

# **Effective Ways of Relating to the Patient**

**(r)evolutionary changes in  
mental health interventions  
from 19th century 'talking cure'  
to 21st-century practice**

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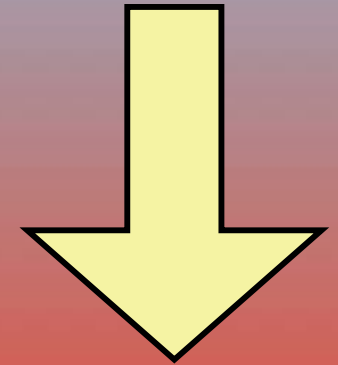
# Overview

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- different psychological disciplines
- different therapeutic approaches in terms of theory and technique
- different definitions of psychological 'help'
- different kinds of help underpinned by contradictory paradigms
- different roles / relational stances / spaces
- different kinds of change
- phases in client's life process

'should'

abstract  
definitions in  
practitioner's  
mind



client's  
experience of  
help/therapy

'what is'

# different disciplines of psychological help

(not so different\*)

1. pharmacological psychiatry
2. psycho-education / self-help
3. coaching / personal development
4. academic psychology / CBT
5. counselling
6. psychotherapy
7. psychoanalysis

- disciplines
- approaches
- define: 'help'
- paradigms
- relational spaces
- kinds of change
- phases in life



<http://www.integra-cpd.co.uk/cpd-resources/the-therapists-perception-understanding-intervention-1994/>

# different therapeutic approaches

1. **psychiatry** - several traditions
2. **psychoanalysis** - many contradictory branches
3. **behaviourism - CBT** - constantly evolving
4. **humanistic** - many, many diverse approaches
5. **systemic** - several schools
6. **transpersonal** - many spiritual traditions
7. **integrative** - bringing it ALL together?

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# different therapeutic approaches

- disciplines
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- phases in life

integration

2000

1960

1950

1900

Relational  
Intersubjectivity  
Attachment-based  
Self Psychology  
Short-term

Object Relations  
Ego-Psychology  
Kleinian  
Jungian  
Freudian

psychoanalysis

behaviourism

behavioural  
cognitive-behavioural  
ACT  
DBT  
mindfulness-based

humanistic

person-centred  
Gestalt  
Transactional Analysis  
existential  
Psychodrama  
Body Psychotherapy  
Rebirthing  
Holotropic Breathwork  
Psychosynthesis  
Transpersonal

# different definitions and ideas of psychological 'help'

- disciplines
- approaches
- define: 'help'
- paradigms
- relational spaces
- kinds of change
- phases in life

- different people find very different things helpful at different times
- big difference between what people WANT and what they NEED
- problem cannot be solved on the level of consciousness that created it
- example: "can you help me find my wallet?"



# Different kinds of help underpinned by contradictory paradigms (belief & value systems)

- symptom-reduction **versus** deeper causes
- self-improvement **versus** self-acceptance
- perfectionism **versus** wholeness
- past problems **versus** future potential **versus** here&now
- problems & deficits **versus** strength & resources
- accommodation **versus** adaptation
- individual development **versus** conformism **versus** belonging to community

- disciplines
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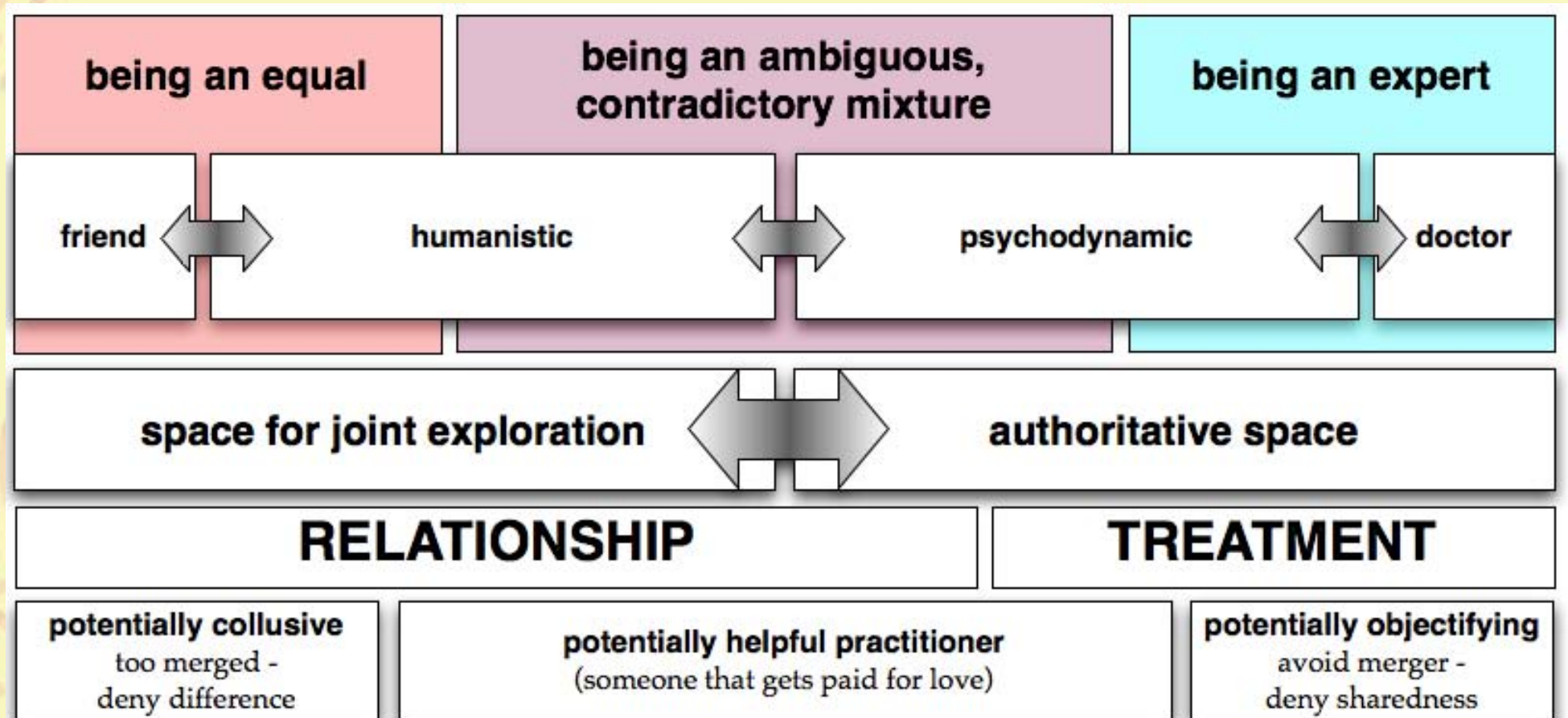


# different roles / relational stances / spaces

spectrum: friend - 'medical model'

- disciplines
- approaches
- define: 'help'
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- phases in life

collusive friend - friend - therapeutic professional - doctor



# different roles / relational stances / spaces (kinship bonds)

- disciplines
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- **doctor for the feelings/mind (trad. family doctor)**
- **guide / mentor** - I follow their advice - they know better
- **step-parent** - stand-in for my parents (targets for unresolved issues)
- **partner / spouse** - person to person - committed, even when fighting
- **aunt / uncle / cousin** - work out with me what's best for me
- **friend** - has my best interests at heart (even if I don't always agree)
- **ally / champion** - always on my side (self-actualisation)
- **fairy god-parent** - all my wishes are granted

# 4 different kinds of change

- disciplines
- approaches
- define: 'help'
- paradigms
- relational spaces
- kinds of change
- phase in life

re-decoration



re-construction

house of the client's *psyche*

1. no change = affirmation of status quo/habitual mode
2. change by information = 'translation'
3. change by reformation (will/discipline) = 'contradiction'
4. change by integration = 'transformation'

# Example: accountant needing help with dating

- **affirm habitual:** accountant's christmas party
- **translation:** plan spreadsheet before date
- **contradiction:** write love poetry
- **transformation:** notice and receive his best Platonic friend's romantic desire for him

he had been unreceptive (feeling unworthy) of love  
- making desperate efforts to create love -  
blind to the love that was already there

# phases in life

(spiritual journey, process of becoming whole  
'soul-making', Jung's 'individuation')

- evolutions & revolutions in development
- changing consciousness = sense of self
- different kinds of change at different phases: expanding spirals of translation, contradiction, transformation
- successive stages: building - established structure - expand - crisis - deconstruction - chrysalis - new building
- life transitions: transcend & include
- self: ego-centric - ethnocentric - worldcentric

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# The developing skyscraper of self

- build the walls of a new floor = the structure
- move in , furnish, inhabit, make it home = identify with it = new sense of self
- expand into it = **change by translation**
- gets too small, too familiar, too habitual
- emergence of new self = breaks down identification with established structure = **change by contradiction**
- build the walls of new floor = **change by transformation**

and so on - spiralling development =  
expanding sense of self = transcend each previous stage,  
but build on it and include all

# What is 'help'?

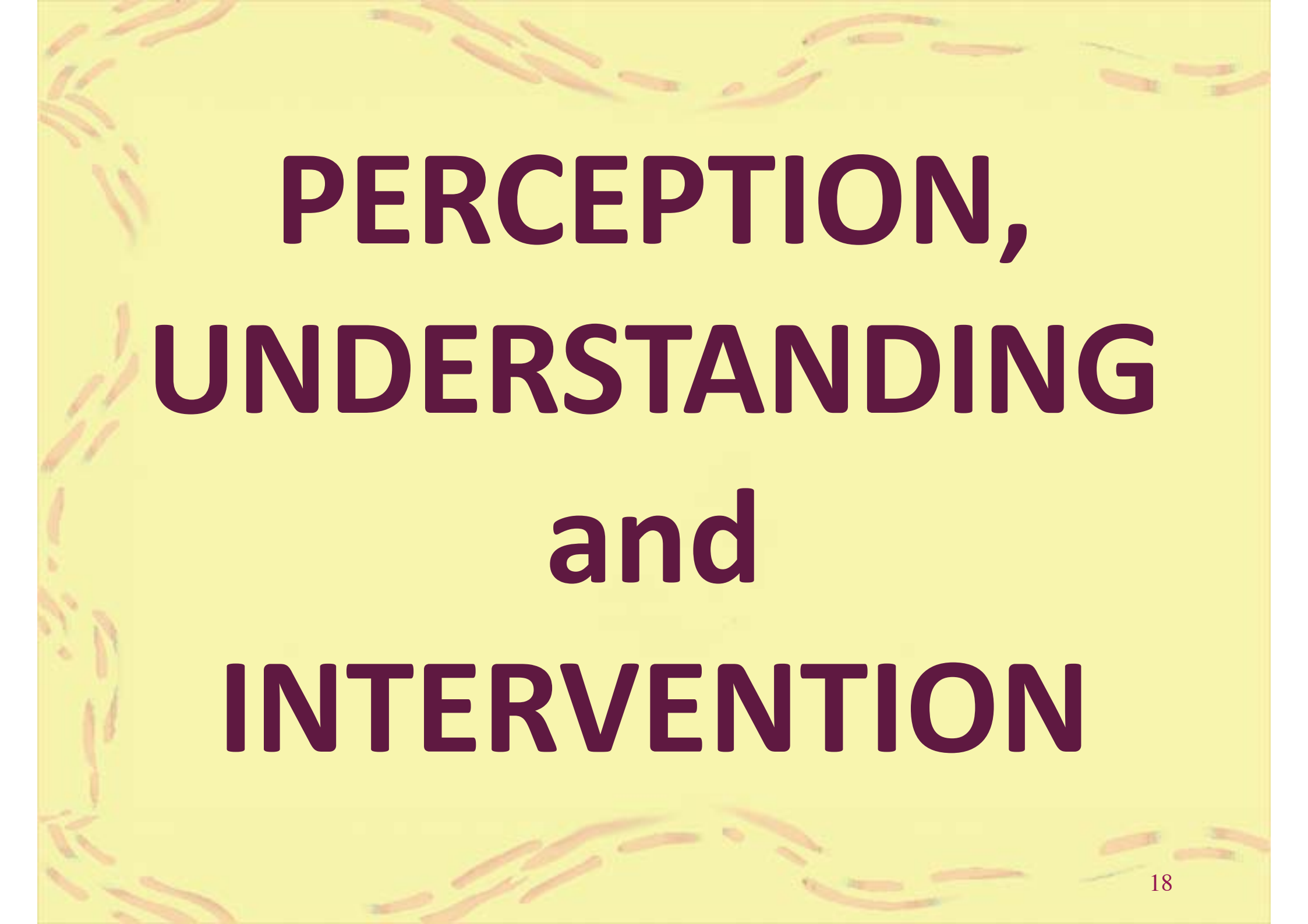


# Let's Collect Your Questions

- **your question**
- **your name**
- **your own training / background**
- **your own therapeutic/psychological experience  
(as a client or practitioner)**
- **your therapeutic language / approach /  
tradition**

# What is experienced as therapeutically helpful?

- **sharing in pairs (3 mins each):**
  - your most satisfying interaction (from the client's or practitioner's side)
  - what were the crucial ingredients/features/elements?



**PERCEPTION,  
UNDERSTANDING  
and  
INTERVENTION**

# **My underlying relational stance affects my therapeutic perception, understanding and intervention**

- **general definition: perception, understanding and intervention**

**perception, understanding and intervention from the various stances:**

- **classical 'medical model'**
- **humanistic 'anti-medical model'**
- **integration (third position): within a holistic - systemic - intersubjective - relational perspective**

# General Definition of PERCEPTION, UNDERSTANDING and INTERVENTION

PERCEPTION	UNDERSTANDING	INTERVENTION
my un-interpreted 'observations'	how I make sense of my perceptions, impressions and 'observations'...	how I respond; what I do ('outwardly')
recognise significant information	translate perceptions into understanding	translate understanding into action
what do I notice ?	what's going on ?	what do I say, do, suggest ?
what am I aware of ? what do I pick up and observe ?	how do I understand it? what's the dynamic? what is most important to work with ?	what technique is appropriate? methods, strategies, interpretations, suggestions
<b>INPUT</b> 'raw data'	<b>PROCESSING</b>	<b>OUTPUT</b>
	<b>THEORY (what)</b>	<b>TECHNIQUE (how)</b>

underpinned by: **IMPLICIT RELATIONAL STANCE**  
reflected in: meta-psychology, paradigm, philosophy, epistemology

# PERCEPTION, UNDERSTANDING and INTERVENTION within a 'medical model' perspective

PERCEPTION	UNDERSTANDING	INTERVENTION
neutral, rational & objective observer	scientific procedure (hypotheses)	treatment
dualistic subject-object split (accurate perception depends on remaining 'outside', unaffected and uncontaminated by the problem / pathology)	dualistic subject-object split (accurate perception depends on remaining 'outside', unaffected and uncontaminated by the problem / pathology)	power-over: solution imposed; practitioner prescriptive & directive: e.g. treatment, remedy, operation, technique, strategy
investigation ÷ examination ÷ research (gathering data)	(external) diagnosis	treatment plan = linear problem-solving; improvement = get rid of symptom

# PERCEPTION, UNDERSTANDING and INTERVENTION within an 'anti-medical model' perspective

PERCEPTION	UNDERSTANDING	INTERVENTION
engaged, holistic, subjective & intersubjective perception based on empathy and identification	intuitive understanding; tends to be based on holistic and non-rational or transrational framework	helping = facilitative, maybe educational, more mutual conception of relationship
phenomenological 'bracketing' of prior assumptions; perception through accurate empathy and identification rather than objectifying separateness	insisting on subjective & intersubjective, contextual, relational understanding of each individual in their own right; power of 'real' human connection; refuses external criteria for evaluating inherent vibrancy of contact (Gestalt)	denies hierarchy and contradicts power-over; refuses authority and solutions; practitioner defined as ally, champion, witness or available for authentic relating; often biased towards 'reparative relationship'
refuses distancing, objectifying stance = involvement and use of therapist's self	refuses objectifying, pathologising diagnosis and all labelling or typology; sometimes anti-theory, values intuition	going with the flow, based on principles of self-organisation; refuses imposition, manipulation, authoritarian strategies



# PERCEPTION, UNDERSTANDING and INTERVENTION within a holistic - systemic - intersubjective - relational perspective (Part 1)

	PERCEPTION	UNDERSTANDING	INTERVENTION
	both internal AND external: self AND other AND the system	both self AND other AND the system	intervention into 'the system' (affects self AND other AND the system)
<b>holistic:</b> perception, understanding, intervention understood as body-emotion-image-mind processes	holistic notion of perceiver and perceived and process of perception; relies on five senses and sixth sense (energetic perception); both left brain and right brain; perceiving through the body (amoeba)	holistic notion of understanding; recognising mutuality of body & mind / unconscious & conscious = organic thinking: cognition/ reflection and spontaneous experience: conflicted ego in conflict with spontaneous conflict	holistic notion of intervention (one body/mind engaging with another body/mind); suggested techniques / interventions rely on recognition of mutual relationship between spontaneous and reflective processes
<b>complex systems &amp; self- organisation:</b> 'established structure' versus 'emergent process'	perception of 'established structure' (in the r'ship system, in context) versus 'emergent process' (again, in the whole r'ship system, in context)	embrace unpredictability in non-linear, complex, dynamic, open system, including a-causality, bifurcation, dependence on initial conditions, 'butterfly effect';	facilitator not in control, but part of the system: intervention is part of the emergent process of self- organising system; intervention affects both facilitator & system; (facilitation = white-water rafting)
<b>integrates postmodern critique:</b> contextual, socially constructed, perspectivism	perception recognised as contextual, culturally conditioned, subjective, multi-dimensional; perception is always already socially constructed; 'there is no truth, only perspective'; reality is constructed through subjective interpretation of the 'facts'	contextual, relational understanding: also focussed on peculiarity / individuality (rather than general 'types' or general principles only) = diverse local narratives rather than universal theories; balance between scientific and phenomenological; hermeneutic application of theory	rather than only imposing intervention, letting it also emerge contextually; all intervention is based on facilitator's subjectivity and cultural background, therefore challengeable
<b>integrates 'medical model' AND 'anti-medical model' stances:</b>	the field of counselling and psychotherapy is very polarised around this issue; the 'medical model' is a 19th century dualistic inheritance and it is necessary for meeting and containing the self-objectification in each client ('I'-it' versus 'I'-Thou' relating)	understanding embraces the validity of each model and the information inherent in the conflict between them; this conflict reaches to the heart of the subject-object split in each person and is fundamentally structured into our perception and being-in-the-world	'medical model' works mainly by 'translation' and 'contradiction' (which are valid modalities and phases of the change process), but denies transformation; anti-medical model relies on idea of 'going with the flow', but does not embrace fundamental conflict between the two models as given in the client/the system

# PERCEPTION, UNDERSTANDING and INTERVENTION within a holistic - systemic - intersubjective - relational perspective (Part 2)

	PERCEPTION	UNDERSTANDING	INTERVENTION
	both internal AND external: self AND other AND the system	both self AND other AND the system	intervention into 'the system' (affects self AND other AND the system)
<b>unconscious process:</b> 'therapist allows themselves to be constructed as an object by client's unconscious'	unconscious process: 'therapist allows themselves to be constructed as an object by client's unconscious'	unconscious process: 'therapist allows themselves to be constructed as an object by client's unconscious'	unconscious process: 'therapist allows themselves to be constructed as an object by client's unconscious'
<b>parallel process &amp; projective identification:</b> wounding r'ship paralleled throughout system	perception includes possibility of projective identification; Process-oriented Psychology: "which figure am I being dreamed up as?"	hypotheses take into account projective identification; transference & countertransference as parallel process = five parallel relationships; Process-oriented Psychology: "which figure am I being dreamed	intervention may enact client's pattern via parallel process: "how is my intervention acting into the client's pattern and replicating or perpetuating it?" = re-enactment
<b>facilitator's use of self:</b> subjectivity is the therapist's main tool	participative universe: every observation already affects and changes the system being observed	facilitator's subjective understanding becomes a valid ingredient in the process (via self-disclosure, active engagement & dialogue)	facilitator's interventions recognised as catalyst, based on subjective, idiosyncratic perspective; also includes capacity for mutual, authentic engagement
<b>facilitator flexibility:</b> no fixed, taken-for-granted relational stance	facilitator's relational stance is recognised as informing and conditioning perception: flexibility between different stances affords different perspectives	facilitator's flexibility between different relational stances discloses different realities and understanding = multi-modal, integrative stance (e.g. Clarkson's 'five modalities of therapeutic relationship')	facilitator flexibility between different and contradictory styles (hierarchical and heterarchical; identifying and differentiated; support and challenge; pro-active, directive, prescriptive and receptive, allowing, following; etc.
<b>being with 'what is':</b> Gestalt's paradoxical principle: "change happens when we accept 'what is'."	phenomenological observation: 'observer' engaged and affected; NLP: 'cleaning up' perceptive channels	understanding arises out of being and surrender to 'what is': attempting to integrate phenomenological and theoretical perspectives ('unknown' versus 'known'); includes 'medical model'	intervention arising out of the system rather than being exclusively seen as only acting upon it; Taoism: 'wu-wei' = non-doing (differentiates action from activity)

# PERCEPTION, UNDERSTANDING and INTERVENTION within a holistic - systemic - intersubjective - relational perspective (Part 3)

	<b>PERCEPTION</b>	<b>UNDERSTANDING</b>	<b>INTERVENTION</b>
	both internal AND external: self AND other AND the system	both self AND other AND the system	intervention into 'the system' (affects self AND other AND the system)
<b>principle of 'adequatio':</b>	perception is subject to the principle of 'adequatio': nothing can be perceived without an appropriate 'organ' of perception	the principle of 'adequatio' also applies to understanding: nothing can be understood without an appropriate 'organ' of understanding	"a problem cannot be solved on the same level from which it originated" Einstein
<b>wounded healer perspective:</b>	it is acknowledged that any perception includes possibility of facilitator's projection / therapist's transference	it is acknowledged that any understanding is conditioned by facilitator's own wound and restricted sense of identity, bias, dogmatism, perspective	the client/group expresses the unconscious of the leader'; intervention includes possibility of therapist using client for own (unconscious) needs and purposes
<b>holding tension between polarities:</b> between 'established structure' and 'emergent process';	holding the tension between: disturbance vs relative equilibrium; integration vs dis-integration; underlying unity vs multiplicity; pro-active initiative vs surrender until spontaneous re-organisation occurs;	holding the tension between: containment versus 'emergency'; theory / understanding as defence / protection vs understanding emerging from and as the process; knowing vs unknowing	holding the tension between: "nothing has to happen (= do not force or impose change)" versus "something desperately needs to happen"
<b>paradoxical loop:</b> hermeneutics	how is my (selective) perception already a re-enactment ?	how is my understanding also a re-enactment ?	how is my intervention also a re-enactment ?
<b>transcending of dualism into paradox</b>	perception rooted both in non-dual and subject-object duality	holding of tension between polarities: losing and re-gaining therapeutic position	spontaneous transformation: can both be facilitated and is 'grace'



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*Weaving together a diversity of strands by integrating:*

- *all the different therapeutic approaches*

- *body - emotion - imagination - mind - intuition*

- *multiple relational modalities*

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# Additional material



# overlap & similarities between different disciplines

- more difference between practitioners in the *same* discipline than between practitioners from *different* disciplines\*
- cross-fertilisation and hybridisation between different disciplines
  - e.g. psychodynamic psychiatrists, Gestalt psychologists, CBT therapists
- research: the more experienced the practitioners, the more their practice converges between different disciplines

# overlap & similarities between different disciplines

- big difference between what practitioners think and say they do and what they do
- What does it look like from the client's perspective?

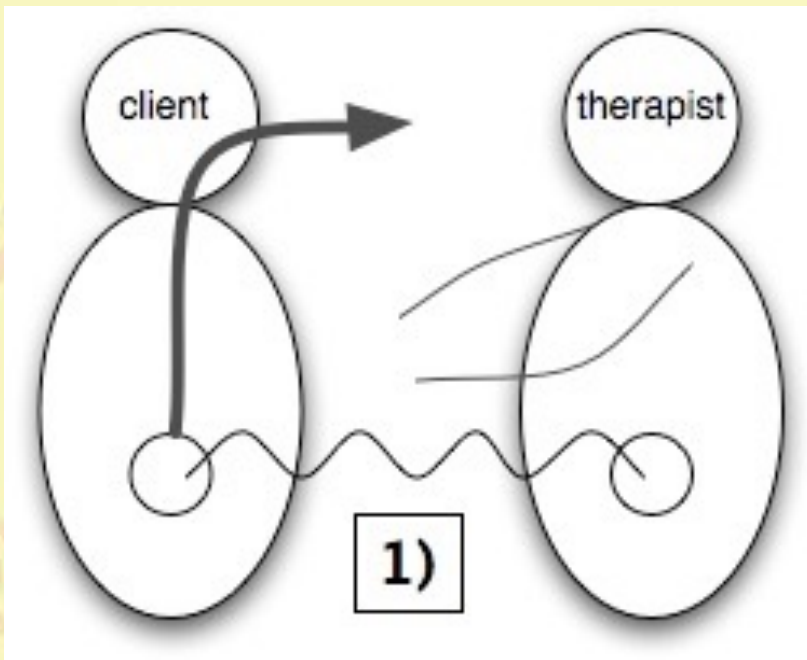
different disciplines are largely social and historical conventions, to do with professional status, career progressions and market share rather than defined by different kinds of relating  
= very confused and confusing



# 3 kinds of contact

# Three kinds of contact in the therapeutic relationship:

## 1. resonance

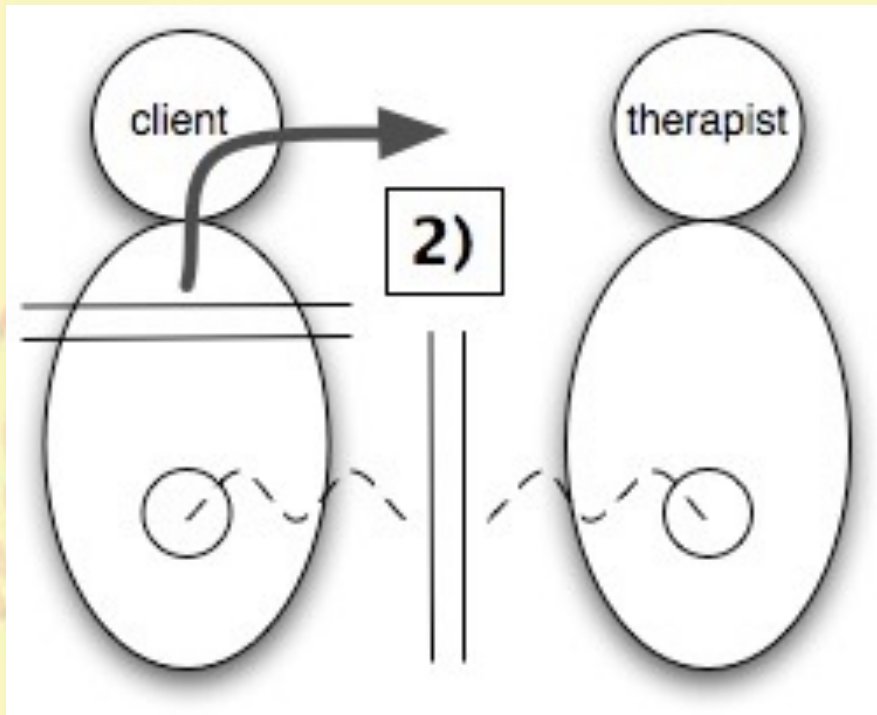


Therapist experiences:  
**RESONANCE**  
(explicit empathic flow and attunement, no doubts about working alliance)

a) spontaneously, without effort or intention  
b) through therapeutic persona (good will, intention)

# Three kinds of contact in the therapeutic relationship:

## 2. ambivalence



Therapist experiences:  
**DISSONANCE** as well as **RESONANCE**

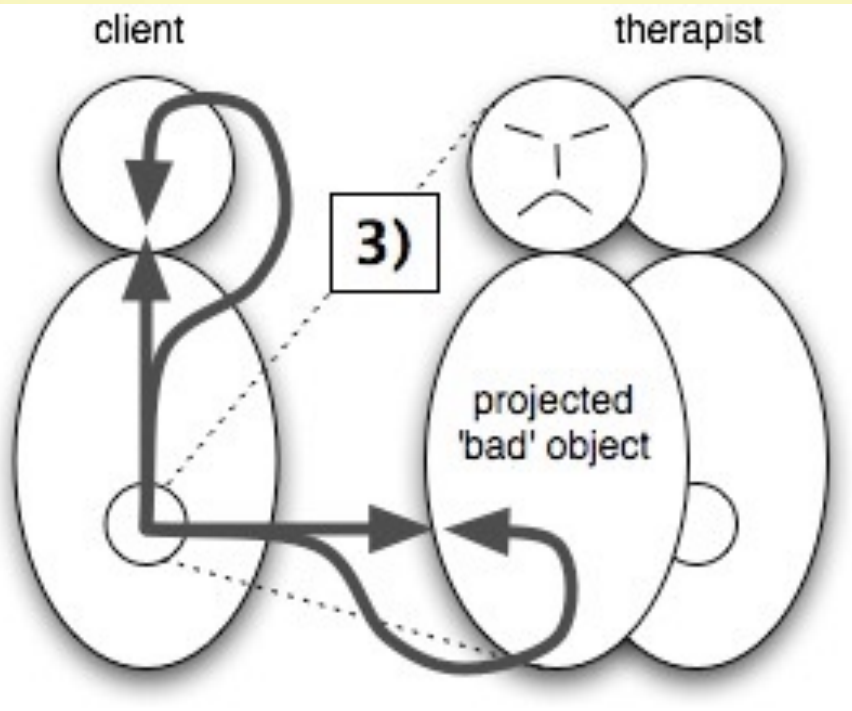
(explicit empathic flow disturbed or conflicted,  
doubts about working alliance)

therapist feels in doubts, unsure, worried,  
uncomfortable, ambivalent or in conflict about  
a) understanding: "what's going on ?", or ...  
b) intervention: "what should I do ?"  
(often torn between conflicting impulses)



# Three kinds of contact in the therapeutic relationship:

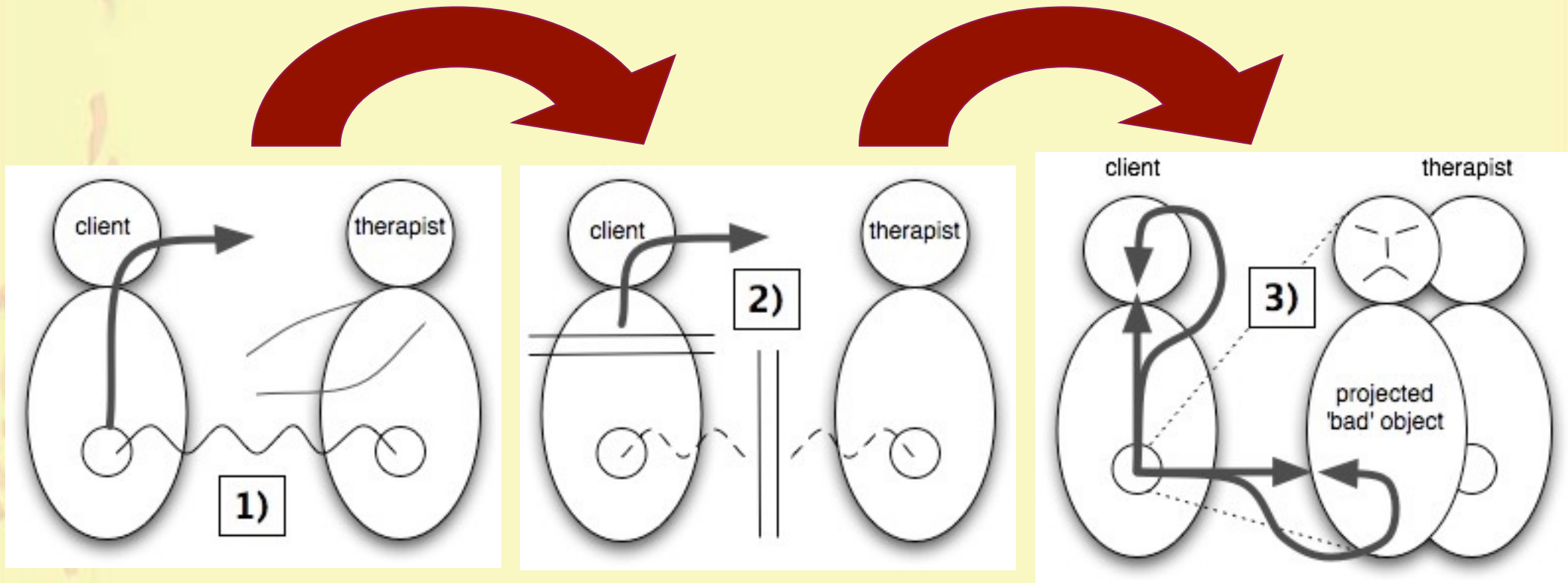
## 3. enactment



Therapist experiences:  
**INTENSE CONFLICT / PRESSURE**  
(charged and conflicted moment - working alliance acutely/intensely threatened = loss of therapeutic position seems imminent or already happened)

therapist intuits that possibility for re-enactment of client's wounding and negative patterns is strong = tendency to go unconscious

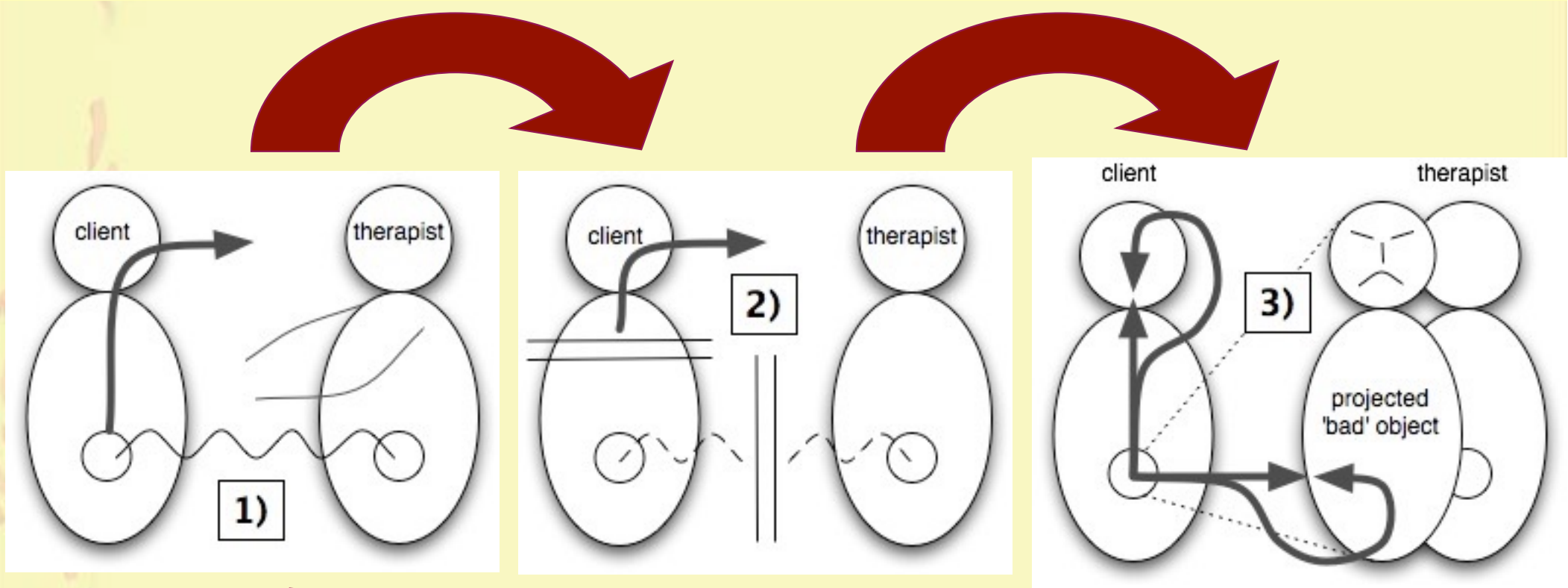
# Three kinds of contact in the therapeutic relationship: the spiralling process





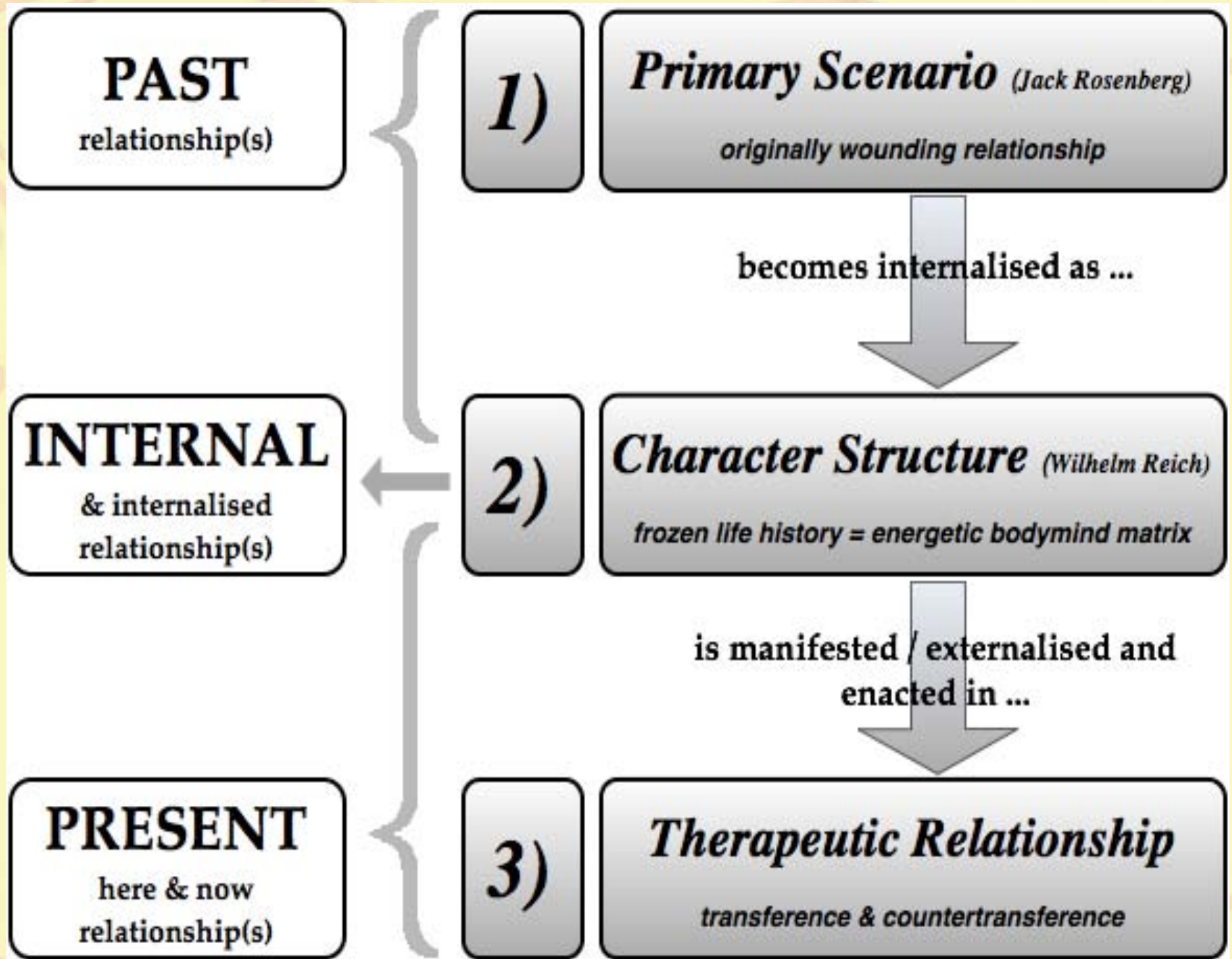
**How to facilitate and/or contain  
the transition from 1) to 2) ?**

**How to facilitate and/or contain  
the transition from 2) to 3) ?**



**the transition from 3) back to 1) happens spontaneously**

# three parallel relationships



# Quotes

**There are two things that make  
God laugh: when a healer says:  
“I healed them!”  
or when bickering lovers say:  
“We have nothing in common!”**

**Ramakrishna**

**The Buddha was asked:  
“What have you gained from  
meditation?”**

**He replied: “Nothing!  
However, let me tell you what I  
have lost: anger, anxiety,  
depression, insecurity, fear of  
old age and death.”**



**“We do not have to visit a madhouse to find disordered minds; our planet is the mental institution of the universe.”**

**J.W. Goethe**

**“Psychoanalysis is the disease  
for which it claims to be the  
cure.”**

**Karl Kraus**

**“As truths are  
the fictions of the rational,  
so fictions are  
the truths of the imaginal.”**

**James Hillman**