the passage before them, but something else in it, which they like better than poetry (cited in Hamburger:1972:23-24).

He might be saying that the language of the diachronic can be attractively disposed through its rhythms and balances, so that it is enjoyed, but it is not poetry if the axis of simultaneity, the multi-layered reality of the synchronic, is lacking.

Here we might introduce music to further the argument. The metaphor of the two axes can be applied to musical structure. Rhythm and melody are of the language of succession while harmony is in the mode of the simultaneous, harmony being the effect of two or more tones sounded together. Rhythm and melody can be enjoyed on their own but at the higher levels of musical creativity they are co-ordinated with harmony.

When we look at the matter in this way we see that music is the result of a co-ordination of the successive and the simultaneous. So, also, is a poem. And so is self.

The rhythms of the body both manifest and create the feeling which is a basis of a particular state of self. The body is, as it were, the container of potential selfhood.

That the rhythm changes as the individual comes to life is illustrated by the biography of T.S. Eliot. During the period following World War I, Eliot was a dead man, listless, effete, artificial. His poetry had a dull, repetitive monotony. The opening lines of 'The Hollow Men' of 1925 are:

> We are the hollow men
> We are the stuffed men
> Leaning together
> Headpiece stuffed with straw. . . .

Yet a few years later, he had come alive. In 'Marina', written in 1930, the rhythm is altogether different, a gathering exultant rush of returning life.

> What seas what shores what grey rocks & what islands
> What water lapping the bow
> And scent of pine and the wood thrush singing through the fog
> What images return
> Oh my daughter. . . .

Markers of change

Although this passage is presented to show the rhythmic difference between Eliot's enervation of 1925 and his vitalization of 1930, it is evident that the two passages are significantly different in other ways. Language is made up of phonology, lexicon, and syntax. All three are markers of change. Phonology, i.e. the system of sounds which make up a language, is the earliest and most fundamental form of human communication since it is all that can be used for the first 18 months or so of life. The sound of the voice, its rhythms, intonations, its rising and falling, provides an index of the sense of aliveness. However, the words themselves, i.e. the lexicon, and the way they are used together, i.e. syntax, provide additional indices. The syntactical structures of the two pieces are contrasting. In 'The Hollow Men' the grammar is conventional while 'Marina' is relatively agrammatical, in the manner of Vygotsky's 'inner speech' (1962), which, as previously remarked, is an index of selfhood.

The developmental progression from phonology to lexicon to syntax exhibited in the first few years of the child's life suggests that with the emergence of self as an awareness of the stream of consciousness, comes an increasing complexity of human experience, manifest as language. Something of the potential for this complexity is apparent when we consider the features of the stream of consciousness. A non-exhaustive list of the more salient features includes (i) duality (i.e. reflective awareness); (ii) movement (i.e. sense of vitality); (iii) positive feeling ('warmth and intimacy', as James put it); (iv) non-linearity; (v) coherence; (vi) continuity; (vii) temporality; (viii) spatiality; (ix) ownership; (x) boundedness; (xi) agency; and (xii) content beyond the immediate present (i.e. of the possible, the imagined, the remembered).

These characteristics can be charted by linguistic means. For example, temporality and spatiality may be manifest in the conversation not only in terms of specific times and places, but also in syntax. Careful linguistic analysis can sometimes show in a single passage, a syntactical co-ordination of a number of different time-spaces. Complexity is compounded by the introduction of time-spaces which do not exist. This is exemplified, in large form, by the Beowulf poem. It tells of things which did not happen except in imagination. In micro-form, this kind of representation is manifest in the therapeutic conversation by such means as 'modal auxiliaries' (Quigley:2000 and 2001; Meares and Sullivan:2003). These are words such as 'could' and 'should'. A man might say: 'I suppose I could have just walked away'. He is imagining an action which did not take place.

The implication of these observations is that enhancement of the experience of 'going on being' will be manifest in forms of expression that show increasing complexity. This notion is consistent with the postulates of Hughlings Jackson (Taylor (ed.):1931-2; Meares:1999), the first, at least in the medical literature, to describe the duplex self, and an important intellectual ancestor not only of William James but also of Sigmund Freud.

Jackson's theory proposed that with the increasing complexity of mental life associated with the growth of reflective consciousness comes enhanced unification, or coherence, of the elements of mental life. This parameter can also be charted by linguistic means, several studies showing increased coherence of the language of borderline patients after a year's treatment (Henderson-Brooks:2000; Samir:2001). In an important initiative, Fonagy has been developing systems for identifying the emergence of reflective function by linguistic means (Fonagy et al.:1998).

Finally, however, the purpose of this article is not to detail technical aspects of linguistic analysis. Rather, the aim has been to present an idea, and to try to show that by conceiving the experience of 'going on being', or 'self', in a particular way, derived from experiential accounts and philosophic explanation, that it is possible, through skilled analyses of the 'minute particulars' (Hobson:1985) of the therapeutic conversation, to chart the processes of these encounters and to mark the movements of beneficial change. An emergent discipline in which such studies could be performed might be called a 'science of poetics'.

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Whakapapa and Whanaukataka: relationships in the context of traditional Maori conceptual thought

Rev. Maurice Manawaroa Gray

Abstract

The traditional world of the Maori understands relationships in the context of Whakapapa and Whanaukataka (Genealogical Relationships) that exist at the three levels of the cosmic, natural and human worlds, which are inextricably linked. Whakapapa is synergised in both apodictic and scientific truths, which co-exist in a complementary manner. Humanity is viewed as being merely a microcosm of the cosmic realm; the self is viewed as being a reflection of the Universe. Maori culture, then, insists on the indivisible linkages between all things, whether human, environmental, or celestial, which are all viewed as being related.

The inter-relationship between the four cosmic elements of Fire, Air, Water and Earth are synonymous with the micro-levels of the self: the Spiritual Body, the Psychological Body, the Emotional Body and the Physical Body. Maori therapeutic practices insist on the well-being of the person being centred around the mauri (life-force) of inner well-being; the balance of these with each other, with the four environmental elements, and with the cosmos.

At a therapeutic level, then, relationships for Maori refer to the interplay between the archetypal entities that exist within a person's cosmology, and the influence on these by their whanau, social contacts and interactions. In this context, the person understands themselves as existing as a part of the sum total, less important as an individual than the collective whole. It is important for psychotherapists to understand these complex elements when working with Maori clients.

Introduction

The traditional world of the Maori understands relationships in the context of Whakapapa and Whanaukataka. Whakapapa is the genealogical paradigm that consists of three levels: Whakapapa Atuataka (Cosmic Genealogies), Whakapapa

Putaiao (Genealogies of the Natural World) and Whakapapa Tipuna (Ancestral Genealogies), as outlined in Diagram 1. Whanaukataka refers to the relationships that exist between each of these levels, all of which are inextricably linked.

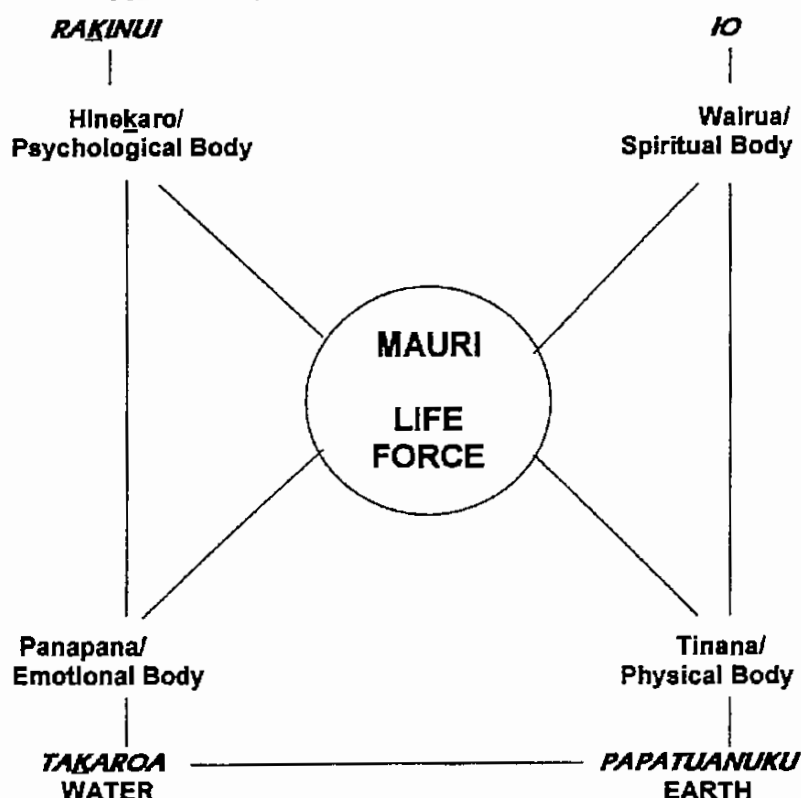| DIAGRAM 1: THE THREE TIERS OF WHAKAPAPA (GENEOLOGY)		
1.	Whakapapa Atuataka	Cosmic Geneology
2.	Whakapapa Putaiao	Geneology of the Natural World
3.	Whakapapa Tipuna	Ancestral (Human) Geneology

At all levels, relationships derive their meaning from the complex strata of tuakana (senior lineage) through to the teina (junior lineage). Whakapapa is synergised in both apodictic and scientific truths, which co-exist in a complementary manner. At its most basic level, this implies that all things that occur in the world around us are a reflection of archetypal characters and events that emanate from the cosmic realm; essentially the self is viewed as being a reflection of the Universe.

Apodictic truth is knowledge that cultures organize into their mythological, cosmological and cosmogonic world views. Apodictic truth is represented in symbolism, and encompasses the spiritual essence which has been given form and shape in the human world, and named 'culture'. The Maori culture, then, insists on connecting all things to each other as related entities, whether human, environmental, or celestial.

The four cosmic elements of Fire, Air, Water and Earth are represented in Maori cosmology respectively as Io (The Creator), Rakinui (Sky Father), Takaroa (God of the Sea) and Papatuanuku (Earth Mother) respectively. The inter-relationships between these four elements are synonymous with the micro-levels of the self: the Spiritual Body (Fire), the Psychological Body (Air), the Emotional Body (Water) and the Physical Body (Earth). These are demonstrated in Diagram 2A.

Maori therapeutic practices insist on the well-being of the person being centred around the mauri (life-force) of inner well-being; the balance of these to each other, in terms of the four micro levels of the self, and in relationship to the three worlds as depicted in the cosmic, the natural, and the human dimensions.

DIAGRAM 2A: THE FOUR COSMIC ELEMENTS AND THEIR RELATIONSHIPS WITH THE SELF

RAKINUI   *IO*

Hinekaro/
Psychological Body   Wairua/
                                                                         Spiritual Body

MAURI

LIFE

FORCE

Panapana/
Emotional Body   Tinana/
                                                                       Physical Body

TAKAROA ————————————————— *PAPATUANUKU*
WATER   EARTH

Therefore, relationships in a Maori context cannot be established or maintained unless one's world view encompasses the whole of our cosmic reality; the whole of the natural world and everything that occurs in it; and the whole of humanity itself. To disconnect from each other as human beings is to disconnect from the universe itself, from the natural world and all our kin that exist within it (fish, animals, birds, mountains, trees and rivers). It is also to disconnect from the physical and spiritual powers and forces of energy. Disconnection and dislocation leads to spiritual contamination or pollution; this inevitably brings sickness and death. This is in direct juxtaposition to the concepts of hauora and aroha, which refer to fullness of existence, the breath of life; being at one with the Creator Source.

At a therapeutic level, then, relationships for Maori refer to the interplay between the archetypal entities that exist within a person's cosmology, and the influence on these by their whanau, social contacts and interactions. In this context, the person views the self as existing as a part of the sum total, less important as an individual than the collective whole (refer to Diagram 3). Likewise, traumatic experiences that impact on the individual also have an impact on the collective whole. It is important for psychotherapists to understand these complex elements when working with Maori clients.

Relationships from a mythological perspective

The following narrative about Maui-Tikitiki-a-Taraka (commonly known as the ancestor Maui) demonstrates an example of tuakana (senior) and teina (junior) concepts within whanaukataka (relationships), the linking of dimensions and playing out of the indivisible interconnectedness of the cosmic, natural and human worlds.

Maui-Tikitiki-a-Taraka (Maui) was conceived by his mother, Taraka, and born prematurely. In today's vernacular, Maui was still-born. Taraka took Maui and, in her grief, cut off the topknot of her hair, placing Maui into the tresses and tossing him into the ocean. Maui was claimed by the taniwha (spiritual guardians) of the oceans. As part of their aroha for Maui, the taniwha nurtured him, imparting to him their respective baskets of knowledge.
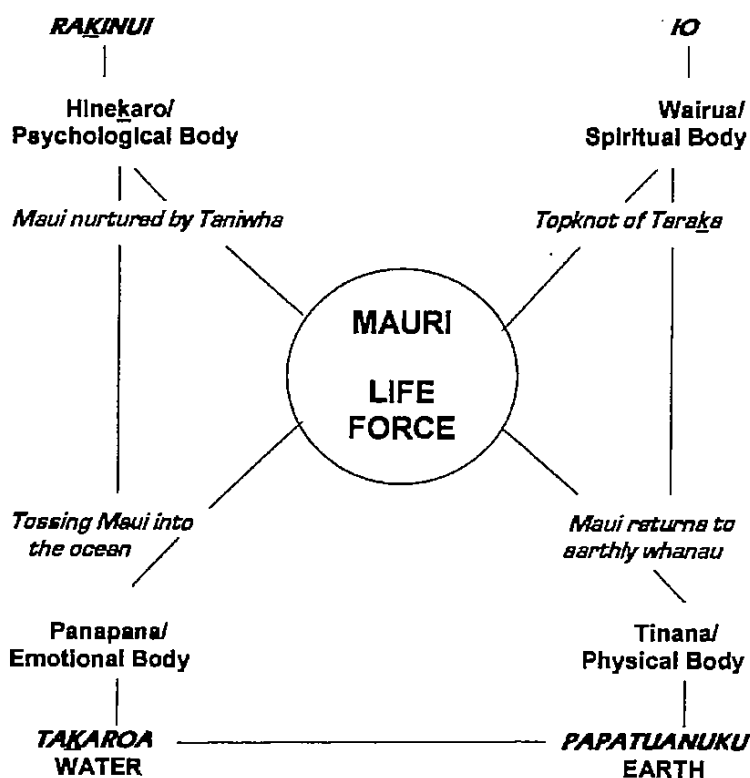
Eventually Maui returned to his earthly whanau (family), his mother and his older brothers. Upon his return, Maui was questioned by his mother (who did not recognise him) as to the origin of his identity. He responded by declaring that he was, in fact, her own son. When Taraka realised who Maui was, they shared a mutual embrace, and their tears of sorrow and joy intermingled.

Once reconnected with his earthly whanau, the teachings given to Maui and his experience of being reared as a child by the taniwha of the ocean were given full effect. Maui first demonstrated his unearthly qualities, and the principles underpinning his childhood nurturing, through making connections between his mother and father. He observed that each night, his mother would go to the centre pole of the house and disappear underneath it into obscurity. Maui followed his mother into the underworld and there met his father. In order to avoid immediate recognition by the beings of the underworld, Maui changed his appearance, utilising various forms of birds, including the Kahu (Hawk). Having met the members of his earth whanau, including his mother, father and his older brothers, Maui then set about sharing with them the qualities and attributes imparted to him through the teachings of the ocean taniwha.

Whakawhanaukataka: interfamilial links and relationships within this narrative

The symbolism of the Maui story can be seen in Diagram 2B. Taraka took Maui and wrapped him in her topknot. Symbolically the topknot represents fire, and the constants within the cosmological matrix of the universe. Taraka tossing Maui into the ocean symbolises a rite of passage from the cosmic world to the natural world, facilitated through the medium of water; the aquatic

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DIAGRAM 2B: THE RELATIONSHIPS BETWEEN THE STORY OF MAUI, THE FOUR ELEMENTS AND THE SELF

RAKINUI | *IO*

Hinekaro/
Psychological Body | Wairua/
Spiritual Body

Maui nurtured by Taniwha | *Topknot of Taraka*

MAURI

LIFE FORCE

Tossing Maui into the ocean | *Maui returns to earthly whanau*

Panapana/
Emotional Body | Tinana/
Physical Body

TAKAROA
WATER | *PAPATUANUKU*
EARTH

symbolism of the birthing waters. Maui being nurtured and schooled by the taniwha represents the hau, or breath of well-being, which manifests in the human world as a person's breath, in the natural world as the wind, and in the cosmic world as ether, which comprises the elements of the physical life-force which Maori know as the mauri.

Maui returning to his earth whanau acknowledges the diversity of archetypal characters and events made salient through the reunification of Maui with his mother, older brothers (tuakana) and father. Reunification was made complete on three levels, acknowledging again the indivisible planes of interconnectedness between the cosmic, natural and human realms. Maui declaring his link to his whanau (family) not only acknowledges the specific forms their archetypal characteristics were expressed in; it also consolidates the linkages between the cosmic, natural and human realms. Maui following his mother and subsequently meeting his father symbolises the tracing of the seen and unseen within the feminine and masculine dimensions of time and space. Beyond time and space we return to 'watea' from whence, in Maori conception, we all originate. This link, born of fire, is symbolically conveyed through Maui assuming the form of the Kahu (Hawk), connecting at a cosmic level to the Lining of the Universe (Te Kahu o te Aoraki).

DIAGRAM 3:   INDIVIDUAL AND COLLECTIVE CONSCIOUSNESS

COLLECTIVE CONSCIOUSNESS

INDIVIDUAL CONSCIOUSNESS
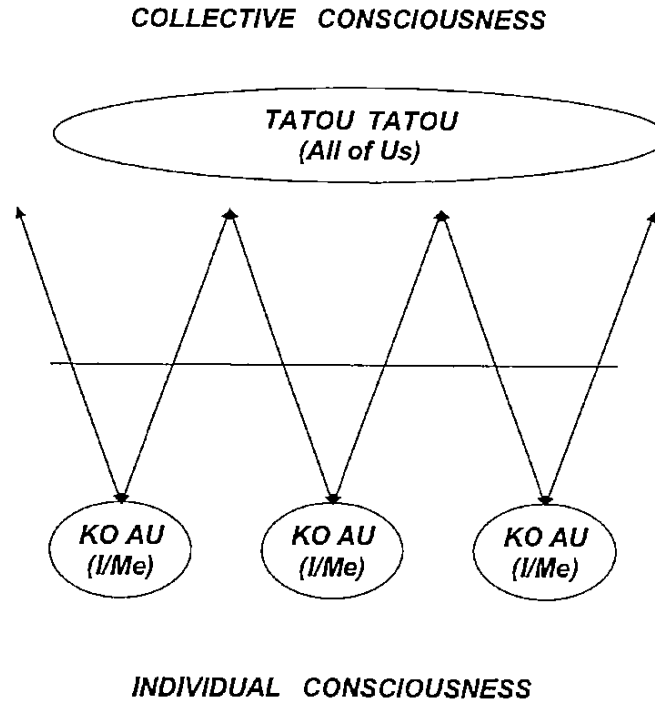
In this respect by returning to his earth-based whanau, Maui was conceived and birthed for a third time. In the context of this third birthing, we see already the indivisible interplay of the cosmic, natural and human dimensions.

This narrative also informs us that, within each level, whether we refer to the cosmic birth, the natural world birth, or the human birth, the experience is in itself traumatic. The Maori paradigm acknowledges that experiential existence in the three different realms is structured, exemplified by Maui moving from the one to the other via the different modalities of space and time. The mauri (life force) that gives balance, meaning and purpose to all of this is the 'Maui' within each of us.   When we are structured in form and capacity we are balanced, and therefore have Maui operating in balance within us. Conversely, when we are unwell we are mauiui: without internal balance, without external connection. Without purpose and direction our world becomes distorted and contaminated.

Implications for psychotherapeutic practice

From a Maori perspective, then, trauma permeates the cosmic, natural and human worlds, and impacts upon the spiritual, mental, emotional and physical bodies, thereby creating an imbalance, a distortion in the mauri. The extent of the impact of the trauma needs to be assessed according to the four bodies, and the elements associated with each body, within the context of the three worlds (refer to Diagram 2A).

The reference point for the ebb and flow of relationships determines the extent of Maui (symbolising wellness) and its juxtaposition to the polar opposite of Mauiui (symbolising illness). When making assessments from this paradigm, the appropriate interventions then become self evident. The question asked of Maui is that which is still being asked of us today: Ko wai au? Who am I? If we do not know the appropriate response to this question, regardless of which cultural paradigm we are working within, then the effectiveness of any assistance we can offer to someone within another cultural context is in doubt. Unless practitioners understand what the cultural norms and paradigms are within their own culture, how then can they understand the same in anyone else's? How can a relationship be established between therapist and client that will address the deep-seated issues that the client comes seeking assistance with? To understand our client within a cultural context, we must first understand our own cultural context. Only when we know who we are, will we begin to develop a deeper understanding of our relationship to others at a human, natural world and cosmic level.

For practitioners of psychotherapy, it is important to understand that what I have discussed is, in Maori terms, a cultural norm. However, on a continuum where clients are identified in relation to that cultural norm, one must understand that often the impacts of colonisation have distorted the world view that I have outlined in this paper, to the point that many Maori today are so colonised that they do no understand this traditional world view. Unfortunately, many of them also do not understand the 'Pakeha' world view either; in fact, the world view often adopted by Maori people consists of the worst of both cultures.

Cultural form and shape is different in different contexts. It is expressed in a unique way through the minds of those who created, developed and evolved what we understand to be the cultural norms of today. Therapeutic models will be of absolutely no use if they do not touch the deep spiritual essence of the client's being. The basis of the deep-seated mysteries of the mind's structure need to be understood in order that the therapist can comprehend the emotional expressions that are tell-tale signs of imbalances that manifest themselves physically in the body. For Maori, holistic therapy and healing begin with the spiritual; either the spiritual well-being or spiritual contamination of the individual, of the environment, and of the cosmos itself. The challenge for therapists when dealing with Maori clients is how to embrace the apodictic modalities of truth while at the same time determining the appropriate scientific modalities for these applications.

Dream For A Time Of War

Gillian Straker

Abstract

Perhaps one of the most profound relationships we have is to war and peace. Yet until war is upon us we give it little thought. Once it is upon us we often slip into feelings of impotence and lethargy. Yet our capacity to sustain peace in the external world is crucially dependent on the ebb and flow of our capacities, both as individuals and as a collective, to sustain a particular mind state.

Through case material, this paper explores the difficulties in sustaining a peace mentality in a time of war. It looks at the importance of connection to 'the music, not the words', when therapist and client may speak different languages (not only metaphorically but literally). Within this, the paper stresses the importance of dreams as expressed in the analyst's reverie and the analysand's visions.

Freud's (1920) notion of the repetition compulsion points to the abiding tendency of that which is problematic and/or traumatic to repeat. As the world once more hovers on the brink of global conflict, it would seem that this repetition compulsion applies not only to the personal, but also the political.

In thinking through the resolution of the psychic conflict Freud (1901) strongly implicated the role of dreams. This paper builds on these notions and asks 'what is a dream?' Is it only an individual phenomenon or can a dream be dreamed collectively? It asks further whether there are dreams for a time of war. Finally it explores whether working with dreams can alleviate the psychological trauma of war.

Within this general framework the paper considers two dreams. The first was reported to have been dreamed collectively by a group of adolescents following the death of a community leader in South Africa's tumultuous liberation war. The second dream was more of a daydream, a reverie entered into by myself in an attempt to understand the collective dream, beyond words.

Attempts to understand the dream involved the flowing together of Western and African healing practices and of their respective understandings of existential dilemmas. It is also involved a flowing together of issues pertaining to early childhood, with issues of death and notions of rebirth.

The collective dream itself concerned death and followed on death. The reverie drew on the structure of discourse beyond language, the music, not the words. This was a necessity as the dream was reported in a black language, which I did not understand, although I had the benefits of translation. In this circumstance I found myself somewhat like the child whose forms of feeling develop from the rhythm, tempo and intensity of the flow of the maternal discourse in which the child is immersed. As this notion of 'forms of feeling' is so central to this paper it is elaborated below before describing the dream.

Forms of feeling

Daniel Stern (1985) has written most eloquently of how forms of feeling develop in the young child. He describes this in his work on the vitality affects. Stern (1985) speaks not only about how the child experiences the categorical affects of the parent, their anger, their distress, their fear, their joy, their happiness. He speaks, too, of how the child experiences the tempo, the intensity and the speed at which these categorical affects are expressed. In addition the child experiences tempo, intensity and speed in regard to physical handling, moment by moment, hour by hour, day in and out. This speed, tempo and intensity come to constitute the vitality affects.

The child may experience and feel the parent's anger fleetingly or enduringly, similarly he may feel or experience his own bodily sensations of anger as building slowly or erupting quickly. He may feel happiness as a flow or as a burst of joy. This quickness, slowness, explosiveness and flow constitute the vitality affects (Stern: 1985).

Vitality affects affect every aspect of our lives, including the categorical affects such as joy, anger, sadness, but also the way we walk, the way we reach for things, the way we talk and the way we locate ourselves in time and space. These vitality affects are communicated by the rhythm of our own bodies but also the rhythm of other bodies interacting with us. This includes how we are handled and how we are related to by our parents, by our siblings and others in our environment from the beginning of life.

Researchers like Tomkins (1962) believe that our neural systems are hard wired both to receive and to produce certain affects. Thus Tomkins (1962) believes that we experience our affects from our bodily feedback. Therapists such as Marsha Linehan (1993) and many philosophers and theologians before her have intuitively known this. The whole notion of the smile of the Buddha is based on this idea. So too are Linehan's (1993) notions that the production of a smile upon the face will generate an inner state of happiness, commensurate with this smile. In addition one's own smile will elicit a smile from others which will add to its beneficial effects. However, the initial notion that one's own smile will generate happiness is primary and is based on the hypothesis that our emotions are hard wired and that our neural systems interpret our *bodily* feedback in order to make sense of what we feel and indeed to make sense of what others feel. Given this, Tomkins (1962) for example believes that at some very basic level it is possible for us to read affect cross-culturally, and indeed my own experience working across the language divide confirms this.

It does seem that there is truth in the notion of universals in the expression of affect and that these expressions are hard wired. However, by adulthood, most of us have learnt to disguise our affects via the many cultural codes. These codes then govern the expression of affect and it becomes much more difficult to read affect in others, and perhaps even in ourselves. However, in severe crises and in extreme circumstances, cultural codes may be dropped. In these circumstances basic affects, below the words and beyond the cultural codes that have been superimposed upon us, may once more be experienced.

The degree to which language (which itself is a cultural code) shapes how we experience ourselves in regard to both affect and all else, has once again been described very eloquently by Daniel Stern (1985). He talks of the advent of language and how this makes us less and less attuned to the somatic and to the physical as we become more and more reliant on the verbal. He also speaks of how we begin to privilege certain sense modalities, such as vision, above all others.

Stern (1985) indicates that as children we process information across all our sense modalities or amodally. This changes however as we get older. Thus in the beginning we do not privilege sight only or sound only or olfactory cues only, but tend to use all the modalities together and to cross-reference them. Thus an infant who has sucked on a nipple is able to visually recognise that nipple and differentiate it from others. The information automatically gets crossed over from the tactile, i.e. the feel of the nipple, to an encoded visual map.

However, as we use language more and more, our capacity to process information across all our modalities recedes.

It is my contention, however, that in its ideal, analytic reverie is to some extent a return to amodality. That is, analytic reverie, or the open state of the mind of the therapist, is seen as a return to a more holistic, crossmodal mode of information processing. This mode of information processing prioritises the lived experience of affect beyond words, indeed the music beyond words, of which we as therapists all speak. Certainly this is how it felt listening to the collective dream which is the subject matter of this paper, but first a brief word about the context of this dream.

Context of the dream

As already mentioned, the dream occurred after the death of a community leader. This community leader was attacked in his home and fled. He was attacked at a time at which the South African government was fostering so called 'black on black violence'. This was a strategy which deliberately sowed dissent in black communities so that the State could divide and rule. The chief was killed by a rival group in the community. He was holding a group meeting in his house which was fire bombed. The young people who dreamed this dream were at this meeting. They fled out of the back door, while the chief went out of the front door where he was brutally attacked and hacked to death and his genitals cut off. The group itself fled to a church community centre where it was pursued. The police, using army helicopters and guns, invaded the centre. One person was shot and wounded, two escaped and the rest of the group was arrested. On their release they reported that they had been taken to several jails, beaten and denied food.

After a number of days, following urgent submissions to the Supreme Court, they were released. Soon after this the group began to complain collectively of insomnia and a common nightmare. It was at this point that I was approached and requested to form a team of therapists who might offer help to the group.

At first contact, the young people presented as very agitated. They said they were afraid to sleep and reported a dream in which the chief's spirit appeared to them and told them that he could not rest and would not allow them to rest until his severed genitals had been returned to his body. After further exploration it emerged that while most of the group complained about being troubled by the chief's spirit, it was his daughters who had first reported the chief's appearance in a dream. They were also the individuals who were most disturbed

by the dream and the most afraid. Nevertheless, all the other members of the group reported that they too had had the dream and that they had profound anxiety in relation to it. This of course raises many interesting questions. What is a dream? Was this dream in fact dreamed collectively or only reported collectively?

To move too quickly to the conclusion that the dream was only reported collectively would, I believe, be a mistake. It also would be against the spirit of the psychoanalytic endeavour. This endeavour is based on retaining an unsaturated frame of mind, open to all possibilities.

However, returning to our work with this group, we were presented with a dilemma. Although all members of this group were highly traumatised, the idea of a talking cure was foreign to them. This was particularly so, given that this was a time when spies were ubiquitous and informers were everywhere. To be asked to speak in this climate was itself suspect. It was thus crucially important to our work that we were introduced to the group by community leaders and by individuals trusted on the street. Our mental health qualifications meant nothing to this group. We therefore had to find an indirect mode of approach.

After a team consultation we decided to ask the group whether or not any of them were interested in creating an oral history of the events in their community. We asked whether they thought this might be helpful for posterity, and indeed we did subsequently write a book recording the events in this community as a way of fulfilling this obligation. Most of the group expressed interest in this idea and through this process of oral history taking, a therapeutic climate was created. The group told its story through narrative, through praise songs, stories, prayers, laments, dances and chants. This facilitated both an outline of the facts and the expression of a great deal of emotion and catharsis. It represented the group's own natural healing processes.

This process took place over two to three days. Following this the team decided that it could be helpful to offer the three daughters of the chief personal time with us in order to further elaborate their story and to discuss their dream. We offered this to the three girls who agreed that they would indeed find this helpful. It was then decided by the team that Thandeka Mgodusa, one of my black colleagues, and I were best suited to work with the girls. My colleague was a student at the time. The question was thus whether I should be the therapist and she should translate or whether she should be the therapist and I should sit by in the group and act as a consultant to the process. We decided on the latter course of action.

This meant that I would sit in the group and while they spoke in a language foreign to me, I would try to penetrate beneath the discourse, and serve as a resource whenever my colleague wished to consult with me.

Understanding the dream

As a team we had already heard the dream because we had met with the larger group over the oral history project. As indicated this process took several days. We had also spent time mixing informally with the group over lunch and tea. In the oral history project we had used the structure and energy of the group to introduce therapeutic issues by discussing notions of psychological woundedness and speaking in terms that might be acceptable to self-defined warriors. Within the team we had discussed our understanding of the group and its members both from an African and a Western perspective.

From a Western perspective the group members' symptoms were conceptualised in terms of Post Traumatic Stress Disorder, given their insomnia, nightmares, vigilance, and flashbacks. Their symptoms were also thought of in terms of trauma's capacity to breach the stimulus boundary. Following on the breaching of this boundary there is often impairment in the ability to regulate affect. Furthermore, individuals may experience themselves to be overwhelmed, both at the boundary of themselves and the external world and at the boundary between the conscious and unconscious processes.

From an African perspective the group members' symptoms were thought of in terms of contamination by death and how this contamination creates emotional and physical problems. This contamination was linked to the fact that the required rituals of purification had not been performed.

The psychological functions of the dream were also examined from an African and a Western perspective. From a Western perspective the reparative function of dreams was stressed. The tendency in dreams for healthy aspects of the self to express concern for ailing aspects of the self was emphasised. In this regard Kohut's (1977) work was particularly helpful. We spoke too of how dreams of restoring bodily integrity are very common in those of us who have been traumatised. However, what was striking about the dream of this group was the fact that their reparative needs were coupled with an injunction that was impossible to follow. It was not feasible in reality to restore the chief's genitals. Thus the dream injunction acted to reinforce guilt and to perpetuate feelings of badness.

Certainly the group had expressed guilt concerning their survival in the face of the chief's death. Thus the dream was seen as giving expression to survivor guilt. However, the dream also allowed group members to avoid of a full confrontation with the loss that they had suffered, especially the finality of this loss. Remaining stuck in a sense of persecution was facilitated by the chief demanding the impossible. Being stuck in the impossible in this way seemed furthermore to serve the function of freezing the mourning process. In this way the chief could be entombed and memorialised in a static way and thereby preserved. Through this process the group could retain the fantasy that he was not actually lost. However, because of this failure to face loss the group remained in melancholia rather than mourning.

Of course we were aware at the time that it was early days and that the group's frozen mourning was time appropriate and served a protective function. However, their sleeplessness and agitation was quite extreme and did seem to require some sort of address.

This seemed equally true when the dream was conceptualised from an African healing perspective. Within an African healing perspective there are many diagnoses which may be given to the symptoms of this group. In brief, within mainstream traditional African views on illness, there are three major possibilities in regard to causation. These are mystical causation, animistic causation and magical causation. Mystical causation involves pollution via mysterious processes involved in, for example, birth, death and menstruation. Animistic causation refers to disturbances created via loss of protection of the ancestors. Magical causation involves witchcraft and sorcery and is illness caused by another human being. The context in which the symptoms of the group occurred indicated that they were characteristic of an illness of animistic causation, although issues pertaining to the mystical were also implicated.

In explaining this diagnosis it is important to understand the cosmology underpinning African healing practices. In most African cosmologies there is no split between the natural and the supernatural world, mind and body, individual and community. These beliefs modify feelings, thoughts and behaviours concerning illness and health.

In regard to the current group, their illness would be primarily be seen in terms of withdrawal of the ancestors' protection. This would in turn make them more susceptible to pollution via contact with death. i.e. mystical factors. In regard to this group, their dream would be seen as a direct message from the ancestors indicating their involvement in the group's current state.

Thus within both the Western framework and within the African framework, the dream could be seen as representing the crossing of a boundary. However, in the African framework it is not the boundary between conscious and unconscious or between the individual and the external world that is crossed. It is the boundary between the natural and the supernatural world that has been crossed. The dead have come to visit in order to be in direct communication with the living.

In these terms then, the group's dream represented a real conversation with the chief. His request indicated to them that he felt that they had a duty to perform in relation to him and that their failure to do so was the cause of their illness. The dream also contained suggestions concerning the way in which the illness might be cured. The cause of the illness was a neglect of duty and its cure would lie in following his instructions.

In many African traditions the appropriate response to a dream of the departed is to slaughter a beast. The ritual slaughter of the beast is similarly appropriate following the burial of the dead. The purpose of this is to provide purification from the pollution of death as well as to facilitate communication with and respect for the ancestors. In discussing both Western and African views on dreams, at least as my colleague and myself understood them, we felt that we should let both frameworks inform our work. We thus worked, at least for the daughters of the chief, to create a circumstance in which ideas derived from both African and Western frameworks might be explored without foreclosing on either, nor foreclosing on what might emerge from the group itself. The creation of this circumstance and the dream work are described below.

Dream work
Despite careful planning, the initial stages of our work with the daughters of the chief went extremely badly. We foreclosed on the group's exploration of these issues by offering our own solution too quickly. Having invited the girls to discuss the dream and to discuss again what had happened to them, we rather too quickly suggested a traditional solution to such problems. The idea was offered of the ritual slaughter of a beast to appease the chief's spirit and to show him respect. This idea was immediately rejected by the girls. They felt that the chief was indeed calling for remembrance and respect, but because of the particular circumstances, slaughtering a beast would not suffice to appease him.

As we reflected on their response it was clear to us that we had prematurely offered this solution to assuage our own anxieties. In retrospect I think we were

informed by our own notions of political correctness and cultural sensitivity. It certainly was an example of the road to hell being paved with good intentions. We thus determined to contain our own anxiety better and to encourage a very much fuller elaboration of the difficulties as expressed by the girls themselves. We thus began again and asked the girls to once again tell us their story as they personally had experienced it.

At this point then, I sat back and allowed myself to be immersed in waves of speech which rolled over me, without any understanding of the words. In this space I attempted to help my colleague with what I experienced as the rhythm, the flow and the tempo of the group, and I made myself fully available to her and to them. From this perspective of immersion in the group process, I felt as though it went through three different stages. I then conceptualised my experience of these three different stages within a framework with which I was familiar. I drew on the work of Judith Herman (1992) on trauma.

Within Herman's framework, the first stage felt like a pre-narrative – when the trauma story is told flatly without infusion of emotion. The second stage felt like the narrative – when the story is retold with great emotion but the emotion is so great that it cannot be contained. The third phase felt like resolution – with story and emotion more integrated. However, my experience of these three phases clearly did not come from any understanding of the words that were spoken, given the foreignness of the language.

I will try then to describe my experience from a phenomenological perspective. I would begin by saying that from a phenomenological perspective, the experience for me was not one of affect contagion; I did not feel swept up in the emotion of the group as has happened when I have understood the language. I have worked with groups that have been survivors of atrocities of this kind and have also worked extensively with survivors of torture. In these circumstances, when I have understood the words and the true horror of what is said, I have often found myself infected by the affect, the emotion, the horror and the terror.

In my experience of the current group, perhaps because I did not understand the content of what was said, I did not experience myself as swept up in affect contagion. It was more a conscious sense of some sort of absorption into a process, perhaps some sort of subtle entrainment. Entrainment, which is akin to mimetic communication, is a process which Trevarthen (1993) has outlined. Trevarthen is a very important observer of infant behaviour. Entrainment refers to the synchrony which develops at a micro level between mother and infant as mother and infant mimic one another's body movements at the level of temporality, intensity, tempo.

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And indeed I felt entrained by the group, I felt caught in its pulse and vibration. It was a sense of absorption into its alimentary process, an absorption which allowed me to work with my co-therapist not so much on the content of interventions but on the timing and the nature of them, when to move and when not to.

While working with this group, I was not, of course, thinking at the time in these categories; I was more in the mode of reverie. These categories were applied retrospectively in my own subsequent processing of the experience. At the time it was enough to intuitively use my knowledge of how trauma narratives unfold in general and to feel my way into this story in particular. It was a movement into my own reverie and out of it, into the forms of feeling of the group but not into overwhelmment by the categorical affects of the group.

This was perhaps akin to movement between an observing and an experiencing ego. In this process, as in the mother's engagement with the child, clarity is retained about what belongs to self and what belongs to the other. This clarity is often difficult to retain and is especially difficult in circumstances of trauma. It was being free of words in this situation that seemed to help me retain this clarity. It might therefore be useful to elaborate this experience more fully.

Sitting with the group, outside of verbal language, but with an awareness of the story, my phenomenological experience of the group ethos and its evolution was informed less by its categorical affects and more by its vitality affects, which manifested as follows. In the initial stages, i.e. the pre-narrative, the group's mode of expression was staccato, stilted, the phrases short and flat. There was little resonance in the voices, each voice seemed distilled from its overall context, little overlap or interruption as if each person waited in isolation for the other to finish. There was a chilling and freezing of syllables in mid air, gazes collectively fixed on the middle distance with no meeting point, body movements attenuated, gestures cut off before completion, myself feeling frozen, blocked out, somewhat numbed. But nevertheless at a deeper level, still feeling a sense of engagement in the tide of what was happening.

Then as the process shifted from pre-narrative to narrative, the story became infused with emotion, as yet raw emotion. The tempo and intensity of speaking increased, pitch higher, intervals between words shorter, words running into each other. First the riveting of attention on the speech of each of the members of the group by the others, no longer a gazing into the middle distance, as each began to entwine their own story with that of the others. Each contributed to the other, not in a harmonious, blended way but in a

crisscrossing which left some amputation of the other's speech in its wake, mirroring perhaps the feeling and amputation of the trauma event.

In my own experience I found both the pre-narrative and the narrative left me outside of the circle. In the first experience it was a feeling of being frozen out, a certain deadliness of atmosphere. In the second it felt as though I was held outside by some invisible barrier, an experience of the currents coming off others, keeping me somehow outside of myself, simultaneous with a sense of internal disruption. It was almost an experience of being electrically shocked in the sense in which an electric charge pushes one outward, yet at the same time holds one enthralled in the same spot. I felt suspended, yet in an animated state, at the end of this second phase of the group.

Healing nausea

At the end of this second phase in the group an amazing event took place. For all three girls there occurred what seemed to be a literal evacuation of psychic emotion, an ejection in action of something lodged inside. Within a few minutes of each other, each of the three girls had a nausea attack and retched. However, this was more than a simple evacuation into a void, it was an evacuation made possible by my co-therapist's intuitive resonance and holding of the entire process.

In African healing practices retching is seen as a literal evacuation of that which has illegitimately invaded the being of the self. This foreign invader which has been placed there by another, or has inadvertently been invited in by the self by being in the state of pollution, is thus expelled. This notion of having been illegitimately invaded by the being of the other is highly reminiscent of Winnicott's (1965) notion of the traumatised baby who looks for himself in the mother's eye but finds only the mother, and is invaded by her presence and a false self takes up residence.

In this sense then from a meta perspective, there is tremendous overlap between certain African and Western existential knowledge. Both bodies of knowledge point to the potential of invasion by the other, but use different metaphoric terms. In particular Western frameworks we may speak of communication by impact, projective identification, and enactment. In particular African frames we may speak of pollution and possession.

Returning to the group, however, it is significant for our purposes that retching is a sign of purification which allows a return to normal processes of mourning

and thinking. Indeed this retching marked a punctuation point in the therapy. It both signalled and created a clearing of an internal space, within the girls and within ourselves. This allowed for the emergence of an understanding of the meaning and experience of the trauma and the dream in a different way.

At this point in the therapy we all took a break. The girls were nurtured and cared for, and all given hot water to literally calm and sooth them while my colleague and I discussed how to proceed. At this point, we decided to make a suggestion to the group, which we later placed in a more universal framework of the myth of Isis and Osiris and the mutilation of Osiris's body.

Isis was a pre-eminent Egyptian goddess, Osiris her brother and the father of her child. Seth was a sibling of both Isis and Osiris and was envious of Osiris who he subsequently killed. He tore Osiris's body into 14 pieces. Isis, on hearing this, sought and found Osiris's body parts, all except the penis, of which she made a replica. She then ceremoniously placed this replica with the body of Osiris. This served to revive Osiris who became ruler of eternity and king of the underworld where he restored order and ended chaos.

However, the essential point of the myth is that Osiris became ruler on the basis of his being refused revenge against Seth. Seth, having been spared, was in turn required to participate constructively in the new order. It was thus both the refusal of revenge for Osiris, as well as Seth's participation in the new order, that was finally responsible for the triumph of justice and harmony between the material and spiritual world, and for the restoration of order.

This myth seemed very germane and important in regard to the dream of the girls and of the group, and was consistent with the suggestion we inserted into the group once we reconvened. The suggestion we made to the group was that they consider the possibility that there was a hidden message in the chief's communication to them and we asked them to think very carefully about this. We suggested the possibility of an encoded message in his request that his penis be replaced with his body. We indicated that given the circumstances of war, a shrouding of the meaning of the dream might be appropriate. We asked them furthermore whether they could imagine what beyond his literal body could the chief wish to have restored to its wholeness and integrity? What could the penis mean in this context and how could power be restored to the chief in another way?

The girls accepted this task with interest and did begin to think through the possibility that there was a hidden, coded message in the chief's communication, and that it was their task to decipher it. After a long discussion they

eventually agreed that the chief's body was a symbol of the community body and that they themselves, as his descendants, were a source of power. They now heard his message as a call urging them to become empowered themselves and thereby to restore the integrity of the severed body of the community. This body through fragmentation had become disempowered.

They became animated and excited about this notion. As they spoke more and more about the empowerment of the community and a possible return to the community, they also began to think through the slaughtering of a beast and the ritual laying to rest of the chief's spirit. They therefore linked returning to the community with the carrying out of this ritual and they began to plan accordingly.

We took this to be an enormously positive sign. We felt their ability to embrace this ritual meant a step toward a deeper grieving, a move from melancholia to mourning. We felt that something had been achieved in the group's ability to reinterpret what the chief had said in a more metaphoric way.

Once the girls had come to their own conclusions they were very keen to rejoin the larger group and to communicate to them their thoughts and their resolutions. We facilitated this process, after which the group did indeed return to their community and attempted to continue the work of the chief.

Postscript

Continuing the work of the chief was a long hard haul as the group was attacked when they first returned. One person was stabbed but fortunately there were no casualties. However, the group persisted in their pledge to the chief and eventually liberation came. These events occurred in the late 1980s and as we know, liberation was achieved only in the early 1990s. However the war was won and the spirit of the chief did indeed triumph.

I followed this group's progress into the mid 90s and indeed they carried their scars each in their own individual ways. I have no illusions that our intervention healed the deep wounds that they sustained. Nevertheless I believe that we contributed to an undamming of the psychic tide of this group in regard to their relationship to person, place and meaning, a relationship that had become stuck and frozen in a particular moment of trauma.

On a more sober note though, as we look to the future and to the return of the spectre of war, we may end by asking what it is we may learn from the ancient wisdom of the myth of Isis and Osiris and from the historical experience of the

chief's daughters and his followers. For myself, I learned how great is the difficulty and pain involved in giving up the gratification of revenge and the impulse toward exclusion of the other in order to embrace the much harder task of inclusion. Yet this task must be embraced in the building of a body of many parts, which in its integrity can function as a whole, harmoniously and constructively for the good of all.

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The Braided River of the Soul

Grant Gillett

Abstract

This paper pursues the fluidity of the psyche and relationships in the metaphor of a river rather than that of the ebb and flow of tides. In particular its focus is on the braided rivers which are a feature of the South Island landscape. A braided river has the characteristic of forming and reforming its channels as a shifting and reciprocal function between the water flow and the shingles of the river bed. The braided river can be travelled on by a jet-boat but only reveals its overall pattern from an elevated viewpoint; at ground level the ride is unpredictable and contains many unexpected twists and turns causing alarm or exhilaration largely depending on the company in which one is taking the journey. The metaphor is highly evocative for psychology and reminiscent of the more or less settled but somewhat modifiable channels or inscriptions on the psyche that some of the major theoreticians of the psyche have discussed.

I was inspired in my approach to this paper by a remark made by Ludwig Wittgenstein:

> The river bed of thoughts may shift. But I distinguish between the movements of the waters on the river-bed and the shift of the bed itself; though there is not a sharp division of the one from the other (1969:97).

Wittgenstein's remark concerns thought and knowledge and our conception of the truth which, in traditional epistemology, tends to be regarded as something fixed and eternal to which human knowledge with its fallibility and contingencies must strive to approximate. The argument of *On Certainty* was that, in reality, human knowledge is to some extent fluid, a production of the human community based on the combined effects of our biology, our interactions with each other, and our engagement with the world in which we live. I will argue that the human psyche is very much the same, a joint production negotiated between a human being, the society and relationships in which the person is formed, and the world around us.

I will argue for three fairly simple points each of which is compatible with scientific understandings of human psychology and which concerns the whole idea of the dynamic unconscious at a point where philosophical analysis has genuine relevance.

First: Freud was a neurologist before he was a psychotherapist and there is an ongoing debate about whether whatever lies beneath consciousness should be thought about in neurological or psychological terms (Searle:1994; Gillett:1999; Dennett:1991). I believe that a failure to realise the true nature of the system that mind emerges from led Freud to misinterpret the neurological nature of the unconscious.

Second: Language does not merely express the contents of the mind but has a formative role in the production of mind. This insight is becoming widely accepted in cognitive psychology but for the present purposes is best approached in the context of psychotherapy through the work of Jacques Lacan.

Third: Lacan's debt to existentialism and post-structuralism is evident in his work and tends to undercut a deterministic thesis about the unconscious and human behaviour in a way that provides a viable rationale for psychotherapy.

If I can make out a case for these three points then I will take myself to have done a worthwhile philosophical job in the present context of counselling psychology and psychotherapy.

Language and the mind

If we begin with the thesis that a human being is an adapted system in which the nervous system has given rise to what we can usefully call a psyche, then we can get straight into the current argument. Human beings have mastered an evolutionary trick that is radical in its simplicity and pervasive in its effects. They have developed an adaptation in which the experiences of some can form part of the learning of all through communication and interpersonal transactions. Language is central in this adaptation and forms a series of signs which can be used to mark moments and features of significance in the shared life of a human group. When the interpersonal activity surrounding language can be used to inscribe a nervous system that has relegated much of its processing to assemblies that take shape during extra-uterine rather than intra-uterine life then the potential exists for extensive intergenerational learning which literally inscribes on the brain the folk-ways and whanau-ways of those who care for and nurture the young human being concerned.

The relevant learning integrates a child into the human group that has sussed out environmental conditions around here. Given that no human child can survive without nurture, membership of that group is also the first priority for the developing child. Thus there is a dual reason why the attitudes of members of its primary social group are of vital importance for a human being:

a. Those people are the source of nurture and the key to biological survival; and

b. Their acceptance and approval is the principal means of discerning good changes in oneself and their disapproval the opposite.

The first of these reasons for valuing relationships with others means that animal things like warmth, protection, and nourishment are closely linked to the presence of one's human companions on one's journey through the world. The second reason provides the key to the direction that one's life path will take in that its effect is to inculcate in one a fundamental distinction between what is 'good' around here and what is 'bad'. Freud discusses the factors inherited from one's parents and culture as belonging to the super-ego and tends to think of them in moralistic terms but one could equally say that the inscriptions resulting from the effects of one's parents on the psyche provide a framework of value and groundedness for one's self as a relational being.

When we think of Freud's super-ego we are inclined to invoke repressive imagery suggesting that thoughts and attitudes are being closeted or pushed under the surface of the mind whereas contemporary work on language emphasizes production. Production is a concept that expresses the fact that the mind or subjectivity of the individual responds to things that happen in ways that are understandable if we follow Freud's emphasis on association. In fact the associations of words are several and indicated by Luria's remark that a word is not an image of an object but a 'complex multidirectional matrix of different cues and connections' (acoustic, morphological, lexical and semantic) and we know that in different states of excitation in the brain different of these connections may be predominant (1973:306). The same thought is evident when, according to Freud, the word is conceptualized as a means by which the current experience is linked to 'mnemic residues' evoked by association based on its acoustic form as a sign in a natural language. This, I think, is a central insight in charting the braided river that is the psyche.

Two further ingredients need to be added to this rich brew of ideas.

First, a Freudian ingredient: the idea of the primary process whereby there is a fluid and shifting set of associative connections between different elements in the psyche so that emotional accompaniments of experiences and the meanings attached to words can shift and slide between different foci of psychic activity. If this sounds messy and vague it is meant to and it is also more sensitive to incidental resemblances and features of word use than can be revealed by any principled or rational semantic or psychological analysis.

Second, a socio-cultural ingredient: Foucault talks of inscriptions on the surface of the body as being the effect of immersion in discourse in which subjectivities are exposed to the speech, attitudes, and actions of others. In fact the deconstructive approach to psychology and the historicism evident in Foucault's work allows us to explore the idea of the psychically real, the culturally real, and the objectively real in a way that fully exploits the role of language in psychoanalytic and post-psychoanalytic thinking.

Language and the unconscious

The role of language in the psyche, while of great interest to Freud, has been thrust into the limelight in the philosophy of psychoanalysis by Jacques Lacan. He argues that the human unconscious is a field in which language plays a pervasive and powerful role. For Lacan, the unconscious comprises a network of signifiers and is structured like a language (1981:45). The implications of such a view for the understanding of the human psyche are profound and throw an interesting light on psychic reality and psychotherapy. 'The word is the bearer of the residue of imperatives and evocations, its role is not primarily descriptive' (Lacan:1977:86).

Lacan rejects the somewhat simplistic claim (also rejected by Luria) that words function merely as arbitrary signs of the presence of this or that object or feature of the environment (1977:83). He encourages us to think of the network of signification in the unconscious as bearing a residue of imperative and evocative remarks directed at the individual subject by others. As such, words inevitably resonate with expectations and values psychically attached to the self and the values attached to the self by the reactions of others (1977:86). If the unconscious is primarily a domain whose contents are prone to move us rather than inform us, then we should not look there for an objective map of the world but for a conative map of the ways in which the world and those around us have evoked reactions and responses in us. This recalls Freud's 'mnemic

residues' but gives the relevant effects a more powerful role in shaping the individual in that words do not merely stand for descriptions of states of affairs but rather coalesce the active resonances of past situations so that 'What we teach the subject to recognise as his unconscious is his history' (1977:52). Significantly for a socialized creature such as a human being this is a history or 'herstory' of dealings with others.

A word has a signification which, for Lacan and the structuralist school he draws on, is a matter of the selective resonance with certain conditions historically and interpersonally related to its use. The signifier, as Lacan sees it, is part of 'the world of meaning of a particular language in which the world of things will come to be arranged' (1977:65). Language comprises the signs we use to mark the way that the world is ordered for us by our culture. The units of language are words and every word is a combination of signifier and signified. Signification results from a selection of some set of privileged associations linked first to structural relationships between different elements in a language, secondly to selected conditions in the world, and thirdly to a cumulative history of interpersonal transactions. What is more these links are holistically interconnected with each other.

A word has an acoustic shape as signifier. The acoustic shape of the word resonates (to a greater or lesser extent) with acoustically related words (as in alliteration, assonance, or homonymy). Thus the unconscious, released from the constraints of rational connectivity might, at times, follow the lead of the signifier merely considered as an acoustic event registered by brain cell assemblies. One could plausibly claim that the secret of poetry is its ability to play harmonics on the strings of this resonant harp of acoustic similarities simultaneously with the harmonics of signification.

The word evokes the tuche *and* l'autre. The world touches me at certain points. This encounter is the *tuche* and it cannot be fully digested by the signifier. Here we can usefully recall Sartre's concept of 'Nausea' which indicates the fact that the world as signified is a selection from the world as it impinges on me. The signifier is selective in that it is related to certain (after Frege) 'canonical' conditions of warranted use and therefore does not capture (but may be subliminally associated with) the totality of any situation in which it is used. However the total situation causally impacts upon the subject. Thus there is a causal effect on any subject not exhausted by the words that are used to recall or reconstruct the experience and to give it narrative form. The causal traces of this 'touch' resonate within the psyche of the subject whenever the word is used

to the extent that they have been registered at the time that the subject's response to the signifier is being elaborated.

An example helps to make the point. Let us say that the signifier 'mother' for a given subject engenders severe psychic conflicts which result in self hating or condemnation and tend to move the subject concerned to exhibit self-harm behaviours. We might link the phenomenon of self harm in that person to the fact that there has been a mix of associations in which the legitimate signification associated with 'mother' - to do with nurture, support, unconditional acceptance, warmth and so on - is criss crossed and combined in the life of the subject concerned with some more destructive resonances which have accumulated in the soul of the person concerned. These may be, as Freud notes, produced by fantasy rather than real cruelty by the mother but the important thing is that they causally affect the reactions of the subject to the signifier 'mother' and undermine the role of that signifier in grounding many of the emotional responses of the person concerned. In this way we might attempt to reinstate the Freudian thesis that the psychic force of an Idea in the unconscious may not be paralleled by and may even contradict the meaning of the signifier associated with it. If this interpretation of Lacan's *l'autre* holds any value, then the two aspects of content associated with a signifier might only be connected through events in the psychic history of the subject and might tend to operate on the psyche with opposite conative forces. The relevant psychic mismatch can, as is obvious, only occur in a creature who creates meaning out of encounters with the world by using a cultural resource with certain legitimated associations but under diverse influences which reflect associations in the individual life-story or life events of that subjective creature.

The disparity between the content of signification and the causal effect on the subject is, I believe, what Lacan is getting at in discussing the *objet petit à* which implicates both subject and object in a way that 'remains stuck in the gullet of the signifier'. The *objet petit à* is a way of indicating the function of those objects the child uses to try and understand the complex position of others *vis à vis* themselves by symbolising those others in terms of some object that can be manipulated in games of infancy. These games in which something is lost and then returned, or even thrown away so that it can be returned, localise a set of (perhaps inchoate) thoughts expressing the relation between the child and some significant person (or aspect of the child's life) in a manipulable object which can stand for that subject-object complex. To understand the loss and return and to have a concrete framework to attach the more elusive ideas to is to make digestible or comprehensible those self-affecting things that tend to happen in

an indigestible, complex, and often incomprehensible world where my growing discursive and narrative abilities need many aids to cope with what they have to 'swallow'. Sartre talks about Nausea as the subjective result of the indigestibility of the immanent or meaningless reality that impinges on us and his term resonates closely with Lacan's phrase 'stuck in the gullet of the signifier'. This implies, in the light of the selectivity of signification, that the subject accumulates an unconscious domain (comprising the residues of his history) which has a psychic reality quite other than that produced from within the network of signifiers but resonating with the network at every point of signification.

The word locks me into Langue. The last point we will touch on is the relation between the psyche and the world of Language. *Langue* (or Language with a big L) is the language spoken and governed by the rules of the linguistic community of which I am part. I am inducted into the system that structures my Language but it is more immense and all encompassing than my psyche can ever be. I am locked into *Langue* as one operated on by language through speech and not merely as one who can use words (or their cognitive correlates) to form an objective picture of the world. It is in the world as a domain of Language that I act and am impelled to act. It is in this big 'objective' world that I find myself, driven, drawn, and subject to certain demands just as a river is subject to elemental forces which are part of the same world of nature but not part of the internal reality of the river.

Signification and the real

We live in a milieu of signification and interpersonal relationships. Our mind and the microprocessing structure of the brain are both formed as these things come together with their intersection played out against the backdrop of reality and Language. All four elements – signification, the individual subjectivity, Language (big L), and the actual world (or 'reality') are required to appreciate the braided rivers of the soul. We are accustomed to recognising psychic reality and external reality but this dichotomy which justifies an uncritical attitude to material is based in a lingering Cartesian picture in which the mind and the world are seen as distinct and separable from each other. The more contemporary view that mind and world are inextricably linked as part of the same reality offers us a slightly different picture.

On that view we must take seriously the fact that the human being has a psychic world jointly dependent on goings on in the brain, the impact of the

actual world and the social and interpersonal milieu surrounding him or her. If Freud and most contemporary cognitive scientists are right, then we are each equipped with a neural network exquisitely sensitive to environmental influences in the light of multiple interacting constraints from the four sources I have listed. Signification reflects both the meaning of signs as they are generally and legitimately used in the public world but also the individual associations with those signs as they have appeared in the life history of the individual. The individual who encounters a situation in the world around him therefore assimilates that experience to something familiar from his own past and to the ways in which an experience of that kind would be talked about in his socio-cultural group even though the individual impact of that situation may be quite singular to him as a subject. Thus, if I see my father coming and, initially, only see him as a small thin man, I might think 'Who is this small thin man who looks burdened by the cares of the world?' and then with a start realise that it is my father I am seeing. Now what is real in this experience? Is it meeting my father with all the conflicting personal and stereotypical connotations associated with him or is it a small thin man looking somewhat overburdened? And when I think of my father do I think of him as the world does or do I think of him as I do? The impasse is revealed at the end of *Road to Perdition* when the narrator is asked whether his father, the Mafia hit man, was a good man or the bad man that he was often portrayed to be. He can only say 'I tell them "He was my father".' Psychic effects, the categorizing influence of language, the vaguely apprehended responses of others to my father as a person, and the resonances with my own individual relationship with him over the years, are all going to create a complex reality, some elements of which are quite inarticulate for me. Therefore the situation is not so clearcut as to fall neatly into an intrapsychic package and an objective package. However in Freudian terms this is conceptualized as a bottom-up determination of conscious thought and reasons for action which is under intrapsychic influence largely at the behest of unconscious forces. The result is an implicit reinforcement of the Cartesian view that the mind has its own reality somewhat independent of the ego-based responses to the world that conform to the reality principle. The mind/brain, on this neo-Cartesian materialistic picture, is seen as a domain of self-contained forces in tenuous contact with reality through the ego structures which produce consciousness. But the mind-world interaction shaped by life story that emerges from the current orientation disturbs this picture.

Lacan's reformulation of key aspects of the Freudian orientation makes room for a certain existential openness in addition to the biological facticity (or given-ness) which Freud assumed prevailed in the human neural system and linked us

quite closely to the psycho-biological forces governing the lives of animals. The Lacanian subject participates in discourse and the world as responded to by him- or her-self contributes to the meanings of signifiers as they appear in her autobiography. This thesis implies that the influences operating in the human brain are not all driven from bottom-up such that more primitive biological tendencies drive the 'upper' reaches of conscious and interpersonal experience and response. The current view is that forces arising at a conscious, self-narrative, and interpersonal level may cause shifts in more deeply ingrained levels of thinking, feeling, and behaving.

Notice that the view that I am suggesting is not naively or romantically existential and does not imply that one can change oneself at will (or by a stroke of insight) even though it does imply that conscious self-knowledge and intentions can be more powerful than traditional psychoanalysis allowed. Any realistic view informed by clinical reality must acknowledge that there is an important role in conscious experience for emotional and relational factors which have to do with the his/herstory of a person and that person's relation to a primary nurturing socio-cultural group. Just as these influences show up in accents and dialects, so they show up in basic emotional, attitudinal and behavioural tendencies learned or imbibed (as it were) with our mothers' milk. To address these tendencies where they are dysfunctional is therefore a matter of mobilising the kind of relational and emotive engagements with the subjectivity before us in ways which are going to affect that subjectivity as deeply as he or she was affected when the initial inscriptions in the psyche were made. The role of transference is obvious in such a conceptualization and fundamental in the idea of psychotherapy even where it is not recognised.

Changing the story and working with the flow

Freud's bottom up theory of the mind/brain is based on the kind of neurophysiological reductionism that many proponents of brain science and biological psychiatry openly espouse. But the metaphor of braided rivers alerts us to the fact that the psyche is fluid, perhaps flowing in lines which are more or less configured by some very basic (hard) channels, but affected by more transient alignments of more mobile elements in the river bed (shingle and sand or clay), and ultimately also dependent to some extent on the currents and eddies of the water comprising the river itself.

In a similar way we can see some more or less rock-hard effects of biology and an historically extended culture on any individual. Some of the resulting effects

are more transient and shifting than others, either because of cultural change or bodily changes within the individual, and yet other effects are almost evanescent and may be as fluid as the moments of consciousness. These all holistically interact within a lived life story so that a young person who is disgruntled and at odds with their context, feeling unloved, unattached, uncommitted and without roots to grow from may find themselves unable to fashion a liveable story to dwell in and be sustained by. But a shift in cultural atmosphere, in the individual's immediate social group, perhaps even triggered by a single valuable relationship or discovery (in a book or classroom) or more likely by both acting together, or the realisation that some medication is needed, may transform that individual's experience in unexpected ways.

This kind of possibility is exactly what we would expect of the holism that pervades our being as human souls. Our brain is a multilayered feed-forward and feed-back system and we are attuned not only to a stable environment in which we benefit from certain adaptations but also to a stabilizing group who transform the environment to make it human friendly in expanding and ever-changing ways. We are formed as a result of this dynamic interaction and our psyche is a shorthand way of gesturing at the fact that our form uses these changes to construct cognitive, behavioural, and emotional repertoires by means of which we relate to others.

The result is a lived narrative comprising moments of experience and relationship. I have sought to picture it by using the metaphor, used by Wittgenstein in a related but different psychological connection, of the river, the riverbed and the currents and eddies of the river's flow. The metaphor of the braided river recalls the shifting flow of excitation patterns in the human neural network which reflect the associations that have been formed in a life of experience and relationships. It also reflects the play of language with its layers of meaning and its intrinsic aesthetic qualities. Lastly it allows us to see that life does not run in fixed grooves but that the very flow of psychic life in part forms the channels in which our lives run. The soul with its variously accessible, inaccessible, malleable, intransigent, fascinating and gloriously infuriating streams is a named, quasi-stable, and ever changing reality in which the world and subjectivity interpenetrate and in so doing draw others into the complex dance or tapestry of one's life with diverse and sometimes unpredictable consequences.

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The Ebb and Flow of Relationships:
a developmental perspective

Karen Zelas

Abstract

The nature and the vector of relationships are not constant but change at different stages in the human life cycle. Relationships are dynamic not static, the relational state being affected, amongst other things, by the developmental stages of the individual and of the social unit within which the individual exists. This paper addresses the developmental aspect of relationship, taking a generalized position rather than considering cultural alternatives and the wide variations in what now comprises a family.

Individual development and the relational vector

The younger the individual, the more relational capacity is driven by ontogenetic factors, ie developmental factors common to the species and which proceed in a predictable order and, by and large, at a predictable pace. This applies provided there is good-enough care and nurture of the individual.

I will review briefly the developmental sequence of relational capacity, identifying what I have termed 'the relational vector'.

At first and up to around 6 months, there is an undifferentiated relationship with the nurturing parent, and a lack of distinction between me and not-me. The relational vector at this stage is toward the self with the object experienced as an extension of self. However, even at this early stage there are clearly relationships forming with consistent and familiar figures in the child's immediate environment.

From 6 to 9 months, with ability to distinguish between me and not-me, the first true interpersonal relationship occurs. The relational vector is now outward (that is, seeking) with increasing discrimination between familiar and strange. The child forms dyadic relationships, which are not constrained to biological parents.

Attachment behaviour is at its height around 12 months, with distress experienced on separation from attachment figures and the avoidance of strangers.

From 18 months to 3 years, there is waning of separation anxiety, extension of relational capacity, formation of multiple attachments/relationships with frequently present individuals. Transitional objects assist in maintaining the relationship with an attachment figure in his/her absence. Interest in peers develops with imitation and parallel play.

By 5+ years, there is an increased capacity to sustain separation from attachment figures, that is, to maintain relationships in the absence of the object through internal representation of the object. Cooperative play develops and the child establishes friendships, with the capacity for empathy. The child starts to relate as a member of a group and to participate in cooperative endeavour. The relational vector is directed increasingly outward beyond attachment relationships. Relational capacity by this stage accommodates at least two social systems, home and school, and the child learns rules which enable social and group relationships to flourish.

The importance of peer relationships increases through 'latency' and adolescence, when there is further working through of separation-individuation issues with the relational vector moving increasingly toward the peer group and away from the family.

For adolescents, group relationships are strong and contribute to the sense of identity. Intimate relationships develop, first with same sex and later with opposite sex peers. Sexualization of relationships occurs, sometimes on an experimental basis outside the context of a significant or enduring relationship.

The adolescent needs to diminish dependence on parents in order to establish him/herself as an 'independent' individual. Rather than becoming truly independent, some of the dependence is transferred to the group or to a particular peer with whom an intimate relationship develops.

The development of an exclusive, usually sexual, and interdependent relationship can isolate the adolescent pair to a greater or lesser extent from the peer group, the relational vector being almost entirely toward one another. Perhaps increasingly, however, social mores are encouraging the maintenance of relationships with same sex peers in addition to the romantic partner.

The relational vector at this stage is very much away from the family of origin.

So, to recap, the relational vector is at first inward to the self, then outward in the primary attachment relationship(s), then further outward in multiple dyadic relationships. The relational vector then moves toward group relationships outside the family, then back to dyadic relationships within the context of peer

group relationships and then to the exclusive dyadic relationship of the young adult couple, the future parents.

The family group

Now to consider the family group rather than the individual in isolation.

The task of parents is to understand and facilitate growth and development of their children. But families develop, too, and the needs and tasks of the family as a group change over time. The relationships of a family with preschool children, both internally and with extended family and the community, are very different from families with school-aged children or families with teenagers.

Individual development continues throughout the life cycle. Adults do not stop developing when they become parents. Tension therefore exists within families due to the competing or differing developmental needs of the various members, adults as well as children.

This is not just a reference to parents needing time for themselves either as individuals or as a couple. It is a more dynamic issue and is most obvious in families with teenage children and may become an increasing problem with the current generation of parents who are having children in early middle age.

Let me illustrate:

A parent's, particularly a mother's, relational vector is usually primarily toward the couple's offspring, whereas it had been directed almost exclusively toward the partner prior to the arrival of children. We have all seen the sense of abandonment this shift of relational vector may mobilize in a partner. The emotional investment in the children and the vicarious satisfaction obtained through them continue over the years, while the marital relationship may struggle with the withdrawal of emotional investment in the mental and emotional life of the couple.

Middle age is typically a stage of plateauing or declining abilities, reviewing one's life and achievements, a time when one's emotional (and financial) investment in one's children is supposed to pay off. Parents whose sexual prowess and sexual interest in one another are naturally diminishing are confronted with the emerging, even rampant, sexuality of their teenage children.

Further, what do the adolescent children want to do after all the care and nurture they have been given? They want to leave home, leaving behind an emotionally depleted marital relationship and two people at a stage of life when

they are naturally becoming less adaptable and more inward looking.

Little wonder there can be so much strife and such a battle for autonomy and control in families at this stage of development.

The transition from a family of parents and children to a family comprising two generations of adults is a complex process which may take years and may never be satisfactorily accomplished. This process involves a transmutation of attachment, not detachment, in order to be successful. The best adjusted adults are those who retain significant attachment to their parents, typified by warm, caring, respectful relationships in both directions.

Relationships with aging parents

In the adult family, there is a fluidity of roles, allowing healthy dependence when conditions require it. As later years approach, there is a more consistent role reversal. Parents have to come to terms with their own increasing dependence and loss of capacities and adult children with a more caretaking relationship toward their parents.

With increasing longevity, there is again a potential conflict between the developmental needs of individuals within the family group. That is, the adult children who have just navigated the change in relationships with their own adolescent or young adult children, who are adapting their life-style to loss and focussing their emotional energy once more inwards to the marital relationship and outwards to new freedoms and life opportunities, may again find themselves thrust into caretaking responsibilities.

Personality traits become more pronounced with old age. Rigidity increases and emotional energy is again more inwardly directed. Interest becomes more ego-centric and increasingly withdrawn even from those with whom highly invested relationships have been held. The relational vector again becomes directed inward to a greater or lesser degree. Increasing ambivalence commonly develops toward the adult children upon whom the elderly parents are now becoming dependent for day to day care.

Disillusionment with parents comes twice, once in adolescence, when one discovers they do not know everything and are not perfect, and again in their old age, when admired and valued attributes and capacities may no longer be obvious, when they may no longer be relied on as mentors and have in their own ways become child-like. The battle with impatience, frustration, sadness, despair and guilt can be difficult to master.

Grandparenthood

Perhaps the greatest reward of middle age and later life is grandparenthood. It is qualitatively quite different from being a parent.

With being a grandparent comes the discovery of a type and quality of relationship like no other. It is not just about being able to hand grandchildren back to their parents when you have had enough. Nor is it about having entered a 'second childhood' oneself.

I suggest there is something about a sense continuity which invests the relationship with extra significance. This concern about continuity is fed by the developmental changes of later middle age. One becomes aware of one's own mortality. One tends to take stock and review one's life, becoming more aware of and interested in those who have gone before and in those who will come after. This is in contrast to the developmental stage of parents which is much more invested in the present.

Grandparents also have a number of practical advantages over parents, such as having more time, broader life experience, not being sleep-deprived nor focussed on day-to-day economic survival. These factors facilitate mutual enjoyment in the relationship between grandparent and grandchild. I do not think it is just due to overindulgence or novelty that children are commonly more amenable with grandparents than with parents. At times a grandparent seems freer to identify with a child and to respond empathically.

Further, I suggest that it is easier to be a good grandparent than it was to be a good parent. Grandparenthood provides the opportunity to make reparation - to make reparation for the things which, looking back, we would like to have done better with our own children.

In the Spirit of Bevan-Brown *

Brian Broom

Abstract

This paper has two interwoven layers. The primary narrative pays tribute to C.M. Bevan-Brown, who catalysed the beginnings of the New Zealand Association of Psychotherapists in 1947. The secondary narrative picks up two elements from among his formidable array of interests and activities and, using them as a mirror, attempts to provoke awareness for readers in 2003 of some forces shaping our assumptions and behaviours. In particular, we look at our relationship to 'the establishment', the effects of post-modernism, the interface between psychotherapy and medicine, and psychotherapy's relative neglect of the body and embodiment.

Introduction

It is an honour to be asked to deliver tribute to one of NZAP's most important ancestors. Charles Maurice Bevan-Brown was a Christchurch-born doctor, psychiatrist, and psychoanalytically-oriented psychotherapist, who probably more than any one other person was responsible for catalysing the inception of this organization in 1947. He was NZAP's first president. He was known to many as 'BB' and that is how I will refer to him throughout this paper.

As I begin, I want to acknowledge my gratitude to June Ward, BB's daughter, for a very lively and candid discussion concerning her father. I have also drawn on discussions with others who knew him, as well as a variety of other sources including a tape recording of BB teaching on the conditions that engender 'cure' in psychotherapy, and, finally, his book *The Sources of Love and Fear* (1950).

Details of BB's life and contribution to NZAP were described and commented upon at the 1997 Conference, at the time of our 50th anniversary, and in Ruth and Brian Manchester's excellent history of NZAP published in that same year and distributed to all members. Many readers will thus be familiar with BB's role at the beginning of our organization. It is not my intention here to under-score the same material. Rather, as I have read of BB's passions and personal

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style, I have found myself challenged, and stirred to transform them into a mirror into which we can gaze briefly, and wonder about ourselves and our times.

BB the man

BB was a man of considerable courage, this greatly assisted by an apparent lack of concern about what people thought: a man who wore shorts, braces, and sandals to Jan Currie's wedding; who bought a hearse because he needed a station wagon before such things were invented. A handsome man, they say, with whom (and I quote a woman who knew him well) many female therapists became 'besotted'.

He was in many ways, as we shall see, a liberal man; nevertheless, he was a stickler for how one spoke the English language, a man who hated the broadness of the Kiwi accent. A liberal man in his social concerns, but who could also be autocratic. He resented being challenged, though it appears he could tolerate such challenges from men better than from women.

He was a man who loved the outdoors, who was awarded the Bledisloe Medal for his conservation work at Kowhai Bush, who had climbed mountains throughout Europe and New Zealand, who was a foundation member of the Save Manapouri organization, and a man who chain-smoked even, it seems, in therapy sessions.

Contemporaries have described him as an excellent speaker with 'huge charisma', who could *ad lib* on complex topics, as if giving well-prepared lectures. As I said before, I listened to a tape of him teaching in the 1950s on what it is that leads to 'cure' in psychotherapy. Apart from his evident deep understanding of the craft of psychotherapy, and the clarity of his thought and presentation, what struck me most was his air of assurance, both in general and in particular around the issues of 'child nurture' and especially breast feeding.

With urbane confidence he asserted that all neuroses and personality disorders have their origin in faulty nurture, and are established in the first few years of life—probably the first year; that only a minority of parents truly love their children; and that the baby has a 'point of view'. For a 'cure', what one needs, he said, is a patient with a desire to get well; with a deep trust in the therapist as a person; with honesty, sincerity and courage.

Along with this goes the need for a well-trained therapist who is emotionally mature, and capable of being a good parent.

The shaping of BB

For my own purposes I have sorted BB's interests and activities into categories as follows:

a)   Confronting the establishment—or the politics of influence and change;

b)   Child care and child rearing;

c)   The antecedents of mental health or preventive aspects of mental health;

d)   Psychosomatics;

e)   War and its traumas;

f)   The training of psychotherapists.

This list has formidable breadth so I will only focus on two of the categories, while others will get glancing attention.

BB pursued his causes with evangelical energy and vigour. Note that this was a man who had come back to New Zealand in his fifties, an age when some of us have had enough of pressure and stress and are opting for the quiet life, and others of us have discovered enough of our personal issues and unconscious motivations to say enough is enough. Not so BB.

Being the psychotherapists we are we will ask what were some of the forces that shaped his endeavours. There are some clues. BB was reared by a nanny described as 'strict and unforgiving'. His father, an extremely strict man, was the first headmaster of Christchurch Boys High School, recruited in 1884 from Devon, England. He had 'huge personality problems' and may have been bipolar. It seems that BB was determined to get to the bottom of his father's psychopathology. And for him the answer was to be found in the patterns of infant nurturance, and in the circumstances of a child's first five years of life. Thus, perhaps, we see the roots of his determination to overthrow the rigidities of New Zealand's revered Plunket Society with its rules of so many minutes on the right breast and then the left, and its recommendations to leave babies to cry, out of sight and out of mind. This perspective also took in other issues. He crusaded against corporal punishment, circumcision, and the doctrine of original sin.

Of course he was not a lone voice—others were campaigning for mothers' rights to visit their children in hospital, and vice versa, and against long day-care of infants, and for antenatal classes, natural childbirth and home birthing. The Parents' Centre movement arose in this context.

I think that these introductory remarks will have given you some idea of BB the man. Let us now turn to the first category, from my list of his interests, that I have chosen to focus upon.

Confronting the establishment

BB was a pioneer. He came back to New Zealand with his psychoanalytically-oriented psychiatrist training and enthusiasms and found a 'psychiatric wilderness'. His psychiatric colleagues in Christchurch gave him a very poor hearing. Some of this rejection may have been due to his self-assurance and tendency to overstate things. Nevertheless, many of us have some awareness of the state of psychiatry in New Zealand in the 1940s, and a clash was surely inevitable. There have indeed been huge changes since then, but I believe that BB would still lament the progress made over the last 56 years by psychiatry in this country, dominated as it still is by biomedicine, diagnostic categorization, drug treatments, worship of measurement as the only real marker of validity, and endorsement of very limited models of psychotherapy. On the other hand I believe he would be delighted with the level of non-medical acceptance of psychotherapy in New Zealand.

BB turned away from his psychiatric colleagues and looked for stimulation and collegiality elsewhere—finding it amongst educationalists, occupational therapists, clergy, medical students, and some doctors. The small critical mass necessary for changing infant nurturance patterns, and for psychotherapy and psychotherapy training, emerged fairly quickly.

BB's experience of establishment resistance was not confined to psychiatry. Much concerned about corporal punishment as an adverse mental health antecedent he approached a University of Canterbury professor of education for support. This man was initially very supportive, but eventually turned away saying he was not prepared to put his head in the lion's mouth. I think BB was enormously frustrated by the fearful and hesitant. It seems he was neither. Nell Pickford, originally a student and then a colleague of BB's, records that on one occasion BB was pelted with tomatoes while speaking out against corporal punishment. His response was: 'See, it proves my point, violence begets violence!'

Faced with BB's struggle with the establishment, I ask myself how much do I duck for cover, or fail to speak out or to act. To what extent am I part of the establishment, or at least an establishment? At what point do establishment concerns sap my resolve and energies for creative change? I can ask further: in what way is NZAP becoming some sort of establishment?

I am not sure, but I wonder if there is a growing homogeneity, or a risk of homogeneity, in NZAP. Such wonderings might be explored around our current moves towards registration. Of course, registration has to do with consolidation, recognition, quality control, discipline, remuneration—and so on. Good things. But, speaking as a member of the medical profession, where registration has a very long history, we need to be aware of the other less desirable risks of registration—conformism; exclusion; loss of creativity; control of paradigms, minds and resources; loss of agency and spirit; and, eventually, co-dependence of practitioners with a very flawed system, which they are powerless to change, and, anyway, have a vested interest in not changing it.

Of course such adverse effects, if they occurred, would not be simply due to registration. But registration has much invisible baggage, not the least in my mind being a potentially huge leap in power achieved for certain paradigms and assumptions over other paradigms and assumptions.

BB was a pioneer, and, in respect of child care and mental health generally, he confronted several establishments – institutional psychiatry, the Plunket Society, the education system, and the Church. Establishments are almost defined by their abilities to maintain themselves and their patterns. An establishment does not usually breed pioneers except within the narrow constraints of its own interests and paradigm. Establishment is probably an inevitable part of the life cycle of an organization. Organisations need pioneers to start them, but, undoubtedly, as they mature and age they need wise managers, people who can consolidate growth and influence. The downside of this is the entrenchment of restraint.

BB was both an unusually courageous man, and unencumbered by institutionalization. He was not only a pioneer, he was also a child of the pre-1970s, acting in the last lingering moments or twilight of the 'modernist' era. Thus, getting the principles right and finding the 'truth' was, believe it or not, still a feasible endeavour; and vigorous action based on 'right' principle could still make a profound difference. Fifty years later we have no such firm footing, it seems. To debate issues of 'truth' and substance is, alas, to violate the endlessly pluralist narratives characteristic of post-modern society.

The dilemmas of postmodernism

Over the summer holiday break I was browsing in one of my daughter's books of literary criticism and David Punter's introductory editorial essay in a collection on William Blake (1996) caught my eye, because from within a very

different academic arena it reflected some of my thoughts very precisely. Punter points out that Marxism told us that our thinking is economic conditioning; psychoanalysis told us that the unconscious drives our unique affinities; structuralism, particularly via linguistics and anthropology, told us that we were acting out a set of codes, embodied in myth and in language itself; and post-structuralism endeavoured to create freedom by deconstructing that. And the result of this, Punter says, was that

> individual integrity, the notion of 'nature', the supremacy of political action, all disappeared in deconstruction into a maelstrom of texts, and the shattered shards of text, words in endless play one against another, a dream or nightmare of textuality beside which all other human pretensions seemed bare or lame.

(Try replacing the words 'text', 'texts', and 'textuality' with 'narrative', 'narratives', and 'narratology' and see how it feels). Finally, feminism told us that all these other views and revolutions were in the end partial, and reflections of the masculine narcissism which has brought all these systems of thought into being in the first place.

Punter's analysis reflects my own conclusions derived not from literary criticism but from training or reading across the boundaries of medicine, psychotherapy, philosophy, history of science, sociology, consciousness studies, and spiritual traditions. We, in this current era, and unlike BB, inherit, or are encumbered with, deep doubts that it is possible to claim or proclaim a truth. Many of us nurture 'truths' in our hearts, but they have become *private* truths. We feel little right to proclaim them because they are merely 'my own' personal narrative, 'my' story about the world.

Clearly BB was a modernist—certain things should and should not happen. He had discovered some 'truths' about infant nurturance, and by hook or by crook the world was going to know about them. It is not so easy now. The world has become a world of narratives. One man's narrative is another man's pulp fiction. Apart from a mysterious process of limp and often manipulated consensus, upon which political correctness is based, in the postmodern milieu we have comparatively speaking, an eroded basis for action. Who is right? What narrative should we pursue?

It is not surprising that in this context we have a dearth of pioneers. The safe things to claim and proclaim are those few things that mysteriously emerge as consensually important and safe to agree on. In this outcome we are likely to experience a growing intellectual poverty and loss of social action.

I fancy BB transplanted into the present could not be silent about many social issues. For him there seemed little division between the social and the individual. But we are immersed in the postmodern mindset with its notion that the truth left to me is the truth I choose for myself. Thus, psychotherapy becomes a privatized focus around the individual discovering his/her own truth. It is much harder to prosecute social causes in this climate.

Though I cannot decide where he would have positioned himself I can imagine him having much to say, for example, about the forces evoking violence in our society, the pernicious effects of the media and marketing, the reductionistic market ideology and its profoundly inadequate concepts of wealth, and, possibly, the role of fathers and masculinity in a violent society, and the rates of abortion. How he would have fought with other NZAP members!

These issues are not only important for me and one literary critic. In the *New Zealand Listener* of 11 January 2003 (36-37, 45-47) there was an interesting article ('What's Left?') by the leftist journalist/commentator Chris Trotter analyzing the evolution of the political Left in New Zealand and especially its increasing poverty of principle over the last few decades. He talks about 'that crippling alliance of identity politics and postmodernism with its nihilistic ethical relativism'. What he is saying is that in respect of the causes that we will espouse and pursue, we, in modern times, find ourselves limited by two pressures. Firstly, the safety for an organization in devoting energies to whatever identity causes that are fashionable. Secondly, the pervasive penetration of post-modern thinking, and the erosive effects of those elements which I have just described, particularly the ethical relativism which I have addressed by raising the notion of 'privatised truth'.

Please do not get me wrong. There are numerous elements of postmodern thinking that I not only applaud but have incorporated into my reality with considerable relief. My concern is for the continuing good health of our organisation. Hopefully, despite all the pressures, we in NZAP will find energy to support the spirit of BB as in a myriad of different ways we each feel drawn to challenge established models of treatment, and to take psychotherapeutic insight beyond the private worlds of the therapy room into wider society.

Mind/body concerns

I want now to turn to another issue. Those of you who know that the psycho-therapy aspect of my clinical practice is organized around people with physical illness presentations will not be surprised that the second of BB's interests or concerns I have chosen to focus upon is that of 'psychosomatics'—a subject

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perhaps better expanded into: *the relationship of psychotherapy to the body, to diseases of the body, and to the medical profession.*

Actually BB disapproved of the term 'psychosomatic', as indeed do I, because it is embedded in the wider idea that some illnesses are physical, some are mental, and some are psychosomatic. In *The Sources of Love and Fear* he asserts (quoting Edward Weiss, an American doctor writing in the 1940s), as I do, that 'all good medicine will be psychosomatic,'(1960:53) and disapproves, as I do, of the notion of diseases as 'entities…(that)…descend upon people out of the blue' (1960:54). And, inevitably, he believed, as I do, that many highly 'physical' disorders have important roots in the traumas and failed nurturance of early childhood.

BB was appalled at the widespread use of medications and surgery for conditions that had a clear psychological component. He was not averse, as I am not, to physical treatments if they are the best way to handle an illness now that it had emerged. But he was scathing, as I am, of the profound neglect of the psyche in most physical disease.

You may perhaps believe that things have substantially improved. Well, let me risk some bare assertion. The pervasiveness and dominance of the biomedical model, with its focus on the body stripped of its subjectivity, based as it is in a dualistic separation of mind and body, is such that, in general, medical clinicians are still unaware of, or unreceptive or downright hostile to the notion that in many people personal story makes a huge contribution to the genesis and perpetuation of their physical illnesses. Alas, BB, things have not changed that much!

What is the significance of this? Many thousands of patients in this country are receiving medication, and/or physicalistic interventions including surgery, when what they need is help to look at the psychosocial distress and stories integral to their somatised presentations.

The physicalist approach to diseases based in personal story is costing us hundreds of millions of health dollars per year. The mechanistic view of persons, in tandem with galloping technologies, is forever promising break-through and cure for the human condition expressed in physical disease. A fraction of the huge resources consumed in this way, diverted to encouraging people to find new ways of loving their children as prophylaxis against disease, or, once disease has developed, to healing their deeper psychospiritual conflicts and themes – such diversion of resources would make a huge impact on the health of this country.

So what about us, as psychotherapists, in relation to this problem? Speaking of my own territory as a consulting physician for patients from throughout the South Island, I know that scattered around the South Island there are some psychotherapists who work extremely well with clients with physical illness presentations. These therapists seem to have an intuitive grasp that they are working not with the body, not with the mind, but with the mind/body, or even better, the person. And their clients tend to do well. There are other well-trained and highly skilled psychotherapists with whom such clients tend to do poorly. There are a variety of reasons for this. Some therapists seem to assume unquestioningly the validity of the mind/body splitting and compartmentalization assumptions characteristic of post-Cartesian Western culture. Some just fit easily into the roles that have emerged given the assumptions of this culture. "I've got my niche. I work with the mind, and the doctor works with the body.' From the vantage points of medical and psychotherapy professional roles there is a reasonable and comfortable logic to this. But if there is no mind/body duality, that is if the assumptions behind this professional boundary-making are flawed, our patients/clients are going to do poorly in those areas dependent on getting those assumptions right.

We, as psychotherapists, are giving away too much power to the doctors and to the biomedical paradigm. Think of fibromyalgia, chronic fatigue syndrome, chronic pain, irritable bowel syndrome, and many of the chronic problems covered by ACC, let alone all those other physical conditions clearly triggered by personal story. Think of the unnecessary surgery and repeated investigations every day of hundreds or thousands of patients in this country for conditions that are never going to respond to a physical focus.

Bevan-Brown's concerns are as relevant today as they were in the 40s. You might be interested to know that BB was concerned that psychotherapists have a good understanding of human biology, that they have a good knowledge of the body. And in his psychotherapy training program he had a University of Canterbury professor of Zoology give regular talks on anatomy and physiology! The body got a bit of a hearing. As far as I know in modern day training programs in New Zealand there is no expectation that psychotherapists will have some expertise with respect to the body, just as in medical training there is little expectation that doctors will be proficient with their patients' subjectivities or see that zone as crucial to the practice of good medicine.

We don't deal with minds, we don't deal with bodies, or even mind/body units, we meet with persons, unitary persons whose mental illnesses always have a physical correlate, and, I suggest, whose physical illnesses always have a

subjective correlate. We have therefore a huge potential role to play in any really wholistic response to physical illness presentations.

The psychotherapy profession has been too comfortable in a role occupying the mind side of the Cartesian split, leaving the medical profession to continue occupying the body side. Though such splitting works adequately in many situations, and is easier on the professional, it works very badly for many patients and clients. But there are promising signs of the return of the body and a focus on embodiment in psychotherapy. To really establish that trend we need to explore and discuss our assumptions more deeply.

In conclusion

I have titled this paper 'In the spirit of Bevan-Brown'. I hope I have expressed that, both in content and in style, in my own way. I value NZAP as an organization. It has much to offer the New Zealand community, and it began at least partly in an ethos of a willingness to see and do, of courage, outspokenness, and challenge to entrenched establishment patterns. While these are not necessarily the values for every time and period, or even the key values for our organization, the health of NZAP is surely dependent on actively fostering at least a little of the spirit of Charles Maurice Bevan-Brown.

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A Tribute to Roy Muir

Jayne Hubble

In June 2002, Dr Roy Muir died in Christchurch after a short illness. I was fortunate to know him for the last nine months of his life, benefiting from his training as psychiatrist and psychoanalyst. Within these areas, Roy had a special interest in, and vast experience and knowledge of, child and adolescent psychiatry, with a particular focus on the mother-infant pair. Those of us here in Christchurch who sought his expertise felt privileged to have a man of his professional standing in our psychiatric/psychotherapeutic community. When he was diagnosed with a terminal illness, on top of his existing Parkinson's Disease, the blow could not have felt more cruel.

Roy was born in Otago and completed his psychiatry training here in New Zealand. Hungry for more, or perhaps a different experience, he moved with his family to Canada where he undertook training to be a psychoanalyst. He returned to Dunedin in the 1980s and established New Zealand's first comprehensive child psychotherapy training course. Several of the child psychotherapists whose work we know and value today were his students. He also held the position of Clinical Director of Ashburn Hall in Dunedin.

There was another pilgrimage back to Canada, where he took up the appointment of Associate Professor at the University of Toronto, as well as being head of the Adolescent Service, and Infant and Family Programme at the Hincks Child and Family Clinic. Finally in 2001, Roy and his wife Liz returned to Christchurch for Roy to take up semi-retirement and for them both to be closer to adult family and grandchildren. A diagnosis of Parkinson's Disease had been made prior to his return and Roy spoke frankly about the ongoing challenge of managing the symptoms.

He was a quiet, unassuming man, with a sharp sense of humour, who was thoughtful and insightful in his observations and comments. There was, for me, a sense of receiving from him a potent distillation acquired from years of training and experience and his ability to make use of these. He was compassionate but did not shy off from speaking the truth, and he was wise about human experience, from the earliest weeks of life through to adulthood.

Roy's last words to me, said wryly as I walked out of his rooms into a cold Christchurch autumn day were, 'Keep warm'. Roy had already warmed me

with his words and thoughtfulness and his presence here in Christchurch. I miss him still as I am sure many other colleagues and students do. His premature death robbed us of his considerable knowledge and experience, and of a warm, humble man. Undoubtedly, we have lost one of our taonga.

In the Absence of Father: Theoretical and Clinical Perspectives

In memory of Dr Roy Muir: psychoanalyst, child psychiatrist and family therapist

Angela Stupples

Abstract

This paper was written as a tribute to the work of Roy Muir, psychoanalyst, child psychiatrist and former Medical Director of Ashburn Clinic in Dunedin. It discusses Roy's theoretical and clinical contribution to his profession through a consideration of his thinking about the role of the 'father' in the family triad and discusses the psychotherapeutic challenges where, as a result of changing social patterns, 'fathers' are increasingly absent.

Introduction

I was a child psychotherapy trainee during the time that Roy Muir was in charge of child psychiatry services in Dunedin Hospital and Associate Professor in the Department of Psychological Medicine at the University of Otago in the early 1980s. The establishment of the Certificate Course in Child Psychotherapy was Roy and Elizabeth Muir's brainchild and was to some extent a consequence of their experiences in Montreal, where Roy did his analytic training. Prior to its inception there was no formal training for child mental health workers in New Zealand and no tertiary-level training course in any kind of psychotherapy.

Roy was the course director and, whilst we took part in the psychotherapy section of the registrar teaching, the core of the learning was a 'hands on' apprenticeship experience, supported by intensive individual and group supervision in which Roy and Liz played a major part. It was a demanding two-year period, which had a lasting impact on my professional and personal life. I am honoured and delighted to pay tribute to a man who ultimately became a family friend as well as a colleague.

Working with the child and the family

Within the course, three major theoretical schools of thought formed the basis

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of our understanding of psychological development and our approach to diagnosis and treatment. They were the classical analytic intra-psychic model, with emphasis on the child analysts, Anna Freud, Melanie Klein and Donald Winnicott; the dyadic interpersonal model central to John Bowlby's attachment theory, but also including Margaret Mahler and Erik Erikson; and the group/systems models then being developed within the relatively new concept of family therapy. An adequate assessment involved a first meeting with the whole family, followed by individual interviews with the child as well as his/her parents. The resulting dynamic formulation was expected to provide a psychiatric diagnosis, an understanding of the child's intra-psychic development, his/her attachment and individuation status, as well as the family system.

At the time I was unaware that this consideration of multiple models - individual, interpersonal and group processes - was a methodological approach in any way unique. It was just very hard to grasp intellectually as a student. Later I came to understand that this approach to diagnosis and treatment was to dominate Roy's thinking about his patients throughout his working life, regardless of their age or developmental status, and was to become the distinguishing feature of his contribution to his profession, both as a child psychiatrist and a psychoanalyst.

Another noteworthy contribution was Roy's careful analysis of the role of the father. His sensitive observations about the changes to rigid cultural patterns of gender roles led him to consider the emotional roles fathers played. If parenting was to be a joint responsibility in the emancipated family, was there still a necessary and specific contribution to be made by the male parent, or was the father to be merely a substitute for mother? In a paper written in 1989 Roy described the father's unique contribution as follows:

1. the mothering dyad is 'held' by the father,

2. he provides an alternative and differently responding attachment figure/object,

3. having two parents ensures there is someone to love when the other parent is hated,

4. he is a stimulus for individuation,

5. he offers an oedipal challenge and thus the initiation into group relations,

6. he contributes to the group relational patterns of the family, which are internalised by the child. Out of these internalisations role functions will be recreated in adulthood.

Roy also identified the father's specific contribution to the affectomotor stimulus patterns of the developing child, i.e. being put to bed by dad is usually a different physical and emotional experience compared to being put to bed by mum. These differences broaden and extend the possibility for self-experience, self-expression and object relations. The same paper also contains a short case illustration entitled 'A Man Who Never Had a Father' (1989:55-58), which is an excellent example of his integrated thinking and analytic technique.

Four years ago, after ten years of working a with a mostly adult caseload, I returned to work in the public health system as a child psychotherapist, and found myself facing a social phenomenon of what appears to be epic proportions. I refer here to the major shift to the one-parent family. This category fits the majority of the children who present to the Child and Family Mental Health Service provided by the Otago District Health Board, where our treatment brief is to work with moderate to severe levels of disturbance in the age group 0-14 years. A quick analysis of my caseload last year shows that out of a total of 30 children, 6 lived with both parents, 6 lived with neither parent, and 18 were in sole parent families (14 with mother, 4 with father). The most recent census figures indicating that 27 per cent of children live in one-parent families, usually with mother, support my perception.

I have no desire to criticise or discuss this recent cultural change. I offer the information as part of the background to the current clinical situation in which many of us work, especially in the child and family treatment teams. It has particular relevance to the clinical material I will present later.

The sole parent family is, of course, a very sensitive issue, which Roy traversed with considerable tact and thoughtfulness in several of his papers, partly motivated I am sure by his own experience of childhood. He described the one-parent family as 'different' rather than 'worse' than the two-parent family, but in his 1989 paper Roy suggests that the lack of a father in childhood may produce parenting difficulties during adulthood, especially in males. I have assumed that he was thinking about less certainty in gender identity and role function, and perhaps difficulties with separation-individuation.

I wonder about the hidden stories of loss, absence or abandonment, which our assessment statistics so blandly record. What impact do they have on children's attachment status, on their capacity for affect regulation and self-experience, and on the family relational system?

Mothers interested Roy as well as fathers and he played an important role in the treatment of preschool families whilst in Dunedin. This work continued in

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Toronto, where he came to be regarded primarily as an infant psychiatrist. His appreciation of the importance of the dyadic relationship with mother contributed to his sustained interest in attachment theory, which in turn stimulated his own theoretical ideas.

Over a period of twelve years Roy wrote and published a series of articles describing a model of mind in which attachment theory and object relations theory were essential components in an integrated psychology of individual, dyadic and group processes.

Theory of bimodal relationships

Roy was known to say that the infant was born 'prewired' to relate, and that the basic drive was object seeking, as evidenced in the psychobiological attachment system of infancy. He proposed a primary transpersonal relational mode analogous to Bowlby's concept of the inner working model, which we understand as an internalised representation of the self and attachment figure in a patterned interaction. Elaborating this concept, Roy proposed that all relational sets, including the family as a whole, become internalised and may include mother-child, father-child, mother-father, family system-child, family system-mother, family system-father.

This primitive start to mental processing (the transpersonal mode) is internalised in what Roy called the dynamic relational unconscious. From this transpersonal matrix (within a good enough environment) the infant develops the capacity for mature object relationships in what Roy called 'the individuated objective mode', in which self and object are discriminated (Mahler, Klein).

Inevitably the former is influential on the latter; affective/interactional patterns (relational systems) internalised in infancy remain active in the unconscious throughout life oscillating with the intra-psychic object relationships. Roy claimed that this transpersonal mode could be adaptive and flexible, facilitating our capacity for empathy, or rigid and defensive, as in many disturbed parent/child relationships.

Attachment-affect regulation and the self

Although attachment theory has been slow to influence psychiatry and psychotherapy in New Zealand, Roy has not been alone in his thinking. Other psychoanalysts have more recently recognized the significance of Bowlby's work and have sought to include it in their theoretical models.

Bernard Brandchaft, an eminent thinker amongst self-psychologists, describes 'systems of pathological accommodation' or 'traumatic attachment systems' which 'undergird inner working models' and form the core psychopathology in self disorders.

A British analyst, Peter Fonagy, and a group of his colleagues, have integrated attachment and object relations theory with cognitive psychology. They too hypothesise that complex mental life is brought into being by the biobehavioural attachment system. They propose that in the context of secure attachment relationships, the infant evolves an 'interpersonal interpretative capacity' as a part of the inner working model (Fonagy et al.:2002:129-130). This in turn facilitates the infant's capacity for a range of affective experiences and the development of affect regulation and sensitivity to self-states.

What has all this theory to do with the issue of absent fathers and children referred to our service? Firstly I think it is fair to say that Roy's insistence on the significance of attachment theory was not widely accepted by his colleagues and he was regarded as being rather 'out on a limb'. This is manifestly no longer the case, and looking back I think the treatment that preschoolers and their families received from him, and from the staff supervised by what we called the Development Centre, was far ahead of its time.

Secondly, we currently receive a large number of referrals of boys (and some girls) in the six to ten age-group whose presenting complaint is aggressive behaviour beyond adult control. Frequently father is absent or has never been present during the child's life, and his absence or influence is presented as a major reason for the problem. The expectation of mother and the referrer is that 'counselling' or 'anger management' will resolve this behaviour, the inference being that the problem is rooted in the child's inability to control his anger about the missing dad. Is this assumption reasonable? Can the absence of father be a serious consideration in the assessment, diagnosis and treatment of such presentations, and if so what can we do about it?

Case history

An eight year-old boy (J) was referred urgently by his school principal. The presenting complaints were his violent outbursts, in which the threat of damage to school property or injury to himself or other children was very real, and the triggers were often minor. Police involvement had been necessary in order to contain him.

Although the referral was made at the time of the violent dissolution of his mother's current relationship the symptoms were displayed mainly at school.

He had had a previous referral at age six for aggressive behaviour towards other children at school and the assessment at that time also suggested some separation anxiety. School regarded him as angry rather than defiant, and his mother thought that the anger was about 'having no dad'. Treatment was focused on the mother's management of J's oppositional behaviour. The symptoms settled quickly and the contact was ended at the mother's request.

Family and developmental history

J was the elder of two boys at the time of the second referral and his mother was about to deliver her third son. Mother and children lived with the maternal grandmother and had no extended family or close friends.

The developmental history notes that he had 'screamed incessantly' as a neonate and grandmother was the person best able to soothe him. However his subsequent development was unremarkable. Marital violence and alcohol abuse were a feature of his early life and his father left the family when J was still a toddler.

DSM1V diagnosis

Age:	Eight
Axis I:	Acute Stress Reaction, query Separation Anxiety Disorder; query Conduct Disorder.
Axis II	
Axis III	Asthma (mild)
Axis IV	Severe; violent family break up, pregnant mother, isolated family.
Axis V	GAF 42

Brief formulation

This sturdy eight-year old boy presented with a chronic history of loss and abandonment within a context of intermittent family violence. He appeared to have poor impulse control and was prone to violent and destructive behaviour towards self and others, most frequently at school. He demonstrated an intense and anxious attachment to his mother, with unresolved oedipal resonances, sharing her bath and bed at times. His mother appeared to have difficulty in completing her own individuation and the family was isolated and lacking in emotional and financial resources.

The family system appeared to be enmeshed, with poor boundaries between children and adults and an intergenerational pattern of absent fathers.

Treatment plan
As the mother was unable to participate in the treatment due to her imminent confinement, individual therapy was offered with the goal of containing the boy's anxiety and facilitating some working through of recent family trauma. A Strengthening Families Protocol was initiated to provide additional social support for the family and, if possible, a male 'buddy' for the child.

Course of therapy
This child was difficult to engage in therapy. He said little and the attachment was easily disrupted. At first, limit setting provoked a refusal to return, as did the summer break.

Play themes were initially violent and lacking in emotional content. A powerful Egyptian mummy figure had to be defeated over several weeks in a violent assault by a male figure. It was a struggle for me to concentrate on the play without wanting to make some interpretative comment but when I did it was dismissed.

In contrast, when playing board games J became extremely anxious and unable to tolerate the prospect of losing, preferring to stop the play instead.

As therapy progressed he began to show some pleasure in making things (fighting machines) and to seek my occasional involvement as a helper.

Indications of progress
At the time of writing reports indicate that J is less violent at school and able to be calmed by the principal when he does explode, without the involvement of his mother or the police service. However the school remains concerned that he will injure another child in one of his angry outbursts, which will result in his being expelled.

His mother has never really complained of his behaviour at home. Currently she reports that J is 'very responsible and loving towards the baby, able to feed and change him'. However, his aggressive behaviour towards his younger brother continues, and on one occasion J 'trashed his own bedroom' when his paternal grandmother was late to collect him for an outing. More recently he lit a fire whilst in the care of a babysitter for the day. This behaviour is seen by his mother as a response to others' failures of care, rather than as indicating J's emotional volatility.

Discussion

Children like J do not fit easily into the DSM IV system, and my initial diagnosis does not provide an accurate picture over time. Roy's wider view offers us an additional range of diagnostic possibilities.

The early history indicates that this child's primary attachment relationships were undermined by an unpredictable external environment and developed as insecure working models. In addition, other internalised transpersonal relational sets, and the family relational system, are likely to be rigid rather than flexible, working against individuation and the capacity for mature object relationships. We also need to consider the mother's internalisations, which may reflect intergenerational patterns of insecure attachment and rigid and inflexible transpersonal and family defensive modes.

Within this particular family system it appears that children remain symbiotically caught up with parents, and boys especially are in danger of being extruded when they reach adulthood. From this perspective, father may not be the only problem, but his absence and unavailability as an alternative attachment figure is an important consideration.

Fonagy et al. (2002) repeat the same formulation but in different words when they state that secure attachment relationships are crucial for the development of a capacity to regulate affect and recognise internal states of mind.

Both theoretical models point firmly to the significantly insecure or absent early dyadic relationships and the subsequent difficulty in developing what Brandchaft would call an authentic core self.

But can we treat the ailment? There is no Hogworts Academy with a benign Professor Dumbledore to fill the gap and J continues to live in a minimally supportive home environment. Pessimistically I wonder if pharmacology will be called upon to provide the answer. Child psychiatrists in North America, and maybe elsewhere, are debating the use of drugs to treat aggressive children. Optimistically I know that current neurobiological understanding supports the psychotherapeutic given, that it is relationships which facilitate development and support change. Roy's multiple treatment model is not out of date but is considered increasingly expensive to deliver.

Final thoughts

Roy concluded with some thoughts on the need for change in society. He wrote:

> I feel that cultural development toward a civilization in which empathic receptiveness and a child-centred parenting attitude are expected of fathers and fully supported by the culture is in its early stages. Even in Western society, the father role ranges from mere impregnator at one end of the spectrum, to primary caregiver, nurturer and provider at the other end. Given this variability and the wide cultural variations in father roles, it is obvious that no single father role pattern can be regarded as essential. The infant brings to the father a repertoire of relational needs that unfold as a series of relational modes, each with its phase-specific style of perceiving and responding to the object world. At each phase, there is an optimal response to the child, and in some of these the response of a father is crucial. (Muir:1989:59)

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Accommodating Loss: the ebb and flow of relationships after death

Trish Coombes

Abstract

The focus of this paper is the continuing relationship we have with people after they die. My writing is based on 12 years' experience of working with grieving people, three years of that time concentrated in a hospice. It is also founded in my own experience of grief. The paper emphasises that both in working with others and in our own grief our responses are personal and individual. Because we are all unique, there is no right or wrong way to grieve, just different ways. That is what our grieving clients need to hear.

Introduction

The topic of our last conference started me thinking about the relationship we have with someone close to us who has died. Like me, most of the grieving people I have worked with have wanted to continue loving the person who has died in some way. The person's life is ended but not the relationship.

Not knowing how to continue to love can bring us great pain and anguish. We are often afraid that if we grieve we will lose the love we had. Our difficulty is increased by books - and those around us - talking of the importance of 'letting go', 'cutting ties' and 'moving on'. When we are vulnerable we take all these things too literally, the result often being that we stifle our grief, and the pain and anguish continues.

Often, in my work, I have people come to me wondering what is wrong with them because they still feel sad, or still want to talk about the person who has died. I know that I too will want to talk about my loved ones until the day I die.

In its response to loss and grief our society often fails us. It wants people to be 'okay', whatever that means, to keep to the middle ground. It also wants to set a limit on grief. Many people find it difficult to sit with others' pain. Talking about someone who has died often makes others uncomfortable.

I have watched so many people relax when I ask whether they would like to tell me about the person who has died and see if we can find where they fit in their

life now. 'You mean I don't have to let them go?' I have people come to me years after someone has died, often for a one-off session. 'I just needed to talk about them. Now I'm okay.' It's sad that family and friends are often unable to do that for us.

The lasting impact of loss

When those we love die we embark on a journey of the heart. None of us walks exactly the same path, but we have no choice about whether we will grieve. We only have a choice about *how* we will grieve. We will suffer no matter what path we choose.

We don't become different people in grief. Sometimes how we were becomes accentuated. Some of us cry. Some of us don't. We all remember in different ways.

The world changes when those we love die. We are thrown into chaos. We ache and we long for the one who has died. We have no joy and have a feeling of hopelessness. Often we wonder if we will survive. I know for myself it was as if I survived in spite of myself. Years went by before I really believed that I could and would survive.

For a long time I thought I could never feel pleasure or joy again. When I realised that I could move between happiness and sadness, that it didn't have to be one or the other, that was when I stopped fighting. I accepted that I would always feel some sadness when good things happened. How could I not when there were two people missing to share the pleasure with?

Grieving is a journey that I believe teaches us to love in a new way. Consciously remembering those who have died is the key that opens our hearts. It is our memories that help us carry our loved ones into the future. The more we remember the more effectively we reconnect with the reality and meanings of their lives. Death does not obliterate this connection. Although my own heart is still broken I know that the memories I have are an essential part of what keeps me going.

C.S. Lewis puts it this way: '. . . and suddenly, at the very moment when so far I mourned H. least, I remembered her best' (1961:39). It took me a long time to believe or accept that that might be possible.

Grief ebbs and flows but it never ends. Our grief is triggered by a variety of things for the rest of our life. When I don't fight this I manage better.

The spectrum of grief

From my work with others I could write pages of examples of the ways relationships are continued with the person who has died. Here are a few.

A. A little girl was talking about her uncle who had died. 'He was my favourite uncle. No, he still *is* my favourite uncle,' she said, in a way that dared anyone to challenge her. 'Death ends a life, not a relationship', in the words of Morrie Schwartz (Abom:1998:174).

B. A woman who had a difficult relationship with her second husband was adamant that she was going to sever all ties and let go totally. A few years later she came to me and said: 'Although my relationship was not a good one it has shaped my life. I now realise I can't just throw it away. There were some good things in the beginning.'

C. A woman whose little girl had died at three months came to me saying: 'I need her to be close to my heart. No one will let me talk about her now, not even my husband'. This little girl had been a very difficult baby. This was acknowledged. She wasn't put up on a pedestal: her mother needed to be real. It didn't change the love she felt.

D. The opposite of this was an elderly woman who came to me telling me how wonderful her husband had been. It was two years before she told me how awful he had also been. 'Now I am being real I can love him again.'

Understanding grief

What I have written is based on my own experience and the experiences of the many people I have worked with. In understanding the impact of loss I find Bowlby's attachment theory and of Self Psychology's selfobject theory helpful. There are similarities and differences between the two approaches.

Most of Bowlby's work was with children. His attachment figure comes very close to what Kohut calls the selfobject. Both are seen to provide part of normal functioning i.e.: soothing, holding and security. It makes sense that the loss of this function may give rise to anxiety, anger, depression or sadness. The main role of attachment to a selfobject is to provide security and protection. Such relationships give us a secure base to explore from. They are not only a

childhood need, but a requirement throughout life.

Bowlby's view of grief was conceptualised as a form of separation anxiety. It is interesting that in his earlier work he used the word 'adaptation' for the final stage of grief, although this was somehow later changed to 'detachment'. Parkes, whose work was based on Bowlby's theory, believed getting through grief means breaking the attachment. He held this view even when his studies began to show that widows were maintaining a continuing bond with their husbands. His theory was not changed to fit this unanticipated data. Those who follow Parkes' theory continue to define the resolution of grief as severing the bond rather than establishing a changed bond.

My own preference as a term for the final stage of grief is Piaget's 'accommodation': it fits my experience better than 'detachment', 'closure', 'recovering' or 'resolution'.

Many others have written about grief and loss. William Worden, Bev Raphael, Elizabeth Kübler Ross are among the better known. What they write makes sense, but we have to take care not to be too literal in accepting what is written. I have found that when people are vulnerable they want answers and may take as gospel what they read. If it doesn't fit for them they may feel guilty or that they have failed.

An example of this: A woman came to see me. She had been doing really well and felt she was beginning to manage her life again after the death of her husband. She told me that she became very distressed after reading that you could not move forward until you had taken off your wedding ring. Her words were: 'I am living again, but I don't want to take off my wedding ring'. The book had actually said that taking off your rings sometimes helped people. She had taken this statement more literally than the writer intended, and took it to mean that she wasn't 'doing it right'.

Conclusion

What this paper set out to do was to encourage us to think about how we live with our own grief and losses and how we let others live with theirs. The biggest challenge as we grieve is learning to love in a new way. Nothing is more difficult and nothing is more important.

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Psychoanalytic Psychotherapy Supervision of UJ

Laetitia Puthenpadath

Abstract

This paper explores various aspects of the supervisory process with UJ and illustrates the problems we had to face. It highlights the systemic issues and the complexities of philosophical and cultural differences. It also analyses the anxiety present in the supervisory relationship.

Introduction

UJ and I work in separate mental health centres which provide a full range of community based specialist services to the adults suffering from serious mental illnesses or psychological disorders. The multi-disciplinary clinical teams are comprised of psychiatrists, mental health nurses, psychologists, psychotherapists, social workers and occupational therapists.

Supervision of UJ takes place in the mental health centre where I work. The purpose of the supervision is to enable UJ to engage in long-term psychoanalytic psychotherapy with one client, as part of his training in psychiatry at the University's School of Medicine. Psychoanalytic training forms no part of the curriculum. The minimal knowledge UJ has of psychoanalytic psychotherapy is learnt from books. Also, UJ has not yet experienced his own psychotherapy. Kovács says that only by subjecting oneself to psychotherapy can a person discover the unconscious aspects of his/her mental life. Only by the investigation of one's own personality can a person gain awareness of the hidden dynamics which influence his/her behaviour (Kovács: 1923). I strongly believe this and hence UJ's supervision was a difficult undertaking for me. When UJ phoned me, seeking supervision; I registered the intensity of his anxiety. I agreed to an initial appointment to discuss the possibility of supervision.

Though I had been supervising psychotherapists, I had no experience of supervising trainee psychiatrists. Some years ago, I was in a training programme with six other psychiatric registrars who were not sympathetic to psychotherapy. Hence, when UJ requested supervision, I was not very enthusiastic.

UJ came to see me at the appointed time. During that hour, I was able to gather an overall impression of him as a person and of his supervisory needs.

He openly acknowledged his lack of experience of psychotherapy. He was a true academic and a keen scientist. He had theoretical knowledge of unconscious mental processes but did not have the necessary emotional awareness. To undertake the supervision of UJ seemed a daunting task. I felt anxious about the process of initiating UJ into the basic philosophy of psychotherapy, which stood in sharp contrast to symptom- focused psychiatry.

Even in the first hour, I began to have fantasies of the various problems we would encounter. But I felt drawn by his anxiety, his simplicity and his transparency. I experienced in UJ a radical honesty and felt his integrity as a human being. My firsthand knowledge of the psychiatric system and the conditions under which psychiatric registrars operated alerted me to the significance of establishing a consistent supervisory frame. I negotiated with UJ an unconditional commitment towards psychotherapy supervision.

UJ was willing to make a commitment to me and to the process of supervision. I reflected on his unconditional abandonment to the process and to me in the supervisor's role. I was able to gain insight into his Asian psyche where learning happened through surrender to one's teacher. UJ talked about his past teachers and the relationships he had with them and his trust in their integrity. Asian Psychoanalysts have drawn attention to the concept of total surrender of the student to the teacher, modelled along the methodology of Bhagavadgita (Rao: 1980). I realised that UJ's learning was very much tied up with trust in my personal integrity. My authenticity was essential to his learning; his psyche will only trust my real self not just a supervisor's persona. To me this was a frightening experience because of the power attributed to the supervisor's role. During my twelve years of psychotherapy training I had experienced misuse of power. The situation with UJ evoked in me reparative fantasies of not doing to UJ what had been done to me. I knew that identifying my fantasies was crucial to my state of 'beingness' with UJ.

UJ, the supervisee

UJ was a consultant physician of Asian origin, in his forties. He had also worked in several other countries. He excelled academically throughout his training and was highly regarded in his field. After coming to New Zealand he attained his medical registration without much effort. He decided to leave his former specialisation after many years of intense emotional pain evoked by witnessing human suffering. He chose to retrain in psychiatry because there was less urgency and death was not imminent as in the case of his former patients. He

thought he would have time on his side to ease the sufferings of his patients.

From the beginning of his psychiatry training UJ seemed to lose his competency. He failed the simplest of examinations twice which was a new experience for him. He attributed the reasons for his failure to both external and internal factors. Internally, he was under pressure to be with his patients in a manner that was alien to him. The training emphasised efficiency and effectiveness and the focus was on completing all the tasks in the prescribed time. Externally, he was afraid of failing to meet the expectations of his assessors in terms of quick outcomes.

UJ talked about the specified and unspecified expectations of his tutors. One of his statements attracted my attention. UJ said that the tutors were unaware of the expectations they placed on trainees. I searched my mind to understand the nature of my expectations of UJ. When UJ failed to meet the tutors' unspecified expectations, they became frustrated. The message UJ seemed to get was that he was not learning fast enough for them. UJ felt that he had permission within himself to fumble and to make mistakes but the psychiatric training programme did not provide him with that space to learn through making mistakes. (At this point, I was unaware of my countertransference, of minimising UJ's vulnerability. I warded off my anxiety with regard to his limitations by perceiving him as a mature and well-integrated human being).

Externally, the mental health system he worked for was going through a ministerial enquiry. There was an atmosphere of paranoia and scare-mongering. During the time of his assessment another Asian doctor was subjected to an enquiry. The hysteria whipped up by the media made UJ highly anxious about his performance. For him, it was a question of national and racial pride. Though his self-esteem survived the blows of examination failure, his confidence was shattered. UJ said that his past competence and achievements gave him a solid ground to stand on within himself. However, he did not know how to negotiate the racial and cultural gulf between himself and the medical system in New Zealand.

I recognised that my supervisor role with UJ would have to include educator and mentor roles. I had been living in a cross-cultural setting for more than twenty years. I had also studied cross-cultural communication. We explored the vicissitudes of this in his work. During this period, UJ was working long hours without any psychiatric supervision due to the shortage of doctors. His conscientious nature, humanitarian values and unassuming manner made him

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extremely vulnerable in a system beleaguered by malevolent external forces. I recognised the context of his intense anxiety at the beginning of our supervisory relationship. As I had previously worked in the same organisation for several years, I had first-hand knowledge of UJ's context. I had left the organisation due to the dysfunctional atmosphere. Though I did not have rescue fantasies regarding UJ, I did feel truly empathetic towards him. In the beginning I was not fully aware of my defence against anxiety and I felt I could contain his anxiety in the supervisory space.

The client, Kay

UJ's client, Kay, was a Caucasian woman in her sixties who was diagnosed as suffering from a major depressive episode. UJ had begun seeing her at the end of the previous year and was treating her with anti-depressants. When he chose her as his psychotherapy client, her medical management was entrusted to her general practitioner. Kay was adopted; but she came to know about her adoption only at the age of eighteen. Her birth mother, whom she never met, was just fourteen years old when Kay was born. A few years ago, she met her half-brother, born three years after Kay.

Kay's relationship with her adoptive mother was conflicted. But her adoptive father was warm and affectionate. He died when Kay was twenty-three. She began to abuse alcohol at this time and this continued for several decades. Kay had been in recovery for the last decade. She had been married to a Pacific Islander for twenty-three years. They had three children. Her husband was emotionally abusive and treated her like a servant. He also had extra-marital affairs. He had died fourteen years ago. Kay sold their family home to her own daughter and moved into her half-brother's rest home in the role of caretaker. There she suffered her first depressive episode. The precipitating event was the death of her only secure attachment figure, a lady twenty years her senior. Kay returned to her old home, now owned by her daughter. Her relationship with her daughter was fraught with difficulty because her daughter reminded her of her adoptive mother. Kay could not drive a car, so her daughter and granddaughter took turns to bring her to her weekly psychotherapy.

When we began supervision, UJ was not in the habit of thinking in developmental terms. He was not familiar with transference-countertransference dynamics. However, he was able to communicate empathy and acceptance to Kay and her symptoms were decreasing steadily. There was a sense of comfort

between UJ and Kay even though, at times, his anxiety led him to be active and prescriptive in the session.

Kay's bond with her biological mother was severed. As an infant she would have felt the psychological effects of the ruptured attachment. But infant Kay could not give voice to the trauma. She could only experience it. The severed maternal bond was patterned into Kay's being where it became a part of her personality. It was at the core of Kay's suffering even though she was unaware of its genesis. When her old friend died, Kay re-experienced the original loss and her self-system collapsed into depression (Holmes: 1997).

Analysis of anxiety in supervision

UJ needed a client for his case-study. Intuitively he chose Kay without recognising the unconscious pull to repair the relationship between himself and his mother through Kay. Emotional turmoil had impeded UJ from affective involvement with Kay. Both Kay and UJ were emotionally ambivalent in the relationship. Kay narrated her story to UJ without emotional tones. Later, UJ retold Kay's story to me without any affect. I wondered about this and UJ acknowledged that he did not have any feelings when he was with Kay. Kay's narrative was essentially a metaphor of her self-in-relationship, both internally and interpersonally. Kay's self revealed itself through its emotional dullness in the intersubjective space (Stolorow, Atwood, & Brandchaft: 1994) between her and UJ.

During the supervision hour, I experienced myself as being in a featureless terrain, dull and monotonous. It was this experience that gave me insight into Kay's self-experience. The challenge I faced with UJ was how to make conscious and give form to Kay's self-experience through symbolisation in words. I began to draw emotional pictures for UJ. Though UJ was not the abandoning mother, he would have to know by Kay's treatment of him what it felt like to be the abandoned child. UJ did not carry exactly the same experience in his personal history. But the psychiatric training programme provided experiences akin to that of abandonment.

By not being emotionally present to Kay, UJ was in a way abandoning her in her non-attached inner world. Kay began to withdraw from UJ by absenting herself from therapy. UJ's withdrawal from me was visible in his lateness for the supervision hour. Whatever was unthought was played out in therapy and in supervision. I gave voice to my thoughts in emotional pictures. I wondered aloud how newborn Kay would have felt when separated from her fourteen-year old mother. I painted

word pictures of emotions a teenage mother could feel when separated from her baby. At times, I tentatively offered an interpretation of what was happening between Kay and UJ and UJ and me. Above all, I maintained a capacity for reverie. Free-floating imagination and fantasy created an ambience where I was able to think. The unthought known (Bollas: 1987) of UJ was present in supervision but was unavailable to his consciousness.

I discussed my formless thoughts and fantasies with colleagues in a peer supervision group. One of my fantasies was about being in a kindergarten. I free-associated with this in the group and discovered that I was resisting identification with UJ in his struggle to be a psychotherapist. He was finding it difficult to get away from the mode of a scientific researcher. UJ felt deskilled and timid in the new field of his learning. Parallelling this I came face to face with my lack of tolerance towards the kindergarten play required of me by UJ, the beginning psychotherapist.

Another problem I faced was regarding the boundary between supervision and therapy. At one stage UJ's intense anxiety evoked in me fantasies of him entering into personal psychotherapy with my own psychotherapist. It was as if I wanted my therapist to look after my kindergarten supervisee. In this fantasy I recognised my anxiety about containing UJ's anxiety. Becoming conscious of this allowed me the freedom to be what UJ needed me to be for his learning.

I reflected on the process of facing anxiety in a supervisory relationship. In summary the process involved the following dynamics:

- Disidentification with the projection;

- Allowing the relational space inside me as well as between me and the supervisee to remain open;

- Allowing intolerable emotions to surface in my mind;

- Refusing to gratify the ego's demand to act in order to reduce anxiety.

By verbalising the process in a step by step manner I have been able to make sense of the process.

Analysis of systemic issues

There were many factors that made learning psychotherapy difficult for UJ. As a psychiatrist, his academic and scientific training, professional culture and ideals of medicine seemed distant from the philosophy of psychotherapy. In

his professional ego-ideal, symptom relief and easing of pain took priority. The culture of medicine was prescriptive and action-oriented. UJ the scientist found difficulty in tolerating helplessness and powerlessness as a physician. His years of scientific training had almost closed-off certain channels of perception and learning. The psychotherapy culture of learning from experience, with its focus on subjective elements of feelings, fantasies and the subtleties of relationship, was a new challenge for UJ. Beginning psychotherapy without obvious maps or structure was anxiety inducing for him. He managed to tolerate this anxiety due to his unreserved trust in me.

Initially he commented on the vagueness of psychotherapy methodology. His ideal was scientific objectivity and an active treatment approach. He was unable to cherish the attitude that his personality, his thoughts and emotional reactions were part of the equation. In order to make the shift towards intersubjectivity (Stolorow, et al.: 1994) I created a space, in supervision, for UJ to articulate his feelings, fantasies and perceptions. I focused on his self-experience in relationship to his colleagues, consultant psychiatrists and other professionals. The catch phrase UJ came to recognise, as my trademark was: 'What was happening to you at that time?' After several months of supervision, UJ was able to narrate his experience of himself in relationship with Kay and with me.

Gradually he began to be excited about the prospect of widening his capacity for self-observation in all his relationships. UJ began supervision with an attitude to learning that focused on the 'technology' of psychotherapy as a requirement to enable him to write his case study. This made me very anxious as it was totally against my philosophical stance. I did not believe in a banking system of learning where UJ would draw on the currency of my psychotherapy knowledge. I believed in learning through relationship and through intuitive processes. To illustrate UJ's shift in learning-focus, I shall describe a scenario from supervision in detail.

UJ began the supervisory hour by playing the audiotape of the previous therapy session. After the first few sentences of the dialogue I signalled him to stop the cassette player because I noticed UJ's tone of voice when he responded to Kay. The verbatim follows from there:

UJ: Kay began the session by saying that she came on her own accord and not under pressure from her daughter.

Supervisor: Um …

UJ: I asked her what happened to her usual protest.

Sup: (shocked) I wonder what was happening in you to evoke this response.

UJ: Oh, I was surprised. Usually she would say that she did not want to come, her daughter forced her or how long she needed to keep coming etc. ...

Sup: Last session she was enthusiastic.

UJ: Yes. (silence)

Sup: (pause) I get the sense that something significant happened between you and Kay at that moment.

UJ: Yes, because she began to be quieter and silent after my comment (silence).

Sup: If you were to take a few moments to let your mind wander and say what comes up with regard to Kay ...

UJ: (pause) She was like a little girl, comes back home from school, telling me a success story ... wanting me to give her a prize ....

Sup: She was behaving like a little girl ... in your mind she was a sixty-four year old woman.

UJ: That is why I got irritated. This little girl stuff is confusing.

(Here UJ began to express his beliefs about how people should behave in age-appropriate ways. He says he expected this from his son and daughter.)

Sup: (annoyed) Therapy often is about babies, little girls, mothers and fathers.

UJ: Yes, I know. It is transference. I have a long away to go, to work at the level.

Sup: It is important that we continue to explore this aspect of therapy.

UJ: Yes, it is my learning curve.

Kay, who had been showing ambivalence in therapy, suddenly became enthusiastic. She began the session by stating that she came on her own account without any prompting from her daughter. UJ responded by asking Kay about her previous protests against therapy. Kay's mood altered. She became quieter and withdrawn. I explored UJ's inner landscape at the time of Kay's enthusiasm. He had a fantasy of a little girl who wanted daddy to give her

a prize for her good behaviour. UJ was not able to join in the little girl's play. He was unaware of the regressive aspect of the transference. UJ took the position that Kay's behaviour was not age-appropriate.

I was in the grip of a parallel process (Ekstein and Wallerstein: 1956). I too had notions of age-appropriateness which evoked in me annoyance towards UJ. I thought that he should have been mature enough to understand the transference/countertransference dynamics. Momentarily, I lost touch with the regressive phenomenon occurring in the supervisory milieu. Peer supervision threw light on my inability to engage in play with UJ. I needed to create a space for UJ to learn by playing with me. I recalled that UJ had forewarned me at the beginning of our supervisory relationship that his assessors had implicit expectations of him which were threatening to him. Unwittingly, I had identified with his tutors in psychiatry.

In the following supervision hour I explored UJ's self experience in relationship to me. He disclosed his fantasy that even though he experienced me as forebearing until now, he expected me to become exasperated with him. He talked about his mother's attitude towards him as a child. He was allowed to make the same mistake two or three times. After that she expected him not to repeat the same mistake. I emphasised that like his mother, if I became intolerant of his repeated mistakes that would be my personal issue. I would deal with the intolerance in my own supervision and would not allow that to affect my relationship with him. This was a turning point in UJ's supervision and generated an atmosphere of calmness. Later on UJ commented that he experienced tranquillity in the supervisory hour and noticed that Kay was more relaxed and playful with him.

The focus of supervision became the developmental longings of both Kay and UJ. Kay had begun to get in touch with her needs for relatedness, meaning and security. UJ explored with me who he needed to be for Kay so that Kay might gain insight into her experience of loneliness. For UJ, this had meant growing in awareness of his own subjective experiences.

Examples of transference and countertransference in supervision
UJ began the supervision session by saying that Kay had begun to be playfully challenging in therapy. She had asked him at the beginning of the previous session whether he had a solution to her problems. UJ responded to this query by giving her an explanation of his role as therapist. I became aware that I felt

an impulse to explain to him that this intervention was a wasted opportunity for deepening the transference. I recognised my impulse as a countertransference response. In my mind I saw myself as being angry with UJ for his lack of awareness about transference. I realized that if I explained transference to UJ I would be doing to UJ what he did to Kay. I allowed myself to go beneath the impulse to explain, to get in touch with my irritation and anger towards UJ. I imagined myself saying to him that I was angry and frustrated with him. This reverie helped me not to give vent to anger.

Instead, I asked UJ to recall the thoughts and the feelings he experienced when Kay asked him for a solution. UJ recalled that he had an image of a six to seven year-old girl daring her father playfully, to give her what she wanted. He also felt that Kay was finding fault with him for not sorting out her problems quickly. He thought that she was indirectly alluding to the deficiency in her therapy. UJ said that psychiatrists were expected to fix problems. UJ said he felt frightened that Kay might become angry and disappointed with him. I invited him to free associate regarding this fear. UJ talked about his fear of disappointing authority figures. He talked about the meticulous care with which he completed tasks at work. UJ said that even if he gave one hundred percent, this did not seem to meet work expectations. This was a moment for me to reflect on my expectations of him and the feelings of frustration and anger I had felt towards him earlier. I had joined the authority figures in his life. I asked UJ whether he experienced me as expecting more than his one hundred percent. UJ said that his defects did not seem to impact on his relationship with me. He felt free to tell me his therapeutic mistakes and could feel he was still acceptable. But in his training programme he felt wary of his tutors detecting any mistakes. I asked whether he had felt these feelings during his growing up years. UJ recalled the environment in his family where high standards were the expected norm. While his brother rebelled, UJ, the middle child, learned to cope by being compliant to ward off criticism. UJ wondered how this insight could help him in his therapeutic work. I explored with him the parallels in Kay's history. She too had to become compliant in her adopted family in order to be included. Kay too was under threat of criticism from her husband and was unable to express her rebellion against him. Perhaps she was now finding the therapeutic space safe enough to be challenging, demanding or to be angry with UJ. UJ recognised that he was standing in for a number of people in Kay's past life. He also recognised that his psychodynamics might cloud his thinking. I felt that UJ's narcissistic vulnerability to criticism and rejection could be contained within the supervision relationship with me because he experienced me as accepting of him.

On one occasion Kay talked about her ongoing experience of aloneness and isolation at her adoptive parents' house. UJ took the stance of empathising with her parents. In supervision, he said that he felt like bringing some reality into Kay's perceptions. This countertransference response, when explored, brought to light UJ's personal issues stemming from childhood as well as the issues he was facing currently as a parent. Here supervision boundaries almost touched therapeutic terrain and I allowed UJ to ponder on the next step in his learning process, namely, personal psychotherapy.

Conclusion

Supervising UJ called for flexibility in me. I had to become educator, mentor, cultural advisor and supervisor. My imaginative processes and reverie helped me to stay connected to UJ's mind. UJ and I spoke directly to each other and not about each other. In the midst of UJ's emotional arousal I was able to make thought accessible to him. Anxiety was ever present when UJ revealed his work with Kay. I perceived the risk involved due to UJ's beginner's status. But I was able to maintain relationship with my anxiety by emptying my mind of theory and keeping awareness of UJ's unconscious processes and my emotional response to him.

UJ taught me that parts would have to be surrendered in order to see the whole. Instead of seeing acorns I had been learning to see the oak tree. UJ began talking animatedly about a new way of learning where the focus was not intellectual knowledge but rather emotional awareness. It was a hopeful statement which illustrated the shift that was happening in UJ's philosophical stance.

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Shifts in Focus in Psychotherapy: Jung's 'Problems of Modern Psychotherapy' Revisited

Chris Milton

Abstract

This paper examines the challenge to the psychotherapist of making a shift in focus in psychotherapy. In so doing it revisits the concerns of a seminal paper of Jung's in which he introduced the notion of four foci or phases in psychotherapy: confession, elucidation, education and transformation. In the present paper Jungian theory is dialogued with contemporary psychoanalytic concepts. 'Symbol', in particular, as a core element of analytical psychology, is presented in terms of the contemporary psychoanalytic notion of 'dialectic'. These notions are used to clarify something of the technical considerations entailed in the execution of the shifts or transitions between psychotherapeutic foci. Condensed out of clinical experience and theoretical ruminations in such varied fields as contemporary psychoanalytic thinking, analytical psychology and transpersonal psychology three symbolic/dialectical attitudes are presented: a commitment to perspicacity, an awareness of position and the Promethean-Epimethean attitude.

Case material is presented and filtered through the re-reading of theory and the three symbolic/dialectical attitudes proposed as aids to shifts of focus. An attempt is made to understand the ways in which shifts between the foci are made and the ways in which the decisions to make such shifts are validated.

Introduction

Like all psychotherapists, I am challenged by my work to make shifts in the nature of my engagement with my clients. How active should I be and in what way should I be active? What promotes psychotherapy and what obstructs it? Should I just listen, should I speak, when, how and about what should I speak? These are decisions we all face: how do we gauge when to make a shift and how do we ascertain what the effect of making the shift is.

Traditionally psychoanalysis promotes only one shift: to listen or to speak an interpretation. Loosening of psychoanalytic abstinence is considered a deviation towards supportive work and therefore less psychoanalytic. However,

with the evolution of psychoanalysis from drive theory, to object relations theory, to the intersubjective tradition, there have been reconsiderations of the tenets of psychoanalytic technique. Thus, questions of shifts in focus in analysis assume more legitimacy.

In a 1929 paper entitled 'Problems of Modern Psychotherapy', Jung examined four foci in psychotherapy: confession, elucidation, education and transformation. He addressed the fact that there are these different foci but he tended to see them as more or less following each other, in a somewhat progressive sequence. In consequence he did not explore the nature and conditions of making a shift from one focus to another.

It can be argued that if interest in the sorts of foci in psychotherapy are themselves a 'modern concern' then interest in the processes of the shifting between such foci is a 'postmodern concern'. Postmodernism, when not nihilistic, beckons us to reflect upon our embeddedness in structural systems. In psychoanalysis it is the notion of the dialectic that answers that invitation through the contemporary psychoanalytic concern with 'decentreing' (Atwood and Stolorow: 1984; Ogden: 1997). 'Decentreing' moves us away from the certainty of structure. From within contemporary psychoanalysis such a notion is central to understanding psychological life in general and psychotherapy in particular. If we turn to analytical psychology we see the same concern scribed in Jung's notion of the 'symbol'. The notion of symbol has always been central to analytical psychology and embraces many of the shifts that occur in psychological life.

In this paper it is my intention to present a brief extract from a psychotherapy in which I was challenged to make shifts. Following this, I shall introduce certain basic premises of analytical psychology that converge with aspects of contemporary psychoanalysis. In particular, I will draw on the central nature of symbol (for analytical psychology) and dialectic (for psychoanalysis) in psychological life. I shall try to recruit this position to argue that, from a contemporary perspective, the shifts between foci in psychotherapy are as significant as the foci themselves. Thereafter I shall re-read Jung's 1929 paper on psychotherapy in more contemporary terms. In contrast to his paper I shall try to clarify something of the technical considerations entailed in the execution of a shift between foci by presenting three dialectically informed attitudes: a commitment to perspicacity, an awareness of position and the Promethean-Epimethean attitude.

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Brief psychotherapy extract

Julia is an attractive woman in her fifties. She has been in and out of psychotherapy since her late twenties. Julia tells a dramatic story – a mother who was overprotective and superstitious (always warding off the evil eye), marriage (after flirtatiously courting a wealthy man), children, divorce and a good settlement, meaningless sex with emotionally abusive men, loneliness, psychotherapies with caring and reassuring psychotherapists.

Julia goes on and on, I hear her story, I cannot feel it. I tell her this, I ask her to work with me to help me feel her story, help us think and feel what she knows. She tries, we fail, she tries again and again, then I am moved by her and feel tearful: I become as of her in my living reception of something which she knew but could not feel. Her loneliness takes on meaning for us both. So too does her fear of ending the session and so too do her delaying tactics of talking about my cat curled up on a chair, telling me that I live in a pleasant neighbourhood. I tell her that time is up but that we may speak about how horrible it is to end next time. Next time she is angry with me, I try to feel the hurt that drives her anger, at first I cannot, then I can, moved she cries again. Moved, we come to understand her hurt, she comes to understand that I understand and moved by this she cries even more. And then she drifts away from her feelings and so do I and then she speaks again of her dramatic story. I comment on how some part of her seems to use the drama, how its very realness renders feeling unreal and so it takes us away from her feelings. Slowly we go back to her hurt and she is again tearful. We come to talk about how I do not reassure her, how I do not give her plans to deal with her loneliness, how I do speak with her about the ways in which she thinks and feels that I let her down. Trying to prepare Julia for as yet only potential shapes of thought and feeling I also speak about how psychotherapy is not, in my mind, about her getting something that she did not get at some time, but rather sometimes talking about how I was failing to make it up to her now and so telling the same story in a different way. We move in and out of emotional attunement. She again has difficulty ending the session.

Julia comes back for her next session – she says that she felt so lonely after the last session that she cried and cried as she drove home across the city. However, at home something strange and transcendent happened – she 'clicked through', she 'clicked through' that it did not help to complain about her loneliness, she 'clicked through' that she used her complaint as a blanket within which to wrap herself and find comfort, she 'clicked through' that thinking and feeling this was the beginning of something new even though she was still alone. Maybe she also 'clicked through' to the understanding that I thought and felt I had

made her feel lonely and that this meant that she was alone but not lonely, maybe she got it, maybe she did not get it – we will have to see.

Through this story we see shifts, we see Julia's confession and my empathy, her anxiety and our elucidation of it, our mutual education (mine more secret than hers) and transformation. These are Jung's four foci (confession, elucidation, education and transformation) and in this paper I propose to examine something of the shifts between these foci.

A re-vision of some basic premises of analytical psychology

As the arguments that will be presented are essentially those of analytical psychology I should like to outline a re-vision of some of its basic premises in order to grant a foundation and orientation. In order to aid inter-school communication I shall be introducing certain terms from existential phenomenology and from contemporary psychoanalysis as potent analogues of more traditional Jungian terms.

From the classical perspective of analytical psychology the life-task, what Jung called individuation, consists of two 'phases'.

The first of these 'phases' entails the initial development of a viable subject (called the 'ego' by Jung) that possesses the capacity to think, feel and sometimes appropriate 'possibilities of being' (Brooke: 1991). Following an idea of Bollas (1987), I shall call the 'possibilities of being' the 'known'. From the perspective of analytical psychology relatively delineated clusters of possibilities of being are called 'archetypes' (Brooke: 1991). Archetypes shape our being in the world as they influence our behaviour, emotions and interpersonal interactions.

The second of these phases entails the development of a relationship between that subject (or ego) and the as yet unfelt and unthought knowns (or archetypes) that emerge from what Jung called the Self. The notion of the Self is complex and paradoxical. From one perspective the Self is the 'sum' of ego and archetypes making up the personality, from another it is the total ontological ground of the personality, and from yet another the author and the numinous supraordinate centre of the personality. The Self is also an essentially intersubjective notion because ontologically speaking we all emerge from the same ground and epistemologically speaking the Self is fundamentally known in or through the Other. As Papadopoulos puts it: 'The Self therefore, could be understood as the ultimate form of the Other, the highest Anticipated Whole

Other, which at the same time paradoxically represents the most inner core, indeed the centre of the personality' (Papadopoulos: 1984: 80). Whilst being this Other, the Self also authors individuation as the evolving process of the subject conversing dialectically with the unfamiliar Other. Put another way, individuation is the process of growth effected by someone coming to think and feel what was previously known but unfamiliar. For reasons of simplicity I shall hereafter mostly refer to the unthought and unfelt known(s) as 'emergents'. The subject is identified with the structures constituted by the familiar, the already thought and felt known, and this provokes the mechanism of compensation (another notion of analytical psychology) which stimulates the appearance of fresh emergents from out of the Self (Jung: 1916/1957). Compensation drives what psychoanalysis sees as the repetition compulsion (Freud:1920/2001; Milton: 2000). Through this process a state of emotional tension develops between the subject and the emergents. If all goes well this tension induces the subject to differentiate from and transcend current structures of subjectivity and intersubjectivity whilst also accommodating them to the newly integrated emergents. In so doing the subject/ego, and its relationship to the Self, is transformed. In the course of individuation this process of identification, differentiation, transcendence, integration and transformation is repeated again and again (Wilber: 2000).

According to analytical psychology this transition and transformation of the subject (and its relation to the emergents) is effected through the agency of the 'symbol'. The symbol might be defined as the best possible (living and transcendent) image of the mixture of contemporary structures of subjectivity/ intersubjectivity with the emergents of the Self. As such, the symbol functions to differentiate one from, and transcend one's embeddedness in, previously thought and felt knowns. Its presence and action is experienced as numinous, clarifying and freeing. The symbol both acts and is imaged as a creative connection in the dialectical and transformative bringing-together-and-transcendence-of different images, experiences, subjectivities, registers of meaning, etc. It is thus the epitome of the transformative shifting of the dialectic.

Psychotherapy thus becomes several processes (for both client and psychotherapist): the facilitation of the emergence of emergents; the differentiation and transcendence of the unadapted subject and its accommodation to those emergents; and/or the facilitation of the integration of the previously thought and felt knowns to the newly adapted subject.

Psychotherapy occurs in the subject's successful encounter with the Self as the unfamiliar Other. The client is Other to the psychotherapist and the psycho-

therapist is Other to the client. In each Other, client and psychotherapist, come to meet the unfamiliar known and render it familiar. Just as there is a tension between subject and emergents this encounter with the Other generates a field of tension between the participants, a field which Jung (1946) scribed as the 'transference'. Within this field the participants may come to be transformed through the agency of the 'symbol'.

In the process of psychotherapy there are many transitions or shifts. For instance, there are shifts between intersubjective closeness and distance (Balint: 1993), between different phases of counter-transference (Stein: 1984), between literal and metaphoric understanding (Stein: 1991), between inside and outside the analytic frame (Siegalman: 1990), between one register of meaning and another (Kristeva: 1986; Leader: 2000). There are also shifts between the foci of empathy, interpretation, education and transformation.

Ogden (1997) has argued that psychotherapy is a project that is executed in the transitions, the spaces of the 'betweens', which manifest in psychotherapy: between client and psychotherapist, between subject and emergent, between one way of being and another. Hence the resonating space of transition, the living between, the dialectic (Ogden: 1994) becomes the theatre of psychotherapy. The symbol is the original Jungian articulation of what contemporary psychoanalysis scribes in the notion of the dialectic. These notions of symbol and dialectic, which are fundamentals of psychological life and psychotherapy, highlight the argument that the shifts between foci are as significant as the foci themselves.

A re-reading of Jung's four analytic phases

This brings us to Jung's consideration of certain foci in psychotherapy. I shall not precis Jung's 1929 paper 'Problems of Modern Psychotherapy' which is, in many respects, an early attempt to make somewhat phenomenological sense of the conduct of psychotherapy. As mentioned, Jung addressed four aspects of the psychotherapy process, which he called confession, elucidation, education and transformation. In a more contemporary way, I shall attempt to re-read these four aspects. I shall respectively call them empathy, interpretation, education and transformation.

Empathy

Julia tries to engage me in the dramatic account of her story, we fail, she tries again and again, then I am moved by her and feel tearful, then she cries, then I become as

of her in my living reception of her unfelt known. Her loneliness takes on meaning for us both.

Empathy may be understood as the living reception of the thought/unthought and felt/unfelt knowns that are concealed and revealed in the manifest shapes of the presence and utterance of the Other. Through this reception empathy is 'a becoming as of the Other' (Kristeva: 1986: 243). It is a rendering into the familiar for the psychotherapist of that which was previously unfamiliar although known. Thus the psychotherapist's empathy is predicated on his or her capacity to come to think and feel the as yet unthought and unfelt knowns of his or her own life. So the psychotherapist is moved.

Interpretation

Julia drifts away from her feelings and so do I and she speaks again of her dramatic story. I comment on how some part of her seems to use the drama, how its very realness renders feeling unreal and so it takes us away from her feelings. Slowly we go back to her hurt and she is again tearful. We come to talk about how I do not reassure her, how I do not give her plans to deal with her loneliness, how I do speak with her about the ways in which she thinks and feels that I let her down.

So, 'becoming as of the Other' means being moved by the Other and thus empathy shifts and gives birth to interpretation, itself an expressive act that constitutes the client's movement by the psychotherapist. Interpretation may be understood as an expressive act that attempts to move the Other whilst it is also an act that springs from being moved by the Other. Such movement is effected by the work of the psychotherapeutic participants when they collaboratively try to condense out of the intersubjective space, in a tolerable way, the best possible, living image of a new mixture of the familiar and the unfamiliar. Interpretation utters an invitation to change. Interpretation is most effective in its action when it emerges from, and refers to, the structuring of both the subject and the emergents that has been immediately and intersubjectively generated in the here-and-now of the analytic encounter, i.e. within the field that is the transference (Jung: 1946; Strachey: 1934/1981). To put it another way, if empathy is an act of reading which writes the reader, then interpretation is an act of writing that emerges from that reading and in turn rewrites the author. Thus, in forming an interpretation, the psychotherapist must first gestate and symbolically metabolize that which is empathically received from the client, the Other, the Self. Thereafter the psychotherapist must prepare and provide a vocabulary with which to give expression to the

potential new shapes of thought and feeling, some of which may already have been thought and felt by the cultural collective and/or the psychotherapist.

Education

Trying to prepare Julia for as yet only potential shapes of thought and feeling I also speak about how psychotherapy is not, in my mind, about her getting something that she did not get at some time, but rather sometimes talking about how I was failing to make it up to her now and so telling the same story in a different way. We move in and out of emotional attunement.

Education is the process whereby the psychotherapist prepares the client to encounter and assimilate emergents. This preparation is effected by the psychotherapist providing the client with shapes of potentially thinkable and feelable knowns. Education can be as simple as the psychotherapist raising an eyebrow or as complex as the provision of information, a plan of action or a conceptual framework. It serves as a means of realizing the invitation to change uttered by the interpretation.

Transformation

Julia comes back for her next session – she says that she felt so lonely after the last session that she cried and cried as she drove home across the city. However, at home something strange and transcendent happened – she 'clicked through', she 'clicked through' that it did not help to complain about her loneliness, she 'clicked through' that she used her complaint as a blanket within which to wrap herself and find comfort, she 'clicked through' that thinking and feeling this was the beginning of something new even though she was still alone.

The previously mentioned potential shapes of thought and feeling, provided by education, generally derive from culture and/or the personal development of the psychotherapist (i.e. the collective consciousness) and therefore they may not authentically represent the unique personality of the client. In contradistinction to the collective quality of education, the possibilities of being, found in the whole Other, are so vast and so novel as to sometimes challenge the usefulness of such collective adaptation. In the light of this what might be called for is less the client's adaptation to collective consciousness and values and more fidelity to his or her own unique personality. This fidelity or authenticity is manifest in the process of transformation. Transformation is the process whereby the emergents of the client's Self challenge the existent structures of subjectivity and intersubjectivity to differentiate from and

transcend their embeddedness in personal or collective consciousness, i.e. from previously thought and felt (personal or collective) knowns. In addition the psychotherapist's own structures of subjectivity and intersubjectivity contribute to such embeddedness and so the psychotherapist is also challenged to encounter the Self and undergo a similar transformation.

Having presented the four foci we are led to the practical considerations entailed in the judgement and execution of a phase shift or transition in psychotherapy. Action in this theatre is assisted by three symbolically/ dialectically informed attitudes: a commitment to perspicacity, an awareness of position and an attitude that is both Promethean and Epimethean.

Commitment to perspicacity

The art of detecting the need to make a shift or transition from one phase of psychotherapy to another is well served by the psychotherapist being perspicacious. By 'perspicacious' is meant that the psychotherapist needs to exercise an attitude of acute discernment. That is, the psychotherapist maintains an attitude through which he/she tries to be hermeneutically alert and focused, actively using the intersubjective symbolic/dialectical processes of moving and being moved by the Other to interact with the client and the emergents of the client's personality. The best support of perspicacity is the symbolic/dialectical attitude of empathic-introspective inquiry (Orange, Atwood and Stolorow: 1997) that actively involves the psychotherapist in the processes of intersubjective closeness and distance. Unfortunately, frequently, through frustration and fatigue, as well as the hope of a 'magical' cure, psychotherapists cease to be perspicacious and surrender, no longer sustaining the symbolic/ dialectical attitude, becoming instead passive participants in the psychotherapy process, participants who are no longer moved by the Other. The pretence of empathy is the great enemy of perspicacity, for the psychotherapist then cannot think, feel and express the client's known but relies instead on formulatory clichés.

Awareness of position

As outlined previously, through individuation the subject comes to adapt to emergents. From a diachronic perspective this means that the subject undergoes a developmental progression, each position of which has certain characteristic subjective and intersubjective qualities. From a synchronic

perspective this means that the subject dwells within the midst of a repertoire of subjective and intersubjective positions between which he/she can dialectically shift. Either way these positions are symbolically/dialectically lost and recovered across the entire life span and are not fixed as in the more traditional early life positions or phases, as once-and-for-all achievements.

As the client symbolically/dialectically shifts between different positions so the psychotherapist faces different challenges. Traditionally, in psychoanalysis, the position-specific anxieties mark the dominant pole of the symbol/dialectic and are therefore used to indicate the point at which an interpretation needs to be made. Psychoanalysis does not, however, give an account that is adequate to the entire life span.

Different psychotherapeutic modalities are more or less apposite to different positions. In the earliest autistic-contiguous position empathy and a certain type of invitational education seem appropriate (Ogden: 1994; Tustin: 1992; Wilber: 1996; 1998; 2000). At the paranoid-schizoid position either empathy or an intensive form of holding interpretation are seen as appropriate (Stolorow: Brandschaft and Atwood: 1987; Kernberg: 1985). Through the depressive position and into the œdipal position the traditional uncovering methods of psychoanalysis become regarded as appropriate – empathy followed by interpretation. For the earlier post oedipal positions psychotherapeutic methods using script analysis and cognitive methods seem more appropriate. Following these a position of existential issues emerges and empathically grounded education seems to best describe the existential psychotherapies. Thereafter traditional psychological methods become less effective and the more spiritual positions are encountered in which essentially transformative spiritual practices are utilized (Wilber: 2000).

All of these position-based therapies lead on to transformation and although Jungian analysis is frequently applied to earlier 'developmental' positions (Wilber: 1996) it can, because of its notions of the symbol and individuation, be generically applied across the entire life span. As the client shifts into different positions and aspects of positions so the psychotherapist can empathically track and perspicaciously judge whether to accent an attitude of empathy, interpretation, education or transformation.

A Promethean-Epimethean attitude

The fluctuations of the subjective-intersubjective field that are known as transference/counter-transference are crucial and implicit to the shapes of

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empathy, introspection, perspicacity, awareness of position and the interventions based on that awareness. In essence the ambiguities of transference/counter-transference challenge the psychotherapist to validate his/her psychotherapeutic behaviour. How then to validate or invalidate the transitions between the four foci of empathy, interpretation, education and transformation? The symbolic/dialectical Promethean-Epimethean attitude is one particular means of attempting to validate or invalidate these shifts.

Prometheus and Epimetheus (Kerényi: 1951) were brothers and Titans, members of the race of ur-gods who were before the Olympians with whom they came into conflict and by whom they were eventually overcome. Prometheus, Epimetheus (as the husband of the 'infamous' Pandora), Atlas and (in South Africa) Adamastor are probably the best known of the Titans. Prometheus was said to have fashioned humankind out of the earth and he retained a special relationship with humankind. Prometheus and Epimetheus are characterized by their names: Prometheus is the 'forethinker' and Epimetheus is the 'afterthinker' (Jung: 1920: 166).

Prometheus is intimately connected with consciousness, even cunning: he acquired fire for human kind by stealing it from the Olympians. Stealing the fire he secreted it away in a stalk of fennel and brought the glowing ember to humankind. The Olympians punished Prometheus by chaining him to a mountain in the Caucasus, where, in the daytime, an eagle tore out his liver. His torn liver grew back again at night. We see here consciousness imaged in the fire of the Olympians, the sunlight hours and the suffering which consciousness brings. Epimetheus, on the other hand, was characterized by being clumsy and inept in various ways – something of a bumbler. Being Prometheus's brother the Olympians decided to use him as the means whereby they would punish humankind for receiving the stolen fire from Prometheus. They fashioned a beautiful woman, Pandora, and sent her to be Epimetheus's wife. Along with her they sent a box which was full of woes and which she was forbidden to open. Filled with curiosity she opened the box and released the woes and as a consequence humankind has been afflicted ever since. This all seems catastrophic but comfort can be taken from the observation that in fairytales bumblers are often the final inheritors of the treasure, the beautiful maiden and the kingdom.

Prometheus is an archetypal figure of how consciousness may be used to anticipate the effect of a particular action. We use this Promethean capacity in psychotherapy by way of theory and experience driven formulatory devices and

trial identifications with our clients (Casement: 1985) when planning some shift of psychotherapeutic focus. The Promethean attitude can guide our empathic reception of the client, our decision to elucidate and interpret, our decision to educate our client or the contribution that we may try to make to transformation through such means as a maieutic presence, metabolism, amplification and active imagination.

In its negative form the Promethean attitude becomes a dreadful and persecutory psychotherapeutic 'superego' whereby a psychotherapist focuses on and demonstrates theoretical and formulatory shortcomings as well as clinical inadequacy and ineptitude. Used in isolation it is also a problematic attitude as it may foster an attempt to conduct psychotherapy using 'memory and desire' (Bion: 1967/1988).

By contrast, Epimetheus is intimately connected with the discovery of truth by consequences. The afterthinker, he is an archetypal figure of consciousness applied to assess the effect of a particular action taken. We use this Epimethean capacity in psychotherapy through our perception and interpretation of the client's response to the shift of focus.

In its worst form the Epimethean attitude becomes a masterful but arid *post hoc* application of the hermeneutic of suspicion to all the events of psychotherapy thus destroying their symbolic density.

Psychotherapeutically we can consider a shift in focus from out of the transitional, symbolic, or dialectical attitude which comprises both (and neither) the Promethean and Epimethean perspectives.

Discussion

I would like to try to filter the case material presented at the beginning of this paper through the notions provided by my re-view of analytical psychology, my re-reading of Jung's 1929 paper and the three symbolic/dialectical attitudes which I have proposed. I shall do this by blending the restated phenomenology of the case material with various of these notions.

At the commencement of her psychotherapy Julia presented very dramatically and I attempted empathic attunement with her. With some effort I managed to become attuned to her and she moved me emotionally. With this she was moved in turn and for a while we encountered each other. However, she then returned to her dramatic presentation and I felt my attunement falter. After a while I judged *(through an awareness of position)* that the focus of the work had shifted

from requiring *empathic attunement* to the need to elucidate or *interpret* in order to uncover analytically her unshared loneliness. Using my feeling of her presence I judged that she was in a *position of conflict*, but one in which metaphoric statements such as interpretations could be received. I therefore proceeded to interpret her dramatic style as a defence against her emotional life, i.e. as an anxiety-driven obstruction to her coming to think and feel what she knew emotionally. Through the interpretation we were able to reencounter each other empathically. After a while there was a change in her presence that I *(in the perspicacious dialectic of empathy-introspection)* judged to be a non-defensive lightening of the psychotherapeutic encounter. Into this lightened psychotherapeutic space I started to build some *educative preparation* for as yet unmade comments on our relationship and the emotions that it evoked. At the end of a session these emotions and our relationship came into focus for her and I again made an *interpretive statement* but this time without any empathic resolution. Julia took the emotional tension away with her and a *transformation* occurred. In some way, in the dialectic of gratification and non-gratification of her desire to not be lonely, a symbolic resolution seemed to occur. Maybe thereby Julia met new possibilities of being, met an Other that was there and found that she had appropriated the capacity to be alone without feeling lonely. In the next session I was called upon to witness that transformation with empathy.

The period between sessions provided an instance of the symbolic/dialectical *Promethean-Epimethean attitude.* In the session prior to the break in question, before I shifted to *interpretation* and *education* I had attempted to *anticipate with perspicacity* what the effect of my interpretive and educative statements would be. In order to do this I had used my formulation of her struggle and had tried to make a trial identification from which I concluded that she would be able to use and tolerate the effects of both the educative statements and the interpretations. When she returned for the session after these interventions, I was able to discover *(with afterthought)* the consequences of my various shifts in focus from efforts to make *empathic attunement* to *interpretation* to *education* back to *interpretation.* Her account of her experience between the sessions served us to help validate these shifts and had in fact led to a further shift towards *transformation.*

Before concluding I would like to share some of my reservations about the adequacy of the argument that I have presented. The general descriptions that I have offered (of empathy, interpretation, education and transformation) may not themselves be clinically adequate. There may be different sorts of empathy,

different sorts of interpretation, different sorts of education and different sorts of transformation and 'lumping them together' and then trying to correlate them with psychological positions may have been ill advised. However, maybe the argument will serve as a stimulus to critical discussion and development of the challenges that it poses.

These reservations aside, our attention is drawn to the value of the dialectical/ symbolic and a dynamic, intersubjective view of both psychological life and psychotherapy. Focus on transition helps disclose psychological life as a process rather than a collection of semistatic structural or topographic entities.

Conclusion

All psychotherapists are confronted with the challenge of making shifts of focus and intervention in psychotherapy. They are in this way drawn into the tension between a pristine psychoanalytic abstinence and undisciplined, even promiscuous, gratification of the client. Neither traditional psychoanalysis nor traditional analytical psychology have found it easy to provide living answers to this tension. However, analytical psychology has long dwelt on the hermeneutics of bipolar tension and its resolution through the agency of symbol. In a similar way, psychoanalysis has, in some of its contemporary incarnations, recast itself as concerned with the hermeneutics of the dialectic. In this analytical psychology and psychoanalysis converge.

Thus, the theoretical challenge of making shifts in focus and intervention can be examined using the contemporary, and postmodern, psychoanalytic concern with the notion of the dialectical process and the Jungian notion of symbol. Following on from this the practical challenge entailed in the execution of the shifts or transitions between psychotherapeutic foci can also be addressed. Jung spoke of four different foci in psychotherapy but he did not discuss the challenge of making shifts between those foci. This paper has attempted to address that concern. Using clinical experience and theoretical ruminations in such varied fields as contemporary psychoanalytic thinking, analytical psychology and transpersonal psychology three symbolic/dialectical analytic attitudes can be generated: an attitude of commitment to perspicacity, an attitude of awareness of position and anxiety, and what I have called the Promethean-Epimethean attitude. All three of these attitudes serve the living intersubjective encounter that is psychoanalytic psychotherapy rather than the static, often impersonal, precepts of metapsychologically driven technique. They offer ways in which a psychotherapist can professionally, yet humanly, meet the challenge of making shifts between foci in psychotherapy.

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Book Review
Sara Crane

Jung and the Native American Moon Cycles: rhythms of influence
by Michael Owen. Nicolas-Hays Inc., United States, 2002.

Michael Owen is a Jungian psychotherapist who began his life and work in Canada and now practices in New Zealand. The inspiration for this book came primarily from the author's experience with the wisdom of the Peoples of Turtle Island (North, South and Central America). He proposes that these traditions and those of analytical psychology balance and enhance each other.

The first section of the book is an explanation of the Moon Cycles, which are based on the lunar measurement of time over the life of any individual. The Medicine Wheel provides a means of understanding, charting and interpreting the influences of these cycles. At any time different influences are present and the perspective of a person shifts as they mature. Owen guides us through the Moon Cycle stages and relates them to the archetypal concepts of Jungian psychology. He shows how they might provide insights and meaning to the soul's journey and the individuation process. Using this system each of us is a child until 27, an adolescent until 54, an adult until 81 and an elder thereafter. The Moon Cycles are little or big and span all directions; we travel through each moon for a specific purpose at different times.

It is easy to understand how Owen was drawn to examining Jung's life with particular reference to the rhythms of the Moon Cycles. He has created a fascinating portrait of Jung's life with regard to these influences. In the main body of the work he explores events and dreams and links them to Jung's writings in a way that adds another layer of understanding to the concepts which he developed, particularly with regard to the symbolic. There is reference to the wider world and the themes which were alive and influential at different times, with some speculation on how we might conceptualise history from a Moon Cycle perspective.

As a biography of Jung this work demands that the reader be involved with the twin worlds of the Native traditions and Jung's language of the unconscious. As an exploration of the ability of the Medicine Wheel to enhance and

challenge our relationship with the development of the self there may be some appeal. There is no reference to how the traditions of the People of Turtle Island might fit with traditional Maori wisdom. Instead, Owen invites the reader to regard the teachings as having their own distinct identity and heritage and to resist the temptation to 'look for similar elements across cultures and recombine them into a one-size-fits-all "core shamanism".'

In conclusion this is carefully researched study of ancient wisdom and biographical detail lovingly interwoven together. Detailed instructions for charting our own Moon Cycles are included at the end of the book. There is encouragement for the reader to reflect and wonder.

Contributors

Brian Broom has, since 1987, combined internal medicine (as a consultant physician in allergy and clinical immunology) and psychotherapy within the same practice, out of which has grown a concern for the crucial role of human subjectivity ('story') in predisposing to, precipitating, and perpetuating physical illness. He is particularly concerned with the way the biomedical model renders these aspects invisible to clinicians. He has written a book (and several journal articles) on mind/body approaches to physical illness and has a passion for encouraging more wholistic approaches to physical illness. He lives in Christchurch, and works at the Arahura Health Centre.

Trish Coombes is a psychotherapist in private practice in Christchurch. She has a nursing background and a long-term interest in working with grief. Working in a hospice for three years has consolidated her work in this area. She is a member of N.Z.A.P. and has a diploma in Adult Psychotherapy.

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Grant Gillett is a Professor of Medical Ethics at the University of Otago in Dunedin, New Zealand. He is also a practising neurosurgeon. His main philosophical work is in the philosophy of mind and psychiatry though he also writes on topics in bioethics. His most recent books are *The Mind and its Discontents* (OUP) and he has co-authored *Medical Ethics* and *Consciousness and Intentionality*. He is interested in post-modern and traditional analytic approaches to bioethics, mind and language, and psychiatry.

Rev. Maurice Manawaroa Gray (MNZM, L.Th., J.P.) is a recognised Maori orator and authority in traditional Maori knowledge and practices, and is the Upoko of Te Runaka ki Otautahi o Kai Tahu. Former Director of the Centre for Maori Studies & Research at Lincoln University, he is currently a Director of Jade Associates in Christchurch. He is a spokesperson, advocate, leader, and advisor, whose wisdom and knowledge are sought after within a wide diversity of sectors including health and mental health, education, welfare, police, justice, resource management, employment, corrections, housing, and many others.

Maurice provides cultural guidance and supervision to counsellors and therapists, both locally and nationally, as well as carrying out Tikaka Maori-based counselling himself. He is currently the South Island Maori advisor to the ACC, is a National Maori Board Member for NZ Children's Health Camps, was a former Board Director of Canterbury Health Limited and Board Member of the National Mental Health Foundation.

Jayne Hubble qualified as a Clinical Psychologist in 1987. Since then she has worked in Auckland, Hamilton and latterly Christchurch as a psychoanalytic psychotherapist. Currently Jayne is on leave from her part-time practice and fully occupied at home parenting her pre-school children.

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Chris Milton is a Clinical Psychologist and Jungian Analyst, accredited with the International Association for Analytical Psychology. He is a Member of the Southern African Association of Jungian Analysts (SAAJA) and the Australian and New Zealand Society of Jungian Analysts (ANZSJA). He was awarded Honorary Life Membership of the South African Institute for Psychotherapy (SAIP) for his contribution to psychotherapy in South Africa. Chris has taught on the SAIP diploma course, SAAJA analytic training and the Rhodes University Clinical Masters and Ph.D. courses. He has published papers and reviews in *Mantis*, *The Southern African Journal for Child and Adolescent Psychiatry* and *Psycho-analytic Psychotherapy in South Africa*.

Laetitia Puthenpadath is a psychoanalytic psychotherapist working in Community Mental Health Services in Auckland. She studied biology and religion in India and in the Philippines. She trained in psychoanalytic psychotherapy in Auckland and is a member and supervisor of N.Z.A.P. She also has memberships in the Institute of Psychoanalytic Psychotherapy in Auckland and Psychoanalytic Psychotherapy Association of Australasia. Laetitia lives in a community of Christian women who have taken vows.

Gillian Straker, M.A. (Clin. Psych.) Ph.D., is a Clinical Professor of Psychology, University of Sydney. She teaches Psychotherapy (Psychoanalytic Integrations) at Metanoia and Sherwood Institutes, London, and is an organisational consultant to Encompass, Australasia. She maintains a private practice in Sydney.

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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 (not more than 150 words) 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, each separated by a colon - 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 quotation from Phillips) this is indicated by three stops (. . .); the omission of a full sentence, or the end of a sentence (as in the quotation from Malcolm above), is indicated by four stops (. . . .).

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 full bibliography listing texts consulted but 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.