



THE SELF AS THERAPIST Presented to the UKCP Annual Conference 1997 Terry Cooper

Humanistic psychotherapy organisations have always emphasised in their training courses the importance of learning at a personal level. We are concerned that students who may eventually become therapists are interested and curious about themselves, their own growth and the quality of their lives. We encourage students to be open, receptive and aware of what is going on around them and many of the classes they participate in are designed to sensitise them to their interior experience, and teach communication skills as well as skills in appropriate human responsiveness. Our world is one that is fascinated with human experience and is committed to creating an environment in which human experience can be shared and learned from.

It is a culture in which relationships and people are valued. It is a culture that values openness and strives to be level. It is also a culture that has a sense of adventure and is constantly seeking new ideas and ways of thinking about and articulating experience. It prizes a sense of community and peoples working together and it believes in the possibility of change ó the shaping of one's life.

The values I have mentioned here are not a list of rules; they do not constitute a highway code for living. They are more a philosophical statement of the humanistic psychotherapy movement. They are the result of what we have found works and what does not work for people in their lives. Being guided by what works and what does not reflects a certain pragmatism that is also part of

our humanistic culture. It expresses a willingness to experiment and this creates an environment of immense diversity.

We, in the Humanistic and Integrative section of the UKCP are both the teachers and caretakers of these values. It is our job as trainers, supervisors and therapists to maintain and build on these values, not just as a tool to help others or as behaviours that are exclusive to the therapy room, but, as a guide and a structure in which we can maintain a sense of health and well-being for ourselves in our own lives. This way our work has personal value and meaning. This way we can communicate, by example, worthwhile messages to the people who come to us for help. I am saying all this for two reasons. First, is that sometimes we get so immersed in our work that we forget its purpose and, second, because it highlights how important it is to know what our beliefs and values are when we talk about the therapist use of the self or, in the context of my talk, the self as therapist.

At this point, I would like you to participate in a short exercise.

Choose someone near you to work with and if you happen to be left out on a limb, join a couple to make three.

Please close your eyes, breath and relax

I am going to ask you a question which I would like you to think about for 30 seconds. I will then ask you to open your eyes and share what came up for you around this question and you will have one minute each to answer.

What brought you to this work and what keeps you committed to it? Keep your



eyes closed as you think about this. I will tell you when the 30 seconds is over.

The 30 seconds is over. Please take a minute each to discuss this together, I will tell you when you have a minute left.

You have one more minute.

Thank you. Because of time limitations I am going to ask you to stop at this point, but the question is really there for you to go on answering.

For most of us, what brought us into work was something very personal ó the self.

In March, a colleague of mine broke his back in a boating accident whilst on holiday in South Africa. Over the period of the first two weeks of his laying on his back, and before they flew him home, we talked often on the phone.

The first few weeks of his recovery were greatly improved by the way he handled his experience, how he communicated to others who were moving him and how he used music, visualisation, breathing and exercises he had learned in studying psychotherapy and in particular body work to cope with the minutes and the hours of those first and early days.

In the second week of his recovery, a nurse who had heard him talk about dreams and his interest in dreams came to his room and asked if she could tell him about a scary dream she had. They explored the dream together and were joined by two other nurses who also had their own questions about dreams they had had. What followed was a very moving, forty minute, spontaneous dream group in which the nurses and my colleague shared a lot of themselves and became very bonded.

The interesting thing for me about this story is that my colleague was totally dependant on these nurses for everything including washing him and cleaning him up after each bowel movement. He talked about how it was to be laying there as a dependant patient one minute with feelings of humiliation and fear, as well as the unanswerable questions about his condition and future and when invited by the nurse to talk about her dream, experiencing a transformation of himself. Being asked about dreams reminded him of parts of himself that had gone background whilst attending to his physical needs. It awakened his awareness of his intrinsic value to others. It stimulated him out of the passivity of thinking that so often accompanies being a patient.

Later it struck us both that this experience resonated with the focus of this conference: òThe use of Self in Therapyö and we decided to call this contribution **The Self As Therapist** to highlight the point that in our work we use many aspects of ourselves and draw on knowledge we have gained from a variety of life experiences as well as the experience of others and as we evolve as individuals through the various stages of our own maturing process we have even more to offer our work. Our development and our personal experiences are more than linked to the role of therapist. I would go as far as to say it is the foundation upon which the role of therapist depends and draws its credibility. I am happy to say my colleague has made good progress and is back to work this month.

I have another question for you.

Again, would you please close your eyes, breath and relax.



I would like you to remember a past or recent session with a client that you felt really satisfied with and take a moment to transport yourself back to that experience, explore your feelings and define what was satisfying for you about the session. I would like to emphasise that the question is what was satisfying for you.

Again I will tell you when 30 seconds is over.

The 30 seconds are over. Would you again share briefly for a couple of minutes with the people who you shared with before.

You have one more minute.

Thank you. I am stopping you again.

Satisfaction is essential to good, on-going, committed work.

I think that one of the great taboos we still live with as psychotherapists is that we are not expected to experience emotional satisfaction from our contact with clients and if we do, it is best kept a secret. I would agree that all aspects of our relationship with clients need to be questioned, that is part of therapy and part of the process of learning, but I also believe that one goal in therapy should be moving toward the possibility of all aspects of both the therapist's and client's experience being able to be shared. And, of course, appropriateness is the key to what degree this happens and at what time.

The message I hope I am conveying today is how important I feel it is for all of us to know where we are with our experience and with what we value, think and feel. There are new developments in our work all the time. The on-going debate about memory, memory recall and false memory syndrome being just a few. Knowing where we are with a particular issue at

whatever stage of our understanding of it strengthens us. It allows us to be more objective because objectivity is knowing where we are in relation to something, not being devoid of experience. In the conference information I said "the most important conversation that takes place in therapy is the one the therapist has with him or herself." This is what I am referring to here but I want to add to that statement and say it is also true for the client that the most important conversation they have is with themselves. In a sense, it is the interpersonal sharing and processing of these two conversations that each has with themselves that makes the relationship therapeutic and offers the possibility of growth.

Humanistic psychology is interested in all aspects of human experience, it relates to people as a whole. The basis of this as I have mentioned in a variety of ways is dialoguing with experience. If we do not dialogue with experience, we are doomed to repeat our mistakes over and over again.

One of the ways we dialogue with experience or talk to ourselves about ourselves is through dreams. I want to talk about the way we work with dreams to illustrate the practical application of the way we work, as well as describing how the role of therapist can work with the therapist sharing at a personal level.

Other than what is in the literature regarding dream interpretation, the three main influences on our working with dreams at Spectrum have been;

- Gestalt therapy,
- Jeremy Taylor author of **Dream Work**, and a founder of the movement for leaderless dream work groups and



- Stanley Keleman who has written too many books to mention here but you will find a bibliography attached to the handout of this talk.

I do not have time today to talk in detail about how each of these models work with dreams but I will give you an example of a dream group structure that embodies all three of these influences and how we incorporate ourselves as therapists in this process.

There are three basic principles that underlay our approach to working with dreams that I want to highlight. Top of the list is that, ultimately, only the dreamer can know what a dream means and that the dreamer himself or herself is the only reliable point of reference for the satisfactory translation and integration of the dream's metaphor.

Secondly, it is important not to confuse the symbols of experience, i.e. pictures in the head, with experience itself. Dreams are metaphors not real experiences. Joseph Campbell, the mythologist, makes this point with humour: he says confusing metaphor and reality is like going into a restaurant reading the menu and when you have decided what to eat, eating that part of the menu, when the menu is really there to guide you to the real thing. Dreams, too, are there to guide us to the real thing and to offer us a deeper experience of ourselves.

The third principle is that every dream comes in the service of wholeness and the effort to harmonise interior and exterior life. There are a couple of humanistic beliefs involved here: one is that people have answers to their own confused experiences and the means to understand themselves; and that the unconscious is motivated towards health and in its wisdom will challenge the conscious self by whatever

means it has available to help it recognise and re-organise itself in relation to aspects of itself that need to be understood and experienced, often by using images that are provocative and even repulsive. This is an important principle and I am going to read it for you again. The third principle is that every dream comes in the service of wholeness and the effort to harmonize interior and exterior life. There are a couple of humanistic beliefs involved here: one is that people have answers to their own confused experiences and the means to understand themselves; and that the unconscious is motivated towards health and in its wisdom will challenge the conscious self by whatever means it has available to help it recognise and re-organise itself in relation to aspects of itself that need to be understood and experienced, often by using images that are provocative and even repulsive.

I am now going to describe how we work with these principles. In a typical dream group session, everyone who has had a dream and wants to share it, says briefly what their dream is or even if they do not have a chance to work deeper with it in that particular session. The value of this is that it acknowledges what the dreamer has produced and supports the dreamer's on-going dialogue with the unconscious.

In working more deeply with a dream, the dreamer tells the dream using first-person present-tense language. Some dreams may need to be told several times in order to really make the dream's presence felt.

There is often a dialogue between the group and the dreamer about how the dreamer felt upon waking and any responses the dreamer may have had to the dream. The group may also ask questions about what the dreamer felt or did in



the dream. The group is interested not only in the story of the dream but how the person experiences different actions, movements, shapes and how they experience various content and characters in the dream. The goal is to embody the dream, to deepen the dreamer's connection to the dream experience, as if to let the dream re-imprint itself upon the awake person. The group then shares their responses to the dream. Interpretations are not encouraged because they often attempt to summarise the dream in such a way as to create a premature closure of the dream sharing process which reduces the information that the dreamer has within themselves about their own experience. We use an empathetic group structure to give feedback which works like this; as the dreamer tells the dream, the other participants, without changing the dream, say to themselves "If this were my dream, I would experience it this way or that". These responses are shared with the dreamer and it is then up to the dreamer to build on the information they have using other people's associations and responses. In this process the dreamer experiences the dream continuing to change and evolve and can abstract information they feel is useful to them. The emphasis here is on the individual dreamer's experience of the dream and what they make of it for themselves. When the dreamer feels they have understood as much as they can about the dream there may be a shift from experiential exploration to symbolic interpretation as a way of forming a closure to the work.

From the moment of dreaming through waking and into reflective mode, the dream is like an organism continually changing and growing different forms. It does not do the dream justice to seek one single message from it. Experimental dream work believes that there is no single correct interpretation of dream but that all responses to a dream help the dreamer to develop

more breadth, depth and understanding of themselves. This dream sharing process allows all participants to connect with themselves which is valued as much as the message the dream itself has to offer the individual who is working.

All of our groups are led. The leaders operate within the group structure in the same way as the other participants. What differentiates the leader from other participants is their giving feedback. And, of course, they are a reference point for participants wishing work deeper with the dream's message.

We have noticed that by applying this group structure in which as therapists, we are part of the group, that there are fewer transference problems. Our experience is that person to person sharing makes the person in the role of therapist much easier to trust. This group structure offers participants an opportunity to work co-operatively with somebody who is identified as the leader. The effect of this is to de-intensify transference and counter transference issues and disorganise many of the projections that exist between therapist and client. This allows the possibility of participants to establish and practice new ways of relating.

One of the things I like about this approach in working with dreams is that it gives the dreamer the message. "You are responsible for your experience and for understanding yourself". It is our role as therapist to show people how to work with themselves but not to do it for them. This is empowering for the client and it offers us a model for working that I believe encompasses what we need as practitioners: A structure and a role that allows us to grow, through the use of self.

Humanistic psychotherapy seeks to play a role in facilitating others to manage their lives more



satisfactorily and, at the same time, develop to increase personal contact and growth for both the therapist and the client.

Through the two exercises I have introduced, the story of my colleague's accident and the description of working with dreams I have emphasised the importance of self awareness and skills in managing our personal experience as being central to therapy being administered with integrity. I have made the point that our work is subjective and that we need to engage and enter into contact and meaning full communication with our clients: to work with them, not on them. I have also made the point that real responses and personal sharing gives the therapeutic relationship dimension and texture. This makes the relationship between therapist and client as real as it can be within the boundaries and limitations of this relationship.