



Integrative ideas for the process-oriented psychotherapist

Q. Does psychotherapy always need a witness? With high motivation, can't all this emotional work be done at home?

A. Most of us experience many enlightening moments from time to time throughout our lives. And although we integrate what we learn into our default behavior repertoire, we usually die long before we complete all our unresolved childhood issues, let alone the existential or traumatic ones that befall us as adults. Certainly almost none of us would choose to wake up in the morning declaring, "Oh goody, I get to begin resolving one of my psychological dilemmas today." The reason for that, of course, is because psychological healing in the real world is usually the result of a long slog through swamps of resistance and grief. Considering such a journey in advance, most folks take one peek and quickly back away, musing, "Uh . . . the ends don't appear to justify the means, thank you. I think I'll just get along the way I am. Good bye."

Change is scary, and in scary emotional situations, most of us leave the scene or distract. In the psychotherapeutic arena, it's way easier to distract from internal work when we are alone. Most of the time most of us need an outside "other" to invite us to go deeper into our work than we might otherwise go. I suggest you experiment with yourself and find out if that is true for you.

It's the distraction bit that is the gist of needing a witness. That's what we pay a professional to do. We give over our power to someone who can point our nose in a direction of our choosing, and who, when we distract a bit, will encourage us to return to our path. This is hard to do by oneself.

Consider a situation where a self-therapizing person is arguing with his inner self-therapist and stalemate is reached. The executive personality may tire of the argument, shrug, and say, "Well the heck with it then. Let's go watch TV." Under the same circumstances, an external psychotherapist might suggest, "Okay, now that you're done distracting, let's get back to work. Look there, where the light I'm holding for you is shining. That's where you left off. Try it again. I'll be here by your side."

Should you do personal psychotherapeutic work at home, you can usually get more done if you will pull up an empty chair and imagine an objective but caring witness. If you get stuck, you can even ask it what to do. Should you then sit in the witness's chair and clear your mind, the suggestion of other options or the answer to your question will often float up to consciousness.

On the other hand, the integration of new decisions appears to follow more certainly if a witness is available. After the full connected experiencing of emotion in any milieu, professional or not, most people find a way to tell somebody else about what happened and only then, as they listen to themselves, do they manage to teach themselves what it is they are trying to learn.

Therapeutically sophisticated or well-integrated clients will often do their work in session with no apparent need for therapeutic assistance. Seemingly they could do the same work at home alone, but they almost never do. Even when a guide is no longer needed, nearly everyone chooses to do their deepest work with a witness as part of the environment. During deep work, the organism wants to be protected. Perhaps an external witness is perceived by the psyche both as a reality check and as a possible rescuer, should either be necessary.

Think of the psyche's first line of defense against imminent change in session as a metaphorical Guardian On Duty. This Guardian gives permission for the work to begin in the first place and monitors the Door Inward. Even in a person's dreams, the one-who-watches-and-sometimes remembers, is always on duty. In dreams, its usual mode of rescuing is to wake you up!

Ordinarily done by the organism itself, this Guardian role is allowed to be taken over externally under certain circumstances. Psychotherapy appears to be one of those circumstances. The more trusted the external-other is, the more the psyche is willing to relinquish aspects of guard-duty and therefore be available to attend to resolution duties. The greater the sense of safety, the deeper the potential of the work.

Psychotherapy is relearning at a deep level. Most of us appear to learn and relearn in what I call the Educable Child mode, a state of availability where power comes from an external some place else. When the Guardian is represented by a Completely Trusted Other, we can let go of our stranglehold on the illusion that we have control, regress enough to access the Educable Child, surrender to the urge to move towards resolution, and undistractedly involve ourselves in the unresolved material.

Along with the resolution of unfinished existential business, psychotherapy invites the re-introjection of a different sense of self. The working through of the transference is the name of the phenomenon whereby a person regresses enough to give their power away and then travels again along the infant to adolescent developmental path of taking their

Dear Reader,

How people heal their unresolved traumas and issue seems to be describable only in metaphors. In this field, so far, no one knows anything *for sure*. Pretty much everything written about psychotherapy uses metaphors that match the author's issues and views. Sometimes, the reader finds that these metaphors harmonize with his/her own theories or issues, sometimes not. At the same time, as far as this reader can tell, everything written about psychotherapy is also the Absolute Truth, at least for the author, if not for you.

As I see it, if there were only One Way, one-size-fits-all accurate map to mental health, there would be only one book. We'd all have a copy and look on page 32 when we ran into a situation with which we had little or no experience. Unfortunately nothing has been published specifically about the people who sat in your office today. Plenty is written about how to diagnose them. But how to decide which author has the perfect recipe for you to use as you provide an environment in which they might resolve their particular issues?

I tell my interns, trust yourself. Should you find someone else's approach interesting, try it out. Consider it a while; possibly re-create it in session as exactly as you can. Then, especially if it is successful, throw the whole idea out and start from scratch. Reinvent the entire concept. Find a way, using your own words, to explain it to someone else. That's one way to learn, on a deeper level, how to most effectively use someone else's attempt to explain how this amazing field of endeavor works. And that's what I invite you to do with the ideas in this magazine.

Carol Nichols Hadlock

power back. The external witness provides a Primary Object substitute, an external source of value, worthwhileness, and permission.

I like the succinct way Transactional Analysis puts this introjection process:

I decide *you* are okay.

You think I am okay.

Therefore, I must be okay.

If the introjection of okayness did not happen in infancy, any external source will do such as a mentor, extended family member, neighbor, teacher, figure of fantasy, or deity. A major benefit of having the witness be a psychotherapist committed to holding a frame of unconditional positive regard, is that the introject is bound to be positive. And once power is given away, the competent psychotherapist will insist on inviting it to be taken back.

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Q. You're always saying, don't listen to the content. How can one *not*?

A. When you first start driving a car, if you steadfastly focus your gaze close to the car, you will steer crookedly down the road and not see anything but what is directly in front of you. Until, that is, you crash into something because you weren't able to anticipate what was coming.

A good driving instructor will suggest, instead, that you look as far ahead of you as you can and then aim in that direction. By saying this, he does not mean that you should focus *Only* on "as far ahead of you as you can." An experienced driver learns to aim far ahead and, at the same time, widen his perspective to include everything in front of him and most everything on either side.

To do this, he has to widen (or soften) his gaze just a little, as opposed to focusing hard on just one area. As the light from everything in front of him enters his eyes, his focus flits from the behavior of the cars ahead, to the horizon, to the dashboard, and so on. While his eyes are doing all that flitting, his brain is filtering the incoming information. It's job, (and this is what the brain is good at) is to alert him to changes, anomalies, and anything that might be important for his safety.

The paradox is that the smaller the area upon which he is focused, the less information he has about everything else. Or as John Dobson, a physicist I once took a class from, said about a quantum mechanics phenomenon: If Nancy is playing basketball on a basketball court, the more you know about where Nancy is, the less you know about what Nancy's doing.

Likewise, in the psychotherapy session, I suggest you not focus so hard on what you see

or on what you hear. The light waves will enter your eyes; the sound waves will enter your ears. Instead of sharpening your vision or your hearing, soften your eyes and soften your ears. Your brain will sort all the incoming information.

Then that intelligent, Master's or Ph.D. level psychotherapist lurking about in your subconscious will share what it deems is most likely to benefit you, usually in a way that you can make the best sense of it.

Next time you drive a car, notice that your brain usually communicates with you in biochemicals, electricity, pictures, memories, felt sensations in your body, etc. For example if there is danger, your brain usually doesn't say the word,

To be the best therapist you can be, start today to trust yourself totally. Your intellect may interpret your internal experience through distorted perceptions, but your intuition will always tell you the truth. It might make mistakes, but it will never lie to you.

"Stop!" Instead, it injects your bloodstream with adrenaline and lets you decide what to do with it. In milliseconds you are clear that some sort of action on your part is appropriate.

Similarly, in session, as you allow your visual focus to soften a bit, and use your "Aikido ears," and as you pay attention to the pictures in your head, the song traveling from one side of your brain to the other, the memory that pops up, or any of your somatic activities, an idea will suddenly morph forward into your awareness. Use it. Your subconscious mind is not perfect, but it is educable. To be the best therapist you can be, start today to trust yourself totally. Your intellect may interpret your internal experience through distorted perceptions, but your intuition (subconscious) will always tell you the truth. It might make mistakes, but it will never lie to you.

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Q. All they do in session is tattle on each other. Also, none of them is able to admit to being angry or upset about anything or with anybody. So what's a way to work with this family?

A. You already see their process. Now create interventions that use their process.

Accelerate

Accelerate the process means to invite the process even more.

□ Invite them to do more tattling, more focusing on the past, or more denial. Invite them to pay attention to themselves as they do or don't do what you suggest.

□ Direct them all to talk at once about every bad thing the others have ever done. While they are talking, direct them to throw tissues at the person they are tattling on. While they are engaged in the talking and the throwing, walk around and remind each of them that it's against the family rules to get angry or upset.



Decelerate

Decelerate the process means to invite the process to slow down. The invitation is more apt to be taken when you offer an immediate alternative behavior that can be practiced in the moment. For example,

□ Tattling is a passive-aggressive attempt to make someone else uncomfortable without having to take any of the responsibility. Direct the tattler to talk directly to the person they are tattling on. Invite them to use language that takes ownership of their experience.

"Tell Joe directly, 'I still feel resentment when I remember the time you ... The thing that scares me the most is ...'"

Maintain

Maintain the process means to invite them to continue doing whatever they are doing but to do it with awareness.

"Say that about her again. This time be aware of what you hope for and what goes on for you internally as you say it."

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Q. Why would you accelerate a process like that? In hopes that something will happen?

A. This is where the Rogerian part of my personal psychotheory shows up. Start with the idea that no matter what an organism is doing, it is always engaged in behavior that is deemed by the psyche either to be protective or to invite movement toward the resolution of its unresolved issues. And here's the Gestalt part: When the organism does what it is doing to the point where that process is *done enough*, the organism will be done doing whatever it has been doing and can get on with doing something else.

That-which-the-organism-is-doing is the process. When the process is not "done enough," the psyche will see to it that the person does it again as soon as possible. For example, the person who needs to work through his relationship with a dysfunctional parent will tend to seek out or re-create a representation of that relationship with spouses, friends, neighbors, colleagues, employers, employees, teachers, strangers, lovers, pets, children..., you name it.

A Grief Story

by Ken Siegmann

If he lives long enough, he may eventually experience enough misery that he can no longer tolerate, deny, or distract from it. Like the proverbial drunk in the gutter who, in a moment of whole-bodied existential clarity cries, "Uncle. I'm not sure what else I can do, but this isn't working and I'm done doing it," he can decide to give up or take the opportunity to construct a different relationship with whoever it is he has currently put into that "parent" position.

Whatever he decides to do, his default relationship with misery will never be quite the same. Psychotherapy can provide an heightened environment akin to a petri dish under a microscope. Inviting the acceleration of process is like turning up the heat. Deceleration is turning down the heat. As the heat is changing, processes are made more available to consciousness.

The invitation is given to focus on the experience not just with one's eyes, but with one's entire somatic and nervous system. This is a way to facilitate the bringing of that process to fuller awareness. In psychotherapy one can compress time. Instead of having the same consequences over and over for years before we get it together to even notice there *are* consequences, we are invited to experience our responses fully, embrace our life long struggle between resistance and the desire to be whole, leap into our own existential abyss, and expand into more of our full potential.

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Q. Okay, so how do I decide to accelerate, decelerate, or whatever?

A. Keep in mind that you don't decide what the client does, only what *you* do. When you invite client connection with self, the client either takes your suggestion or he doesn't. As a facilitator of awareness in session, there are two things you can do.

- Something
- Nothing

Whichever you decide to do, let what you do be an invitation. Let go of all the hopes you have that your client will be impacted in any way by your interventions. As to invitations, there are only three you can issue:

"Do what you are doing less."

"Do what you are doing more."

"Continue doing what you are doing."

If you will let go of the outcome of your intervention and resolve to focus on and work with the Other Guy's response, then all three of the foregoing invitations are equally useful. If you invite a process to accelerate, do it because it occurs to you. It is no more the right thing to do than asking a question, telling someone to stop, devising a solution, active listening, or doing nothing at all. In general, we suggest you pay attention as to which interventions invite your particular client to go deeper into his work and which tend to bring him out of his work. Then you can tailor your interventions accordingly.

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Dave had been clean and sober for 17 years when his father died of alcoholism. He regularly attended meetings of Alcoholics Anonymous, stayed in touch with his A.A. sponsor and diligently took the necessary steps to stay sober. In fact, it had been more than ten years since Dave had felt the urge to drink or use drugs.

Dave's father was a maintenance alcoholic. He lived alone in a one-room apartment with a bed, a chair, a television and his collection of empty bottles. He drank himself to oblivion every day. Eventually, he drank himself to death.

Some friends and associates listened politely to Dave's grief, but they seemed to lose interest after a while. Others were obviously uncomfortable talking about it and urged him to "move on." Some told Dave he was "doing fine," which meant he wasn't actively grieving in front of them and making them feel uncomfortable.

In subsequent weeks Dave started to notice a familiar tug that he hadn't felt in years - the tug of his addiction. He started to have thoughts about getting high. Then he started to feel urges, which really scared him.

When I met Dave, he was at his wit's end. He was still sober, but no longer sure he could stay that way. He was scared and confused. He was still grieving.

As time went by, Dave told me about his anger over his father's alcoholism, his sadness about the course of their relationship, his sense of frustration and loss that his father had died before they had a chance to reconcile, his fear that he could end up like his father.

As Dave continued to express, honor and validate his grief, the thoughts and urges associated with his addiction began to fade. Eventually, Dave found his way to wholeness. But he found his life, and his perspectives, had changed.

Dave is not a real person. He is a composite of people I have known. The point is that grief will always find expression. We can talk about it, express it in art or writing, etc. Or we can try to ignore it, or try to "move on," in which case it is likely to come out as behavior or compulsion. In Dave's case, it came out as the urge to drink or use drugs.

There is nothing new in grief. There's just more of it. The sadness, anger, fear, sense of loss are not, in themselves, unfamiliar. They're just more intense during grief. Nonetheless, we have few, if any, tools to deal with the intensity, the preoccupation, the exhaustion that grieving entails.

Some cultures have year-long rituals associated with death and grief. We're not one of them. So, as often as not, the bereaved end up feeling alone and isolated with their grief.

That makes periods of bereavement an especially important time to take good care of ourselves - to reach out. Help is available.

For more Ken Siegmann, go to http://compassion.typepad.com/insight_blog/

Q. Both a family and two separate individuals generally refuse or resist my ideas for enactments. What do I do then?

A. Whether your intervention is to ask a question, suggest an enactment, validate or reframe a point of view, interpret behavior, set up a structure, wonder about something, join with empathy, or simply sit there watching, attend to and work with the response to whatever your intervention is.

What response?

Pay attention to actions. As you describe it here, the "response" seems to be either refusing or resisting.

- When they tell you that what you have thought of is not a good idea, agree. "Oh. Okay. Show me what is a good idea."
- "Okay, now you suggest something for me to do and I'll refuse."
- "How is it that you refuse to do what I suggest but when so and so asks you to do something, you do it right away?"
- "Stand up and make a circle. Make sure I'm unable to get inside."
- "What is it you fear?"
- Say, "I'd like you to stand up for a minute. This is my picture is of what you (or you-guys) guys are doing in this session." Then pick up a big pillow or chair cushion, hold it in front of you and tell the Main Refuser to push you

away by pushing on the pillow. If there are others in the room, suggest they help him.

Afterwards say, "And this is my picture of what I am doing in this session." Put some small objects on a book and offer it like a tray full of desserts. "These are the things I have to offer. Which ones would you like?"

Understand that it is not *you* they are resisting. You are a stand-in for someone else. In family work, start by guessing that the someone else is a member of the system.

You: (intervening by making some sort of suggestion)

He: I don't want to do that.

You: Say those exact words to your wife.

He: (to his wife) I don't want to do that.

You: a) What do you notice about yourself now that you've said that?

or

b) So Sally, what's your response?

Pay attention to verbs.

She: I don't want to do that.

You: Tell Jim what you *Do want* to do.

Pay attention to adjectives.

Teen: That's silly.

You: Possibly so. Now tell Mother what *else* is silly.

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Q. I think maybe I was premature when I encouraged my client to do a deep piece of work.

A. If you felt you were premature, then maybe you were. Take ownership however, and know that you were premature for *yourself*, not necessarily for *him*. Trust yourself. Invite only work you can invite without worrying or being otherwise countertransferred. Do not be too surprised though, if your client moves into his deep work without you. Your task, then, will be not to get in his way.

Once you get a little more separate from the idea that the client is supposed to do what you say, remember that this person has entered psychotherapy to be encouraged to do deep work. Part of your job is invite as deep a piece of work as possible.

When you meet with resistance, either work with the resistance or back up and invite the work

to be done at less intensity. A person works only as deeply as he is willing.

What if he blames me for making him work too deeply?

If he blames you for making him work too deeply, don't take it personally. Remember that it is not possible for you to "make" him work at all, let alone "too deeply." Heck if it were, you could "make" him resolve all his childhood issues and be done with psychotherapy in a week or two.

Back up and get some distance. Pay attention to how he is being right now and work with his process. In this case, two of his processes are blaming and refusing-to-take-responsibility.

Shouldn't I wait until a person trusts me to encourage deep introspection?

Trust *yourself*. If trust is *his* issue, then whatever he appears to be working on, whether it is deep introspection or talking about what to do regarding his homework, trust is what he is will be trying to resolve. All the rest is content. Ultimately he cannot trust anybody besides himself.

Well, I'd like him to be able to trust me, anyway.

Listen Reflexively; Think in Polarities

To listen reflexively, reword what you hear so the subject of a sentence and its direct object are the same person. The verb remains the same. What surfaces is the underlying message, the message that takes responsibility.

When you notice...

She feels abandoned

She is critical.

She is worried about him.

He thinks *she* should . . .

She says he feels . . .

He is abusive.

She is dependent on others.

He lies.

He wants answers.

He wants to be touched.

She wants him to change.

Consider the possibility that...

She abandons herself. She arranges her life so others will leave her.

She sees in others—parts of herself of which she doesn't approve.

She's afraid for herself should he become mad, sad, afraid, or gone.

He isn't thinking about what *he* should.

She is avoiding what she feels.

He abuses himself.

She refuses to depend on herself.

He doesn't tell himself the truth.

He refuses to find his own answers.

He isn't "in touch with" himself.

She doesn't want herself to change.

When s/he says . . .

I am worried.

I am scared.

I am angry.

I'm afraid they will hurt me.

I love it.

I'm in love.

The part s/he may be leaving out is . . .

Sometimes I don't protect myself.

I arrange my life so scary things might happen.

I anger myself. I seek out annoyances.

Sometimes I allow myself to be hurt.

I use it to bring myself joy.

I'm in touch with my loving self.

To think in polarities, acknowledge the Self's alignment about two seemingly contrasting positions, both true at the same time. Keep in mind that another person's polarity may not match even your best guess.

When you notice

He is afraid of ...

She is a victim.

He wants.

He feels guilty.

She is angry.

She is dependent.

He thinks he is absolutely right.

She is frustrated.

She cares about him.

He complains it is complicated.

He is a bigot.

She teaches.

He brags.

He is paranoid.

Consider the possibility that...

He wants. He desires.

She knows how to be abusive.

He is afraid of getting.

He feels angry.

She is afraid.

She controls by being one-down.

He is afraid he is wrong.

She cares.

She's not paying attention to herself.

He refuses to simplify.

He fears he is "less than."

She is learning.

He is afraid he is nothing.

He needs to be seen.

When s/he says . . .

I am afraid of ...

I am afraid.

I want to help him.

I want to help him.

I am angry.

I am hurt.

The part s/he may be leaving out is . . .

I am angry.

I use my fear to distract myself from . .

I don't respect him. I don't trust him.

I think I know better than he does.

I am afraid to grieve.

I get benefits when I'm one-down.

The path from not-trusting Other to trusting Other goes something like this:

- He watches you trust yourself.
- He comprehends from the way you treat him, that you perceive him as trustworthy, too.
- He introjects that he may be a *little* trustable.
- He begins to trust himself more and more.
- And the more he trusts himself, the more often he thinks of you as trustworthy.

So whatever his issues are, invite whatever your intuition offers. He'll use your invitation to do "deep work" or not. It really isn't up to you.

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Q. Do you suggest ever just telling a client something, that is, educating him?

A. Sure. Honor a client's need to know. The intellect is as much a part of a person's organism as his intuition. Often, once the intellect understands, it will give permission for the rest of the personality to begin the integrative work.

In general, tell what you know *once*, then trust that the information is somewhere in the listener's brain to be recalled or re-invented when he needs it. If you find yourself repeating the telling, then most likely you have an agenda and are part of the system, or, at that moment, your client is not available to be educated.

What kind of agenda?

A couple of guesses might be that you want him to understand, that you want him to pay attention, or perhaps that you want him to be enriched by your teaching. If you are "educating," you can tell you have no agenda, when once you deliver the information, you are emotionally unaffected by the listener's response. When you have an agenda, his response determines your sense of competency.

♩

Q. He gets internal and encounters himself, then comes out of the work and wants to figure out what he is doing. I find myself doing little snippets of educating. I figure he's resisting but somehow it seems right to answer his questions. How much do I educate and how much do I just keep inviting him back into his work?

A. Trust yourself. Pay attention to process, honor his need to understand and continue to invite him to encounter himself.

□ Keep reminding yourself that resistance is not bad; resistance only means there is fear. Enough knowledge often leads to a decrease in fear, and as fear is diminished, safety is perceived. Permission to take chances is

Standing in Grace

by Don Hadlock

I define "standing in grace" as being with yourself in the moment, connected with the part of you who is content with yourself and the world. When you can be with yourself contentedly, you can be with your clients in the same way. To stand in grace while with a client means needing nothing from them nor from yourself and expecting nothing from them nor from yourself. It means allowing every experience or resistance to every experience both for yourself and your client as the therapeutic work unfolds. Maintaining grace in session is you knowing that the universe is unfolding just the way it needs to. It means remembering that your job isn't to change anything, but rather to make invitations of change, consciousness, and awareness from within a state of grace that you consciously maintain. Synonyms of grace might include peace, love, well-being, tranquility, God, and a "deeper knowing." Synonyms for non-grace include being countertransferred, "having agendas" and "acting out of your ego."

If you ask how you get into a state of grace, I'd answer that once you know what it is, the way to get there is to be awake, stay in the moment, and notice what's going on. And once you can do that, focus into your personal experience in the here-and-now. Allow whatever experience you are having, without a need to change it. At all. "Allowing" means not attaching. So stay unattached. In session, when you're in a state of grace, all you have to do to remain in that state is to resist neither yourself nor your client. Instead, get into the moment, notice the experiences anyone is having. Allow all resistances; give them no substance. Accept them as they are. Allow all experiences to complete, resolve, transmute, or quiet themselves.

I believe that all your clients are looking to connect with a state of grace. Most have had no role models for this and therefore have no way to even consider it as a possibility for themselves. Also they often have no way of recognizing it when it shows up in their life in the form of another person. Be an opportunity for them. Show up and model grace for them whether or not they ever choose to access it for themselves. If clients see the possibility of being in grace through your modeling of it, then in my opinion, you've offered a great service.

People often choose to receive negative attention rather than to receive no attention at all. In session, I find people sometimes want me to attend to them with negative energy. They want me to validate their pain and discomfort. Most everyone else in their lives has come to their suffering from a place of judgment and condemnation and have responded to them as if something is wrong because, of course, all involved think there is something wrong. So when I approach them as if they are not broken, they're often angry and feel their brokenness is being invalidated.

When I teach this, a lot of interns say, "I don't want my clients to be mad at me, I don't want my clients to be frustrated with me. I want to do this in such a way that they feel comfortable." I respond that if we try to fix their discomfort, we are sending them un-grace in order that they can be less uncomfortable with us. This is one form of countertransference. What I believe is therapeutically needed is for someone to stand up in the face of their anger and frustration and love them anyway. My clients learn that I accept and allow annoyance and frustration in them, just as I allow it in myself. I'm not willing to soothe them, co-behave them, medicate them, or make them feel more comfortable, just because they don't know how to respond without resistance to grace. Since they are coming to psychotherapy to experience a difference, I intend to be that difference.

For more Don Hadlock, go to www.processes.org/don

internally granted. One of the rewards psychology students get out of graduate school is permission to acknowledge the many facets of the human subconscious and the impact that internal, unresolved issues from the past have on a person's current life.

Your client does not want a master's degree in psychology. But he is interested in the subject. So he pays you for an intensive lecture and laboratory course instead.

As his intellect begins to understand, he gives himself permission to introspect, then to become conscious, then to stay with his internal experience. So when he asks you a psychological question, give the condensed

version of a Psychology 1A lecture and invite him back to his laboratory.

What if the client is, in fact, a graduate student in psychology?

It seems unreasonable to expect a non-psychotherapist to re-invent the psychological wheel. It does seem reasonable however, to support its re-invention by a psychotherapist gonna-be.

□ If your client is or is planning to be a psychotherapist, he is getting his lecture material elsewhere. Either direct his questions back to him or invite his attention back to his process, which in this case appears to be dependency, a

refusal to use his own brain, insistence on looking externally for answers, or a choice to talk-about rather than to connect with himself.

What if, after you answer one question, he asks you another?

If after his questions are answered, he appears to be resolved with the subject and available to return to introspective work, answer the questions until he is done. If you determine that his questions are his way of distracting from his work, invite him to notice that process.

(A week later) Again, I spent much of the time educating in the last session. He practiced confronting and said he really got a lot out of the session. From my point of view, teacher is not my first choice of role to be in. It felt like a watered down version of psychotherapy.



Would you call it counseling?

Yes. And I'm willing to do some of that. But even if the client feels safer during a session where instruction in the main activity, I believe my job is to lean on him a little and invite him to encounter himself. So I answer his questions and I tell him I'm going to keep inviting him to introspect.

The challenge here is the same as always, to be free of investment in the outcome. It may be a year before he is able to spend more than a few seconds connected internally. He apparently is not yet ready to push the Go Ahead button for experiential or emotional work.

I do respect his intellectual need to understand things. On the other hand I'd guess that his insistence on knowing what is happening is how he stays safe from ever looking at some of his deeper struggles.

Say that to him often, at least once every session.

I'm a little afraid he will leave therapy if I push him too hard.

So your struggle is between scaring him off by doing a good job or boring yourself by not doing a good job. You are afraid he will leave because he is not getting what he really needs even though he is protesting against it.

Yes.

Trust yourself completely. Make the best decision you can in the moment. You will be doing a competent job as long as you do not have an agenda for him, you are not part of his system, and your focus is on his process.

Have the intention for yourself that you gently but relentlessly invite him to encounter himself. Let it be okay when he does not accept your invitations.

Clients sometimes get permission to work deeply from watching other people. To effect that, suggest he attend a workshop or group where the members do therapeutic work. Once he determines that other people work deeply and survive, he may give himself permission to do the same.

Another idea is to work directly with the resistance.

"Let's do that again. In your mind, return to a few seconds ago when you wanted to figure out what you were doing. This time, before you form a question into words, pay attention to what it is you fear."

"See if you can find a way to protect yourself other than asking a question."

"Be the voice of the part of you who Needs-To-Know. Okay, now be the voice of the opposite of that. Continue having a conversation between the two."

"How do you stop yourself from obtaining your therapeutic goals?"



Six Phenomenal Women, Group Therapy: HAES Style

by Ellyn D. Herb, Ph.D.

On a Wednesday night in October 1990, a group of 6 women entered my waiting room. Although I had previously led groups for women with anorexia and bulimia, this was my first group with "larger women." Although I was concerned that I was still in process about my own eating and body image issues, I hoped that my non-diet, size-acceptance work would sustain me in working with these women. Little did I know that I would be sitting with some of the same women, 15 years later, still learning from them.

Six women had committed to the six-session group. Mary had been in the undergraduate psychology course I taught the previous spring at the local state university. She brought a friend, Jane, who had never before been in therapy. Susan, a current client, was really the one responsible for my doing the group in the first place. I had been seeing her a few months when she lamented that she missed her previous group in another part of the state.

I decided to advertise to a group and see how many women were interested. Two friends, Linda and Catherine, responded to an ad I placed in the local newspaper. The last woman, Deborah, was a current client who presented for therapy with a desire to lose weight and to deal with her social anxiety. I was hesitant at first to include her in the group, but she was insistent, and I agreed. After all, it was only six sessions.

As I greeted the women and ushered them into the therapy room, I could palpably feel the anxiety. I wasn't completely sure how much was their anxiety and how much was my own and I was aware of an uneasy feeling as we began. Some of the women were quite large and I wondered if I could provide a "big-enough" container. When I asked for someone to start, there was silence. A long silence. I decided to sit with it, even as the group members became visibly uncomfortable. Finally, after what seemed like an eternity, Susan said she would start. She said that she was married, had no children, and was currently not working due to debilitating depression. She talked about sitting for long periods of time, unable to rouse herself. She said she medicated her depression with food.

Mary offered to go next. A married woman in her early 50's, who had raised three children, Mary was unclear about her weight and food issues, saying that she hadn't ever dieted, but joined the group because her friend, Jane, had asked her to attend.

Jane was in her late 40's, married, with 3 grown children. She reported that she had struggled with weight since her first pregnancy. After multiple failed diets, she was looking for another way to change her body size and her eating habits. Jane was somewhat anxious in her presentation and appeared to have marital issues, as well. Deborah had a great desire to lose weight and was dubious about my HAES approach, which supports "health at every size."

Linda and Catherine were an interesting pair. Linda was in her middle 20's, married, with two young children. She was a stay-at-home mom who was frequently overwhelmed, particularly by her husband who's role in the family was often as a third child. Linda reported being a "yo-yo" dieter since adolescence. She wanted to lose the last 25 pounds from her last pregnancy.

Catherine was a quiet, introspective woman in her late 30's. She had been married for more than 15 years and had worked at one time,

but was currently unemployed. She shared very little and appeared a bit disconnected from the rest of the women.

Over the next six sessions, relationships began to play out. Deborah was very insistent on wanting to lose weight and was somewhat antagonistic to the other women. Linda and Catherine were skeptical about not dieting and were looking for more structure.

Susan had the most experience with non-dieting and clearly wanted to share the leadership of the group with me. Over the next few months, I would find myself in several power struggles with her. She often contradicted me and I could tell that some of the other women were afraid to disagree with her. I realize now, that I was actually a little afraid of Susan's largeness. She was a tall, super-sized woman, with big feelings and I was sometimes intimidated by her. As needed, I sought consultation regarding my countertransference.

After the six required sessions, all but one member of the group wanted to continue. We decided on a month-to-month format. Unlike many traditional groups, I wanted to include the group in most decisions about the group. I believed that this honored my feminist approach and would empower clients in their lives. We set the rule that if someone wanted to leave the group, they needed to give at least one session's notice so that people could say goodbye.

The cohesion of the original five members was strong. Although I tried to include new members over the first few years, no one new stayed beyond a few months. Eventually, I decided to stop trying to add members. Once I let go of my need to have six people in the group, the group process progressed rapidly. We moved beyond the didactic phase of understanding the non-diet, size acceptance approach and began to deal with deeper issues.

Health was a frequent topic. Group members talked often about family members who expressed concern about their health. Of course, the real message was, "I want you to lose weight." I encouraged group members to read books and articles that were being published and to share this information with loved ones.

This process included information about the ineffectiveness of diets and size acceptance. We learned together about health factors and why weight was not a good measure of an individual's health. In addition, the group continually challenged me to explain and explore ways to fill emotional voids without food, feel angry feelings, and deal with relationship issues.

Sexuality was another topic that eventually became safe to discuss in the group. Some of the women talked about their husband's rejection of their fatter bodies. Others believed that they were unattractive. We continued to confront the myth that losing weight would remedy these problems. I was awed at the group's ability to confront these painful and shameful issues and to rally around the idea that sexuality and feeling sexy had nothing to do with size.

As life unfolded for these women, I realized that leading this group was what helped sustain my own commitment to size acceptance and a non-diet approach. I came to appreciate each member's struggles as we worked on them together. I found myself self-disclosing once I realized that the group respected and used my self-disclosures for growth.

The group began to meet outside of sessions. They had dinner together before sessions, started to celebrate birthdays together, and had integrated each other in their lives. I was often amazed at what we had created. One final story comes to mind that epitomizes the power of group therapy and these women.

Sometime after the start of this group, I offered several short workshops to all of my clients, mixing women of different sizes (clients

who had anorexia and bulimia and large women who had issues with emotional eating). While a powerful experience for many, my group wanted more.

They asked me to offer a workshop specifically for them. I planned my "curriculum" for the day and wondered if this format would work. The group loved the self-esteem exercises I presented and overcame their concerns about participating in art therapy experiences. It was a wonderful day.

Later that year, the group decided to go away for the weekend together. I felt honored to be asked to come down on Saturday and do another workshop. I had some apprehensions about spending the day with these women. I had never eaten in front of my clients, talked about my own food preferences, or conversed with them on a social basis.

Despite my concerns, the day went beautifully. It was a powerful experience for all of us and group therapy sessions following this day-long workshop changed. The level of sharing deepened, people took more risks, and the bonds between members deepened. The following year, as the group members planned for another weekend together, they did not ask me to attend. Although I felt a little disappointed, I realized that my group was now able to function independently. With some consultation from colleagues, I was able to appreciate my role in this incredible group process.

Eventually, a new woman was integrated into the group. Melissa, was a married woman in her 30's. She was a first grade teacher and was unaware of her extreme anxiety and perfectionism. She hadn't grown up fat, but her father was a doctor and she recalled many instances of disapproval from him for the food she ate and the way her body looked. Melissa was a challenge for the group. Despite a year of individual therapy with me, she continued to put herself down and then was relieved when the group members assured her that her anxious thoughts were not true.

After a while, I came to wonder why she needed to hang on to her process. She must be getting something from being so down on herself. One night, I intervened in the discussion and offered the suggestion that Melissa wanted to stay anxious and beat herself up. Of course, the group turned on me. At that moment, I knew that we had reached the stage where conflict could start. This intervention helped the group to express anger and rage, first at the therapist, and then at their family members. It also provided the opportunity for true confrontation within the group. We had built enough trust to contain these truly strong feelings and the group moved forward.

After more than 15 years, two of the original group members continue to show up regularly each session, and work on using "Health At Every Size" in their lives. Other group members are raising their children using this approach, divorcing husbands who can't accept their size, and insisting on taking up space in the world. As a therapist, I feel honored to be their group therapist and recently started two more groups. I hope that these new groups will become as amazing as my original HAES group.

Some years ago I joked that one day I might write a book about them. One of the women said, "I have a great title for this group." When asked what the title was she said, "Six Phenomenal Women." I looked around the room at the five of them and looked back at her with a question on my face. She said to me, "You are the sixth phenomenal woman." I feel blessed to have had this group in my life.

For more Ellyn Herb, go to www.therapy4women.com

Q. She has no idea what she wants from psychotherapy. The probation officer wants her to work on setting limits and establishing boundaries.

A. Her two choices appear to be a) doing what the probation officer wants or b) exploratory psychotherapy to discover what she wants.

If she decides to do what the probation officer wants, here are some ideas.

Invite her to explore how she puts herself in the position where other people decide what she should do with her time.

Facilitate “setting limits and establishing boundaries.”

She stands in the middle of the room encircled by some rope or yarn (representing her boundaries). Stand apart from her, then move closer. Invite her to report her response. Move a little closer. Direct her attention to her response. Each time you move toward her boundaries, invite her to introspect. Suggest she tell you to “Stop!” when you get too close. Wonder out loud why she doesn’t do it. Keep practicing as she vacillates between getting more comfortable or more uncomfortable as she stands up for herself or she doesn’t.

Do what amounts to the same thing by moving your chair toward and away from her.

Ask her for or to do something. She can practice saying, “No.”

Set up roleplay/sandtray/art projects/furniture sculpts, etc. that represent her various relationships and their lack of limits and boundaries.

Invite regression work to facilitate her exploration of how she learned that setting limits and maintaining boundaries was not a safe thing to do.

Okay, but exploratory psychopsychotherapy? What is that? How might I do it?

I dunno, I just made it up. Let’s define it as you inviting her to explore what she wants within a psychotherapeutic frame.

How about a family history, exploring generational attitudes, attributes, patterns, and messages. She might bring in old photographs to use as stand-ins for family sculpts.

The two of you might wonder about the family patterns relative to the issues that got her mandated to therapy: abuse, victimization, anger, poor limit setting, and the non-establishing of boundaries. (Hey, the probation officer isn’t stupid!)

Suggest work in the sandtray. You don’t need sand, a tray, or formal objects. Get enough yarn to make a circle on the floor. She can use the objects in her purse, objects in a desk, or found objects from out in the parking lot, or in the kitchen.

“Make (with these objects) a representation of the way it is. Now make a representation of the way you’d like it to be. What’s the difference? What steps have to be taken to get from the way things are to the way you’d like them to be?”

Suggest she use the photographs as memories to jump-start regressive work.

She could tell stories about her childhood and work out how they might relate to her present life.

Encourage her to pay attention to all her different parts, converse with her projections, participate in guided imageries, keep a journal, introspect, play, bring and work with her dreams in session, or simply free associate until she discovers a problem area or a pattern she might like to explore more deeply.

Get her permission to use psychotherapeutic techniques you would like to know more about. Invite her to learn with you.

Invite somatic work where “introspection and connection with self” includes the physical body. Think bodywork such as Hakomi, bioenergetics, etc. Start with simple head, hands, arms, and leg movements.

“I notice your left hand just flung itself outward while you were talking. Do that again, this time in sloooow motion. Let your hand speak. What does your arm have to say?”

“What do you notice about yourself as you. . . (move in some way)”



Q. My client wants something but he doesn’t know what it is.

A. Instead of listening to him talk-about the thing he wants, invite him to talk-to or talk-with it.

Pull up an empty chair. Ask him to sit in it. Say, *“Imagine you are still sitting in that other chair, Repeat after me, ‘I represent the thing you want. I don’t know what I am exactly. But what I notice about myself right now while I talk to you is....”*

Invite him to imagine something that represents “wanting.” Once he can describe it, invite him to dialogue with it.

Pick any object in the room. Hold it in your hand toward him, and say some version of, “This represents the thing you want.” Pay attention to his response (he takes it, he doesn’t take it, he says he doesn’t want it, etc.) and work with what he does or doesn’t do.

This seems like the perfect issue to explore non-verbally: imagery, collage, breathwork, etc.



Q. As a child, he had a relative by whom he felt loved. As an intervention, I took that person’s role. For the most part, I guessed at the words and said what I figured she would say.

A. During a psychodrama piece, whenever you are verbally representing another person or part-of-a-person, attempt to use only words you have heard the person attribute to the part you are playing. They can be phrases you have heard that very day or words you recall from previous sessions. Matching the tone, accent, cadence, sound, and melody (whine) too, will invite the person even deeper into his work.

Since your client did not tell you what to say, guessing seems like the only workable option. Should the words you say turn out to be incomplete or wrong, he will find a way during his work to let you know. In fact, hearing you saying the “wrong” words is often how the client discovers the “right” words.

After you have spoken for the relative for awhile, suggest the two of you switch roles.



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