

'Turning Relationship Ghosts into Ancestors'

The use of intersubjective systems theory in
navigating relational trauma states in couples therapy

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'Atticus was right. One time he said you never really know a man until you stand in his shoes and walk around in them.'

Harper Lee

'Experience is for me the highest authority. The touchstone of validity is my own experience.'

Carl Rogers

'A defining feature of our thinking lies in our not assigning any greater intrinsic validity to the analyst's world of reality than to the patient's.'

Robert Stolorow and George Atwood

Acknowledgements.

I have had a growing interest in the 'bits around the edge' of therapy, the quick exchange on the stairs, the subtle look that changes as clients comes in the door and the general 'parapraxes' (Freud '01) and nuances of our exchanges. In parallel I have had a similar growing interest in the bits around the edges of books: the preface, the after word and, that give-away of the emotional journey of the author, the acknowledgements. When a writer speaks about how much colleagues or family or friends have meant to them in their work it now has more of an emotional resonance for me, having been on my own journey.

In terms of the process of writing I have felt very supported by the PQMA group: Tricia Scott (as tutor), and Jane Purkiss, Tree Staunton and Ailin Kelleher (fellow writers). As teaching colleagues at the Bath Centre for Psychotherapy and Counselling, Bath, UK: Jane, Tree, Tricia and Judy Ryde have also been part of my development as a tutor, of which helping students with research and writing is a significant part.

An ongoing e-mail dialogue has expanded my thinking about theory during this time in particular with John Kirti Wheway, my friend and colleague, who has supported my efforts to become more familiar with intersubjective systems theory, and with whom I've had some hilarious exchanges that have kept my spirits up.

During the writing of this MA I have, along with Jill Gabriel, founded the Centre for Relational Couples Therapy in Bath, UK. Although Jill has not been involved directly with this writing my work with her has influenced my thinking about couples enormously.

Finally my thanks go to Holly, my wife, who has supported this writing from the beginning with her generous interest, and help in creating space in which I could write. Also to my children Sophie, Lizzie and Harry whose innocent interest in 'Dad's writing thing' (which refreshingly never lasted more than a minute!) has kept me grounded.

This writing has helped give birth to a new identity, that of a fledgling writer, researcher and academic for which I am immensely grateful.

Introduction.

The Struggle.

'There's a secret that real writers know that wannabe writers don't, and the secret is this: It's not the writing part that's hard. What's hard is sitting down to write. What keeps us from sitting down is Resistance.'

(Pressfield 2002: introduction).

'*Sitting down to write*' has been a huge struggle and a powerful reflection of the process of being with 'relational trauma states'.

I have spent days and days in a 'resistant' state, sitting at my computer checking out how David Beckham's cruciate ligament problem is coming along, or how some obscure University cricket team are doing. Hours and hours pushing papers around, adding another book to my potential bibliography (size matters when you are anxious!). One time Holly, my wife, came back, after taking the kids out to give me some space to write, and sniffed the air, '*Do I smell procrastination?*', it was furniture polish, I had (for the first time in living memory) been polishing my desk!

Some of this difficulty can be traced way back to my early experiences of reading and writing. As long as I can remember I have had a conviction that I am not really creative: I can't read, I can't write and I can't draw. Also as long as I can remember I have been known to be a good participant in class, but not good at homework, essays and exams. In short I am a practical, participatory kind of person, not an academic. This identity followed me into psychotherapy where I was a very confident starter and soon had a pretty full practice. I considered myself good at the job, but lousy at theory. Faced with producing a dissertation and case study in order to qualify I finally, in my early 30's, had engineered for myself a clash between my ancient introjected⁽¹⁾ (Perls 1947) sense of self that told me I was not able to be creative academically and a newer sense of self that was finding pleasure, excitement and a sense of authority through exploring my self through the medium of academic study. This 'success' was followed by a growing reputation as an examiner of counselling and psychotherapy papers and gradually becoming more senior as a tutor at the Bath Centre for Psychotherapy and Counselling where I came

to a developing integration of theory through the experience of teaching it to others. So my idea of myself has been gradually changing through having different experiences in the present.

This is an important idea in therapy whether you are having a different experience in the present with the therapist: a 'reparative' experience, or are re-experiencing something differently through an unresolved state being evoked.

In couples therapy there is a way in which this is particularly important *between* the couple (and less important between the therapist and the couple), as there are often many opportunities *each day* for the couple to have experiences that are creative or destructive for their relationship. With the therapist the contact is often only weekly.

Relational Couples Therapy.

This describes a way of working with couples that draws on relational theory: contemporary psychoanalysis, dialogical gestalt, (and in my case a mytho-poetic narrative). It describes my theoretical stance and the main therapeutic milieu, the relationship between the couple and myself.

'...if one of the two commits adultery, the person who is most hurt, who receives the deepest cut, however incredible it may seem, is not the other person, but that other 'other' which is the couple....'

(Jose Saramago 1999:50)

This extraordinary statement from Saramago's novel 'All The Names.' eloquently describes something we are not used to conceptualising and making part of our everyday awareness, but have experience of all the time. We often have a clear sense of what couples are like, how they operate and how we feel when we have been in contact with them. He is not talking about one person, or the other. He is not even talking about the sum of two personalities, two personalities reacting to each other. He speaks of 'the other 'other''. Of a wound happening to a relationship.

'A couple relationship is a systemic relational phenomenon; it is co-created by the couple out of their previous experience and current expectations and assumptions. It is unique... Two people, each with their own shape, come together to form a third shape, their 'relationshape'. This shape holds the potential for individual growth, intimacy, connection and transformation. However, when couples come to therapy they

are often struggling with deep disappointment. They may have feelings that they do not understand and they may not know that difference often needs to be defined by conflict.'
(Slattery and Gabriel 2006).

'Conflict' here means a conscious expression of difference, an experience that can be mutually strengthening if the aim is to communicate rather than attack or destroy. For people who have problems with difference, and given the amount of war and strife and 'hate crime' that exists in the world it would suggest that that is the majority of us, a straightforward expression of difference has not been possible and so some other way of being has been developed. An existence that is not 'simple' but rather 'perverse'. An accumulation of such experience in an individual will lead to a persistent state of trauma. When this occurs in a couple I have come to know it as a 'relational trauma state'.

Often couples arrive in therapy in a last ditch attempt to save their relationships having endured years of frustration, dissatisfaction and loneliness. For the couple the situation they are in often feels hopeless and deeply entrenched and the behaviour of the other deeply offensive and 'wrong' (in a reified sense). This relational trauma state can put enormous pressure on the therapist to find 'the answer'; to provide some 'hope' where none seems to exist, except perhaps unconsciously (Casement 1985/1990). In researching for his book 'The Family Crucible' Augustus Napier describes this process,

'Digging into these interviews was fascinating, but it was also frustrating. I quickly became enmeshed in a nightmare of complexity as I tried to describe the nuances of voice, the peculiarities of phrasing, the intricate sequence of events in the interviews. I wrote fifty pages about a single hour of therapy and felt that I had treated the material superficially.'
(Napier and Whitaker 1978 p. xii).

This process of intensity of '*nightmare complexity*' reflects not just the nature of writing about relational couples therapy but also of being a therapist in this particular environment. A couple is a complex system. A couple with a therapist is an even more complex system including three individual subjectivities as well as several relationship dynamics and when there are stormy emotions around, as in a relational trauma state, it can be very disorientating and disturbing.

'Our task as couples therapists is to try and survive that difficulty with the couple and in so doing find some understanding together. The powerful forces unleashed by relationship disharmony can be very disturbing for therapist and couple. However it is precisely these knots that we can get into together that hold the solution.'

(Slattery and Gabriel 2006).

In my work with couples I feel held and helped enormously by a mytho-poetic view of relationship, where the worlds of poetry, story and imagination intertwine to provide a rich tapestry of ideas and images to guide the work. This for me is a kind of backdrop to the extraordinary drama that is couples therapy. Close up the philosophical and clinical insights from self psychology, dialogical gestalt and in particular intersubjectivity systems theory offer me theoretical help in understanding processes between couples, and between myself and the couple.

It is this latter area that I am concentrating on most in this study. What theory can help in understanding the contribution of the therapists' subjectivity?

Chapter 1: 'Literature review'.

I begin by explaining my understanding of what has been said by other theorists about working with couples and how what I have to say is distinct from, and connected to, what has come before. I am also considering what theory, primarily written for individual psychotherapy, may translate into relational couples therapy.

Chapter 2: 'Research methodology'.

Here the rationale for researching and writing in the particular way I have, primarily using a qualitative method (Rowan and Reason 1981 and Moustakas 1990), is explored. This includes an account of my research process.

Chapter 3: 'Turning relationship ghosts into ancestors'.

Here I look at influences on the couple-therapy from the past (both for the couple and the therapist), and show how an appreciation of the value of descent can help the therapist bear this process with the couple. 'Ghosts' come in many forms and seem to be preserved as part of a relational trauma state until they can be 'put to rest'.

In all these instances the couples presenting state was a kind of holding structure. A way of being that kept them in a place where they were not fulfilling their potential together, but it was safe. They had found a 'modus operandi', a way of surviving, of managing, and, from my standpoint, a state of nascent potential. However if the core relationship dynamics are going to change most couples they will need to go through a kind of 'descent'.

"The Descent" is a mythological term for the period during and after a powerful event in which the ego has been overwhelmed by a wave from the unconscious. Energy that is normally available to consciousness falls into the unconscious so the person is often disoriented exhausted, perhaps in a trance state. This is known as journeying into the underworld, a state in which creative energies are going through transformations that the unaware ego may know nothing about until big changes begin to happen in the outer world or the studio begins to shine with totally new pictures, new music, or new sculpture.'

(Bly and Woodman 1998:177)

The notion of 'descent', as postulated here by Woodman, is one that applies to individuals. In this dissertation I am concerned with couple relationships and so would consider a joint descent to be part of a '*relational trauma state*'. Further than this a descent has to be undertaken by the therapist and the couple. From an intersubjective standpoint (Stolorow and Atwood 1993) the subjectivity of the therapist is not just present, but potentially very helpful as part of the therapy. Stolorow (2005) describes a descent in his relationship with his partner Julia Schwartz, which I explore in some detail.

Chapter 4: 'Relational trauma states and how to survive them'.

What I am calling 'relational trauma states' are tightly interwoven, mutually serving, intersubjectively created and, in their pain and perversity, utterly reliable relationship states. They have a strong narrative and are easily experienced, both by the couple and those who come into contact with them, as a reified relationship style constructed as they are from experiences of trauma. According to the founders of intersubjectivity theory Stolorow and Atwood,

'It cannot be overemphasised that injurious childhood experiences-losses, for example-in an of themselves need not

be traumatic (or at least not lastingly so) or pathogenic, provided that they occur within a responsive milieu (Shane and Shane '90). Pain is not pathology. It is the absence of adequate attunement and responsiveness to the child's painful emotional reactions that renders them unendurable and thus a source of traumatic states....'
(1992:54).

So it is not the event, but the response to the event, that causes the trauma. And in a relational context this can form a 'relational trauma state'. A state that is created by the individual experience and expectation of the partners in a relationship that holds both the experience of trauma and the hope of resolution.

'Therapeutic impasse' is an aspect of intersubjective systems theory that is helpful with working with these trauma states because it considers that stuckness in the therapy is rooted in the interaction of subjectivities between patient and therapist, (Stolorow and Atwood 1992:103-122). This helps to take the pressure off the couple and undermines the idea that 'someone is to blame', and so is very affirming of the idea of difficult states being created relationally.

I will show how working with 'therapeutic impasses', which has been established in individual therapy by Stolorow and Atwood 1992 and begun to be explored in couples therapy by Trop 1994 and 1997, Alexander and Van Der Heide 1997 and Shaddock 1998 and 2000, helped resolve a relational trauma state in my work with Alan and Mary.

Another aspect of intersubjective systems theory that is helpful is that of 'organising principles': a phrase used by George Atwood and Robert Stolorow in their ground breaking book 'Structures of Subjectivity' to describe a,

'patterning and thematizing of events that uniquely characterize...personal reality.'
(Atwood and Stolorow 1984:36).

Again we can see how in working with a couple this theory helps to ground the experience by trying to notice and work with individual subjectivities.

Chapter 5: 'Conclusion'.

Here I summarise the study, review where the research has taken me and consider where this area of research might go next.

The work of this study then is to develop some ideas to help the therapist involved in a relational trauma state.

I intend to show that it is the apprehension, survival and understanding of relational trauma states that is the 'royal road' in couples therapy.

1. Perls uses the word 'introject' in a more negative sense than it is used in traditional psychoanalysis. He means that something is swallowed whole without being chewed over and integrated. It is, in a sense, accepting the experience of others over ones own.

Literature Review.

'Scientific theory is a contrived foothold in the chaos of living phenomena.'

Wilhelm Reich.

This quote from Reich sums up a problem for me. Can I use theory, or make it, in a way that honours 'living phenomena', without having it control my experience of the process making it fit into something pre-existing? Theory from the inside out, rather than imposed from the outside in. This is central to my search in this study and influences my choice of research methodology and theorists that can help me in my work with couples in traumatic states.

It is my contention that this relational trauma state holds the key to the couple's problems, indeed reveals the unconscious task of the relationship. This in itself is not a new idea. The notion of an 'unconscious fit' between couples was proposed in some detail by Dicks (1967) and developed by many couples and family therapists in the psychotherapeutic community since; Willi (1982); Lachkar (1984); Scharff and Scharff (1987); Ruscynski (1992), and others from the Tavistock Institute of Marital Studies from a neo-Freudian standpoint; Zinker (1994) from gestalt theory; Gilbert and Shmukler (1996) from an integrative viewpoint, Shaddock (1998 and 2000) from an intersubjective systems theory perspective; O'Leary (1999) as a person centred therapist and (Sharpe 2000) who is working in a contemporary object relations frame. What has not been proposed so clearly before (perhaps Trop 1994, Ringstrom 1994, Shaddock 1998 and 2000 with their interest in Intersubjective Systems Theory come closest) is that the therapist

actively attempt to *not* use a pre-determined theory of 'fits', rather to develop a belief in, and ability to stay in, the relational trauma state and let the gradual unfolding of that be the work. This then is a tough discipline and does not afford the luxury of pre-known reality. In my therapeutic paradigm the therapist is also required to not just conduct the action between the couple, but to include her own subjectivity as part of the work. To actively work to see what subjectivity of the therapist is being excited and how this might throw light onto the dynamic in the room.

I will also look specifically at the intersubjective systems theory of impasses (Stolorow and Atwood 1992) and expand upon the work done in this area by Trop (1987).

From Freud to Trop: individuality to relationality.

'When the husband's resistance is added to that of the wife, efforts are fruitless and the therapy is prematurely broken off.'

(Freud quoted in Zinker 1994:14.)

I think when this was written Freud was not able to conceptualise a form of 'treatment' that could help such a situation. Infact the idea of 'treatment' is part of the problem of a therapy based on a doctor/patient 'isolated mind' paradigm rather than a relational one (Stolorow and Atwood 1992: chapter 1). Freud was very concerned that the subjectivity of the analyst might pollute the analysis, even

'...encouraging the patient to be insatiable: he would like to reverse the situation, and finds the analysis of the doctor more interesting than his own..... the doctor should be opaque to his patients, and, like a mirror, should show them nothing but what is shown to him.'

(Freud 1912:118)

Although I want to stress that there can be a false dichotomy between 'intrapsychic' and 'interpersonal', which I do not mean to infer, rather that I believe that human beings are primarily 'object seeking' (Fairbairn 1952) and that a relational model can encompass both internal and relationship worlds.

My theoretical influences then are sited in a relationship centred paradigm which has dialogue and intersubjectivity at its core (Rogers 1951; Kohut 1971; Stolorow and Atwood 1979 and 1992; Mitchell 1999 and 2000; Shaddock 2000; Buirski and Haglund 2001; Beebe, Knoblauch, Rustin and Sorter 2005) rather than an 'intrapsychic' one, (Freud 1973/1915; Klein 1988/1975; Sandler

1988).

Freud and his followers are primarily dealing with an individual psyche. They are interested in how the person has developed intrapsychically and hardly at all in a relational sense. In fact one could see Freud's inability to see his highly idealised relationship to his own mother, in these terms, led him to develop his theory around Oedipal organisation and female sexuality. The point is succinctly made by Meyers,

'It reveals a great deal more about what Freud wants women to want than it does about women's pleasures, and it denies sexual difference by reducing women's sexual economy to an insipid reflection of men's.'
(Meyers 1994:86-87).

Had he been able to develop more separateness (be more conscious of his attachment to her) with her, thus allowing her to take up a more integrated place within him, then he might have come up with a different theory altogether. One that could allow for empowering, creative difference rather than an anxiety induced reductionism.

So for Freud to have the husband's resistance and the wife's at the same time would muddy the intrapsychic waters, for me this conflagration of psyche is what can be held and worked with in my notion of a 'relational trauma state'. As we can see Freud's psychobiography could explain his arriving at a certain theory. I will explore a little more, in chapter five, about my own psychobiography and how it intermingled, in a way that was only partly known at the time, with the subjectivity of Mary and Alan.

A little later in the development of the 'talking cure' Donald Winnicott, psychoanalyst and paediatrician, seemed to be changing his mind about the importance of the person of the analyst and its importance in therapy. In 1954 in his paper 'Metapsychological and clinical aspects of regression within the psycho-analytic set-up' he wrote,

'What we become able to do enables us to co-operate with the patient in following the process, that which in each patient has its own pace and which follows its own course; all the important features of this process derive from the patient and not from ourselves as analysts.'
(Winnicott 1958:278).

Just six years later, in his groundbreaking paper 'Ego Distortion in

Terms of True and False Self', he says:

*'To get to a statement of the relevant developmental processes it is essential to take into account the mother's behaviour and attitude, because in this field dependence is real, and near absolute. **It is not possible to state what takes place by reference to the infant alone.**'* (Original emphasis).

(Winnicott: 1960:144-145).

In this precursor to an intersubjective standpoint Winnicott is starting to move towards the primacy of a consideration of joint subjectivity: mother and baby and by implication therapist and client.

So what I am starting to see here is that the therapeutic process in couples therapy cannot be understood solely by reference to the couple. Rather that a theoretical model is needed that can accommodate a detailed consideration of the therapists subjectivity. I want to detail now the theorists and schools of psychotherapy that have influenced me:

Person-Centred Psychology.

The bedrock of my values as a therapist comes from person centred psychology. Carl Rogers (1942, 1951, 1961) created a *third way* as a response to what he saw as the more authoritarian, expert-led practices of Psychoanalysis (Freud) and Behaviourism (Skinner). Rogers said,

'Experience is for me the highest authority. The touchstone of validity is my own experience. No other person's ideas, and none of my own ideas, are as authoritative as my experience. It is to experience that I must return again and again, to discover a closer approximation to truth as it is in the process of becoming in me.'

(Rogers 1961:23/24).

I return to Rogers again and again as a personal touchstone. Also in my work as a tutor at the Bath Centre for Psychotherapy and Counselling and at the Centre for Relational Couples therapy where my personal training method (and that of the other tutors) is rooted in experiential learning. This is to say that we constantly prioritise the experience, and bodily and imaginal sense the students have of themselves and their environment over the dissemination of theory.

Self-Psychology.

Heinz Kohut (Kohut 1971, 1972, 1977, 1984) is the father of this branch of psychoanalysis which developed out of his work with a particular group of people who suffered from what he called '*narcissistic personality disorder*' (Kohut 2001/1971). Out of this came a more normalised view of narcissism,

'The idea of an independent line of development of narcissism that has reduced pejorative attitudes toward narcissism. In the past narcissism may have been seen as solely primitive and pathological.'

(Solomon 1992:55).

In a major break with traditional psychoanalytic thinking Kohut considered that the therapist needed to be more present and actively empathic, rather than neutral and blank. He also challenged the analytic orthodoxy that there was a linear developmental relationship to need i.e. That any need for the 'other' was a sign of regression, and indication that autonomy had not been achieved and that the 'patient' was seeing the earlier security of a real or phantasised symbiotic state. Kohut said;

'A move from dependence (symbiosis) to independence (autonomy) in the psychological sphere is no more possible, let alone desirable, than a corresponding move from a life dependent on Oxygen to a life independent of it in the biological sphere.'

(Kohut 1984:47).

His notion of 'selfobject need' (a need to relate to others and have them relate to you in a broadly attuned and positive way) and 'self object relationships' as being,

'...present from birth to death, that the healthy self always needs the sustaining responses of selfobjects from the first to the last breath.'

(Kohut 1984:49).

This normalises need and says that it is to be expected throughout life. A more traditional psychoanalytic position would view need as evidence of regression, which could lead to the client feeling, shamed by the analysts critical response to their ordinary need.

Jerry Levin, in his treatise on working with alcoholism and addiction sees Rogers as a pre-cursor to Kohut and says,

'Rogers and Kohut share a view of human nature that is more optimistic than that of Freud: both diminish the role of

intrapsychic conflict while emphasising the need to provide a growth-promoting psychological environment for the client (Rogers) and Patient (Kohut). In a sense, both Rogers and Kohut believe that the flowers will bloom if they receive sufficient water and sunlight....'

(Levin 2002:5).

I like this image of the flowers blooming if they receive essential primitive resources, although agriculturalists using biodynamic methods would say that there is a more subtle, but crucial resource needed: relationship to and alignment with the planets. This kind of idea brings in a more spiritual element to the work that links more to the mytho-poetic viewpoint I was describing earlier. In discussing this with intersubjectivist John Kirti Wheway he makes the point that from an intersubjective systems theory point of view Levin's image is problematic,

'...if I plant a certain seed and look after it properly, no matter who I am and what my idiosyncratic way of gardening is – the potential flower will bloom according to its internal programme or potential. But a neonate who forms an Intersubjective system with his carer develops a self structured by organising principles derived from that system, and with another carer, would develop another self....In other words, I'm not the product of something IN me, with the surround as soil and weather et cetera; I'm more like a rainbow, only there under certain (Intersubjective) conditions – the rainbow isn't the realisation of some potential contained within a baby rainbow.'

(Wheway 2005)

I like this image of the rainbow it eloquently points out the difference between a system that understands development as having some biological predilection (whether that be Rogers imagery or Freud's drive theory) and one that understands development to happen contextually in an intersubjective field. However my experience tells me that there is something of both involved. Before I had children I was a committed environmentalist believing that babies (not withstanding experience in the womb) were born fairly blank, and it was the subsequent environment that really shapes them. Having had three children and seen three fundamentally different characters born I am now of the opinion that we do come with 'something', a basic or crude personality AND that we are shaped by an intersubjective field. And field theory leads me onto Gestalt psychotherapy.

Dialogical Gestalt.

With its emphasis on contact and process this therapeutic method is compatible with contemporary psychoanalysis, in particular intersubjective systems theory. Humanistic therapists have long since been used to developing an area of expertise through experience only for psychoanalytic therapists to 'discover' it later on: eg. The recent realisation in attachment theory that contact with the patient is important, and in working with trauma states a 'blank screen' approach could be re-traumatizing (de Zulueta 2001). So this is not surprising from Jeffrey Tropic,

'It is my belief that the intersubjective model of psychotherapy, which utilises the concept of interacting subjectivities, is uniquely suited to the treatment of couples'
(Tropic 1994:157).

I think Tropic can only make such a statement if he is unaware of some of the work in dialogical gestalt therapy, building on field theory (originally Lewin 1935). As Peter Phillipson of the Manchester Gestalt Centre explains,

'Gestalt field theory begins with the whole. It is not that there are 'things' which contact other 'things', but that "It is the contact that is the simplest and first reality." Perls, Hefferline & Goodman [1994/1951] (PHG). This is stressed over and over again by PHG: "...it is always to such an interacting field that we are referring, and not to an isolated animal.
(Phillipson 1995:1)

As a psychoanalyst Tropic would not be unusual in being unaware of research and clinical experience from the humanistic tradition, but we can see what a close resemblance there is between a theoretical tradition that does not recognise an 'isolated animal' and the more recent project of intersubjective systems theory that does not recognise an 'isolated mind'.

In a talk to my training organisation (the Bath Centre for Psychotherapy and Counselling, a Humanistic and Integrative Training) Bob Stolorow (2004), a psychoanalyst who helped develop Intersubjective Systems Theory out of Self Psychology (Kohut 1959, 1971, 1977, 1982 and 1984) said he was unaware of the work of Carl Rogers a pioneer in the power of the attitude of empathy. However in an early paper Stolorow states that:

'Rogers' discussion of the critical importance of the communication of acceptance and empathy in client-centred

therapy, and his suggestions as to how this communication may be achieved, are probably unsurpassed in the clinical literature.'

(Stolorow, 1976:29)

This is a big statement from a self-psychologist! Empathy was one of Kohut's main areas of interest and a subject that put him in opposition to more classical psychoanalysts. So for me 'relational' is important and it includes more than psychoanalysis.

However I do find Intersubjectivity theory compelling and will be exploring further some of the work of Trop 1997 and Shaddock 1998 and 2000 in this regard.

David Shaddock (Shaddock 2000) in a further exposition of Stolorow and Atwood's idea of '*The Myth of the Isolated Mind*' (Stolorow and Atwood 1992) has a chapter called '*The Myth of Isolated Therapy*' (pp1-16) in which he challenges current intersubjective systems theory. He says that there is at present,

'... an over emphasis on the patient/therapist system as the main subject of psychoanalytic enquiry has led intersubjectivity theory to ignore some of the most formative contexts of the patient's inner life: the context of present-day intimate and family relationships, as well as the wider contexts of social, political and economic conditions.'

(2000:9)

Intersubjectivity systems theory.

Robert Stolorow and George Atwood take further the work of Self Psychology in their development of intersubjective systems theory. In '*Faces in a Cloud; Subjectivity in Personality Theory.*' (1979) Stolorow and Atwood outline the 'psychobiography's' of four psychoanalytic theorists (Freud, Reich, Jung and Rank). Through a detailed analysis of these theorists' early lives they work out what they call their 'organising principles'.

Whilst trying to understand 'psychobiography' I came across this poem by R. D. Laing. It says something about the psychobiography of 'Jack' and how it ends up affecting his adult relationship with 'Jill':

*'Once upon a time, when Jack was little,
he wanted to be with his mummy all the time
and was frightened she would go away.
later, when he was a little bigger,*

*he wanted to be away from his mummy
and was frightened that
she wanted him to be with her all the time*

*when he grew up he fell in love with Jill
and he wanted to be with her all the time
and was frightened she would go away*

*when he was a little older
he did not want to be with Jill all the time
he was frightened
that she wanted to be with him all the time, and
that she was frightened
that he did not want to be with her all the time*

*Jack frightens Jill he will leave her
because he is frightened she will leave him.'*

(Laing 1971:14)

We can see here how Jack has been unable to process and integrate his initial experience of insecure attachment (Bowlby 1969). This leads to projective use of the mother (Freud 1911), which later affects his adult relationships with women (Shaddock 1998).

Relational couples therapy.

The value of working on therapeutic impasses, where the subjectivities of patient and therapist get tangled in a similar, conjunctive, or dissimilar, disjunctive, way, has been clearly demonstrated in individual psychotherapy (Stolorow and Atwood 1992) and has been alluded to by Shaddock, in discussing Trop's work (Shaddock 2000:100). Through even-handed empathic commentary and explanation to the couple Jeffrey Trop (1994:147-159) demonstrates through his work with 'Mr and Mrs W' that he sees,

'.....the task of the conjoint (couples) therapist can be defined as an attempt to illuminate the organising principles of both spouses as these become manifest at the interface between their interacting worlds of experience.'
(Trop 1994:157).

In a later text Trop discusses his realisation that he had been involved in an 'intersubjective conjunction' with the man of a couple he had been seeing (Trop 1997:99-113). He shared the same kind

of work- ethic as 'John' and so for a while did not realise that he was deaf to 'Linda's' protestations about how this affected her. This was very exciting to me when I came across it as it linked to some of my experiences in couples work. However it also seemed to not be taking impasse theory as far as it might go. It seems to me that currently intersubjectivity systems theory is far more developed in individual therapy than couples therapy.

I will explore this idea further and show that put at the centre of relational couples work, the use of impasse theory (Stolorow and Atwood 1992:103-123 written in collaboration with Trop) is of great value when navigating relational trauma states.

Defining my position.

Reading Gilbert and Shmukler's (1996) Integrative approach helped me define my position a little more. I find common ground with,

'The practice of inclusion (Buber 1994; Yontef 1993; Hycner 1993) is an important component in the therapist's capacity to appreciate the frames of reference in the subjective experience of both partners.'
(1996:150).

And in espousing Kurt Lewin's (1935) field theory they say,

'In dealing with the communication patterns within couples, we do not find it useful to think in terms of linear causality.'

However in their chapter 'Assessment and Problem Definition.' (49-69) they revert to an Eriksonian (1950) model to try and explain the different relationships couples have to intimacy. So in a sense they have an Intersubjective sensibility that is trying to work within a model developed from a Cartesian philosophy (an 'isolated mind' paradigm).

Stolorow, in his interview with Paul Buirski (Buirski 2003), makes a distinction between Intersubjective Systems Theory as a 'metatheory' and as a 'specific clinical theory'. Theorists of many different orientations could subscribe to intersubjectivity as an overarching theory without using the clinical theory (eg. therapeutic impasses).

This would suggest then that Gilbert and Shmukler hold Intersubjectivity as a '*metatheory*' and have something of an '*intersubjective sensibility*' (Orange 1995) but are not rooting their clinical practice in this approach.

So an 'integrative' approach, at least in the way Gilbert and Shmukler describe it, is not helpful to me relying as it does on a philosophical basis that restricts intersubjective dialogue in its adherence to 'isolated mind' structures.

Therapeutic conversation.

Harlene Anderson's postmodern approach to therapy, where she sees it as a conversation, resonates with me,

'One of the most important features of life is conversation. We are in continuous conversation with each other and with ourselves. Through conversation we form and reform our life experiences and events; we create and recreate our meanings and understandings and we construct and reconstruct our realities and our selves.'

(Anderson 1997:xvii.)

A postmodern sensibility, out of which intersubjectivity is born, sees life as a constant co-construction. This seems to support and suggest a certain method of doing therapy.

I am interested in engaging in this conversation with a couple as a way of *doing* therapy. Like Robert Hobson (1985) I want to develop a 'conversational model', an *experience* of a couple, rather than an idea of them.

This is not a therapy where the therapist is the expert and will guide the couple in the right direction, rather *finding* the direction *is* the therapy. There is a strong connection here with Rogers' (1951) notion of the client being the expert. If the therapist can provide the right conditions, then the clients will heal themselves. But this approach is not entirely satisfying to me. Although Rogers was developing his approach in reaction to the reified expert-led models of Psychoanalysis (Freud 1915) and Behaviourism (Skinner 1953), there is still a kind of pseudo-expert-distance in the style of Rogerian therapy. So whilst the core values of person centred therapy lie in my foundations as a therapist, I think some of the relational psychoanalytic theorists (Stolorow and Atwood 1993; Mitchell 2000) and the dialogical Gestalt theorists (Hycner and Jacobs 1995) help to fill the relational space left by a purely person centred approach.

I need then a research methodology that can respect and respond to an intersubjective-dialogical method of inquiry, one that places at its core the subjectivity of the researcher/therapist.

1. For an in depth analysis of this point see Stolorow and Atwood's (1979) psychobiography of Freud, see also Freud's paper on 'Femininity' (1922/1972: pp145-170).

Research Methodology.

Whilst working for the Schizophrenia Fellowship in the early 1980s I encountered many 'survivors' (as was the politically aware term of the time) of the psychiatric system. These people had often not been listened to, not understood. They had ended up broken by years of misattunement from mental health professionals, their families and themselves. During this time I came across a book 'I haven't had to go mad here' by Joseph Berke (1979). In this radical tome Berke describes some of the madness of the psychiatric system and attitudes towards 'madness' throughout the world. He describes children on the Indian subcontinent being lobotomised as a cure for behavioural problems. He narrates his experience of a young woman in Greenwich Village, New York who was a known local 'character' who would wander the streets singing. Unfortunately she was not known to a couple of new cops

on the beat, who brought her into the psychiatric hospital where she was diagnosed as psychotic and was being medicated. The more she protested (sang) the more she was medicated. As her way of narrating her life, her way of understanding herself, or surviving, was being taken away from her by the increasing medication, so she fought to retain herself. The more she felt the medication take her over the louder she sang the more they medicated. A terrifying Laingian knot-of-a-situation. A profound intersubjective disjunctive impasse (Stolorow and Atwood 1992). This one woman (among millions around the world?) was lucky. Dr Berke happened to be passing and had the authority, as a psychiatrist to intervene. Her 'madness' as she sang louder and louder was her attempt to stay sane. Berke understood this, and as soon as he intervened and stopped the impasse she began to calm down without medication. He goes on to describe the work of the Arbours Crisis Centre in London where intensive care is given to people who are breaking down. Although many therapists, including those at the Arbours, have learned to work with psychiatric professionals in the NHS over the years (including multi disciplinary treatments of patients) there is still little understanding of the value of 'process' and the body's innate ability to heal. The idea, only held in more radical circles, that psychotic episodes can be allowed and gone through follows Berke's belief that 'psychosis is a sane response to an insane situation'. This idea, echoed by Winnicott's statement, 'We are poor indeed if we are only sane.' (1958:150), inspired me to train as a psychotherapist.

I have given some detail here of my journey into training as an illustration of process. I did not end up in psychotherapy as a rationally attained career path, rather through a haphazard, sometimes frightening, sometimes wonderful journey. And it is this process that is at the heart of what I do with couples. So I need to find a research process that supports and honours this.

Heuristic and New Paradigm Research.

I have used a methodology derived from Heuristic Research (Moustakas 1990) and New Paradigm Research (Reason and Rowan 1981). Both research methods are humanistic in their values, as I am in my approach to relational couples therapy. They describe a process of research that involves the subjectivity of the researcher, which fits with the theory of Intersubjectivity (Stolorow and Atwood 1992) that I use as a meta-theory to hold my practice. They also provide a research method that is in a sense 'psychobiographical' (Stolorow and Atwood 1979) that is it is respectful of and honouring of its beginnings. Even more, it considers that its beginnings are

inevitably entwined with and further explain in great detail where we end up. This idea is one of the central tenets of my thesis and is explained in more detail in Chapter four: 'Relational trauma states and how to survive them'.

In addition the method proposed by both Moustakas and Reason and Rowan works with the subject of the research, rather than imposing a methodology upon it, as is the case in '*old paradigm research*' (Reason and Rowan 1981:xii). This subjective sensibility is '*congruent*' (Rogers 1965/1951) with my stance as a therapist. I too am looking to 'receive' a couple and find out about what is already in existence between them. I am deliberately prioritising their notion of reality, their theory of themselves over mine. Moustakas describes a respect for time and process that supports rather than distorts the project of couples therapy.

'The heuristic research process is not one that can be hurried or timed by the clock or calendar. It demands the total presence, honesty, maturity and integrity of a researcher who not only strongly desires to know and understand but is willing to commit endless hours of sustained immersion and focused concentration on one central question, to risk the opening of wounds and passionate concerns, and to undergo the personal transformation that exists as a possibility in every heuristic journey.'
(Moustakas 1990:14).

He could easily be describing the attitude that is essential for ongoing relational couples work. An approach which demands a '*total presence, honesty, maturity and integrity*', someone who '*strongly desires to know and understand*' and is '*willing to commit endless hours of sustained immersion and concentration*' in the service of the relational couples process.

This approach is much more congruent with the practice of psychotherapy than a 'quantitative' method. Heuristic research requires the active subjectivity and process of the researcher in a similar way as a relational method of psychotherapy. Indeed the process of relational psychotherapy can be seen as a form of collaborative research. When seeing an individual or a couple I am trying to work with them to find out what needs to be expressed, what needs to be heard, seen and understood, how we can be together that will facilitate some kind of healing. This cannot be pre-known. It is therefore, at its best, a form of live research. Reason and Rowan describe their starting point,

*'We can see **naïve enquiry** as the starting point for the whole process. This is the kind of day-to-day thinking which*

*we all start with..... This kind of inquiry is of course very prone to error, the error of our biases and prejudices, or our anxieties.....But it also has a lot of very good qualities, because it is involved, committed, relevant, intuitive; above all it is **alive**.*

(Reason and Rowan 1980:xi-xii, original emphasis).

These errors '*of our biases and prejudices*' actually become advantages in the clinical theory of Intersubjectivity where the resolving of '*impasses*' (when the subjectivity of therapist and couple become unconsciously entangled) is actually considered to be enormously helpful. In an acknowledgement to Freud's thoughts about dreams Stolorow, Atwood and Tropol consider the resolution of *impasses* so important that they, and not dreams, are the '*royal road*' in therapy (Stolorow and Atwood 1992:122).

Sources of data.

In my 'naïve enquiry' I started by looking at my original qualifying dissertation, 'Silence: Portal to Imagination.' (Slattery 1993), and research I had begun in 1991 but taken no further at the time. I was writing about silence in its many guises; as act of communication; a place where powerful affect states can be experienced, '*the contemplative place of hell*' (p7); and a potential container for unverbalisable states. I turned to the poets, as Donald Winnicott would often do himself, to try and find some help and came across two figures from William Blake's mythology; Los and his female emanation Enitharmon. These figures who control time and space respectively became for me immensely helpful in trying to explain the particular and peculiar silent times and spaces that are created in psychotherapy. One avenue of exploration that stayed in an unformed state was of the relationship between archetypal masculine and feminine psycho-deities and how this relationship might appear in individual therapy. I had the idea that the sun (masculine principle) and the earth (feminine principle) were held together creatively by relationship-appropriate space, time and the mediating milieu of the earth's atmosphere. The moon, in ancient Judaism, the daughter of Lilith, the first wife of Adam, (Black Koltuv, 1986) and embodiment of feminism, also has a part to play in this relationship. If this psycho-constellation became out of balance then there were destructive consequences for the inner relationship of masculine and feminine (Brinton Perera 1981; Young-Eisendrath 1984; Tatham 1992 and Bly and Woodman 1998). A fledgling interest in relational trauma states can be detected here. I also had a 'Eureka feeling' (Rogers 1961) about the growing and shedding of teeth and how little there is written

about this. Witnessing my own children going through profound torment whilst teething I became amazed that this process had not been written about and researched more. In 'Ego, Hunger and Aggression' Fritz Perls (1947)(1), the founder of Gestalt therapy gives some consideration to the developmental importance of biting and Klein (1988/1975) sites examples of the practice of and/or fear of biting as being connected to intrapsychic processes (in particular the dispersal of sadistic impulses through phantasy).

Also in January 2005, at one of our PQMA days, Jane Purkiss, one of my colleagues, reminded me of the terrifying/alluring (I think not just to men!) notion of Vagina Dentata the female deity/mythological emanation who has teeth in her devouring vagina (Goddess Café 2002).

From an anthroposophical viewpoint Rudolf Steiner has a lot to say about the formation of teeth and their place in the psycho-spiritual development of an individual (Renwick Sheene 1998). This strand of research, and my passion for it, seemed to appear and disappear like a whirlwind. Perhaps the goddess frightened me off! Maybe a research project for the future. A fragment of something that may come more fully into consciousness later. This too is a familiar process in couples work, and psychotherapy in general, the re-appearance of themes when the couple are ready to be more fully aware of them. This is a wonderfully self-regulatory system (Maslow 1968) and profoundly humanistic.

During the early part of researching this PQMA I was also further developing couples work within my practice and developing a training with my colleague Jill Gabriel (Gabriel and Slattery 2006). Some of our ideas about couples are contained in the images in the appendix. The mosaic 'Relationshapes', commissioned from Cleo Mussi, says something about the shared and separate identity a couple can have (appendix 1). A sense of the interpenetrating subjectivity of a couple is captured by Graham Dean in his painting 'small mirror twin and figure.' (appendix 2).

As I had originally thought of the PQMA as being concerned with individual work, like my qualifying dissertation, it had not occurred to me that I could write about couples work. Once I had that thought the whole project opened up inside me, an explosion of interest and passion and questioning. My research question then came very quickly: 'how could therapists be helped to tolerate and survive the enormous pressure they are put under by couples?' This was informed by my own experience and what I had learnt in particular in the case of 'Alan and Mary' (see Chapter four). In this work I was taken right to the edge of what I could tolerate and was helped enormously by my understanding of intersubjective systems theory. This led me to the idea that theory initially developed in individual psychotherapy might be transferable to couples therapy.

Confidentiality.

I have decided to employ the increasingly popular method of protecting client confidentiality by adopting the practice of forming 'composite' case examples (Real 1997, Orbach 2000, Scott 2004). In his biography of Heinz Kohut, the founder of self-psychology, Charles Strozier quotes Bob Stolorow,

'...in the current climate of litigiousness, you're in trouble if you don't make up a case. It is now considered good practice in the field to give case presentations that are actually good amalgamations of several patients. It is considered legally problematic if you use an actual patient for a case.'
(Strozier 2002:312)

I want to protect the anonymity and privacy of my clients but have made efforts to make the case material relevant and real in terms of my experience.

Further aspects of my research journey.

Besides looking at casework my research also led me to study what currently was being explored in self-psychology and intersubjectivity journals.

I was already familiar with the writings of Stolorow, Atwood, Orange and Mitchell in individual therapy but needed to see what had been written by couples therapists in this area aswell. Through researching the internet and personal communications with colleagues I started to become aware of therapists who have taken intersubjectivity into couples work: Trop, Shaddock and Ringstrom. As I researched their work I realised that my interest was narrowing to a particular area that of using the intersubjective notion of impasses in relational couples work. Infact this is what had happened in my work with Alan and Mary. So part of my research method here is to uncover what is already in my experience, and bring it more into awareness and more into focus for the purposes of this study. Patrick Casement has a similar idea, which he writes about in his chapter 'Theory Rediscovered' in the first of his 'learning' trilogy, 'On Learning from the Patient,' (1990:216-220). So an analysis of my work with Alan and Mary is an important aspect of the research for this study, the data for which has been drawn from contemporaneous notes; verbatim extracts and notes of supervision discussions.

Of similar importance is my analysis of a recent paper by Bob

Stolorow (2005b), 'Autobiographical and theoretical reflections on the Ontological Unconscious.' Here he gives a detailed account of how his relationship with Julia Schwartz was affected by unresolved trauma from his previous marriage to Dede Socarides Stolorow. This paper came to light from an ongoing dialogue (mostly by e-mail) I have had with my friend and colleague John Kirti Wheway (Wheway 2005/06). An analysis of this paper (first presented at the International Association for Relational Psychoanalysis Conference on 'Unconscious Experience; Relational Perspectives. Rome June 23rd to 26th 2005) helps to support my idea, based on that of Hans Loewald (1960), that part of the task of relational couples therapy is to turn 'relationship ghosts into ancestors'.

1. It is widely believed that Laura Perls contributed enormously to this book, and that her experience of breast feeding her children and going through teething states with them provided much of the text in this area (Higgins 2006).

'Turning relationship ghosts into ancestors.'

*'I try so hard, my dear, to show that you're my every dream.
But you believe each thing I do is just some evil scheme.
A memory from your lonesome past keeps us so far apart...
Why can't I free your doubtful mind and melt your cold cold
heart.'*

Hank Williams.

Hans Loewald has a beautiful phrase when describing the purpose of psychoanalysis, '*To turn ghosts into ancestors.*' (Mitchell 2000: part one). Note that he is not talking about getting rid of

ghosts, or denying their existence. Rather about the purpose of psychoanalysis being to address the crucial task of laying to rest previous destructive experiences of relationship both lived and imbibed through family mythology. I have added 'relationship' to his phrase, although there is a sense in which this is unnecessary. If you believe, as Winnicott did, that there is no such thing as a baby, only a nursing couple, then all ghost are relational. In 'Faces in a Cloud' (Stolorow and Atwood 1979) the authors demonstrate that the major theorists they consider (Freud, Reich, Jung and Rank) could not have come up with any other theory than they did, such is their psychobiographical attachment to the theory they produce. This is evident with Loewald,

'Hans Loewald was born into his mother's grief. His father died shortly after Hans's birth, and thus he drew his first breaths in a world suffused with his mother's mourning and the powerful presence of his father's absence....she was a pianist of considerable skill and, as she told him later, consoled herself in the months following the death of her husband by playing Beethoven's piano sonatas, often with Hans in his crib placed carefully beside the piano stool. Think of the transformative affective power of the 'Moonlight' and 'Appassionata' sonatas, and then try to imagine the experience of that baby. How could he possibly separate his own feelings from his mother's, his father from Beethoven, an inner world of his own generation from an out world filled with loss and passion, a past when his father was present from a present from which his father had passed.'

(Mitchell 2000:4-5).

Here we can see some of Loewald's psychobiography, how, due to his experience 'suffused with his mother's mourning', it is likely that his experience informs him about an aspect of human experience that he comes to call: 'a primal density' (Mitchell 2000:40).

Attunement and the accurate apprehension of the other.

I want to say something here about attunement and accurate perception of the other (Stern 1977, Agosta 1984, Stolorow and Atwood 1992, Hycner and Jacobs 1995).

Unless we listen very carefully, yet broadly, we can end up with an exploration that is narrowly transcribed by our own limitations and 'shape', this is why some apprehension of our own psychobiography is crucial in this work. So having a meta theory that acknowledges subjectivity, and anticipates a moving in and out of a state of

attunement, is very helpful in that it allows you to see and honour when 'ghost-shapes' come along. It is our 'shape' that if held too tightly, or identified with too strongly prevents us from trying to apprehend the other.

To illustrate this I will draw on two examples of psychobiography in relation to the founder of person centred theory Carl Rogers, taken from a paper I wrote earlier this year,

'Carl Rogers and Martin Buber had a public dialogue at the University of Michigan, USA, in 1957 at a conference to celebrate Buber's work. In Anderson and Cissna's extraordinarily 'anorakal' transcript of the recording of this event, where pauses and breaths are recorded as well as a process-analysis of the dialogue. Some interesting nuances appear, specifically due to their attention to detail. One such moment occurs when Buber is speaking of the death of a close friend in the first world war, what philosopher Maurice Friedman described as one of the three most important events in Buber's life (Friedman 1981),

'... a friend of mine, a great friend, a great man, was killed by, by uh, antirevolutionary soldiers (Rogers; Uh huh) in a very barbaric way, and I, now again once more-and this was the last time-I was eh compelled to imagine eh just this eh killing, but not in an optical way alone, but may I say so, just with my body.'

Rogers then says, *'With your feelings.'*

(Anderson and Cissna 1997:23).

Here Buber seems to be reporting experiencing an event in a holistic or global way, with his body. Rogers *interprets* this as his feelings. This is ironic as Rogers was very anti interpretation, and during the Rochester years that he,

'...finally accepted the comparative ineffectiveness therapeutically of interpreting a client's behaviour.'

(Thorne 1992:9).

Perhaps a boy growing up in a strict religious family, who is seen,

'...by the rest of the family as a somewhat sickly child who was prone to be over sensitive.'

(Thorne 1992:2)

was not used to experiencing life through his body in a conscious way. Maybe it is an internal feeling world that more

interests him?

So here we can see a misattunement on Rogers' part. He is unaware of his re-framing of Buber's' experience as his own. This is called a 'therapeutic disjunction' in intersubjective systems theory (Stolorow and Atwood 1992:chapter seven, co-authored with Tropol). My paper goes on to explain the puzzling lack of spirituality in person centre psychology, especially given that Rogers was clearly a spiritual man:

'There is a fascinating insight into the psychobiography of Carl Rogers in Brian Thorne's biography that reveals experience that becomes a shaping principle of person centred theory: Elisabeth Sheering was an original member of the Counselling Center (also Rogers research team) in Chicago University; Thorne quotes her in an interview with Phillip Barrineau in 1990;

When asked if there are any areas she would like to see developed more in the Person Centred Approach, she replies.....

'Yes, I would like more attention to the spiritual part of the person...of course, it's not missing in client-centered therapy but it's not addressed formally. It's not recognised formally. You don't get into therapy without getting in touch with the spiritual aspect of the person.'

P.B: *'Do you have a theory about why it's not addressed formally?'*

'Yes I do. That's Carl. This was an area of difficulty for Carl. We learned early in the game not to talk about religion with Carl. That was a taboo subject because it was uncomfortable for him...I always had a notion that something happened while he was in 'china, that never was spoken of publicly or in print... in the years that he was developing the theory, he just didn't want any part of formal religion or, as far as I could tell any religion. But of course, his work is so profoundly influenced by his background in 'Christianity, I don't think he could have developed without that background.'

(Thorne 1992 p22-23).'

It may be here that Sheering is conflating religion and spirituality and that Rogers was an inherently spiritual person. This is certainly the view of my colleague Tricia Scott who in conversation about this issue (Scott 2006) drew my attention to Rogers talking about 'organismic valuing' being a basis for 'the wisdom of the organism'

(Rogers and Stevens 1967:28).

However it does seem that person centred theory contains some of his ambivalence toward religion by not specifically including a spiritual dimension.

'There seems here a clear wound from Roger's experience of religion that affects him, and his whole team (and his clients), when he is formulating his theory. Sheering considers the roots of this trauma to be from his time in China. Whilst a student at the University of Wisconsin, Rogers is chosen to attend World Student Christian Fellowship Conference in Peking. It seems that during this time he experiences a liberalisation of his faith, and therefore a separation from his parents more fundamentalist religious thinking. It is striking that he is able to (has to?) use this opportunity of being round the other side of the world to achieve this developmental move, where he corresponds with his parents in great detail about his change in view, without them being able to reply.'

(Slattery 2006:2)

This is not the action of a man growing up in a family who are responsive to his individual spirituality! Hence his need to develop a theory that prizes responsiveness and respect for the inner wisdom of the other. We can see how ideas such as 'self actualisation', the importance of the location of evaluation being internal ('locus of evaluation') and an attitude of 'taboo' about anything close to religion would emerge from such experience.

How ghosts appear and are transformed.

In his brave paper, 'Autobiographical and Theoretical Reflections on the 'Ontological Unconscious', Bob Stolorow (2005b) details some of his recent relationship experience with Julia Schwartz and how it was impacted upon by the 'relationship ghost' of the sudden death of his previous wife, Dede Socarides Stolorow.

In order to make my point it is necessary to give an outline of the section of the paper that interests me (which is not the main thrust: The Ontological Unconscious.)

At the beginning of the paper Stolorow quotes a poem he wrote about taking his daughter Emily to school (Stolorow 2003a) and says that as part of his daily routine he recites the poem to himself when he goes jogging. Two lines from the poem are particularly important for reasons that will become evident,

'My favourite time of day

is walking Emily to school in the morning.'
And later,
*'Slowly, almost imperceptibly,
A cloud begins to darken
My wide internal smile--
Not grief, exactly, but a poignant sadness—
As her running points me back
To other partings
And towards other turnings
Further down the road.'*

He then tells us, *'I recite this poem to myself every morning during my daily jog.'* (Again the importance of this will become evident.) Immediately he moves on in a shocking and dramatic way to tell the story of the tragic, sudden death of his then wife,

'I awakened to find my late wife, Daphne Socarides Stolorow, lying dead across our bed, four weeks after her metastatic lung cancer had been diagnosed.'

The loss of 'Dede', as she was known;

'...shattered my world and permanently altered my sense of being.'

Two years later;

'...still consumed by emotional devastation, I met Julia Schwartz. We married a year later and were blessed with the birth of our daughter Emily....'
'Although Julia, and my relationship with her, lit a candle in the dark world of my grieving, I continued to be subject to feelings of deep sorrow and to recurring traumatised states, the latter being produced by any event leading me to relive the horrors of Dede's illness and death (Stolorow, 1999, 2003b). Julia tried valiantly to be available to me in my sorrow and traumatic states, but her ability to do this for me gradually eroded, as she felt increasingly and painfully erased by my continuing grieving for Dede. Eventually she told me that she could hear my grief no longer and I responded by deciding to do my best to keep it to myself.'

Stolorow goes on to describe how unbearable Christmases were for him,

'Even now, the words 'merry Christmas' assault me like a thousand fingernails scraping against a thousand

chalkboards.'

As a way of coping he was becoming distant,

'I covered my sense of isolation and estrangements with a defensive contempt to the holiday celebrants...'

But then,

'This last Christmas (2004) something different and quite remarkable occurred. On Christmas Eve I remembered something very painful, which, perhaps sensing a greater receptivity in her, I decided to tell to Julia. One morning during Dede's and my last Christmas holiday together, Dede had tried to go jogging with me, but had to stop running because of her worsening cough. Julia was able to feel my state as a retraumatisation of me rather than as an erasure of her...'

Then later as he prepares to go jogging,

'I can't stop thinking about Dede having to stop running.'

Then Julia says,

*'Your last poem—its title is 'Emily running'.
'Oh God! I cried out, and then burst into uncontrollable, hard sobbing.'*

He then realises the importance of his ritual of running each day whilst reciting the poem in his head. It is the fact that, unlike Dede, Emily keeps running that is so important to him.

Stolorow experiences Julia's comment as unlocking his emotional devastation and he eventually goes jogging with a renewed sense of,

'...vitality and aliveness that had been profoundly absent. The blue Santa Monica sky seemed especially beautiful to me as I ran.'

To Stolorow, during this traumatic period of time (almost four years), he has lost his sense of being. And has rediscovered it by eventually finding, with Julia, 'a relational home' for the experience. He considers that he had become 'deadened' and his world had become 'dulled'. I think there is a Relational Trauma State building here that starts in the early days of their relationship, and is best understood in a less separate way than happens in the paper (which

concerns itself primarily with Stolorow's experience). What I mean to say is that Bob's state is not just about *him* but also about *them*. On reading this I was reminded of some of the 'descents' I have witnessed or, perhaps more accurately, accompanied in couple therapy. It seems to me that Bob and Julia experience a descent in their relationship that comes about *despite* their best efforts to help. Bob is employing a way of being well known to him, 'to keep it to myself', and Julia 'tries valiantly to be available to me' (as a contemporary psychoanalyst, this would also be a familiar way of being). However this doesn't work. The turning point then is her drawing a boundary (from a place of exhaustion through love?) when she says she can bear his grief no longer. This is the start of the containment for this particular 'ghost' in their relationship. It then builds and builds until,

'I remembered something very painful, which, perhaps sensing a greater receptivity in her, I decided to tell to Julia.'

Crucially he is able to come out of his withdrawn state and reach out to her with his pain. And equally crucially she is able to respond,

'Julia was able to feel my state as a retraumatisation of me rather than as an erasure of her...'

Many couples are not able to do this, at least not on their own, and need the help of a couples therapist to make and/or return from such a descent. Bob and Julia were somehow able to do this. I would speculate that it was partly their love of each other that keeps them together whilst this trauma state builds up and partly their relational skills as analysts that served them well in this instance. I think they make a container, without knowing, for this trauma (ghost) to be transformed into an experience that can be lived with (ancestor). They move from a disjunctive state (where each is experiencing the same situation differently to a state they can be together in. Interestingly Julia saying that she had had enough closed the door of this particular container. The paradox in this then is that the relational trauma state needed to 'cook' for a while for the 'poison' to all be brought to the surface. Julia's efforts (as it may be with a couples therapist) were not enough in a straightforward or simple way.

This then is a journey that the relationship needs to take although the conscious mind or the self would not choose it. Such journeys are described by the Grofs (1980), Brinton Perera (1981), Bly (1988 and 1990), Clarke (2001) who all refer to an archetypal journey which life, by circumstance or fate, forces us to undertake.

And the danger of not honouring and being able to take such a journey (Black Koltuv 1986) that often leaves couples stuck in a relational trauma state. It is this journey that in our centrally heated risk averse lives and relationships we are loath to take. It is this journey that Bob and Julia despite their fine Intersubjective sensibility are forced to take. But it is precisely because of this sensibility that they are eventually able to come out of it. They might not have and may have stayed at a distance for years. This stuck traumatised state is often the place that couples are in when they come for therapy. Often the problem for couples facing such a descent (the primary focus of this is often one partner, but it is the relationship that is plunging) is that they/we have not the support or preparation in modern life for such a journey. We demand in a rather petulant way (as Robert Bly so forcefully describes in 'The Sibling Society', 1996) that we should have everything and we should have 'it' now. What is more it is our partner's job to provide 'it'. It would be unsurprising if Bob and Julia did not experience some of this Eg. 'She *should* be able to hear my grief and pain' or 'he *should* let her go and be with me' (the shadow of which, especially as a therapist, might be 'I *should* be able to hear his grief and pain'). So we can start to see here a possible knot of organising principles.

It is probably their capacity for refection, and the love that already existed between them, that held them together for long enough and enabled them to lay this relationship ghost to rest. To allow the experience to become an 'ancestor': something known and honoured, but no longer haunting the relationship.

In my view there is something missing in this analysis, which I will explore in the next chapter, and that is Julia's side of things. It is my experience that difficult states between couples are made by both of them, so I would expect Julia might have some relational ghost that was also laid to rest.

'Relational trauma states and how to survive them!'

'One institution that unwillingly and unexpectedly draws us

deep into the fertile but confounding humus of the soul is marriage.'

Thomas Moore

In my work with Mary and Alan I found out through experience about the power of relational trauma states. We worked together for 13 months, a length of time that seemed to me inconceivable after our first meeting, and much was resolved allowing them to eventually separate after some of the frightening and destructive impasses that they had built up over their 30 year marriage had been resolved between them.

I will begin by narrating our first meeting and then offer some reflections on the psychobiographical pressures present in that assessment session. I will then detail examples of therapeutic impasse (both conjunctive and disjunctive).

Mary phoned me asking about couples therapy for her and her husband. She had a strong northern accent that also sounded 'slow', a bit lifeless. We arranged an initial session in which I suggested we could find out if we wanted to work together.

In the days leading up to our meeting I felt a usual level of anticipation and something else.....a bit hard to place, a kind of unease or even dread.

When I collected them from the waiting area I shook hands with Mary, acknowledging that we had spoken on the phone, and with Alan saying 'And you must be Alan.' And then invited them to follow me upstairs.

(My intention in this first meeting is to be warm, friendly and purposeful, to make some contact by making eye contact and shaking hands. I want to communicate that I am present, and ready and willing to meet with them and to hear their story. I am 'switched on' from the start of this seemingly superficial/social greeting wondering, noticing gathering information and impressions. I notice Mary is smiling, nervously I think, she twinkles her eyes at me. Her hand is cold (something jars in me at the juxtaposition of a warm smile and twinkling eyes and this 'morticians' handshake). Her body seems round and full, tight like a drum, uncomfortable looking. Her clothes seem to be an odd mix, I think of a child in the 1950's or an older woman now wearing clothes that are too young for her and out of date. She is infact in her early 50's as is Alan, both slightly older than me. Alan seems to be shuffling about, his eyes slide off mine, he is chewing gum and mutters something (I don't catch it and don't ask him what it was) and shakes my hand briefly, his hand is sweaty. He wears casual clothes, and with his mop of hair would appear younger than his age if it were not for his

face that is swarthy and wrinkled. His body seems loose, small and unformed. I have the image of a mongrel from the dog's home.

I am not just meeting two individuals but a relationship, in fact it is what happens between them that is 'the client'. I have a fleeting impression, as we stand there in our first encounter in the waiting room, that the space between them is simultaneously empty and packed. Perhaps like a vacuum. Seemingly containing nothing yet created by tremendous pressure.

As I lead off up the two flights of stairs to my consulting room I feel bombarded by affect. I show the way ahead up the stairs feeling more anxious than usual (a first meeting has a natural anxiety about it, what I felt was in addition to this) my heart is pounding, I am a little breathless, my mind is racing.....I have a fleeting fantasy about being murdered, that they are a kind of Brady and Hindley and will delight in my gory demise, I am plunged into an underworld (mine, theirs, ours?) and in writing this the terrible Descent of Innana(1) (Brinton Perera 1981) comes to mind.

(I am used to such descents in therapy, but seldom so brutally quick and, so far at least, centred so strongly in my imagination!)

So as we sit down together and I invite them to say a little about what has brought them here I have to work hard to not become overwhelmed by my experience and imagination of them.

There is a short silence, Alan is chewing gum with an open mouth and breathing hard through his nose, Mary is smiling a wide fixed smile, they are looking at each other, the atmosphere is tense and somehow affectionate at the same time.

Mary: *Go on then.*

Alan: *No you start.*

M: *Alright then.....(to me). he wants to leave me.....after all these years.....30 years.....he wants to leave me. After all we've been through (she is suddenly crying and firing accusing looks at Alan).*

A: *(to me) I didn't say that!*

M: *You did!*

A: *I didn't. What I said was that I didn't know if we could go on like this.*

M: *Liar! You're always on about leaving me.*

Much of the early exchange of the session was like this. Alan was seemingly calm and reasonable, Mary was explosive and disturbed. The atmosphere was electric, a sense that at any moment a bomb might go off. There was no specific detail only a general sense of distress. During these early exchanges I occasionally indicated that one or the other of them might address what they were saying to the other, but apart from that I was quiet, absorbing what was happening between them. Eventually I spoke.....

D: *I can see this is a very distressing situation for you both (Mary nods and seems grateful of the acknowledgement, Alan is taciturn).....I'm wondering whether you know anything about the roots of what's happening between you?*

There is some reference to the early days of their relationship when he was drinking; he calls himself 'a dry alcoholic, 20 years clean'. They met on a psychiatric ward and their early life together was soaked in drink and drugs.

We eventually fall into a silence. I feel a sense of rising panic. A state I come to know well with them over the time of our meeting. I want to get out. I want to scream. Then without indication or warning (even the ends of silences are disturbing!).

M: *Are you going to tell him?*

A: (recovering his composure) *What?*

M: *About what happened?.....well it's happened a few times.*

A: *I don't know what you're talking about.*

M: (quietly) *You're lying Alan.....you do know.*

(The explosive atmosphere is back.....like something is about to blow. Now it is Mary who is quieter and Alan who is starting to get loud and angry. I feel frightened, like something terrible and unknown is coming).

M: (Looking at Alan) *He raped me.....several times.*

(I am shaking inside, if I were to be spontaneous now I would scream or shout 'Stop! Stop!' Rape to me is mostly something that happens outside of relationships, and if it does happen inside then it means the end of that relationship. This woman is saying she wants to stay with this man who has raped her several times. Partly this thought and partly my feeling is taking me to the edge of

what I can bear.)

A: (without feeling, as if they were disagreeing about whose turn it was to do the washing up) *It wasn't several times.....anyway it was only when I was drinking.*

M: (To me) *Yes that's true.* (This is said as if he has got a fair point).

(We are 10 minutes into the session and I am not sure if I can work with this couple I feel so frightened and disturbed. I have to find some expression for this feeling.)

D: *I am feeling really shocked and disturbed sitting with you listening to what you have to say.*

(I pause and Mary starts to weep quietly. Alan seems fairly impassive. They look at each other; there is certainly a deep familiarity between them, this is who they are/what they know and also I sensed a kind of intimacy between them. I remember a client who had been badly beaten by her husband over a number of years expressing a need to talk with him about it (although they had separated) as *'he's the only one who could really understand what happened, apart from me'*)

This acknowledgement of disturbance was something I did over and over again. Each time it seemed to help a little, to make some emotional expression possible, to allow something that had been shattered and left blank to reform and reconnect. My colleague Ailin Kelleher has written extensively about this state,

'I think body experiences that re-trigger such trauma, a "going blank" response, take us to the frontier of our psychological experience of self the belief being that there is no way out for what is alive and vibrant within us.'

(Kelleher '06:3)

Over the year or so we worked together it was our preparedness to go *'to the frontier of our psychological experience'* to experience blankness and to gradually replace that blankness with lived experience, that was the general shape of the work. There were also some key moments within that work which I now understand to be examples of therapeutic impasse.

A Conjunction.

With Mary and Alan we came to understand that she would cut off from him if she sensed anything from him that was at all projective or manipulative and he would try harder to get her attention if he sensed her moving away at all. As you can see they would easily end up chasing each other round the room! This delicate, yet terrifying, dance, that could appear out of nowhere and escalate quickly into something of unstoppable hurricane proportions, was a constant dynamic throughout the therapy. It was the gradual getting to know this dynamic through me helping each to understand the enactment of their organising principles that helped so much. Through cutting into this dynamic (when it had happened enough for me to see it clearly, and enough trust in me had been built up) and trying to get each of them to explain to the other what was going on they were able to slow down the relational trauma state and find some compassion and understanding for the other.

It took me a while to see this dynamic as something I could help with as it is a similar dynamic I can get into with my partner. This is then a further step in relational dynamics from the conjunction Trop describes where he is aligned with the man in the couple. I was aligned here with Alan (that is the usual position I would find myself in), but also I found myself in a 'relationship conjunction' (my relationship has a dynamic that is very similar to this). For a while then I was stuck in a 'relational impasse' based on my own unresolved experience.

It was only through supervision where we were able to see that I was in an unusually passive/frightened place in relation to this couple, that I could move again and be helpful to the couple. What is more I was able to approach the problem from my own experience and explain to them how I had been stuck, which took the pressure off them as being the carriers of 'the problem'. I also now have, through this research, the idea of an individual and a '*relationship conjunction*', which had not really occurred to me before.

A Disjunction.

I have mentioned earlier my horror in response to Alan raping Mary on several occasions. This response helped create one of the most difficult misunderstandings in our work together. For a while I was seeing Alan as being in denial about the aggression of his actions, and Mary as in denial about how traumatic such an event is. If I tried to steer them in this way the communication between us became very muddled and lifeless. It was again in supervision that I realised how my strong feeling about the rape was preventing me from apprehending their reality more accurately. My usual aim of 'sustained empathic enquiry' (Stolorow and Atwood 1992:33) was

impossible so long as I was stuck in my response to these rapes. In supervision we began to unpack this a little and started to build up a tentative picture of each of our organising principles. Something very interesting emerged through this enquiry: Alan had an experience of a mother who oscillated between invasion and abandonment and a father who he experienced as distant and ineffectual. He often felt flooded with feeling and was unable to tolerate much frustration. Mary was very fond of her father, who also sexually abused her, and felt she was successful in the competition for her father's affections with her mother, who was often distracted looking after her disabled younger brother. For myself my mothers depression left me anxiously monitoring her health and also open to feelings of invasion, my father, it seemed to me, was very available to us children, but not so to her.

What emerged in supervision was that for me the rape of the woman was unimaginable as an act that could be tolerated in a relationship, and that this corresponded for me to not being able to express my feelings of frustration fully impeded as I was by my anxiety about my fragile mother. Once this was 'seen' in the supervisory relationship it opened my perception to other possibilities of experience, and that I might even 'envy' Alan who could express this pure form of selfishness and not be banished.

It then occurred to me that I had not been available to really hear their experience, and so help them to understand each other. I was then able to return to the therapy more able to see them and help them see each other. This led to a very moving processing of this aspect of their relationship that had been so traumatic

Reflection.

It is only in writing this case material nearly two years later that I can see some further psychobiographical content of my own. The northern voice that is a bit lifeless or slow stirs a core event in my life that of my (northern) mothers post natal depression after the birth of my brother when I was almost 2 years old. So already something deep in my core was being evoked by this first contact on the phone. On first meeting, I now realise, they stirred an experience in me of John and Siobhan (who also had a northern accent) a couple that used to frequent the offices of the mental health charity I worked for some 20 years previously. John and Siobhan disturbed me. Or, and I think the distinction is important; my response to them was to feel disturbed. I am unsure about the validity of projective identification (an idea that would lead me to believe that they were putting their disturbance into me) and am more convinced by the notion that I am the one having the feelings, they are **my** feelings, albeit had in response to another.

This theoretical issue, which has huge philosophical and practical implications, is put rather well by marital therapist Joan Lachkar,

'...projective identification is felt to be a detriment to the subjective experience of the patient. Self-psychologists (referring to Brandchaft and Stolorow 1984) are doubtful if this defence mechanism truly exists. They don't believe that people are deliberately trying to sabotage the self-object bond, but rather view it as a disruption in the self-object bond.'

(Lachkar 2004:49).

Although thoughts about projective identification have move on (eg. Casement 1985/90 sees it as an act of unconscious hope) we can still see a crucial difference here between a Kleinian perspective and an intersubjective one. To 'sabotage' a bond is evidence of trauma or disruption NOT an instinctive process linked to primitive drives. Whatever the trauma John and Siobhan had experienced it certainly had a huge impact on me. They would arrive at the office unannounced and uninvited trailing their chaotic, shabby dislocated characters and lives through the foyer. They were the sort of 'heart sink' people who were well known, individually and as a couple, to every agency in town. People would look tense and busy whenever they entered an office, smoking and drinking and seemingly oblivious to the impact they were having on those around them. Both had been diagnosed with 'personality disorder' (a well known last resort in the local psychiatric services at that time when the patient eluded any other diagnosis) and both had seemed addled by massive exposure to drugs, prescribed or otherwise. One of Siobhan's favourite beliefs she would drawl round the office whilst making little attempt to keep her prodigious bosom in place was that 'Children should be allowed to smoke!'. John's hands and arms shook while he followed Siobhan around mostly like a lap dog unless he was exploding into a violent rage, once holding her over the stairwell by her hair, four flights up, until he could be wrestled away from her. I now realise that as a development worker with no therapeutic training I was very scared of these two but had little knowledge of the depth of this feeling at the time, or could bear to connect it to myself in any way. In this way I carried it in me (joining a similar unresolved shape, in relation to my mother in particular) until it could find a place to come out: with Mary and Alan. This shows the power of psychobiography. My previous experience led me to be highly sensitised to unacknowledged disturbance, which was very helpful to them as they were desensitised to their experience therefore making it traumatic, and was also helpful to me as a bit more of my experience was able to be acknowledged also (both at the time and in the writing of this

study).

Movement in the Relational Trauma State.

Such is the pressure in these states that it can be hard to move, to think, to imagine. It is a hugely important part of surviving these states that we find ways to keep moving, breathing to stay alive to the possibility of other states. Robert Bly, the poet, mythologist and 'masculinist' has some particular thoughts on relationships,

'People have the wrong idea when they think that they will get married and live happily ever after. Marriage is like an alchemical container once you seal it with your intention it gets hotter and hotter.'

(Bly 1988)

If we think of the consulting room as a sort of 'resonating chamber' this poem says something about the pressures and possibilities inside such a vessel,

The Poem

*Coming nearer and nearer the resonating chamber
the poem begins to throw itself around
fiercely,
Silent stretches of snow,
grass waving for hundreds of miles.*

*Intent pierces into hard wood, which grows dense
from inside, something mad penetrates
the wood,
something alive, something
human, like a violin that reverberates with thought.*

*A fierce intent that nature does not know of
drives inside the poem,
changes it,
thickens it with sober weight;
it is something dense, a human madness.
(Bly 1987).*

It is just such a chamber that is needed to bear relational trauma states and clear boundaries are an important part of creating this chamber.

I have sometimes made the mistake of assuming that a couple can remember other creative affect states (as they are very clear and memorable in my mind) when in fact their experience at that moment is that nothing exists apart from the state they are in. I think this is different from simply being in the moment, where there is some sense of choice and agency for the person. In a traumatic state they can only relate to that state. This is akin to being in a 'trauma pocket' a phrase used by Lynne Jacobs (a contemporary psychoanalyst and a dialogical gestalt therapist). She has spoken (Jacobs 2003) of the need to realise when someone is in such a state and that they may need you to reach out to them to help them realise there is something outside of their current state. This was certainly how it was with Alan and Mary. When I was able to voice my distress it seemed to remind them that there was another possibility, rather than just being blank, and when I was able to realise my part in something they could experience, in some ways for the first time, a care-taker who could manage their own feelings to a degree that allowed them to have theirs.

So when couples are in a relational trauma state my experience is that they cannot relate to any other aspect of their relationship. Once they are in it (and the descent can be very steep and sudden) they are locked into something anti-relational and non-creative yet sort-of perfectly formed (in the sense of a tightly locked dynamic that can seem impossible to be with or unlock or understand).

1. Jungian analyst Sylvia Brinton Perera retells the ancient Sumerian myth of Innana-Ishtar and Erishkigal: 'There are many myths and tales about...descent...for instance Japanese Izanami, the Greek Kore-Persephone, Roman Psyche, and the fairytale heroines who go to Mother Hulda or Baba Yaga or the ginger bread house witch.' (Ibid: 9).

Conclusion.

So a relational trauma state is not a state to be dispersed as quickly as possible, (although there is a great longing to do so); rather we need to find ways of being *with it* and *in it*, ways of navigating these terrifying Odyssean waters. In the same way that a dream or a panic state can be hard to navigate, yet is full of rich material containing as it does the origin of the difficulty and therefore the way through the 'impasse' (Stolorow and Atwood 1994, Trop 1994 and 1997 and Shaddock 1998 and 2000). This is part of the paradoxical beauty of this state. It is both something that causes such pain and distress whilst also being exactly what the couple need. So we must try and find ways to be with the couple in the relational trauma state if we are to allow the state to *gradually* unravel and some healing to be found. This slow, unravelling of the dreadful 'knot' (Laing 1971) that a relationship can get into leads to the reason why the couple have become so destructively entangled in the first place.

So, paradoxically, the relational trauma state contains the 'gold' the couple are in search of. Although in its' traumatic form it has the appearance of Lancelot's 'loathly lady' or St Frances's 'leper' some terrifying almost unbearable experience.

This then, like many Myths and Faerie Stories, is a monster to be faced, a witch to be defeated a giant to be calmed, if the journey is to continue towards greater fulfilment and 'relationship individuation' (after Jung and Jaffe 1963).

During a particularly hard day at the keyboard, where several seemingly unproductive hours had slipped by, I eventually started re-reading my thoughts about 'research methodology' and looking again at Moustakas's 'Heuristic Research'. I came across his final thoughts. They expressed a hope for me at this time, not a foreground or 'figural' (Perls, Hefferline and Goodman 1994/1951) reality in my stuckness and despair about writing, but a hope. It struck me then, as it strikes me now, that this 'felt sense' (Gendlin 1978) of, in this case, hope is what keeps me going when there seems no obvious way forward.

Polanyi's words are apposite,

'Heuristic passion is...the mainspring of originality-the force

which impels us to abandon accepted framework of interpretation and commit ourselves, by the crossing of a logical gap, to the use of a new framework' (P.159). The lifting out of the full nature, essence, and meaning of the experience brings one into touch with creative resources, enables one to develop a new view of self and life, and makes possible movement toward authenticity, self-efficacy, and well-being.'

(Moustakas 1990:123/4).

This is the journey of the relational couples therapist and the couple when faced with a relational trauma state: the 'lifting out of the full nature' of the problem leads, as with myself and Alan and Mary to some resolution.

Limitations of this study and future research.

I would like to pursue some active enquiry with couples in relational therapy to ascertain what was helpful to them. In this way I could broaden my data away from just my own experience or that of my supervisees and trainees.

Although my area of study here had been couples relationships these ideas are also interesting to think about in terms of any relationship.

The sculptor Kate Newlyn describes and sculpts, in 'Apart We Exist; Together We are Whole', the formative relationship for her with her twin:

'Inspired by a trip to Ephesus through a mountain gorge where rock and boulders, split by earthquakes and weathered by time, offered up images of figures. One stood out from the rest as that of a loving couple; two parts of one boulder standing together. Missing, as I was, my twin sister; I sculpted this piece.'

(Kate Newlyn 2001)

The Power of Doing Nothing!

My experience shows me that many couples benefit from being together in a non-active, non-reactive environment. That for a therapist to 'be' in this way, rather than intervene with interpretations or ideas or tasks, is a great achievement and it can be very helpful.

'Another Doing Nothing Poem.'

*There is a bird that flies through the water.
It is like a whale ten miles high!
Before it went into the ocean,
It was just a bit of dust from under my bed!*

(Bly 1987)

This movement from 'bit of dust' to 'whale ten miles high' is what can be revealed if we can apprehend relational trauma states. If not the potential of them remains as unknown and unseen as dust.

Word count: 16,185.

Appendix.

Appendix 1

'relationships' by Cleo Mussi.

Appendix 2

'small mirror twin and figure' by Graham Dean.

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I have used the first names of authors, as it is more accurate, bibliographically speaking, and more honouring of their name. Also, where appropriate, I have indicated original publishing dates immediately after the date of the book I have quoted from, when not using a first edition.

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