

NWRPA Relaunch

Interesting, engaging informative and useful. The NWRPA is back with the first in a series of six seminars on the second Friday of each month. We meet in a comfortable new venue the Manchester Institute for Psychotherapy in Chorlton. Another welcome change is that our meetings are all presentation and discussion and no business. We enjoyed our new way of doing things and hope you will too. You can read about the first seminar below. This was held on the 8th of February 2013.

FRIDAY SEMINARS

Our thanks to Amanda Onwuemene, our first speaker at our new Friday seminars, who spoke on the topic of 'The Anxious Self'. Amanda integrated her deep knowledge of the physiology of anxiety with a structured way of working based on Transactional Analysis.

Amanda began with a succinct account of all the physiological changes that happen when we are anxious. This parallels her work with her clients who come to her because they are suffering from such a prolonged stress reaction that they often fear they are going mad. Her first step is to talk them through the way body and mind react to normal and prolonged anxiety. She may also use methods of relaxation like meditation or reflexology to literally get adrenalin out of the system.

The stress response, or flight and fight, begins with the reaction to apparent danger in the hypothalamus and this triggers a process which leads to the production of adrenaline and noradrenaline. The heart beats faster and blood is sent to the large muscles. There is also vasoconstriction where blood flow to the parts of the body that are not needed for flight or fight is reduced. Amanda described in detail the other physical aspects of anxiety.

Because of the involvement of other parts of the central nervous system, particularly the limbic system, we also have the psychological aspects of the stress response that we might call a traumatised state of mind. Perceptions and memory are highly emotional and have a repetitive and timeless quality. We can act impulsively, have tunnel vision, and lose our awareness of the consequences of our actions. We can have disturbing memories from childhood onwards that feel very present.

A prolonged state of anxiety can leave us with a permanent sense of overdrive or even catatonia where we start to physically and mentally slow down or stop. All this can lead to an exhaustion stage where we lose our capacity to react to stress. Amanda's clients come to her because they fear they are going mad, there is something wrong they cannot understand, that nobody understands them. These are often the result of prolonged stress and it helps to work through this information about the physiology of the anxiety.

Her next step is to work through these anxieties in a way that is consistent with her Transactional Analysis approach. To the members of the audience this was a more familiar way of working with anxiety.

Amanda works with the clients compulsions, not directly but in terms of the behaviour and purpose of the compulsions. She pays attention to the ways clients are split off from their vulnerable self, which in turn is split off from adaptive self and split off from the internal critic. Her terms may be different from those used by psychodynamic therapists, but we recognised the centrality of splitting in highly stressed frames of mind.

She pays attention to the client's history. As children they often had problems with compliance and adaptation to their parents. They had an inner child which hidden and safe behind the facade of the social self and the social self becomes the self. This inner self would emerge slowly in therapy. A crucial question here is to ask the client how did they know from their mother and father when they were being good.

A second split happens when the inner self leaks through the social self. Here the internal persecutor keeps the self under control (you are rubbish) and this then becomes integrated with the self (I am rubbish) and leads to depression and shame. This can also be projected outwards as criticism of other people. Clients will often expect to be a disappointment to their therapist. Amanda may ask her clients what does the voice say? and who said that?

The last split is catatonic, where everything is wiped out, possibly through drugs alcohol and sleep. The inner core is hidden from criticism and fantasies of criticism. They may be very withdrawn, dissociated, schizoid or superficial. Being real means being rejected and they will fear being dependent on the therapist and also scared to leave therapy. A counter transference of drowsiness is quite common as is the client's "con" where they say they will do something but in an unspecific way that will never be fulfilled.

Often they are unable to make links between sessions and this is an essential task for therapists. Karpman's triangle of Persecutor, Rescuer and Victim and attention to family games is very useful here. Amanda's way of working is flexible enough to accommodate clients who see her for six sessions through an employee assistance programme and those who want to work longer term.

And finally...

At seminars like this there are moments when listening to another therapist describing their work I realise we have ways of working in common. Then there are moments when I realise that this is a different approach and makes possible ways of thinking and acting that my discipline does not. This came when Amanda described clients getting to the point where an inner wish, and associated anxieties, emerged. This is familiar. So she went to a Cathedral or to a coffee bar with her clients, something which is close to unthinkable in my psychodynamic approach.