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TE ROOPUU WHAKAORA HINENGARO

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Editorial

There was a point during the NZAP conference in Auckland earlier this year when we had a mirror held up to us by the guest presenter Jessica Benjamin. It occurred when we had all come together to consider the processes of a preceeding timeslot. Her mirror was a comment to the effect that in her estimation the NY psychotherapy community would not have come together in the way in which we were doing. What was striking and unfamiliar to her was that we were sufficiently willing to come together, despite difference and in spite of similarity, to connect in this whole conference mode, and to deal with the process this may have engendered. This, she asserted, took considerable professional courage.

The reflection makes an interesting statement on a number of levels. It is also an affirming one, given the amused observation of one of our most senior practitioners that any attempt to deal with our Association processes in such forums was essentially absurd – but that this should not deter us from such activity.

I appreciate the heart and the humour of the observation. If we are not to be deterred, what may be gained from engaging a whole conference process in the ways that we do? I suggest one response to this question arises from considering the philosophical frame of our profession. By this frame we can conceive of the practice of psychotherapy as weaving three distinct strands over time. The first is the strand of psychotherapy as treatment option undertaken within a reparative relationship. The second is of psychotherapy as moral and ethical conversation giving consideration to the enfolded networks of community relationships. The third is of psychotherapy as psychospiritual process involving participatory knowing of all levels of experience of being human.

While the first and second strands may be more overtly recognisable in the constituents of the scientific programme of a conference, the third strand is experienced when we engage participatory knowing of ourselves as an Association in the whole conference forums. Not to engage that form of experience denies the process of participatory knowing. We should not allow ourselves to be deterred from such activity. If we were to enter the whole conference forums holding clear understanding that we were engaging in unfolding the process of participatory knowing, that would make a significant difference to the individual and collective experience of the Association. The context would be clear.

This edition of Forum is the tenth. The papers and reviews that have appeared over the ten editions are another way in which we as an Association hold a mirror up to ourselves. Writing can be as daunting a process for some as being visible in whole conference forums is for others. Yet we still engage them. We do so because it is axiomatic for us as a profession that it is better to be able to chose to be visible and connected, than not to have such choice. When we connect and are visible as a professional community, then the heart of our community can be revealed.

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Thinking Clinically with and about Film

Stephen Appel

Abstract

This article presents a commonplace clinical event plus a curiosity from the film *The Piano*. It demonstrates how psychoanalysis (the therapy and the concepts) and film analysis can be brought to bear on each other in such a way that new thinking is generated about both. Along the way an overarching theory of communication is presented.

The problem

For over a century psychoanalysis and film have attempted to engage with each other. By clinicians psychoanalysis has characteristically been applied to film as a heuristic, an element of extant analytic theory being used to explain a film. I have suggested that this seems both immodest and meagre (Appel: 2004). First, as therapists our particular strength is not our ability to pronounce on the meaning of our patients and their utterances, but rather to sit with, feel with, and think with them, so why would we treat a film in this know-it-all fashion? Second, surely our clinical work and our theories have something to gain from serious engagement with this art form.

Below I continue that line of thought. I show how all three—the clinical situation, psychoanalytic theory, and film—can be used to produce new thinking about each other as well as thoughts on an overarching problem, the nature of communication.

A clinical illustration

A patient is once again brooding about why many months ago the therapist refrained from hugging her when she was very distressed. She reports two recent dreams in which she and the therapist touch. In one dream they brush against each other in passing; in the other their upper arms touch as they sit side by side on the couch. In both instances, she says, she experienced something electric accompanied by the idea: Good, now he'll see.

The therapist reasons: so, through these dreams she is trying to show me something about how things are for her, but what? His internal process rapidly goes:

she felt something intense—I feel anxious—so the 'something electric' is an unpleasant feeling for her too—she is anxious/frightened—things have been getting close between us—she's feeling impinged upon and sexually stirred up. His thoughts turn to the prevailing discourse of sexual abuse—unprofessional conduct—the possibility of a complaint.

So he says: 'It felt yuck.' He imagines that this is an empathic comment. She doesn't take it up but at the end of the session reports feeling sad. The next sessions she is seems at a distance and says she feels hurt and lonely. Ironically, he realises, despite her conviction/wish in the dreams that he would now understand, clearly he has got it wrong.

Communication?

When Freud wanted to introduce an audience to the theory of unconscious determination he liked to begin by discussing parapraxes 'to which everyone is liable' (1915-1916a:25) and which have 'a high theoretical value' (1910a:38). Here is a Freudian slip committed by one of his students, Wilhelm Stekel: 'I entered a house and offered my right hand to my hostess. In a most curious way I contrived in doing so to undo the bow that held her loose morning-gown together. I was conscious of no dishonourable intention; yet I carried out this clumsy movement with the dexterity of a conjurer' (in Freud:1901b:176). Even the most conventional communication, then, is fraught with mixed wishes.

Harold Bloom has coined the term Uncle Siggy's Revenge. Teaching a graduate seminar on psychoanalysis, 'my transference to Freud got more and more dubious,' he says. Each semester 'the parapraxes would become so monstrous that in the final two classes everything was an unintended pun or a double-entendre or some terrible self-revelation. I wasn't saying what I meant to say at all. It became occult!' (in MacFarquhar:2002:91-92). Or perhaps he was indeed saying what he meant. It does seem to be the case that 'slips of the tongue are contagious' (1915-1916a:68). Freud showed that the underlying 'disturbing ideational content' (1906:105) continually asserts itself; the more we try to cover it up the more insistent it is.

Communication has three primary and necessary elements in the commonsensical view, and it runs as follows: sender-message-receiver. 'There is a donor of the narrative and a receiver of the narrative....There can be no narrative without a narrator and a listener (or a reader). Banal, perhaps, but still little developed' (Barthes:1977:180). In Louis Althusser's famous example, a policeman calls out: 'Hey, you there!', and the hailed individual turns around.

Implied in the banal understanding of communication are at least four notions.

1. Self-knowledge: comprehension by the sender of what is to be said.
2. Volition: the conscious choice to speak. Implied here is the possibility of choosing not to communicate.
3. Transparency: a message with a meaning.
4. Competence: the ability of the recipient to discern what has been sent. It is not hard to come up with attempts at communication that seem to fall well short of these standards.

(Mis)communication

The commonsense, banal view of communication as the transmission of information would have it that the therapeutic session above is a failure of signification, indeed that communication hasn't happened. Psychoanalysis says something different. It proposes that this is precisely how communication happens. On this point Jacques Lacan has provided us with a confounding aphorism. Not sender-message-receiver, but, he says at the very end of his seminar on Poe's story 'The Purloined Letter', 'A letter always arrives at its destination' (1956:53).

No matter what else happens or does not happen when we speak, communication happens. In which case, it may be that instances of 'failed' communication may warrant further study; the apparent anomaly might illuminate something about the nature of all utterances.

Our attempts at communication are out of our control; our acts are more like faulty actions. For psychoanalysis communication does happen, but it is an enigmatic communication. We have a sender who cannot be trusted to know and/or say what s/he means (and yet who nevertheless cannot but tell the truth), a message which seems to have a mind of its own (without having a single meaning), and a recipient who does not have eyes to see and ears to hear. In short, psychoanalysis introduces the radical uncertainty of the unconscious. Lacan insists on the absolute importance of the imperfect nature of communication, the path of the signifier:

> If what Freud discovered and rediscovers with a perpetually increasing sense of shock has meaning, it is that the displacement of the signifier determines the subjects in their acts, in their destiny, in their refusals, in their blindness, in their end and in their fate, their innate gifts and social acquisitions not-

> withstanding, without regard for character or sex, and that, willingly or not, *everything that might be considered the stuff of psychology, kit and caboodle*, will follow the path of the signifier. (1956:43-44, emphasis added)

To return to that protean sentence, *A letter always arrives at its destination.* Not only does it a suggest something about the fraught vicissitudes of communication, but it is also an enactment of the very point(s) it makes. Is it not reminiscent of words heard in a dream? So 'readerly'—as Barthes might have described it—is the comment that in its koan-like openness it resists summary while providing the impetus for many a profound analysis.

Several writers (see Muller and Richardson:1988) have treated Lacan's sentence as a conceptual kernel from which rich theoretical propositions and models may be grown. One contrary instance is the analysis by Jacques Derrida: 'A letter does *not always* arrive at its destination, and from the moment that this possibility belongs to its structure one can say that it never truly arrives, that when it does arrive its capacity not to arrive torments it with an internal drifting' (1987:194). When faced with communicative misalliances like the clinical one above it is tempting to side with him.

In her account Barbara Johnson comes up with at least seven possible meanings:

> The sentence 'a letter always arrives at its destination' can...either be simply pleonastic or variously paradoxical; it can mean 'the only message I can read is the one I send', 'wherever the letter is, is its destination', 'when a letter is read, it reads the reader', 'the repressed always returns', 'I exist only as the reader of the other', 'the letter has no destination', 'and 'we all die'. It is not any one of these readings, but all of them and others in their incompatibility, which repeat the letter in its way of reading the act of reading. Far from giving us the Seminar's final truth, these last words enact the impossibility of any ultimate analytic metalanguage. (1988:249)

The Piano

For his part Slavoj Žižek (1992) focuses on the second of Johnson's interpretations: wherever the letter is, is its destination. As an illustration (1994:192) he gives the curious and gruesome letter episode from Jane Campion's film *The Piano.*

In this scene, Ada writes a love letter—on an ivory key she has removed from the piano—to her lover Baines, a man who we have learned earlier is illiterate. The messenger, Ada's daughter Flora, delivers the letter instead to her step-father—Ada's husband, Stewart. Stewart in a rage chops off one of Ada's fingers.

Recall that Ada herself cannot speak—she has been an elective mute since childhood. So her letter-writing is all the more intriguing. If this is communication, how curious it is. The sender writes a secret letter to a man who will not be able to read it; she sends the letter with an unreliable messenger; the letter is delivered to the man from whom the secret is being kept, with most dire consequences for the sender.

Nevertheless the letter, says Žižek, has indeed arrived at its destination. 'Stewart *is* its true addressee' (1994:192). The letter sets in motion 'the tragic aggravation of their relationship' (192).

'What has to be recognized, as Freud says, is not what is expressed but what is repressed' (Lacan:1985:209). Or as Žižek puts it, the 'reverse of the subjects' message is its *repressed*' (1992:12). Here the psychoanalytic meaning of the word 'repression' is instructive. It is not Stewart who is repressing Ada as a conventional sociology of male power would have it. Rather, it is Ada—whose attempts to realise her desire for Baines—who has repressed Stewart by preferring to ignore him. But we always say more than we intend to say; the return of the repressed—the avenging Stewart—is brought about by the surplus of what is effectively said over the intended meaning.

And what if Flora had not changed her mind? Would Stewart not have found out? Of course not. '"What if I had taken another route and avoided that scene?" Such questioning is, of course, deceitful since "a letter *always* arrives at its destination": it waits for its moment with patience—if not this, then another contingent little bit of reality will sooner or later find itself at this place that awaits it and fire off the trauma' (Žižek:1992:11-12). One way or another Ada will express her desire to her husband. In this view Ada's letter-writing has the form of a parapraxis. Just as a slip of the tongue may reveal our hidden intentions, so, despite herself, Ada ends up saying what she means to say. This is a fruitful analysis. It says something about Flora's betrayal of her mother without removing Ada's own responsibility.

Lacan adds some valuable complexity here. Rather than concerning ourselves overmuch with the true identity of the addressee, he draws our attention to the action of the letter: 'As soon as it is speech, it may have several functions' (1954-1955:198). Referring to the Queen's letter in Poe's story, he says:

> The letter, which doesn't have the same meaning everywhere, is a truth which is not to be divulged. As soon as it gets into the pocket of the minister, it is no longer what it was before, whatever it was that it had been. It is no longer a love letter, a letter of trust, the announcement of an event, it is evidence, on

> this occasion a court exhibit....We realise that the identity of the recipient of a letter is as problematic as the question of knowing to whom it belongs. In any case, from the moment it falls into the hands of the minister, it has become something else. (1954-1955:198-199)

Let us continue to treat the letter scene from *The Piano* as a paradigmatic instance of communication. There is more—much more—that can be said. Readers who have seen the film will recall that the scene does not end with Stewart chopping off Ada's finger. He wraps up the finger in a white cloth—perhaps the very white cloth in which the piano key had been lovingly wrapped—and instructs Flora to deliver it to Baines. This time the messenger goes directly to the ostensible addressee. Baines immediately understands enough of what has happened to set off to rescue Ada and take her away, thereby taking on the romantic lead-role.

What if we treat the severed finger not in its materiality, but symbolically as a reconstitution of the piano key note? Žižek himself might have expanded his brief analysis of *The Piano's* letter episode along the lines he himself developed elsewhere. In his discussion of Charlie Chaplin's *City Lights* he says: 'The letter arrives twice at its destination, or, to put it another way, the postman rings twice' (1992:6). Along those lines I am suggesting that the path of the signifier doesn't just end when it arrives at Stewart. The piano key/note becomes the finger; the signifier is altered at each link of the chain of signification. Here the letter, radically transformed (but still recognisable) does get to Baines in the end. But rather than a secret love letter to her lover who would anyway not have understood it, the letter has now fulfilled its transformative function. Its path via Stewart (and via Flora) has meant the end of one relationship and the beginning of another. A wholly successful communication!

Let us make another visit to psychoanalysis and think of this movie as a dream.

Dream

Freud's two most famous statements about the dream are that it is the fulfilment of a wish and (therefore) that dream interpretation is the royal road to the unconscious. As early as *Project for a Scientific Psychology* Freud outlined the function and logic of dreams.

> 'What happens is not, for instance, that the wish becomes conscious and that its fulfilment is then hallucinated, but only the latter; the intermediate link is left to be inferred' (1895:342). 'If now all this [the dream-thoughts]

> is to be turned into a dream, the psychical material will be submitted to a pressure which will condense it greatly, to an internal fragmentation and displacement which will, as it were, create new surfaces, and to a selective operation in favour of those portions of it which are the most appropriate for the construction of situations' (1901a:660).

'Dreams, as everyone knows,' Freud said, 'may be confused, unintelligible or positively nonsensical, what they say may contradict all that we know about reality, and we behave in them like insane people, since, so long as we are dreaming, we attribute objective reality to the contents of the dream (1940[1938]:165). But this is only apparent absurdity: 'Dreams...are often most profound when they seem most crazy'; and 'the dream-thoughts are never absurd' (Freud 1900b:444).

For example, in a dream two people or things can be represented by one, defying everyday rationality, just as one thing or person can stand for more than one. Now if *The Piano* is someone's dream, then for the dreamer the figures of Ada and Flora might not only represent a mother and a daughter, but also both of those characteristics within one person. According to this view, *The Piano* can be understood as a film about female development. This is the way Richard O'Neil Dean (1995) has chosen to read the film.

The figures of Stewart and Baines might also be considered to be two versions of a common element in a dream.

> There must be one or more *common elements* in all the components. The dream-work then proceeds just as Francis Galton did in constructing his family photographs. It superimposes, as it were, the different components upon one another. The common element in them then stands out clearly in the composite picture, while contradictory details more or less wipe one another out....Basing itself on this discovery, dream-interpretation has laid down the following rule in analysing a dream: if an uncertainty can be resolved into an 'either-or', we must replace it for purposes of interpretation by an 'and', and take each of the apparent alternatives as an independent starting-point for a series of interpretations. (Freud:1901a:649-650)

So, the letter scene(s) of *The Piano* can be thought of as a dream in which the same dream-thought reappears in more than one form. Stewart and Baines may stand for two aspects of a man or of masculinity. 'The content of the dream merely says as it were: "All these things have an element x in common." The dissection of these composite structures by means of analysis is often the shortest way to finding the meaning of a dream' (1901a:651).

Equally convincingly, and without losing anything, the scene(s) can be thought of as two consecutive dreams. Freud spoke of this too: 'The content of all dreams that occur during the same night forms part of the same whole; the fact of their being divided into several sections...has a meaning and may be regarded as a piece of information arising from the latent dream-thoughts' (1900a: 333-334). So, perhaps there is a conflict in the dreamer which manifests itself in the cool, unemotional man who also castrates, and the warm, feeling man who protects.

But the object in raising this is not actually to analyse the letter scene of *The Piano* as a dream. Rather, the point of regarding the letter scene as having the structure of a dream is to borrow the notion of two characters standing for one. The entire literature on transference rests on this tendency of the mind. Freud made it abundantly clear that the only way to interpret a dream is to obtain the associations *of the dreamer* to the elements of the dream. As we do not have access to the dreamer (Campion herself?), any attempt at interpretation must be condemned as 'wild' analysis (Freud:1910b). In any case, an analysis of the dream would not move the discussion about communication forward.

Back to the therapy room

Treating the film in this way helps in thinking about another example of apparently failed communication, the clinical example which started this article. Things do not end there either. Three sessions after the therapist disappointed the patient by demonstrating that he did not in fact 'see', she is able to clarify what it was that in the dreams she had felt convinced that the therapist would at last see. The touching was not yuck, it was wonderful, but it was also a painful reminder of what is missing in her life. She goes on to say that she is frustrated and that eating comfort food is 'plugging the wrong hole'; she has the beginnings of—but won't let herself develop these—sexual fantasies with men she works with; there is still a tension between the good girl and the sexual woman; and so on. She has been rejected before by men because of the intensity of her passions. Crucially, when she reached puberty it was made clear to her by her father that he could not tolerate her sexual development. He withdrew from her as fathers often do, but he also projected the problem on to her: instead of admitting that he was not enough for her, he construed her as being too much.

Now the therapist's thinking goes something like this: just as the father withdrew from his developing daughter, so I have shied away from the patient; despite all I knew about her history, the obvious construction—that we have been reenacting the father/daughter complex—has been unavailable to me. Why? Perhaps the

entire set of interactions (both sessions) has been an instantiation of the patient's desire: 'One could define desire as exactly this process: as the difference between the original message and that which arrives at the end' (Leader:1996:108). Something was needed for the message to arrive.

[An aside. It is vital in the clinical situation—and in *The Piano*—to remember that the particular form of the communication (we can no longer think of it as a *mis*communication) owes more than a little to the desire of the receiver. It's not that the patient invariably produces anxious sexual withdrawal from every person or even every man she encounters. The man needs to bring to the encounter something which leads him to respond in a way that is familiar to her. (Similar, but not exactly the same: therein lies the hope for change.) He needs to be amenable, in Althusser's (1969) terms, to the interpellation. When he (mis)recognises himself in her letter, he has become a subject of her discourse.]

The patient intends to say one thing (it felt wonderful), the therapist hears another (this is becoming too much); but nevertheless something is being re-enacted in the very stuff of the therapeutic interchange. Her expectation that he would see, his going off on a tangent of sexual anxiety, her disappointment, his guilt—rather than proof of a misalliance, these are all the very stuff of the alliance. Indeed, it would be strange if somehow he and she were able to have a relationship which bore no relationship to her primary relationships. Inscribed as it is in the experiences and fantasies of both parties, this message does eventually arrive at its destination. Now the therapist gets to appreciate something of what her life is like, and, moreover, he is able to retrieve the situation by reversing his anxious retreat from her. How much more elegant of the patient to insert the message into the therapeutic relationship itself. Show, in other words, don't tell.

As with the letter scene in *The Piano*, it is more fruitful to regard this clinical sequence as the delivery of a single message, rather than as two—one failed communication, and one more successful. It's not that we send a message once and for all: 'The repressed is always there—it insists, and it demands to come into being,' says Lacan. And more than that: 'That which insists on being can only be satisfied through recognition' (1985:209). Like a distress signal at sea, the message continues to be emitted until it is responded to. In order to make a difference in the recipient the message may need to be repeated and altered. I want to argue that if one hasn't been heard and changes the message accordingly we would do well to still consider it the same message.

In both the film and the clinical example the messages becomes performative. Ada's love-letter and the patient's reported dreams are personal ads. In order for

the ads to sell, for the messages to arrive, they don't need to be fully understood (how could that possibly occur?). The second part of the patient's communication needed the first in order to strike home—in Malcolm Gladwell's (2000) term, to become 'sticky'. It is true that the second part on its own contains important information. But it doesn't communicate the nature of the entire complex. The way things are for this patient in her relationships is far better apprehended—intellectually and emotionally— if one thinks of the entire sequence as the difficult, troubled delivery and reception of a letter. It could not be otherwise: 'Language is both what transmits a message and what necessarily deforms it' (Leader:1996:108).

One is reminded here of the remarkable pedagogical point made by Freud in his lecture on transference. 'The subject,' he says, 'is one that I cannot withhold from you.' A few lines later he adds: 'You have the indisputable right to learn this. I shall not, however, tell it to you but shall insist on your discovering it for yourself' (1915-1916b:431).

It may be that it is more than coincidence that both the clinical example and the film describe women trying to communicate with a man. There may be something peculiarly feminine about the nature of such attempts, according to Lacan. He has said that a woman always addresses a universal man beyond the man: 'A woman's love, he says, aims at the universal man. Now, by definition, this will be situated beyond the real male partner. How, then, can one send something to him, and is it even necessary that he *knows* that something is being sent?' (Leader:1996:141). But that is a story for another day.

In everyday speech we'd say that the patient said something, the therapist misheard it, so she said it differently, and he heard it better this time. Quite banal. But our analysis of the letter scene in *The Piano* is helpful here too. Just as Stewart and Baines can be thought of two parts of the same one, so the therapist should be thought of as being more than one. The therapist is a 'facsimile' of others, predominantly the parents (Freud:1912). There is something inescapably uncanny about the other (Freud:1919).

Chattering finger-tips

Nevertheless, we must speak. In the case of Dora Freud famously said: 'He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore' (1905[1901]:77-78). We must speak, even that which is secret to ourselves. And then when we speak it is like playing Chinese Whispers.

For Barthes there are only two systems of signs: personal and apersonal (1977:182). For our purposes let us call these conscious and unconscious (though which of these is best described as personal and which as impersonal is a moot point). 'The dishonest tourniquet of the two systems' produces the enigmatic nature of the letter and its reception.

> In order to conclude that the author himself...has 'signs' at his disposal which he sprinkles through his work, it is necessary to assume the existence between this 'person' and his language of a straight descriptive relation which makes the author a full subject and the narrative the instrumental expression of that fullness. Structural analysis is unwilling to accept such an assumption: *who speaks* (in the narrative) is not *who writes* (in real life) and *who writes is* not *who is.* (1977:181)

In this regard Barthes cites Lacan's question, 'Is the subject I speak of when I speak the same as the subject who speaks?' (181n). And we might add, Is the subject to whom I speak when I speak the same as the subject who hears?

To conclude

Why does Ada send a love letter to Baines who cannot read? Whenever we speak we are, like Ada, unable to speak plainly. The recipient, like Baines, is unable to clearly decipher the message. What we say is transformed between us and the one who receives. And in the process both speaker and receiver are transformed.

One cannot agree with Derrida when he says that: 'Contrary to what the Seminar says in its last words...a letter can always not arrive at its destination....Not that the letter never arrives at its destination, but that it belongs to the structure of the letter to be capable, always, of not arriving' (1987:187). Žižek (1992) has shown that this commonsensical objection is indeed besides the point; even a message in a bottle arrives at its destination the moment it is thrown into the sea.

Far better to say in response to the underdeveloped sender-message-receiver model: a message never arrives at its destination in that communication is never spotless. But in thoughtful circles this banal model surely no longer has currency. In which case, and in light of the discussion above, an elaboration of Lacan's axiom does suggest itself: a letter, *transformed, transforming, and via a convoluted path*, always arrives at its destination. Or should one say *destinations*?

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The Inner Journey in Dreams

Margaret Bowater

Abstract

Research confirms that we dream every night about matters of current emotional significance. This means that a client's dreams will provide a continuing commentary on matters touched in therapy, potentially a rich resource to both client and therapist, yet far too often undervalued in practice. What happens to the dream ego is a metaphor about what happens in reality. This paper outlines the 'inside story' of a client's journey through the first year of therapy, as seen through a summary of her dreams.

Dreams in the therapy process

Everyone dreams every night, more vividly during the series of REM-sleep periods. Our dreams are largely activated by the emotional issues on our minds (Hartmann: 1998), and provide a virtual running commentary on key issues, for those who pay attention. Clients who are working through difficult issues in their lives will be having dreams about these issues, usually expressed in metaphor.

The majority of dreams hold up a kind of symbolic mirror to the client's **waking ego** (the Jungian term for the 'I' of real waking life). The mirror shows the **dream ego**, the 'I' in the dream, in a set of parallel circumstances, but viewed from a **different perspective**. This new perspective may be quite surprising to the ego in waking life, even confrontative, challenging the ego's perception of itself or its path in life. It seems to come from a deeper or different part of the psyche. Carl Jung called it the Self, the centre of psychological balance, aware of both conscious and unconscious knowing (Jung: 1974). It seems to have a holistic or spiritual perspective, not limited by the narcissistic concerns of the waking ego. In my experience, the client's dreams add a spiritual dimension to therapy.

Dreamwork in ongoing therapy

Let us now turn to the role of dreams in a year-long process of therapy, for which my client Judy (not her real name) graciously gave her consent. We read the initial draft of the article together and I made some corrections at her suggestion.

This is not the external story of the therapy but a simplified version of the inner story, her **personal myth or life-script seen through her dreams**. I have selected only the most relevant dreams for the purpose of illustration. You will notice that there are several kinds of dream in the story. One of their effects is that they often shift the focus from trauma and pathology to emphasise Judy's personal strength and resources. Too often in psychotherapy there is an overemphasis on the negative, or pathological, which I think is one of our 'underbelly' issues. Dreamwork, however, is not just another technique, but integral to a holistic process, actively assisting and balancing the client's healing, often in surprising ways. It is woven into the therapy like a pattern in the weft.

The client

Judy was a thirty-year-old beginning professional in a creative field. She sought counselling to overcome recurrent depression, in order to be able to get on with her work, and 'to learn to love myself.' She was a healthy-looking young woman, living in a steady relationship, but depressed and unable to concentrate enough to get on with her work. In the first few sessions she revealed an extremely unhappy background as the middle child in an alcoholic family, where violence and daily emotional abuse were the norm. She felt unloved and unlovable. She had spent her teenage years on drugs and drinking in a series of abusive relationships with addicted men. But she had also held jobs that earned her enough to pay her own way to travel widely overseas, and she had learned a martial art to protect herself.

When she returned to NZ at the age of twenty-four she made her own decision to stop using drugs and alcohol, studied full-time for a degree, met a good man, and joined a serious meditation group. So she was already showing a lot of strength in getting her life together. But her emotions were still very unstable, and at times overwhelming. At the time of seeking therapy she had created a relatively stress-free lifestyle in the countryside with her partner, so she was for the first time in a stable position to confront her chaotic past.

In order to keep in touch with her inner process during therapy, I asked her to report her dreams, which she was happy to do, having already discovered the value of keeping a journal. I will tell the dreams here in summary form, so as not to get bogged down in the details.

Life-script dreams

The first dream came in session 3, after she had started to tell her life story. A dream near the start of therapy, as Carl Jung says, is usually a significant indicator of work to be done. This one could be called a core script dream.

Dream summary 1: Stairway chase

She was running up and down a maze of stairs with a companion, pursued by three black-suited men, who seemed like "sort of sophisticated robots." Her companion fell into a tank of acid, but she had to keep running.

Reflecting on this, Judy could see how it matched the outline of her up and down life experience, running away from the drug addicts ('robots') she had been involved with, including one whom she had lived with for three years, but had left behind, drowning himself in his drugs. At a subjective level, she had also been running away from her own distressing memories, drowning them in drugs. In this example, you see how **the dream ego reflects the waking ego's pattern of behaviour**, in succinct metaphors. The dream presents the 'skeleton' of Judy's story of her teenage years. In the language of mythology, she has been like an orphan fleeing for her life in a hostile wilderness.

Since the dream presented an unfinished drama I asked her to create the next scene, to see how she used her personal survival power. This is also an opportunity for redecision work, by changing a predictable script-pattern. She did. She envisaged herself running harder and escaping out into an open field, where she was looking for help, but finding no one. Why not, I asked? "Because no one will believe me," she said.

In the language of Transactional Analysis, this was a script message learnt in her family of origin (Berne: 1961). Her parents, like many others, had tried to preserve their façade of respectability by telling the children not to talk about the family to outsiders. In fact, some of Judy's experiences were so appalling that many people probably would not have believed her if she had told them. But it meant that she felt very alone in the world, and her inner Child still felt anxious about speaking out. I therefore made sure of providing steady emotional support for her Child, as the memories began to come back.

So this dream presented her dominant script at the time: **running away from destructive people**. Eric Berne, in *What Do You Say After You Say Hello?* (1972), points out the significance of repetitive dreams that highlight the situation of the dream ego, giving clear examples in Chapter 9, for example a woman stuck in a tunnel, afraid to go forwards or backwards. Many further

dreams expressed Judy's sense of vulnerability in an untrustworthy world. One great value of dreams lies in how they express the 'inside feeling' of what her experience was like. Her running away was not a child's delight in freedom but a series of desperate escapes to save her life.

Post-trauma dream

Then she remembered a vivid nightmare she had had sometime between the ages of eight and ten.

Dream summary 2: Child rape

She was a small child being dragged out of a car through the driver's door into the bush with big trees. There was dirt and dead leaves. She felt severe genital pain.

Judy recalled strongly that she had been too scared to go to sleep for a week with this nightmare, and had feared she was going insane – which is a predictable result of sleep deprivation - but she did not now recall any concrete memories associated with the dream. She told me she had not had her first sexual experience till the age of sixteen. I noted, however, that the dream had the fragments of sensory detail, the terror, the physical pain and the consistent repetition of a **post-trauma memory** (Barrett: 1996). But no further memories came to her to clarify the source. She said she had not watched videos at home, nor did it remind her of anything she had read or heard at that age. Yet she had already described to me a number of behavioural indicators of early sexual abuse: she had always been afraid to be seen naked anywhere, had never enjoyed sex, and had been quite promiscuous as a teenager. She had learned in her twenties that her mother had been a child victim of severe chronic incest, so we wondered whether there might be an unconscious transfer of memory. Judy had also had childhood holidays on a relative's farm. I suspected repression but I did not press her to find a real memory. Maybe it was merciful not to remember.

The psychiatrist Lenore Terr, in her excellent book, *Unchained Memories* (1994), gives a detailed discussion of how to distinguish genuine childhood trauma memories. They are likely to have **precise, multi-sensory details** and be accompanied not only by **historical signs of disturbed behaviour**, but also **current body-language consistent with the remembering.** Judy and her siblings had been exposed to multiple experiences of terrifying violence all through their childhood. The children had also been conditioned by a Roman Catholic education to be 'very good,' thus setting up **internal dissonance** between their experience and what could be spoken about. These are exactly the conditions in which children's memories are affected by repression, dissociation and other defences. Recalling this dream, however, did bring back many memories of

terrifying violence at home, when Judy frequently used to hide in a cupboard, or flee onto the streets with her sister. Some of these memories she had checked out with her sister, asking each other, "Was it really that bad?" and agreeing that it was. Her sister had also abused drugs and was soon to start therapy herself.

Resourceful survivor

There followed a whole series of script-dreams about escaping from prison-like places, which ran parallel to therapy like a counterpoint tune, seeming to emphasise a life-script of simply surviving. In the language of personal myth (McAdams: 1993), Judy seemed to have lived the myth of a street-kid, preferring the dangers of the streets to the unsafety at home. For example, when at the age of ten she was bitten by the dog at home, she walked alone to the hospital emergency department for treatment. She often went there for comfort when her tummy ached. I found this very sad, but this was her reality.

Dream summary 3: Escaping from prison

She would find herself alone or with a friend in an underground carpark or cage-like basement, where unpleasant or dangerous people were hanging around. She would create some kind of climbing structure or ingenious catapult to get herself out through a window, but then she would find herself alone on a long road heading into the hills.

The central theme seemed to be a choice between abusive people or loneliness, and in fact this had been her objective reality until the age of twenty-four. Again and again she had escaped from dangerous people, but she still could not escape from her dark moods and frequent migraine headaches. Although she was now living with a kind and caring man she still felt separate from him and rejected by her parents. I affirmed her survival-power in getting out of her prison of abuse and seeking freedom. Now she could focus on calming her inner world, valuing herself, and learning to make deeper friendships. In coming to therapy Judy was seeking a deeper level of self-acceptance, as she communicated her real thoughts and feelings to someone outside the family.

She had been taking anti-depressant medication intermittently, prescribed by different doctors. Now after four months of therapy, while I was overseas for a week, she tried to cut it to half the recommended dose, believing that it 'masked her true self'. This precipitated a sudden dangerous depressive episode which shocked both of us. In the aftermath she agreed to commit herself to one doctor and also to see a psychiatrist for a formal assessment. He diagnosed clinical depression, and recommended she continue with both counselling and medication.

I had a vivid dream myself at this point, that I was a survivor escaping from a volcanic eruption, which rained mud onto the landscape. Without the control of medication, Judy's psyche **had** had an eruption. My own dream may well have been a form of projective identification, echoing her experience. But it also expressed my own shock at how much 'mud' there was to deal with – and of course I had been away at the time.

Her next dream portrayed the intensity of her inner conflict.

Dream summary 4: Rooftop battle

She was involved in a desperate battle on the roof between giant robots. She kept knocking one of them down, but he kept getting up again. Then she was down in a toilet block, fighting a freakish man like a Goth, with black hair and white face, and the toilets were getting flattened in the fight, but she wasn't giving up.

The imagery seemed to be drawn from some of the films she had seen, and there was no doubting the fury of the fight, both on the roof and in the toilet. We took it as symbolic of the head-aches and emotional pain she felt. Although she and they all seemed inhuman in their force, even super-natural, she was holding her ground against the robots. This time, we noted, she was not running away.

Archetypal dream

In Session 18 a dream seemed to emerge from a deeper, **archetypal level** (Jung: 1974) to encourage her. This is consistent with Jung's theory of compensation, that dreams strive for balance in the psyche, such as offering hope when the road is getting hard.

Dream summary 5: Ancient squid

First she met a beautiful friendly Polynesian woman coming along the road, who linked arms and turned around to walk with her. Then she was in a group visiting a kind of stone tower with a well, in which was floating an orange-coloured creature like a squid, on display. A boy aged about eight was looking at it. He poked the orange crust of the creature, which broke open, and underneath it was a huge, transparent, bluish, ancient squid. It rose up in front of the child's face, looking at him as if to scare him, but not to harm him.

The Polynesian woman seemed to be a very encouraging **shadow figure**, easily able to make friends and give support. This was a positive sign. She recognised the boy as her inner Child. But the squid was a bizarre image, ghost-like and

mysterious. It rose from the depths of an ancient well - surely an image of the Self in the unconscious - awesome but not actually a threat, confronting the child, as if to say, "I'm here, and I'm not to be played with." Judy's only association with the image was of seeing a preserved squid in a jar in a museum. But the dream squid was clearly alive and full of its own power – and came from her own inner world. In mythology the squid as a kind of octopus is a 'denizen of the deep', perhaps even an 'infernal creature', according to the *Penguin Dictionary of Symbols* (Chevalier and Gheerbrant: 1982). We took it as a voice from the depths that told her she need not be afraid if she was respectful and careful in dealing with these inner forces. In retrospect, it was warning her of the underlying trauma.

Post-trauma nightmares

From here on Judy was facing into the reality of many painful memories in her past, which she had previously avoided by constantly getting drunk or stoned, and later by concentrating on study for exams. This was a period of delayed post-traumatic stress, as she realised the enormity of the chaos she had lived through. Her dreams at this stage were about miraculous escapes from events such as **car-crashes and knife-attacks**. At first I took them as metaphors, only to discover that they were in fact **fragments of real memory** incorporated into ongoing dream narratives of struggling for survival against the odds – classical nightmares, in fact.

Let us note here the difference between waking from a simple **post-traumatic memory dream**, where the fear or horror is still overwhelming; and waking from a **post-trauma nightmare**, where the focus has shifted towards a story of survival. This is why Harry Wilmer (in Barrett: 1996) referred to '**the healing nightmare**', because the dreamer awakens feeling relief that the dream could not have happened like that. Wilmer's research on the dreams of Vietnam War veterans showed that post-trauma memory-dreams tend to evolve over time into post-trauma nightmares, which begin to involve more fantasy and then more mundane elements as they lose their intensity. He also noted that the most common reason for a war veteran's nightmare to keep recurring was a sense of guilt about his own behaviour.

Judy's nightmares incorporated fragments of real trauma into surreal escape stories, thus reminding her that however terrible the past had been, somewhere ahead there was a better future to strive for. A dream that seemed to sum up this stage of her experience was this one:

Dream summary 7: Rocky passage

She and a boy aged about eight are climbing through a landscape of extremely steep, jagged, grey rocks to get to the sea. "If you fell, you'd be skewered," she said.

Indeed, when she drew the dream scene on the whiteboard, the rocks looked very dangerous – yet she and the boy climbed on, sure-footed. The boy seemed to be an image of her confident inner Child, who had in reality been a very self-reliant youngster. It was encouraging for her to be reminded how resourceful her inner Child actually was – rather like the hobbits in *Lord of the Rings* (Tolkien: 1954/74). I find that this is frequently so in the dreams of abuse survivors, and their self-esteem rises as they discover their inner resources.

Confrontation of script

Meanwhile, Judy had settled onto regular medication and was able to get on with her creative work. There was a deadline approaching but she felt anxious about public visibility.

Dream-summary 8: Missing the exam

She dreamed about getting side-tracked from sitting an exam by going to a party instead.

Now this was not only a portrayal of her old pattern of escape, but also a direct confrontation from her inner Self by means of the dream. So I asked her to re-enter the dream in fantasy and create a new ending. She did so, deciding to leave the party and sit the exam after all. This strengthened her to face the real world with her work, and brought her some excellent feedback.

This public success proved to be a turning-point in her life. It set off the start of a change in Judy's self-identity, like a butterfly beginning to come out of its cocoon. I felt hopeful that she could rebuild her life around the central theme of developing her creative talent - reclaiming her 'personal myth' as a creative being to give meaning to her life (McAdams: 1993). She had already begun to comment that there must be some spiritual purpose in her surviving so many life-threatening situations. In Transactional Analysis terms she was changing towards a winner script for her life.

She was further heartened when her father showed some interest in her work. He had recently retired from his trade. Although her father had been a violent alcoholic he had shown her what little affection she remembered from childhood

and she longed to build a better relationship with him. She now dreamed the recurring escape dream with a new twist:

Dream summary 9: Prison rescue

She manages to escape from a dark brick cell through the window, then realises that the man in the neighbouring cell has got stuck on the wall, so she goes back to help him get out too. As they cross a field she sees a group of young hoods coming, who will beat them up. She looks at her watch – it's 6.30 – and zing! the hoods turn happy, and let them pass.

Judy identified the man as her father, whom she perceived to have been trapped all his life in the narrow field of his work. 6.30 pm was closing time at his work each day, a symbolic release. The hoods could symbolise the abusive men she had lived among or, subjectively, the anti-social parts of herself, or both. The dream seemed to portray her deep longing for change rather than portraying the reality of her relationship with her father. Perhaps it was a classical Freudian wish-fulfilment dream. But it also showed herself in a stronger role with power to help someone else.

Crisis

At this point I went away for a six-week holiday overseas, having arranged for Judy to see a colleague in my absence. Judy had also started reading self-help books again and seemed to be in a good-enough space. When I returned, however, there had been a dramatic change. Judy reported two significant nightmares, signalling trouble ahead. In the first nightmare she had lost her survival-power.

Dream summary 10: Beaten to death

She was chased into a swamp by a group of men in black uniforms. She hid underwater, breathing through a ducting tube. But they trapped her and beat her to death with lead pipes. She accepted death with resignation, as she looked down at her dead body.

So her spirit survived, leaving the body behind. She had dreamed before this of hiding in the swamp, breathing through a reed while the King and Queen went by. We had interpreted them as Dad and Mum, the figures of power in her life. So this seemed to follow on. I thought it might be about realising the impact of all the emotional battering she had endured. Judy, however, interpreted that she was being punished for her sins and deserved to die – a sign of the guilt she had carried from childhood abuse. We explored this more fully, to release the guilt.

This dream had been followed by an even more **shocking post-trauma memory-dream** a couple of weeks later:

Dream summary 11: Sexual abuse

It incorporated memories of sexual abuse by her father. It was 'too horrible' to tell me, she said.

The dream scene was followed by a flood of specific memories of sexual molestation by her father during her pre-adolescent years. (They did not, however, include the violent rape scene she had dreamed between eight and ten years old.) She remembered the episodes in clarity and detail and had no doubt of their accuracy. She recalled her feelings of shame at allowing the experiences to continue. These memories must have been repressed because they so contradicted her need to believe that her father did love her in spite of everything. But now she was starting to see her story with clearer eyes. As a result she was feeling utterly betrayed and disoriented, weeping at the loss of her hopes and wanting nothing more to do with her father.

The realisation, however, did make a lot of sense to her in terms of her promiscuous teenage behaviour. My absence at this point had of course made things worse, as she had not felt able to talk to my colleague. But she had used her journal to good effect, finding the process of writing a way to release tension.

Recovered memories

Judy's memories of sexual abuse had returned to consciousness more than fifteen years after the events. Why should she, or I, believe them? Lenore Terr (1994) gives a careful summary on the subject as an expert witness in many Court cases. Repression is a common defence used by children in traumatic environments when unbearable conflict occurs between aspects of their reality. Judy's father was her only source of feeling loved. As a child aged between ten and thirteen, she had often allowed him to sexualise that love. When she realised that this was wrong she blamed herself and proceeded to bury the memories under alcohol, drugs and sex with her peers.

When do such memories return? Dr Terr says that two conditions are usually needed: a strong perceptual cue or context and a more relaxed emotional state of being, in which defences can be let down. Attention to her dreams, and the therapeutic context, provided both conditions.

Shadow dreams

Judy's dreams now expressed her anger more freely. Not only was she fighting off attackers, but actually killing them, as in this one:

Dream report 12: Baseball bat

She was pursued by a young blonde man with a baseball bat. She grabbed it off him and beat him with it till he was dead.

This is the **anger of her shadow side** expressing itself against the abusers in her life. It seemed to me to be a healthy sign of self-protective energy, since in real life she lacked overt expressions of anger. She also had a series of dreams expressing **revulsion** towards her father, which seemed to reflect accurately the feelings she could not put into words. The dreams gave her another channel of expression for her chaotic emotions.

Healing myth

The mythological theme resumed in Session 31, with another encouraging dream:

Dream summary 13: Empty castle

She was on a sinking ship. She and a male companion swam to shore, climbed a steep hill, knowing they owned the land, and found a village and an old castle in the valley beyond. The people in the castle were shadowy, not real, and there were no possessions except for a large cup or goblet.

Judy made no sense of this, but it sounded to me like the Holy Grail of mythology, a sacred symbol of wholeness, found here in the dream as she returns to her own land. Perhaps it is a symbol to emphasise the new home she has found with her partner and the new self she is creating, having left the sinking ship of her drug-addicted family. There are also new friends to meet in the nearby village, a new life beginning. Whatever the full interpretation, she has a companion, a standing-place, a castle to live in and a sacred gift to encourage her. This dream shifted the emphasis onto her positive personal myth for the future.

Furthermore, shortly after this – was it synchronicity? - Judy achieved her first successful income from her work. It was a considerable sum of money and she felt greatly heartened that a new future was opening up. She said she felt as if she was beginning to let go of her past.

It was now that I asked if she would be willing for me to summarise some of her dreams in this paper. She said yes and expressed a keen interest. At this point

we took a holiday break. After the break I read the initial short draft of the paper with her so that we could go over it together. She was amazed at the cumulative story, commenting on what a 'tragic' childhood and youth she had lived through, but also realising what strength she had shown to overcome it.

Conclusion

Judy's therapy continues, accompanied by vivid dreams, in which the prevailing theme in this second year seems to be discovery of her personal power to protect herself against all abusers. As she gets on successfully with her creative work, she is finding new ways of expressing strong emotions. She is also enjoying much more of her life and her self-esteem is quietly rising.

There are many issues we could discuss from this case-work, but my primary purpose has been simply to show how dreams contribute actively to the client's healing process.

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Towards the statutory registration of psychotherapists in Aotearoa New Zealand: political and personal reflections

Paul Bailey

Abstract

The purpose of this paper is to reflect, both personally and politically, on our Association's move towards the statutory registration of psychotherapists. This reflection is timely since the Health Practitioners Competence Assurance Bill will come into effect in September of this year, allowing 15 health professions to be included under its provisions. The Minister of Health and the Ministry of Health are in the process of deciding whether psychotherapy is also to be included as a new profession under the Act.

Introduction

I want to begin by telling you about Number 8 wire. It wasn't until the 1860s that our pioneers began importing wire for fencing. This was in response to the problem of how to keep stock where it was supposed to be. By the 1880s, No.8 wire was the most popular. Soon, our country was, if not covered by it, at least divided up into tiny pieces by it. Because No.8 wire was available at all times around the farm, it was put to millions of uses - to bind, to tie, to construct,repair, modify and fashion things. As a boy, growing up on the farm in Ararua, I thought the whole world was divided up by No.8 wire. I think registration is a bit like No.8 wire. No.8 wire is used toprotect that which is deemed valuable. If the cows and sheep were not protected by No. 8 wire, where would they wander? How would the farmer know where to find them?

How will registration protect the value of psychotherapy? I will answer this through asking you, the reader, to consider what would happen if psychotherapy were not registered? Would not the profession be likely to become further marginalised from public sector resources? Already, it seems to me that State funding for public sector mental health services is tending to favour registered professions. I am concerned that the value psychotherapy has to offer public sector health, welfare and justice systems will be eroded if psychotherapy is not registered soon. I favour psychotherapy being made more available, not less available, within the

public sector. I value the contribution psychotherapists are able to offer within a prison, within a District Health BoardCommunity Mental Health Service and within Child Youth and Family.

Of course, wiring the farm to protect the value of the cattle is, also, inconvenient. As a young boy I must have climbed over a million fences. My walks of freedom were always constrained by ubiquitous No.8.

Tangata Whenua did not, pre-1860, have No.8 wire. They found other ways to protect what they deemed valuable. When I am invited onto a Marae, I am struck by the tikanga that protects the value of whaikorero. I am struck by how the karanga makes what was noa into tapu.

History of N.Z.A.P. and registration

Ruth and Brian Manchester (1996) have described much of the history of N.Z.A.P. in their chronology of the association's first fifty years. I recommend that readers take the time to find and read this important document. In their summing up, they wrote :

> Issues that have not been achieved despite much discussion and effort over many years of the Association's life are:
>
> - Statutory recognition of psychotherapists and their professional body and statutory provision for registration of psychotherapists. . . .
> - Establishment of an Occupational Class or equivalent recognition of psychotherapists within Government and public services to ensure appropriate salary levels and rates of remuneration.
> - Acceptance by private health insurance companies of reimbursement of costs to clients of psychotherapy provided by members of the Association... (Manchester & Manchester : 1996 : 156)

Registration was first raised in the Association back in 1950. It continued to be raised at A.G.M.s right up until 1987. Throughout its history, at least up until 1987, the Association seems to have regularly lobbied for psychotherapy's inclusion in health legislation.

In 1981 the Psychologists Act was passed by Parliament. I believe that it was a political oversight, for a variety of historical reasons, that psychotherapy was not regulated at around the same time. By the mid-1980s, the mainstream political pendulum had swung abruptly towards a free-market non-regulatory era. To date, psychotherapy has remained unregistered by statute.

The advantages and disadvantages of registration

Clearly, from the Government's point of view the purpose of occupational registration is 'to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.' (Health Practitioners Competence Assurance Act 2003 : Section 3 (1)).

When encompassed by legal statute, only those on the Register would be entitled to call themselves psychotherapists. The profession would become more transparent to the public and there would be greater accountability as a consequence. The advantage of this for the profession is that this increased visiblity might allow psychotherapy to have a more potent voice in State matters. In time, I would hope that the flow-on effect would be that more financial resources would become available for public sector psychotherapy, for the benefit of the public and for the profession.

One of the other reasons I have been pursuing registration for psychotherapists, is the growing challenge for new psychotherapists to find suitable work in the field. As an experienced practitioner, I feel some responsibility to help create a more solid bridge of public sector opportunities for the next generation.

The downside of being less marginalised and more visible is that the financial cost of being a psychotherapist would increase. Many of the functions that N.Z.A.P. does currently on a voluntary basis would be done professionally by Board members. It is a credit to the association that the functions of admissions and complaints have been undertaken by members on a voluntary basis for so long. With the change to Board members being paid, psychotherapists would finance this new cost through the registration fee.

The significant change that registration would make to our association might be seen by some as a further downside. The Board, rather than the association, would become responsible for the competency and safety standards of psychotherapists. This transfer of power to the Board wouldresult in the association more truly becoming a professional association. There would no longer be the same pressure to join the association in order to gain professional credibility. The Board, not the association, would bestow credibility. Time will tell how many psychotherapists would choose to continue to belong to the association. Depending on how you view the Association, whether you see it as a doorway to professional credibility or an opportunity to associate with like-minded professionals, this change could be seen as either advantageous or disadvantageous.

Why my personal pursuit of registration?

Politically, I have always favoured psychotherapy being available within the public sector, within the Mental Health, Justice and Welfare systems. I had, and still have, a vision of psychotherapy being readily available to those individuals who are not able to afford fees within the private sector, where I and most of my colleagues work. I envision a time when someone in prison is able to access our services as a matter of ease rather than as an exception. I envision psychotherapists working throughout the country as members of multi-disciplinary teams within in-patient psychiatric units. I see many psychotherapists working collaboratively with mental health nurses, social workers, psychiatrists, psychologists, within community mental health teams. However, since the 1980s, this seemed an unlikely prospect in Aotearoa New Zealand, with the slogans of deregulation and 'user-pays' having dominance.

I have often wondered, given my more radical left-wing history, how I ended up carrying the baton of registration for the Association. I think part of the explanation lies in my experience, more than 30 years ago, of belonging to Nga Tamatoa. This group was formed in angry response to the near death of the language of the tangata whenua, and to other betrayals of the Treaty of Waitangi. I witnessed this small grouping develop in strength and become an unstoppable force. Nga Tamatoa, along with other groups, chose as its focus to fight for the revival of te reo o Maori. We were adamant that te reo would again be honoured in Aotearoa New Zealand and that the Treaty would regain its rightful place as a bicultural agreement of partnership and protection.

The rest is history. The Maori language is being taught throughout the country. The Treaty is, at times, being rehonoured. A surge of Maori renaissance moves over this land. Through the lobbying of many people over many decades, State regulation will now ensure that te reo will thrive. And, although I was involved in Nga Tamatoa for only a short time, I witnessed this early emerging of a political force that, over the next three decades, radically changed this country's view of itself and catalysed the State into reevaluating its attitude to the indigenous people. It is my memory of the determination of those long ago warriors that inspires my dialogue with the State.

Another strand that may help explain my leading psychotherapy towards registration is the fact that, like most of us, I carry a series of paradoxes within me. My life has been an oscillation between freedom and constraint. In the late 60s I was living within the strict regulatory environment of a Catholic Seminary. In the early 70s, the pendulum swung the other way. Freedom became

amplified and I was living in a commune. Then I became a Probation Officer, before freedom called again and, heeding its call, I spent a year travelling through Asia and the Middle East. Slowly, I have been learning that freedom and constraint are two sides of the same coin.

There may also be some relevance in the fact the my ancestors bequeathed me the surname Bailey. It is from Old French bailler, which means to enclose. Just as No.8 wire encloses, so the bailey was an enclosed court or the outermost wall of a castle.

Recent progress towards registration

When I took up the baton for registration in 1998, I was aware that the first challenge was to ensure that psychotherapy became an occupational category. Along with some Hawke's Bay colleagues, I lobbied for psychotherapy's inclusion in the New Zealand Standard Classification of Occupations. Statistics New Zealand was initially reluctant to include us because it tended to defer to the International Standard Classification of Occupations. This international document had omitted psychotherapy. Nonetheless, by the following year psychotherapy was officially an occupational category in this country.

Buoyed by this success, I made contact with Annette King, the Shadow Minister of Health in the then opposition Labour Party. She indicated that she was in favour of psychotherapy being registered by statute. Following the 1999 election, I reminded her of our pre-election correspondence. She referred me on to her senior policy advisor to guide us through the labyrinth of structural politics. At around the same time, I met with the Psychologists Board and representatives of the New Zealand Association of Counsellors to discuss our initiative.

During the February 2000 A.G.M. of our Association I asked members to vote on the motion 'that this Association seek occupational registration through Parliamentary regulation'. To my surprise, considering my own ambivalence, we voted unanimously for this move. Thus, I was given the mandate to proceed. The political winds of the new Government initially favoured us and we seemed to be sailing smoothly and swiftly towards the relatively unknown implications of registration.

In 2000 the Ministry of Health advised me that the Minister was intending to move all current occupational health regulation from individual statutes and to create an umbrella bill, covering a range of health professions. The plan was to rescind the 11 existing Acts, including the Medical Practitioners Act, and to create what has come to be called the Health Practitioners Competence

Assurance Bill. The Ministry indicated that, along with the 11 existing registered professions, four new professions, including psychotherapy, were being considered for such legislation.

In May 2000 Ros Broadmore and I, representing psychotherapy, were invited to a round table meeting with two representatives from each of the other 14 professions to explore with the Ministry what support there was for such a substantial overhaul of the legislation in this area. The meeting favoured this restructuring, in principle.

Early 2002, Joan Dallaway and I , representing N.Z.A.P., met with most of the members of theParliamentary Health Select Committee to discuss psychotherapy and the forthcoming Bill. I felt that we received very favourable support from these politicians, many of whom surprised me with their degree of interest in and understanding of our profession.

On 11 June 2002 the Bill was introduced into the House for its first reading. On the same day, the Prime Minister announced an early election and dissolved Parliament. In July the General Election occurred, with a Labour-led coalition Government returned to power. Although Annette King stayed on as Minister of Health, the membership of the Health Select Committee changed considerably. The following February Joan Dallaway and I again presented our submission to the Committee for psychotherapy's inclusion in the Bill.

In September 2003 the Bill was passed, allowing a year of preparation before its enactment. Psychotherapy was not included. However, as the Ministry had been advising me all along, they had been favouring psychotherapy entering legislation through an Order in Council, once the Bill has been enacted in September 2004. Within its provisions, the Act sets out the criteria and process for new professions to be included.

In recent months, the Ministry has ratified a detailed protocol for the inclusion of new professions into the Act. At the time of writing (May 2004) the Ministry is forming a team that will provide it with a technical assessment of psychothera py's application to be included within the legislation. If this process of technical assessment and wider consultation is successful, psychotherapy may be registered soon after the September enactment of the legislation.

Conclusion

History of peoples, families, nations and associations seems to move between the polarities of casting out and gathering in. Who will be gathered into this current legislation? Who will be cast out? Who will be free? Who will be constrained?

Seamus Heaney, one of my favourite poets, ends his poem about fishing, 'Casting and Gathering', with these lines :

> . . . I love hushed air. I trust contrariness.
> Years and years go past and I do not move
> For I see that when one man casts, the other gathers
> And then, vice versa, without changing sides.
> (1991: 13)

There is a time to cast and there is a time to gather in. There is a time when No.8 wire is useful and there is a time for pulling down fences. There is a time, now, when psychotherapy ought to be registered and there may come a time, hopefully not too soon, when we may lobby for de-registration, depending on the state of the State.

As I wrote at the beginning, one of the main reasons a society legislates is to protect that which it holds valuable. Is psychotherapy valuable in Aotearoa New Zealand? If psychotherapy remains a marginalised work, with only its own internalised system of accountability, I believe that we do a disservice to the value psychotherapy can have for those on both sides of 'the couch'. I believe that psychotherapy has matured in Aotearoa New Zealand to a stage where an active dialogue with the State, in the form of registration, is appropriate. Registration will give the profession greater visibility and will address the public concern for greater accountability for health professions, including psychotherapists.

Am I naive to believe that we, as psychotherapists in Aotearoa New Zealand, can continue to standon the solid ground of our diversity as we move into closer contact with the State? Of course, I andeach of us can and will project our fears, our uncertainties and mistrust of the State onto the process of registration. Yet, the opposite reality may also prove to be true. The State may show itself to be as benign as it may be deemed to be malign to the work of psychotherapy. At this point in history, I am willing to trust the State as benign, provided the profession stays strong and watchful. I hope history proves my belief to be well-founded.

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New-born fathers: blinded by the night?

Frank Hayes

Abstract

Fatherhood is a rite of passage that is a silent transition for many men. The birth of a child also creates the birth of a father and a lifetime commitment. Expectant and new fathers' needs are often not recognised or understood. These "blind spots" can potentially place numerous relationships at risk. This paper will look at the common issues that expectant and new fathers identify as concerns. Research will be presented that highlights the supports needed to enhance fathering awareness and confidence.

Parenthood is a lifetime commitment for both parents. But how well prepared are new parents for the huge transition, a significant developmental crisis that ignites many unconscious dynamics? No longer are the adults only a couple; they are about to become parents and a family. The adult relationship will inevitably change and it is this relationship that will set the foundation for infant attachment.

The voluntary training expectant parents do receive, particularly during the ante-natal and post-natal periods, are focused on the medical and practical and generally blind to the significant psychological dynamics. There is little focus on the internal shifts occurring for both adults and what it all means.

This is particularly true from the expectant father's perspective. Expectant fathers from the outset often have little voice and are seen more to provide a supportive role. They often have little real understanding of the process or of the need for support for themselves, as the focus is on the mother and baby unit. Frequently, they identify their needs through the perspective of their partner and not themselves. A lot is often expected from new fathers but with little support actually provided. As one expectant father described, "How can we know the answers when we don't even know the questions!" I think his statement really sums up the blindness of many expectant and new fathers.

I wonder if this is one aspect of the "Underbelly of Psychotherapy." It takes two parents to conceive a child yet from the outset the male perspective is placed on the periphery, looking toward the maternal, the mother and her belly, and less inward towards the pregnant self. The father's pregnancy process is invisible and

there is a general blindness towards his experience of pregnancy. Psychotherapy is a process of making visible the invisible, bringing insight to the darkness, and nurturing life in relationship. Under the mother's blossoming belly there is darkness and silence; within there is life. The father's pregnancy experience is like the belly's shadow. His voice needs to be heard through the darkness, to make conscious and put into words the male experience, to stand next to the pregnant belly in partnership and life, the visible with the invisible, the mother and the father.

Fatherhood

The birth of a child brings the birth of a father. Becoming a father is a process of maturation and grief. It is a rite of passage that is sadly not recognised or celebrated. If it was, I believe men would be better prepared to make time and create space in the present as they integrate becoming a father as an important part of their identity. New fathers need to be supported in becoming more conscious of the unconscious dynamics being played out in their new family theatre. By becoming more aware, they gain more understanding, control, and choice over their experience of fatherhood.

It is essential for the father to be intimately involved in the attachment process with his child and partner. This will enhance his confidence, involvement, and joy as a father; the child will benefit by developing a secure attachment with his nurturing father; and the couple will benefit through the deepening of their commitment and understanding of each other's experiences as parents.

Over time I have come to develop a metaphor of Fatherhood as a team sport similar to rugby, rather than an individual sport like golf. Which position will the father play, and what are his responsibilities to the team, and how can the team support him? It's essential for him to be on the pitch and not on the sidelines. And it's important to highlight that this rugby team is not just a Tight 3 (three member team). How can he develop a team with more members?

Mothers are generally excellent team players and enlist the support of others. They have coffee groups and many other opportunities to be with other mothers. There is a powerful community that celebrates Motherhood. Unfortunately, most men do not have such a community. They are often at work and miss out on such structured supports that build community. They risk becoming isolated and consequently need to try harder to build a team around them.

So what is the role of the father, how is his identity shaped, and how can he be supported in the process of attachment? I think an important step is through education, particularly during the ante-natal period. Twenty years ago men generally did not attend ante-natal classes. The modern father generally does attend these classes with his partner, often encouraged by the partner, yet there is usually very little focus on the father's needs or experience of impending fatherhood. Men often describe their ante-natal experience of being an "add on" which only perpetuates their lack of importance.

I think that generally the ante-natal experience is really the father's introduction to exclusion and blindness. Yet in terms of the philosophy of early intervention/ prevention, it is essential to provide some light and to recognise that it is also a period of great potential for men. If men are well supported during the ante-natal and post-natal periods it is likely that they will continue to be highly involved with their children and families in the later years as they feel valued, important, and are confident in their skills and abilities.

The research

My understanding of new fatherhood has been extended by forty-nine expectant fathers who have been through a men's only evening called "Welcome to Fatherhood." It is a semi-structured group process during which the men can share their concerns and receive some information and support. For many men it is the first time they have considered fatherhood from their own male perspective and have had an opportunity to explore their issues with other men. Common themes have been around the roles and expectations of fathers, being a good enough father, and how to juggle it all. Group size has ranged from 7-13 men. Ages of the expectant fathers have ranged from 24-44 years. The men are generally a middle class pakeha cohort.

During my involvement with these men only evenings, I have been impressed with the men's willingness to engage in the process. Create a safe respectful space and the men will use it. All of the men express the desire to be a good father. Once comfortable, they are serious, open, and direct. There are many laughs and some sadness. They are excited about the journey ahead. It is essential to emphasise that these men shatter the myth of men being distant, uncommunicative, and cut off from their experience. The modern father is different from the mythical fathers of the past.

The issues

a) Provision

Men frequently identify provision as a main concern: how are they going to provide financially for the baby/family, on a reduced income for a period of time. They feel the pressure to work longer yet often recognise that this affects their availability to their child and partner. They worry about how will they ever juggle it all, achieving a livable balance between work, home, and their own personal needs.

The risk is that they will value themselves as a father primarily in dollars and cents, especially in those early first weeks and months and even years. They may experience a sense of mastery, control, and confidence at work, while these attributes can be much more challenging to acquire amid the chaos of fatherhood.

Yet we know those early weeks and months of the infant's life are the most important in terms of developing attachments. Fathers need to be supported in being available and involved. Some men think they do not need to be around much until the child is two to three years of age and can kick a ball around and carry a decent conversation. Sadly, by this time the child and father have missed out on so much.

Ultimately, I think provision is directly related to the fear of impoverishment and not feeling valued. New fathers in particular need to feel valued and important in their role, not only as providers, but as fathers in relationship with their child and partner. This needs to be reinforced by health professionals, government policies, and work environments. A significant time to demonstrate the father's importance and to offer a more balanced perspective of parenthood is during the ante-natal period.

b) Expectations

Expectations are often based on the father's relationship with his own parents, what was provided and what was missed out on. Fathers have voiced the pressures that they feel to be everything: provider, excellent parent and partner, and maintain the house and property. Almost all of the fathers grew up in families where there was a traditional separation of responsibilities. The fathers' and mothers' roles were clearly defined. No longer is this the case: the roles are blurring into each other. Fatherhood and motherhood are dramatically changing and parenthood is a common term that attempts to cover both domains. Unfortunately, parenthood often really translates only as motherhood, and the unique and important role that the father plays and his fathering presence is lost.

New parents expect more of each other in many ways yet with often less being provided in terms of emotional support and understanding. These expectations can ignite the anger and resentment from both sides, especially when combined with sleep deprivation, a change in intimacy, financial and other pressures. These parents are pioneers are they forge ahead to define new roles and identities yet it can often feel as though they are driving blindly through the night.

c) Exclusion

The men in my groups frequently identify as a significant concern feeling left out by the mother and baby. From the outset the new father is seen as the supporter focusing on the external. However, as his responsibilities increase there may be little reflection on his internal experience, or what is needed in return, or how he can be supported to tolerate the increased pressures, chaos, and uncertainty. How can the new father be supported to remain connected and not disconnect and act out his impulses? How can he stay attached to his partner and child? How can the gap between the father and the mother be negotiated and brought to light?

While women are pregnant and in the first two years following the birth of a child, the risk of an affair is high as fathers may attempt to get their sexual/emotional needs met elsewhere if the space can't be understood or expressed. New fathers may feel left out so therefore act out with dramatic effects for the family.

How will the fathers cope with the change in intimacy as the couple moves from a two-person relationship to a three-person family, triggering the classical oedipal dynamics? The mother's attention needs to be focused on the child so how does the father support this process as well as being supported himself? And how can the mother create space for the father to interact, learn, and gain confidence as a father? How can a balance be created so that everyone is kept in mind- baby, mother, and father? This would allow all family members to feel more secure and thereby facilitate a healthy attachment process.

d) Our fathers

In our ante-natal groups, most of the men express a desire to father differently from the fathering they experienced. As we explore this issue further, it often becomes clear that they don't know how to do it differently, other than by spending more time with their child, but of course, how are they going to organise that and what will they actually do? How are they going to make time and create space and how will they play within it? The room often goes silent, in the face of these questions, and most men feel somewhat lost. Many men recognise that the attachment maps their fathers provided are outdated, that they are really entering an unknown territory.

Becoming a father provides an opportunity to reattach with our own fathers, grandfathers, and our own masculinity, to make solid what has been melting. Through this process of reattachment we can gain an understanding of our own and family narratives, prompt forgiveness, enhance acceptance, and celebrate our identity. We gain a more detailed map of our experience.

Many men recount that their relationships with their fathers have already changed since conceiving their child. There is another layer developing. The men are often interested in learning more about their fathers and about themselves as children. Some men are fortunate and share inspiring stories of support. Now their fathers are to become grandfathers and again have an opportunity to do it differently, to make amends. There is more in common as now both are fathers.

e) Post-natal depression

The issue of Post-Natal Depression is significant for both women and men. Depression existing within the family system affects everyone and complicates the infant attachment process. The rates of PND for women are estimated to be between 11-20 percent. The incidence is similar for men but tends to be under-reported. Men often become depressed as their partner's condition improves. The men who are most at risk of becoming depressed are those fathers who are trying to do it all: be a great father, husband, and provider, and often very much on their own.

I run groups for men whose partners are involved with a Maternal Mental Health service. A frequent theme in these groups is concern over their partner's health and their desperation to "fix" her. Often I feel as though the father himself is lost in the process and has little ability to reflect upon his own needs, and that the father-child relationship is also not being thought about. We discuss how these dynamics can affect the mother's depression and how his being better supported by others rather than the mother, and developing a closer relationship with the baby, may be beneficial for everyone in the long-term.

The voices of expectant fathers

At the end of each evening, the men completed an evaluation. All 49 men thought that a similar evening should be offered to other expectant fathers. There was an overall 86 percent satisfaction rating of the groups. What the men identified as the most and least beneficial elements have been collated.

Issues regarding communication were highlighted 26 times as the most beneficial factor. The focus was on talking/sharing, listening to others, and understanding others' feelings and expectations:

"Guys sharing their thoughts/fears/expectations rather than just the practicalities of giving birth."

"Listening to what the other dads were worried about or thought about things that were happening to them."

"Comments from the leader of what it was like during the initial phase of fatherhood."

Support from other men in the group was identified as the second most beneficial factor, with 12 comments:

"Talking about support for men."

"Forming a support group."

A male perspective in the ante-natal process was regarded as the third most beneficial factor, with 11 comments:

"Offers a side not normally discussed."

"Hearing other fathers' views and discussing the various subjects from a male perspective."

Increased awareness was the fourth most beneficial factor, with 10 comments:

"Having it stressed how important communication was."

"Illuminating the need to concentrate on my relationship with my wife."

"Confirmation that things will constantly change and dealing with this will be difficult but manageable."

Normalising their experience was the fifth factor, with six comments:

"Confirming that my fears or anxieties were not unusual and that other participants have similar concerns."

"Finding out that I am not alone."

Inclusion was the final factor, with two comments:

> "Felt included and was an opportunity to do something not done/offered elsewhere."

> "Like the more participative approach where you're involved and included."

There were only five comments in total about the least beneficial factors. These focused on the need for more structure, for more time and for more sessions like this, and on the feeling that it "seemed a bit trivial".

Conclusion

In summary, there are many concerns that expectant fathers share. They are often relieved to realise that they are not as alone as they feared. They value the opportunity to communicate and support each other. By having supportive relationships new fathers reduce the risks of exclusion, depression, and acting-out. Support can provide men with more awareness and confidence as fathers, enabling them to be more involved with their children and partners. This is beneficial for healthy children, men, families, and communities.

Thinking about the unthinkable: closing the practice of a dying colleague

Margaret Pullar

Abstract

This paper describes the writer's experience of the many, necessary steps involved in closing the practice of a terminally ill colleague, both before and after the death of the therapist. Its focus is the particular complexity of this task when the therapist is in private practice. It is dedicated to the late Joan Welsh, colleague and friend of the writer. Joan asked that this paper be written as her gift to her colleagues and to the New Zealand Association of Psychotherapists.

Introduction

How do we go about closing a practice on behalf of a dying colleague? What is this like for the clients? What is it like for the therapist? What is it like for the colleagues who assist with the closure? What happens to the clinical records and files? Can the files be destroyed or must they be stored for ten years? Are our own files, papers and records in order in case of the unexpected?

In recent years much time, thought and energy has been given to the process of attaining membership of N.Z.A.P. and entering the psychotherapy profession. By contrast, although a significant number of members are becoming closer to retirement than to entry into full membership, little is being said regarding the closure of a therapy practice, be it by accident, terminal illness, sudden death or retirement. When I first mentioned the need for this to be written about and discussed openly at a conference six years ago, I was told by several people that the subject would be too upsetting for too many people, and to leave well alone. Since then, apart from Rosemary Tredgold's paper on retirement delivered at the 2001 conference in Wellington, little has been said or written about the issues involved in closing a practice. Sooner or later, these issues will face all therapists and counsellors, with particular complexity for those in private practice.

Uncharted territory

Questions about the closure of a private practice were first raised for me while I was working at the Community Counselling Centre in Gore, when a newly referred client expressed concern about what had happened to the records of her previous counselling. A couple of years earlier a counsellor in private practice from whom she had been receiving counselling had unexpectedly left the area, leaving no forwarding address. The client was anxious about what had happened to the records of that earlier counselling. Her questions about the security of the private information contained in her records, and how she might locate these records, were quite impossible for me to answer. All I could do was to explore her distress, her present concerns, and then describe the centre's policy about such matters.

When I set up my own practice in 1998, I began to realise what a different issue closure becomes for a person in private practice, in comparison with someone working within an organization, private or state, where there is always a clinical team leader, a manager or a director to take charge and process whatever is necessary, using established and agreed protocols. No such clear leadership or guidelines are available to those in private practice.

For want of guidelines at the time, I wrote out a list of instructions and arranged for a colleague to take responsibility should I become unexpectedly unable to practice through accident or serious illness. One copy of those instructions was given to my husband. Another copy was discussed with my lawyer and attached to my will.

Joan Welsh had preceded me into private practice when she left the Gore Community Counselling Centre in early 1996 to open a practice in Timaru. As the only qualified psychotherapist in the city, she received a large number of referrals. Over time she purchased and then developed her own attractive premises and garden. Prior to this Joan had been first my supervisee, later my colleague and friend. When I too entered private practice we had more in common, and were in contact, both in person and by telephone, until she died in April 2003. It was because of this shared history that Joan turned to me for support when confronted with a diagnosis of terminal cancer.

It has been a privilege, a challenge and an emotionally charged experience to have been involved with the sudden closing of Joan's clinical practice. With Joan's permission I will share with you how we went about this. We began without knowledge of how to approach it, with no previous experience, and at the time of the year when most people we might have consulted were away on holiday.

It was like tramping in the dark without a map and with an inadequate torch. While we may not have found the best possible route, it is a track that we hope will become clearer for others, as the process is explored and openly discussed.

A five-stage journey

Looking back we realised that the journey had five distinct stages:

The initial shocked response to an urgent situation.
The actual closing of the practice.
Follow-up arrangements and processes.
Updating and sorting through files, master cards and professional material.
The destruction or storage of professional material in a safe and confidential manner.

Stage one: the initial urgent response

On a Friday in early December 2001, I had several clients to see and was within a few hours of leaving to begin a tramping trip up the newly opened Hump Ridge Track. The phone rang and it was Joan. "Margaret, I'm phoning from hospital. I'm sick. I have to have an operation this afternoon. I need guidance about what to do about my clients. I wonder about putting a notice in the newspaper?"

My spontaneous response was "No". It seemed too public and there was no guarantee that her clients would read the notice. We talked briefly, but long enough for Joan to convince my unwilling ears that she would be unlikely to be back at work in a few days. Her sister, an experienced nurse, had visited Joan at home, discovered how ill she was and immediately arranged for her hospitalisation.

I needed time to cope with that bombshell, before I could suggest appropriate action and wording. I phoned the hospital and obtained permission to use their fax to send a draft notice and suggestions through to Joan and her sister. We agreed that a notice should be pinned to the door of her consulting room explaining that she was unavailable and would be in touch with clients as soon as possible. Clients were mailed that same weekend, with an apology for cancelling their sessions due to unexpected illness, and saying that Joan would contact them again in mid-January. Along with her good wishes Joan added: "If you would like to contact another therapist, I leave you to make your own decision out of your own wisdom. I know you will understand my need for privacy at this time."

Following her surgery Joan received the diagnosis of inoperable liver cancer.

Stage two: closing the practice

Joan made the decision to close her practice. She was determined to keep clear and firm boundaries between her private and her professional life. In shock, feeling unwell and recovering from surgery, she was concerned that she might not be able to exercise appropriate professional judgement in her dealings with clients. It was also important to her that her clients should not start feeling as though they needed to take care of her. Joan realized that the healthy task for her clients was to experience their disillusionment with her, their mourning, and to be able either to make a mature separation from her and thus be free to get on with their own lives, or to begin to form a secure relationship with another therapist.

Guided by these ethical concerns, Joan asked me to meet with her clients, explain to them what had happened, and to close her practice. Angela Stupples, who had worked for a number of years with both Joan and myself in Gore, offered to assist. The first step was to arrange interviews. Joan wrote to her clients and arranged appointments for them. About 75 percent attended the closing session, even though it was mid-January. Clients unable to attend were sent an explanatory letter using Joan's note paper and signed by Angela and myself.

Angela and I spent two days, working in separate rooms, meeting with clients and supervisees, each for approximately forty-five minutes. Difficult emotions were involved for everybody concerned. Angela and I needed to remain aware of our own emotions, yet carefully control them in order to do the work required of us. We were acutely aware that half of the clients would be asked not only to meet with a stranger, but to do so in an unfamiliar room across the passage from their usual therapy room. On a couple of occasions we were chided by clients for not having placed a particular article in exactly the right place.

Angela and I had planned together the following format for each interview:

(1) We told the clients of Joan's terminal cancer, along with the information that she would not be working again and that we were regretfully closing her practice.

(2) We asked whether they had expected anything like this. None of them had.

(3) Then we focussed upon their responses, and worked with their initial shock and grief.

(4) If requested we agreed to relay messages to Joan. When personal contact with her was requested we explained that this would not be possible, and then dealt with their distress about this. Some clients requested her business card as a keepsake. This was willingly given.

(5) We made it clear that we had no idea if or when another psychotherapist would be coming to work in Timaru. We explored with each client what personal and professional support they had.

(6) We alerted Joan's case managers at A.C.C. to the need to give priority to any phone calls from Joan's clients.

(7) We asked A.C.C. clients to immediately contact their case manager and other clients their doctor, explaining that both would be made aware of the situation regarding the closure of Joan's practice.

(8) If requested, and where appropriate, we suggested specific contacts in Dunedin, Christchurch or through the Executive Officer of N.Z.A.P. in Wellington. We let the colleagues we had recommended know that they might be contacted by one of Joan's clients, but did not disclose client names.

(9) When appropriate, we explained that clinical files would be kept secure and confidential for ten years, and described the process should they wish another therapist to have their files: i.e. a signed request would be necessary, any reference to a third party would be deleted and a cost would be involved. In one case the client asked that her file be destroyed.

(10) We explored with each client whether they had support available, whether they would like us to phone somebody to come and meet them, and what they were planning to do when they left the therapy rooms.

(11) Finally we checked with each client how they were feeling, expressed our regret, and assured them of Joan's concern for them and her good wishes for their future.

(12) In several instances we saw clients for a second time in order to ensure their well-being and safety. Several others were phoned as a follow-up check.

Stage three: following up

For some time Joan kept the mail box on her work phone open for messages. She monitored those calls and indicated to me the actions she wanted taken, and when in doubt checked out her decisions. There were also much appreciated letters and cards, some with requests, some with suggestions, sent to Joan by clients after they knew of her illness. As with the phone messages, these were responded to in accordance with Joan's wishes, but not by her.

In the days that followed the closing of the practice there were a variety of tasks to be completed and client requests to be processed. One supervisee phoned saying that her new supervisor wanted Joan's notes. I discussed this request with the supervisee, explaining that Joan's notes were for her own use and would not be helpful to a new supervisor. A week later the supervisee phoned to say that her supervisor no longer wanted the notes and that they could be shredded.

The next step was to arrange whom clients would contact if they should wish to make a professional enquiry. Before she stopped work, Joan had been more ill than she had realized at the time. Because of this she was anxious over the following months that there might have been grounds for a complaint. At the same time she realized that once she was dead the possibility of a complaint would be over, and then she wanted as few records left as possible.

The first step was to inform N.Z.A.C. and N.Z.A.P. of the situation in writing. The Executive Officer of N.Z.A.P. generously agreed to be the initial contact for any enquiry. She would then notify Joan's trustee, with whom records would be stored. Joan's supervisor, Angela and myself all offered to assist the trustee should there be an enquiry. To date there has been no enquiry.

An associated task was canvassing clients' wishes about what should be done with their records. We prepared a questionnaire (see page 52) and posted it to all the clients who had been seen over the last three years, including a stamped envelope addressed to me, care of Joan's Post Office Box number. (It would have taken too much time and been very expensive to contact all of the clients Joan had worked with over the six years she had been in private practice.)

Joan opened the returned envelopes. The majority of clients returned the questionnaire, although some were returned "address unknown". Most asked for their files to be shredded. Joan commented upon the possible reasons some clients had asked for their files to be kept.

"Maybe some individuals feel as though their records are all there is of them that is substantial" and

"Some clients find that it is good to have their experience all written down and acknowledged, and it is apparently very hard for those clients to let the file go."

Stage four: sorting through papers and records

Over the sixteen months we spent closing Joan's practice and putting everything in order, our progress was slow. There were several reasons for this. First, the

RE CLINIC RECORDS

For clients who have received therapy from Joan Welsh, Timaru

Due to ill-health, Joan has regretfully closed her practice, January 2002.

In the future, should you want to uplift a copy of your records there would be a financial cost and a process involved that would begin with contacting the Executive Officer of the New Zealand Association of Psychotherapists, P.O. Box 17 361, Wellington.

Copies of A.C.C. and Family Court reports would be available from those organisations.

Please indicate the ONE alternative you desire by TICKING the appropriate box. Fill in your details, sign and return in the enclosed stamped addressed envelope.

☐ PLEASE SHRED MY RECORDS.

☐ PLEASE SHRED MY RECORDS EXCEPT FOR DATES OF ATTENDANCE.

☐ PLEASE STORE MY RECORDS. I AM AWARE THAT THEY WILL BE DESTROYED TEN YEARS AFTER MY LAST SESSION.

FULL NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____ PHONE NUMBER: _____

distance between Gore and Timaru is considerable. Second, Joan did not want to carry out this work on her own, yet her energy levels were such that we could not work for too long at any one time. Understandably she also had many other things she wanted to do with the life she had left.

Once I knew exactly what Joan wanted, I frequently wished that I could take all the files and master cards away and process them for her. It would have been so much faster and emotionally lots easier. I was mostly dealing with unknown names, dates and details, but for Joan their were many memories and emotions involved, and she wanted with company, to work through this final separation from her clients and her professional life.

At one stage she decided what she would do with her library and began to carry that out, only to rediscover how precious her books were to her and that she needed the books she treasured most in her home, where she could see them, even if she might not be able to read them.

March 2003 was the last time we worked together on Joan's files and master cards.

The final stage: safely destroying or storing records

Joan had faced her cancer, her dying and her death in a gracious, open, realistic and head-on manner. She knew herself well enough to make it very clear what she wanted, right to the end. She lived her "retirement" as she called it, to the full when she felt well enough, visiting people and places she loved and doing the things she most wanted to do. During our last times together just a week before she died we both knew this was the final good-bye. Work was not on the agenda except for Joan's command: "Take all the files, my records and professional papers from the filing cabinet and desk and safely destroy as much as you possibly can. It is such a relief to at last be able to let them go." She saw them safely deposited in the car before we drove away.

After the funeral it was time to continue with processing the rest of Joan's files and her papers, in the manner she had requested.

While Joan had consulted with her lawyer I did not at any time seek legal advice. Perhaps I should have done. She and I had at an earlier stage decided upon the process and accomplished some of it together. The master cards would record referral source, dates of beginning and ending of therapy, total number of sessions, dates of any reports, the outcome, and the date of closing the file. For any files that needed to be kept the date to shred was written on the top

of the face sheet and on all the master cards. Court and A.C.C. reports were destroyed as copies of these can be obtained from those organizations. Letters of referrals and copies of accompanying reports were destroyed as these too are available from the original source.

Joan was clear throughout that any papers involving clients were to be kept confidential and safe until finally destroyed. Audio-tapes of her work, her supervision, and of lectures attended during her years of training and practice, all carefully labelled, were also to be destroyed, apart from any lectures that would be helpful to others in the future.

The most poignant moment of all for me was coming across Joan's last N.Z.A.C. membership card and her practice certificate for N.Z.A.P., knowing they too had to be put out in the bag to be burnt. I found myself asking if all the effort, the studying, training, writing, listening, record-keeping, the expenditure of energy, the emotional investment and financial cost is worth it, for any of us.

It was a very low period, eased only by the recall of the genuine appreciation I had heard from Joan's clients, [and of]words spoken during her funeral: "Joan's spirit lives on within all those whose life she touched, her family, her friends, her colleagues and her clients." It was at this time that words of an ex-client came to mind: "I am sane now, even though the scars remain. If it had not been for the work we did and the clear boundaries you enforced, even when I continually tried so hard to break them, I would not be alive now."

We only need to hear words like these from one client and know full well that those words are accurate to realise that it is, after all, worth while.

Taking care of the therapist

Joan wanted it recorded in this paper that on the day she was hospitalised and told she would have to undergo an operation she was very unwell, in shock and in need of help to make decisions. "I had to talk immediately to somebody who could guide me." As time progressed Joan found that in an ongoing way she needed her clinical supervisor, her therapist, and me as a colleague and friend, all three, and that she used each of us differently.

Joan had been adamant that her clients be professionally, appropriately and empathically cared for. This we achieved, but in retrospect we felt we made one major mistake. We should have been thoughtful enough to arrange for a third colleague to spend time with Joan during those two days while we met with her

clients. Although she had family members with her all of the time, we realised later that she had experienced professional isolation in her own home, around the corner from her rooms. She was alone with her mountain of emotions, apart from being with us before we began the first day, at lunch times and in the evening. In reality she had taken care of us by providing information about the clients we were to see, bringing food for lunches, arranging to take us out for an evening meal and supporting us with encouragement and affirmation. We, on the other hand, sometimes felt like intruders in Joan's premises, in her space, even when guiltily picking and arranging flowers from the garden outside to decorate her room for her clients.

A month after the closure interviews, back in Timaru Joan and I were going through papers in her rooms while my husband spent the two days putting the garden in order ready for the property to be sold. Joan had instructed us to take down the professional nameplate outside her premises and to include it with the rest of the papers we had torn up and put ready to discard. This was the hardest and most final task of that weekend.

Financial costs: an unconsidered dimension

It was a surprise to me to discover how much expense may be involved in closing a practice. This needs to be planned for. The expenses we encountered included

(1) Provisional income tax: even although one is not working or generating an income, this still has to be paid.

(2) Professional assistance: it may be necessary to pay for this. Joan expressed her appreciation by thoughtfully selecting and gifting some articles from her practice that were important to her. It gave her pleasure to know they would be used, appreciated and treasured into the future.

(3) Accommodation and meals: Joan generously paid for these over the two days spent actually closing her practice.

(4) Professional indemnity insurance: Joan considered it was essential to keep this up until she died.

(5) Legal and accountancy costs.

(6) Stationery, copying and postage costs were substantial.

(7) Telephone: once she cut off her business phone Joan still needed telephone contact with colleagues, supervisor, and therapist.

(8) Business post office mail box.

(9) Professional membership and activities: Joan wanted to continue these for as long as possible. (She achieved this goal up to the end of 2002.)

(10) Travelling costs: these were high because of the geographical and professional isolation of Timaru.

What have I learned about my own practice?

The closure of a practice is complex and time-consuming even when, as in Joan's case, a therapist has maintained good records and filing systems.

Above all I have learned that when there is the pressure of a waiting list it is all too easy to provide clinical hours and to put the apparently nonessential processing of paperwork to one side for a later date. Joan's cupboards, drawers and filing systems were mostly in impressive order. Now I intend that mine will be the same. As a consequence I have spent many more additional hours putting my professional material, records, master cards, filing systems, tapes and papers in order and up-to-date. It's a good feeling, and I now have the experience and determination to make it a practice to keep them ship-shape, even if it means reducing clinical hours.

I now also discuss with clients, as we work through the last weeks of the termination process, how they would respond to signing permission for me to shred the records of their therapy, at a mutually agreed time, rather than store them for ten years. Most want that done and are relieved to know that it will be; others want the record of all their hard work kept safely in my possession. One client of Maori descent was especially relieved to know that what she described as "part of my spirit will not remain locked between the pages of those files". This had been a major issue for her and she had wondered if a non-Maori would understand her need to have the records safely destroyed.

I have also learned that it is important to make adequate financial, personnel and process provision for the closure of a private practice while we are healthy and operating effectively, and to review those provisions from time to time.

Epilogue

Not owning a shredder, I made several trips out to the farm and stood guard while the papers that had been torn up, were burnt to ashes. I phoned back to Joan each time

this had been accomplished, and on the final occasion contacted her trustee. That last occasion was a Sunday afternoon and it took all of an hour to reduce the remaining papers and tapes to ashes. I stood there and raked, poked, and remembered many things while experiencing a myriad of memories and emotions. The task was nearly complete when I suddenly came out of myself sufficiently to hear externally again, and to realize that from the grove of trees around me came a chorus of birdsong. A fantail arrived on a branch close by, soon another arrived and they fluttered about displaying their fans and cheeping in the delightful, yet fragile way of fantails.

I recalled Joan's Sister of Mercy colleagues and their beautiful rendering to Joan, before she died and at her funeral, of their song "Mother of Mercy". The birds' chorus and the fantails provided a similarly peaceful and supportive message. There was a sense of completion and the realization that even in the midst of death and endings, life and growth continues.

What had initially been unthinkable, we had actioned and accomplished in as good a way as we could manage.

Making Meaning Meaningful: An Intersection between the Creative Process and Psychoanalytic Experience

Julie Firth

Abstract

This paper is based upon both my psychotherapeutic experience and my work as a photography and video artist. My art work has been internationally recognized for its autobiographical content and surrealist aesthetic, acclaimed for its evocative dream-like atmosphere, which employs a highly-charged symbolic language. It is my belief that it is only through accessing the "underbelly" in my own psychotherapy experience that I've been able to bring this to bear in my art-making process and product.

Introduction

The process of writing this paper is a very different type of encounter for me. I'm used to addressing an audience of artists, art educators, and art professionals. I'm certainly not used to engaging with an audience of therapists. I find this both exhilarating and disquieting. Exhilarating, because this provides me with the opportunity to discuss a whole different range of ideas in relation to my work. Disquieting because many of the ideas I'll be discussing fall into the psychoanalytic psychotherapeutic camp – not within the realm of my professional area of expertise but certainly within the realm of my professional interests.

In the art arena, what is often privileged is the demonstration of a certain kind of intellectual rigour that largely addresses one's work in terms of contextualising it within contemporary art practice and current critical theory. While that is both necessary and important, it is also a distancing device. What excites me about this opportunity is the possibility of also including the personal because my work is deeply personal.

For over 25 years my art practice has been about encountering my selves. I give the post-modern part of me away with that statement but to my mind, it's not as simple as that because while I believe that there is no one stable self I simultaneously believe that there is one constant underlying self... a conundrum my work has been addressing for a very long time. The vehicle that has driven this encounter has been an exploration of the interface between conscious and unconscious experience.

Christopher Bollas in his book, *The Shadow of the Object, Psychoanalysis of the Unthought Known*, talks about the "private language of the self". He describes the psychoanalytic process as one in which the client gradually gets to "hear news of the self" through the experience of the Other (the analyst). Bollas (1987: 61-3) goes on to say:

> In the revival of this lost discourse, first the analyst listens and then the patient is there to hear news from the self and its others...the analyst restores to the patient what I believe we can term genuine or true subjectivity: that understanding of oneself that permits us sentient knowledge of the originating activity behind our experiences of ourself and our objects.

My production of artwork is anchored in this desire to "hear news of the self" and has been concerned with creating the space for the communication of this "private language of the self".

Alongside my art practice, the other enterprise that has preoccupied me with an equal degree of passion over the years has been my experiences in therapy. While my art practice and therapy have always been connected, it really has been in my latest therapy experience (going into my fifth year), that the two have become inextricably linked. This is the intersection the title refers to. This is "an intersection...", one possible intersection, amongst many possible others that is specific to me. This paper is not an attempt to present a general theory on the subject but rather is about my experiences and current understandings of those experiences.

Turning attention to the first part of the title, *Making Meaning Meaningful*, addresses another facet of my work that involves the work's reception. In "art speak" we talk about the intention-reception equation, that is the artist's intention and the viewer's reception of the work. The intersection between the creative process and psychoanalytic experience is related to my intentions. The reception has to do with another aspect of my art-making practice that preoccupies me greatly: the making of meaning. What I add to this part of the equation, is not just the viewer's reception of the work, but my own response to it. These are the kinds of questions this issue raises:

- How do I make meaning of myself to myself?
- How do I make meaning of my analytic experience?
- How do I, as an artist, make meaning of the art I create?
- How do you, as the viewer, make meaning of the artwork?

Another point of intersection is modelled in Thomas Ogden's concept of the "analytic third" (1994). I became aware of a similarity of experience both as an artist and as an analytic client. What I noticed is that many of the feelings I experienced when I was at one of my openings were echoed in certain analytic sessions. Even more revealing was the recognition that many of the fantasies I had around an upcoming opening were similar to the fantasies I had between these sessions. These fantasies were focused on a quality of longing... a longing that was linked to a desire to be recognised in a particular way.

In this respect, Ogden's idea of the analytic third became useful to me in making sense of this echo. Ogden talks about three subjects in the analytic setting: the client, the therapist, and the subject that is created in the encounter between client and therapist. In the art arena, I came to understand that there is a parallel model that exists in the form of the artist, the viewer, and the meaning that the viewer makes of the work in their encounter with it. The *Fall From Grace* body of work is my first body of work that makes this encounter a feature, meaning that imbedded in the work is a strategy that positions the viewer in an active role, challenging them to actively make meaning of the work. I'll get into these different strategies in greater detail later on.

There is one further intersection between my creative process and analytic experience that needs to be addressed. I have noticed over the past five years that there is this exchange that takes place in terms of the origination of my ideas. There are moments when the ideas are driven by what is taking place in a session. More specifically, there are moments in sessions when I've ventured into a particularly evocative territory where certain images float up into consciousness and I recognise them as the basis for exploration in the studio. At other times, it's not an actual image but a word, or series of words, which triggers recognition of creative fodder. In either case – whether image or word – both are linked to a quality of feeling that I recognise as one that I want to work with. So, this is an exchange in which the therapy drives the creative process.

A reverse of this exchange also occurs when what is being communicated in the artwork fuels the analytic process. Periodically I bring work-in-progress into a session. It is interesting because very few words are exchanged about the work but an impact is felt. There is the sense that the images illuminate some aspects of what we are working on. There is another interesting aspect to this experience. Where the *Fall From Grace* work is concerned, these photographs are self-portraits. So, there is this interesting dynamic of me experiencing the gaze of the Other (and an Other whose response I have so much invested in)...not

in relation to my actual self but in relation to a representation of myself – a fascinating doubling of voyeurism.

Fall From Grace is a three-act body of work that I've been working on for the past five years. *Act 1: Describing Desire*, is made up of 10 photographic murals with 5-6 images per mural. The murals range between 2.5 and 3 metres long, and are just under 1 metre high. It was completed in 2001 and exhibited in 2001-02 in Auckland, Washington, D.C., and New York. Works from this act were acquired by the Corcoran Museum of Art in Washington, D.C. for their permanent collection and by the Bank of Brazil for their corporate collection. *Act 2: Shadow of Desire* is made up of 12 photographic murals with 6 images per mural. The dimensions of these are the same as *Act 1* with the exception of one work that's in the shape of a pyramid and is 3 metres long by 2.5 metres high. This act was completed and exhibited in 2003 again in Auckland and Washington, D.C. Works from this act were acquired by The National Museum of Women in the Arts for their permanent collection. *Act 3: Voices of Desire* is a video installation, which includes a 15 min video and 3 photographic columns, 3 metres high, that will stand at the entrance to the video screening room. *Acts 1 & 2* are intended to be in a space adjacent to the space that will screen the video from *Act 3*. *Acts 1 & 2* will not only include the photographic murals, but will also include a projection on the floor and audio that will intermingle with the audio coming from the soundtrack from *Act 3* in the next room.

Fall From Grace: Act 1 – Describing Desire

Fall From Grace is about desire, the template as it was established in early childhood through Oedipal and pre-Oedipal desire and then internalised and re-enacted over the years.

The Beauty Rots Trilogy: Part 1 - Precious Spoils. Another aspect is the symbolic vocabulary I build and establish over the entire body of work. You will note that there are significant objects that you sense are invested with meaning. These objects give visual expression to some of the internal objects that I carry in relation to desire. I refer to Bollas's comments on internalised objects as another point of intersection between analytic experience and the use I make of it in my creative process:

> ...we consecrate the world with our own subjectivity, investing people, places, things, and events with a kind of idiomatic significance. As we inhabit this world of ours, we amble about in a field of *pregnant objects* that contribute to

> the dense psychic textures that constitute self-experience....Certain objects, like psychic 'keys,' open doors to unconsciously intense – and rich – experience in which we articulate the self. that we are through the elaborating character of our response. (1992: 3)

The Beauty Rots Trilogy: Part 2 - Serpent of Desire. My preoccupation with this subject was a result of the territory my therapy was venturing into at the time in which a certain quality of longing was making itself felt. As I am heterosexual, and I am seeing a male therapist, it makes sense to me that Oedipal desire occupied the territory I arrived at first. Even further, my choice to seek out a male therapist in the first place was entirely grounded in the overwhelming nature of my relationship with my father and my need to understand the ways in which this relationship had marked me. In my exploration of this terrain, I eventually arrived at an experience of Oedipal desire. This is the focus of *Act 1: Describing Desire* which records the traces of this early childhood experience not as a *description* of how it was then but as a *transcription* of how what was then becomes now.

The Beauty Rots Trilogy: Part 3 - Decomposing Dreams. One of the comments that is often made about my work has to do with its intense beauty. This is one of those strategies that is concerned with positioning the viewer. I have deliberately worked to make the images almost "too beautiful" – like a dessert that is too sweet. The intention here is to try to create a polarity, a push-pull between the beauty and the disturbing content that lies just beneath (the "underbelly"). From a content point-of-view, this push-pull characterizes my early childhood relationship with my father and the ambivalence around my own desire that this dynamic established for me. The beauty also acts as a kind of seduction. By and large, the viewer is first seduced into engaging with the work through its beauty. It's only after they spend some time with it that they realise there is something haunting and disturbing going on that they often cannot articulate. Again, seduction is part of the language of desire and I have sought to raise these ideas experientially.

Birth Of Desire. In my search for objects to work with I look for an object that evokes a certain kind of internal resonance. In *Act 1*, the most noticeable object is, of course, the apples. Certainly, the link between the apple and desire, the apple as symbol of temptation, needs no clarification. But the apple also acts as a code for several other ideas. One specifically has to do with my father and the childhood longing to be "the apple of his eye", an entirely unpredictable and risky pursuit that as often as not ended in crushing disappointment. The other is an elaboration on the "apple of knowledge" idea. It is a comment on the

analytic process: that once we take a bite out of the apple of knowledge there is no turning back; once we develop a new awareness we can never not be aware in the same way again.

Slippery Slope Of Desire: Part 1 – Surrender The Child To Her Dreaming. Other props that appear in *Act 1*, male and female mannequin torsos, mannequin hands, an oversized engagement ring, a key and handcuffs, a bridal veil, male and female shoes, even a piece of banister, are all objects which elaborate on different aspects of Oedipal desire for me.

Fall From Grace was also the body of work that catapulted me into self-portrait. Though I initially did not understand why this felt so vitally important to me, on some deep level I knew it was imperative. As I started to work with myself, different awarenesses began to emerge. The first thing that struck me had to do with the subject–object issue. My preoccupations initially revolved around the very interesting paradox that in self-portrait there is, in a sense, neither a subject nor an object because when I am setting up the shot as the photographer, there is no object of my gaze, and when the shot is being taken and I am posing, I am the subject of no one's gaze.

This idea of the presence of an absence and the absence of a presence characterized some aspect of my experience of desire. Specifically, the idea that so often what I felt driving my desire was not entirely the product of something, or someone, who existed in the present but had roots in the past, felt as an absent presence. Also, the idea that the ambivalence I carried around my own desire resulted in a sense of loss at the moment my desire made itself felt – a kind of absence in the very moment that my desire was present.

James Grotstein (2000: xxiv) makes this comment: "In every absence, from infancy onward, there exists a felt presence (of the object) that either hounds or protects that absence but that certainly occupies it."

Escape From Desire. Fall From Grace references cinema in its use of sequence amongst other things. In a sense, the works can be read as a type of storyboard. This is another strategy that relates to my intentions with regard to the viewing experience. A sequence of images suggests a type of narrative yet the story being told is by no means linear and is not readily accessible. The viewer, faced with a series of images, is forced to make connections between the images, to find links and construct a meaning, yet the meaning is highly oblique and can only be arrived at indirectly. The narrative impulse is confounded by the symbolic language employed. There is also a sense of narratives within narratives, meanings within meanings, which I sought to create by employing series of images *within*

each work and also *between* the works. There is a need to reference and cross-reference the images in order to make the links. These intertextual and intratextual readings require the viewer to enlarge their capacity to hold "the story" – indeed, for "the story" to go *beyond* their capacity to hold it – so that they are driven to tap into an unconscious encounter with the work and themselves. It is my hope that when the viewer leaves the exhibition, what is carried with them is something they cannot articulate but is akin to a powerful dream that lingers.

Herself In Passage. My decision to move to an even larger scale – up to 3 metres – amplified this aspect of the viewing experience. Because the works were now so long, it became difficult to "read" an entire piece in detail from one position. The viewer was required to move along each piece in their engagement with it, and furthermore to hold the memory of preceding images in their mind as they proceeded down its length. This seemed to me to be an effective strategy for evoking the interior kind of experience that the reading of texts is all about. For example, as we proceed through a book, we have to hold in our minds what has come before as we make our way through the narrative. Since my work is *about* interior experience I wanted the viewer to consume it in an interior manner.

Fall From Grace: Act 2 – Shadow of Desire

Trace Of The Lost Object. The transition from *Act 1: Describing Desire* to *Act 2: Shadow of Desire* is a descent into deeper psychic terrain as if spiralling down into the deepest part of a dream. It is a descent from Oedipal to pre-Oedipal desire, a shadowy, twilight terrain steeped in opacity, characterized by an amorphous and diffuse grieving. The symbolic vocabulary employed in this part is more refined as the clutter and excess of conscious description falls away. Whereas Act 1 can be seen as possessing *dream-like* language *Act 2* employs the grammar and vocabulary of *dreaming.*

The decision to build a visual language that expressed the dream experience in this act felt appropriate in relation to my experience of pre-Oedipal desire. As Bollas puts it:

> When I enter the world of dreams I am deconstructed, as I am transformed from the one who holds the internal world in my mind to the one who is experientially inside the dramaturgy of the other. Gathered and processed by the dream space and dream events, I live in a place where I seem to have been held before: inside the magical and erotic embrace of a forming intelligence that bears me. To be in a dream is thus a continuous reminiscence of being

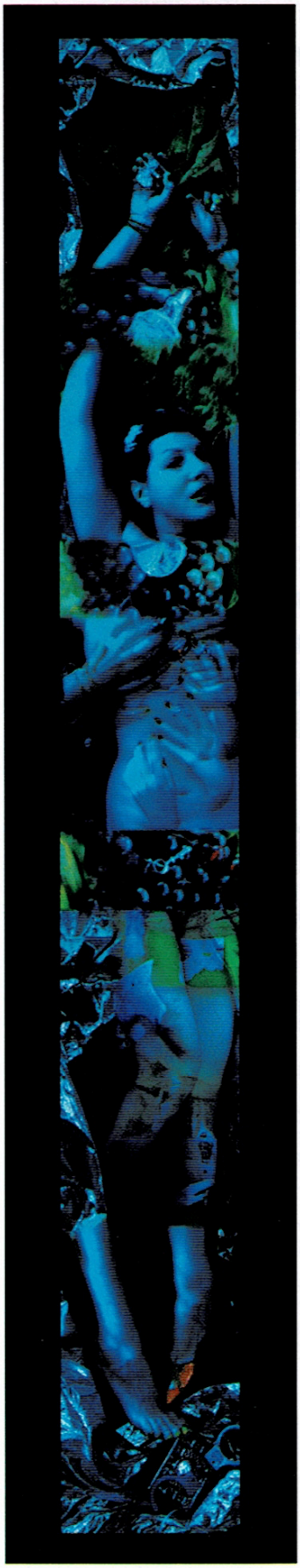
> inside the maternal world when one was partly a receptive figure within a comprehending environment. Indeed, the productive intentionality that determines the dream we are in and that never reveals itself (i.e., 'where is the dreamer that dreams the dream?') uncannily recreates, in my view, the infant's relation to the mother's unconscious, which although it does not 'show itself,' nonetheless produces the process of maternal care. In this respect the dream seems to be a structural memory of the infant's unconscious, an object relation of one person inside the other's unconscious processing.... (1992: 14)

Allegory Of Desire And Dread. One of the most striking developments in *Act 2* is the introduction of exterior locations Juxtaposing the black, blank slate of the studio to strange and unexpected locations enhances a sense of dramatic unfolding. The performative quality of the images is heightened by the inclusion of public locations in which these almost ritualistic and very private dramas appear to be both unfolding and well underway. The move between studio and location settings creates a tempo that is both driving and halting. There is the sense of going somewhere but also going nowhere at all – an inescapable quality of being rooted to the spot and forced to see what one never hoped to see but also pre-empting the anxiety and seeking out the unseeable.

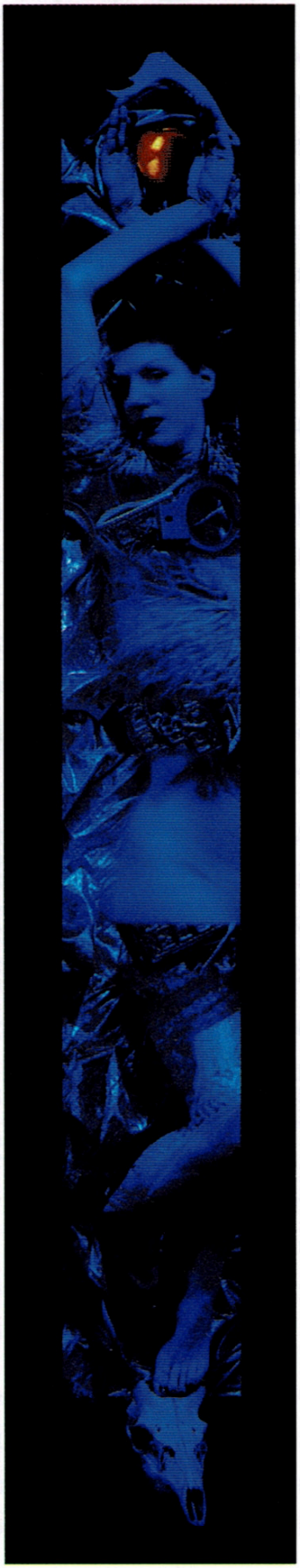
The Inherited And The Acquired: Part 2 – Provocative Settlement. The works are fraught with the possibility of disintegration and fragmentation as a fractious conflict between the Self and its objects plays out with a highly uncertain outcome.

The Dream Seeks Its Journey: Part 1 – The Urgent Demands Of The Instincts. The alternation of subject within and subject without, objects within that find their way outside, is intended to further heighten the anxiety that underlines this act. Again a polarity is established between the clarity and precision of the images themselves and a blurriness and indistinction of identities. There is a sense of unstable identities, of a shifting picture as to who is whom and what belongs to whom. I am subject and object, Self and Other, the same and different.

The Dream Seeks Its Journey: Part 2 – Consecrated Objects. In the studio, the subject (myself) is more akin to an object – my face is never visible and though there is animated interaction with other objects, in a sense, it's as if the inanimate objects are deploying me for their own specific purpose. In addition, in the studio I am never clothed – an inherent contradiction is posed between being revealed (through nakedness) but remaining concealed (through lack of identity). On location, I am always dressed in the same ambiguous garment that hovers between lingerie and nightie, wardrobe that echoes desire and dreaming.

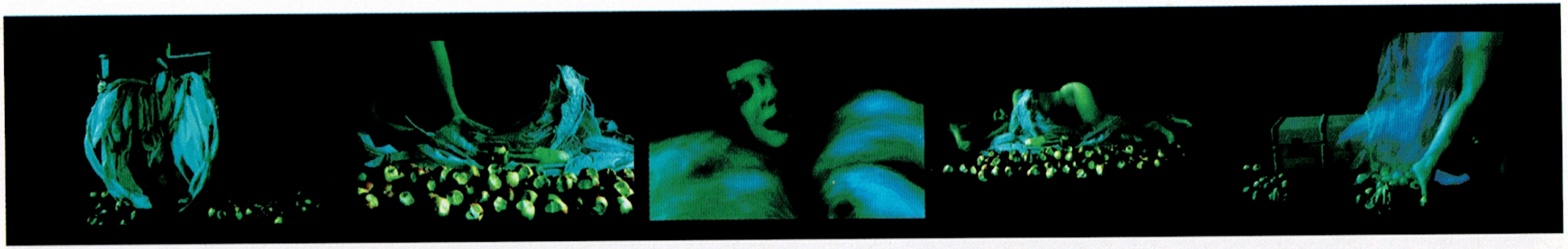


The Beauty Rots Trilogy: Part 1 - Precious Spoils



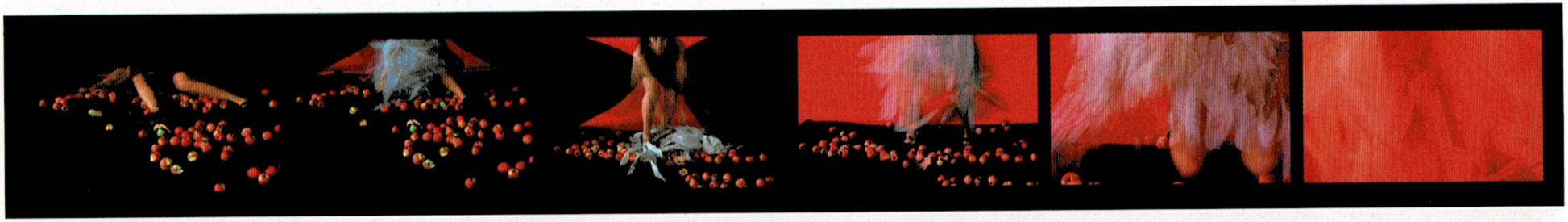
The Beauty Rots Trilogy: Part 2 - Serpent of Desire

The Beauty Rot Trilogy: Part 3 – Decomposing Dreams

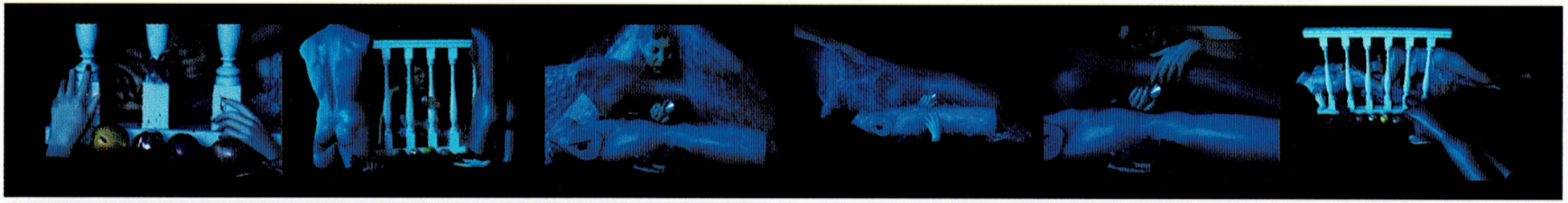


Escape From Desire

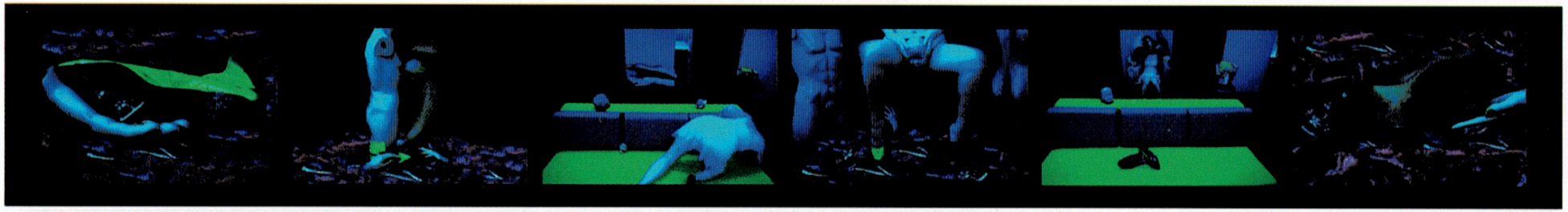
Birth Of Desire



Herself In Passage



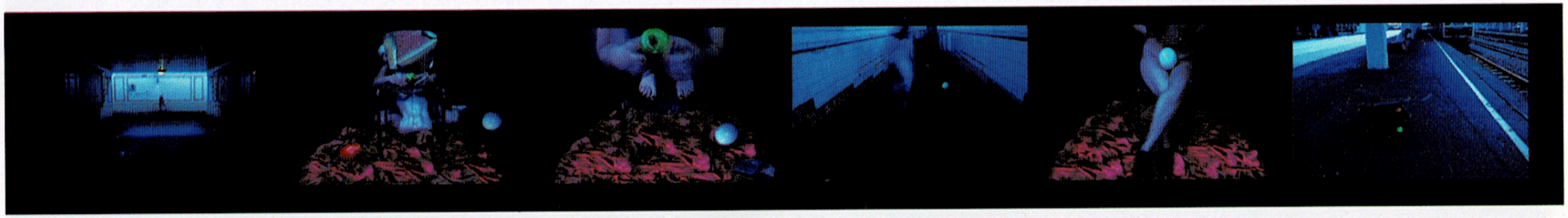
Slippery Slope of Desire: Part 1 - Suurender The Child To Her Dreaming



Allegory Of Desire And Dread

Trace Of The Lost Object

Tender Veils Unarticulated



The Dream Seeks Its Journey: Part 1 - The Urgent Demands Of The Instincts

The Dream Seeks Its Journey: Part 2 - Consecrated Objects

The Grammar Of Desire: Part 1 - Without Language

The Grammar Of Desire: Part 2 - Utterance Performs Gesture

The Inherited And The Acquired: Part 2 - Provocative Settlement

Return To The Basic Faultline

There are further juxtapositions between the studio and location images that have to do with the dream structure. Bollas, Grotstein, and Ogden all discuss the dream enterprise as engaging multiple subjects. In Grotstein's (2000) frame there is the dreamer who dreams the dream, the dreamer who understands the dream, and the dreamer inside the dream. Bollas (1987) frames it as the immersive subject and the reflective subject. Ogden (2001) calls upon both Grotstein and Bollas in his discussion of dreaming. To my own way of thinking, I link it more directly to theatrical production (hence the three-act structure) in the sense that there is the actor (the dreamer inside the dream), the audience (the dreamer who the dream is for) and the producer of the dream drama.

Tender Veils Unarticulated. Act 2 uses as its structure this idea of multiple selves occupying various outposts of the dream territory. The self that appears on location is the immersed subject experiencing the dream and the self inside the studio is the reflective subject processing its objects. The third subject, the producer of the dream, is indicated by photography equipment left behind. These are subtle traces that reveal the photographic activity, the production work behind the staged drama suggesting a higher intelligence at work masterminding the entire enterprise for edifying purposes.

Relevant to this is Grotstein's discussion of the "Ineffable Subject of Being" and the "Supraordinate Subject of Being and Agency":

> The stage of the dream can be likened to a container or ground, whereas the play itself constitutes the content or the contained or the figure (as contrasted to the 'ground'). In positing two dreamers – the creator/transmitter of dreams and the dream recipient – I am really proposing the existence of a profound preternatural presence whose other name is the Ineffable Subject of Being, which is itself part of a larger holographic entity, the Supraordinate Subject of Being or Agency. (2000: 4)

This third subject, at once another Self but a larger-than-Self entity, suggests yet another level of encounter with the work. It creates a certain type of rupture – which becomes a feature of *Act 3*, in that it breaches the seemingly hermetically sealed world of the dream environment. The constructed nature of this world is revealed and with this revelation, questions are posed.

The Grammar Of Desire: Part 1 – Without Language. Setting aside the mannequin parts, it is evident that in *Act 2* the props have been refined down to: the oversized red apple, the ostrich egg, and the green apple. Each of these props articulates a different aspect of desire in my pre-Oedipal world. The ostrich egg represents ambiguous desire. It speaks simultaneously of innocence and purity, new life, but also of sexuality.

The ostrich egg balances on that knife-edge of the drive for individuation but the longing to stay merged. The oversized red apple represents engorged desire, a desire that speaks of merging and consumption, a swollen desire that cannot be contained and breaches all defenses.

The Grammar Of Desire: Part 2 – Utterance Performs Gesture. The green apple represents envious desire, envy of both mother for father and perhaps even more strongly, of father for mother.

Return To The Basic Faultline. This particular work is the climax of *Act 2* and signals a descent into disintegration. Chaotic frenzy...desperate questing...abject despair...all are contained within these images. However, there is also an indication of redemption, of the phoenix rising from the ashes. A key seeks out its lock, the dreamer is still able to dream, and the figure at the apex is illuminated and gazing up and out from the depths. I chose the pyramid structure as a reference to the metaphor of the relationship between the conscious and unconscious mind...the conscious being the tip of the iceberg of the unconscious.

Fall From Grace: Act 3 – Voices of Desire

My decision to move into video for *Act 3: Voices of Desire* was motivated by a continuing preoccupation with devising a visual language that gets as close to my experience of that interface between conscious and unconscious experience as possible. The issue of framing became of paramount importance. I felt that in this act I wanted to move away from the strictly defined and tidily containing frames of *Act 2* and create a viewing experience that mirrored more closely aspects of the dreaming experience.

I also began to think in a new way about the nature of the media themselves, and the use to which they could be employed to further underscore my preoccupation with interior, psychological experience. There were two film theorists I came across at this time who sparked my interest in video: Vicky Lebeau and Andrea Sabbadini. Lebeau has this to say about the relationship between cinema and the mind and the privileged tie the medium has to our mental activities and emotional experiences:

> ...it [cinema] is a type of mime of both mind and world....Breaking from the confines of photography and theatre, it is unique in its representation of an abundant world in motion....There is a persistent sense that cinema imitates the movement of the mind, that there is a correspondence (however elusive) to be discovered between psyche and cinema. (2001: 3)

Sabbidini elaborates on some of the specific qualities of the medium that tie it to the psychoanalytic enterprise:

> ...the psychoanalytic notion of *screen* memories might also be a suitable definition of films; the concept of projection is crucial to both cinema and psychoanalysis; *free associations*...have in both idioms the purpose of encouraging the exploration of deep emotional meanings and of the often uncertain boundaries between reality and fantasy... In a more general sense, cinema and psychoanalysis share an area that we can refer to by the term *insight*, meaning 'inner sight' or a kind of 'within-the-mind' seeing.... Filmmaking, film analysis and psychoanalytic work, then, operate in this area of insight and of the gradual releasing of awareness from unawareness, the sightings and findings on which the cinematic imagination and the psychoanalytic process continuously throw new light. (2003: 2-3)

In addition to the potential of the medium itself to elaborate in a new way on the territory *Fall From Grace* explores, I also felt there was significant potential in deepening and layering the viewer's position in relation to the work in their consideration of several different media. Specifically, the darkened screening room, in which the architecture of the space falls away leaving only the presence of the video image, creates an immersive experience. In addition, the scale of the video is larger-than-life so the viewer has the sense of being participant in the drama, the sense that they must make the video's dream their own, must stand as witness to the event.

The idea of immersion is also linked to the title of this act that suggests a certain agency on the part of the Self. It also suggests a Self that is able to articulate, to "voice" her desire, which presupposes some degree of individuation. Whereas in *Acts 1 & 2* there are multiple images that are constructed as sequences of differentiated images, in *Act 3*, the multiple images are held within a single frame as transparent layers. It has been suggested that this quality of the work, creates an experience of "conscious dreaming".

The video experience is intended to function on a subliminal level and within this body of work, is the ultimate seduction. The objective is to tap into the viewer's desire to be swept away. Choices need to be made by the viewer about questions or doubts that may arise in the viewing experience and whether these are to be set aside in order to fully give oneself over to the seduction. The video references Hollywood cinema in the seamless experience it seeks to create, but there are breaches in this seamlessness, ruptures that activate and interplay between conscious and unconscious experience. Examples of these are the beautiful

lighting but jerky camera moves, the sleeping figure with flickering eyes, myself appearing in the video videotaping, the suggestion of B-grade horror genre at the climax. In these and other instances, the viewer has to choose to make these issues less important than being sutured into the fabric of the narrative. Likewise, the very fact of the narrative-less narrative also raises the same issue.

The video in relation to the photos, invests the photos with new meaning. A reconsideration of the still images in relation to the video deepens the requirement that the viewer engage with the entire body of work in order to make sense of the different components. Subsequent to the video screening, the photos take on a different meaning as they memorialize and enshrine particular moments in the video. On the other hand, there are images that don't appear in the video and these, too, take on a different reading.

There are also paradoxes that are set up between the photos and the video. Whereas the photographs have an aesthetic of precision and clarity, their meaning remains highly mysterious. The aesthetic of the video is one of veiling; there are shifts in balance between transparency and opacity resulting in the video's aesthetic being less accessible but its meaning more readable as narrative.

Taken as a whole, *Fall From Grace* is a body of work that puts forward the following proposition: if, in the creation of a body of work, the artist's journey has been a sincere exploration of making meaning of oneself, can this process be communicated to the viewer experientially? My experience has been "yes"...that the viewer will strive to arrive at a meaningful meaning if they sense that the work has been invested with this purpose.

Conclusion

It has been my intention in this paper to provide a map of the navigation between how I create my art and the role my therapy has played in this endeavour. While I have spoken of these experiences as two distinct enterprises I would finally like to acknowledge a way in which they are both the same. This has to do with the quality of experience I have when I am either inside the creative process or inside the therapy experience. In either case, no matter how hard-going the process may seem at times, still, there is this absolute sense that I am occupying a sacred space within myself, a space where discord and dis-ease give way to a sense of peace and wonder...a space where my various fractious selves fall into alignment with my authentic self resulting in a blissful sense of wholeness, a space where doubt and uncertainty fall away as I choose to trust that our universe is a benevolent one. Artist and therapist share this experience in the work that we undertake.

There is a story about a young woman who is a cello virtuoso but has lost her gift through trauma. This passage characterizes, with a heartbreaking sensibility, that place we go to when all the selves are joined together for a higher purpose, a purpose such as creating art, practicing therapy, expressing our authentic selves:

> Musicians are so often called 'masters', as if what they do is command, but what I remember was the erotic draw of sight reading, the tug in my gut as I opened a score, its difficult passages pulling my flesh towards desires I had not known I had, pulling me not towards mastery but submission. The giving myself over. I knew I had a piece when I could imagine destroying the score, could shut my eyes and imagine the composer sitting hidden in the audience, could imagine myself onstage, playing his desires as they came to his mind....From the first note, my body joined with the music in a way I could not have imagined. The contours of the Bach suite I'd been tracing since I was six became the curves of a flesh luminous from years of caressing. Then Debussy poured himself out through me like molten glass....I had ceased to work my limbs, ceased trying, ceased anticipating, ceased deciding and let the music take possession. There was no wood between my legs, no scroll aside my neck, no two bodies. Just one voice, pulling towards release. (Hackett: 2002:83)

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He-Male or "She"-Male

Philip Culbertson

Abstract:

One of the most difficult questions facing a gay male therapist is what effect his sexuality will have on the therapeutic alliance when working with both gay and straight clients. The therapist's sexual orientation sits largely unlanguaged in the room, sometimes out of fear. But who is afraid of what? These issues raise important questions for us as practitioners, and for us as an Association.

I must begin by talking briefly about my own "underbelly." I am fearful about this presentation, even though I've had months to prepare. There are two reasons that making a presentation on homosexuality to psychotherapists makes me nervous.

The first is that psychotherapists as a professional group have not always been gay-friendly. The Group for the Advancement of Psychiatry's (GAP) Committee on Human Sexuality was created in 1989, in order to address ongoing issues of Anti-Homosexual Bias (AHB) in psychiatry and related mental health professions. Their report, which was over five years in the writing, was published in 1999, and is courageous in confronting the many ways in which AHB works in psychotherapy, among other fields, to the detriment of clients, psychotherapists, and trainee psychotherapists.

In the first edition of the DSM (1952), homosexuality was classified as a sociopathic personality disorder. In the second edition (1968), it was reclassified as a sexual deviation. Only in the third edition (1973) was homosexuality per se removed as a diagnostic category. Stats and dates, you may say. But in thinking through such a list, we need to let ourselves grasp the fact that less than thirty years ago—actually, when I was 30 years old—homosexuality was considered a form of psychopathology, rather than a normal variation within the broad spectrum of human sexuality.[1] Just twenty years ago, a survey of 2500 American psychiatrists found that the substantial majority still believed that homosexuality was pathological, and that gays and lesbians were less capable than heterosexuals of mature, loving relationships.

[1] Homosexuality was illegal in New Zealand until 1986, when I was 42 years old.

The DSM revision of 1973 may have changed the diagnostic categories, but it seems not to have changed the opinions of many professionals in the field of mental health. As late as nine years ago, a prominent, though notoriously homophobic, American psychoanalyst was quoted as saying that "to ask for total acceptance and enthusiastic approval of homosexuality as a normal and valuable psychosexual institution is truly tempting social and personal disaster." (Socarides: 1995). And just eighteen months ago, in the *International journal of psychoanalysis*, Jean Bergeret (2002) published an article in which he claims that homosexuality is not "true" sexuality, but merely a defensive narcissistic fixation away from, or a near-psychotic denial of, heterosexuality.[2] There are still some training institutions in the US and England that discourage gay and lesbian candidates from applying.[3]

The NZAP seems safer than that, though I'm not completely convinced that it is. In my applicant panel, the first question one of the panellists asked me was "Are you 'out' to all your clients?" I was too shocked to ask why the question was relevant to the panel. Of course I wasn't "out" to my clients; I was barely out to myself, and certainly wasn't out to the other two panellists upon whom some of my professional aspirations hung. Five years later, that question still bothers me, and makes me unable to feel completely assured that the NZAP is really safe for its gay and lesbian members. In retrospect, by the way, I would have answered "No, I'm not out to all my clients," because I can think of some situations where it might be inappropriate for me to be out—for example, with some adult male clients who were sexually abused as children by adult males.

The second reason I am nervous has to do with the level of personal exposure in this presentation. I'm a gay man, though not a gay militant or a gay activist. I've always known I was gay, but have spent most of my life in the closet because of my involvement in the church. Being out—at least to myself—is a relatively new thing for me, and I'm pretty sure that I'm not finished with my psychological development.

Perhaps the best known schema of the unique nature of gay developmental psychology and sexual identity has been put forward by Australian psychologist Vivienne Cass (1979). She argues that gay men and women move through six stages in the journey, from initial discomfort to "fully integrated" sexual identity.

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[2] For a rebuttal see Sidney Phillips, "Homosexuality: Coming out of the confusion," *International journal of psychoanalysis* 84:6, December 2003, 1431-1450. An argument as absurd as Bergeret's can also be found in Harold Bourne, "A homosexual turns to women," *British journal of psychotherapy* 19:3, 2003, 349-354.

[3] *Homosexuality and the mental health professions*, 60-62, 66-67, 73-76. The institutions are not named in the report. See also Richard Isay, *Becoming Homosexual: Gay Men and Their Development*, New York: Farrar, Strauss, Giroux, 1989, 6-7, and *Becoming Gay: The Journey to Self-Acceptance*, New York: Pantheon, 1996.

The length of time taken to proceed through the stages will differ from person to person. At each stage, what Cass calls "identity foreclosure" is possible—that is, individuals may either consciously or unconsciously arrest their development, at least temporarily.

Cass's schema always sounds like Beverley Hillbilly Jed Clampett's car to me. The various plateaus of "identity foreclosure" don't fade smoothly into each other, so that gay identity development works more in fits and starts. One never really knows when the next splutter is going to come, and thereby stall forward progress. My own sexual identity development is still in process, and at times still feels somewhat fragile. Surely some part of the underbelly of psychotherapy is the secrets the therapist has from him- or herself. I knew I had a secret; I just wouldn't tell it to myself for a long long time, long after lots of other people had it figured out! I often feel like I still have a secret from my clients, which I suppose is the compelling psychodynamic for this presentation.

I should also note an interesting parallel process. Not only is homosexual identity development apparently comparable to Jed Clampett's car, but so was writing this presentation. I would write some and then plateau, write some and then plateau.[4] Thinking this through, I realized that while I ordinarily write quite fluently, every time I write something about my own sexual development, it will apparently only emerge in Clampett-esque fits and starts. An interesting parallel. I can get myself set up at my writing desk, computer and resource materials ready to go, and yet as soon as I begin to put words on paper, trying to understand, articulate, and externalize my own homosexual identity and responses, I seem to dissociate, at least in part. I write a few words, then have to leave the computer for a cuppa or a stroll. I come back, write a few more words, then have to break again. I notice how careful, even hesitant, I am with myself, wanting to be understood, afraid of being misunderstood, trying to find a balance between self-exposure and self-protection, remembering the abusive words of others in the past and also bumping into my own internalized homophobia. I can proceed only because I believe that writing this stuff out of my system is part of the necessary healing from growing up in a homophobic world.

My title "He-male or 'She'-male? The Unmanning of a Gay Therapist," was chosen when I noticed an odd coincidence. The world of psychotherapeutic theory has just marked the 100th anniversary of the publication of Daniel Paul Schreber's autobiography. And further, in his essay Schreber used a very odd term

[4] I'm having the same problem with an article I'm working on for publication in the US, about Freud and his mother, Oscar Wilde and his mother, me and my mother, and homoerotic attraction.

that connected with an issue I have been struggling with as a psychotherapist. To put that issue quite crudely: What causes my penis to seem to emerge or disappear in the therapy room,[5] and how, as a gay man, can I think about that phenomenon in a way that keeps me true to myself as well as to my professional ethics?

Daniel Paul Schreber has been described as the most investigated schizophrenic in the history of psychiatry, (Gouws: 2000) and his autobiography, *Memoirs of my nervous illness (Denkwürdigkeiten eines nervenkranken)* as "the most written-about document in all of psychiatric history." (Dinnage: 2000: xi) Schreber's autobiography was first published in 1903, and became the basis of Freud's celebrated essay, "Psychoanalytic notes on an autobiographical account of a case of paranoia (dementia paranoides)" (1911:12:9-79). Among the many others who have written extensively about Schreber are Carl Jung, Eugen Bleuler, Karl Jaspers, Emil Kraepelin, Melanie Klein, R. W. Fairbairn, Otto Fenichel, Philip Kitay, H. F. Searles, Helm Stierlin, Jacques Lacan, Elias Canetti, William Niederland, Gilles Deleuze and Felix Guattari, James Hillman, Zvi Lothane, Sander Gilman, and Thomas Szasz—not to mention all the philosophers, social psychologists, historians, and linguists. With so much attention, the Schreber case has become a fascinating example of the nature of interpretation and the conflict between interpretations.

I don't want to spend a lot of time explaining Schreber's symptomology and diagnosis. I'll summarize quickly by saying that at age 42, Schreber, a highly influential magistrate and the son of Germany's leading authority on child-rearing practices, began a series of nervous breakdowns that resulted in his spending the rest of his life in and out of psychiatric institutions until his death in 1911 at age 69. Overtly, Schreber's paranoia seemed structured around his belief that God has lost faith in humanity and decided to destroy it (how could God understand humanity? He doesn't deal with living people, but only with corpses). A new race of human beings was to be born, with Schreber himself as the vessel for their conception. God wished to have intercourse with and impregnate Schreber with this new race, but of course, in order for that to happen, Schreber's penis would have to disappear

[5] Because the penis and the phallus are two and not one, we do not even know how to count the male body parts. Girls are made of indiscrete amounts of stuff: "sugar and spice and everything nice." No quantities are given, nor do they need to be. But boys are made of countable things: "snips and snails and puppy dog tails." Countable, if not to say detachable, things, metonymies of their always castrated penises. But do we count the penis as one and the phallus as another? Or is the penis simply a potential text, a text which seems to self-create at will? St. Augustine claimed it was two: the penis, which is the "logical extension" of all rational men, created in the image of the divine logos, and the phallus, which as rationally uncontrollable, must simply be the handiwork of the Not-God, Satan. The phallus for Augustine is the wily serpent in the garden and, as the only body part which refuses to submit to the brain, the constant reminder of our fallenness. See Philip Culbertson, "Designing men: Reading the male body as text," *The spirituality of men: Sixteen Christians write about their faith.* Minneapolis: Fortress Press, 2002.

and change into a vagina, his pelvis and body would have to become feminine, and he would have to grow a womb. He would have to become a woman "in the throes of voluptuosity,"[6] attracting God with his feminine desire. Indeed the process had already begun, for Schreber believed his penis had already begun to disappear, a transformation which he termed "unmanning."

While I don't want to spend a lot of time unpacking the various psychiatric and psychotherapeutic interpretations given to the Schreber case it surely is important to mention that for Freud, Schreber's paranoic breakdown derived from a fixation at the narcissistic stage of development, resulting in the repression of Schreber's own homosexual love for his father, in the shape of the stern, even sadistic, director of the asylum where Schreber was incarcerated (Niederland: 1974:24f) Needless to say, many subsequent commentators have disagreed with Freud, generally observing that Freud's diagnosis had more to do with Freud's own internal processes than with Schreber's. As Sander Gilman observes, "Freud read Schreber's account in the midst of his confrontation with Alfred Adler, which evoked [Freud's] own homoerotic identification with [Wilhelm] Fleiss" (Gilman: 1993:142). That comment, in turn, raises a question of how much of our interpretations of client material are in fact our own defence mechanisms?

It is to Schreber's term "unmanning" that I wish to return. It's a peculiar word, loaded with implications for both gender identity and sexual identity. Let me quote Schreber himself:

> In such an event, in order to maintain the species, one single human being was spared—perhaps the relatively most moral—called by the voices that talk to me the "Eternal Jew"...The Eternal Jew ... had to be unmanned (transformed into a woman) to be able to bear children. This process of unmanning consisted in the (external) male genitals (scrotum and penis) being retracted into the body and the internal sexual organs being at the same time transformed into the corresponding female sexual organs, a process which might have been completed in a sleep lasting hundreds of years, because the skeleton (pelvis, etc) had also to be changed... (1903/1955: 73-4)

This unmanning process, which begins with the male genitals being retracted into the body, hints neither at surgical circumcision or surgical castration, both of which involve the agency of a human being, but rather, unmanning as Schreber uses it suggests a "magical" disappearance, the irrationality of which seems to

[6] The term Schreber uses to describe his bodily responses when God approaches him. His responsive phantasy mirrors his belief that God is "a voluptuary." See B. Kite, "Miracle Legion: Daniel Paul Schreber's 100 Years of Solitude," *The Village Voice*, Education Supplement, January 15-21, 2003, downloaded from http://www.villagevoice.com/issues/0303/edkite.php

even further emphasize the loss, the absence, the void. Schreber doesn't want it to happen or will it to happen; it just "happens," and he hates the imagined result. He writes in his autobiography (1903/1955:148), "Fancy a person who was a *Senatspräsident* allowing himself to be fucked!"

Process: I began to get lost in not-knowing at this point of preparing my presentation. Unmanning suggests castration anxiety, but not in the classical sense. Jessica Benjamin suggests that castration anxiety affects both males and females, for it means fear of "being robbed of what the other sex has" (1995:127). Being robbed still suggests someone's agency; if someone robbed me, I at least have someone to be angry at. But if my genitals simply disappear, or if, as Schreber argues, God makes them disappear, then who do I have to be afraid of, or angry at?

Of course, we are also bound to consider that my experience of my own penis disappearing and emerging is not an act of God in the therapy room, but something having to do with the psychodynamics between me and the client. Some of my clients know I'm gay. After all, this is little Auckland—an amazingly small city—so a gay therapist will always have to manage what happens when he runs into a client at a gay bar. But with many of my other clients, my sexual orientation sits largely unlanguaged in the room, sometimes out of fear. But who is afraid of what? Am I afraid of the client's homophobia, his anti-homosexual bias, as the GAP Committee on Human Sexuality called it? Or is the client afraid of what he suspects to be my orientation? Am I, as the person on my applicant panel implied, obliged to disclose my sexual orientation to my clients? And if I am, then why aren't heterosexual therapists obliged to self-disclose? And in the midst of the unlanguaged known, who is more vulnerable: me, or the client?

At this point in writing, Jed Clampett's car ground to a complete halt. I got up from the computer, and went upstairs to clean out closets. I thought: well, I'm going to have to admit that I reached for the stars with this topic, and fell flat on my ass! I've been thinking obsessively about cleaning out closets all summer long. Somewhere between the sleeping bags and the box of my old baby clothes that my mother recently sent me (I don't know why), I started to laugh. The ubiquitous displacement: the closet I was trying to clean out, by writing this, was the closet in my head—my hated, dreaded, beloved gay closet—not the closet in my bedroom! And laughter freed something up, because I then allowed myself to remember the term Erotic Countertransference.

I tried to remember where I'd read about Erotic Countertransference, or what I'd been taught, or which one of my therapy colleagues or supervisors I'd discussed

it with, and came up with a blank. Why? What on earth could make erotic countertransference so suspect a topic that I couldn't remember ever having read about it or talked about it with anyone? Puzzling through this, I came up with five reasons which might explain why the topic of Erotic Countertransference is often avoided in psychotherapy talk:

1. The enculturated dangerousness around sex talk. For many people in the many cultures of Aotearoa New Zealand and Oceania, talk about sex is considered shameful. Polynesian cultures have strict cultural restrictions about such talk—for example, it can never happen in mixed groups of men and women. Sometimes we have clients who came from families where sex talk was forbidden, or families where genitalia were made fun of or disparaged. Those who have been sexually abused carry a lot of shame around the subject of sex. And I'm always surprised how many of my AUT students report that the subject of sexual activity has never come up between them and their therapists. When sex goes undiscussed in therapy, I wonder who is afraid of it—the therapist or the client?

2. The personal superego. I grew up in a strict religious family, where talk of sex, and even sexual curiosity, was completely forbidden. Sex was "private," which I eventually learned was a synonym for dirty. To be caught thinking or reading about sex was humiliating. Those messages got implanted in my superego, and as much as I think I'm freer from them now, I still find myself hesitating when I need to ask clients for clarification about something they've mentioned about their sex lives.

3. The apparent fragility of my own sexual identity. My sexual identity isn't as old, metaphorically, as some other parts of sense of self, because it didn't have a healthy nurturing climate to grow up in. While I think I've made great strides in this part of myself, writing this presentation has made me very aware of the detritus that still litters the floor of my sexual closet. There's still work to be done, but I know that claiming an integrated sense of self that nourishes me and makes me proud of myself is a life-long process.[7]

[7] In my book *Caring for God's People: Counseling and Christian Wholeness* (Minneapolis: Fortress, 2000), I wrote (p. 81): In the previous chapter on narrative, I quoted the following enigma from Roy Schafer's *Retelling a Life: Narration and Dialogue in Psychoanalysis* (New York: Basic Books, 1992, 25):

> A male analysand says to his analyst: "I told my friend that whenever I catch myself exaggerating, I bombard myself with reproaches that I never tell the truth about myself, so that I end up feeling rotten inside, and even though I tell myself to cut it out, that there is more to me than that, that it is important for me to be truthful, I keep dumping on myself."

This is not the place to discuss the complicated concept of "self" in psychodynamic theory, but the Schafer quotation illustrates how much we are, to quote Jung, "a collection of selves" which enter into vigorous internal dialogue with each other. The Schafer quote speaks not of an integrated "self" at all, but of a series of self-objects: the Narcissistic Self (I catch myself exaggerating), the Punitive Self (I bombard myself), the Deceiving Self (I never tell the truth about myself),

4. The imagined—and possibly projected—superego of NZAP. I have lots of circles of friends who talk pretty openly about sexual fantasy, sexual activity, and sexual curiosity. My psychotherapist friends talk easily about desire, but often exclude the sexual part of desire. Perhaps we fear censure, or even exclusion, by our professional peers, who will jump to the conclusion that an exploration of erotic countertransference will lead to inappropriate acting-out with clients. The NZAP code of ethics is clear about what's allowed and what's not in terms of sexual contact with clients or former clients, and perhaps we could explore erotic countertransference more comfortably if we could adopt an attitude of "ethical until proven guilty" about each other. This point is even scarier for gay therapists, I think. It helped clarify my own thinking when a friend said to me recently, "It took me a long time to realize that I was molested as a child by a male paedophile, not by a homosexual." But popular rhetoric seems to have a very hard time holding that distinction.

5. And I wonder if we have our unique contextual interference around exploring erotic countertransference. Is this reluctance still part of the shadow of Bert Potter and Centrepoint? That thought makes me very sad, because I wasn't even involved with NZAP when that happened. I am reminded of how we are affected by things in our "family" that happened long before we were "born," or what Selma Fraiberg called "ghosts in the nursery."

A more intentional hunt on the web led me just where I was beginning to suspect it might: that almost no one has written about the topic of erotic countertransference. Freud apparently barely mentioned the topic, even though his students were rather notorious for becoming sexually involved with their clients. Blame was usually placed on the client for having seduced the therapist, thereby deflecting the therapeutic gaze away from the therapist and his or her countertransference. The first essay I could find on the subject was by Lucia Tower—a 1956 essay on "Countertransference" in *The Journal of the American psychoanalytical association.* The search eventually led me to a recent article in *The international journal of psychoanalysis,* by Emanuele Bonasia of Turin, entitled "The Countertransference: Erotic, Erotised, and Perverse." (2001:82:249-262). Bonasia confirmed my own results, listing only nine psychoanalysts who have written on erotic countertranference in the past fifty years: Lucia Tower (1956), Heinrich Racker (1953), Harold Searles (1959), Michael Gorkin (1985), Glen

Gabbard (1989), Otto Kernberg (1992, 1995), Michael Tansey (1994), Stefano Bolognini (1994), and Emanuele Bonasia (2001).[8]

While Freud barely mentioned erotic countertransference, he does seem to have considered it to be one of the "normal hazards" of being a psychoanalyst. Freud wrote a letter to Jung in 1909 in response to a request for help in relation to Jung's amorous and probably sexual involvement with Sabina Spielrein:

> I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a *narrow escape*...They [these experiences] help us to develop the thick skin we need and to dominate 'counter-transference,' which is after all a *permanent problem* [italics mine] for us.... (McGuire: 1974: 230f).

Freud's reference is not entirely clear, but it would certainly seem to suggest that he understood that some part of sexual attraction to a client should be attributed not just to the client's transference, but the therapist's countertransference; that such an attraction is dangerous enough to be described by "a narrow escape"; and that erotic attraction is among the components of the "permanent problem" of countertransference. But, I ask, if it's a "permanent problem," why aren't we more comfortable as an Association exploring countertransference in its erotic form? Why do the five reasons I listed earlier still seem so powerful?

As instructive as Emanuele Bonasia's article on erotic countertransference was, it still left me feeling dissatisfied. He lays out the extant theory in all its paucity, and he bravely discusses his own erotic countertransference via case vignettes, but at the end of the article he admits that his focus has been on heterosexual male therapists working with heterosexual female clients. And then he admits that he has no idea how this works outside of that nearly-stereotypical combination. At that point, my excitement about finding his article turned to significant disappointment, and in fact, I felt very invisible as a gay man.

So for the last part of my presentation, I want to be brave—or foolish—and talk briefly about how I'm trying to puzzle through these issues of visibility and my own erotic countertransference. I reiterate that I am not talking about actual sexual arousal, but am attempting to foreground my own countertransferential

[8] So Bonasia claims. But a search of psychotherapeutic literature, as opposed to the psychoanalytic literature, yields a number of therapists who have written on erotic countertransference, including Marie Maguire, "The Impact of Gender on the Erotic Transference," in *Men, Women, Passion and Power: Gender Issues in Psychotherapy*, London and New York: Routledge, 1995, 136-144; W. W. Meissner, "Therapeutic Response to Countertransference Difficulties." *The Therapeutic Alliance*, New Haven and London: Yale University Press, 1996, 50-51, 80-81, 108-109, 190-191, 254-255; and David Mann, *Psychotherapy: An Erotic Relationship—Transference and Countertransference Passions*, London and New York: Routledge, 1997, 68-100.

sexual responses and fantasies, for the purposes of attempting to understand better what is happening in that space between us and our clients.[9]

Some markers of erotic countertransference, in which my penis seems to emerge, or to be present:

1. Admiring the beauty, virility, or youthful vitality of a client. This might be a form of erotic countertransference which Bonasia calls "normal," that is the predictable mix of aggression, bisexuality, admiration, and love and tenderness which form the capacity to identify with another person.

2. Fantasizing what it would be like to be the partner of a client. I don't think this is just because I'm gay, or because I'm single. I think it's a fairly common form of erotic countertransference, prompted in part by our work of "negotiating intimacy." This might be a form of what Bonasia calls "erotised" countertransference, as opposed to "normal" erotic countertransference. He defines "erotised" as indicating a defence against the pain of loss and separation. In my illusion, if my client is my partner, we will never have to separate from each other. On the other hand, this may instead be the client's projected illusion.

3. That confusing countertransference that sometimes happens while working with adult males who were sexually abused as children. It always surprises me when I stumble into it, and as far as I can discover, it is not discussed in any of the ACC training manuals. Bonasia might call this "perverse" countertransference, that is a defensive "sexual cloak" over the pain and anger that is prompted in the therapist by the client's narrative of abuse.

But there is also a "negative" erotic countertransference, which I thought I recognized when I came across Daniel Paul Schreber's term "unmanning". My penis disappears because my sexual identity disappears.

1. Assuming the disgust of younger gay clients. I find myself very reluctant to even raise questions about their therapeutic attachment to me because of the manner in which the gay community typically rejects the attractiveness and value of older gay men. Many younger gay men find it offensive or disgusting to be approached sexually by older men. I wouldn't approach my clients sexually, but I'm afraid that any investigation of the levels of

[9] This notion of countertransference suggests that there is an intimate link between patient and analyst centered on the capacity of the analyst to feel unconscious resonance with the patient. The analyst's task becomes that of acting as a receptacle for the patient's unconscious phantasy whilst remaining anchored in the analyst's own self, so as not to enact the patient's disorder. Stephen Frosh, *Key concepts in psychoanalysis*, New York: New York University Press, 2002, 102.

emotional intimacy in the therapeutic relationship will generate the same rejection. And I feel unmanned.

2. Fearing the imagined (projected?) homophobia of male clients. Jay Geller speaks of how the gaze of another inscribes things on our body (1992). It may be that I'm inscribing homophobia onto non-homophobic clients. That's hard not to do, when I, like many gay men, carry a long history of the emotional violence of homophobic men and women. Is this homophobia projected or countertransferential? How might I differentiate this?

3. Being wiped out/objectified by a woman's erotic transference, a possibly perverse form of desire.[10] I've had to work so hard to claim a sexual identity, to get to know myself, that I find it very confusing when a female client directs her erotic transference toward me in a way that indicates she is positioning me as a heterosexual male. I don't feel like a person—I feel like an unfamiliar object—and above all, I don't feel like me. My penis seems to disappear, and I feel unmanned. I often ask myself: In my lack of self-disclosure, am I colluding with the client's avoidance of her anger and disappointment that I'll never be who she thinks she wants me to be?

With those comments, I will close. Jed Clampett's car has run out of petrol. I have many many more questions than I have answers. In developing this presentation, I've tried to pay attention both to my process while working as a psychotherapist, and my process as a writer struggling with a delicate self-disclosure. (Ironically, that's made the expected non-disclosure of the therapeutic relationship look like a relief!) Professionally I think we have a lot to think about, and I wish that we could find a way to think about these things together—as heterosexuals and homosexuals together—in an atmosphere as free of the (projected) superegos of Centrepoint, the NZAP, and enculturated dangerousness as can be attained. Glen Gabbard reported in 1989 that, in a survey covering a large sample of psychotherapists, 86% of the men and 52% of the women stated that they had felt, or were, sexually attracted to patients. This is not all psychopathology, then. It is, rather, part of the "permanent problem" that binds the therapeutic couple to each other.

[10] On the male gaze, see Philip Culbertson, "Designing Men: Reading Male Bodies as Texts," in *The spirituality of men: Sixteen Christians write about their faith*, ed. by Philip Culbertson, Minneapolis: Fortress Press, 2002, 165-178. I have not yet found a parallel article on the female gaze that satisfies me.

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The Belly: My client's struggle and my dance - my struggle and my client's dance.

Jennifer De Leon

Abstract

Over-eating, with its inevitable result, being overweight - ranging from 'the fuller figure' to obesity - is rated as undesirable today as leprosy was in Biblical times. Being fat is the object of shame and ridicule both external and internal.

This essay is a study of the work I am doing with a client who weighs 148kg. The initial phase of therapy and aspects of our work to date are described, with emphasis on the model and techniques of The Healing Dance Therapy that are employed, and on the relationship that has developed between this client and myself the therapist, as a result. The paper is also a story about dance.

Dance therapy

Dance therapy is not traditional psychotherapy, which evolved through the psychoanalytic work of Freud, but dance has been a traditional method of psychological and spiritual expression and healing since the beginning of time. Maybe it was when "the spirit of God moved upon the face of the waters" (Holy Bible, Genesis 1:2) that dance entered the world.

The leap from this, to psychotherapy as we know it today, seems great, but when we remember that the Greek root-word of psychotherapy *therapeuo*, means 'to attend', we recognise that we are not so far off the mark. For to dance is - with exquisite and keenest mindfulness - to attend: to oneself doing the dance, to the other doing his or her dance also, to the 'other' which lies between, and ultimately to the transpersonal embrace which holds it all; us, the dance, life.

I name my work 'The Healing Dance.' It is a psychotherapy, a pilgrimage, a prayer, a way of life. My goal is to find the rhythm behind my client's words, then re-waken the steps of my client's 'dance', and encourage 'the dancer within' to step forth, and - dance on!

When we are born, one of the first things we do is breathe. Our tiny body gasps and shudders, twitches, reaches, stretches, curls and unfolds, gulping great in-

breaths of life-giving air. Breath is thus the first dance. Breathing continues as the fundamental kinetic impulse for the rest of our lives.

What the breath sustains, is our bodies, which we are - and are more than. The equation then is this: Breath + body = movement. In psychotherapy there are no clients who come to therapy independently of breath or body or movement. Breath, body and movement precedes and contains whatever issue the client has come to therapy for. Furthermore, every client presents with distinct characteristics of breathing, body and movement.

What manner of attending is appropriate and most effective when the client presents with an overwhelming incongruity to the form of therapy she has chosen? Further when we know the incongruity is not something to 'get past' but something to be acknowledged and celebrated?

Billie

Billie is 45 and weighs 148kg. Her face is flushed and her breathing is shallow and fast. She is dressed in inexpensive loose trousers, a T-shirt with a food stain on the front, and bare feet. Her posture is slumped; an inevitable consequence of the enormous protruding stomach which pulls her shoulders down and back and her pelvis forward. She moves with a stumpy percussive gait, and her arms swing jerkily from side to side. The muscles of her arms and hands and upper torso are clenched. She places her feet heavily, legs apart. Her muscle tone is loose and floppy while her movement quality is bound and tense. She holds her limbs closely to her body and rotates her entire body to her line of visual focus. A floating amorphous quality when she moves her body in space is overlaid by a held, almost brittle musculature.

Billie does not face me, locating herself slightly to one side, and watches me with wide, unblinking eyes. Billie brought poetry to our initial sessions, describing her life, and her impression of the previous session. The poetry is terse and un-emotive and when she reads her work to me her affect is clipped and flat. She thought she would like to dance the poetry, which idea I supported warmly. Billie's initial dances were unstructured and amorphous, the minimal movement vocabulary limited by what was corporeally achievable at a weight of 148kg.

A contrast existed between her overall tension-filled bound flow, her movements of minimal extension, shaping executed with clearly great effort, and her floating undefined wash of turns and hand-waves. The tense, effortful movement is that of defence and armouring, the developing and emergent self blighted by shame

and fear. The other amorphous movement is the dance of the baby in amniotic fluid, the infantile state before development of the ego, of merging in symbiotic and undifferentiated union.

It seemed to me that the 148kg constituted who Billie was and that without it an intense dislocation from herself occurred. She described a sense of terrible self-abandonment which, when she danced these feelings, she expressed in primitive, bound-effort flicking shapes. Guntrip, writing from the object relations perspective, states

> The patient clings to the anti-libidinal ego and to the internal bad objects on which it is formed by identification in order to keep her ego in being. She then suffers the persecutory and depressive anxieties with resulting defences and secondary conflicts that constitute neurotic illness (1961: 430).

These words epitomised Billie's predicament. Guntrip continues, his words applicable to Billie's case:

> The entire world of bad objects is a colossal defence against loss of the ego by depersonalisation. The one issue that is much worse than the choice between good and bad objects is the choice between any sort of objects and no objects at all. Persecution –

(In Billie's case the self-persecution of her obsessive-compulsive relationship with food)

> - is preferred to depersonalisation. The phenomenon of internalising of bad objects has hitherto been regarded as arising out of the need to master the object. We see it now as up-rising even more fundamentally out of the need to preserve the ego (1961: 432).

My impression was of a duality: a bright breeziness that suggested "I'm alright"! and simultaneously a physical, psychological, emotional and spiritual weariness that seemed all pervading. My immediate evaluation was 'this is someone trying to disappear, or hide'. I asked myself, ' What is her bulk hiding? What is she using her bulk to hide from? From what is it shielding her? As she stuffs down food, what feelings and what pain is she also stuffing down?'

From talking and continued observation of the physical characteristics, my initial impressions consolidated and gained verification.

Assessment

The characteristics Billie exemplifies are descriptive of the baby who, due to a lack of mirroring affirmation in infancy, has not experienced a safe transition from undifferentiated symbiosis to the sense of emergent, discrete self. I assessed that psychically, Billie is located at the developmental stage Erikson (1950) names 'trust versus mistrust'. While in some areas Billie is functioning adequately (ie: she does very competent volunteer work at Kindy), socially she has few friends, and her excessive weight and obsession with eating cause serious impairment in social, occupational, familial and sexual areas. Billie is a woman functioning at around 50 - 55 on the GAF rating. She exhibits symptoms that meet the DSM criteria of compulsive personality disorder: (a) restricted warmth, (b) her devotion to work, (c) with insistence that others do things her way, (d) a perfectionism and preoccupation with detail and (e) general indecisiveness.

Billie has related stories from her childhood and of her present-time work at Kindy which seemed to clearly match the criteria named as (b), (c) and (d), above. In therapy, whenever we begin to discuss anything to do with the future, goal setting, or what she really wants, Billie exhibits (e). Billie's weight is a powerful way of minimising any social interaction beyond the superficial and she does not have a deep level of friendship with anyone outside of her husband. Billie describes her relationship with her husband with frustration and pain, saying that her weight does not affect him but that, nevertheless, sexually he does not give her what she wants. She feels frustrated then guilty for wanting more.

I was aware that while Billie appeared to share openly and willingly, a characteristic of the compulsive personality disorder is mistrust. Billie's narrow, repetitive, peripheral movements were suggestive of mistrust. There were further movement clues - her torso minimally involved with almost no abdominal or pelvic activity, her spatial extensions were reduced, her hands remained close-fisted or only slightly open, and her head remained upright. Her poetry was equally minimal and stark. Billie's dance and poetry also expressed a rigid moralistic judgement and pedantic expectation of how therapy should be (criteria named by Fay: 1985 & DSM IV 1998). It would be naïve to imagine that this work could occur without transferences and counter-transferences emerging. Billie's judgements and expectations suggested a barren, repressive, controlling (mother) transference. My counter-transference here was very 'shadow': to become a bossy dance teacher. I recalled myself to the task before me, reminded myself of tenacity with compassion, humour, love and spunk, and was in preparation for what lay ahead of us.

In *Forum* (2000) an essay by Stephen Appel discusses the formation of a general impression on first meeting a new client. This is constructed of the quantitatively nebulous energy 'vibration' plus all the assessment criteria the therapist normally employs from the moment of initial contact. My general impression of Billie was graphic: she was a baby whale, floundering in water both too deep and too shallow at the same time, and if the tide should wash this baby whale onto the nearby rocks, she would burst and become a glue-like film adhering to everything around her.

Ongoing work including therapist's process

Billie explained she had been put on a diet by her mother at the age of 8 for "eating too much". "It didn't work," Billie stated flatly. Since then she had put herself on lots of diets, and they didn't work either. Billie warned me resolutely "It's no use trying to put me on another diet." Billie's quiet resistance was deafening. Through transference I became: her mother, previous therapists, Jenny Craig, Weightwatchers, and all the well-meaning, critical, judgmental, non-accepting people throughout her life who had communicated the message that she was not good as she was. My life-long immersion in the doctrines of the dance world, where fat is forbidden, set a subtle 'fix it, fix it' chiming in my mind. Billie's warning prompted the counter-transference of my own experience of Madam – the benevolent but uncompromising director of the dance academy who says, sometimes out loud and always silently, "Do the work - and you'll improve. Don't do the work – and you're out".

But Madam is not my role in dance therapy. My role is that of midwife: facilitating the birth of healing already potentially present. I assured Billie that my putting her on a diet was not a treatment strategy I would use. Instead, evoking and calling forth 'the dancer' in her - with everything this means to her - was what we would do. I watch my Madam counter-transference with the same evenly suspended attention with which I watch Billie's journey (and I exorcise the demons in supervision).

The Psychotherapist working with Dance knows a peculiar vulnerability and nakedness; the body dimension is so loaded. Once childhood is left, the body and its movement become circumscribed by conventions of societal propriety, mouldings of religious and cultural constraint, expectations of what is construed to be 'popular', 'beautiful' and 'normal'. My client was a woman who disappointed all the definitions of acceptable. Yet, with her most un-dance-like body, she had chosen to work with a dance therapist. Although Mother had said "No - you're

too fat" she had always wanted to dance. Now she had chosen to do a therapy so uncomfortably different from the sitting talking therapy to which she was accustomed. In the process of listening to Billie as she unravelled what led to this decision I gained insight into the depth of her longing to be found acceptable for who she was. Billie wanted to re-claim herself, not return to the innocence and omnipotence of the pre-conscious child, but simply *be* who she was.

I believed that no amount of therapy, dance or otherwise, would achieve weight-loss for Billie until she decided that was what she truly wanted. How much *did* she want a slimmer body? Could she risk losing the fragile ego-id equilibrium she had established, keeping the unconscious terror of emptiness at bay by sustaining the persona of fullness? If Billie used dance therapy as just one more proof that she was incurable, then *either* my job was already over, or I could respond to the much deeper cry of this woman to find something in her life that was beautiful and meaningful and made the journey worth it.

The Dance as metaphor for change

The autopoetic paradigm (Maturana, H. & Varela, F.J., 1987) holds that we generate our reality in the language in which we frame our experience. I felt that Billie was living in a conversation that conserved her state of 148kg. I believed that if I could facilitate some change in this conversation there was a chance she could also generate a reality that was not dependent on the 148kg persona.

The essence (and the mysticism) of Dance is its eclectic fluidity. It exists only in this moment of its occurring and passing. Dance is about movement not state, and is therefore a powerful and *embodied* metaphor for change. Conversations, scripts, narratives, personas and equilibria are not fixed. In order to effect the change, a peculiar paradox occurs. While conversations, scripts, narratives, personas and equilibria are not fixed – yet we seek familiarity and stability. We seek integrity rather than whim, duration rather than 'gone by the next session.' In order to manage the paradox, certain principles of my Dance Therapy work come to the fore. The abiding qualities of commitment, discipline, perseverance and compassion undergird the work, becoming a foundation for the uncertain, even precarious, nature of change. In the understanding and lived experience of this paradoxical melding of conservation and ephemerality, lie one of the deepest understandings and insights towards healing. This is the notion that the 'I' is a metaphor. The 'I' is not fixed. The 'I' is process. We have commitment to process, not state. The goal is to go *beyond* self-indulgence and self-mortification (idealisation and denial). It is to experience and understand

that 'I' and *The Dance* are not separate, and to reach, (as far as humanly possible) freedom from narcissistic preoccupation with self and to enter be-ing.

It is my conviction that the operatives commitment, discipline, perseverance and compassion facilitate the passage of be-ing.

Billie resented talking about discipline yet raised the subject in our sessions time and again. Did she want me to *instruct* her in discipline? Dance Psychotherapy is an unfamiliar modality, so it seems inevitable that the therapist is cast by transference into the role of teacher, a role that, I am acutely aware, predicates narcissistic idealisation. I notice the seduction of the counter-transference where I feel an urge to act as *The Guru Who Will Get You There.* Supervision helps in maintaining the delicate balance between not masking my competence, so my client is confident of my ability to assist her (Winnicott, 1976) and simultaneously holding the principle, 'your student is your teacher.'

I did not want the hierarchical nature of this transference counter-transference to contaminate the work. We acknowledged and included it as a factor. I asked Billie what discipline meant to her. She had already discovered that the 'do repeat amplify reflect play repeat amplify experiment push limits repeat again' sequence we do in Dance Therapy - analogous to Freud's "remembering, repeating, working through" (1964) - required discipline. She said she *really* wanted me to help her to dance. She would therefore, for that goal, think about discipline. I wondered privately if she would actually do it. Billie said she had hugely enjoyed watching gymnastic athletes on TV, and commented that their artistry and beauty were obviously the result of great discipline - which must cost all. This, she stated flatly, was beyond her.

I wondered if Billie would thus excuse herself from the task of exercising discipline, therein also excusing herself from having to actually commit herself to therapy in the first place. I wondered if she wanted to change, to deal with her problems, her situation, her life, and if she really wanted to change her weight. Did she really want to deal with the conscious and unconscious issues that were the origin of her weight? If Billie decided that I was merely reiterating the oft-repeated messages of previous controllers, then my task was defeated already.

In the artistic discipline, or the disciplined art of Dance Psychotherapy, this is not an uncommon defence. Discipline is a self-ordering activity of the mature ego. Billie's pronouncement that this was beyond her was an unsurprising defence from a woman who, from early childhood, had emergent faculties of personal bodily regulation and self-control over-ridden and externally dictated. In this way, the quality of will remains undeveloped and the emergence of self-governing

autonomy is thwarted. When satisfactory differentiation has not occurred the boundaries of me - not me remain blurred. Billie's indefinite, blurred body-shape and movements, and her ego inability to identify and own a separate self, were mirror images of each other.

Billie is deeply spiritual and this had been acknowledged in our work. It seemed natural to introduce an idea central to the walk of mystics: that discipline, an aspect of the *via Negativa* (Fox, 1989) is different from rules. Discipline is an inner commitment to a High Calling, undertaken not with resentment, but devotion or love. We talked about discipline and devotion and Billie said she understood that when discipline is done with devotion it would not be rules, it would be choice. It is not unlike *Satori*, a Zen word meaning release from the bondage of narcissistic self-preoccupation. It is a condition achieved through discipline done with devotion. In *Satori*-living, life is rich with mystery and creative passion. In the Four Spiritual Paths of the mystics, the *via Negativa* (discipline is core in this path) precedes the *via Creativa.*

Given that this journey of *Discipline* —> *Creativity* is an intrinsic aspect of my Dance Therapy repertoire, I encouraged Billie to make dances, thus engaging her creative imagination in a world of fantasy, play and symbolism. Therapy sessions became an environment for unconscious authentic movement and play based around movement stories. The transitional therapeutic space thus became a context for the pre-verbal and un-verbalisable to be remembered, re-experienced and brought into expression. The dance therapist is able to reflect back the material that is emerging into consciousness and assist the client – through movement and *in* movement – to integrate her realisations into her present reality.

An example

I invited Billie to do a familiar movement-sequence with me. Billie agreed and we did a simple arm lifting and breathing sequence together, releasing the bound tension of body-posture that day to soften. We were now engaging the discipline Billie resisted. Through all the course of our work I have nurtured, encouraged and guided Billie in remembering, repeating, amplifying, developing and working with the small movement sequences she created.

Through empathic movement, reflecting and echoing her movements, we formed mirror transference. As we danced, I mirroring the movements with her, Billie became very moved. She said she felt comforted, that she experienced a sense that finally, she was not alone. In this experience of total symbiotic acceptance,

Billie was able to reconnect with earlier lack and, at a most primitive fundamental level, *supplement* it with the new experience.

Therapy has become an increasingly rich 'telling' of Billie's story in dance. Gradually she has begun to use movements of definition and form. Her weight-flow movement is more controlled, and her range more extensive. Through self-directed decision her shaping of movement is more crafted and modulated. Her affect is present and congruent with the movement. Billie, almost unconsciously, has dropped from 148kgs to 139kgs. Most of all, Billie has a sense of self-acceptance; she says she is finding peace.

And from T. Crum (1987): "Instead of seeing the rug being pulled from under us, we can learn to dance on a shifting carpet".

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Admission and Exclusion: the hidden rules.

Mary Farrell

Abstract

The rules of belonging to a group can be clear and transparent or hidden and opaque. This paper examines some of the problems that can be experienced by members and provisional members of NZAP and draws analogies with Shakespeare's Hamlet. Of particular interest are the play's themes of protocol, power, betrayal and hypocrisy and how they can affect large group interaction. The pain and shame of self-consciousness and of feeling excluded can result in continuing difficulties when we meet together in large groups.

The Power of Protocol

Outsiders to a country, a family, a society, an association or any sort of group face initiation rites or ordeals of various kinds. The rules of a group are always both explicit and implicit. The word "protocol" has a particular meaning here in New Zealand, where Maori protocol has significance for all of us in this country and needs to be learned and understood if we are not already familiar with it. This protocol is open and available to those who wish to learn it. In Roman times, the protocollunt was the vital heading to the first page of a legal or binding document, and the word protocol literally means " a record or a register". Protocol has come to mean a kind of social code. Unless protocol is being deliberately used to exclude outsiders, we must assume it exists to allow significant behaviours and standards to be passed on so that they can continue to nurture and strengthen the community. In this case, protocol needs to be clear, open and available. Only then can we understand and use it – the better we understand it, the more gracefully can we use it.

My experience of being an outsider to NZAP was that the protocol of the association was apparently clear and available, but actually hidden and opaque. When I was about to go for my initial applicant interview back in 1997, friends who were members gave me all kinds of advice:

"Just mention transference and counter transference ten times, and you'll be OK"; "Don't show any vulnerability – they don't like that"; "Make sure you don't mention Rogers or counselling!"

In fact my experience of this initial interview was very affirming and clear – here were three colleagues who were genuinely interested in my work and my life as a newcomer to New Zealand. Although my eventual admission to full membership of NZAP in 2000 was also an enriching and confirming experience, my first oral assessment interview in 1999 was anything but affirming and clear – rather it was an experience of being lost in the marsh, a bit like Frodo stumbling about with Gollum hot on his heels, wanting to salvage something precious, but ending up confused, agonised and humiliated. I am glad that since then, much thought has been given to the clarity, honesty and transparency of the oral assessment process.

Self consciousness exposed

Reflecting on these personal experiences has led me to question the hidden rules of belonging, and how much these affect us in whatever group we find ourselves. My first thought was that such experiences of misunderstanding or not knowing the rites of belonging evoke intense self-consciousness in most people. Phil Mollon, in his great study of narcissism, *The Fragile Self*, speaks of the phenomenology of self-consciousness, and writes of three varieties of self-consciousness:

1. Self-awareness, the ability to introspect and be conscious of one's self.
2. Embarrassed self-consciousness, a painful and shameful awareness of the self as the object of the other's unempathic attention.
3. A compulsive and hypochondriacal preoccupation with the self: a compelling need to look in mirrors and to evoke mirroring responses from others. (1993:54)

Mollon goes on to describe the "emergence of a self that observes the self" which seems to occur in the second half of the second year. It is during this time that the child begins to show concern over behaviour that violates adult standards. Similarly, Carl Rogers speaks of the "conditions of worth" (1961:167) which begin to infiltrate the organismic self, and distance the child from its own experience. When the child who is delighting in the experience of the muddy puddle is told sharply "What a mess you are!" the result is a sudden onset of the second state – embarrassed self-consciousness. The more repetitive such unempathic interventions are when the self is being observed, the more disturbed is the interaction between self and others.

The old fairytale of Snow White illustrates the third form of self-consciousness – the stepmother has to consult the mirror daily to be reassured that she is the most beautiful woman in the land. When, one day the mirror tells her she is no longer the most beautiful, she fragments into a psychotic and sado-masochistic state. The recent film of Snow White, directed by Michael Cohn, with Sigourney Weaver as the evil stepmother/mother/witch, shows this in the most emotional terms: the woman who looks in the mirror sees her own beautiful mother and confuses her reflection with her mother's, no longer sure what her appearance is. As Mollon says:

> When there is an experience or fantasy of an unempathic other observing the self, the more total the identification with the observing other, the more intense the self-consciousness. The presence of the other may be felt to be overwhelming, pushing the subjective self to the margin. Self-consciousness then emerges as a response to a threat to the self.
> (1993:55)

North by North West: Hamlet and hypocrisy[1]

Further thinking led me to find analogies for the scapegoating, hypocrisy and projective identification which can occur between powerful groups and vulnerable individuals in Shakespeare's famous tragedy *Hamlet.* In a crisis of identity, bitterly betrayed by his mother, Hamlet is a young man just returned home after some years at University. Although not an outsider to the Court, Hamlet knows that while he has been away, the rules have changed. His father, the late King of Denmark, has died a month previously, and his mother, the Queen, has married his father's brother, Claudius – "before the funeral meats were cold". Understandably, Hamlet is in a state of grief and anger.

One of the overt rules of belonging to the Court of Denmark is that courtiers offer the King and Queen unquestioning admiration and loyalty. The new covert rule seems to be that grief should be put away with great speed, and the dead person should not be mentioned again. Hamlet is told in no uncertain terms that "all who live must die" and that it is commonplace to lose a father. After his initial superficial and unconvincing eulogy, Claudius is offended by any mention of his late brother.

From Almereyda's film Hamlet: *New York 2000*

This scene shows an audience of admirers gathering in a conference room at the "Denmark Corporation", where the new head of the corporation, Claudius,

[1] The original presentation of this paper included use of DVD clips from Michael Almereyda's film *Hamlet*, 2000. I have provided a brief resumé of each clip I used to illustrate points in the paper.

is announcing his marriage to Gertrude, his dead brother's wife and Hamlet's mother. It is a scene of power and charisma – Claudius is handsome, polished, articulate and in control. All the people in the audience – except Hamlet – seem delighted to welcome their new ruler, and eager to forget the dead King, who has only been dead for a month. They also seem happy to accept that Claudius has quickly married his sister-in-law. After the ceremony, Hamlet walks with his mother and Claudius to their waiting car. His mother tells him: "Thou knowest 'tis common – all that lives must die, passing through nature to eternity" (Act 1, sc. 2).

But Hamlet cannot forget, and early in the play, there is the famous scene during which Hamlet's father's ghost appears, and speaks to Hamlet of his "foul and most unnatural murder – murder most foul!"(Act 1, Sc.5). The story the ghost tells is that while sleeping in the orchard, Claudius, his own brother, now the Queen's new husband, poured poison into his ear. Poison is a theme and a symbol in Hamlet. Everyone is talking about everyone, accusing everyone – poisoning each other's ears with rumours. Behind every curtain, someone is spying and eavesdropping. "Something is rotten in the state of Denmark" is one of the many famous quotes that can be found in this play.

From Almereyda's Hamlet: *Thy Father's Spirit*

During this scene, the ghost of Hamlet's father tells his son the whole story of his ghastly murder. It is a horrifying description. When the ghost leaves Hamlet, he speaks of the hypocrisy inherent in the whole situation in powerful terms: "That one may smile, and smile and be a villain!" (Act 1, Sc.5)

It's not difficult to see Hamlet in terms of a dysfunctional family. Freud, Ernest Jones, and many other psychoanalytic writers have written about Hamlet as a classic example of the "Oedipus Complex". For Jones, Hamlet's successfully repressed jealousy of his father and attraction to his mother is reactivated by Gertrude's remarriage to Claudius. Repression of incestuous and parricidal drives must be carried out again: "These ancient desires are ringing in his mind, once more struggling to find conscious expression, and need such an expenditure of energy once again to repress them that he is reduced to a deplorable mental state." (Jones: 1949:19)

However it is also possible to see the court of Denmark as dysfunctional. Ruled by a powerful few, who not only decree the laws of the country but also behave like emotional secret police, the court is exclusive, rejecting of outsiders and intent on hiding its guilty secrets. Like all dysfunctional units, the court of Denmark attempts to protect its reputation by concealing the distress and trauma

experienced by its members, and by naming scapegoats, in this case Hamlet, who carries the insanity of the court by "feigning madness".

One of the central questions of Hamlet concerns his madness – is it feigned or is it real? Does he assume madness as a protective device? As K.R. Eissler writes in *Discourses on Hamlet – A Psychoanalytic Inquiry*, "Madness has long been believed to be a sort of guarantee against an adversary's evil intentions. A madman is not, after all, to be feared as one fears a cunning enemy." (1971:438)

In order to preserve himself from being put on the King's list of dangerous people who need to be removed, Hamlet assumes the cloak of madness. The cloak allows him to behave in ridiculous and delirious ways, and to assume his "antic disposition" while he works out how he can avenge the death of his father.

For the first three acts of the play, it seems that most of the characters, including Hamlet's beloved Ophelia, believe that he is truly mad. Leading the pack in this regard is the King's counsellor Polonius, Ophelia's father. He follows Hamlet around, shaking his head over his decline and talking to him in a condescending and pseudo-parental way, tutting and intruding, eavesdropping, and at one point, setting up his daughter to trap Hamlet into an admission of madness.

From Almereyda's Hamlet: *Scheming Players*

In this scene, Cordelia is "wired" by her father and the King and Queen, and sent to Hamlet to find out about his state of mind and to declare any relationship between them over. They want evidence of his "madness". Hamlet is moved by Ophelia at first but then suddenly realises the conversation between them is being taped and overheard by others who wish to judge and condemn him. (Act 3, Sc. 1)

Surrounded by unempathic others – even the ghost of his father is singularly uninterested in his well being and asks him not a single question – Hamlet is lost in a hall of mirrors, none of which reflect him accurately. Slowly but surely, the cloak of madness begins to become a nightmarish skin. He devises a plot to force Claudius to admit the murder. In Almereyda's version of the play, Hamlet makes a film about a murder that closely resembles the murder of his father by Claudius – in the original play, it is a piece of mime, performed by travelling players and called "The Mousetrap". It is at this point that Claudius, in soliloquy, unaware of any listener, finally admits the dreadful crime of which he is guilty, and the hypocrisy of the court is shown in full.

The atmosphere of distrust and paranoia, of spying and judging, of eavesdropping and reporting back to the powers that be have their eventual tragic end. Polonius

is accidentally killed whilst hidden in a cupboard spying on Hamlet and his mother. Ophelia has suffered hugely from all the coercion and craziness around her and becomes psychiatrically ill. She drowns herself. In the final scene, Hamlet's traitorous mother drinks the poisoned glass of wine that Claudius had set out for his nephew. Throughout the play, Hamlet has dreamed of murdering his father's usurper. This murder is eventually accomplished, but shortly afterwards Hamlet dies too, the victim of a poisoned sword wound.

From Almareyda's Hamlet: *Duel to the Death*

The terrible last scene shows the death of Hamlet, Laertes, Gertrude and finally Claudius. The decadent state has to be abolished so that new blood, in the form of Fortinbras of Norway, can begin to lay down the foundations of a healthier regime. (Act 5, Sc.2)

Shame, denial and the large group

Perhaps the main message of Shakespeare's universally acclaimed play is that hypocrisy can only result in disaster. As Eissler put it so succinctly:

> Wherever human beings meet, whether it is as family, Parliament, professional organizations, church, there is hypocrisy. The first solution that comes to mind is honesty. If it is indeed true that at the bottom of hypocrisy is the denial of the Oedipal crime, then members of the older generation should frankly admit to the younger that they themselves were guilty of it. The necessity on the part of the older generation to keep a secret from the young is the true crux of the metabolism of generations.
> (1971:376)

If we extrapolate from this that hypocrisy is about concealing guilty secrets and projecting our shame onto others, we can perhaps understand how difficult it can be for us to be in a large group together. We know that shame has the potential to paralyse a group. Acts of shame remain opaque and unable to be spoken about directly, as illustrated in *Hamlet.* Members of the group feel unsafe and experience the sensation of something horrible, like a ghost in the centre of the room which has to be avoided. Silences are experienced as persecutory.

Nowhere in our association was this "horrible centre" more evident than in the former oral assessment procedure, spoken about in hushed and horrified whispers, giving rise to rumour and terrified fascination in prospective members. Before the welcome recent revisions of our assessment procedures, if a candidate was deferred,

communication with panel members was unequivocally forbidden. In my own case, even the tape of my first oral assessment was completely inaudible.

As Terry Birchmore writes in his online paper "Shame and Group Psychotherapy",

> Not knowing information that we assume others in the group share disconnects us from group membership. It is a symbol of our inadequacy, our unworthiness to be included and to participate. Lack of connection with others is the most shameful of experiences and has the potential to stir up Oedipal fears of exclusion and anxieties about our personal worthiness to be accepted and related to as an equal in the group. (http://www.birchmore.org/index.html)

How can we, as members of our association, avoid pushing each other into these wells of unmanageable feelings? Can we maintain our standards and at the same time remain open and honest about our failings and vulnerability? Can we let our rules, protocols and initiation rites become transparent and open to discussion? Can we continue to foster self-awareness and protect others and ourselves from the pain and shame of embarrassed self-consciousness? These seem to be the questions that face us as we move forwards. By our constant efforts to reach each other, by making our dealings with each other and the codes we hold significant as transparent and honest as we can, perhaps we can continue to develop our association into one whose cornerstones are founded on reciprocal empathy and compassion.

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Shakespeare, W. *Hamlet* Film (2000) directed by Michael Almereyda

Book Review

Tony Coates

Harmony of Illusions: Inventing Post Traumatic Stress Disorder.
By Alan Young Princeton University Press1995
ISBN 1-4008-0885-5
(Also available as a down-loadable e-book from amazon.com)

If you look up Post Traumatic Stress Disorder on the internet you will find that PTSD is a real disorder, a real illness (like a physical illness) that needs real treatment.

This book runs counter to the tendency to construe mental disorders as real physical illnesses. The author does this by revealing the historical context in which the notion of posttraumatic stress first arose. He claims that PTSD is a "condition" whose popularity has grown out of proportion to the limited evidence for its validity as a clinical entity. Furthermore, he also claims that PTSD fits a profession's need for a "serious" mental disorder that requires psychotherapy as its primary mode of treatment, at a time when medications have come to be seen as the primary treatment from most Axis I psychiatric disorders.

The author succinctly states his premises in the Introduction, tracing the history of PTSD from its early beginnings in the 19th century when conceptions of 'memory' were in their infancy. He outlines how the concept of 'traumatic memory' first began in relation to 'Railway Spine', and shows how these 'memories' were inseparable from the context of compensation prevalent at the time.

He argues "... that the generally accepted picture of PTSD, and the traumatic memory that underlies it, is mistaken. The disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, and treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources". His claim is not that PTSD isn't real but that it has been *made* real by clinicians, researchers and institutions from which it arose.

In subsequent chapters he outlines this process through the notions of memory of David Hume, John Locke, and how these were developed as traumatic memory in the clinical narratives of Freud, Charcot, and Janet. He traces the development of these ideas in the context of the First World War where symptoms of shell shock

as a medical condition freed one from the military obligations of maintaining an idiotic and senseless loss of life.

Young shows how traumatic memory became transformed by the DSM-III into PTSD and how Vietnam veterans became eligible for compensation if it was shown that their current distressing symptoms were construed to be a consequence of experiencing war atrocities. There is an interesting aside about the development of the DSM whose structure had been decided in advance by a small circle (including its principal developer Robert Spitzer). This small but powerful group identified themselves with Emil Kraeplin's ideas that mental disorders could be best understood by analogy with physical disorders thus setting the scene for psychiatry today. In a chapter on the architecture of traumatic time he points out that the DSM presumes that time moves from the etiological event to the post traumatic symptoms. But this can be ambiguous. Time can flow from the current psychological state back to the etiological event. In some cases time may be seen as flowing backwards from current symptoms as historical searches are made for possible traumatic memories.

In a chapter entitled the technology of diagnosis he outlines how various subscales of the MMPI were used as a diagnostic tool at a Veterans' Administration psychiatric facility run interestingly enough on psychodynamic lines.

There follow a couple of chapters entitled "Everyday life in a Psychiatric Unit" and "Talking about PTSD". I didn't find these helpful. There are long verbatim rambling accounts of ward meetings discussing patients and a number of vignettes from various authors that were hard to get through. It was difficult to tease out the meaning through the plethora of detail and the innumerable quotes of other authors; precisely how these supported his main thesis is unclear.

Finally the book ends up with a chapter on "The Biology of Traumatic Memory". This begins with a philosophical discussion of Time and scientific and psychiatric practice before taking a sudden leap into biological research narratives entitled "The Neurobiology of Traumatic Memory". Here the author endeavors to bring together the neuro-physiology of stress, that is to say hormonal and neuro anatomical correlates in brain structure, with subjective self reports, psychodynamic theories of repression, and memory. In one highly subjective account for example the hormonal correlates of splitting denial and paranoid ideation are discussed by one author. (I thought that such discussions had largely disappeared after Freud to his disappointment never found anything like an ego, superego or an id represented in any neurological structure.) These chapters carry much detail comprising the research findings of other authors, their self-reports

and opinions, the quotes of others who have studied the matter as well as his own views. I found difficulty in drawing together the various threads he outlined.

The book delivers on its promise in the first few chapters. Yet it is sometimes overly ambitious and the welter of peripheral detail detracts from its overall impact. On the other hand if someone wants some new ideas, some original notions, some historical or philosophical background on PTSD, psychiatric diagnosis and DSM-III, I can recommend this book. It has plenty of material.

Contributors

Stephen Appel is a psychoanalytic psychotherapist and clinical supervisor. He is also associate professor of psychotherapy at Auckland University of Technology. His publications include *Positioning Subjects* and the edited volume *Psychoanalysis and Pedagogy*. stephen.appel@aut.ac.nz

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Margaret Bowater is a psychotherapist and supervisor in private practice in Auckland, and a tutor for the Human Development and Training Institute of NZ, specialising in Transactional Analysis, Dreamwork and Spirituality. She is the author of an introductory book on Dreams and Visions – *Language of the Spirit*, published in 1997 by Tandem Press, Auckland, and various articles on dreamwork in professional publications. She tutors a 100-hour Certificate in Applied Dreamwork through HD&TI.

Tony Coates is a psychotherapist who works in the public sector and in private practice in Auckland. He has an interest in the Biology of Cognition and in the social construction of diagnostic realities.

Dr. Philip Culbertson teaches in the School of Theology at Auckland University, and the Psychotherapy Department at Auckland University of Technology. He also has a private practice in psychotherapy. In 2004, he was awarded one of the prized Sustained Excellence in Teaching Awards from Auckland Uni.

Jennifer De Leon is a choreographer, performer, dance tutor, Poyema Dance Company Director, psychotherapist, dance therapist, Masters Degree University student and Mother. 'Mother - Lover - Child - Crone' are words she uses to describe herself. She is passionately committed to doing her life with dance, laughter and love.

Mary Farrell works full-time as an intersubjective psychodynamic psychotherapist in private practice in Mt Eden, Auckland. She is a full member of NZAP. Her first career was as a theatre director and lecturer in theatre studies in the UK. She completed her training as a psychotherapist fourteen years ago, immigrated to New Zealand in 1995 and lives in Titirangi with her husband and their 13-year-old son. She is also an author, and her stories, articles and poems have been published in various magazines and newspapers over the years, and broadcast on the BBC and National Radio. Her first full-length book Acts of Trust will be published in 2005 by Exisle Press.

Julie Firth, an American who has lived in New Zealand for the past 15 years, has been a practicing artist for over 25 years. She works in both photography and video. Her works are in major museum and corporate collections internationally and she exhibits regularly both in New Zealand and overseas. Firth is Head of Department of Photography, Film and Video at Whitecliffe College of Arts & Design in Auckland, New Zealand. She is also past Director of the College's Master of Fine Arts degree.

Frank Hayes is a Registered Psychologist who specialises in working with children, families, and men. He provides Psychotherapy, Family Therapy, and Supervision through his personal practice in Takapuna, lectures at the Auckland University of Technology, and consults with Maternal Mental Health, Waitemata Health.

Margaret Pullar is a trained Home Economics Teacher whose initial counselling training was in Relationship and Family therapy. She is strongly influenced by her rural farming life as a child in Northland and subsequently in Southland. Clinical Pastoral Education and facilitator experience at several Rural Ministry Seminars provided additional dimensions. Holding a Psychology Degree and an ANZAP Adult Psychotherapy Postgraduate Diploma, she values the Self Psychological theoretical approach. For twelve years Director of Gore Counselling Centre, providing therapy, supervision and educational programmes, Margaret has since 1998 provided a private psychotherapy practice in Gore. Margaret acknowledges the ongoing Dunedin supervisory and colleague support that enables her to work effectively in Southland's rural isolation.

Guidelines for Contributors

The guidelines that follow outline the required format for papers offered for publication in *Forum*. They have been chosen to conform with those used by most international journals in the fields of psychology and psychotherapy. Contributors are asked to check their manuscript against these guidelines before submitting it to the coordinating editor.

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 biographical note (up to 100 words), both written in the third person.

The closing date for the submission of manuscripts is 30 April. Changes in response to 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.

Required format of manuscripts

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 provided to identify their source. For quotations of three lines or less, the quoted passage is enclosed in quotations marks without a change in line spacing e.g.

> This client's state of mind might be summed up in 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 redical and quite fantastical conception of human nature which says we are ruled (and sometimes inhinged) by events that we only imagined as small children . . . (Malcolm, 1984: 77).

Citations: The source of ideas from the work of other writers should be acknowledged in the text, and all such sources should be included in the list of references e.g.

Malcolm (1984) set out to chart the complex and sometimes explosive reponses of Eissler, Masson and Swales to Freud's archival legacy.

References: This should include a full list of texts referred to, arranged with authors' names (and initials) in alphabetical order. (A bibliography listing texts read but not cited in the paper is not required). The format for references is 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 van der Kolk, B. (ed.) Psychological trauma.. *Washington: 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).

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