MARCH 2022

Private Practice

For counsellors and psychotherapists in private practice

Orders of love

Bert Hellinger's family constellations

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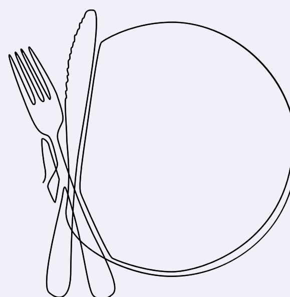

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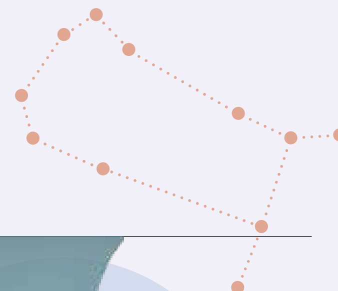

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"...I felt a keen desire to be present, to take my place in the room with her

Welcome

I have lost count of the number of times recently that clients, as they have begun to talk about the personal difficulties that are currently occupying them, have paused and said something along the lines of 'I feel bad/guilty/selfish for talking about my problems when people's lives are under threat in Ukraine/the climate is in crisis/people are starving in Afghanistan etc'. There's something about a global pandemic, an illegal war, an escalating and no-longer plausibly deniable climate crisis that briefly cause us all to take stock of our lives and place our suffering into perspective.

What to do then when clients express such misgivings? Do we acknowledge their empathy for the critical situation others and our home planet are in, but put that to one side and bring them back to the state of their inner world? Do we address the 'bad' feelings, the guilt and selfishness they've named? Do we shift focus from the personal to the political and explore their thoughts, feelings, beliefs and possible prejudices about whichever political catastrophe we are collectively facing? Do we risk naming our own concerns if we engage in such a discussion? Doubtless, our response might include any combination of these, and multiple other reactions I've not thought to include. How we respond will, I imagine, depend in part on the modality we have been trained in, our own political biases, interests and agendas, and probably how we feel in any given moment and with any specific client when such a circumstance arises.

I have noticed that, when the collective comes into the therapy room – as it has done with increasing frequency across the last decade of Brexit, Trump, COVID-19, the rise of right-wing populism, Tory austerity, global warming, Afghanistan, Syria... – my immediate response is to want to bring the focus back to the client. But who am I to hold that what's going on *inside* might have more relevance and importance than the ways in which events far out on the *outside* are impacting – even when those events might be happening thousands of miles away? Perhaps when topical political issues and global crises come into the room, we are tested on how much about ourselves – our own positionality – we are willing or feel it appropriate to reveal. And what to do if we're faced with opinions that are opposite to our own?

Of course, events in the outside world do not only enter the therapy room explicitly, they also come through in unconscious communications and enactments. I have noticed an increased frequency in clients talking about dreams with themes of invasion, intrusion, pursuit by a visible or invisible enemy. Dreams full of rage, hate, terror, in which things are falling apart, breaking down, crumbling, dying. Perhaps our internal psyche is assembled in a way that is not dissimilar to how the *anima mundi*, or 'world soul' – the connection between all living things, which relates to the world in much the same way as the soul is connected to the human body – is organised. Where the tension between conflicting parts of the whole manifest in splitting (projecting the parts deemed as 'bad' and unwanted outwardly onto the other), obsessive compulsions, hatred (including hatred turned in oneself, because of internalised misogyny, misandry, homophobia, transphobia, racism etc) such that our internal climate can become as fragile and prone to collapse and destruction as the world ecosystem on which we depend for survival.

We are living in an age of perpetual crisis. Is it any wonder that our souls are suffering?

John

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BACP NEWS

Catch up with the latest BACP news and resources

January 2022 version of SCoPEd framework published

The January 2022 version of the Scope of Practice and Education (SCoPEd) framework has been published by the SCoPEd partnership. SCoPEd is a shared standards framework, developed and published by six Professional Standards Authority accredited bodies, including BACP, which represent over 75,000 counsellors and psychotherapists. It transparently sets out the core training, practice and competence requirements that exist for counsellors and psychotherapists working with adults.

The chief executives of the six SCoPEd partners have published a joint announcement welcoming the new framework and outlining the next steps for the partnership: 'We are already seeing the positive impact on how the counselling and psychotherapy professions are perceived, with significant engagement at this early stage from bodies such as the NHS and Health Education England. The publication of the January 2022 framework marks the delivery of our phase one work on SCoPEd – a joint commitment to map the current reality of the core training, practice and competence requirements. The framework is written at a high level, is not modality specific, and it is about working with adults over the age of 18, and not about working with children or young people.'

There have been several significant updates and improvements made to the content and the language of the framework since the previous version was published in July 2020. These include:

- greater emphasis on the role of the therapeutic relationship and the qualities of the therapist
- further focus on equality, diversity and inclusion as a theme embedded and integrated throughout the framework
- additional standards relating to online and phone therapy
- more consistent use of language that is inclusive and more accessible to a wider audience
- the addition of a glossary of terms.

You can find out more at: **bacp.co.uk/about-us/advancing-the-profession/scoped/**

UPDATE ON OUR BOARD OF GOVERNORS

Our newest Governor, Punam Farmah, is settling into her role after she was elected by members at our AGM in November. Punam is a person-centred counsellor who works in private practice and as a counselling tutor. She is passionate about ensuring that the counselling and psychotherapy professions support future generations of both clients and practitioners.

Julie May, who was originally elected to the Board in 2018 and was due to step down at the end of last year, has now been co-opted onto the Board for another year. She'll be staying until our 2022 AGM to provide stability to the Board and so we can continue to draw on her skillset and experience throughout the year. Julie works in private practice and manages a group practice providing facilities for counsellors to start up and develop their own businesses.

We call on Minister to deliver critical investment in therapy

We've called on the Government and policy makers in London to invest in counselling and psychotherapy to help tackle the chronic, wide-ranging and long-lasting mental health issues of COVID-19. We told the Minister and Shadow Minister for Mental Health that our highly skilled and qualified members are ready now to support communities in the capital in their recovery from the pandemic.

Our Chair Natalie Bailey, speaking at our online roundtable Building Back Better Mental Health in London, said people right across society have been impacted by the pandemic and that '...counselling and psychotherapy are part of the solution to a major issue. It's critical to the recovery from the pandemic. More funding for counselling will help tackle some of the deep-rooted inequalities. Investment ensures appropriate, culturally sensitive and accessible choice before the problem escalates'.

Our Chief Executive, Dr Hadyn Williams, told the roundtable that counselling was of equal quality to IAPT and more flexible: 'We'd like to see much greater investment to ensure fully-funded and appropriate counselling and psychotherapy which utilises the capacity of our trained workforce.'

Gillian Keegan, the Minister for Mental Health, drew attention to the Government's COVID-19 mental health and wellbeing recovery action plan, which aims to prevent, mitigate and respond to the mental health impacts of the pandemic. 'It is backed by an additional £500m to make sure we have the right support in place and that will go into addressing waiting times, and also give people the mental health support they need, plus provide investment in the workforce.'

Hadyn challenged plans by both the Government and the Opposition to create new roles when we already have a highly skilled, trained and available workforce: 'The NHS often overlooks the highly qualified, experienced, skilled counsellors and psychotherapists who already exist and don't need to be trained up. They currently face barrier after barrier with trying to enter the NHS workforce, so we'd like to see an enhancement of the role of counselling and psychotherapy within the NHS, which better uses our trained workforce.' He added: 'IAPT has a significant role to play but isn't the only solution.'

Government launches healthcare regulation consultation

The Department of Health and Social Care has launched a UK-wide consultation into the regulation of healthcare professions. It comes as the Government is seeking extra legislative powers, as part of the Health and Care Bill, to make sure the regulation of health and social care professionals is proportionate and best protects the public from harm.

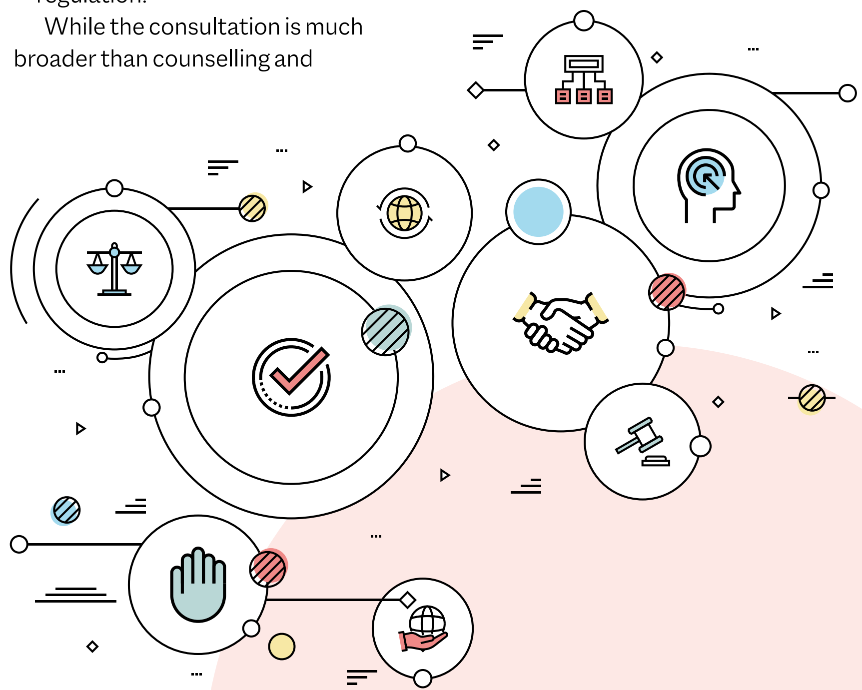
The new consultation looks at how powers to introduce and remove professions from regulation could be used in the future and asks for views on:

- the criteria used to decide whether a profession should be regulated
- whether there are regulated professions that no longer need statutory regulation
- whether there are unregulated professions that do need statutory regulation.

While the consultation is much broader than counselling and psychotherapy, it could impact on how decisions are made about whether the professions are regulated in the future. The Government has said it currently doesn't have any plans to bring extra professions into statutory regulation, apart from physician associates and anaesthesia associates.

We'll be responding to the consultation and will publish our full response on our website. You can submit your own response through the Government website. The consultation closes at 11.45pm on 31 March 2022.

You can find out more at: **gov.uk/government/consultations/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate**



DIVISION NEWS

Catch up with the latest news from BACP Private Practice

NICE GUIDELINE FOR DEPRESSION IN ADULTS CONSULTATION: OUR RESPONSE

We've submitted our response to the consultation on the National Institute for Health and Care Excellence (NICE) draft Guideline for treatment of adults with depression. We've welcomed the improved focus on client choice and the recommendation that all psychological therapies should be considered as first-line treatments for depression. But we've raised serious concerns about how the guideline was put together and how relevant research was not considered.

We're also unhappy with how treatment options are ranked, the inconsistent use of the word 'counselling', and that longer-term psychological therapies are not recognised in the guideline.

We've long campaigned alongside our members, other mental health organisations and MPs, for the guideline to be updated. In putting together our response to the consultation, we've drawn on feedback from counselling and psychotherapy academic researchers and from members who contacted us during the consultation period. Our submission was also informed by reviews we specifically commissioned to assess the research and analysis used in the guideline's development.

You can find out more at: **bacp.co.uk/media/13945/bacp-response-to-nice-depression-guideline-consultation.pdf**

BACP Private Practice Conference 2022

Although bookings are not yet open, early booking will be recommended to secure your place at this year's BACP Private Practice Conference. Taking place on Saturday 24 September, the event, titled 'Beyond The Room: finding your inner entrepreneur', is tailored specifically for therapists and supervisors in private practice. This will be a hybrid event, with the in-person element taking place in London.

To register your interest in attending the conference, email: **katy.hobday@bacp.co.uk**

Private Practice Toolkit

The *Private Practice Toolkit* was originally developed in partnership with the BACP Private Practice division in spring 2020 and has proven to be popular with our members. Resources in the Toolkit are aimed specifically at supporting BACP members working in private practice to set up and maintain a thriving practice. They are designed to combine business skills with ethical and therapeutic practice. We are continually adding a wide variety of new content to the Toolkit from our journals, blogs and Good Practice in Action (GPiA) resources.

You can view the *Private Practice Toolkit* at: **bacp.co.uk/pptoolkit**

BACP Private Practice network meetings

BACP Private Practice network meetings are held in several locations nationally and offer the chance to meet, network and share learning with other BACP Private Practice members in your area. As is currently the case for all BACP live events, network group meetings will continue to run online for the foreseeable future.

For further information, visit: **bacp.co.uk/events/network.php**

FROM THE CHAIR

RIMA SIDHPARA

Many therapists are now thriving in business; and yet we can sometimes shy away from sharing our successes

Rima Sidhpara MBACP (Accred) is Director of RHCP Ltd, Chair of BACP Private Practice, a clinical supervisor and accredited DBT practitioner.

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'Self-love is the foundation for your capacity to love the other person.'[1] So said Thich Nhat Hanh, who died in January. It is sad to lose another inspirational humanitarian, yet his legacy continues in all he inspired. This quote is a crucial message for us to hear: the importance of our self-love if we are to love our clients. Yes, I use the word 'love' because I stand by my philosophy that ultimately it's the sharing of our love in the therapeutic relationship that allows for healing and growth, as it does in all healing relationships.

As a division, we're currently planning this year's conference, which will be held in September. Executive Committee member Lesley Ludlow and I began a brainstorming session for a theme, thinking about the impact of the pandemic, which then led to a discussion of some of the positive results to come from what we've been living through. As the owner of a large private practice, I feared for the future of my business and the possibility of having to close the practice when faced with the first lockdown in 2020. Like so many, we had never held sessions online and were faced with the uncertainty of whether we could continue. Two years on, we continue to thrive because we have now become a UK-wide service, thanks to the increased accessibility that online counselling provides.

As therapists, we've been working within the constraints of a global pandemic and in the face of a mental health crisis. Many of us have lost loved ones and have had to cope with emotional turmoil while simultaneously supporting our clients and supervisees. But there are success stories too. Many therapists are now thriving in business; and yet we can shy away from sharing our successes, perhaps because of a reticence to celebrate when we are 'benefitting' from the suffering of others.

Lesley and I thought about our resilience as therapists and the different hats we wear to thrive in our practices. Are we not all hidden entrepreneurs? I think that we are when I see the wonderful things that therapists are creating within their practices. Online and outdoor therapies have flourished, allowing us to expand beyond our consulting rooms. Therapists are becoming specialists in podcasting, vlogging, writing books, and broadcasting videos on TikTok and other online platforms, among other things. This is an exciting time. However, many therapists lack the confidence, resources and business know-how to innovate in a new professional landscape and require a helping hand.

We're good at downplaying our successes, yet there's so much talent within our profession, and we need to hear success stories and learn from those who are thriving in private practice. I feel a burst of energy as I write this. Shouldn't we all champion each other and value ourselves for the many hats we wear?

I'm pleased to announce, therefore, that our conference title this year is 'Beyond The Room: finding your inner entrepreneur'. We'll hear from experts, who will share their experience of thriving in private practice, with topics including publishing a book, creating a podcast, running a YouTube channel, and much more. It's time to embrace innovation to develop your practice. Or, at the very least, to take the first steps towards finding out how to do so.

I'm struck by how we're left to go it alone once we have completed our core training. Yet we continue to require a helping hand and guidance. As a successful business owner, I'm concerned about the lack of support, and I don't feel there's enough help for company owners like me. As a brown woman from a working-class background, I've encountered barriers and believe that representation matters and that we need to hear success stories and receive a helping hand from colleagues who have gone before us.

I hope that the conference will provide an impetus to embrace change and help private practitioners build on the entrepreneurial skills that we all have. It follows on from our 2021 conference message that we are all creative, and that we need creativity in abundance when working in private practice. Alongside this, we also need support and self-care, as we risk burnout juggling the many hats we wear. We need help, resources and a little bit of pixie fairy dust too.

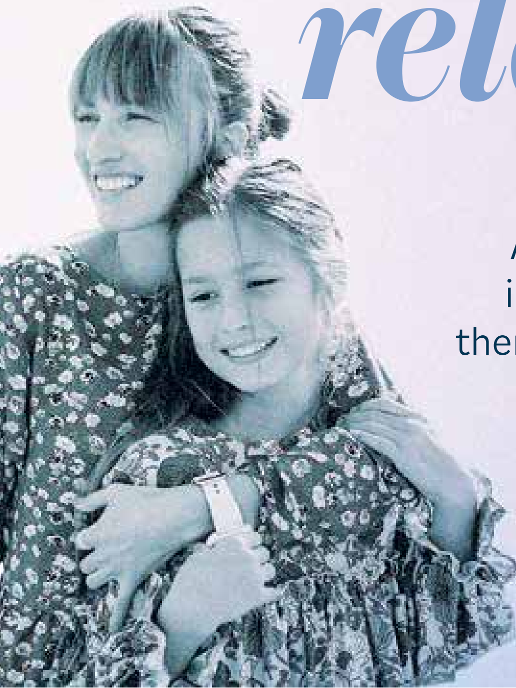
In other division news, we will soon be recruiting for more Executive Committee members to join us in our aim to support therapists in private practice. We're especially looking for people willing to assist with conference planning and creating online content for our website. We're hopeful that our network groups will be able to resume in person or in hybrid form from May onwards. A huge thank you to our network facilitators, who work hard at running these groups for private practitioners to come together for peer support, guidance and CPD. If you would like to find out more about these groups, visit the BACP events page at **bacp.co.uk/events.**

REFERENCE

1 https://www.outofstress.com/thich-nhat-hanh-self-love-quotes/

FEATURE

The impact of patriarchy on *mother-daughter relationships*



After 100 years of awareness of their importance, are therapy trainings and therapeutic practice continuing to overlook the significance of mother and adult daughter attachment?

WORDS

Turiya Martyn Gough MBACP (Snr Accred) is a counsellor/psychotherapist in private practice in Surrey working with individuals, couples and young people.

A century ago, psychoanalyst Karen Horney[1] identified the distinct relationship between mothers and daughters, and shortly after, Murray Bowen[2] discovered multigenerational family-of-origin patterns. Horney challenged the male-dominated theoretical approach, while Bowen emphasised transgenerational family patterns. However, these two insights were not immediately linked together to identify the transgenerational significance of mother and daughter attachment. Despite mother and daughter attachment being widely discussed throughout most of the last century, it is not yet widely recognised as a unique form of attachment behaviour, essentially because it remains camouflaged within the very nature of our patriarchal society.

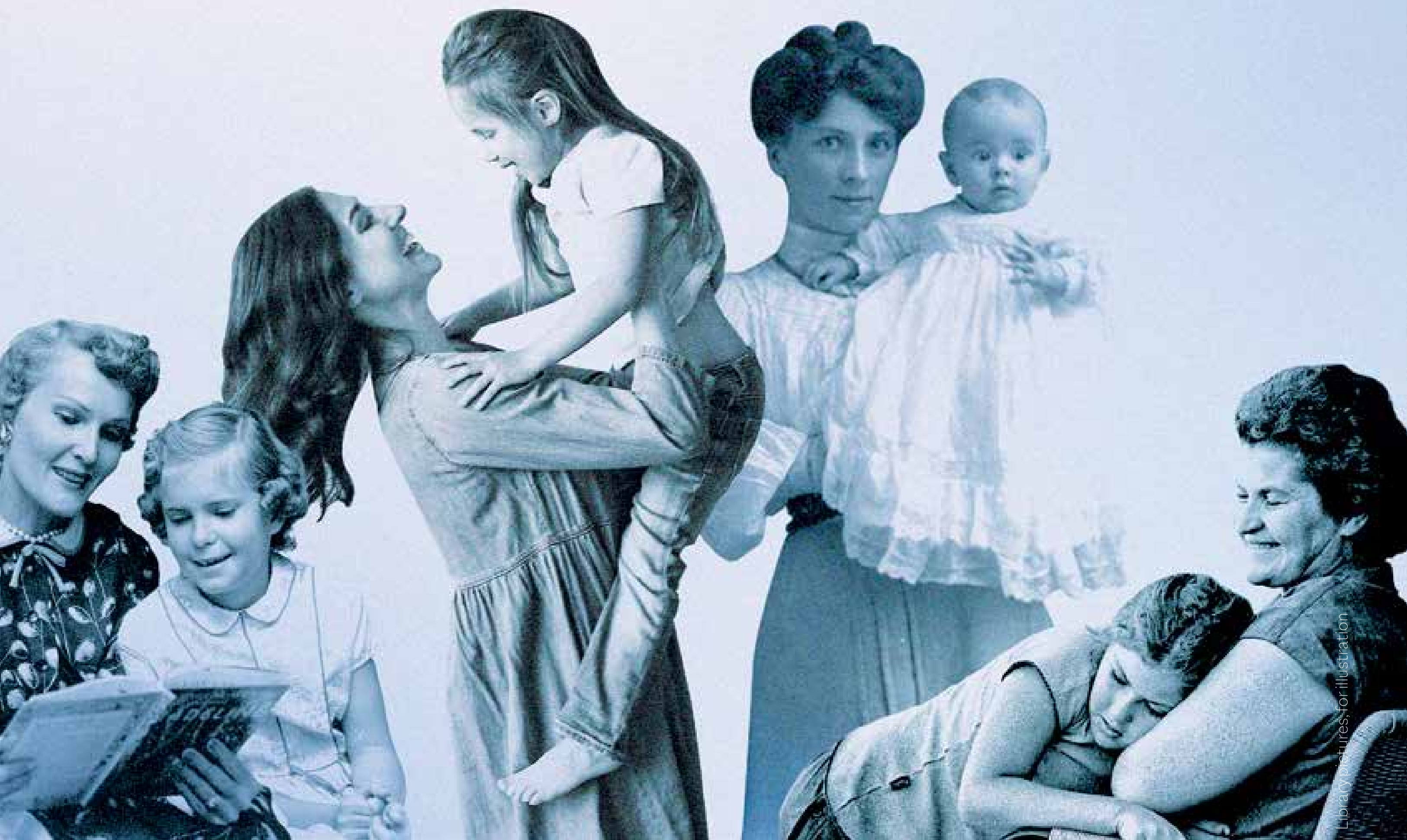
I believe the acknowledgement and investigation of a mother and adult daughter attachment model must become an essential tool for therapists working with either mother-daughter couples, or single women who may have been adversely affected by transgenerational mother-daughter behaviour.

While sitting in the presence of the late sage Ramesh Balsekar (1917–2009) at his home in Mumbai, he once mentioned that neuroscientists had discovered that human brains contain neural pathways, from the ends of which small electrical signals transfer information and generate 'thoughts'. He added that these scientists later observed that the 'thoughts' came first, and the electrical reaction followed.

Similarly, there is significant evidence that not only do the thoughts come first, before the brain reacts, but, more importantly, emotions come first before the body reacts. Therapists working with PTSD are aware that the body reacts involuntarily to pre-existing emotional trauma when triggered by an unconscious reminder of the original event.

Just as the adult responds to trauma with either the flight, fight or freeze options, the child only effectively has the freeze option, which is to supress their needs when in conflict with significant others. The freeze option is described by Peter Levine[3] as frozen energy, where the internalisation of emotions leads to an insecure attachment style.

Although the well-known works of John Bowlby and Donald Winnicott have added enormously to our understanding



of how our biopsychosocial environment influences the way in which individuals construct their perception and understanding of the world around them, we must remember that such studies were carried out by men who mostly observed women with their children. We also need to appreciate that Bowlby was raised in an upper-middle-income family as one of six children in the British fashion of his class structure at that time, and that he and his siblings were raised by a hired nanny; that role being unquestionably allocated to a woman.

> "The intergenerational passing on of female versus male roles is so deeply embedded in society that we grow up believing the myth that men are from Mars and women are from Venus

Omnipresent patriarchy

All of which brings me to the often unseen and unspoken effects of our patriarchal societies on the attachment style of most of our world's population, whether through overt patriarchy – as in ethnic and religious groups from the Taliban to Hasidic Judaism – or covert patriarchy, from the Appalachian mountains to the film studios of Los Angeles, and from governments around the world to almost every workplace and rural village. The intergenerational passing on of female versus male roles is so deeply embedded in society that we grow up believing the myth that men are from Mars and women are from Venus.

In the 1980s, Paula Caplan touched on the patriarchal myths regarding how '...girls and women are far more likely than men and boys to learn to be emotionally expressive and sensitive to the feelings of others. (As a general rule, males are more likely to suppress, ignore, or deny many of their feelings.).'[4]

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> “Across most societies, women continue to be seen as, and comply with expectations to be, sexualised objects in generally subservient or supportive roles

Library pictures, for illustration

Just as the body-mind organism reflects what it is thinking and feeling, so each person raised within a patriarchal system reflects the inherent values of patriarchy that were normalised within their biopsychosocial upbringing. Across most societies, women continue to be seen as, and comply with expectations to be, sexualised objects in generally subservient or supportive roles. This can lead, on the one hand, to women being coerced into wearing shapeless black robes, with eye slots for vision, as a result of male fears of erotic transference – Afghan women having the lowest life expectancy in that region and highest rates of maternal death.[5] Or, in contrast, to women being encouraged to sexualise themselves by wearing alluring clothing and makeup, injecting Botox, or undergoing surgical implants, all in the name of ‘being more attractive’. Both deny women’s rights to self-actualisation and to achieve their highest psychological potential.

Origins of mother and daughter attachment

At the turn of the last century, the importance of the mother-daughter relationship was acknowledged by the founder of psychoanalysis, Sigmund Freud. Interestingly, and perhaps like Bowlby, Freud’s father was a relatively remote and authoritarian figure, leaving the task of nurture and emotional availability to his wife. Between 1922 and 1937, Karen Horney[1] investigated the mapping of trends in the behaviour of women, who at that time were seen as being objects of charm and beauty, noting that this was at variance with Abraham Maslow’s understanding that every human being had the intuitive objective of self-actualisation. ‘Psychoanalyst Friedman (1980) stated that to become a mature woman, a daughter must establish a positive relationship with her mother. Eichenbaum and Orbach (1983) asserted that in a patriarchal society, women are left to nurture children. They identified more with female children because of shared gender and projected their feelings of neediness on them. Thus, girls grow up not having their own needs met, but instead learn to decipher the feelings of others. Society reinforces this pattern by assigning roles to women that have to do with constantly being aware of the feelings and needs of others while continuing to repress one’s own.’[7]

Later, attachment theory emphasised the importance of mother-daughter relationships and provided insight into the bonds formed between mothers and their children. Bowlby coined the term ‘mother figure’ and introduced the importance of social and economic context. In her dissertation, *Adult Daughters’ Perception of the Mother-Daughter Relationship: a cross-cultural comparison*,[6] Mudita Rastogi explored the additional influence of culture in mother-daughter attachment bonds.

Although the intergenerational patterns that exist in families were noted by various authors in the 1990s and showed how a child’s attachment to a parent related significantly to the parent’s reconstruction of their own attachment history, the specifics of the grandmother-mother-daughter relationships were not identified.

Manifestation of mother and daughter attachment

Intergenerational mother-daughter attachment is often witnessed when a client tells me they were diagnosed with postnatal depression following the birth of their child and told that childbirth can upset hormone balance. Antidepressant medication is frequently offered to counteract the first reaction. If, however, like Ramesh Balsekar, one believes that the hormone system is not causing the imbalance but is the manifestation of an underlying body-mind imbalance, then the remedy lies in treating the cause and not the resultant symptom.

A new mother, who only weeks before was, for example, pursuing her chosen profession, is now deprived of those professional challenges, as well as their rewards. They may be deprived of daily interaction with co-workers, travel to and from the workplace, interaction with clients or customers, freedom to vary their routine, or to pop into a gym, café, bar or restaurant. Instead, they are housebound, manacled to their new offspring, unable to go out, obliged to meet the constant demands of a hungry child or the replacement of a soiled nappy, feeling obliged to put on a happy face, as well as to meet the expectations of neighbours, friends and family to be overjoyed by their new motherhood role. It’s hardly surprising that postnatal life seems to lack so much of their prenatal existence.

> ...mothers and daughters are people first, and ... their needs and beliefs have historically been contained within society's patriarchal edicts

Paula Caplan explains that for grandmothers of her generation '...even more than for most of us, society expected, first, that they would become mothers and second, that they would try, without asking why or wherefore, to fit the self-sacrificing, uncomplaining pattern that was the motherhood mould'.[9] The absence of support from society, community and partner often contributes towards postpartum depression, distorting the new mother's expectations of herself, and increasing her sense of failure.

The mother and adult daughter attachment model

The amazing work of Carolyn Spring[7] and others has recently helped identify the now emerging classification of 'infanticidal' attachment, which results from life-threatening childhood traumatic experiences. Similarly, the work of Mudita Rastogi and others is now helping to identify 'mother and adult daughter' attachment as the result of intergenerational trauma passed down through families living in an unrecognised patriarchal society. It is, in essence, the failure of society to hitherto recognise the impact of patriarchy on growing children – comparable to Bowlby's recognition of the effects on children of abandonment – that has allowed generations of women to grow up with their emotional needs suppressed.

By looking at the history of a client's mother-daughter relationship through this patriarchal lens, we can unravel the historical suppression of women's needs and reveal the negative effects of this abuse on their own relationships. Whatever the modality of the therapist, their way of working with mothers or daughters will be enhanced through an informed awareness of the mother-and-adult-daughter-attachment-model (MADAM).

My own way of working over many years has focused on the inner child and the traumas the growing child experienced many years ago. For example, the lack of emotional nurturing and the effects of being raised by emotionally unavailable parents. Horney recognised this as the 'basic evil', an experience of parental indifference or lack of warmth and affection. The writings of Jonice Webb[8] and Lindsay Gibson[9] on emotional neglect, have greatly informed my practice, and although the unveiling of emotional neglect is part of the healing process for many clients, there are specific requirements when working with mothers and daughters who have evolved their own unique attachments.

Maternal jealousy and mother blaming

Caplan saw mother-blaming as '...a cornerstone of the current structure of our society, because it perpetuates the unequal distribution of power between men and women',[4] adding that: 'After all, if we stopped blaming our mothers for all our problems, we would see that in order to combat many of our problems, we would need to make some major changes in our society (eg pay equity, respect and pension for housewives), and we women would find it easier to band together to press for those changes. So, even when we are tempted to praise or appreciate our mothers, supporters of the status quo [patriarchy] find ways to keep us stuck in mother-blaming.'[4]

This patriarchal power imbalance perpetuates the feeling that mothers in '...paid employment may feel valued in our work environment but often wind up feeling unappreciated for the enormous weight of our double load. Mothering tasks, after all, are still believed to require little or no skill or effort. And hand in hand with mother-blaming goes a taboo against father-blaming'.[4]

Alice Miller explains how 'Women, too, are born with instinctual programming to love, support, protect, and nurture their children and to derive pleasure from doing so. But we are robbed of these instinctual abilities if we are exploited in our childhood for the substitute gratification of our parents' needs',[10] recognising the mother's intergenerational need to see her daughter follow in her own tradition.

Intergenerational acquiescence

One client, whom I'll call Linda, had stopped speaking to her mother following a disagreement over the mother's protective approach regarding her brother's arrest resulting from his physical assault on his wife. Linda was clear with her mother that physical abuse was unacceptable under any circumstances. However, her mother offered excuses to justify her son's behaviour. This was a re-enactment of the times when they were children and the son was always the chosen one, and could do no wrong, but the daughter was criticised, as well as being charged with looking after her younger brother, her often stereotypical role being

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to care for others but not expect them to care for her.

It transpired that Linda's father abandoned the family when she was four and her mother often left her in charge of her younger brother while she was out working. Additionally, Linda's grandmother had been married to an aggressive and physically abusive husband, who was an alcoholic as well as emotionally unavailable. There was an intergenerational pattern of women in the family acquiescing to a supportive role in return for no emotional support from the men in the family.

It appears on the surface that this mother-grandmother relationship is perhaps all too common and that Linda's mother learned to sacrifice personal desires to become the carer of her abused mother, creating issues of maternal jealousy, as her own daughter now moves ahead through a successful professional career outside of the 'motherhood' role expectations. Caplan observes how mothers and daughters can be '...driven apart by the daughter's promotion because high-powered paid employment and difficult, unpaid household work are not equally valued'.[4] Linda's pursuit of a career, and not meeting her mother's needs to be supported regarding her son's behaviour, being experienced as rejection and abandonment by her mother.

Working from an inner child perspective, for example, there is much scope to explore the daughter's feeling that her mother devoted her attention to her brother and how this may have disallowed her needs and feelings, causing feelings of abandonment and isolation.

Similarly, exploration of the mother's feeling that her daughter gives all her attention to her career and new life, and how that makes her feel unloved and resentful. Whatever the therapist's approach, an awareness of the underlying mother-daughter paradigm is arguably essential to a good outcome.

Being an only daughter, like being the eldest daughter, would have increased generational pressure for the daughter to be the mother's carer, as well as the carer of her brother, and resentment surfaced in Linda's early teens, because she was beginning to find her voice. No longer a child with only the freeze/suppress-her-needs option, she was now able to fight and/or flee.

Summary

One of the greatest learning potentials that arise from recognition of MADAM in the counselling room is that mothers and daughters are people first, and that their needs and beliefs have historically been contained within society's patriarchal edicts, giving rise to false selves who co-create conflicting relationships with each other. Liberation from this essentially patriarchal conditioning, shows mothers and daughters that they do have their own experiences, ideas and beliefs outside of the society's expectations, and that it can be safe to listen to each other, to accept each other's perspective and agree to differ without feeling loss.

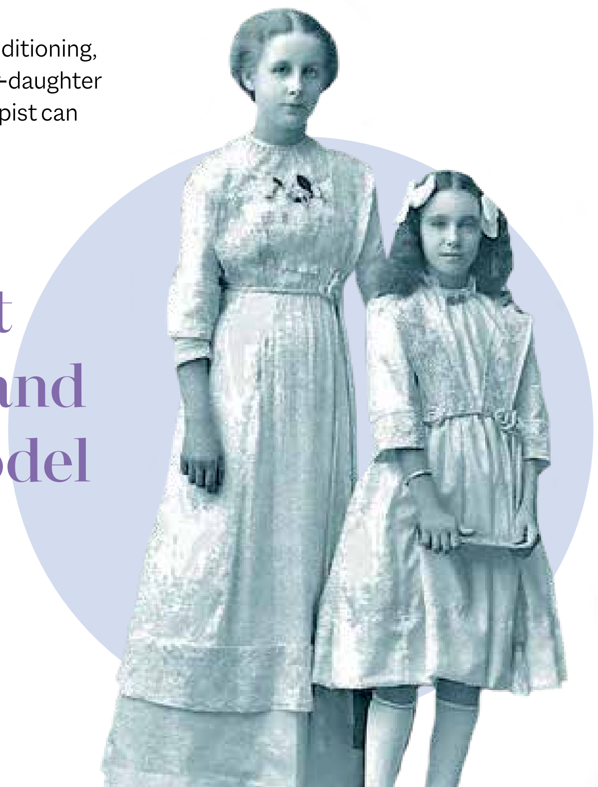
By exposing the underlying conditioning, and unpicking established mother-daughter attachment behaviours, the therapist can shed light on how conflicts have arisen and how those conflicts have replaced any chance of unconditional love between mother and daughter, with closed hearts and closed minds. Only by allowing minds and hearts to open, can relational healing occur, and I passionately believe that '...unconditional love in the therapeutic relationship, as in life generally, is the necessary condition for healing of any kind to occur'.[11]

While governments and politicians discuss issues including climate change and pandemics, working from the top-down, therapists can work from the bottom-up, changing the harmful effects of patriarchal societies on mother and daughter relationships. In the words of Wayne Dyer: 'As you change the way you look at things, the things you look at change.' ●

YOUR THOUGHTS, PLEASE

If you have a response to the issues raised in this article, please write a letter or respond with an article of your own. Email: **privatepractice.editorial@bacp.co.uk**

> “I believe the acknowledgement and investigation of a mother and adult daughter attachment model must become an essential tool for therapists...



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MY PRACTICE

SARAH VAN GOGH

A tragicomic perspective is one that could serve us well in the current climate

Sarah Van Gogh is in private practice and a trainer at the Re-Vision Centre for Integrative Transpersonal Counselling and Psychotherapy. She is the author of *Helping Male Survivors of Sexual Violation to Recover* (Jessica Kingsley Publishers) and co-editor of *Transformation in Troubled Times* (Kaminn Media Ltd).

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Among many difficult things associated with COVID-19, the pandemic has raised into stark focus the human tendency to polarise, split and scapegoat. It's been depressing (but perhaps not surprising to those of us who work all the time with the kind of primal defences that get activated when we feel scared and want to find some certainty and control in our lives) to see the shadowy force of a defensive urge to split and project, as this has played out across news screens, over Twitter, in opinion columns and via social media platforms over the last two years.

It's been sobering to witness the levels of rage and hatred and the extent to which these infantile states have crept into debates about how the pandemic should be managed, and what should or shouldn't be done about vaccines, masks, lockdowns and treatment. The sheer vitriol surrounding COVID-19 is by no means exclusive to any one group or political persuasion. Venom has flowed from all sides.

Exhibit A: Right wing *Fox News* host Laura Ingraham applauding and smiling on air as the announcement is made that the US General, Mark Milley (a figure whom many on the American right dislike for his perceived anti-Trump attitude) tested positive for COVID-19.[1]

Exhibit B: The liberal Pulitzer Prize-winning author and art critic Jerry Saltz, writing to his Twitter followers, '...we who are lucky enough to be triple and double vaxed are pretty protected. Let the rest die. I know they pose a danger to us all. But we are more than 97% protected from them. If they want to die, I say let them die. Freedom.'[2]

Perhaps a calmer place for therapists to stand as we think about how so many have come to this position of vilifying others as either 'covidiots' or 'sheeple', is the place of the trickster or holy fool – to try and look at the mess humans keep ending up in, without claiming to be the one who knows who is wholly right and who is wholly wrong. A tragicomic perspective could serve us well. Around the time that there was a petrol supply problem in parts of the UK, a colleague sent me a jokey image: a bathroom, stacked to the ceiling with loo rolls, and a hand drawing back a blind from a window as the occupant peers onto the street. The caption read: 'Look at all those selfish w***ers at the garage, panic-buying petrol again.' It made me laugh, including at myself. It nailed that capacity we all have to let ourselves off the hook – to feel so sure that we are being reasonable, as we comfortably point the finger at others. The comedian George Carlin homed in on the same propensity when he observed: 'Have you ever noticed how anyone driving faster than you is an idiot, and anyone driving slower than you is a moron?'[3]

The place of the holy fool doesn't have to be one where we never have an opinion about anything, or never feel able to challenge someone else's perspective. We wouldn't be effective therapists if having an opinion and being willing to voice it, and support it, were not options. But what is noticeably missing from the current slanging matches in so much of public life, is the prospect of holding one's position with a measure of humility, and the possibility that we may not know everything there is to know on a subject. This makes it possible to remember that the person who thinks differently from us will be holding their conclusions with the same sense that they are true and right, as we hold ours.

This is easier said than done. Especially if we find another's view harmful or abhorrent. Arthur C Brookes makes an interesting point about what can get in the way of listening non-defensively when we passionately disagree. In his book, *Love Your Enemies*,[3] he identifies contempt as the kiss-of-death to genuine debate with others on complex and contentious matters. Contempt, he argues, is essentially 'anger plus disgust'. Most of us can deal with someone being annoyed or angry with us. But if we intuit that, as well as feeling annoyed, they also feel that our viewpoint or something else about us, is contemptible, we're unlikely to want to further any contact with them. Contempt is like salt on a slug – it's so hurtful that it makes us squirm and want to end any situation in which we feel it coming our way.

Brookes suggests that whenever we notice that we feel a measure of contempt for another person's view, we could try to dig into the bone of contention, to look for the place where, despite our differences, we might find that we *do* have some common ground at some fundamental, human level. This is hard work and requires a level of maturity, generosity and large spiritedness, which isn't available when we're coming from the place of the anxious, needy infant who wants to be soothed and feel that there are easy answers, and everything can be made OK.

The pandemic has showed us how many people in the world might look like adults, but are, in effect, still infants, emotionally speaking. I hope it's more to do with my exasperation than contempt when I say, 'Come on, now, Jerry and Laura. It's really time to put your grown-up pants on.'

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FEATURE

Working with eating disorders in private practice

Is it too risky to work with clients with eating disorders outside of a multidisciplinary medical setting?

WORDS

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Eating disorders – in particular, anorexia nervosa – have long been recognised as complex and difficult illnesses to treat. If a patient requires admission to an eating disorder unit, the risk of a poor outcome is high. A difficult relationship with food is rarely where the disorder begins or ends. There are mental, nutritional, medical, behavioural and social problems that orbit the central relationship with food.

Some interventions start with a GP, who is responsible for initial diagnosis and the coordination of care. Commonly, this means a patient will be weighed and have their bloods checked to assess physical health. A good GP will also consider broader issues, investigating a patient's life circumstances. This serves to identify risk as well as protective factors, such as the support of friends and family. They then determine if a referral to any number of different specialist units or eating disorder-focused specialists is needed. These might include individual eating disorder focused cognitive behavioural therapy (CBT E) or referral to the Maudsley Anorexia Nervosa Treatment for Adults (MANTRA) in London.

If a patient becomes so severely ill that they require admission to a medical unit, a Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN)[1] checklist assessment is conducted to review BMI, recent food intake, whether the patient consents to treatment, the risk of re-feeding syndrome (when food is introduced too quickly after a period of malnourishment) and to establish an integrated care plan between psychiatrists, doctors and psychiatric nurses.

Interventions by a GP and a medical unit both stress the importance of collaborative care between medical professionals of different disciplines, the patient and their social support network. This approach is backed up by the NICE guideline, *Eating Disorders: recognition and treatment* (updated December 2020),[2] which recommends that treatment must be multidisciplinary and coordinated between services, and involve the person's family members or carers (where appropriate).

This makes sense. Eating disorders affect most aspects of a person's life. Treatment needs to address the patient holistically. But what happens when, as therapists in private practice, we receive an inquiry from a new client with an eating disorder, or when an existing client develops one? These clients potentially live in isolation with their eating disorder. Without a holistic team of professionals and family members to support them, how should we treat these clients? Should we treat them at all?

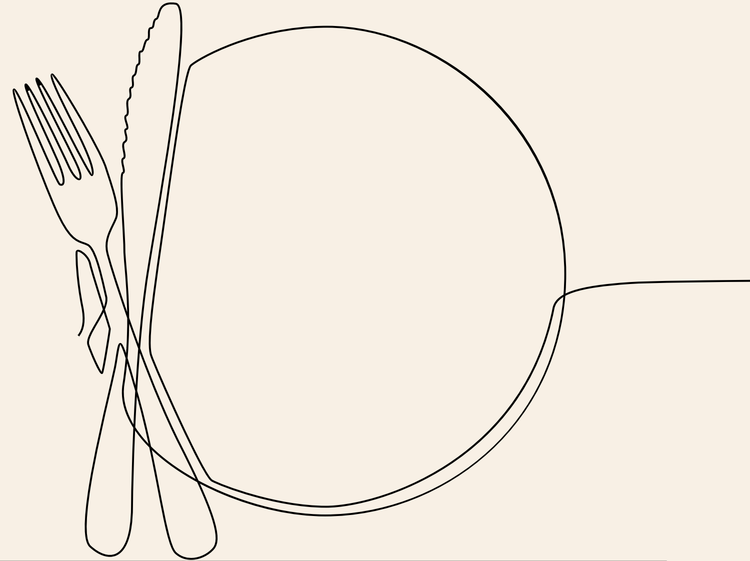
The eating disorder voice

My BACP accredited postgraduate diploma did not cover eating disorders. It surprised me at the time. Having worked with adolescents and young adults before training, I had some idea of their rising prevalence in society. What I didn't know (and is humbling and slightly shameful to admit now) is the extent of the complexity and severity of eating disorders.

One of the many psychological complexities of eating disorders is the 'eating

> Without a holistic team of professionals and family members to support them, how should we treat these clients?

> ...the 'voice' serves a purpose. It has a goal: to dramatically change the body at any cost



disorder voice'[3] – a near-constant internal voice that is experienced when living with an eating disorder. This can feel like living with two brains. One brain remembers a balanced and joyful relationship with food and the body. The other brain is full of pain and lies about food and body image.

Early in my career, I met this 'eating disorder voice' in a client. They presented a range of severe mental health issues, including eating disorders. With all the preparation from my diploma, I naturally attempted to engage with the 'voice' without blinking. My supervisor at the time suggested it might be disordered eating rather than an actual disorder and to stick with the client to see where it led.

The first time I felt under-skilled was with the realisation that this 'voice' wasn't like other serious mental health conditions. Having run sexual abuse survivor groups for five years before starting a private practice, I'd worked with a range of complex presentations. However, one distinction is that this 'voice' did not want help. This is because the 'voice' serves a purpose. It has a goal: to dramatically change the body at any cost.

The second time I felt under-skilled was during a phone call I received from the 'voice' while my client was in hospital after a suicide attempt. It had said it hadn't lost enough weight, had become overwhelmed and made an attempt on its life. What had I naively (stupidly!) taken on? I asked my therapist friends and peers about their experiences of working with eating disorders. They told me: 'I don't work with eating disorders.' 'It's far too specialised.' 'Unless I were part of a joined-up care team, I just wouldn't do it.'

High mortality rate

Eating disorders have the highest mortality rate of any psychiatric disorder, from medical complications associated with the illness to suicide.[4] In 2020, NHS Child and Adolescent Eating Disorder services saw almost a doubling in the number of both urgent and routine referrals.[5] This is on top of a steady 37% growth in hospital admissions from 2018 to 2019.[6] It's hard to find data to determine the effects of the COVID-19 lockdown on people with eating disorders. However, given social isolation, food insecurity, the pressure to lose weight and get fit and the lack of face-to-face clinical appointments, it is hard to imagine the incidence of eating disorders decreasing or even staying the same.

I received a clear message from my peers: counsellors don't work in isolation with eating disorders. Then I thought about my relationship with the 'voice' and the client it lived within. They had struggled to get to therapy to begin with, and now, five months in, it felt like we trusted each other, even enjoyed each other's company. Surely, I thought to myself, we've got this far – something must be better than nothing? I wanted to believe that. But this belief was not enough to justify continuing to work with the eating disorder voice in isolation. It had become a matter of life and death.

Consequently, I developed a way of working with clients with eating disorders in private practice that allowed me to feel I was working ethically and holding the client's wellbeing and safety as paramount. Here are the five aspects I consider before working with a client who presents with an eating disorder.

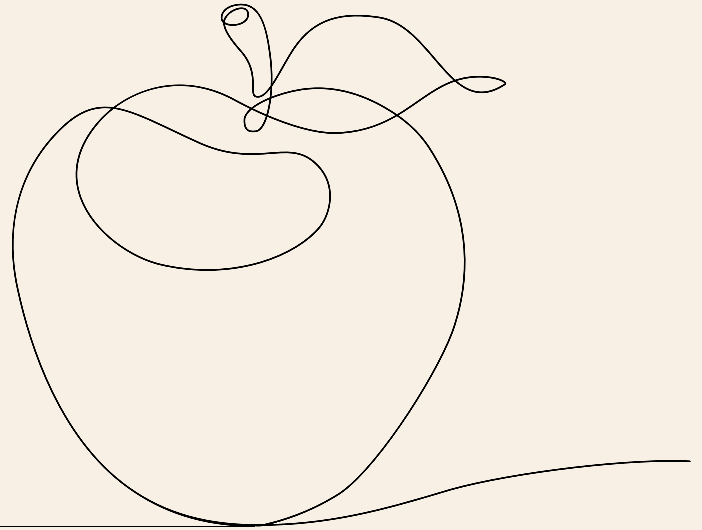
1. Contract with the client that the therapy will work towards further clinical interventions

Within the therapy room, we can explore all sorts of feelings and experiences, about food or not. However, I will contract with the client that we make time to work towards them getting broader clinical care (eg via their GP, the eating disorder charity BEAT, specialised units, etc).

2. When working in private practice, do not work in isolation

While a client may not be known to formal clinical care teams, I encourage them to identify and disclose an eating disorder to their informal support network – family, friends, tutors or lecturers etc. As counsellors, we need to accept that 50 minutes a week is a tiny drop in the ocean regarding our client's wellbeing. We need our clients to realise this too and proactively find other sources of support outside therapy.

> **Eating disorders affect most aspects of a person's life. Treatment needs to address the patient holistically**



3. Assess whether there are other mental health or neurodivergent presentations
Knowing when there may be other factors influencing a client's behaviour is essential for assessing your ability to work with them. Learn about other associated conditions and disorders (eg spectrum-based disorders, OCD or repetitive behaviour) that can interplay with an eating disorder. This can determine whether we're equipped to support the client or not.

4. Recognise and understand your capacity for this area of work
Clients bring different strengths and vulnerabilities to any relational situation. I would never say that one client is more challenging to work with than another. However, I do know that my capacity for certain complex issues varies. One counsellor may have plenty of resilience when it comes to clients' experiences of relational trauma, while another may have plenty of capacity for bereavement. Eating disorders, on a very human level, come with complicated and sometimes contradictory feelings. Recognise and understand your capacity for this area of work.

5. Engage in extensive further training and supervision
Working with eating disorders does not start and stop in the 50 minutes you're with your client. Keep up with professional learning, understand the longitudinal nature of the disorder, and keep discussing and holding yourself accountable in supervision.

Conclusion

This is not a tested methodology or a 'How to work with eating disorders' guide. I have written this because the space between 'I won't work with eating disorders' and 'Something is better than nothing' is an important one. These five aspects apply to every time we are pushed out of our comfort zone by the more severe end of mental health conditions. There is learning when we share our ethical findings and decide to work or not work with a client, presentation or disorder.

Are people with eating disorders too risky to work with in private practice? The question, like many things, should be assessed on a case-by-case basis. Many people with eating disorders are aware that therapists often choose not to work with them. I refuse to blanketly reinforce the idea that someone is beyond help. However, that assessment doesn't start and stop with the client. We need to constantly assess our own abilities, knowledge and capacity to hold and support ourselves and our clients. ●

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RELATIONSHIPS

ALEX SANDERSON-SHORTT

Working within our competence is an important part of our ethical thinking and practice

Alex Sanderson-Shortt MA, NCS (Prof Accred) is an integrative therapist in private practice. As well as relationships, he specialises in counselling LGBTQ+ clients. Alex teaches for Relate and runs CPD courses for counsellors.

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Working competently as a therapist, as we're all painfully aware, only happens after extensive (and usually expensive) training. This is a good thing. We're being trusted with the wellbeing of our clients and it's incumbent on us to take that seriously and act in their best interests. We're not just 'having a chat'; we're working according to a range of models, applying theory, using our innate and taught skills, and being human in connection, all at the same time. And it's hard work.

To make it that bit harder, we also add reflexivity into the mix. We're constantly assessing ourselves; our feelings, interventions and thoughts about the clients and what we're doing. We're also assessing the presenting issues and the skills we need to draw on to meet the needs of our clients. Working within our competence is an important part of our ethical thinking and practice.

As a relationship counsellor and tutor, I'm frequently dismayed by counsellors who make the assertion that working with couples is akin to working with two individuals in the room and therefore requires no extra training. Yes, we're working with two individuals, but we're working in a relational space that brings an added dimension to the work. I'm not of the school that believes 'the relationship is the client', but the relationship is in the room alongside the individual clients and needs to be attended to. Understanding the relational dynamics requires learning on our part.

Understanding the limits of our knowledge and skills helps to keep clients safe. I wouldn't, for example, work with children, as I don't feel qualified to do so. But not working with a client group is easy if we're able to state beforehand what the limits of our practice are. Sometimes, though, issues can surface with clients we're already working with.

Here is where we need our reflexivity. As this new information comes into the room, we need to decide what's best for the client. Can I hold this as part of our work, given we already have a relationship, or do I need to refer the couple on to a more specialist counsellor? This requires us to consider how the client may feel in terms of being perceived as 'too difficult' to work with or feeling abandoned by us at a critical place in the therapy. As with most things in our work, this needs to be addressed on a case-by-case basis in supervision.

Our competence also needs to be addressed in terms of working with cultural difference. It could be argued our core skills allow us to work with any client from any background. But this gets problematic where the presenting issues are related to the clients' cultural backgrounds. Working with LGBT+ relationships may require understanding of the cultural contexts of those clients.

As a therapist, I recognise the client is the expert in their life. I work hard to try and understand their world, while recognising I can never know what it's like to be them in that world. However, having some shared understanding can be helpful. Being able to use shorthand and culturally relevant terms helps to build the therapeutic alliance. If we're constantly having to stop our clients to ask them what a word means, or what an activity is, there may well be a rupture in the alliance.

Working with couples and poly groups adds the extra dimension of holding the context of more than one person. Even where I, as a cis gay man, work with two cis gay male clients, there are three different sets of experiences and beliefs about what being 'gay' means. Even language might be different – I'm comfortable with, and identify as, queer; many of my clients don't.

Some clients see themselves as gay men, others may see themselves as men who happen to be gay. These are subtle differences, but important ones to explore, nonetheless. This can be a crucial part of relationship work, as we help clients understand that, despite their sameness, they're also very different and have diverse understandings of their cultural context. And it can be these understandings that lead to some of the conflicts or issues they are having within the relationship.

To work within our competence then can be a multi-layered experience. When working with a client group, it's worth reflecting on what we think we know about that group and how this is informed by our often subconscious biases. As we try to learn about our clients, how much do we ask them for clarification, in effect making them our teachers, and what impact does this have on them and the therapeutic alliance?

I'm not suggesting we can only work with clients from our own cultural context, but we do need to make sure when we're working with these groups that we have undertaken additional training or have educated ourselves outside of the counselling room. Making clients responsible for our education or knowledge places additional emotional labour on them, and this feels contrary to what we're trying to achieve as ethical therapists. ●

Orders of love

WORDS

John Harris has worked as a psychotherapist, facilitator, supervisor and trainer for over 25 years in New Zealand and the UK. He first encountered Bert Hellinger's work in 2002, and shortly after trained in London with the Centre for the Study of Intimate and Social Systems (CSISS), the predecessor of the Centre for Systemic Constellations (CSC). John has facilitated family constellations workshops at a variety of locations and has written articles about systemic approaches for *Therapy Today* and other publications. Contact John at **info@livingmaps.co.uk** **livingmaps.co.uk**

Library picture, for illustration

FEATURE

Bert Hellinger believed that family systems are governed by ordering forces, and that alignment with these forces brings about peace and strength for all system members

The 1980s saw the emergence of a new type of therapy, family constellations, developed by German psychotherapist Bert Hellinger (1925–2019). Born to Catholic parents who were conscientious objectors in the Hitler regime, Hellinger initially trained as a Jesuit priest, but developed and refined his approach over decades, influenced by a range of spiritual, academic and therapeutic influences. He studied philosophy, theology and education at universities in Germany and South Africa, before leaving the priesthood and training in psychoanalysis, transactional analysis, NLP, hypnosis, primal scream and Gestalt therapy, among other modalities.

Family constellations recreates family systems in the therapy setting and then re-orders those systems, with the aim of interrupting the transmission of guilt, pain and suffering to successive generations. Hellinger developed the systemic practice as a refinement of the techniques and philosophy of family therapy pioneers Virginia Satir and Ivan Boszormenyi-Nagy.[1–3] In her therapeutic work, Satir observed that unbalanced individuals were the product of unbalanced families, and frequently began dialogues between generations of family members to bring about reconciliation.[4] Boszormenyi-Nagy's theory about accountability across generations, and his assertions that unconscious rules govern families, also influenced Hellinger.[5]

> “Family constellations recreates family systems in the therapy setting and then re-orders those systems, with the aim of interrupting the transmission of guilt, pain and suffering to successive generations

A cornerstone of Hellinger's work is the idea that families are governed by ordering forces, sometimes known as the orders of love, and that alignment with these forces brings about peace and strength for all system members. In contrast to Satir and Boszormenyi-Nagy's approaches, family constellations does not require actual system members to be present; instead, representatives are used. Family constellations are usually conducted in a group setting, in which participants stand in for an issue-holder's family members, but they can also be successfully carried out one to one, using objects as the representatives. It is not group therapy or family therapy, although it can have a positive effect on the group and on the family of the issue-holder, despite the absence of other actual family members.[4–6]

In a group setting, representatives can give accurate information about the perceptions and emotions of the people they are standing in for, through surrogate perception: a process I wrote about in the December 2020 issue of *Therapy Today*.[7] This is managed through the skill of the facilitator and adds a dimension to the work not present in most other modalities. Surrogate perception can span the entire range of human experience, from extreme grief to numbness, and is not unfamiliar in the world of Shamanism, as discussed by Dan Van Kampenhout.[8]

The following case studies illustrate the basic principles of setting up, working through and bringing a family constellation to a resolution, along with some observations about Hellinger's ordering forces at play. The first is carried out in a group setting, the second on a one-to-one basis.

Case study one: David

David, 31, a composite client created for this study, attended a workshop to improve his relationship with his mother, which he described as cold and infused with anger and resentment. He also reported that life felt hard: he had little passion for living. We identified David's goal for the session to be to find some positive feelings toward his mother and, if possible, 'recalibrate' that relationship while reinvigorating his zest for life.

With my help, David assembled the historical facts relevant to his presenting issue – an important prerequisite for setting

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up a constellation. David's mother's parents insisted she marry a man they considered suitable, rather than another man from a different social class whom she preferred, and who became the love of her life. She dutifully obeyed and the marriage produced three children, David being the eldest. When David was 10, she had an affair with the other man. The man died of a heart attack when David was 15. David's mother then entered a depression lasting two years. David felt his mother was often distracted – 'not there' – and saw this as the root of relational difficulties between them. He judged her as 'a woman who made foolish decisions, someone who could have made a better job of bringing up her children'. He also recounted attempts to 'talk some sense into her', but felt they fell flat.

Selecting participants from among the workshop group, David set up a constellation featuring his mother's parents, the 'lover', his mother, his two younger siblings, his father and, finally, himself. He placed his parents together and his two siblings to the side. He placed the 'lover' opposite his mother, next to himself. His two siblings were behind him. His father looked lovingly at his two youngest children; this was reciprocated. His mother looked admiringly at her 'lover' and David looked at his mother with a scowl. His mother's parents looked admonishingly at her.

I checked with each representative in turn, who confirmed their places/roles as described above. I then placed another representative in the constellation to represent 'the grandparents' moral code' – note that the components of a constellation do not always need to be individuals; rather they can be any influential element, eg an idea or principle, a group, or the religious or socioeconomic context in which the family system in question operates. Immediately, both grandparents moved their attention away from their daughter and toward this 'moral code' and reported feeling relaxed. David's mother reported relief at being freed from her parents' gaze. I asked David how he was feeling. He replied, 'I'm not used to seeing or thinking about my mother as part of something bigger.' He also said he felt agitation toward her.

I knew I needed to alleviate the obvious tension between David and his mother's representative, so I offered him the following to say to her – with instructions to test it and see how it felt: 'Because you obeyed your parents and tolerated a man who was your second choice for decades, my life was possible. Thank you for my life. I will make the most of it so that what you sacrificed won't be wasted. A joyful and appropriate life won't take away what you lost, but it will make what you did worthwhile.'

Speaking these sentences profoundly touched David. He began to sob. For the first time in his life, he had been shown something bigger than his need in relation to his mother. He could view the situation with a wider lens.

> …representatives can give accurate information about the perceptions and emotions of the people they are standing in for, through surrogate perception

When I asked the representative for his mother what she felt on hearing her son say this, she reported being 'dumbstruck'. I then offered her some words to say to her son: 'This burden is mine to carry, and mine alone. You can leave it all with me.' The words instantly shifted her feeling to one of appropriate responsibility. David, too, reported feeling lighter.

The focus of the constellation then turned to the 'lover', who looked distressed at the exchange between David and his mother. He felt he didn't have a right to be there. I asked David to say to him, 'You have a place in this family as my mother's first choice for a husband: no more and no less.' Hearing this, everyone in the constellation breathed a sigh of relief, and the 'lover' beamed and moved slightly away from the family.

I then reordered the constellation, placing the three siblings in front of their parents, facing them. Behind the parents, I placed the grandparents, and next to them their moral code. Close to David's mother, I placed the 'lover', near enough to have a place, but not so close that he encroached on the biological family's territory. He reported feeling honoured to be placed so close to the family and that he felt he belonged, acknowledging that the distance felt appropriate. I then turned David's and his siblings' backs to their parents (the past), looking into the future – resourced by both the parents and grandparents behind them. David reported feeling supported and excited about the future, with the past behind him. I checked in with each representative. They each reported feeling complete and in a good place, and I ended the constellation.

Place and belonging

At least two of Hellinger's orders were seen at play here. The first was the order of place. For love and support to flow, every family member needs to be 'in the right place'. David had become caught up in the fruitless, frustrating and draining position of parenting his parent – the wrong place for a child – until the constellation showed another position he could take in relation to her. At the resolution of the constellation, we witnessed a spatial metaphor for something better: parents stand behind their children, while children look toward the future (resourced by their parents). It can be humbling if a

> ...everyone in a family system has an equal right to belong, however detrimental their actions or difficult their fate

system member has become over inflated and needs to be 'resized', but it brings relief to the children, and returns dignity to the parents.

The other Hellinger order we saw was belonging, which holds that everyone in a family system has an equal right to belong, however detrimental their actions or difficult their fate. When the 'lover' was given a place, albeit a limited one, it had a positive effect on every representative. It is worth noting, though, that those who have suffered tragic deaths, including children, are often excluded because it is too painful to fully face their deaths.

David's constellations gave him a new image around which he could organise his future. The initial image was characterised by judgment, exclusion, confusion, resentment and anger. The new image, expressed through the rearranged constellation, included qualities such as acceptance, inclusion, responsibility, humility and love. A constellation can have an immediate effect, or it can be nurtured and supported over time, eventually becoming our dominant internal image. In any case, at the end of the workshop, David reported feeling 'revived' and ready for a new chapter in his life.

Case study two: Maria

Maria, 58, a composite client, arranged an individual session to explore why she was dreading an upcoming family gathering in Greece. Whenever she thought about being with her siblings and mother, her breath shortened, her stomach tensed, and her mind filled with negative expectations. I asked Maria to give me some background details. She was born on a small Greek island in 1962, the youngest of four children. Her parents' living conditions were desperate and poverty stricken. They lived in a rural, subsistence setting, experiencing frequent periods of hunger. Regular church attendance gave them some solace. Due to their financial hardship, Maria was sent as a baby to her maternal grandparents in Athens, who took her to visit her parents' island home during school and religious holidays. She moved to the UK at 21 and became successful in her field.

As this was a one-to-one session, I asked Maria to write each of her three siblings' names on pieces of A4 paper. I then asked her to place these sibling representatives in age order, with the oldest at the far left, about a metre in front of her. Standing facing them, Maria reported feeling distant from them, so I asked her to say out loud to each one, starting with the oldest, 'You are a full member of this family and so am I.' I then stood in the position of each sibling and repeated the same sentence back to Maria. This simple intervention, the speaking of an incontrovertible truth by both Maria and her siblings, had a positive effect in that Maria felt compelled to join her three siblings opposite her – and, enthusiastically, she did. I then placed another piece of paper on the floor in front of Maria to represent her mother.

Maria said her mother seemed distant and unavailable. To alleviate this, I placed more pieces of paper on the floor surrounding her mother. These represented the following: absolute economic necessity; the Greek Orthodox Church; women in her female line who thrived; her own mother; and 1960s rural Greece. With these elements resourcing her and placing her in context, Maria reported feeling that, for the first time, her mother was able to see her anguish. I then asked Maria to say to her mother, 'I thought it was my fault and that you didn't care.' Maria reported that saying this – something she had felt all her life – no longer felt true, considering the scene in front of her. I then asked her to say to her mother, 'Precious though my grandmother has been, I missed you terribly.' After saying this, Maria cried out, which I encouraged and supported. After several minutes, she told me the sentence had brought relief and helped express a feeling she had held all her life. Finally, I asked her to say to her grandmother, 'Even though you raised my mother and her siblings, you then took me on – and for this I am eternally grateful. Thank you.'

I asked Maria to slowly take in all the various people and elements in the constellation. I then asked her to register any feelings, thoughts or sensations that arose. She reported surprise at feeling calm while standing among the people who normally caused her anxiety. I invited Maria to internalise the image in front of her and the feeling of calm it engendered and use it to resource herself for the future. She left the session feeling ready for a trip back to her family's village.

Maria's constellation used the speaking of an irrefutable truth to 'reunite' her with her siblings, who had different upbringings and different life outcomes. Further, it offered a narrative about the past that brought peace and strength – largely accomplished by looking at an old story with adult eyes. We saw place and belonging attended to via the dialogue between the siblings and the spatial reorganisation of the constellation at that juncture. While these processes are even more powerful in the witnessed environment of a group, Maria's case study demonstrates that they can be highly effective in a one-to-one therapeutic setting using simple (inanimate) representatives for family members and other influencing elements of the system in question.

YOUR THOUGHTS, PLEASE

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FEATURE

In a culture that values extroversion over introversion, what might we be missing out on?

Dorothy Canfield wrote in 1932: '[Those] with restless, inquiring minds do not belong in hermits' cells any more than racehorses belong in an aquarium'.[1] It is a slick analogy and one which more than offsets the endless, pejorative, accompanying words when reading about introverts. Glowering,[2] embittered,[3] sad,[4] shadowy,[4] touchy[5] and awkward[6] are just some of the assumptions and assertions that precede introvert. Unlike his/her fortunate counterpart, the extrovert, who is, by definition, transparent – easy to be around, a mixer, a mingler, bright[7] and brilliant[8] – introverts are often weighed down by society's suspicion, its demands and its desire to lay *everything* on the table.

Introverts, of course, prefer to hold something back, because they do not bow to the cloying and conspicuous game before them. Why say something blindingly obvious? Why indulge in 'parties [and] small talk?'[9] Why be upbeat when it is perhaps a very ordinary, if not extremely boring, day? It seemingly takes a lot to stimulate an introvert, whereas extroverts survive on plain crackers and their own sense of fun. Winnicott famously wrote: 'The extrovert needs to find fantasy in living; and the introvert may become self-sufficient, invulnerable, isolated and socially useless.'[10] Fantasy/imagining improbable things versus impossible to damage/socially useless; it is quite a stark sentence. And yet there is so much in it.

Extroverts *do* create fantasies of sorts – they are men and women of action. Things will be built, connections made, experiences had. Susan Cain, the author of *Quiet: The power of introverts in a world that can't stop talking*, theorises over extroversion's first-class personality trait compared with introversion's second-class standing, certainly from an American perspective: 'We started off from the beginning as a kind of anti-intellectual culture that valued action over contemplation. This only intensified in the 20th century, when people started moving into the cities having to compete in the job market, selling themselves in job interviews and on behalf of their company… what historians call the cult of personality.'[11]

Something in the above was not natural to the introvert and indeed resisted – the choice to pursue a deeper sense of self more important; 'Romantic preoccupations [of] self and art'[12] essential to wellbeing and faithful to an inner voice. Winnicott's words though – invulnerable and socially useless – don't they hint at *strength*? A person with strong beliefs, unwilling or reluctant to dilute, diminish or decrease his/her original dreams? And socially useless – isn't that another way of saying he/she doesn't believe in the not-so-grand political venture, the 'phenomenon of bullsh*t jobs,'[13] as David Graeber would later observe?

We could put this to rest with the jury now and circumvent *all* the traditional definitions of an introvert (Feltham/Dryden: 'Inward-turning of libido or heightened interest in internal events to the detriment of external reality';[14] Cardwell: 'Reluctance to seek the stimulation of social contacts… generally more passive and controlled')[15] by quoting a few famous names: Albert Einstein, Charles Darwin, Mahatma Gandhi, Abraham Lincoln, Nelson Mandela, Karl Marx, Isaac Newton, Rosa Parks, Eleanor Roosevelt. But I would rather describe two lesser-known individuals whose behaviour and thoughts – to me at least – are insightful and invigorating; individuals who challenge Taylor/Gilbreth time and motion studies and the Myers-Briggs personality test (or Myers-Briggs Type Indicator) as it is misused today, six decades after its conception.

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Introverts need an audience too

Library picture, for illustration

WORDS

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Case study one: Louis MacNeice

MacNeice died young, aged 55, as is the prerogative of the genius or polymath. He was '...always to one side of the fashionable drift... of the swim... but never in it'.[16] He worked in universities and with the BBC (producing radio drama and features) and was well known as a poet. His introversion brings with it so many examples of a personality type. He was a '...spiritual isolationist [and] frugal of speech'.[12] He '...badly needed to feel he belonged to a group, [yet] he hated institutions'.[12] His 'growing solipsism'[12] was a straitjacket in many ways and one that pushed people away. This could be both disconcerting and, at times, humorous. His '...lack of warmth, silences [and] impenetrable moods'[16] hardly made him wished-for or compulsory company, but then he could indirectly represent *every employee* with his bold retorts; for example, when '...a time and motion expert dared to ask what he was doing when not visibly preparing a programme'. "Thinking," he growled'.[12]

Such a cutting response goes to the heart of the age-old introvert/extrovert argument or thesis and embodies Victor Hugo's memorable quote that 'Man is not idle, because he is absorbed in thought. There is visible labor and there is... invisible labor'.[17] The West evidently doesn't see or *value* invisible labour (or 'thinking' as it is traditionally known). And so, in the words of the poet, MacNeice: 'Such was our aim/But aims too often languish and instead/We hack and hack. What ought to soar and flame/ Shies at its take-off, all our kites collapse/ Our spirit leaks away...'[16]

This is the case for the prosecution – that we are hacking away in an extrovert's world, instead of soaring, and our spirit thus leaks away, sadness and despair everywhere because of this thin, easy, blinkered perspective. Man is mostly judged on his output, his industriousness, his efficiency, and crucial snippets of his character are conveniently ignored. 'Public opinion remorselessely clamping valuable human personalities,'[1] is how Canfield put it. There is a cultural '...lopsidedness... that [often] values extroversion exclusively'.[11] In its simplest form: does 'I' speak up, or only 'E'? And which vowel would you prefer to be in the pub with because entertainment and confidence

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The West evidently doesn't see or *value* invisible labour (or 'thinking' as it is traditionally known)

undoubtedly matter in this ostentatious and competitive Darwinian world?

History shines a useful light on the struggles of introverts, and Jennifer O Grimes certainly believes that such a personality type is on the autism scale/spectrum[18] – behind Asperger's syndrome on the continuum and then autism in all its forms. Extroverts have their frothy '...social relationships and the ability to regulate emotions',[19] but introverts deem them 'a shade too reverential',[16] not inventive enough and '...choreographed to swarm in one direction'.[20] Edith Sheffer, in her book, *Asperger's Children: the origins of autism in Nazi Vienna*, chillingly touches upon the apparent Gemüt (soul/spirit) poverty of 'autistic psychopaths' (Hans Asperger's description of the group in 1938) versus the preferred traits of tribal belonging and social competence.[20] Autists were thus – without even beginning to understand them – 'enemies of the people',[20] enemies of Austria and abnormal. But for Lorna Wing, publishing her paper, *Asperger's Syndrome: a clinical account*, in 1981,[21] and Uta Frith, translating Asperger's thesis into English in 1991 *without* its Nazi preface and with autism replacing 'autistic psychopathy',[20] it is doubtful that such a popular expression would have come about.

One beautiful fragment to arise in recent years amid the earlier language[21] of menace to society, some kind of genius, agitator, aversive and magic man is '...self-designated "Aspies" tout[ing] their ability to be guided by factors other than fame and fortune; to avoid the biases that muddy "neurotypical" or group thinking'.[20] In other words, there is a sense of not manipulating the world or falling for its hollow charms, but rather carrying out meaningful tasks for their own sake in a '...measured... deliberate... whimsical and imaginative way',[9] thus feeling like 'somebody' and not a label foisted upon them.

Introverts can be obsessive, neurotic *and* humorous, despite what the science says about being '...phenomenologically attuned to stimuli of... negative emotional significance'.[22] Glenn Gould, the Canadian classical pianist, could be '...perverse and contrary ("Mozart," he would say, "died too late, not too early")'.[23] Born in 1756, deceased in 1791, Mozart reached the grand old age of 35! I suspect Gould said this because he truly believed that genius doesn't last too long or because he himself '...deserted the concert stage and retired into an appallingly claustrophobic world'[23] at the age of 32.

Being an artist, musician, chess player or high-calibre introvert '...is to live at an impossible pitch of intensity',[23] sometimes 150 moves ahead,[24] sometimes in a car not built yet, on a road made only of gravel. They contemplate, reflect, anticipate, juggle. They see links, patterns, interesting phenomena. They study, *really* study, everything in their consciousness. And that ultimately comes with a price. Introverts '...drain faster because they're processing so much'.[9] They often desperately '...need to recharge after...

periods of socializing'.[11] They are '...content to ignore... aspects of life [like] current affairs'[12] because it means they are not chasing mostly insignificant events, but rather dwelling on and digging the guts out of something pioneering and fulfilling.

Most importantly, they nearly always have to be *authentic*. And this sets itself apart from the extrovert's bluster. Such integrity was to cost MacNeice his life. 'Soaked while recording... sound-effects in a cave [for his drama], [he] stood around in a bar instead of changing and died of pneumonia four days after the programme went out.'[12] Austere, intimidating, withdrawn, laconic – MacNeice could be difficult. But his life represents an almost perfect and compelling example of 'making it', of doing something weighty and seminal despite the difficult bridges he inevitably had to traverse. The great irony for this introvert was that as a broadcaster he had access to nine out of 10 homes[12] during his post-Blitz career at the BBC; a daunting prospect and giant graveyard to some introverts (fearing their audience and the possible disconnect), but an immense challenge to others wishing to change the world or dent its discrimination.

MacNeice, as a man and writer, had a lot of difficult experiences to fall back on. His mother, previously '...serene and comforting... the very essence of stability',[16] became 'deeply unhappy'[16] and indecisive following a hysterectomy and was 'removed to an asylum'[16] when Louis was just five years old. Two years later, she died. If we remove the repeated, italicised line of *'Come back early or never come'*[25] between each stanza in his poem, *Autobiography*, we are left with his absolute anguish: 'When I was five the black dreams came;/Nothing after was quite the same./The dark was talking to the dead;/The lamp was dark beside my bed./When I woke they did not care;/Nobody, nobody was there./When my silent terror cried,/Nobody, nobody replied./I got up; the chilly sun/Saw me walk away alone.'[25]

You cannot replace a mother. A *good* mother. And that terrible fate was MacNeice's at such a young age; first, in a physical sense – not being there; and then, in a permanent sense – Death. Upon reading 'When I woke they did not care', I actually shuddered, trembled and wept because it speaks of a loss so great, dismantling and cutting that MacNeice could never, indeed, be the same. Loss had disassembled him, broken him, made him wonder where his next protector would come from. But the repetition, the emphasis, *'Come back early or never come'* – isn't that pleading and wanting, followed by a more independent, yet disappointed, tone? Don't leave me hanging. Don't hurt me. Because *I have to know* what is in my life.

Christopher Isherwood, in 1994, hinted that '...attachment... was... unhealthily neurotic'.[2] Eighty years earlier, MacNeice no longer had a mum, witnessed soldiers on the streets of Belfast, and was surrounded by a string of 'ferocious nannies'[26] along with his distant, Protestant minister father. The 'bleakness of his childhood'[26] suggests that attachment meant everything to him. His mother was an audience – *his* audience. And without her, he arguably suffered and turned inward because there was no one to bring his lighter side out.

Would he have become an introvert anyway? Undoubtedly so – because '...solitude is a crucial ingredient of creativity'.[11] And MacNeice was destined to be creative, artistic and driven, even if laced with moodiness. Are these exclusive, introvert traits? Of course not. There are many subsets, combinations and oxymorons such as 'shy extrovert' (liking people, but feeling shy and awkward around them).[11] MacNeice, though, had that vital interior, that relentless '...interrogation of the Self: what kind of human being should I/could I be? How much... virtue has my self-questioning laid waste?'[16] His last few poems (notably his finest) are said to include '...laborious self-scrutiny [that] hardened into horrified self-knowledge'.[16] This is the danger – *too much* introspection, *too much* knowing; art, in some ways, a destroyer of the self. Best to look outside once in a while. And be *less* autobiographical.

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...introverts are often weighed down by society's suspicion, its demands and its desire to lay *everything* on the table

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Man is mostly judged on his output, his industriousness, his efficiency and crucial snippets of his character are conveniently ignored

Case study two: Neil

Neil was very different from MacNeice. A client of mine over 30 sessions, he realised that most of the world didn't suit him. It was showy and false. Sometimes cruel and cunning. The older he got, the more he began to think that almost everyone just wanted to sell him something, irrespective of whether he needed it or not. What kind of world is this, he asked himself many times, when people no longer want to better others' situations, but just race and run and get *more* of something they already have enough of?

He talked about many things, including the Myers-Briggs personality test, which was a typical victim of capitalism in that its original use was well intentioned. The mother-daughter team of Katharine Cook Briggs and Isabel Briggs Myers, who developed it in 1943 to help the war effort's recruitment, was idealistic – certainly from the daughter's perspective. Briggs Myers '…envisaged type as a way of achieving society-wide equilibrium, helping people to be efficient and at ease'[27] – in other words, the inclination or bent towards a utopian impulse which helps people express themselves in *their* way. The system would show that '…everyone [was] good at something'[27] thus restoring faith and belief and harnessing self-motivation. The point was that people didn't have to *fit* in as much, because the system would use their methods and ways, and be more understanding. It would be a dynamic interaction – workers '…bind[ing] themselves to their jobs freely and gladly'.[27]

Nothing is quite that simple of course. And the dangerous ideology of 'people sorting'[27] was bound to be exploited. Psychometric tests – why should we take on him or her when they clearly don't have a team mentality? Why would I recruit someone like that when he is slow? 'It's an over-monitoring and a complete insult to our nature,' Neil would regularly say. 'Why would I want to be part of that, even if I *do* get in the door?! And the Silicon Valley nerds or dweebs that supposedly represent the introvert camp in the modern era – what are they actually about? Advertising revenues, as far as I can see, which is hardly inspiring. Sales. Again!'

Neil was a frustrated man, but one sufficiently aware of the classic stand-off between extroversion's '…cabaret slickness of expression [and introversion's] ideological vehemence'.[2] He knew the pitfalls on his side – '…corrosive self-criticism and [the] crippling anticipation of being shamed'[9] – but was equally clued-up on what he did *not* want to become. 'Announcing the death of a loved one on social media – why do people do that? Such a private thing – a telephone call, a get together, but not the click of a mouse or mobile. I no longer *get* this world.'

During session eight, he proposed that there should be a new world or rather an additional world – one clear to children from an early age; one full of chess, contemplation, nature, art, cooking, cafés, documentaries, walking and not just the 'coming of age' stuff like booze, festivals and night clubs. 'We overcome embarrassment by normalising things early on. And that starts, for many, in the classroom. In Armenia and parts of India and Russia, chess is mandatory. Why can't we have that here? Something to change our wiring or settle our minds?'

Neil spoke of it being his audience – having these things in his life. Without them, without having found them, well, he daren't even imagine the world. He went out of his way to watch films or TV series about geniuses – not because he was one, but because he felt their difference and that lifted him, it shrank his sense of being ostracised. *Shine. Rain Man. The Imitation Game. Frida. A Beautiful Mind. Pawn Sacrifice. Limitless. Little Man Tate. October Sky. The Queen's Gambit. Gifted. Hidden Figures*. They were all attentive in some way. They reflected something back at him. Often it was like the characters in the films were watching *him*, rather than the other way around. And that felt good – like he mattered.

Geoffrey Grigson said of our first case study, Louis MacNeice, 'He could be embarrassingly silent. A conversation came to a halt. Who was going to break the silence and bridge the …interruption? His lack of usual reticence, too, could be sudden, startling and improbable.'[16] Grigson was '…intrigued by the contradiction of the sceptical romantic… the melancholy and the wit, the confidence and the reticence. Much though he liked MacNeice, he never felt he knew him'.[16]

Maybe this is the lingering predicament of the introvert – that nobody truly knows him or her. The existential question remains though: is it OK to die like this – not being known in a reasonably concrete way? MacNeice and Neil would probably argue that what they did give away is worth more than an extrovert's soliloquy. ●

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YOUR THOUGHTS, PLEASE

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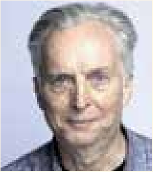
SUPERVISION

JIM HOLLOWAY

> Paradoxically, I'm not faking anything when I know, and my supervisor knows, that I'm making myself up as I go along



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What does 'imposter syndrome' mean to you? It's a phrase I hear from time to time in supervision, usually spoken with a knowing smile or a wry laugh, as if we're all very familiar with it and no further comment is needed. Well, I'm not so sure. I think there's something valuable wrapped up in the throwaway remark – something tricky, perhaps, but important to get hold of.

I've watched a couple of TED talks about imposter syndrome and there were odd ripples of laughter coming from the audience. People were presumably recognising aspects of themselves in the description of the syndrome's make-up, and probably experiencing relief – like I was – that others were finding some humour in it too. But, as the psychological literature* shows, feeling like a fraud really isn't funny. In fact, chronic sufferers of the condition don't actually feel like a fraud, they sincerely believe they *are* fraudulent, and live in dread of being found out and publicly exposed. And here's the painful irony: they suffer the internal torment of this private fear while being seen by colleagues as highly competent, accomplished and successful. All evidence of being well regarded only adds to the hidden shame of the individual in the grip of the syndrome.

The 'impostering' phenomenon manifests in supervision in different ways. Not all of us experience its emotional impact as strongly as described above, and some of us might even believe ourselves psychologically immune to the syndrome's embrace. But, in practice, I reckon almost everybody dances around its edges – nimbly or clumsily (or both, in my case, I think). How can we detect and discuss these various moves we make as we encounter the imposter within? Whether you're sitting in the supervisee's or the supervisor's chair, the supervisory frame is surely the best place to catch yourself in the act, so to speak.

What's helpful in this respect is to engage with the notion of 'pseudocompetency'. You might find the word rather provocative, but it needn't be used judgmentally. The essence of the concept is this: when you or I are consciously pseudocompetent in the role of supervisee or supervisor, we're acting as if we are competent in order to become more competent. That's the most lenient interpretation of the notorious 'fake it to make it' strategy. I see it this way: paradoxically, I'm not faking anything when I know, and my supervisor knows, that I'm making myself up as I go along. Honest competence is acquired through the experience of being honestly pseudocompetent. So far, so good, you might think – it sounds OK to be a transparent imposter. But there are snags.

We can imagine all kinds of impostering that could cause unwanted trouble. I'd say there are three that seem typical: the 'Complacent Imposter' – the one who knowingly keeps on pretending to be competent without feeling the crucial urge to become genuinely competent; the 'High Status Imposter' – the one who believes they will never become as competent as their peers but has too much to lose to admit it; and the 'False Imposter' – the one who has become truly competent without realising it. In all three cases, with the last being perhaps the most common and the least excruciating, the practitioner could become permanently stuck in an awkward state of pseudocompetency.

In the context of supervision, it's important to note that reflecting on what type of imposter you might be is not simply about identifying a lack of competence in certain areas. That's a different exercise. Likewise, you're not merely pointing out your known skills gaps or learning edges. What you're doing is naming, claiming and boldly welcoming the part of you who knows themself to be a professional fake. If it's embarrassed at first to emerge from the wings, then so be it – you won't die of shame. Let's respectfully invite this phoney part to dare to take centre stage, demonstrate its clever actor's tricks, and hear what it has to say. We can be pretty certain there's a vital energetic charge around it that wants expression.

To embrace your secret imposter openly in supervision, you might need to call up some extra courage – or perhaps just make sure your sense of humour is alive and kicking. The nervous laughter that seems to flicker around any mention of imposter syndrome is there for a good reason. If we can let that deepen into a belly laugh, we're doing great work. ●

**The text I've found most useful is Petrūska Clarkson's* The Achilles Syndrome *(Element Books, 1994). As the title suggests, the ancient Greek tale of the godlike hero and his famously vulnerable heel is a recurrent theme in the book, but Clarkson keeps things down to earth and explanatory, addressing the reader throughout and offering practical, therapeutic suggestions to undo and overcome the syndrome – and she makes specific references to counselling and supervision too. (*The Achilles Syndrome *was republished by Vega in 2003 as* How to Overcome Your Secret Fear of Failure.*)*

Acquainted with the night

Library picture, for illustration

WORDS

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FEATURE

A trauma therapist invites your participation in a 'definitional ceremony'

Narrative therapy has evolved a special process known as 'definitional ceremony', which is used when victims of trauma are encouraged to tell their experience and then hear what their story has evoked in those who listened to it being told. Rather than simply making a passing comment or offering the usual sympathetic social response, the 'outsider witness' is asked to describe what moved them, to comment '...about where this experience has taken us to in our own thoughts; in terms of our reflections on our own existence; in terms of our understandings of our own lives; in terms of speculation about conversations that we might have with others in our lives; or in terms of options for action in the world'.[1] The aim is to help establish a 'dual listening' that, while focusing on someone's experience, listens for what both speaker and listener value most, allowing the moment to challenge accepted patterns and allow a redefinition of identity.

As therapists, we regularly touch trauma. There are moments when our presence and integrity matter greatly. And yet we may take relatively few opportunities to stop and listen for ourselves to how an encounter has truly touched us. So I invite you to take time to pause and notice as you read what I will set out below. Can you notice my voice, the things that I say and those things that are left unsaid? Will you be able to respond with your own telling of how trauma has touched you – what is said through it and unsaid through it about you? I would be grateful to hear your feedback, expressed in a few words, or even a few hundred, and this can be made possible by emailing me at **privatepractice.editorial@bacp.co.uk**.

> There was a darkness about the moment and a reminder of profound isolation, both of us pausing to become 'acquainted with the night'

A moment of unburdening

You would probably consider me an unremarkable colleague if you met me in the street or at a conference. I had a chequered career, including the church, before I trained as a focusing-oriented therapist. I spent 10 years working in a drug and alcohol service. And now, a little long in the tooth, I work as an EMDR therapist in private practice and as a volunteer at a charity that supports victims of sexual violence.

During the COVID-19 pandemic, I worked with a mature female client. Our contact was entirely online. Like many others, her life had been marred by incidents of sexual violence and the pervasive shadow of attachment wounds. During an argument at an early age, her mother starkly revealed that she had always been an unwanted child, her birth the consequence of a failed attempt at home abortion. This disclosure proved to be a turning point for my client and set the direction of her life, preoccupied with a futile search for love through sexual encounters.

I enjoy attachment-informed EMDR, appreciate its structure and focus and the inducement it provides to follow my focusing-oriented nose wherever the client's process chooses to lead. Combining EMDR with an internal family systems orientation, we had been seeking to reconcile the client with her long-exiled child part, dealing along the way with well-established protectors. The key step at hand was to release the 'little one' from her many unspecified burdens, and together we intuitively fashioned our own ritual to do this. It was a slow and painful process, but it had gone well. However, both the client and I were taken aback by the first two burdens that emerged, calling for resolution: a burden dating from before birth of being a categorically unwanted child. The burden, not of the problematic life that had been led, but of 'the life I might have led'.

I suspect more experienced colleagues may not be greatly surprised by these revelations, and I can report that, in the client's estimation, a more than 'satisfactory' outcome was achieved for this episode, as well as for the therapeutic journey. I am also aware that the burdens we worked on together might simply be dismissed in the everyday world as fancies of a sentimental imagination that could be easily despatched by doses of common sense or injections of sunshine and character. Yet these burdens gave me cause to pause and opened me up to challenges in trauma that I normally let slide past. It is this moment that I offer to our shared definitional ceremony for your consideration.

If I have read the narrative therapy literature correctly, there is usually a facilitator who gently probes the client to reveal intimations of what most matters to them. But, in the here and now, as I write alone in my office, I am left to do that for myself. In doing so, a particular phrase from a rather intense, dark and lonely sonnet by

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Robert Frost keeps coming up, somehow summing things up. It is a phrase that I learnt at school: 'I have been one acquainted with the night'.[2]

Familiar definitions

I realise now that it was a rawness that struck me most as those burdens were revealed. Here were none of the grizzly descriptions of sexual violence that I am accustomed to hearing, nor was there a burst of emotional distress. Her quiet sobbing showed the timbre of feeling that she was experiencing a remorse for what never was. In EMDR, I am used to focusing the client on the 'worst moment' of an event, yet these burdens, while distinctly chilling and influential, were hardly events at all, merely a palpable absence. Sitting with her as I was, in the disembodied intimacy of a Zoom session, I felt a keen desire to be present, to take my place in the room with her. Yet the urge to maintain a respectful, somehow awed distance, felt even stronger. It was as if I had been granted access to one level more than I was entitled to witness. And, like Moses standing before the burning bush, I needed to take the shoes from my feet.

Here was the kind of encounter I have most prized in my life, even though I am now less comfortable with the religious framework I habitually used for it. There was a darkness about the moment and a reminder of profound isolation, both of us pausing to become 'acquainted with the night'. It seemed to be an accumulation of several intimate distances. The first burden was a declaration of unresolvable distance for the client. Not welcomed into the world, she had, in some core way, always felt unwanted. I had to leave her with it. Despite my duty of unconditional positive regard, it would have been appallingly wrong of me to have proffered my genuine feelings for her as a substitute.

Experience has taught me the crucial value of 'realisation'[3] for trauma. Using the disciplines of EMDR, I keep my distance to create a robust and safe container in which clients can come to themselves. This includes, maybe even requires, the experience of existential isolation as a prerequisite to relating.[4] From the start, this client had sought out my special attentions and later admitted that she could not envisage a relationship with a man which did not include the frisson of sexual energy. Breaching that dynamic allowed us a particular mixture of closeness and a simultaneous distance that she still struggles to understand. The process opened a kind of connection that had previously been impossible for the client. I am not referring to intimacy with her family, her Heavenly Father or myself (though all played significant parts), but a first experience of love from herself. Such a novel and shocking experience made the difference.

So here is a first conclusion: what matters to me is a particular form of interpersonal encounter – an 'acquaintanceship with the night'. Strangely comfortable with the discomforting, I like a process of intimacy tempered with a delicately managed distance. I like to know and be known in that raw and sacred territory. I need not delve too far in my own internal family system to see its roots; origins that are neither sexual nor violent, but that feature lostness, distance and remorse. It is not for nothing that I prize the giving and receiving of such careful recognition, the heart-warming sense that something important is being done.

“

Strangely comfortable with the discomforting, I like a process of intimacy tempered with a delicately managed distance

A darker context

Yet amid this personal darkness, there is a broader quality, a shared rawness that is less easy to admit. Both of my client's burdens have an existential quality, more tragedy than trauma, revealing a 'pity beyond all telling'[5] inherent in humanity. Perhaps that is what my sense of being privy to 'one level more than I was entitled' really means. So, as I imagine my narrative therapy facilitator asking, 'What is it that I am not saying?', this prompts me to add a little more context, the gnawing night-things that I had almost forgotten to mention.

This client, like most of my clients, is a woman coming to terms with sexual assault and rape in a male-dominated society that accepts these terrible crimes as commonplace and endemic. Ours is a society where only 1.4% of rapes that were recorded by police in 2019 to 2020 resulted in a charge or a summons.[6] Being a male therapist working with victims of sexual violence, I am

in the minority. I am strident in validating myself as a therapist in this context and implicitly assert my difference from the predominantly male perpetrators of sexual violence who are being considered during therapy. Yet, as with 'white-body supremacy',[7] my gender bears an exploitative legacy which my brothers may hardly notice.

Prevailing views think of trauma in terms of exceptional, distinct and unexpected events, whereas many people, including most of my clients, experience traumatic events that are multiple, predictable and cumulative.[8] The PTSD diagnosis treats gender-based violence through a medical diagnosis of the victim, unworthy of adequate funding for treatment.[9] The family context that is common to sexual violence often presents the victim with what may appear lose-lose options. Calling out wrongdoing fundamentally challenges personal loyalties, so that the victim can easily find themselves denied, estranged or blamed for an irrevocable split.

My private practice and comfortable pension income allow me to volunteer and engage with clients who provide me with the intellectual and personal challenges that I need, while retaining security, respect and considerable freedom. (The charity would be unable to pay me the 'going rate'.) My own sense of agency may warp my sensitivity to powerlessness I do not share.

All this leads to a second conclusion: the therapeutic process is subject to factors that are frequently ignored in my professional life but are still borne within me. I have discomfort with a process that is 'too easy' and ambivalence about my role as a male therapist. This amounts to a feeling that my worthy labours, however individually helpful, may leave unchallenged injustices around me that cannot be excused by my efforts. Not a comfortable acquaintance here.

However, looking again now with the client, I notice a couple of final facts, very personal fragments of the night, with which I am pleased to be acquainted. One is the 'missing' quality of both burdens and the quiet but insistent voice from the client's process that demanded they will and must be heard! Hellinger's family constellations[10] taught me how lost and missing parts of a system will find a placeholder (willingly or otherwise) in life as well as in therapy. Our dark arts enabled an elemental presence. The other is the irascible quality I have sensed from this client as well as from many others. Much put upon and often defeated, these clients can nevertheless carry a visceral resistance to their fate.[11] This dark quality is awesome and humbling to encounter.

> "…I felt a keen desire to be present, to take my place in the room with her

An invitation to share

So, I end by reminding you of my initial invitation. Having read this far, you have shared in the first part of a definitional ceremony process as an 'outsider witness'. Now will you take the further step of resonating and sharing what comes up? Take a moment, if you can, to notice what part of your own experience was most evoked as you read my account. From this, what seems most true to say about your own existence – how you understand your own life? What might you be prompted to say or do to bear witness to this truth – to carry it forward? I would be very pleased to hear whatever results. ●

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IMPERFECT THERAPIST

LIZZIE THOMPSON

> Isn't it heart-warming to see that falling in love is not just for the young and gorgeous?

Lizzie Thompson is a pseudonym. Although this is a work of fiction, the author welcomes feedback at the address below.
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See Lizzie's blog at **theimperfecttherapist.com**

My 2.30pm is an affable chap in his mid 50s, smartly but casually dressed, and much more comfortable being here with me now than he was at the beginning of our work . Quite healthy looking, although I notice he's developing a paunch. 'Ooh, judgmental,' says Boris,* who today seems to be in miniature form, sitting yogi-like on the arm of the client's chair. 'Do you think so?' I ask. 'I'd say pleasantly rounded,' he offers. Does that sound any better?

I notice Mrs D* is uncharacteristically without an opinion. She's looking at Fred with interest. Might he be her type? 'Don't be ridiculous,' she says, having read my thoughts. 'He just reminds me a little of someone I used to know.' Anyway, I enjoy seeing Fred so happy after our recent work on self-doubt and lack of confidence. And I'm pretty sure that it's the new woman in his life that's lifted his mood, rather than my work with him. But the therapy has helped him get to the dating stage.

Right now, he's quiet, staring into space. I imagine he's about to say something profound. 'It's like custard,' he suddenly exclaims, jovially. What on earth? Fred has been regaling me on the joys of his relationship; what has custard got to do with anything?

'Back to basics,' nudges Boris. 'Reflect back, Lizzie.' 'Custard?' I say, with a hint of enquiry in my voice. Now, I have quite specific likes and dislikes when it comes to custard. Hence my puzzlement, perhaps. Danny,* unlike Boris, is her normal size, in her normal pose, leaning against the doorframe, black Sobranie in hand, slim as… I think she last ate in 2010. 'Is he speaking about crème Anglaise or crème pâtissière?' she asks. A memory flashes in my mind. My dear mamma, who would be bezzies with Danny if they were not, obviously, morphed into one and the same person, used to insist on having crème pâtissière for the family trifle. I remember stirring the concoction for ages until it thickened.

'Being with Caroline is like being enveloped in warm custard,' clarifies Fred. Right. OK. My brow furrows as disturbing images appear in front of me: paunchy Fred with, I'm guessing, curvy Caroline, frolicking naked in a bath of Bird's Custard. (Thank God it's warm; there's nothing worse than cold Bird's Custard with skin.) Fred licks his lips. Somehow, this is fairly disgusting. I wish he would stop. It also reminds me of a tutor I had at college. He used to delight in getting the girls in the class to read aloud pieces of prose or verse that were full of sexual innuendo, while licking his lips. And, of course, I'm thinking Bird's, but maybe Fred is a fresh-custard-with-tiny-bits-of-vanilla-pod man. 'What does it matter, Lizzie?' asks Danny, back to her old self and looking horrified. 'The fellow is clearly deranged.' I imagine Danny has never shared a bath of anything with anyone. Not even a rubber duck. In fact, I imagine she might only bathe in a swimsuit.

I look at Fred. He is all loved up. And why not? Isn't it heart-warming to see that falling in love is not just for the young and gorgeous? That, indeed, the middle-aged and oldies, who may be divorced or widowed, or just never found the right person in their youth, can enjoy the tenderness and connection of a loving relationship. And, it will rarely be uncomplicated at this stage of life. There may be baggage of all sorts – families, exes, grief, and perhaps fixed patterns of behaviour, conflicting value systems, fear of risking another heartbreak and so on – but if we are brave enough to dare to risk, like Fred, what a treat we might have.

Fred's history is, indeed, a little troubled. He was married at a young age to a woman who, after bearing two children, fell in love with his brother. A double betrayal, which battered Fred to the core. He managed to hang on to his job, all credit to his very understanding employer, as well as, thank goodness, a good support system. The therapy has been painful – mourning the losses, daring to face the new dawn, and gradually enabling him to find himself again. And now, he has found Caroline, which is lovely.

In comes Mrs D. 'Really, Elizabeth dear, you are being far too sentimental. She's probably monied and motherly and he recognises that he's on to a good thing.' 'Danny, you're so cynical,' says Boris. 'Perhaps this relationship was meant to be. They needed to find each other at this point in their lives.' Dear Boris. Even his moustache looks wistful. Which is it, I wonder? I notice I want to believe the destiny thing.

'I think that sounded worse than I meant it to,' chuckles Fred. 'I've always loved custard, ever since I was a little boy. My mother used to make apple crumble and custard on Sundays.' Danny arches her right eyebrow, a sort of 'I told you so'. Well, sometimes we all need to be mothered or fathered don't we? In a good way. And what's wrong with that? I wish that Boris was full size today, so I could ask him for a fatherly hug. I'm certainly not going to get one from Mrs D. 'You don't know do you, Elizabeth; you never ask for one.' ●

**Boris and Mrs Danvers (aka Danny and Mrs D) are two of my inner critics.*

BOOKS

HOW TO BE A BAD THERAPIST
NICK TOTTON AND ALLISON PRIESTMAN
Erthworks Books, £8.00

REVIEW BY: Jim Holloway, counsellor and supervisor

Would you be attracted to a book called 'How to be a good therapist'? No, me neither. But this title grabbed me as soon as I saw it. The provocation worked. Does the text deliver on its playful promise? I think so – if you read it attentively. Skimmers beware.

It's a small yet substantial book. In its 50 pages, there are six chapters, all rich with ideas and opinions derived from the authors' extensive experience as therapists. I particularly appreciated the chapter titled 'Intimacy, Disclosure, Mutuality and Enactment', which sounds like it could be heavy going but is six pages of lucid exposition. The final chapter, 'Play and Relaxation', which includes an enjoyable section headed 'Juiciness', is also a clear, non-simplistic expression of something deeply important to our work.

What you make of the authors' ideas and opinions will depend on where you are in your own development as a practitioner. By inviting the reader to strive to be a 'bad' therapist, they intend to derail the hopeless struggle to be a 'good' one. To a trainee or inexperienced therapist, I imagine this could seem disturbing and even dangerous – which might not be a bad thing! The authors want us to wake up to the real thrills and adventurous risks of doing therapy. While they stress the importance of practising ethically, they argue this isn't the same as being 'good' or 'safe'. In their view, ethics are the exact opposite of rules, which lead to tame therapy, where everything is proper and correct. Instead, they urge a commitment to authenticity and what they call 'wild mind' – a willingness to be a bad therapist, in the sense of a rule-breaker, when you feel this is necessary to do good therapy.

As evidenced by the intelligibility of their writing, Totton and Priestman aren't constantly wild or unruly, yet they do embrace these qualities as they emerge in therapy. To do so is by no means an abandonment of ethics, but it is a kind of surrender of control. They regard change as essentially a chaotic process, just as we see it happening continuously in nature. At the level of language – our main tool in Therapy World – their book has successfully messed up the ordinary meanings of 'good' and 'bad'. We can choose to take this much further in our actual practice: sometimes as therapists we're bad when we're good, and good when we're bad. That's invigorating. I also like the perky way they end the book: 'Relax. Nothing is under control!'

DEPENDING ON STRANGERS: FREEDOM, MEMORY, AND THE UNKNOWN SELF
DAVID P LEVINE
Phoenix Publishing House, £17.99

REVIEW BY: Elisabeth Hughes MBACP (Accred), counsellor in private practice and the HE sector in Liverpool

This book was completed during the early stages of the COVID-19 pandemic, a time in which people's lives were radically altered in significant ways. If we were to identify the quality of the contemporary world that poses the greatest emotional challenge, it might be the necessity of living with, trusting and depending upon people we don't know and who don't know us.

Making use of psychoanalytic ideas, Levine aims to further our understanding of the meaning and possibility of freedom, to understand better what freedom is and why it matters. As a thought-provoking, questioning and academic book, this felt like a challenging read at times, but there are interesting points throughout that are worth noting.

The first part explores freedom and memory. Freedom requires that we have the emotional capacity to engage with and depend on others. It is a capability gained through a specific developmental process, and the author explores how 'choosing and thinking' and our understanding of 'internal' and 'external' freedom affects this process. Levine highlights how, without our memories, we cannot secure our sense of continuity in being and learn about making choices and relating. We need memories to be human.

Chapter three highlights the role of therapy in creating safe spaces in which clients can slow down and develop the capacity to think and learn about who they are. Chapter five introduces the idea that if we can choose, we can also choose differently. Through the pausing that therapy can offer, there is room for the discovery of alternatives. In chapter seven, Levine explores the concept of memory substitution and asks the interesting question: what bearing does forgetting have on freedom?

Part two focuses on concern for the welfare of others. Levine writes about the importance of gratitude, which 'holds us together because of its connection to love, which is the original binding force'. He also looks at the connection between caring about others and early experiences of care by highlighting the concept of 'primary love'. In chapter 10, he asks lots of interesting questions about generosity – is it a good thing for our mental health and wellbeing? And what is pseudo-generosity?

Levine's conclusion asks further questions about the role that gratitude, emotional investment, isolation and loneliness have on this process. Coming full circle, he links back to the impact that the pandemic has had on our ability to depend on strangers, and what makes this problematic.

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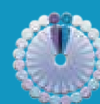

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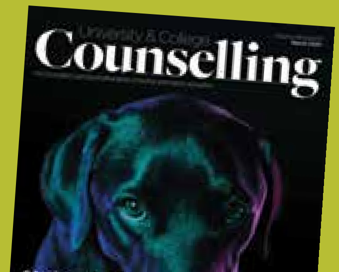

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