

# Éisteach

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## *The Dilemmas of Change*

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▼ **The obsession with change**

Susie Orbach

▼ **Engaging the body changes the  
brain**

Peter Afford

▼ **Why we can't be whoever we want  
to be: the biological limits to change**

Barbara Dowds

▼ **Conscious relationships and social  
change**

Tony Humphreys

▼ **The transcendent function, cultural  
complexes and change in society**

Thomas Singer

 **iACP**

*Irish Association for Counselling and Psychotherapy*



We take it for granted that change is the goal and the desired outcome of psychotherapy. But what is the opposite of change? What is it that we are trying to get away from? Is it stuckness and stagnation or, more problematically, acceptance and stability? The American novelist Richard Powers nails his colours to the mast when he suggests that 'possibility and contentment may be sworn enemies'. When considering the issue of change, whether in therapy

or in society, we must ask about the kind and level of change – is it volitional and dependent on the conscious ego, or emergent out of an unconscious bodily/emotional process? Does the client dump their relationships, career or home, but fail to grasp the more painful nettle of inner change? In order to integrate change, it must occur at an optimal rate and in a form that doesn't challenge our necessary stability. We must ask about the price of change: the external losses that often accompany an individual's inner journey.

Susie Orbach leads this issue by deconstructing our society's obsession with rapid change, showing how destructive that can be, particularly when impelled by commercial interests. She distinguishes between externalised self-invention/self-rejection driven by the ego - which is vulnerable to advertising and media pressures - and therapeutic transformation, which is motivated by the more unconscious drives towards authenticity and integration of split-off experiences.

The theme of integration is taken up by Peter Afford. He shows how the therapeutic integration of 'the emotional life of the client's body with the mental life of their conscious mind' happens at a neurological level. Working with the body brings into communication the left and right cerebral hemispheres and the vertical layers of the brain and autonomic nervous system. He writes of the balance between brain plasticity, which makes us capable of change, and long-term potentiation, which makes it hard for us to learn new patterns. Barbara Dowds cautions that not all individuals are equally capable of change. This is because of genetic predispositions, which make us more liable to depression or anxiety, for example. However, she acknowledges that the environment plays an interactive role, so that we are vulnerable to certain psychological states only when we are both genetically and environmentally at risk.

Wholesale societal change has been imagined as utopia. Peter Labanyi, in his book review, centres the utopian project on two fundamental questions: 'What matters most in life? And how can society be (re)-organised to facilitate what matters?' For Tony Humphreys (and for all of us), the quality of relationships is what matters. He notes in public life a denial of affectiveness and of the unconscious. So long as we pretend to be solely conscious and rational beings, our leadership and management will be driven by 'fears, insecurities and confused identities' - all driven underground and out of awareness. Only through bringing conscious awareness into work relationships can we overcome the problems of 'greed, narcissism, superiority, corruption and cover-ups' that are so evident in public life.

Change is not always a slow accretion of small advances. Thomas Singer examines Jung's concept of the transcendent function, whereby the unconscious finds a resolution of intransigent inner conflicts. He explores examples where the transcendent function may apply in society, sometimes through a charismatic leader who embodies the transcendent spirit. Thus Obama, by recognising the fears of both blacks and whites, was able to bring the two sides of the divide into dialogue rather than driving them further apart – as, opportunistically, most politicians would do.

In therapy, as in society, there needs to be a balance between acceptance and integration on the one hand and a sense of possibility for the new and improved on the other. Ultimately, however, we cannot choose the outcome of deep therapy: this emerges out of an unconscious process. With or without therapy, some of this emergent change happens anyway as part of our development through the lifespan. So, perhaps, meaningful change is not something we can plan for but, rather, something we look back on.

*Barbara Dowds*

# Contents

## 04 The obsession with change

Susie Orbach

## 08 Engaging the body changes the brain

Peter Afford

## 13 Why we can't be whoever we want to be: the biological limits to change

Barbara Dowds

## 19 Conscious relationships and social change

Tony Humphreys

## 22 The transcendent function, cultural complexes and change in society

Thomas Singer

## Regulars

### 27 Book Reviews

### 31 Chiron's Corner

### 32 Letters to the Editor

### 34 Workshop Reviews

### 36 Noticeboard

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# THE OBSESSION WITH CHANGE

by **Susie Orbach**



**J**im is fifty eight. He's started to dye his hair. Not discreetly as did men of yesteryear with pomade. But the full monty. Peroxide and L'Oréal. Because you're worth it. He's considering having more hair sewn in. He's already had derma fillers and botox. His mantra is self-improvement. Updating his body is just part of it. He takes classes in sirocco and mandarin. A makeover of his flat is on the agenda. He cooks, has a wide circle of friends and dates like a metrosexual. Spiritually, he goes for the modern pick and mix – Gurdjieff, meditation and mindfulness. His work as a surgeon puts him in a secure financial position and keeps him at the edge of new developments in medical science.

Today a new narrative of choice and constant updating provides the context for Jim's activities. There is a sense that change,

personal enhancement and being on trend are especially valuable. Knowing the right restaurants, the must-see opera, the contemporary take on cut flowers, the place to holiday, is not just an accompaniment to life but the expression of what a contemporary globalized life is. Transformation, upgrading, revamping have become valued categories of late. But for whom? What does a diet of constant change offer the individual and the collective? What's driving the imperative? Whom does it serve? How does it affect us individually and socially? And what are the downsides?

I recently visited China. They say if you leave town for a month, you no longer recognize your neighbourhood. Building is everywhere. My luxury hotel room in Beijing overlooked a 16 lane highway one way with a ten-laner under it. It was considered a fine view. Hyper-Modernity is relished.

Displaced people replaced by Porsches, Toyotas, Hermès, Estée Lauder and Gucci in mall upon mall upon mall – though no-one I met could afford what was in the mall. New buildings and superfast subways emblazon a society on speed. Meanwhile we are encouraged to embrace the pace of change that mimics the behaviours of orders put into the Chinese factories. New clothes not every season but every few weeks - even if there is no money for it. To accommodate this we can now all have multiple personalities.

Like the pop videos that have their stars performing as sex kittens, bosses, mamas, chatelaines, motor bike enthusiasts, acrobats all in the space of 2.47 minutes, we too can consume the vast range of goods produced by donning hunting garb on a Saturday morning, no matter that we don't hunt, and then a demure afternoon tea outfit later in the day. As six o'clock

approaches a cocktail dress will suit, and later at night there'll be sexually teasing lingerie for the bedroom. Changing outfits has been democratized and extended well outside the haute bourgeoisie and Celebrity culture. It nourishes the engine of late capitalism. As we spin into constant motion, fitting ourselves to the latest must-have, we feed the beast that is the market. Those on lower incomes do not escape these imperatives. Indeed they are encouraged to buy into the idea – as are the upper and middle classes – that belonging, being a someone, means wearing the clothes, having the car, showing one's stuff. Class is allegedly replaced by aspiration. If you can look the part, you can be the part. The realities of massive social inequality – the greatest we have seen in the postwar period – are effaced by the carapace of individual self-invention. Change is the cruel poultice offered to soothe the horrors of injustice.

The notion of self-invention is worth mentioning here too. It's an appealing idea. It seems to open up the world for the individual, enabling her or him to think through different options and possibilities. It says we needn't be trapped by our circumstances. Wherever we come from, whatever we've done, whatever mistakes we've made, whatever direction we've gone in so far, we can think, we can evaluate and we can change. We don't need to be stuck in emotional, economic or social prisons. We can become the person we want to be.

Who could fault such desire or the endeavor that it implies? Why would one criticize the sentiment? Self-invention sounds purposeful and serious. Rethinking, evaluating and developing self-knowledge is an essential food for the human spirit. But let's slow down a bit. If we fold in the other ideas that go with it - it is as though one can discard one's

past like an unwanted dress or suit. But we can't. People aren't a fashion. They have history, they come from somewhere and they have attachments to where they come from. The most abused, the most ignored, the most hurt – all those who might wish to flee and reinvent themselves know they can only move forward with the acknowledgment of their past and what they have come from. Otherwise self-invention means dislocation from the history one has lived and a deep dislocation from oneself. In striving to be 'the person you want to be' there may be enormous losses, fracturing and alienation.

Of late I've seen a rather disturbing number of younger people who've been on the self-invention path and for whom this hasn't worked out so well. Their forms of self-invention have gone like this: get into the best universities, get a perfect body; get a relationship with someone who is the sort of person that someone I am striving to be like would be with; get a high-paying job; live somewhere glamorous. The women and men I have seen have come from the UK and from abroad. From working-class to upper middle-class backgrounds. Class is always a feature they are trying to escape and reinvent even though it might not be articulated thus. Money is always an important measure of the self-invention. Exterior is always valorized, so that what is shown on the outside – be it degrees, jobs, houses, pets, friends with status, whatever can be exhibited – is at a premium. But confusion reigns, which is why they end up at the psychoanalyst's office. Who am I?, they say. What do people see? Why am I not feeling good given I've achieved the things I've gone after?

Things don't work because the propulsion to self-invent and change has been driven by the renunciation of unmet emotional

needs. Reinvention tries to say: I don't need what I didn't get, I will get it elsewhere, I will get for myself, I will be my own creation and my own object of admiration. But the sad fact is, we do need to understand the impact of not getting what one needed. It can't be replaced by degrees or clothes or hairstyles or money. We would do better to ask, what is the problem for which re-invention is the answer? If we can't address that question, then consuming markers of status and inventing new lifestyles will be an endless treadmill benefiting few – least of all those on a quest to feel safe and to find a place of belonging and mattering. Not getting what one needed hurts. It is through accepting the reality of that, and grieving for what one has lost, that a new kind of inner belonging can take root.

As we know, solutions to things going wrong can start very early. A recent UNICEF report examining why children in the UK were ranked lowest of the developed nations for well-being found that it came from the relentless consumerism offered to time-poor families. Parents are under pressure and consumerism stepped into the space. What kind of horror are we visiting on children by implying that having things, more things, new things, is *the* prescription for life?

Unlike Sweden, which has legislation banning selling to the under-twelves on TV, the hard sell is targeted at our children. They are unprotected. Children, from the richest to the poorest abodes in the land, are primed to update their possessions and glean a sense of value through the acquisition of the newest toy. They are being prepared for a life where value will be deemed to come through the rapid change of goods and purchases. Consumerism is the ugly sister of change. Its pleas for the latest toy and gadget ring out from every household.



Choice and change have become onerous rather than fun. Change purely for profit means that the cultural moment lasts a few months instead of a few years. The designs and aspirations mutate rapidly. It will be hard for people to look back on these times and see the aesthetic imprint of a decade in the way that we readily identify the 1920s, the 1930s, the 40s, 50s, 60s, 70s and 80s. Perhaps that doesn't matter. But I am not so sure. We don't live for the historical record but neither are we ahistorical beings. The idea that we will pass on something, make the world a better place, leave something to be remembered, has been our custom and cultural contract; but how realistic is this contract today? The voraciousness of change is affecting us badly: socially, environmentally and individually.

Therapy is often characterized as a change technology. Some might argue that the whole point of therapy is to change. But there is change and there is change. Where the public discourse is about re-invention and the mantra that 'you can be anyone', therapy can be co-opted or even developed to be the crucial change agent that provides levers to propel wanted transformation. Certainly therapies are sold that way and no-one enters therapy looking for stasis. Indeed I am not arguing against change itself in this article. That would be ludicrous. Change is part of the human condition. It is what makes us and defines us as humans. We develop, we do things differently; we aren't moles building the same kind of hills over and over and over again.

Human consciousness and existence is predicated on the capacity to change and develop. There are few things more delightful than watching babies take their first steps, or discovering one can actually communicate in a foreign tongue after the huge

efforts of learning the grammar and vocabulary and stumbling inarticulately for ages. Nor is emotional change to be sniffed at. We get great solace from knowing that behaviours coming from feelings that have customarily riled us can modify. Knowing that we can develop from our habitual responses and enter into ourselves in a new way is magical and marvellous – part of what makes life worth living. So it's not change itself I am contesting, but the commercial harnessing of the idea of change which brings in so much destructiveness.

Therapy is more concerned with exploring the problems and impediments to change as one is in the process of change. People come to therapy because they are in difficulty with themselves. Something, some things or indeed many things about their experience are not working. They have exhausted their personal emotional resources. They are frustrated. A crisis, often precipitated by loss, propels them to seek the reflective space that therapy offers. As they try to find the words and the feelings for what so hurts, the experience mutates. It doesn't disappear, but it sits inside them differently. Words and feelings give shape to experience that up till then has lain leaden and unformulated. Once engaged with, it has the possibility to be part of oneself in a different way. The experience isn't split off, disowned or repressed in a manner that is undermining. It becomes instead known and thus integrated.

That ownership is transformative. It constitutes change. Not the kind of change that is about a dismissal or rejection of self, but a change that occurs as a result of an acceptance. This is a paradox but one known well by theologians as well as psychotherapists. What we cannot acknowledge hangs about, repeating on us. It cannot be

digested. If we can move some inches towards acceptance then we have created a new emotional situation with different possibilities. I am not talking about the simple mea culpa of fessing up to wrongdoing. That is important, of course, but it doesn't in itself open up other avenues. It simply re-exports something that has been exported.

The kind of acceptance that psychotherapy can offer situates personal anguish within the nexus of actual as well as imagined motivations. Therapy endeavors to help us understand why one interprets a particular situation in the way that one does and to see our own participation in our distress. It asks the individual to consider the fullest possible circumstances which have caused the upset.

Let's take a felt sense of abandonment. Therapy asks: why do I feel abandoned? What in the situation is causing me to have the experience of abandonment? Have I actually been abandoned? Was that what the other was doing? Did they mean to abandon me? Was their behavior careless or something entirely different? Am I misinterpreting or being especially sensitive to abandonment because of my own emotional story?

As all these sorts of thoughts are engaged with, the individual has initiated a form of reflection which means that victimization and the blame that inevitably goes with it, dissolve as categories. A deeper, more layered and complex understanding of what was going on emerges, changing the experience inside of oneself. It is in this sense that the therapy process is dialectical rather than being a crude change agent.

Therapy challenges how far we can go with rationality as a concept. We live with ideas of the subjective and objective realms, often disparaging

the former and elevating the latter as though they were two entirely different modes of being, thinking and feeling. In truth, this division is unsustainable. Subjective and objective thoughts and feelings are the outcome of different kinds of knowledges that are related. The subjective, which is often seen as personal, idiosyncratic and intuitive, sits on and is entwined with structures of thinking which are designated as logical, deductive and analytic. If we pause and consider how we use this unreflected division, it becomes apparent that the way an individual, be they a barrister, a cook, a plumber, a parent, a dancer, makes a logical, analytic argument is always with reference to their own lived experience. The rational, sealed off from experience has no salience. It can wreak havoc. Let's not forget an important part of the current economic meltdown. The reliance on the mathematical physicists - known as the quants - from the Long Term Capital Management Fund, led to the loss of nearly two billion dollars, while owing over 100 billion, in the space of just three weeks in September 1998. This was rationalism at its maddest and most manic. And so too is the notion that the subjective is a deeper more authentic truth, spurious. The subjective is always structured by the cultural rules and practices we have imbibed. It is not a better truth, or a more valid truth. It is an aspect of a personal truth.

For change to have meaning rather than being just a phenomenon of rapidity we could do well to make it a more complex idea. There are many different kinds of change, but today we hear the refrain that change is good. Change isn't good or bad. Change isn't one thing. Change, in my book, requires something of us. Change that's worth embracing picks you up and offers a challenge. It is an impingement, stimulated either internally or from the environment.

It demands a response which is active, thoughtful and which, as we engage it, grows us.

Perhaps the rate of change that I grew up with following the post World War 11 settlement, which seemed to be about an evolution and was about progressive change until about 1976, is what alarms me about the imperative of change today. That period gave people a chance to engage with change. You could roll it around your mouth and taste it. This constituted a form of engagement. You saw what the change was made of and you could find your way in it. You might say this is a nostalgic or Luddite argument. I hope not. I hope you will join me in the attempt to deepen our ideas about change.

The interesting thing about the Occupy Movement has been the very different way in which participants are going about thinking through political protest and how to bring about change. The daily General Assembly and the work groups are characterized by an attempt to include multiple voices and not close down discussion into a narrow list of rhetorical demands. If we start with the movement in the USA we can see that having lived through the assault on Obama's promise of *Change We Need*, they are going about change very differently. As one participant said - in answer to the criticism that their action is idealist, too broad and

needs to focus to achieve incremental reforms - the belief in reform could be said to be the definition of an idealist. Working on the problem of how to bring about change is being a realist. Occupy is a political intervention. It is a political process. That is its political product. This is its original contribution to much needed political change. Learning how to talk and think, strategize and organize, include and define, is the challenge to our inert political arrangements.

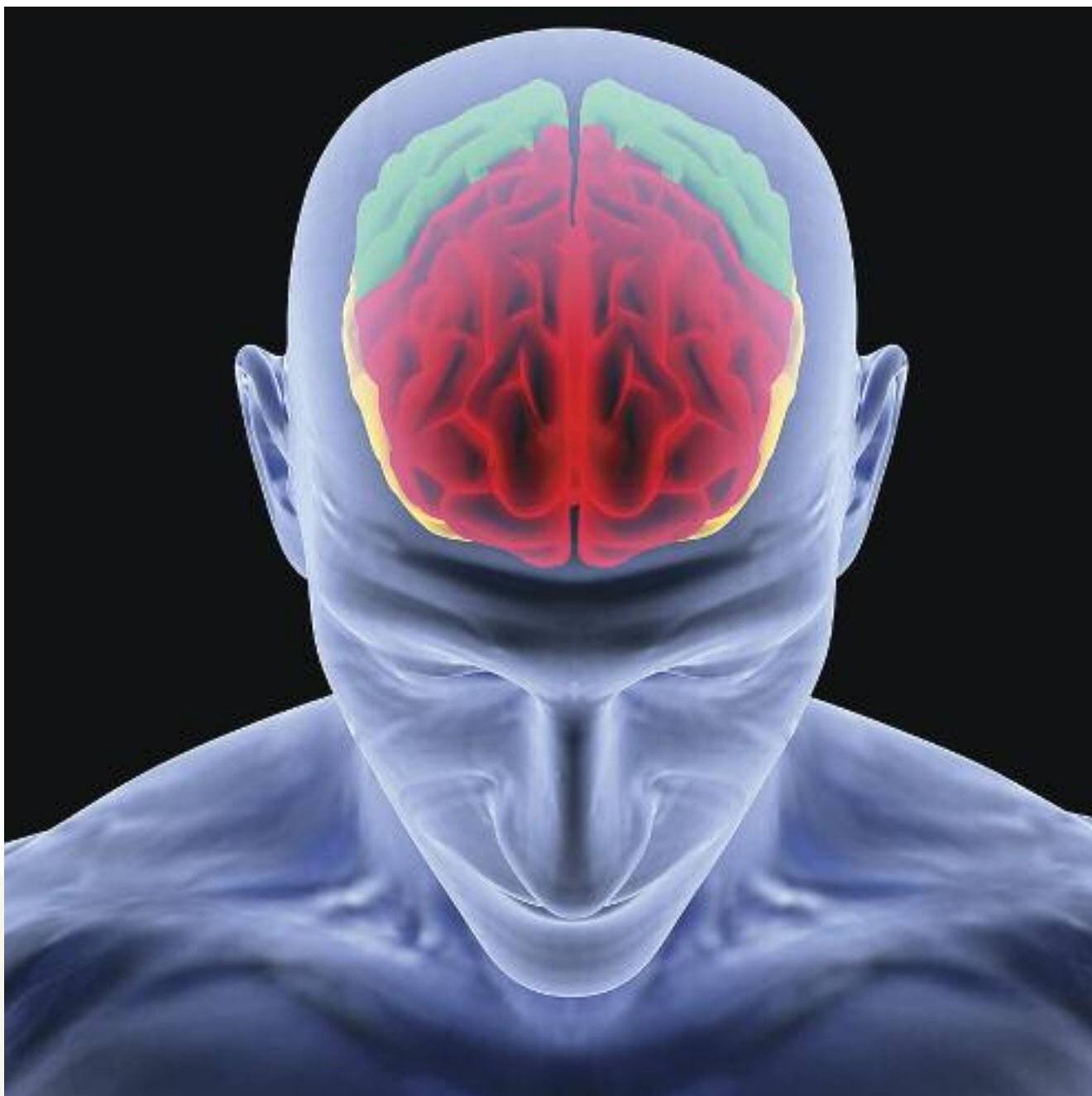
This seems to me what has been occurring in the Arab Spring, in Tel Aviv and now on the streets of America, Spain, Greece and the UK. It is a messy change to be sure. The kind of change that challenges us. As Naomi Colvin and Kai Wargalla, supporters of Occupy LSX - the London Stock Exchange action - write: *Our response to systematic failure is not to propose a new system, but to start making one. We're in the business of defining process.....We ask people to stop seeing themselves as consumers and start seeing themselves as participants.* (Guardian 24/10/11) And so I conclude: this kind of challenge isn't easy. But in its demand it magnificently embodies a complexity which is the antidote to the synthetic and commercially driven change all around us today. 

*This is a shortened version of a BBC Radio 3 lecture given in November 2011.*



Photo: Charlie Hopkinson

Susie Orbach is a psychoanalyst and writer whose interests have centred around feminism & psychoanalysis, the construction of femininity and gender, globalization & body image, emotional literacy and psychoanalysis & the public sphere. She co-founded The Women's Therapy Centre in London in 1976 and The Women's Therapy Centre Institute, New York in 1981. Her numerous publications include the classic *Fat is a Feminist Issue*, along with other such influential texts as *Hunger Strike*, *What Do Women Want* (with Luise Eichenbaum), *The Impossibility of Sex* and her latest book *Bodies*. Susie has been a consultant to the World Bank, the NHS and Unilever. She is a founder member of ANTIDOTE, (working for emotional literacy) and Psychotherapists and Counsellors for Social Responsibility and is convener of Anybody ([www.any-body.org](http://www.any-body.org)), an organisation campaigning for body diversity, with whom she has organised the Endangered Species International Summits ([www.endangeredspecieswomen.org.uk](http://www.endangeredspecieswomen.org.uk)), which aim to challenge the commercial practices that teach women and girls to hate their own bodies. She is currently chair of the Relational School in the UK and has a clinical practise seeing individuals and couples.



# ENGAGING THE BODY CHANGES THE BRAIN

by **Peter Afford**

**P**eople come to therapy hoping for change, yet if the therapist tries to change them, they resist. “The only person in the world who wants to change is a baby with a wet nappy”, as one of my trainers memorably said. If change happened simply by the therapist

suggesting the client do X or Y, the client would probably have done it for themselves already. So the therapist listens and feels and wonders, knowing full well that any change will unfold from within the client in its own unpredictable way.



The conundrum is at the heart of the ‘paradoxical theory of change’, often associated with gestalt theory, and nicely summarised as:

*Change occurs by being more what we fundamentally are, not by aiming at becoming who we are not. It involves feeling and living the truth of our existence, rather than trying to fix and meddle with things.*

(Reynolds, 2009)

But if I tell my client they must feel and live the truth of their existence, what are they going to make of that? What does this mean in practice?

I propose that change in therapy comes about by integrating the emotional life of the client’s body with the mental life of their conscious mind, and that neuroscience offers us a fresh view of this process. Change involves the integration of the two cerebral hemispheres, and this unfolds from emotional, relational and imaginal experiences that involve the body.

We know that *merely* talking about a problem may not change anything. For the client to *really* change, they must feel their feelings – or live the truth of their existence. Feelings involve emotion and emotion happens in the body. Allan Schore, who has gone further than most into neuroscience, emphasises that “the more therapists facilitate the affective experience/expression of patients in psychotherapy, the more patients exhibit positive changes” (Schore, 2009).

So I want to give a simple picture of what happens in the brain when we address feelings and the body in therapy. And then ask: how does the brain change? how does the body change? how can we address felt experience in the body? and are there limits to how much someone can change?

### ***The brain in the body and the body in the brain***

I may say that I ‘want to get out of my head and into my body’, but if I ‘lose my head’ I may live to regret it. Understanding the differences between the right and left cerebral hemispheres and how they interact with the body can help us make sense of this dilemma.

*First, the right and left hemispheres mean we have two minds in one.* The separation of the two hemispheres is fundamental to neural anatomy. Evolution has split the brain in two, and only 2% of the brain cells on either side are connected via the *corpus callosum* that links the hemispheres. This arrangement, called *lateralisation*, allows nature to keep different functions apart from one

another, and has led Tim Crow, an Oxford neuroscientist, to conclude that “except in the light of lateralisation nothing in human psychology/psychiatry makes any sense” (Crow, 2006).

*Second, the right hemisphere is more connected with the body than is the left hemisphere.* More neural pathways connect the *viscera* (the internal organs) to the right hemisphere than to the left, with the result that the right hemisphere is specialised for mapping what’s happening within the body. To become aware of what is happening in my body, I need to fire up this side of my brain. Interestingly, many more nerves lead from the body to the brain than in the other direction – the neuroscientist Antonio Damasio describes the brain as ‘body-oriented’.

The horizontal division of right and left hemispheres links with the vertical division of *cortex* (the familiar wrinkly stuff) and *subcortex* (everything below the cortex, including the well-known *amygdala* in the *limbic system*, and the *brainstem* that leads into the spinal cord). More pathways link subcortical areas to the right hemisphere than to the left, and as these areas generate emotion, the right hemisphere specialises in emotion as well as the body. It seems the right hemisphere belongs naturally with everything below, whereas the left hemisphere occupies an ivory castle, which allows it to ignore emotion and the body. One hemisphere can inhibit the other, and the left inhibits the right more than vice versa.

*Third, we tend to speak from our persona in the left hemisphere.* The left hemisphere is the home of my conscious persona, whereas the right houses my emotional self – the difference between who I think I am and who I feel myself to be. The left is also specialised for language abilities – constructing sentences and grammar – whereas the right is specialised for prosody – tone of voice. So my left hemisphere presents my social self, while my right hemisphere manages my inner self. This allows me to lie, but my nonverbal communication and body language may give me away.

*Fourth, the functions of the right hemisphere are more interlinked than those of the left.* The left hemisphere has more vertical connections within itself, enabling the more specialised functions of abstraction. The right hemisphere has more horizontal connections within itself, so it sees wholes rather than parts. This is why paying attention to the body often leads to emotion, and why inviting images can also lead to emotion and to more connectedness with the body.



*And the brain changes as we age, for the worse as our cognitive abilities decline and we become more forgetful, but also for the better: our minds slow down because they have more experience to draw on, which may make us wiser.*

Fifth, the right hemisphere is the basis of what we call 'the unconscious'. The left hemisphere does conscious, focused attention on what is foreground, while the right does broad attention to what is background - environment and body. Thinking about my problems exercises my left hemisphere, but sensing what's happening in my body fires up my right. It is the latter that notices what is implicit, the quality of a relationship, and felt experiencing in the body - aspects of experience that may come into consciousness if we turn attention towards them.

Putting all this together, we can see how someone comes to therapy experiencing feelings they don't like, yet not knowing what to do about them. If the therapist points their attention towards their bodily experience of these feelings, they may not like it or understand why the therapist does this. But if they can bear it, they may feel something shift, a little relief, and start to value therapy.

### **Change in the brain**

The nature of *neuroplasticity* is such that *synapses* (neural pathways) are always changing, so that we can learn and remember things. And the brain changes as we age, for the worse as our cognitive abilities decline and we become more forgetful, but also for the better: our minds slow down because they have more experience to draw on, which may make us wiser. And emotional reactivity reduces as we get older, so we become less neurotic. The message for therapists is - keep your client coming for longer so that nature does the work for you!

But what sort of neural change leads to a better balance of body and mind? One dimension of neural change is for the two cerebral hemispheres to become better integrated. This means that the left hemisphere inhibits the emotional messages of the right less, and the right hemisphere becomes less prone to disabling the left with overwhelming emotional storms. The client becomes more balanced between feeling and thinking, and avoids, suppresses and denies their real feelings less.

The second dimension is for cortex and subcortex to become better integrated. Schore says that the overwhelming emotional impact of trauma leads to dissociation, which is effectively the 'dis-integration' of the right brain. The right hemisphere and subcortex are unable to integrate what's happening in the body with what's happening in the environment so, for example, the client experiences somatic reactions that make no sense, or over-reacts emotionally in ways that damage relationships.

The integration of previously dissociated aspects of experience leads to better *affect regulation* - the capacity to manage feelings within tolerable limits, feeling enough to feel alive, without feeling so much that the client overwhelms themselves and others. They have greater control of their emotional responses, and are capable of more empathy.

How can we know if the brain is becoming better integrated? Until the day comes when our clients put their heads into brain scanners at the beginning and end of therapy to measure changes, which may be never, we are reliant on observation. We have to assume that the outward signs of a more integrated personality signify a more integrated brain. And that a client who feels more stable, has more satisfying relationships and finds life more meaningful has undergone worthwhile neural change. If this assumption is wrong... well, we need to know!

### **Change in the body**

If emotional and bodily experience become better integrated with the client's mental life, no doubt the body changes too. Better affect regulation via the *autonomic* (not conscious) *nervous system* is good for the heart, lungs and intestines.

*Heart rate variability* means that the heart rate is in constant flux to adapt to bodily needs. Chaotic patterns of variability correlate with anger and frustration, while coherent patterns have been shown to correlate with positive feelings of love and gratitude. Coherence and cardiovascular health go together.

Closely related is breathing – if we need more energy, the heart beats faster and we breathe more quickly. The easiest way to suppress emotion is to keep the diaphragm muscle (that controls the lungs) tense, to reduce the oxygen supply to other muscles. The more the client can tolerate their emotional life, the freer their diaphragm and the greater their ability to breathe their way through emotional ups and downs.

Many psychosomatic problems stem from ‘holding’ emotion in the gut. Better affect regulation means less need to do this, better autonomic control of digestion, and more good ‘gut’ feelings.

Because of the signalling from body to brain, such bodily changes will have a positive effect on the client’s mood and the cognitive state of their brain – their capacity for attention and concentration. A virtuous circle replaces a vicious circle of a stressed brain triggering a stressed body which creates an even more stressed brain.

### **Working to integrate the brain in therapy**

The more integrated the brain, the more effective are the psychotherapeutic methods we use. The challenge for therapists, however, is to work with less integrated brains.

One way we work to integrate clients’ brains is to get the two hemispheres talking to each other. This is the relatively simple part of therapy - addressing feelings, exploring and articulating them. And addressing what’s happening in the body, and linking sensations to feelings, or inviting an image to come and exploring the feelings and body connectedness that come with it.

The other way we work is to re-claim the dis-integrated and dissociated aspects of experience in the right hemisphere, the remnants of trauma, often early relational trauma. This is much the harder part of therapy. Searching for dissociated aspects risks not finding them or re-traumatising if we do. So we have to let them re-emerge in their own time, which they may do if the therapeutic relationship provides adequate safety and containment.

Both levels require engaging with feeling, and are helped by engaging with the body. Let’s consider some ways to do this.

### **Working with the body in therapy**

The only reason it’s not obvious that we must work with the body is probably our cultural bias towards

the left hemisphere - there’s no shortage of psychotherapy theories! We can work directly with the body through movement and massage, but we can also work indirectly with it without leaving the chair. The therapist points the client’s attention towards the body as they feel it from within. Social conversation generally avoids the details of physical sensation, but therapeutic dialogue can put heavy chests and tight stomachs centre stage. Body sensation is real, and it is hard to claim that it is meaningless.

Talking therapy can include the body, but the talking may need to slow down or be put on pause for the body to be heard. The client can notice their posture and body language, and how these connect to their feelings. They can notice their breathing, and doing so tends to slow and deepen it, leading to fewer anxious thoughts in the mind thanks to the body feeding back to the brain.

Encouraging the client to notice what is happening in their body engages their *interoceptive* sense of the viscera within. This is a right hemisphere specialisation, and it recruits two areas of *paleocortex* (paleo for old) that lie in between neocortex (neo for new) and subcortex – the insula and the cingulate. So turning attention to the body fires up lower brain regions and the right hemisphere. Many approaches to therapy encourage this body connectedness, including Focusing and mindfulness techniques.

The therapist can avoid merely ‘talking about’ a problem by speaking directly to the client’s felt experience in the body. They can slowly reflect the client’s description of their feelings, respond from their own bodily felt experience, and point to what is happening in the client’s experiencing – for example, “now you’re really feeling it” (the client having spoken about it but now there are tears coming).

Eugene Gendlin, who developed Focusing, points out that as well as our emotions (that we express or get overwhelmed by) and our feelings (that we can think about and talk about), we have our ongoing, bodily felt experiencing. This may be unclear, for example, “I’m feeling something, um, er...” – he calls this a ‘felt sense’. The therapist can point the client’s attention to their felt sense – “you’re feeling it right there, in your chest” (when the client has their hand on their chest). Attending inside means reflecting, and allows fresh feelings and thoughts to arise that will change the client’s conscious landscape.

### The biological limits to change

A neuroscience perspective suggests we should not get over-optimistic about change, which requires new synapses to grow, old ones to wither away, and others to change their behaviour. A brain that's working hard can change around one hundred thousand synapses an hour, which sounds a lot until you consider that there are some one thousand trillion synapses in a human brain! You don't need to do the maths to appreciate that the experience of a good therapeutic hour is a drop in the ocean of a person's life experience.


Added to such daunting numbers is the fact that the earliest forming synapses are the most durable. Those that formed in infancy to enable us to survive the experience of dependency on our parents are rooted in subcortical areas and subject to what's called *long-term potentiation*. So it's hard to get rid of them, but we can learn new patterns at a higher level in the cortex that will, for example, mean that we need to fire up our survival synapses less often. A small change can have a catalytic effect. Stress, however, may re-ignite the original synapses.

A good example is that of the frontal lobes that can develop the capacity (at a higher, cortical level) to inhibit the tendency of the amygdala to fire up (at a lower, subcortical level) with the slightest provocation to make us stressed and anxious. There is good evidence that this can happen in the adult brain, and that mindfulness helps it to happen.

It also has to be the case that dissociated emotions can be brought into the field of normal awareness where they can be regulated by the frontal lobes. This may involve a modest amount of synaptic change between subcortex and cortex (so that what's happening inside can be linked to what's happening outside), and between right and left hemisphere (so that what is felt can be thought about and articulated).

The scale of synaptic change in the brain points to the value of long term therapy. Deep and lasting change is unlikely to happen in a few sessions, but the repeated experience of going to the edge of what is tolerable in the therapeutic relationship must lead to synaptic change that is significant. Our personality may not change greatly, but our capacity to withstand our emotions and to feel less shamed in relationships enables us to experience more of what life has to offer.

### Conclusion

There are probably many ways in which emotional and bodily experiencing based in the right hemisphere can be integrated with conceptual representation based in the left. Working with the body is one way that is frequently effective, and it has the advantage of giving both client and therapist a reference point to guide the journey in a way that maintains a sense of safety. The body doesn't lie, and it can be trusted. It becomes an inner space for bringing back together the previously split apart and dissociated aspects of experiencing, made possible by the outer space of a human relationship that feels safe enough to allow this to happen. 



**Peter Afford** is an integrative therapist in private practice in London. He has taught courses in neuroscience for therapists since 2004, and been a Focusing teacher since 1990. More articles about neuroscience and the body are on his webpage: [www.focusing.co.uk/bodybrain.html](http://www.focusing.co.uk/bodybrain.html)

Emailed responses are welcome: [pjafford@dircon.co.uk](mailto:pjafford@dircon.co.uk)

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Sisyphus by Titian

# Why we can't be whoever we want to be: the biological limits to change

by **Barbara Dowds**

*..if there is a sin against life, it lies perhaps less in despairing of it than in hoping for another life, and evading the implacable grandeur of the one we have.*

Albert Camus.

## ABSTRACT

Genetics shows that most psychological traits are significantly, and in some cases primarily, inherited: people differ from each other because of nature more than nurture. However, further research, still in its infancy, is revealing interactions between nature and nurture, which shows that the effect of 'damaging' gene variants is dependent on the social environment. The effect of environment on long-term changes in gene expression, including potential silencing of damaging genes, is still poorly understood. Despite the limitations in our knowledge of psychological genetics, we can conclude that our current environmentalist model of psychotherapy should be supplemented by a vulnerability model, which recognises genetic predispositions and accepts that there are limits to change.

## Introduction

Clients go into therapy in order to change what they perceive as unworkable in their lives and ways of being. Sometimes therapy results in a change in externally observable behaviour, perhaps in the manner in which we live in the world, how we make decisions or relate to others. Perhaps we emerge less anxious or depressed, cease self-destructive behaviour, or our relationships are less conflicted in any of a variety of ways. Alternatively, our behaviour or way of being or relating to others does not change, but our *feeling* about it does, so that we become more accepting of who we are. We may begin to accept and even value, for example, being gay or introverted, non-intellectual, non-sporty, or less successful or artistic than other family members. We begin - in the words of Carl Rogers - to live from an internal rather than an external locus of evaluation. We thus become less divided against ourselves and more authentic.

The Serenity Prayer used in Alcoholics Anonymous asks that we accept the things we cannot change, change the things we can and have the wisdom to know the difference. The difference between what we can and cannot change is something all clients and psychotherapists must grapple with. I will propose here that the things we cannot change may derive from our nature - our genes - whereas what we can change may correspond to parts of ourselves derived from nurture - our upbringing and other environmental effects. Of course, it's a bit more complicated than this simple equation: some neural circuits (which are laid down in response to the environment) are established so early that it may be extremely difficult to change them in adulthood. I am

thinking, for example, of an infant subjected to extreme trauma, who thereafter has an over-active amygdala and HPA axis and a highly sensitive stress response. The stress threshold is set very early - in the womb and within the first six months of life (Gerhardt 2004: 77) - so that while it may be primarily environmental in origin, it is nevertheless very difficult to change through therapy. The probable reason for this is explained by Meaney's work on stress in rats, which is described later. Thus some aspects of our nurture are subject to later change, while others are difficult or impossible to alter. The reverse side of the argument is more certain. We cannot change our genes, though it is true that gene expression can be altered; in the future, when we know a great deal more about the subject, it is conceivable that we will be able to target damaging genes to silence them. In arguing this point, we are limited by the extent of our knowledge of behavioural genetics, which is still in its infancy. To summarise what we do and don't yet know about this subject:

1. We all vary in our expression of or susceptibility to various psychological (e.g. personality types) or psychiatric (e.g. depression, schizophrenia) traits. The proportion of variation within a population that is due to genes vs the environment has been calculated for a wide variety of traits and conditions. This is what we do know with varying degrees of accuracy about a growing number of traits.
2. The number of genes involved in any one behavioural trait is very large and may run into hundreds or thousands. This makes it

very difficult to identify significant genes because any particular one has an individually small effect. Only a few relevant genes have been identified. This is one important thing we know very little about.

3. The difficulty of identifying behaviour-determining genes has made the study of gene expression impossible in most cases. [Epigenetics is the name given to DNA *modifications* - without changing DNA *sequence* - that bring about long-term changes in gene expression that continue over generations of cells]. This is the second important thing that we know even less about, though I will mention one exception to this. However, this exception has been studied in rats, not humans.

## Some Basic Genetics

Human beings possess about 23,000 genes. The DNA sequence of nucleotide pairs that makes up these genes differs in about one in a thousand between individuals. The ways in which we differ from each other depends on these small differences creating different variants or alleles of the genes. The reason why we are tall or short, have blue eyes or brown, have type A, B, AB or O blood group, have cystic fibrosis or not, or have greater or lesser susceptibility to autism or schizophrenia depends on the particular allele of one or more genes we carry. Some traits such as cystic fibrosis depend on variations in a single gene, whereas others such as height or virtually all psychological/behavioural/psychiatric traits depend on multiple genes. A recent estimate places this number at hundreds to thousands of genes contributing to the liability to schizophrenia

(Flint et al. 2010: 110). Only some genes are expressed at any one time in particular cells or tissues. This is why blood cells differ from cells in the immune system, the liver or the kidney – all cells in an individual carry the same DNA, but many genes are differentially expressed in the different tissues. Genes are also differentially expressed at different times during development. This is likely to be crucial for our understanding of psychology, but we know almost nothing about it with respect to behavioural genes.

### **Estimating Heritability**

With a small number of exceptions, most behavioural traits are partly determined by genes and partly by the environment, a term which includes upbringing, culture, education, diet, exercise, etc – all the non-genetic effects. The proportion of variation in the

population due to genes is called the heritability of that trait; it is defined as the proportion of the total variance that is due to genes. Heritability can be estimated in two ways. One is through twin studies - comparing identical (monozygotic, MZ) twins who share 100% of their DNA with non-identical (dizygotic, DZ) twins of the same sex who share 50% of their DNA. To the extent that MZ twin concordance is greater than DZ twin concordance, a greater genetic influence is implied. The second way in which heritability can be estimated is through adoption studies. Genetic and environmental effects can be distinguished because adoption creates pairs of individuals of known genetic relationship who do not share a common environment. Their similarity reflects the contribution of genetics to family resemblance. Adoption also produces family

members who share family environment but are not genetically related. Their similarity reflects the contribution of environment to family resemblance. The heritability for a variety of behavioural traits, ranges from (surprisingly) no genetic component for mate selection to greater than 90% heritability for autism (see table below).

Psychiatric disorders are diagnosed as either/or dichotomies. Familial resemblance is assessed by concordance: e.g. a sibling concordance of 10% means that siblings of probands (identified cases) have a 10% risk for the disorder. One way to estimate heritability for disorders is to use the liability threshold model to translate concordances into correlations on the assumption that a continuum of genetic risk underlies the either/or

Trait	Heritability (of Liability) (%)
Schizophrenia	80
Bipolar Disorder	90
Major Depression	42
Generalised anxiety disorder	69
Autism	>90
ADHD	75
Shyness (childhood)	75
Separation Anxiety (childhood)	40
Separation Anxiety Disorder (childhood)	73
Panic Disorder	40
Obsessive-Compulsive Disorder	Zero to moderate
Antisocial Personality Disorder (adulthood)	40
Antisocial PD (adolescence)	10
Alcoholism	50-60
Drug Abuse	30-70
Openness to Experience*	40
Conscientiousness*	55
Extraversion*	45
Agreeableness*	35
Neuroticism*	55
Sexual Orientation	Highly variable results

Data from Plomin et al. (2008).

Unless otherwise stated, all studies were performed on adults.

\*The heritability figures for these five personality traits (OCEAN) are based on self-report ratings on personality questionnaires.



diagnosis. Heritability of liability is a construct based on the hypothesis of continuous liability and does not refer to the risk of actual diagnosis. For example, in the case of schizophrenia, the heritability of liability is about 80%, but the concordance for identical twins is only 48%.

It is important to understand that heritability refers to the contribution of heredity to variation in a trait *in a particular population at a particular time*. If the environment were made uniform for a group, then there would be no variation due to environment and heritability would be 100%. The higher heritability of antisocial personality disorder in adults than in adolescents suggests that adults have a more uniform environment than adolescents. Genetic variation in a given group of people does not change with time (though if the population of Dublin, for example, changes by immigration or emigration, then of course genetic variation changes), but variation within the relevant environmental factors can.

Heritability information must be applied with caution to individual clients. The figures apply to a population, so that 45% of the variation in extraversion may be due to heredity and 55% to environment in a population as a whole. However, for one individual their extraversion could be mainly due to environmental triggers, while for another it might be mainly due to heredity. Behaviour is multifactorial, caused by a large number of different genes and experiences. So why bother with genetics at all if it (currently) tells you so little about the individual? First of all, I think it

is important for therapists (and parents) to recognise that our ability to change in particular ways is highly variable, and 'stuckness' should not be labelled and judged as resistance. Secondly, awareness of genetics can allow the individual to accept or forgive themselves for who they are. Thirdly, for attributes with extremely high heritability estimates, there is a very good chance that the individual has a genetic predisposition to this condition, and there are likely to be severe biological limits on the possibility of changing this trait. This is not to say that such a client cannot be helped towards self-acceptance with regard to a particular inherited tendency, or to change in all sorts of other ways – we are all much much more than our labels.

High heritability does not necessarily equate with genetic determinism. Environmental change is possible, sometimes even for single gene disorders such as phenylketonuria, where the genetically-mediated mental retardation can be avoided by eliminating phenylalanine from the diet. The multifactorial nature - multiple genes and environmental triggers all interacting in complex ways - of psychological traits makes them far more susceptible to environmental change. Furthermore, variants of genes associated with disorders are not necessarily 'bad': for example, an allele associated with novelty-seeking may facilitate useful and/or antisocial behaviour. Likewise, schizophrenia and creativity may be related: Albert Einstein, James Joyce and James Watson (who along with Francis Crick discovered the structure of DNA) all had children with schizophrenia (Flint et al. 2010: 9).

### **Shared and Nonshared Environment**

Genetic studies have revealed something surprising about environment - and about family dynamics. The role of environment can be divided into the contributions of shared and nonshared environment. The former is defined as the sum of environmental factors responsible for resemblance between family members living together. The latter is the sum of environmental influences that do not contribute to resemblance between family members, but is unique to the individual. It turns out that *for most psychological traits, family resemblance is almost entirely due to shared heredity rather than shared environment*. Although family environment does not contribute to the similarity of family members (shared environment), it could contribute to their differences (nonshared environment). This supports what family therapists have observed for some time now, that siblings take on individual roles within families. The few exceptions to this rule are cognitive ability, attachment and separation anxiety disorder and possibly conduct disorder, all of which display a significant influence due to shared environment.

Rutter (2006: 84-87) critiques the methodology involved in distinguishing between shared and nonshared environment. Nevertheless, he concludes that 'despite these methodological and conceptual considerations, the basic message remains valid and important. That is, it is usual for family-wide influences to impinge differently on the children of a family. For example, when one parent is depressed and irritable, it will often be the case that just one of the children receives the main brunt of the parental irritability' (Rutter 2006: 87).

One conclusion we can draw from this is that a client's desire to emulate a more-favoured sibling is doomed to failure. Such an attempt will be sabotaged by both the family system and by the self, because we have strong needs to behave and to treat each other as unique individuals.

Furthermore, it is questionable whether the ostensible reason why one child is or appears to be favoured over another is in fact the real reason.

### **Genetic Overlap between Disorders**

Patients with one psychiatric condition have nearly a 50% chance of having an additional disorder within a 12 month period. It has been shown that the same collection of genes is responsible for a number of different disorders. For example, there is substantial genetic overlap between generalised anxiety disorder, panic disorder, agoraphobia and social phobia, and the differences between them are caused by nonshared environmental factors. The greatest similarity is between major depression and generalised anxiety disorder. These are identical genetically (correlation of 1.0), while nonshared

environmental factors partially differentiate the two conditions (correlation of 0.51). Genetic research implies two broad categories of disorder. Internalising disorders, which include depression and anxiety, are an extreme form of the neuroticism personality trait; these are twice as prevalent in women. Externalising disorders include alcohol and drug abuse and antisocial behaviour and are more common amongst men. Again, it is nonshared environment that contributes to the different manifestations. (See Plomin et al. 2008: 220-223 and Flint et al. 2010: 64-66 for a more detailed discussion). The gender

differences probably depend on differential regulation of gene expression in men and women - mediated by sex hormones, and possibly also by differences in the social environment.

Since genetic risk factors impact on groups of disorders rather than individual diseases, it may well happen that during treatment one set of symptoms is replaced by another. Because of this, psychotherapy may need to be targeted to the disorder group: for example, internalising disorders as a whole, rather than depression as a single manifestation.

### **Genotype-Environment (G-E) Correlation and Interaction**

Human behaviour is not simply the result of the *sum* of our genetic and environmental influences. Heredity and environment are *intertwined* in two different ways. Firstly, there is a modest genetic influence on *exposure* to environment (heritability of 27% across 35 measures). This correlation implies that people create their own experiences, in part for genetic reasons.

Furthermore, there is a genetic *susceptibility* to environment: the effects of the environment can depend on genetics and the effects of genetics can depend on the environment. There are a number of well-studied examples of this G-E interaction. One of these depends on the interesting finding that there is a genetic risk for crimes against property, but not for violent crimes. Adoptees at genetic risk for this kind of criminal behaviour (i.e. with biological parents who were criminal) were found to be more sensitive to environmental risk (adoptive parents who were criminal) than adoptees who did not have this genetic risk. A

second example concerns the gene coding for monoamine oxidase A (MAOA) which metabolises a wide range of neurotransmitters. A variant in this gene is associated with antisocial behaviour, but only when the individual has suffered severe childhood maltreatment. Neither the gene variant alone nor childhood abuse alone lead to subsequent antisocial behaviour; only the interaction between the two produced the behaviour. A third example of G-E interaction concerns the gene coding for catechol-O-methyltransferase (COMT), which along with MAOA, is involved in degrading the neurotransmitter dopamine. Cannabis use has been found to be associated with later psychotic symptoms, but only in individuals with a particular allele of the COMT gene.

It is likely that many more examples of G-E interaction will emerge as more genes are identified that have an impact on behaviour. They should make us very wary of any simplistic genetic determinism. The effects of a single gene depend on environmental factors – as well as on the genetic background in which they are set.

### **Behavioural Gene Expression**

Genes are not expressed all the time or under all conditions. They are susceptible to temporal regulation, tissue-specific and environmental regulation. Unfortunately, almost nothing is known so far about the environmental factors that may regulate expression of genes that play a role in behaviour or psychological state. This is partly a result of the very large number of genes implicated in psychological traits, which has made them difficult to identify. Furthermore, it is not easy to study gene regulation in the living human brain, and well-matched environmental controls are very

difficult to generate in human populations. However, Michael Meaney and colleagues have pioneered this kind of work in rats. It turns out that there is considerable variation amongst rat mothers in nurturing behaviour (licking, grooming and 'arched-back' nursing), which is not associated with *time* spent with pups. These variations in maternal behaviour were correlated with the baby rats' behaviour and response to stress: good nurturing produces less stressed progeny. Maternal behaviour influenced tissue-specific expression in the offspring of genes involved in the endocrine response to stress. Good nurturing resulted in the methylation and resultant down-regulation of a glucocorticoid receptor gene in the hippocampus part of the brain; this had knock-on effects on the activity of the neurotransmitter serotonin. This stable alteration in gene expression resulted from maternal behaviour only during the first week of life (see Rutter, 2006: 212-216 for a description of Meaney's experiments), but had long-term effects on the offspring of these mothers.


These epigenetic effects are very unlikely to be limited to this particular example in rats. Rutter speculates that 'the most plausible extrapolation is to effects from environments in utero and in the early postnatal period that have enduring effects that persist into adulthood. This would apply to effects of diet, toxins, drugs (including alcohol) and probably sex hormones' (2006: 216). He goes on to suggest that epigenetic marking is most likely to apply to developmental programming whereby early experiences lastingly affect later development. It is probable that in future years genetics will provide a molecular description for what psychotherapy already intuitively

about the effects of early upbringing on the creation of adult psychology and behaviour.

### Conclusions

The major models of psychotherapy view psychopathology as resulting from psychosocial adversity, causing either childhood deficits or inner conflicts. Both of these views imply that the environment - particularly the parental environment - is at fault. Jang (2005) cites Livesley (2001) who suggested that 'conflict and deficit models need to be supplemented with a vulnerability model of psychopathology that explicitly recognises genetic predispositions' (Jang 2005: 13). Livesley suggests that inherited psychopathology can be treated by helping the client towards acceptance, including developing a creative awareness of the adaptive features of their condition: e.g. greater sensitivity, creativity or access to an inner life. Remembering that the environment *interacts* with our genetic predispositions should help us avoid genetic determinism: so that if we are exceptionally sensitive to stress for example, we can still avoid

stressful situations to some extent, control our environment by learning assertiveness, and learn relaxation skills to attenuate expression of our susceptibility to stress.

An awareness of inherited predispositions towards particular traits or conditions brings the psychotherapist to a greater acceptance of human frailty that applies to all of humanity, not just some clients who have acquired a label. We all have an inheritance that makes us more adapted to some environments and less so to others; we are variously vulnerable, depending on the situation in which we find ourselves. What genetics teaches the psychotherapist is an acceptance of the individual for who he/she is and a willingness to be learn from the client not just about what is desirable, but also what is possible for them. Any residual beliefs about client resistance or malingering should be shelved: clients in therapy do the best they can. This is not to say that they cannot be educated into new and more creative ways of living. Therapy is, indeed, the art of the possible. 



**Barbara Dowds** BA PhD MIACP MIAHIP was a senior lecturer and researcher in molecular genetics at NUI Maynooth until 2002. Since then, she has practised as a humanistic and integrative psychotherapist. She teaches on the B.Sc. in Counselling and Psychotherapy in PCI College and offers CPD courses in genetics and in neuroscience for psychotherapists. Barbara can be contacted at [barbaradowds@eircom.net](mailto:barbaradowds@eircom.net).

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# CONSCIOUS RELATIONSHIPS AND SOCIAL CHANGE

by **Tony Humphreys**



**N**o matter where you are or what you are doing, whether you are alone or with others, you are always in relationship. Typically, we think of relationship in terms of intimate relationship between, for example, parent and child, lovers or husband and wife. However, different kinds of relationships occur in all the places that individuals live, work, play and pray, and these need just as much attention as the relationships between intimates. Furthermore, each relationship is always a couple relationship, whether it is between a parent and a child, two lovers, a manager and an employee, a teacher and a student, a parishioner and a priest, a citizen and a politician or between neighbours. Any parent, teacher, politician, leader, manager, employer, doctor or member of the clergy who sees a group as a single entity rather than a collection of individuals misses a fundamental and critical issue – each individual in that group will respond to him in a unique way. In fact, he is dealing with as many couple relationships as there are individuals in the group. If we treat all family members, employees, patients, clients, students and audiences in the same way, we overlook the creative dynamic of the

uniqueness and individuality of each human being. In reality, each child in a particular family has a different mother and a different father, each employee has a different employer, each student in a particular class has a different teacher, each patient in a particular surgery has a different doctor and each client in a particular psychotherapy practice has a different psychotherapist.

There is the further reality that each individual has a story and that his or her story is a unique autobiography and only that person fully knows their story. However, some aspects of a person's story may be known only at an *unconscious* level and this hidden world will only become available to *consciousness* when the person finds adequate emotional and social safety, initially with another and, subsequently, within self.

The story of a person's life is not the events he or she encounters – for example, difficult birth, loving mother, emotionless home, conditional loving, violent father, possessive mother, kind grandparent or affirming teacher. The story consists in the person's *inner* unique and individual responses to these events. What is amazing in a family or classroom

or workplace is that each person responds in a unique way to situations that arise. This makes total sense because when two individuals interact, inevitably their interaction will be of a unique nature. Parents are powerful witnesses to how each child is completely different from the other and this happens whether children are reared in benign or difficult circumstances.

However, when children are reared in violating circumstances, their individuality is expressed through the unique unconscious formation of very powerful defensive behaviours that are designed, on the one hand, to reduce the frequently encountered threats to their wellbeing, and, on the other hand, to bring to the attention of any mature adult in their lives their deeply troubled interiority. Children who experience a stable and loving family also express their individuality and develop a repertoire of open and creative responses that are different to those of the other siblings. Another way of putting it is that children whose wellbeing is jeopardised daily are ingenious in the ways that they *repress* (hide away) or *dissociate* (not connect with) those aspects of their true nature that they dare not exhibit,

whilst children whose wellbeing is unconditionally held are ingenious in the ways that they express and manifest their individuality, ensuring that they are not confused with anybody else within the family.

As an adult, each of us has a responsibility to occupy our own individuality. However, to do that, we need to become aware of our unconscious and conscious responses. You may well ask: are we not always conscious of what we feel, think, say and do? Certainly, you may notice that you can be aggressive, violent, shy, timid or manipulative but you may not be conscious of the sources and intentions of those defensive responses. The common response is to employ other unconscious defences: *rationalisation* (creating what appear to be 'reasonable' explanations for unreasonable behaviours), *denial* ("I have no problems"), *projection* ("everybody else is wrong") or *introjection* ("I'm just 'bad' and I have no control over what I say or do"). Unless these sources are uncovered your defensive responses towards yourself or towards others will continue. Consciousness requires that we own, understand and are accountable for our inner and outer behaviours and that, when the responses are defensive (as opposed to mature) in nature, we make new mature choices and take new mature actions.

In examining the literature on training for managers and leaders I have discovered an emphasis on prescription, proscription, coaching, employee engagement, talent mentoring and e-learning. What was glaringly absent in my search was the fact that we have an *unconscious* and also that leaders and managers, like the rest of us, carry considerable emotional baggage into their roles, which, inevitably, interrupts their

effectiveness. Another missing link was a focus on *affectiveness* and the reality that mature governorship is both a head and heart phenomenon. We have seen in all the economic, political, educational, social and health service crises besetting us here in Ireland and some other westernised countries, that it was predominantly men who occupied positions of power, and, sadly, with devastating results. Notoriously, men generally operate from a 'head' space and ignore, dismiss or ridicule a 'heart' space. But good leadership and management need to *affect* (influence) employees and service users in order to *effect* (*bring about*) progressive results. Indeed, being affective and effective are inseparable partners when it comes to mature management of any family, work, social, political, educational and health organisation. If the men on top had been operating from heart places then the greed, narcissism, avarice, depersonalisation of employees and customers, bullying, arrogance, superiority, corruption and cover-ups that are now so evident would not have happened. However, even though accountability, responsibility and authenticity need to be forthcoming from those leaders and managers, compassion is also required! Witch-hunts and blaming only serve to push them further into hiding. I do believe that those in power operated *unconsciously* – were driven by hidden fears, vulnerabilities, addiction to success, power, wealth and 'being right.' There was present within them their true essence which had become eclipsed and their hunger and thirst for love and recognition had propelled them into seeking out substitute ways of being seen in the world. This process would have begun in their childhood years in their homes, classrooms and community.

When any individual is mistaken by his parent or teacher or significant person for academic achievements, for success, for 'being the best', for 'being a star', for 'being good' or ridiculed for 'being bold', 'for failure', for 'making a mess', then a darkness descends on the person and the drive to maintain the token recognition becomes overwhelming. These children ingeniously conform to the unrealistic expectations or to the put-down labels, to the mistaking of their precious worth and presence for what they do. They creatively devise powerful ways of staying on the pedestal or of keeping their heads below the parapet. All their intelligence and creativity go into sanctifying the mistake and, repeatedly, this sanctification is reinforced by teachers, lecturers and employers. What is even sadder is that when these individuals marry they will unwittingly repeat the mistake with their own children, and when they are in positions of power they repeat it with employees and customers, and woe betide those who rebel. Incidentally, it was the 'highly engaged' managers and leaders who collected the huge monetary bonuses and misspent public monies. What is emerging now is that these rewards were a redundant exercise and only added to the mess we are experiencing. In any case, work is intrinsic to our nature; to over-extrinsically reward work destroys the true nature of work – this is true of learning as well.

The absence of any reference to the unconscious in the management training literature makes defensive sense, because who in a work (or other) organisation is in a consciously mature and solid place to challenge immature management? One of the most common phenomena at staff meetings is


silence – passivity, often of a passive-aggressive nature – where what needs to be challenged goes unchallenged, where what needs to be brought to consciousness, stays in the unconscious. Whether you occupy the lower, middle or higher echelons of power and you turn a blind eye to what is threatening to people's emotional, social, spiritual and economic wellbeing, and, ultimately, an organisation's progress, you require as much raising of consciousness as those who are perpetrating the neglect.

Take the example of a workplace manager who bullies and intimidates employees. When confronted he is likely to justify and rationalise his threatening responses with, for example: 'nobody would do anything around here without being shouted and ranted at' or 'being bullied did me no harm as a child.' However, when that manager compassionately understands the bullying behaviour as an unconscious creation arising from unresolved fears within himself – for instance, fear of failure, fear of what others think, fear of letting down his parents – it is likely that a consciousness will emerge of the real threat that he is posing to the wellbeing of employees. Once that consciousness is present, new choices and new actions are now possible towards himself and the employees. Getting to the story of what led to the bullying is not an attempt to dilute the serious emotional threat that bullying poses – sadly, over sixty suicides occur annually as a result of bullying. On the contrary, it is my belief and my experience that unless the person who bullies becomes conscious of his hidden unresolved emotional conflicts, his defensive behaviour will continue and is likely to escalate when outside pressures increase. Change is only possible when

what lies hidden is brought to the surface and what it was in his story that led to the creative development of bullying as a means of withstanding hurt. Individuals who bully need the support to stand with themselves, so that they are no longer dependent on others standing with them. The overt intention of bullying is to ensure control, but the covert intention is to draw attention to the urgent need to be in control of self and to support others to do likewise.

How then can organisations create the emotional and social safety for 'highly engaged' leaders and managers to allow to come to consciousness what has lain hidden for decades? No change is possible without such consciousness – consciousness of fears, insecurities and confused identities – the mistakes. A determined effort is required to

create the relationship environment that will lead to an increase in managers' consciousness, so that the genius they have employed unconsciously in developing and reinforcing their defensive strategies can be unleashed into their consciousness for the good of all, mostly themselves. Some of these individuals who occupy top political, religious, corporate and educational positions and who are deeply defensively entrenched require one-to-one psychodynamic help or, at least, face-to-face group training to effect a raising of consciousness.

The conscious manager operates from the fullness and goodness of his awesome nature and creates a work environment where it is a joy to come to work; neither will he stand idly by when dark and defensive practices are present – oh, if it were only so! 



**Dr. Tony Humphreys** is a Consultant Clinical Psychologist, Author and National and International Speaker. He began his career as a Clinical Psychologist in State Psychiatric and Psychological Services in England and Ireland and since 1990 has been working in private practice in Ireland. He has become Ireland's most influential psychologist, working with individuals, couples, families, schools, local communities and the business community. He is the Director of three National University of Ireland courses which are run in University College Cork and All Hallows College, Drumcondra, Dublin

He is regularly sought for his expertise and views on radio and television shows and writes a weekly column for one of Ireland's primary newspapers, the Irish Examiner. He is the author of many best-selling books. His best known books are *The Power of 'Negative' Thinking*; *Self-Esteem, the Key to Your Child's Future*; *Work and Worth*, *Take Back Your Life*; *Myself, My Partner*; *Leaving The Nest*; *Whose Life Are You Living*; *All About Children*; *The Mature Manager*. *The Compassionate Intentions of Illness and Relationship*, *Relationship, Relationship, Relationship*, *The Heart of a Mature Society* have recently been published. His books are currently available in 15 languages and are available in 28 countries. He has recorded CD's on *Adult Self-Esteem*, *Raising Children's Self-Esteem* and *Self and Work*.

His varied earlier careers encompassing theology, education and business add breadth and depth to his unique understanding of human behaviour. His ideas are challenging, sometimes controversial, yet they are always presented in the safety of understanding and compassion. It is indicative of the ethos he creates that he is in constant demand for lectures, workshops, seminars, conferences from a very wide range of audiences that cross different social strata, different age groups and different social sectors.

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# The Transcendent Function, Cultural Complexes and Change in Society

by **Thomas Singer, M.D.**

**F**or some time, I have been thinking about how insights of analytical psychology can be applied more usefully in understanding social, political, and cultural aspects of our lives in which the collective psyche is the currency of exchange and change. In this paper, I want to consider how the conflicts generated by cultural complexes are occasionally transformed in a way that suggests the activity of what Jung called “the transcendent function.”

But first we need working definitions of what we mean by “the transcendent function” and “cultural complexes” in order to understand the terms of this equation. Indeed, Jung’s term, “the transcendent function,” sounds like some abstract formula from higher mathematics. Jung introduced the notion to describe how an individual, caught internally between two conflicting and opposite points of view each laden with strong beliefs, emotions and behaviours, sometimes unexpectedly finds a resolution emerging from the unconscious that threads its way between the opposites and finds a

new position that allows the intense conflict to resolve. What I am proposing here is that the “transcendent function” may also appear in the collective psyche of groups in conflict with one another as well as in individuals.

The notion of a “cultural complex” is a relatively new idea that takes Jung’s original complex theory, which was primarily applied to the psychology of individuals, and uses its insights to think about the inner and outer life of groups, and individuals who live in those groups. The basic premise of this notion is that a second level of complexes, different from personal complexes, exists within the psyche of the group and within the individual at the group level of their psyches. Like personal complexes, these cultural complexes can be defined as emotionally charged aggregates of ideas and images that tend to cluster around an archetypal core. Identifying cultural complexes can help understand the psychopathology and emotional entanglements of groups, tribes and nations. Some of the cultural complexes that we are currently exploring have caused uninterrupted foul

mood in cultures for centuries. They have possessed the psyches and somas of individuals and groups, causing them to think and feel in ways that might be quite different from what they think they should feel or think. Cultural complexes are not always “politically correct,” although being “politically correct” might itself be a cultural complex. This paper will discuss briefly the relationship between the transcendent function and two of the cultural complexes that we are currently studying, racial conflict between blacks and whites in America and homophobia.

It is challenging enough to describe and understand how cultural complexes express themselves in group and individual behavior, much less to have any real insight as to what might be palliative for their more destructive effects. But, over time, I have started to get an inkling of how to go about thinking about a healing process that occasionally seems to occur spontaneously in what otherwise appears to be horrendous strife based on the cultural complexes of race, ethnicity, religion, tribe and gender. Here is how I first started to imagine the relationship between the transcendent function, cultural complexes, and social change in a paper I wrote in 2006:

*Describing deeply entrenched cultural complexes is a bit like trying to diagnose an illness of the collective psyche. And, it seems as though describing the illness leads to an automatic question – what is the cure? The standard Jungian answer to the cure for a complex is that one has to drink it to its dregs; one has to suffer it repeatedly until finally its toxic effects are digested and transformed in some alchemy of the psyche. If that is the case, Muslims, Jews and Christians have been at this digestive process for a long time, with little evidence of a “cure”. Blacks and whites have been at it for some three hundred and fifty years in the United States; there has been some progress, but no real cure.*

*Still, one should try to imagine ways in which heated up cultural complexes might get resolved. Sometimes, it seems as though relief from a cultural complex occurs by the possession simply running its course like a fever – like McCarthy’s anti-communist crusade in America in the 1950’s. In such a case, the cure – or at least a respite – is simply a matter of time, of waiting for the activated archetypal defenses of the group spirit to fall back into the cultural unconscious as they lose psychic energy. On other rare occasions, however, a charismatic leader emerges on the scene and in his or her personhood carries the transcendent function for the collective psyche that points to a real healing or cure. It is as if there is a perfect fit between the experiences of a “chosen” individual which resonates with the experiences*

*and needs of a group or even conflicting groups, pointing to a previously unimagined way to transcend roadblocks to resolution – the cure. Gandhi, Martin Luther King, Desmond Tutu come to mind as being the kinds of leaders who have embodied a transcendent spirit for the collective psyche that leads to the vision of a real cure of cultural conflicts. Perhaps Barack Obama has the potential to embody in his being a transcendent function that might point to real reconciliation and healing of the entrenched cultural complexes that divide black and white communities in America....*

*Some gifted individuals may have the ability to experience consciously the cultural complexes that divide groups into warring factions. They have the capacity to hold these cultural complexes in their psyche in such a way that an authentic experience of the transcendent comes alive in them, pointing to a resolution of otherwise intractable, emotional group conflicts. They actually carry the transcendent function for the group, with its potential for healing at the level of the collective psyche. In the meantime, most of us muddle along with the reality that many of these cultural conflicts are well beyond our individual efforts as individuals to find our way to healing at the collective level of these profound wounds.*

*[The San Francisco Jung Institute Library Journal, 2006, Vol. 25, no. 4, pp 26-27].*

That’s how I imagined it in 2006. Here are two questions that are raised by those initial formulations? What do we mean when we use the term “transcendent function” in the context of the collective psyche? Can we appropriately use the term “transcendent function” in the context of group psychology at all? How can we recognize the appearance of the transcendent function” in a person or a group movement in society and differentiate it from what I have come to think of as the “descendent function” that masquerades as a transcendent function – as in the obvious case of Hitler?

### ***The Experience of the Transcendent Function in the Collective Psyche***

I imagine the collective psyche as being like the air we breathe or the water we swim in or even like the radioactive background that saturates the earth. The collective psyche permeates for better or worse almost every aspect of our waking and sleeping lives. Even so-called individuated Jungians breathe, swim in and are saturated by the collective psyche. What happens when the transcendent function appears in the collective psyche?

The excitement generated by the hope for the transcendent function to appear can literally be equated to the “yearning for the second coming” and

any realization of such hope results in the sensation that a vast dark cloud that has subliminally suffused all life has suddenly lifted and one can actually believe in the potential to realize the *summum bonum* or “the greatest good” – as Thomas Aquinas called it – for much of the human community. In short, a collective experience of the transcendent function can rekindle one’s faith in humanity.

Think of the following quote from Jung, not in terms of the individual psyche about which he was writing, but in terms of how we might imagine the transcendent function operating at level of the collective psyche:

*If we can successfully develop the function which I have called transcendent, the disharmony ceases and we can then enjoy the favorable side of the unconscious. The unconscious then gives us all the encouragement and help that a bountiful nature can shower upon man. It holds possibilities which are locked away for the conscious mind, for it has at its disposal all subliminal psychic contents, all those things which have been forgotten or overlooked, as well as the wisdom and experience of uncounted centuries which are laid down in its archetypal organs.*

[Jung: Vol. 7 Collected Works, 216 ].

I would like to suggest that one way to imagine how the transcendent function works in the collective psyche is to think of it as bringing to life from the collective unconscious “all the encouragement and help that a bountiful nature can shower upon man”. And this “bountiful nature” includes the possibility that any number of the cultural complexes that divide groups and nations from one another around issues of race, gender, ethnicity, the environment, international armaments, and multiple other issues can be resolved or at least mitigated in their negative impact.

I want to briefly give two examples of this phenomenon. I want to suggest that the transcendent function can appear in the collective psyche at a very specific *moment* in time and also that this breakthrough moment in history may become a *process* over time revealing the ongoing activity of the transcendent function. The transcendent function, then, occurs both as a moment in time and as a process over time. It can be carried for the collective by an exceptional individual or it can emerge spontaneously in a group of otherwise ordinary citizens – or both. I do not believe that the “transcendent function” alone causes cultural complexes to resolve, like some magical, divine intervention that reverses the course of history. Its appearance is ushered in only by the

hard work, enormous sacrifice, and deep suffering of many individuals and groups who have fallen victim to cultural complexes and raised their voices and beings in protest against its injustices. Such “witnessing” by individuals and groups can bring into being the transcendent function which can, in turn, signal a shift in the course of potent cultural complexes with multi-generational histories. We can “feel” the activity of the “transcendent function” by our waking up to the fact that a deep shift has occurred in the collective psyche that is as real as it is unexpected.

### EXAMPLE 1. *Barack Obama and Race in America*

Barack Obama’s 2008 speech in Philadelphia on the cultural complex of race in America was one of those rare occasions in which one can actually point to the activity of the “transcendent function.” The speech began with Obama’s willingness to go straight to the painful emotional reality that activated cultural complexes have potent, negative affects and stereotypical thinking/imagery embedded in them. These activated complexes stimulate very old (sometimes centuries if not millennia) memories, fears, hatreds, and traumas. Here is how Obama put it in Philadelphia:

*[A] legacy of defeat was passed on to future generations [of blacks] - those young men and increasingly young women who we see standing on street corners or languishing in our prisons, without hope or prospects for the future....For the men and women of Reverend Wright’s generation, the memories of humiliation and doubt and fear have not gone away; nor has the anger and the bitterness of those years....In fact, a similar anger exists within segments of the white community. Most working and middle-class white Americans don’t feel that they have been particularly privileged by their race....They are anxious about their futures and feel their dreams slipping away. So when they are told to bus their children to a school across town; when they hear that an African American is getting an advantage in landing a good job or a spot in a good college because of an injustice they themselves never committed; when they’re told that their fears about crime in urban neighborhoods are somehow prejudiced, resentment builds over time.*

[http://www.huffingtonpost.com/2008/03/18/obama-race-speech-read-th\\_n\\_92077.htm](http://www.huffingtonpost.com/2008/03/18/obama-race-speech-read-th_n_92077.htm)

Most politicians pander to the tensions inherent in cultural complexes by playing to one side of the opposites or the other – whether it be around abortion, race, global warming, gay marriage, or most other divisive issues. One can see in Obama’s description of how blacks and whites perceive one



another that he is the rare politician who seems able to identify the opposites, make them conscious in a clear, direct language and allows one to identify with the powerful feelings on *both* sides of the conflict. By Obama's clearly empathizing with, even embracing, the opposites without fully identifying with one side or the other, he opens up the possibility of imagining a new way in which to resolve the entrenched, seemingly intractable cultural complexes. This is the only antidote to the toxic influence of "us vs them" dynamics that I can see actually working in social and political life. This opening up to a third way that brings the opposites together with a new, symbolic attitude is what we Jungians mean by the transcendent function. Listen to Obama's words from Philadelphia with the idea of the transcendent function in mind:

*The Declaration of Independence was stained by this nation's original sin of slavery, a question that divided the colonies and brought the convention to a stalemate until the founders chose to allow the slave trade to continue for at least twenty more years, and to leave any final resolution to future generations....I chose to run for the presidency at this moment in history because I believe deeply that we cannot solve the challenges of our time unless we solve them together - unless we perfect our union by understanding that we may have different stories, but we hold common hopes; that we may not look the same and we may not have come from the same place, but we all want to move in the same direction - towards a better future for our children and our grandchildren.*

[http://www.huffingtonpost.com/2008/03/18/obama-race-speech-read-th\\_n\\_92077.htm](http://www.huffingtonpost.com/2008/03/18/obama-race-speech-read-th_n_92077.htm)

To summarize this example: The symbolic attitude that we Jungians call the "transcendent function" was most explicitly expressed in Obama's March 18, 2008 Philadelphia speech on race in which he was able to probe both black and white fears and resentments in a non-polarizing way that pointed to reconciliation rather than fuelling "us vs them" reactions. That speech is an excellent example of how the splitting dynamics of cultural complexes can be transcended through bringing the opposites of black and white into dialogue rather than manipulating them to further divide people against one another.

### **EXAMPLE 2: Proposition 8 and Milk: The Cultural Complex of Homophobia in America**

If Obama's Philadelphia speech shows us how the transcendent function can make itself known in a particular historical *moment* in which we are offered a collective glimpse of how a cultural complex

might be resolved, I believe the events of the past decades surrounding the complex of entrenched homophobia shows us how the transcendent function can work in the collective psyche as a *process* over time. Note the following synchronistic occurrences in the fall of 2008 in which

1. Barack Obama's election signalled a resurgence of liberal values and raised the hopes of all progressives except the gay population which found itself excluded from the celebration and devastated by
2. the victory of Proposition 8 in California, which made civil marriage for same-sex couples not only illegal in California but also unconstitutional and which occurred almost simultaneously with
3. the premier of the film *Milk* detailing the rise and then assassination of Harvey Milk as the first elected gay official in America.

These three events combined to suggest a destructive and regressive threat to the tremendous advances in both the civil rights and real psychological acceptance of gay people. It looked like the collective psyche was retreating from its relatively rapid, transformative acceptance of homosexuality in the past several decades. In the moment, many feared that we were witnessing a "descendent function" in the collective psyche. But, it is my opinion that the activity of the transcendent function as a *process* in the collective psyche should be thought of as evolutionary and that it cannot follow a straight line, any more than the process of individuation is linear in its unfolding. I believe that the emergence of gay marriage as a socially sanctioned option for same-sex couples suggests that a transcendent function may be at work even in the most apparently dire moments of the virulent cultural complex around homosexuality.

When opposites such as pro-gay/anti-gay have gone to war with each other, we can be sure that the cultural complex that informs them both is battling to find a resolution in the collective psyche the only way it knows how – through a back and forth sequence of defeats and victories in a see-saw political and social battle. For instance, on the issue of gay marriage - right on the heels of the devastating defeat of gay rights in California with the victory of Prop. 8 – American states as diverse as Iowa, Maine, and Vermont voted to approve gay marriage which suggested that a new attitude in the collective psyche as an expression of the transcendent function was unfolding rapidly, inexorably, inevitably. In this example, the reconciling symbol is gay marriage itself.

Indeed, I think that the apotheosis of same-sex marriage as a mainstream issue for the 21st century to resolve, signals the further unfolding of an increasing movement towards greater compassion in the



collective psyche. It opens us to a vision of deepening tolerance for human relationships that can free all of us from the fetters of being locked in cultural complexes that would restrict what is valid about sexual attraction and love between human beings.

## Conclusion

Few would claim to understand how the transcendent function actually works and there are those who would say that its very existence is a Jungian fantasy. Like many things that Jungians embrace, it is a mystery. But, there are those of us who would claim to have witnessed the effects of the activity of the transcendent function in both the individual psyche and in the collective psyche. We believe it makes itself known in surprising and deep shifts of collective attitudes to what at another time was deeply polarizing. Walt Whitman – we might call him “The American Bard of the Transcendent Function” – put his experience of the transcendent function this way (and one needs to remember his “I” is also a “We”):

*I celebrate my self, and sing myself,  
And what I assume you shall assume,  
For every atom belonging to me as good belongs to you.*

....  
*I believe a leaf of grass is no less than the journey-work of the stars*

<http://www.daypoems.net/poems/1900.html>

And a more modern “bard” of the transcendent function, Van Morrison sings it this way in his recording of “Believe I’ve Transcended” on the album *Astral Weeks* (and his “I” can be heard as a “We” too). He starts with: “Going up the mountain side where the water runs crystal clear... take my hand.” He then goes on to chant: “I have transcended.... I have transcended.... I have transcended.....”

[http://www.lyricsmania.com/lyrics/van\\_morrison\\_lyrics\\_4097/astral\\_weeks\\_live\\_at\\_the\\_hollywood\\_bowl\\_lyrics\\_92954/astral\\_weeks\\_\\_i\\_believe\\_ive\\_transcended\\_lyrics\\_900740.html](http://www.lyricsmania.com/lyrics/van_morrison_lyrics_4097/astral_weeks_live_at_the_hollywood_bowl_lyrics_92954/astral_weeks__i_believe_ive_transcended_lyrics_900740.html)

## Note:

These thoughts were first articulated in a panel discussion entitled “The Transcendent Function in Society” at The Journal of Analytical Psychology’s IXth International Conference in San Francisco in May 2009. The panellists included Betty Meador, Andrew Samuels and Tom Singer. A version of the panel discussion later appeared in the *The Journal of Analytical Psychology*, 2010, 55, 229-254. This paper is a modified version of that original article and includes segments from other articles and books by Thomas Singer, M.D.

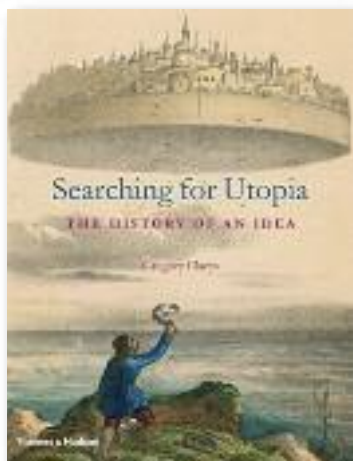


**Thomas Singer, M.D.** is a Jungian Diplomat Analyst with the C.G. Jung Institute of San Francisco, California. He currently serves as Editor of the Analytical Psychology and Contemporary Culture Series for Spring Journal Books and his new contributions in that series appear in *Psyche and the City: A Soul’s Guide to the Modern Metropolis*, *Ancient Greece, Modern Psyche* and *Placing Psyche: Exploring Cultural Complexes in Australia*. In addition, he has written extensively on the concept of the cultural complex in various books and articles.

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# Book Reviews



## Searching for Utopia

Gregory Claeys

THAMES AND HUDSON, 2011

What, to adapt Freud's question about women, does the client want? And how far is what they want a purely individual matter? I have my doubts that even classical analysts get many patients who are content simply to trade in their suffering for 'ordinary human unhappiness'. But Freud flatly asserted that 'the programme of becoming happy...cannot be fulfilled'. This was because, according to him, the 'meaning' of human civilization was the innate struggle between the forces of love and aggression. Any questioning of such pessimism Freud dismissed as a 'lullaby of heaven': a phrase implying both self-soothing regression to the infantile and self-indulgent escape into 'oceanic' fantasies of perfection. And in any case the conflict between the pleasure principle and the reality principle can, in his view, never be transcended. For an avowedly developmental theory to lack any model of *adult* development - such as a

hierarchy of sequentially emergent needs - may seem surprising but is, within such a dualistic cosmos, perhaps understandable.

Freud's fellow-Austrian, the novelist Robert Musil, took a different view. For him our sense of reality was balanced in the psyche not by mere desires for gratification but by the 'sense of possibility'. We should, accordingly, 'attach no more importance to what is than to what is not'. Such a faculty is creative, even 'divine'; contrary to Freud, it 'does not shrink from reality but sees it as a project, something yet to be invented'. Musil is here taking us, as he knows, into the territory of 'utopianism': which turns out, ironically, to be a reaction to the 'discontent *inherent within* civilization' (italics added, together with a more accurate translation of the title of Freud's bleak treatise). Living with nature in perpetual sacred space, Stone Age rain forest cultures are untroubled by alienation: they are in their own 'golden age' - at least until the loggers get to them.

As Gregory Claeys stresses throughout his stimulating book, utopia is not some castles-in-the-air pipedream but always a critical response to a specific social situation: it ultimately entails the translation of our wishes into reality. Thus, far from being abstract, the idea of utopia is implicitly about two

interlinked and urgent questions: What matters most in life? And how can society be (re-)organized to facilitate what matters? Inevitably, this raises disagreement about both ends and means. One person's heaven will always be another's hell. This is why the values that utopian thinkers from Thomas More onwards have advocated can lay claim to being universals: justice, equality, harmony, mutual respect, commonality and fellowship. The goal is human flourishing: meeting true rather than false (that is, regressive or commodified) needs. For if the issue were merely gratification - sex and shopping - we would, in the West at any rate, long since have arrived.

As a concept, utopia straddles the intersections between religion, myth, political ideologies, literature and psychology. It is a pity that Claeys neglects the latter - Freud is not mentioned - even though so much hangs on our capacity, indeed our psychological need to dream and envision alternative realities, for ourselves and our society. His concern is to trace the development of utopian ideas through history, and he provides a concise, at times breathless, but brilliantly illustrated survey: the wonderful pictures alone will stimulate your utopian faculty. Claeys shows how a crucial stage in human history is reached where, with increasing

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secularization, we begin to lose belief in an equalizing and compensatory after-life. So we'd better get on with creating justice and fulfilment in *this* world. The impulse behind utopia is, therefore, to 'seize our own destiny'.

But, as More himself knew, this is a quest for improvement not perfection. The latter is a theological concept, and history shows us what abominations occur – both opportunist terrorism and state-organized terror – when, facilitated by Kleinian splitting, ideas of doctrinal purity infect politics. This grim legacy has helped neo-Freudian pessimists and evolutionary psychologists alike to align with the political right in discrediting all desire for change. However Claeys stresses that, unlike religion, utopia is not about redemption: the criterion is plausibility. 'Though the price exacted may be one many are unwilling to pay', utopia is attainable. To demand the impossible is, in contrast, actually to subvert real change, whether social or personal. Instead, as Musil grasped, utopia's task is to be the midwife for the potentials that are, like a client's shadow subpersonalities, already present in any situation. To get an idea of this, imagine that you can hear the resonance of a note on the piano *before* the key is struck: not an afterglow but, as it were, a 'foreglow'. Whether we work with these potentials or block them is a choice that we always have.

There are caveats to such a project: nothing straight can ever be made out of 'the crooked timber of humanity'. But Kant's famous warning can be used to ground us in realism rather than discourage

us from trying. Secondly, because we are such complex and contradictory creatures, some human goals, above all freedom and equality, are in a tension that we will never definitively resolve. However, research does show that individual contentment depends heavily on equality: everyone – not excluding the rich! – benefits from the resulting social cohesion. In the context of endemic economic and climate chaos, fundamental change in our whole way of organizing life has never seemed more urgent. Claeys registers two opposing responses. The first, the path exploited by the Tea Party and Islamic Fundamentalism, is regressive: to reconstruct society on 'traditional' values – except that I fail to see how anything as rigid, repressive and divisive can ever be 'utopian'. The second is progressive: more planning and greater collective organization to enable practical problem-solving. As this would need global cooperation, I'm not holding my breath about that one. Even More had the good sense to set *Utopia* on an island.

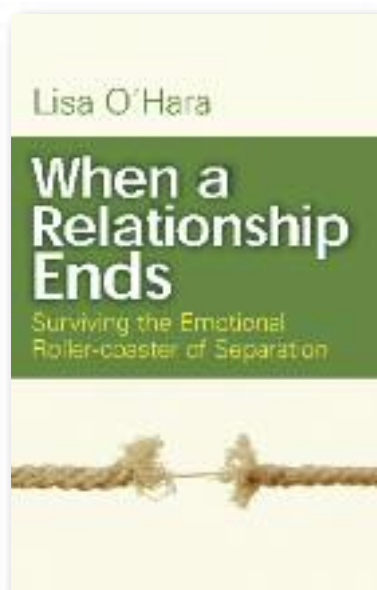
In any case, the difficulty is that a technocratic model is hardly likely to satisfy people's more visceral aspirations for the 'change we can *believe* in' that Obama's original election campaign promised. A weakness I have noted in Claeys's account is that he dismisses the psychological impulses underlying utopia as 'daydreaming'. Moreover, he underplays the counter-cultural social practices, movements, projects and communities – ecological, educational, therapeutic and spiritual – that grew out of the 1960s, many of which still

thrive today. Utopia is seen as neither a religion nor an inner psychic state but as 'a discourse about voluntary sociability'. The vapid sociological term 'discourse' over-rationalizes, and emasculates, utopia into a discussion document instead of a node of transformative energies. His determination to keep utopia and religion neatly apart leaves Claeys in the awkward position of simultaneously affirming the secularity of utopia while recognizing that something more is needed to hold sociability in place. It comes as no surprise to discover what this might be.

After experiencing several 'intentional communities' at first hand, the journalist Tobias Jones concluded that what is crucial to their cohesion and survival is, precisely, a set of shared spiritual beliefs. This suggests that 'social bonds might be the consequence, not the cause, of the sacred' (*Utopian Dreams: In Search of a Good Life*). Martin Luther King had a dream, not just a list of demands. The utopian faculty is not only strategic but visionary: it is our social and moral imagination. As the historian Frank E. Manuel has said, utopia may be as necessary to society as dreaming is to individuals – except that utopia is also, though perhaps not exclusively, something we consciously intend. In the apocalyptically uncertain times we are living through, we are likely to have more and more need for it. Let's hope we can trust Musil's assurance that 'the earth is not that old, and...apparently never so ready as now to give birth to its full potential'.

**Peter Labanyi**

# Book Reviews



## **When a Relationship Ends: Surviving the Rollercoaster of Separation**

*Lisa O'Hara*

ORPEN PRESS, 2011

Lisa O'Hara is an experienced relationship counsellor working with Relationships Ireland, and has written this book at a time when separation and divorce in Ireland are on the increase. It can be used both as a self-help book and also as a guide for professionals working with people going through a separation process.

The first chapter "Falling in love and why break-ups happen" examines our basic need for attachment and the disappointments that occur in our early childhood. In our adult relationships we seek a partner to resolve those hurts, and when these needs are not met we

become disillusioned by the relationship. O'Hara notes that all couples struggle to maintain a balance between closeness and distance, and argues that failure to understand the different needs of men and women can cause tension and blaming. She goes on to classify relationships into three categories: validating, volatile and avoidant, pointing out that there is no ideal. She concludes the chapter by referring to John Gottman's research into the reasons why marriages fail, describing these as the Four Horsemen of the Apocalypse: criticism, contempt, defensiveness and stonewalling.

The second chapter looks at the stages, phases and tasks of grieving the ending of the couple relationship. She talks about the intensity of feelings experienced at the time of separation, and how we can manage our day-to-day life at this time of turmoil.

She goes on to describe in detail the stages of grief, denial, anger and bargaining and then looks at some of the common feelings associated with the ending of a relationship such as: guilt and rejection, fear, relief, loneliness and depression. The final stage of acceptance and letting go, she describes as the ability to "acknowledge a

new reality". The chapter concludes with a useful focusing exercise to help people cope with their feelings.

The author describes in detail, in the following two chapters, the gender differences in the experience of separation and why each partner will probably cite quite contrasting reasons for ending their relationship. She perceives that women are more likely to end a relationship when they feel unloved and neglected, and men when they feel unappreciated and doubt their own self-confidence and worth. Unfortunately men are often more prone to seek a solution to the problem outside of the relationship by burying themselves in work, hobbies or by having an affair. She also points out that women often have greater resources to deal with the impact of separation through their emotional connections with friends and family. Men are inclined to feel isolated and alone and as a result are more likely to turn to drugs and alcohol to numb the pain.

The next chapter deals with the impact of separation on children and the importance of cooperative co-parenting.



She looks at the age-related needs of children and their differing reactions to the news. She also looks at the differing needs between adults and their children and how important it is for parents to make themselves aware of these. She then gives useful advice on designing a parenting plan that is determined by the parents (with outside help if necessary), but in consultation with their children. The latter, particularly if they are teenagers, will want to be reassured that visiting arrangements to the non-resident parent will take into consideration their own need to maintain friendships and interests. She stresses that adult children can also be deeply affected by their parents' decision to separate, and wisely suggests that it is not ultimately in the best interest of parents' future relationships with their children to use them as confidants. She goes on to describe how to manage part-time parenting for the non-resident parent, quoting from "Parenting after separation, making the most of family change" by Jill Burrett, but pointing out this is written from the perspective that the father is the non-resident parent. She concludes this chapter with an extremely useful guide on successful co-parenting, and quotes from studies which show that children are more likely to adjust positively to the separation when they maintain a close relationship with both parents.

The next chapter pays attention to the difficulties of living with your partner once the decision to separate has been made, pointing out that there is often a period of time before one or other leaves the family home. This is even more relevant in today's climate where the family home might be in negative equity and the couple cannot afford for either partner to rent accommodation suitable for the children to visit and stay overnight. She gives useful tips on how to negotiate boundaries and manage the household, and also how to relate to children still living at home and the importance of not using them as messengers. She acknowledges that this transition time can be stressful for couples in learning how to stand back from being a part of each other's lives.

In a later chapter the author deals with formalising the separation and discusses the emotional impact, showing as an example that even the signing of a separation agreement can be accompanied by a devastating sense of loss.

In the chapter dealing with family and friends of separating couples, the author explores the difficulties of friends being lost through being asked to take sides. She discusses how friends, siblings, and parents can assist someone in the process of separating but advises against allowing them to become too

dependant, suggesting that the best course of action is to help them to find a renewed sense of independence and self-confidence.

The final two chapters concentrate on moving forward and rebuilding. Firstly, O'Hara looks at re-establishing one's sense of identity, and she emphasises the importance of self-care during this time of transition and loss. She provides some exercises for couples such as re-examining their values and using the wheel of life to work out goals for themselves. She then looks at the issue of self-esteem and the value of time for reflection, learning to love oneself, and examining one's shadow side in order to ensure that if and when someone chooses to enter a second relationship, they do not make the same mistakes again. She concludes this chapter by providing guidelines for re-entering the dating arena.

Throughout this book, the author illustrates her text with examples of people who have experienced the ending of their couple relationship, which allows the reader to have an insight into how separation impacts on people's lives. It is an extremely useful self-help book written with care and understanding for those who are left devastated by the ending of their relationship. It is highly recommended for both professionals and clients.

**Claire Missen  
MIACP**

**Relationship Counsellor**



# CHIRON'S CORNER

## MAGIC BULLET?

When I hear the word culture, I reach for my gun. So goes the quote misattributed, variously, to Goering, Himmler and Goebbels. My own version is this: When I hear the word "CBT" I reach for my gun.

I am sick and tired of hearing that CBT is the cure for this, that and the other. I am also sick and tired of the medical profession's obsession with CBT - have they never heard of anything else?

CBT is, occasionally, useful as a tool for therapy. But what of listening - yes, CBT folk, that's listening: mouth shut, ears open - and allowing the client to experience growth in a non-judgmental, empathetic, genuine space?

In my own personal therapy I would have dreaded being made to jump through the hoops of CBT. Instead my Rogerian therapist *made* that empathic space. Inside that space, I grew and to this day I appreciate and value the fact that she listened and did not ask me to jump through CBT hoops like a performing seal.

Don't get me wrong, CBT folk: If you want to do "therapy", go right ahead: but, please, consider going into coaching and leaving real therapy to the therapists.

## BLUEPRINT FOR A PRISON

There is a general belief out there that statutory regulation will improve standards in the psychological therapies. Why have so few in this country questioned whether this is in fact true, when in the UK there is a substantial anti-regulation movement? How will the therapeutic relationship be affected by statutory licensing? Will empathy and positive regard - shown to be associated with positive client outcomes - be deepened now they are legislated for? In recent years,

almost all counselling courses have, in dutiful anticipation of expected state regulation, dumped personal development to embrace more academic content. But research has demonstrated something that none of us really wants to face up to: lightly trained paraprofessionals are as effective as professional therapists. The chances are that the graduates of the new era trainings, with their relative lack of experiential work and personal growth, will do worse. Is there a scrap of evidence to suggest that a registered counsellor will do less damage than a non-registered one? One thing is certain: regulation will affect the therapeutic alliance - only in the wrong direction, by increasing the power discrepancy between 'service user' and 'provider', by encouraging competitiveness, self-interest and inauthenticity among therapists, and by generating fears about litigation, resulting in defensive practice. There is, likewise, no evidence that the threat of legal sanctions will improve ethical standards. In any case, is 'ethical' behaviour driven by fear of punishment really ethical at all? As William Blake said, 'Prisons are built with stones of Law'.

## FULL REFUND IF NOT SATISFIED

'Value for money' is the watchword for many today. Whatever the programme, plan, or development of an idea the bottom line is that it has to be 'value for money'. We hear this phrase trotted out all the time by Government, agencies and business. It seems that everything now is scrutinised with this 'value for money' lens in place. Of course at one level this makes eminent sense. Yet when applied to the counselling and psychotherapy arena it raises some questions. There seems to be more and more of a requirement on counsellors to show that the service they provide is 'value for money', which translated means that counselling actually works. 'Works' is understood as being able to prove that whatever the presenting problem, this has been resolved by a period of counselling. Is this right? Is this what counselling is becoming; providing proof that the service offered really works and that it is therefore 'value for money'. There is ample evidence to show that a period of counselling is beneficial to those who access it, that is, it actually works. So why the constant requirement to *prove* it?

*This page will replace the old clinical dilemma pages which - with the odd exception - were attracting few if any responses. Chiron's Corner will comprise short unattributed opinion pieces that we hope will provoke discussion in the letters column, which we want to revitalise. Why Chiron? He is the wounded healer of Greek mythology: it was in seeking relief from his own suffering that he learned how to heal others. As shown in the logo, Chiron was a centaur - half man, half horse.*

**Note:** The opinions in Chiron's Corner are not necessarily endorsed by the IACP or the editorial board.



# LETTERS TO THE EDITOR

*Éisteach* welcomes members' letters or emails. If you wish to have your say on either the contents of *Éisteach* or on an issue that concerns you or you feel strongly about, please send your views to;  
e-mail: [eisteach@iacp.ie](mailto:eisteach@iacp.ie) or

***Éisteach*, IACP, 21 Dublin Road, Bray, Co Wicklow.**

We hope the 'Letters to the Editor' section will become a regular feature in each edition of *Éisteach*. For that to happen we need your comments and views. We look forward to hearing from you.

## SEXUAL OFFENDER TREATMENT

Dear Editor,—After taking some time over the bank holiday weekend to catch up on some *Eisteach* articles, I was struck by Mr O'Shea's, 'The Abusive Personality' and by the letter from Luke Devlin and Donna Hayes regarding its limitations.

I recently spent two months researching Sexual Offender Treatment. I hope sharing some of what I have learned about this field of treatment might serve to inform fellow readers of the work currently being done.

Offender treatment has been the subject of much empirical research over the last decade or so. Progress has been slow, with early studies showing that programmes had little impact on rates of recidivism.

One example of a domestic violence treatment programme here in Ireland is the SEVIP. As a member of RESPECT it signs up to its Statement of Principles and Minimum Standards of Practice for Domestic Violence Perpetrator Programmes and Associated Women's Services. This appears to be a risk assessment model that aims to 'increase the safety of women and children' and states that some studies have shown while some men do not change, some do.

Today, the field has evolved beyond risk assessment models with the development of continuously assessed strengths based programmes, such as The Good Lives Model (GLM). These treatment programmes are showing positive signs of effective change in participating clients.

The risk assessment model may not have significantly reduced offending behaviour but it is the ground work, the creative steps towards change and progress that has led the field to where it is today.

The professional people working on developing these offender treatment programmes believe that we are all entitled to our human rights and that we all have a responsibility to behave in a way that does not infringe on the human rights of another. It is holistic in its nature, promotes self-responsibility and is integrative and multicultural in its method of development. The GLM is an example of one programme that is being adapted to deal with different areas of offending behaviour, such as domestic violence, and these are currently being implemented around the world.

While it is clearly a difficult job, (one article I read promoted the importance of therapist self-care from personal, professional and ethical stand-points), I believe that

change is possible and every step backward, teaches one something about moving forward.

Offending behaviour is, according to some, epidemic in our society. Reducing it through the development of therapeutic treatment programmes is an uphill struggle but it's worth it. Treatment is at the point where it has moved beyond only treating adult male offenders and is providing treatment programmes that can and are enabling people to live free of offending and with conditions of worth. Again, the GLM is one example of this.

While I understand Mr O'Shea's pessimism, I do not share in it. I also understand, as a student, Luke and Donna's concerns about possibly being naïve in their hopes that even those who chose to engage in abusive behaviours can change.

Although my knowledge of this area of therapy is in its infancy, what I have read has upped the wattage on my hope that offender treatment is a valuable contribution to achieving the ultimate therapeutic goal of enabling an individual to heal. It has the added value of encouraging the creation of an abuse free environment for the client, the family and the wider community.

I choose to hold onto the hope that it will continue to gain ground, not only because the alternative is too unbearable to accept but also because it is currently gaining grounds in the hands of practitioners and researchers who continually demonstrate professional ethics and a humanistic view of all those affected by offending behaviour.

Right now, I cannot sit with a client who is using offending behaviours, as I am not trained to hold such an individual in an appropriate therapeutic space. All I can do is continue to work towards qualification, develop my mind beyond the media hype and lies (through absorbing the information offered by those professionals working to create effective offender treatment programmes) and by endeavouring to always see the human being behind the behaviour.

I am concerned to hear that some therapists believe that offender treatment does not work. I am also aware that some professionals and trainees might be choosing to believe this out of a fear of ever having to share a space with an individual who discloses such behaviour.

Researching offender treatment with an open mind, training in relevant therapies, honest self-reflection and self-care are the key actions that together, stand a chance of effectively helping a client to choose more responsible, need fulfilling behaviours. A by-product of this is it encourages a reduction in recidivism rates and the prevalence of this issue in society. For me, it is more proactive than throwing our hands up and burying our heads in pessimism. – Yours etc.,  
PAMELA PATCHELL

## SPIRITUALITY

Dear Editor,—I enjoyed the last *Éisteach* Journal particularly because it covered Spirituality in a broad and diverse fashion. That is the nature of spirituality, it is a personal journey meaning many things to many people. I feel, however, that I needed to write in to address a statement made in Barbara Dowd's article, as my fear is that it will lead to misconceptions about shamanism.

I quote directly from the article for those who may not remember:

"Berman is aware that his analysis runs counter to most anthropological thinking about religion. He disagrees with James Frazer, Carl Jung, Joseph Campbell and Mircea Eliade that primitive man "was up to his eyeballs in trance, myth and shamanism" (p19). He argues in detail for a much more parsimonious and practical interpretation of Palaeolithic cave art than the traditional religious/shamanic view. He cites hunter-gather societies today that do no worship anything; they "merely" regard their forest, their universe as alive and friendly"

Whether it is the opinion of the author she was reviewing, or her own opinion, I beg to state that Shamanism is not a religion nor is it a form of worship of any kind. The essence of shamanism is connection to the energy of all things living. This includes rocks, mountains and trees, as well as animals and, of course, other people. In saying that, having a friendly regard for the forest and the universe is slightly different to communicating with the energy of the forest and the universe. That aspect of connection, of communion, is shamanism. It is mythic and magical. Shamanism means that you can listen to the

wind and know the storm is coming. You can hold a rock in your hand and be told the story of its formation and how it ended up where you found it. There is nothing religious here, and according to shamanism, we are all equal and all important, hence no need for worship of any kind.

I feel it is my duty to state this here, particularly as there is much taboo around shamanism. I am a qualified shamanic practitioner as well as a qualified psychotherapist and I have a great interest in a blended approach. My BSc thesis is entitled "Shamanic Psychotherapy. Making a Case for Blending Shamanism and Psychotherapy to Produce a New, Powerful, Self-Actualisation Process." There is more to shamanism than an altered state of consciousness; more to it than "talking" with nature. Shamanism is the language of the soul. For those who are not afraid to converse with the soul directly, shamanism is a magical experience where deep transformation and profound healing happens.

I see a vision of the future where psychotherapy and shamanism are incorporated; where therapists are not afraid to heal the soul through shamanism and to make sense of the healing through cognitive psychotherapeutic techniques. For this reason it is important to ensure that the true value of shamanism can be discovered, that the fear around it is removed and that joy and excitement can ring true for this incredibly valuable healing system that existed long before writing and words – as the language of the soul. – Yours etc.,

ABBY WYNNE,  
MSc, Ba.Hons (Science),  
BA Psychotherapy & Counselling  
[www.abby-wynne.com](http://www.abby-wynne.com)



# Workshop Review

## Exploring Gay and Lesbian Sexuality

Presenter: Stephen Vaughan

Reviewed by: Muireann Casey Hughes

Date: 21 May 2011

Venue: Brandon Hotel, New Ross, Co. Wexford

Stephen Vaughan is a trainer and group facilitator on a number of professional training courses. He regularly presents workshops on sexuality for therapists and for professionals in pastoral and caring professions.

Following introductions, Stephen asked of the thirty one people present how many had worked with clients who presented with an issue relating to gay or lesbian sexuality. I was the only person who hadn't. The focus was on helping participants, in working as therapists, identify the issues which they have found confusing, embarrassing, prejudiced, shameful around gay and lesbian sexuality and, to a lesser extent, bisexuality. Stephen presented us with a definition, noting that the term 'same-sex attraction' is sometimes used but, for this workshop, he chose to use 'homosexuality'.

Stephen addressed traditional thinking on homosexuality. The most open attitudes, and to male sexuality in particular, are regarded to have been in Ancient Athens and Rome. By contrast, not until 1973 did the American Psychiatric Association cease listing homosexuality as a mental disorder. Stephen read from a famous letter sent to Freud in 1935 by an American mother asking if he could treat her son. She does not use the term homosexual and Freud asks her why: "Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classed as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development." Jung

differed, holding that gay people/lesbians over-identified with their anima and animus respectively. We were asked whether we had updated our learning - drawing from modern research on homosexuality - since completing our training courses, many of which were based on such earlier theories. It seemed that nobody had. Stephen encouraged us to do so.

Stephen said that men and women alike tend to be less tolerant of same-sex sexual behaviour among members of their own sex than the opposite sex. Heterosexual people can mistake the nature of their emotions when having strong negative feelings about homosexuality. He recommended that heterosexual people be encouraged to work on these negative feelings so as to reduce the incidence of homophobia. He suggested that homophobic attitudes are likely to be stronger among older people, the less educated, the politically and religiously conservative, those who accept traditional gender roles, those who have had no or little contact with gay people, and those who tend to have limiting and guilty attitudes to sex.

He added that many people may not have closely questioned a lot of issues around homosexuality and homophobia. However, given that Civil Partnerships are now a reality and a part of life in Ireland, more people might now engage with these issues rather than sticking with dogma.

A model of sexual identity formation (Cass, 1997) was presented, which is also a model of coming out for the person who is gay/lesbian/bisexual. The following

stages of identity formation were specified: confusion (during childhood); comparison (late childhood/early adolescence); tolerance (late adolescence/early adulthood); acceptance (of one's self); pride (coming out to certain individuals); and, finally, synthesis (integration of identity in wider community).

Throughout the day Stephen gave us the opportunity to explore and work through key issues. He presented a challenging questionnaire to debunk some of what we, as therapists, have absorbed over the years. Towards the end of the day, we were guided through a visualisation during which we were in the role of heterosexuals who travelled to and lived in a world where gay and lesbian people made up the majority of the population and where the group thinking and behaviours were in keeping with this sexual orientation. Afterwards, participants spoke of experiencing loneliness, fear, isolation, sadness, despair, confusion, shame, feeling trapped - the list went on - as a heterosexual person in the homosexual world. Stephen brought the workshop to a conclusion by speaking of living in a closet at its absolute worst, where a gay or lesbian person can hardly breathe; how homophobia impacts on gay and lesbian people and how, together, the therapist and client work through these issues.

Finally, my thanks to Stephen. His way of presenting was warm, open, gentle, enthusiastic and professional. I enjoyed this workshop: the group discussions were useful and I know that my participation in it consolidated my learning.

# Workshop Review

## Solution Focused Brief Therapy

Presenter: Marina Sweeney

Reviewed by: Roberta Lennox

Date: 24–26 February 2012

Venue: Tobar Mhuire, Crossgar

“Attempting to understand the problem, or its cause, is not important in resolving it. Discussing the problem merely reinforces its dominance”. This is one of the basic assumptions of SFBT and is supported by the words of *Ludwig Wittgenstein (1972)* “All the facts belong only to the problem, not to its solution”.

This was only one of the SFBT assumptions presented by Marina Sweeney that caused a stir of excitement and enthusiasm about learning more about this challenging and thought provoking controversial therapy. As I found out: you either love it or you hate it. Marina presented in a way that gave all 15 participants the opportunity to experience the SFBT methodology hands-on, using exercises and tasks that would stimulate and encourage us to focus on ‘where we want to get to’ and to consider our ‘resources’ rather than our ‘deficits’. It reinforced for us that however trapped the client may be in their problem(s), there are always times when they are actually doing and being the solution (no matter how minimal a time this may be).

For some of the attendees this was an introduction to SFBT and for others including myself, this was an opportunity to recap and brush up on our SFBT skills. Marina packed in quite a lot including the philosophy, history and assumptions of SFBT, but what really fed my hunger was our

time spent exploring the 5 Key Tools, the 4 Questions that underpin SFBT and the 10 Solution Keys. Many of us felt excited about the use of scales and how they may be implemented in measuring many aspects of the client’s process, such as confidence, enthusiasm, optimism and determination. We learned how scaling may help the client reflect on what he or she may need to do that may help them take the next small step towards their identified goal. They may scale how far they need to go to feel satisfied with their progress at this point in time. The scales may even be used to address fears and blocks to their progress.

Although Steve de Shazer, the co-founder of SFBT does recommend enquiring of the client, ‘how much time do they think they may need to tell their story’, basically the focus then turns to the present and the future. The ‘Miracle Question’ is used to help the client turn their focus onto a view of their lives where their problem/issue does not exist. They are supported in considering how they may know this ‘miracle’ has taken place? ‘What will be different?’ ‘What else?’ And, ‘What else?’ ‘Who in your life will be the first to notice that something is different?’ ‘What would that person see?’ Scaling may also be used in measuring how close/distant is that miracle. ‘What can they do to make the miracle one notch on the scale closer?’

The client very often enters counselling feeling powerless and deskilled, and is therefore helped by SFBT to recognise their strengths, resources and skills. They learn that they are the experts in their own life scenario and the focus is on identifying these personal resources and how they may use them to take them into an improved future. Through eliciting information, the client is encouraged to identify ‘exceptions’ to the problem and successes are amplified and reinforced. The SFBT therapist will use the power of language that has meaning for the client. It will be realistic but hopeful, it will be positive and future oriented, questioning – not giving answers - and will be focused on behavioural detail. The language used by the SFBT therapist will externalise the problem and be goal orientated. The client will be encouraged to think about coping and what they did in the past that helped them cope.

I can say that after attending this workshop - expertly presented by Marina - I am further convinced that SFBT is a methodology that draws the client’s attention to the very best that lies within them and to their own life answers. I suspect that it may strengthen their self-belief and their awareness of themselves as autonomous human beings. This can only be good.