Introduction: the current situation – counselling in 21st century Britain

- **Brainstorm: problems with our profession and delivery of training**
  - general public still has very limited understanding of the richness and diversity of the counselling field
  - general public still has many prejudices, preconceptions and misconceptions
  - the field is fragmented and divided (less so than in other countries, but still)
  - proliferation of counselling in the 90’s has lowered the standard and the overall quality of counselling although the field has moved on in substance and professionalism
  - educational context can compromise counselling training (universities making money, treating counselling training like other academic courses; clash between academic paradigm and counselling training not fully understood)
Introduction: the current situation – counselling in 21st century Britain

- Brainstorm: problems with our profession and delivery of training (cont.) ....

  - counselling has a pretty bad reputation amongst other health professionals

  - some of the essential principles of counselling are threatened by regulation through inimical paradigms – there is a danger that the regulation of psychological therapies will be subsumed by medical or non-psychological paradigms

  - counsellors in private practice will have a hard time competing with the government’s CBT-dominated IAPT

  - distinction between counselling and psychotherapy unclear and confusing (not so in CPCAB)
Registration, regulation and the ‘medical model’ paradigm

– many of you will have followed the fierce and at times quite dogmatic debate of the pros and cons of the ‘medical model’ in BACP’s ‘therapy today’

– there is a danger that the regulation of psychological therapies will be subsumed by medical or non-psychological paradigms

– as I understand it, CPCAB is one of the bulwarks against that tendency
CBT – at its origin and in its essential paradigm - is not psychological (not inherently relational, no depth, no inner world = ‘black box’ of behaviourism = instrumental, mechanical)

- it is mental and educational with possible psychological side-effects

- all kinds of practices have beneficial psychological side-effects because in the whole human being everything is interlinked: complementary therapists of all kinds of approaches rightly claim psychological benefits, but they don’t call what they do ‘psychological’ (incl. massage, diet, etc)

- I am partly basing this statement on the etymology of the word ‘psyche’ and its connotations throughout the last 2000+ years since the Greeks
CBT – Improving Access to Psychological Therapies (IAPT)

– CBT as a community of practitioners is creative, open and exploratory (maybe more so than counselling) and is reaching out for holism, mindfulness, relationality, appropriating other approaches into its logic to bolster the failing underlying paradigm = fitting a round peg into a square hole

– the CBT attack on counselling: we need to get ready now in anticipation of the time when it will be recognised as failing

– as a paradigm we have the edge (confirmed by neuroscience) - relational foundation in both psychodynamic and person-centred and humanistic traditions: “it’s the relationship that matters”
The theme of this keynote ...

• NOT the current social and political challenges and issues, but the ...

• deep, long-standing historical paradigm problems running through our profession

– if we can sort those out from within the principles of our own work, we're in a much better position to face the outside world coherently and congruently, and draw conclusions for social, political and professional strategy
Approaching paradigm clashes psycho-logically (1)

- paradigm clashes are not only philosophical, abstract intellectual or scientific issues, they are not only about the ‘truth’ of certain beliefs – they are also emotional conflicts, based on psychological and relational positions.
- many paradigm clashes are not resolvable mentally, but the clash between them can be handled and inhabited differently if we approach them psychologically, as aspects of human experience.
- we then do not reduce paradigm clashes to philosophy or ideology, but see them also as emotional conflicts.
Paradigms as people – paradigm clashes as emotional conflicts

• in simple terms: rather than as philosophical frameworks or belief systems, we can also see paradigms as people

• paradigm clashes as conflicts between and especially within people

• when we see it like that, we can bring the particular wisdom of our profession to bear on paradigm clashes: as counsellors and therapists we know how to work with polarisations, splits and internal conflict
Approaching paradigm clashes psycho-logically (2)

• let’s apply psychology to paradigm clashes in psychology;
• let’s be relational about the relationships between paradigms;
• let’s be emotional about emotions, rather than excluding feelings from an otherwise pseudo-rational intellectual debate
Imposing the paradigms of other disciplines on psyche and psychology

- many difficulties in our profession arise because we do not actually stick with the principles of our profession, but we import the rules and submit to the logic of other disciplines (medicine, social work, science, ethics, etc)
- these other principles are important and valid, but not if they exclude, deny and override our own principles

- as a simplistic example:
  - in mental logic since Aristotle A and not-A (two opposites) can not both be true at the same time – most traditional linear science depends on that kind of logic
  - but on a feeling level, in psycho-logic: a feeling and its opposite can both be true at the same time and co-exist quite happily
Irreconcilable paradigms *can be* embraced psychologically as paradox

- on an emotional level dualistic conflict *can* be sustained as creative and transformative
- dualistic and apparently irreconcilable principles *can* be held together psychologically – by embracing paradox as an essential feature of psychological reality, if not reality *per se*
- we *can* get beyond being trapped in binary, dualistic either-or dichotomies and splits
  - Hegel’s three steps of thesis – antithesis - synthesis
  - Jung’s *enantiodromia*: development occurs through a natural process of swinging from one extreme to the other
Our difficulties when attempting to address paradigm clashes in the non-psychological terms of other disciplines

• however, as a field, we are caught in dealing with these paradigm clashes on the terms of other disciplines and inimical paradigms

• seeking validation on the terms of extraneous and inimical paradigms = we get dragged into the un-psychological terms of reference of other disciplines

• take as an illustration the following example, relevant to the theme of our day
Emmy van Deurzen-Smith (1997) "The Future of Psychotherapy":

- in that significant paper she was contemplating the future of our profession by reflecting on:

  - what is the function of our profession within the social web, within the body politic?

- see (on my website papers 5 and 5a):


“The professionalisation of motherhood”

– We have to transform what used to be a craft or an art based on moral and religious principles into scientifically based accountable professional expertise.

– The craft of motherhood used to be based in biological and intuitive functioning, which was picked up through a process of intimate learning in the very families it would serve.

– These were things women just simply did, because they were mothers and their mothers had done it before them.”

  • Emmy van Deurzen-Smith
“From craft, through art and religion to science

• So how can we transform what was once the craft of motherhood into something that is more like a science and which articulates and meets the overall needs of the human family?”

• “But in all this there is a real risk: that the soft end of the spectrum of motherhood might overwhelm society in a counter-productive backlash that could lead to matronisation and unarticulated, uncontrolled emotional matriarchal domination. Many people who oppose our profession fear just such a backlash of soft and oozing self-indulgence and psychological pampering and they will keep fighting against the rise of psychotherapy until we can show what our profession can provide that is constructive and essential for a new world.”

– Emmy van Deurzen-Smith
Now, let me be objective about this. Let’s get some perspective. After all, you don’t want me to be as over-emotional as you, do you? Then we’d end up with two people having the same problem.
What do *you* think about that? (talk in pairs)

– Is it true that clients and the general public see us as fulfilling a mothering function?

– If you think they do, how do people tend to react towards that potential and possibility?

– What kind of reaction do we find in clinical practice towards the need for mothering?

– Should we *accept* the mother transference as a self-definition of our role?
How to deal with collective mother transference?

– there is little doubt in my mind that we are being seen to fulfil a neglected and undervalued mothering function for the hurt children of a materialistic, addictive and emotionally illiterate (i.e. insensitive and split-off) Western culture, so in this regard I agree with Emmy van Deurzen-Smith;

– we are being identified with the culture’s inferior functions (like feelings and caring and relating)
Gandhi on Western ‘civilisation’:

“Dear Mr Gandhi, what do you think about Western civilization?”

“I think it would be a good idea!”
What do our critics attack?

- but one of our arch-enemies, the TV-pyschiatrist Raj Persaud attacks precisely that mother-image of our profession ("unarticulated, uncontrolled emotional matronisation; soft and oozing self-indulgence"): 

  - "There is no coherent theory, and no evidence that it works."
  - "Full-time counsellors will say they do it because they are interested in people - certainly one rarely feels that they are engaged in a demanding intellectual pursuit."
Do the critics have a point?

– so there is something compelling about the argument that scientific validation might enhance the status of our profession and convince ‘experts’ like Raj Persaud that what we are doing has benefit and actually helps

– but is he ever going to be convinced by rational argument and research?

– is he, in fact, engaging in rational debate, as he claims to champion?
Would you want to have your practice ‘objectively’ validated by someone like Raj Persaud?

– I doubt he is capable of rational consideration of the following questions:

• what is his attitude towards his feelings?
• have they ever been attended to or taken seriously?
• what function does his mind have in relation to his feelings?
• how does he cope with emotional pain in himself or others?
• which aspects of himself define his conscious identity?
• which aspects of himself are disavowed and in his shadow?
• has he ever for himself experienced attachment, let alone dependency as a positive, growthful possibility?
• what - would you fantasise - is *his* relationship with his mother?
Doesn’t his attitude remind you of any of your clients?

– in relation to counsellors as a profession, he exhibits the same split mother transference, oscillating between over-idealising expectations and contemptuous denigration, which we find with many clients and in the culture at large
Winnicott on ambivalence towards mothers ....

- Winnicott pointed out eloquently many years ago the profound splits and prevalent ambivalence towards mothering and mother and our dependence on her

- “Is not this contribution of the devoted mother unrecognised precisely because it is so immense? ... Many students of social history have thought that fear of WOMAN is a powerful cause of the seemingly illogical behaviour of human beings in groups, but this fear is seldom traced to its root. Traced to its root in the history of each individual, this fear of WOMAN turns out to be a fear of recognising the fact of dependence.”
Reactions to and within the mother transference towards counselling

- feminists have made it quite explicit over the last 30 years that our culture has a split and ambiguous relationship to mothering: both …
  - a controlling idealisation (how mothers should be) and …
  - a contemptuous, and essentially hateful, dismissal (when the mother-object fails that impossible expectation)
Reactions to and within the mother transference towards counselling

- if as counsellors we attract idealisation as mothers, we can also expect disappointment, hatred and denigration;
- if people’s longing for care and help gets constellated, we can also expect to get dismissed as over-emotional, symbiotically-merged, intellectually woolly-minded undifferentiated feeling creatures
Taking on board and getting lost in transferential projections

– it would be disastrous for the future of our profession if we succumbed to Emmy van Deurzen-Smith’s proposed strategy of defining counselling = scientifically-validated mothering

– that would lock us into the collective mother-transference and get us stuck in one polarity of a cultural split, between a dominant objective-scientific paradigm (i.e. the ‘medical model’) and an apparently inferior subjective-relating paradigm

– we would end up accepting (or swallowing wholesale) Raj Persaud’s contempt and would neglect our understanding of the emotionally defensive function of his beliefs and defensive uses of his professional identity, knowledge and expertise
The therapeutic position: beyond identifying with such transference projections

- Rather than conceiving of the therapist’s position as resting in a mainly motherly presence, in practice, I think it’s more accurate to say that we are caught between the ‘nurturing’ and the ‘medical’ paradigms like millstones.

- If we think of a profession like counselling having a self and we apply the CPCAB model, what would be the structure of that self?

- The structure of the self of counselling would then resemble that of a woman with low self-esteem trapped in a patriarchal system – a woman who does not trust her own experience, perceptions, intuitions, feelings.
The therapeutic position: beyond identifying with such transferential projections

– like a couple therapist, we need a third position that can contain and facilitate the conflict between counselling as mothering and medicine as fathering, and that both are aspects of every helping relationship

– in many important respects, as a profession we have *not* arrived at such a third position

  • viz the debate in ‘therapy today’ re the paradigm clash between the ‘medical model’ and counselling
Basic suggestion: the future of our profession depends on developing such a third position:

thesis                         -                    anti-thesis

therapy = treatment     vs    therapy = relationship

dualism                         vs            anti-syn-thesis

paradox
Currently most of the field is rigidly/dogmatically identified with one polarity
OR confusedly oscillating between the polarities paradox

thesis - anti-thesis

thesis

therapy = treatment vs therapy = relationship

mind-over-body vs body-over-mind

dualism vs anti-synthesis
Counselling to some extent relies on counter-cultural principles

– as a field, we largely operate within paradigm clashes without fully understanding and engaging them also psychologically

– that is partly because our profession has (and since its origins has always had) counter-cultural elements

– remember that when Freud first practised psychoanalysis, it wasn’t the done thing like it’s these days in certain circles where having a shrink is de rigueur, in those days it was a subversive activity which you kept secret

– example: pain-phobia vs transformative pain

– success in the helping professions is predominantly measured by symptom-reduction and normalisation; this is based on a culturally prevalent pain-phobia (the amount of money paid for various forms of anaesthetising, pain-killing, numbing is staggering) – we understand that pain can be an important part of the process, that surrendering to pain can be growthful, that there is transformative kind of pain – all of this is counter-cultural

Counselling has always been in a conflict between ...

- doing justice to our principles (which help us to understand) and be transparent about them
- and being recognised and validated in a culture which by definition cannot fully understand and recognise these principles that are necessary to our work
- this conflict is quite similar whether we relate to an individual client or to the culture at large = how do we handle this countertransferential conflict?
The CPCAB model: structure, history, relatedness of self (implicit and explicit)

• structure of self
• personal history of self
• self-in-relation: relational stance / patterns
  – = implicit relational stance (see on my website paper 19
Working with the structure of the self (CPCAB):

– “This therapeutic method is based on the idea that there are different parts to our self, which are often in conflict with each other. Through helping the client to uncover the structure of her self, and then resolve any internal conflicts, the counsellor can help her change the way she feels as a person.”
Working with the history of the self (CPCAB):

“This therapeutic method is based on the idea that ‘our past shapes our present’ – that what we learnt about the world, earlier in our life, shapes the way we live our life now. Through helping the client explore her past, the counsellor can help her change the way she lives her life today.”
Working with the self-in-relation (CPCAB):

“This therapeutic method is based on the idea that we develop patterns of relating – especially emotional patterns – that can be unhelpful to us. Through helping the client explore these patterns, the counsellor can help her change the way she relates with other people. ... is the practice of making the relationship between the client and counsellor the content of the counselling work.”
For the rest of the keynote (in the spirit of the reflective practitioner):

- let’s turn the three areas (*structure, history, relatedness of self*) upon ourselves:
  1. as a discipline (the ‘self’ of modern ‘therapy’ which is 100 years old)
  2. as practitioners (the self of the counsellor at work)
  3. as tutors, trainers, and teachers (the self of the tutor at work)
The structure and history of counselling as a tradition

- i.e. if the counselling profession has a self, what structure and history does it have?

- how is its self related to other disciplines?
  - fragmentation, splitting, dogmatism, tribalism
  - the fragmented structure of the self of counselling has its historical origin in a trauma:
The profession’s unresolved ‘birth trauma’

- the birth trauma of psychotherapy – the two main dualisms pervading our profession:
  - the body–mind relationship
  - the doctor–patient relationship
- at the origin of our profession 100 years ago, Freud took the dualistic–hierarchical nature of these two relationships for granted
Over the last 100 years....

- both dualisms have been challenged, deconstructed and transcended:
  - mind-over-body dualism:
    - has been transcended by two sibling disciplines which were born at the same time and which have gone through a major paradigm shift (and we can learn from them): neuroscience and genetics
  - doctor-patient dualism:
    - has been challenged, deconstructed and transcended by various approaches within our discipline (relational psychoanalysis, humanistic therapies, existentialism, etc)
Over the last 100 years both dualisms have been challenged, deconstructed and (to some degree) transcended:

- mind-over-body dualism vs body-over-mind anti-dualism
- ‘medical model’ vs anti- ‘medical model’

but on the whole we are either dogmatically positioned, third position paradox?
In terms of mind–over–body dualism (for counselling most urgent):

• paradigm shift from what to what?
• From 19th & 20th century into 21st century
• From mind–over–body dualism to bodymind holism
• From disembodied Cartesian mind to embodied and relationally embedded mind
• there is no such thing as a mind without a body, and no isolated mind that is not embedded in social context
Learning from the neuroscience revolution

• Allan Schore:

“The maturation of the socioemotional right hemisphere is experience-dependent, and these experiences are provided in the attachment transactions that occur in the first two years of life. … Over the course of a number of works I have suggested that attachment represents synchronized dyadic bioenergetic transmissions (1994), that resonant emotional transactions involve synchronized and ordered directed flows of energy in the infant's and mother's brains (2000b), that the attachment dynamic involves the right brain regulation of biological synchronicity between organisms (2001a), and that the developing self system is located in the early maturing right hemisphere (1994, 2000x).”
The challenge: can you explain this to me in terms that a 5-year old can understand?

• to help us understand the paradigms and basic principles of 19th century science …
  – neuroscience
  – modern psychology / psychoanalysis
  – genetics

• here is my Thomas the Tank Engine version of modern neuroscience …
The Fat Controller

the Super-Ego

psychoanalysis

The Engines

the Id

the Autonomic Nervous System
The 19th century view of the human nervous system with its central and peripheral nervous system

The human brain/mind operates like the Fat Controller, with the brain as (supposedly rational) central control agency ...

directing, ordering, controlling, organising experience

i.e. all other non-rational ‘peripheral’ experience including

body (= sensations & perceptions),
emotion (= feelings) and
irrational mind (= spontaneous images & fantasies)
The Fat Controller Brain (1890)

in the middle of the 20th century there was then a momentous leap ahead
The Fat Controller Brain (1950)
The 20th century view of the human nervous system

The human brain/mind as Fat Controller has morphed into an impersonal computer in the 1950’s

still directing, ordering, controlling, organising experience

i.e. all other non-rational ‘peripheral’ experience including

body (= sensations & perceptions),
emotion (= feelings) and
irrational mind(= spontaneous images & fantasies)
In the Fat Controller universe:

- what is healthy human functioning?
- what creates problems?
- what patterns limit & restrict human potential?
- how can these restricting patterns be transcended (how does change occur)?
- what initiates and drives change?
- where does order come from? how do we deal with disturbances?
- what is the role of the mind? what is the role of the doctor/counsellor?
19th and 20th century psychology
= Fat Controller psychology
= mind-over-body dualism

I think, therefore I am!
Am I ...? I think I am!?
I think so.
But am I??
The Fat Controller
= the myth of central control

central control is required to keep things running smoothly and to stop things going to pieces

- Fat Controller sets up (or is an expression of) a dualistic Cartesian culture which places rational thought above feelings, the mind over the body, literal materialistic objectivity over symbolic-imaginative subjectivity, normative principles over relationship
  - this is the lens through which the 19th century perceived reality
The idea and need for central control projected into nature (DNA - genetics)

Amazing! Down to the smallest detail of each cell, the universe is organised the same way that things were at home when I grew up!

“Now you go and build a red protein for the flower, boy!”

Will do! Certainly, Dad!
The idea and need for central control projected into the psyche

Amazing!
Down to the depth of the psyche of each person, the universe is organised the same way that things were at home when I grew up!
Fat Controller = hierarchical dualism

- implies many other –isms: reductionism, rationalism, literalism, materialism, positivism, imperialism, linearity

- = ‘Flatland’ where human rationality has usurped the position of God; the Western enlightenment version of patriarchy

- it’s based on what Ken Wilber has called the ‘European Split’ – it’s predominantly a Western disease

- “The first major problem that a truly integral approach helps to unravel is what Schopenhauer called ‘the world-knot’, the mind-body problem. [...] not the differentiation of mind and body which is at least as old as civilization and never bothered anybody before; but the dissociation of mind and body which is a peculiar lesion in the modern and postmodern consciousness.”

  - Ken Wilber “Integral Psychology”
### Hierarchical dualism

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<th>over</th>
<th>matter / feelings / body</th>
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<td>over</td>
<td>pathology / ‘wound’ / deviance</td>
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<td>active self-agency</td>
<td>over</td>
<td>passive relatedness</td>
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<tr>
<td>DOCTOR</td>
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<td>PATIENT</td>
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The Fat Controller is dead…

• over the last 100 years the Fat Controller has increasingly fallen out of favour, but has also morphed and survived

• over the last 100 years these dualistic assumptions have been comprehensively challenged and deconstructed several times over, but they have not necessarily been transcended;

• we have had an anti-dualistic reaction, but no solid third position synthesis

– please note: for sake of brevity, these are all hugely over-simplified sweeping generalisations
The Fat Controller is dead ...

- in neuroscience and genetics
- in complexity theory
- in physics
- in sociology and socially
- dying in many natural sciences

The Fat Controller is alive ...

- in psychiatry, medicine, psychology, psychoanalysis, psychotherapy, counselling, ...

...
The Fat Controller is dead…

in physics

- uncertainty principle, chaos theory
  - “In order to preserve their pseudo-cosmos, scientists limited their investigation to closed and artificial systems, avoiding the turbulence of open systems like the plague.”
  - “Yet Chaos is no enemy and destroyer of Cosmos [order], for from out of Chaos a higher order always appears, but this order comes spontaneously and unpredictably. It is ‘self-organized’.”

http://www.fractalwisdom.com/FractalWisdom/chaosmth.html
The Fat Controller is dead...

in genetics

—“the widespread belief (unspoken I suspect, but amounting to worship) amongst geneticists that the genes are so precious that they must (somehow) be protected from biological insult, perhaps by being carefully wrapped. The possibility that the genes were dynamically stable, subject to the hurly-burly of both insult and clumsy (i.e. enzymatic) efforts to reverse the insults, was unthinkable.”

—Robert Haynes: “The stability of genes is now seen to be more a matter of biochemical dynamics than of molecular ‘statics’ of DNA structure. The genetic machinery of the cell provides the most striking example known of a highly reliable, dynamic system built from vulnerable and unreliable parts.”

quotes from Fox–Keller “The Century of the Gene”
What *kind* of control if not central control?

- dynamic regulation
- de-centralised
- feedback loops
- vulnerable and unreliable parts can make a reliable and robust whole
- unpredictable; non-linear
- self-organisation (bottom-up)
The Fat Controller is dead... in sociology and socially

- Modern reactions *against* the Fat Controller
  - since the 1960’s the Fat Controller has gone out of fashion socially
    - feminism, postmodernism, cultural diversity (post–colonialism), ecology
    - he is seen as a relic of the Empire

- Modern sociology is dominated by a reactive stance *against* the Fat Controller (anti–hierarchy)
The end of the Fat Controller universe in modern neuroscience:

- modern neuroscience now considers the hierarchical, directive Fat Controller paradigm a very bad model, a very bad approximation of reality

- the brain as a whole is a “re-entrant system” with no central control (Steven Rose: “21st century Brain”)

- central control is a fantasy: in terms of the brain–body relationship, the Fat Controller as an explanatory model is on a par with Santa Claus
Modern neuroscience:

- the brain (the nervous system) is best understood as a ... 
  - re-entrant, 
  - multi-dimensional, 
  - parallel processing, 
  - holographic, 
  - self-organising 
  - complex non-linear system
how NOT to overcome dualism

– the essential feature of the third position synthesis is – in the phrase by Ken Wilber - ‘transcend AND include’

– the dualistic thesis is both right and wrong,

– the anti-dualistic antithesis is both right and wrong,

– the third position, that transcends and includes *both* therefore needs to be paradoxical
I will finally defeat dualism and splitting once and for all!
In terms of doctor–patient dualism:

- shift from what to what?
- From 19th & 20th century into 21st century
- From ‘medical model’ via anti–‘medical model’ towards relational paradox
- From objectivity towards subjectivity/intersubjectivity towards conflicted paradox
- From nature versus nurture towards nature via nurture
The two dualisms
DOCTOR - PATIENT
MIND - BODY

ENACTMENT
‘RELATING CURE’

RELATIONAL

EMBODIMENT

INTEGRAL-HOLISTIC

The ‘birth trauma’ of counselling & psychotherapy

<table>
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<tr>
<th>19th century DUALISMS</th>
<th>DOCTOR - PATIENT</th>
<th>MIND - BODY</th>
<th>20th century CONFUSION</th>
<th>21st century INTEGRATION</th>
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<td>therapy = relationship</td>
<td>body/mind whole</td>
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The breakdown and transcendence of …

- the doctor-patient dualism
- the body-mind dualism
Relational therapy = relationship

Enactment

'_Relating Cure'_

The 'wound' enters and is enacted and transformed in relationship

Relational Integration

Mind - Body

Body/mind split

Body/mind whole

Integral-Holistic

The 'wound' enters the consulting room and the therapist/analyst

Breakdown of doctor-patient dualism

- 'authentic' relating
- wounded healer
- projective identification
- 'countertransference' revolution

Integration both treatment AND relationship

Paradox = holding the tension

Anti-'medical model'

19th century Dualisms

21st century Integration

Doctor - Patient

'Medical model'
The wound comes into the room

and enters the ...

1. client’s ‘here & now’ experience as non-verbal process
2. client’s perception of the therapist = transference
3. client’s experience of the therapist = embodied transference
4. therapist's awareness = countertransference
5. therapist’s experience = enactment / re-enactment
6. supervisor’s experience = parallel process

**MEDICAL MODEL**

- therapy = treatment only
- ‘medical model’

**RELATIONAL**

- therapy = treatment
- therapy = relationship

- integration
  - both treatment AND relationship
- paradox
  - = holding the tension

- ‘RELATING CURE’

**HUMANISTIC ANTI-MEDICAL MODEL**

- therapy = relationship only
- anti–‘medical model’

I–THOU

- ‘wounded healer’
- EQUALITY
  - shared humanity
For the VERY last time:
I am NOT an authority!!
The breakdown of the doctor-patient dualism and its transcendence
Breakdown of mind-over-body dualism
- Reich’s ‘functionalism’
- complementary therapies
- self-regulation / self-organisation
- neuroscientific revolution

Cartesian body-mind

‘anti-split’ holism

INTEGRAL–HOLISTIC

INTEGRATION

EMBODIMENT

body/mind split

body/mind whole

body/mind whole

body/mind split

relating is a whole bodymind process

spontaneous & reflective

MIND – BODY

paradox = holding the tension

integration both split AND wholeness

21st century

DUALISMS

19th century

body/mindsplitchallenged

DOCTOR – PATIENT

therapy = treatment

therapy = relationship

∞

∞

∞

∞
CARTESIAN DUALISM

INTEGRAL

‘ANTI–SPLIT’ HOLISM

BODY–MIND SPLIT
symbolisation
verbalisation

body-mind split
only

mind over
matter/body

bodymind
whole

bodymind
whole only

EMBODIMENT AND DISEMBODIMENT

integration
both split AND wholeness;
paradox = holding the tension

body over
mind

bodymind
integration: ‘make embodiment happen’

body-mind split

bodymind whole

body-mind split

bodymind whole

body-mind split

bodymind whole

∞

INTEGRAL

‘ANTI–SPLIT’ HOLISM

bodymind
whole only

body over
mind

bodymind
integration: ‘make embodiment happen’
The breakdown of the mind-over-body dualism and its transcendence

The deconstruction and transcendence of the mind-over-body dualism
dualism versus anti-split holism

- dualism can not be overcome by an intellectual realisation that dualism is wrong or philosophically invalid

- many people in our culture and most of our clients experience dualism, in their body, mind and psyche – it’s a first-hand subjective given, an experiential reality which no amount of insight can overcome

- on the other hand we all have intuitions of a kind of wholeness which transcends dualism, and we cannot dismiss the possibility of that reality either
The relational stance of counselling as a tradition

- there is a lot of truth and validity to all psychological theories, both in terms of understanding the patterns, structures of suffering and their origins and in terms of technique

- Dodo-bird verdict = *all* are winners and all deserve prizes

- *all* approaches also carry the 19th century legacy and have perpetuated a dogmatic and defensive sub-culture that excludes other realities and obscures the inevitable and necessary impossibilities of our profession

- in simple terms: psychodynamic dogma or humanistic (person-centred) dogma
The defensive functions of the therapeutic role and therapeutic theories

– the various therapeutic approaches have each found dogmatic one-sided escape routes from an impossible dilemma

– that dogma has mainly a protective function for the practitioner

– we want to enter the impossible dilemma, not cure it or solve it

– we are the one helping profession that has the potential to not help *defensively*, by denying, overriding, counteracting the wound and the pain

– but we have not yet realised that potential or formulated in theory and practice a framework for doing justice to that potential
the central conundrum/paradox of the helping professions ...

- which all of the approaches partially address and reveal and partially deny, occlude and avoid

- the paradox at the heart of our work which we have not yet embraced in any coherent and comprehensive fashion throughout the profession is the following:
  
  – the longed-for healing of the client’s wounding in and by therapy and therapist is inseparable from the re-enactment of the client’s wounding in and by therapy and therapist
-- 'enactment' means the replication or repetition of the client's negative patterns in and through counselling, often via the counsellor's well-intentioned interventions. There is a strong tendency in all counselling, regardless of approach, for this to occur, but 'enactment' has not found sufficient attention in our theory or practice. How to recognise and handle enactment will be the crucial feature of relationally-based counselling that gives it the edge over CBT.

-- there is an inexorable logic at the heart of the therapeutic process which draws client and therapist into a repetition of the wounding which has the potential to become transformative.
The many ways of avoiding enactment

- re-enactment is a law of psychological nature in a participative universe, it makes our profession necessarily paradoxical (which is the deep reason why it has been called ‘impossible’)

- most Western minds find that paradox hard to swallow or embrace

- most therapeutic theories, rules and dogmas have the function of avoiding and keeping at bay the re-enactment, but it is the heart of transformation

- the ‘medical model’ is only an extreme and dualistic version of the avoidance of re-enactment
The reflective practitioner

• let’s turn the three areas (*structure, history, relatedness of self*) upon ourselves:

1. as a discipline (modern therapy is 100 years old)
2. as practitioners (the counsellor at work)
3. as tutors, trainers, and teachers
If we do not import linear, Fat Controller paradigms ...

- into our experience as practitioners, what is our phenomenological experience?
- what is the structure of the self, the history of the self, the self-in-relation of the counsellor at work?
The relational stance of the counsellor at work

– habitual position - emergency
– ignores the practitioner’s conflict and subjectivity
– the student’s awareness of their habitual position and the woundedness at the root of it and their protection mechanisms against it
Integration of ‘medical model’ within therapeutic position:

- spectrum between:
  - colluding,
  - identifying,
  - differentiating,
  - objectifying
Therapeutic Position between colluding & objectifying

<table>
<thead>
<tr>
<th>The CLIENT’S CONFLICT</th>
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<tr>
<td><strong>HABITUAL MODE:</strong></td>
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<tr>
<td>= resist spontaneous pressure &amp; maintain status quo</td>
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<tr>
<td>character / established structure:</td>
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<tr>
<td>• adaptation / core schema / ‘false self’</td>
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<tr>
<td>• survival mechanisms, facade, defences</td>
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<tr>
<td>• e.g. repression, denial, splitting, etc.</td>
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<tr>
<td><strong>diluted internal conflict</strong></td>
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<tr>
<td>= denial of the ‘wound’</td>
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**implicit message to therapist:**
**“NOTHING HAS TO HAPPEN !”**
- e.g. “I can’t bear the risk & pain of change. Accept me as I am, don’t make me change! Don’t force me beyond familiar territory!”

**‘EMERGENCY’ implicit message to therapist:**
**“SOMETHING DESPERATELY HAS TO HAPPEN !”**
- e.g. “I can’t bear it (any more). Save me - make me change! I need to transform into a larger identity!”
Therapeutic Position between colluding & objectifying

The THERAPIST’S CONFLICT
meeting the client ‘where they are’

- doing justice to the ‘habitual mode’
- doing justice to the ‘emergency’

COLLUSIVE FRIEND

IDENTIFYING

DIFFERENTIATING

OBJECTIFYING

DOCTOR / MEDICAL MODEL
Therapeutic Position between colluding & objectifying

Therapeutic Impulses:

- Colluding
- Identifying
- Differentiating
- Objectifying

Therapeutic Position:

The diagram illustrates the continuum of therapeutic positions, moving from colluding to objectifying through identifying and differentiating. Therapeutic impulses are represented at both ends, showing the dynamic nature of these processes in therapy.
The structure and history of the counsellor’s self at work

– students are attracted to counselling for a variety of good and some not-so-good reasons: they want to learn how to fix themselves, their families or the wounded (the social worker syndrome = the compulsive helper)

– the idealised image that attracts students to the profession imagines a set of theories and techniques which will overcome and conquer the wounds (conscious and unconscious) – this inevitably involves denial and a rejection and exacerbation of the wound
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The structure and history of the counsellor’s self at work

- We imagine that the acquisition of empathic and counselling skills serves the student’s self-actualising tendency, supports the caring and wounded aspects of the student’s psyche, but unfortunately it equally bolsters the critical and rejecting internal parent.

- Counselling theories and skills acquire defensive and persecutory functions in the student’s inner world and can exacerbate defensive habitual positions/schemata/patterns.

- Our teaching often becomes more fodder for the student’s self-protective mechanisms, to make them more water-tight and invulnerable.

- The student’s defensive pattern seeks a linear procedure, grasps at the safety of a predictable theoretical framework, perverts the teaching into a set of dogmatic textbook instructions which can be observed and followed.
The structure and history of the counsellor’s self at work

- experienced practitioners extol the virtues of ambiguity, uncertainty, not-knowing (Bion’s phrase of entering the relationship without memory, desire or understanding)

- but being available not only to that uncertainty, but the paradox of enactment, requires that the student can surrender their habitual protections and defences, their habitual relational position, their image of the ideal therapist or ego-ideal

- the student’s capacity for losing their image of the therapeutic position, i.e. surrendering to feeling uncertain, conflicted, torn, lost, paralysed, regressed as a practitioner in the contact with the client (including having their own wounds re-stimulated)

- the student’s capacity for losing their presumed therapeutic position through enactment, i.e. being aware of and attending to the counter-therapeutic effects of the client-therapist dynamic
If we do not import linear, Fat Controller paradigms …

- into our experience as tutors, what is our phenomenological experience?
- what is the structure of the self, the history of the self, the self-in-relation of the tutor at work?

– *Let’s turn structure, history, relatedness towards ourselves as counselling trainers (the self of the trainer at work)*
Conflict between tutor and therapist role

- the number of times I have heard students on counselling courses approach their assessments with trepidation, based on some assumption that there is a correct presence and practice which they are required to perform and deliver

- critical, independent thinking is a valuable capacity for reflective practitioners in any discipline, but in counselling it is all-important as the only tool we use is our self

- the more we imitate our teachers, or try to approximate a textbook idea of the ideal counsellor, the more we are guaranteed to fail our clients
The academic educational paradigm on counselling courses, involving the teaching of core models of theory and technique and the acquiring of a set of correct behaviours and attitudes, encourages students’ regression to their school experiences, sets up implicit teacher transferences to the tutors, breeds hordes of compliant counselling practitioners and is largely beside the point when it comes to actual practice – it does little to support the developments of reflective practitioners, and a lot to obstruct that development.

Modern neuroscience tells us (Allan Schore) that counselling is largely a right-brain-to-right-brain activity that has little to do with the left brain – that recognition has not yet informed the bulk of our teaching attitude.
The structure and history of the counselling trainer’s self at work

- apprenticeship model (art/craft) – academic learning model (science)

- especially in person-centred approach there has been a tradition of self-directed, experiential learning within learning communities

- Rogers’ greatest contribution to the field may not be person-centred counselling as a therapeutic approach, but the recognition that the ends and the means of counselling training must be congruent: if we want to produce reflective practitioners, we must not impose a traditional other-directed, hierarchical and academic paradigm of teaching; self-direction both individually and within a learning community is of crucial importance

- an exclusive academic educational and assessment paradigm is not congruent with psychological
the deconstruction of the student’s habitual position as an essential training objective

– rather than concentrating on teaching a set of desirable or presumed correct and therapeutic attitudes, theories, skills and techniques, we also want to deconstruct the students’ preconceptions, habitual positions and fixed assumptions; we also want to prepare them for the conflicts, enactments, ruptures, failures, impasses and loss of therapeutic position rather than bolstering their protections against these experiences by providing knowledge, guidelines, things to hold on to

– recognising the defensive functions of knowledge

– the pervasiveness of school transferences and compliance in the face of the tutors’ power to assess and grant access to the profession
The relational stance of the counselling trainer at work

- we need to understand and frame the learning of counselling skills and counselling in psychological terms, in relational and intersubjective terms, in therapeutic terms

- getting subjective assessment decisions ‘wrong’ = all assessment has a relational element; the advantages of eliminating subjectivity from the assessment in pursuit of an ideal of ‘fair’ uniformity are far outweighed by the disadvantages

- students pick up trainer’s implicit modelling as if there was no difference between a tutor and a counsellor – students practice in a too educational style
Conclusions/Future directions

1. integration of approaches
2. holding bodymind paradox
3. holding relational paradox
4. bringing the bodymind paradox and the relational paradox together = the ‘Fractal Self’
5. transcend linear–academic educational paradigm = self–direction
6. transforming our attitude to the dominant cultural paradigm
7. self–directing learning communities
integration of approaches

• the paradox of commonality/unity and plurality/diversity:
  – transcend the inherited fragmented dogmatism of the therapeutic field (specifically between psychodynamic and humanistic/person-centred approaches)
  – continue to put the issues of difference, identity and diversity at the centre and as the foundation of all relational work and all helping professions (rather than graft on modules on diversity)
  – large-group, multi-cultural learning communities
holding bodymind paradox:

- embracing the paradigm clash between bodymind dualism and bodymind integration = holism (= the paradox of embodiment)
  - bodymind revolution is required to take counselling into the 21st century and make it cutting edge
  - in other traditions which have included the body, it usually has been within an objectifying context and attitude (traditional Body Psychotherapy versus modern integral-relational Body Psychotherapy; neuroscience, complementary therapies)
  - those approaches which have addressed mind-over-body dualism have done so at the expense of relational sensibilities
holding relational paradox:

- embracing the paradigm clash between ‘medical model’ and therapeutic relationship (= the paradox of enactment)
  - applying modern scientific-reductionist paradigm: applying theoretical understanding to a specific ‘case’ = linear, deductive reasoning: the right theory applied correctly through the right treatment plan
  - the client’s conflict becomes the counsellor’s conflict
  - those approaches which have addressed doctor-patient dualism have done so at the expense of holistic sensibilities
ʻFractal Self’ and parallel process = 21st century integral psychology

• bringing the bodymind paradox and the relational paradox together
  – beyond left-brain linearity = fractal complexity
  – left and right brain integration = linearity and non-linearity = complexity theory (=parallel process)
  – parallels between group and individual, external and internal, past and present, body and mind
transcend linear–academic educational paradigm = self-direction

- when we integrate two dualisms into a paradoxical position, we cannot continue to teach in a linear fashion (“this is the right theory or technique”);
- model the uncertainty, conflictedness and paradox of the therapeutic position from the beginning (in digestible chunks)
- we have always had a strong experiential and skills practice element (apprenticeship paradigm)
- applying therapeutic understanding to the learning process – our psychology needs to inform our educational paradigm
beyond a reductionist educational paradigm:

– the paradigms of academic, scientific teaching are not sufficient

– reflective practitioner = self-direction (the means and the ends of the learning process need to be consistent)

– interweaving of emotional-psychological-therapeutic process with learning process with group process (incl. large groups)
reflective practitioner – a therapeutic foundation for the learning process

– the student’s awareness of their ‘habitual position’ (= the ‘wounded healer’ = the student’s woundedness at the root of it and their protection mechanisms against it) = habitual countertransference becomes a criterion for assessment

– the student’s awareness of the paradox of enactment = situational countertransference becomes a criterion for assessment
trainers modelling relational work as well as teaching

– being aware of overlaps and distinctions between counsellor role and tutor role

– working with the students’ transference to the tutor and with parallel processes outside and inside the learning community (from collective via different levels of inter-personal all the way down to intra-psychic)
transforming our attitude towards the dominant cultural paradigm …

• confronting us via other helping professions
  – whilst accepting the validity of their paradigms within their territory and disciplines, accepting our responsibility to bring psychological, relational awareness to their conflicts and the paradoxes of the helping relationship
  – accepting our responsibility to provide help, support and resources to other helping professions, and to facilitate and contain the paradigm clashes which they are unwittingly trapped in
self-directing learning communities and phenomenological, experiential work

- support the validation of subjective and intersubjective experience
  - integrate subjective and objective perspectives (subject-object split) through interdisciplinary dialogue facilitated with 21st century psychological (integral and fractal) awareness
And how are we today?

I feel absolutely fine, but you are looking terrible, doctor!
The body/mind split

• “The first major problem that a truly integral approach helps to unravel is what Schopenhauer called ‘the world-knot’, the mind-body problem. [...] not the differentiation of mind and body which is at least as old as civilization and never bothered anybody before; but the dissociation of mind and body which is a peculiar lesion in the modern and postmodern consciousness.”

  – Ken Wilber “Integral Psychology”
Example 1:

- client A: “I can’t bear it any more. I’ve been coming to see you for 10 sessions now and I’m still getting depressed and suicidal. Actually, it’s been getting worse since the two of us talked about my first suicide attempt all those years ago. A friend of mine says she feels so much better since taking anti-depressants. Don’t you think I should have some medication, too?”
Example 2:

- client B: “Nobody has ever listened to me like you do, all my life. You know how lonely I am and how I wish you could be my friend all the time, not just for an hour a week. Look, I’ve bought some tickets for the theatre, for this play we talked about which you said you liked so much. It’s for tomorrow night – what do you say?”
Example 3:

- client C: “You just sit there and listen and parrot things back to me – we’ve been doing that for a year now and you say you’re a witness on my journey and that counselling is not about you telling me what to do?

- But what use is this to me? It does not help me at all.

- You are sitting there smugly with all your training and knowledge – what am I paying for if you don’t give it to me? You call yourself a professional?

- You are just as withholding as my stingy, tight mother, and you don’t want to help me. You are probably getting a kick out of seeing me struggle, aren’t you, just like she did.”
Example 4:

- client D: “I’m so grateful I had you with me during this time when I am struggling with my cancer diagnosis. Everything you have told me has been such good advice, and the more I followed it, the better I felt. But now the question is whether to go for the radiotherapy – what would you do?”

- “But I have not told you what to do – ever! You’ve just taken it like that.”

- “Well, if it’s helped me, what’s the harm? What do you think – radiotherapy or not?”