

NWRPA Friday Seminars

The Many Faces of Shame

Amanda Phillips

Friday 8 September 2017, 6.30pm-8.30pm

Amanda will discuss how shame is experienced, the process of internalisation, the impact of this on our development and consider the therapeutic interventions open to us.

Amanda Phillips is a relational-centred Integrative Psychotherapist with 15 years experience of working with individuals, families and young people.

Facing the Client's Wrath

Jim Davis

Friday 13 October 2017, 6.30pm-8.30pm

"How are we doing?" Evidencing Experience

Dr. Alan Priest

Friday 10 November 2017, 6.30pm-8.30pm

Call for Therapists for the Event, Three Words in Therapy

Friday 8 December 2017, 6.30pm-8.30pm

We're looking for three counsellors and psychotherapists to speak for 15 minutes each on a word of their choosing from the world of therapy. The emphasis is on sharing your interest and enthusiasm rather than impressing others with knowledge. Which word would you choose? Words chosen for earlier events include cure, communication, loss, dissociation, unconscious, mistake, creativity, bullying, transference, silence, mothers, curiosity, storytelling, abstinence and boundaries.

Please email NWRPA if you'd like to take part at nwrpa2010@ntlworld.com

Venue:

**The Manchester Institute for Psychotherapy
Barlow Moor Road
Chorlton
Manchester M21 0BQ**

A map of our venue and more information about the Association is available on our website at: www.nwrpa.org.uk



The health of the NWRPA is sustained by our members spreading the word.

The best publicity is always personal recommendation.

Please send this newsletter and our publicity flyer to anyone you know who may be interested in attending our seminars or joining the Association.

Don't forget good old fashioned word of mouth.

CPD certificates

If you would like a CPD certificate for the NWRPA seminars you attend please email Frank Kelley at

info@nwrpa.org.uk or nwrpa2010@ntlworld.com

Three Words in Therapy

Friday 14 July 2017

Storytelling

Maria Correia

Maria Correia is an Integrative Transactional Analysis Psychotherapist in Training.

She constructed a coherent and compelling narrative for the power of storytelling in therapy and for the usefulness of metaphors and stories when we are affected by shame and embarrassment. Storytelling allows empathy to get through and healing to happen. It is a good for working in the third space.

Margot Sunderland, the child psychologist, has the view that therapists expect clients to express themselves clearly and so can become frustrated if they do not.

Maria gave examples of failed adult communications where they thought a child was troubled. Often this resulted in a child giving an apparent non-sequitur in response to the adult. The problem here was that the adult pulled a child out of a communication that was in the language of imagery.

The psychoanalyst Sándor Ferenczi talked of a confusion of tongues. The adult uses a tongue the child does not know, and interprets the child's innocent game (his infantile tongue) according to this disturbed perspective.

An alternative is to stay in a child's, or client's, story, image or metaphor as long as needed and to appreciate the symbolic significance of these communications. Sunderland emphasised empathic listening with the heart and gut. As children get older they can become less freely imaginative and need more support and structure in therapy. For teens communicating understanding can be life changing and the therapists ability to understand and bear distress makes these teen experiences less frightening.

Adults too can get stuck with talking to other adults and story, image and metaphor can help them unstick themselves. For example if a client says they *are up against a brick wall* we can ask them about this image rather than about their thoughts and feelings. You can ask what are you seeing, ask them to draw it, ask how old they feel, is it a typical experience, how far back does it go or browse through different pictures. In TA terms these images will relate to scripts, rackets and ego states.

The experiential part of Maria's presentation was a basket of items. We could choose objects to represent our issues, ourselves, family members and so on. Another experiential task was for the group to carry on the story that Maria began with *I was walking down the street and saw a man walking with a dog and then . . .*

We need words which come from our true self and our adult self. However the route to our adult self can get stuck in a child ego state and stuck in the past. Here we need story, image and metaphor.

We ended with Maria playing an enchanting recording of piano (representing voice) and violin (representing image).

Abstinence

Paul Melia

Paul Melia is psychotherapist at Therapy in Manchester (therapyinmanchester.co.uk)

His talk was a reading of Freud's principle of abstinence - given in his 'Observations on Transference-Love' (1915) and illustrated with references to complaints received by BACP under its Professional Conduct Procedure about therapists seeking to satisfy desires for intimacy.

A copy of Freud's essay is available to read online at <http://tinyurl.com/ybp8xj7p>

Paul also talked of unprovoked denials and what he termed the front and back of the T-Shirt. E.G. Front proclaims *It is important we get along* and the back says ***** off*.

He noted that the BACP's journal *Therapy Today* has a lot of content which is the therapeutic equivalent of the popular literary trend of misery memoirs. He was particularly interested in detailed accounts of the BACP's Professional Conduct hearings into complaints against counsellors and psychotherapists. These accounts often used the same repetitive wordings.

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These complaints are often of a sexual nature. This takes us to the very beginnings of therapy and the work of Freud and Breuer in the 1880's and the case of Anna O and her sexual feelings towards Breuer which led to him terminating that treatment.

Freud believed Breuer had the key to the therapeutic work but lost it when he took flight. The key is the interpretation of transference love. This love is strong feelings directed to the psychoanalyst which are derived from strong feelings towards a significant person in the patient's early life. Rather than being foreign to therapy these strong feelings of transference love are at the centre of Freudian therapeutic work.

Freud's *Observations on Transference-Love* was addressed to new psychoanalysts as advice on how to manage these frightening experiences as a serious therapeutic issue. For Freud transference love is induced by the the analytic situation and he never thought his patient's attraction to him was to be attributed to his personal charm.

The work was to let the patient know that he was listening and helping them speak about these intimate feelings. It also requires the psychoanalyst to practice abstinence and to deny the patient the satisfaction of the love they crave, while still allowing that love to persist.

For Paul the positions we can take on transference love are ignorance, denial, forgetting or working through. His reading of the BACP's Professional Conduct hearings is that a lesson learned at the very foundation of therapeutic work still often remains unlearned.

Boundaries

Frank Kelley

Frank Kelley is retired and was a psychodynamic counsellor in the NHS.

One of my mottos for myself during my time as a counsellor was that *the opposite is also true*. Hence it is profoundly true that we need to keep to the boundaries of our therapeutic work. It is also true that creativity in therapy requires a considered flexibility in our use of boundaries.

I want to consider both sides of this debate by considering the writings of two of my heroes and vignettes from my counselling work.

Patrick Casement discloses changing his mind about holding the hand of his patient as she relives the trauma of her mother's letting her hand go when she was being operated on as a child. In *On Learning from the Patient* (1985) Casement tells us that he withdraws his offer to hold her hand, lest he fixate his patient rather than enable her to relive the trauma and come through it.

This is a clear example of maintaining a boundary, or rather two because there is the boundary of not touching and the boundary of maintaining the analyst's abstinence. This analytic holding allows the emergence of the patient's central conflict in the transference. Here keeping to boundaries allows both containment and understanding.

In his 1969 paper *The Mother-Infant Experience of Mutuality* Donald Winnicott writes of *the absolute need this patient had . . . to be in contact with me . . . Eventually it came about that she and I were together with her head in my hand. . . This experience, often repeated, was crucial to the therapy*.

This is a clear example of flexibility in maintaining a boundary relating to touch allows the emergence of the patient's central conflict. In this example flexibility in maintaining boundaries allows both containment and understanding.

I would now like to offer two examples from my counselling work.

I usually see clients for twenty weekly sessions on the same day and time. We were well established in this pattern of meeting. The work was not going particularly well or particularly badly.

My client came in and immediately and angrily harangued me. He complained that I was always there at one o'clock, never a minute to one or a minute past one. He was appalled and frustrated by my rigidity.

Now you will not be surprised that this frustration with rigidity was a central theme for counselling. He was frustrated by my rigidity, frustrated at his own obsessiveness and had grown up suffocated by parental inflexibility and severity.

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It may be that these themes would have come to light in another way. However I remain convinced that maintaining this fundamental boundary of the counselling session allowed this important containment and understanding.

My second vignette is about a change of a boundary. Many of the people I saw for counselling were very conscientious people, well mannered, polite and reliable. With these clients I never had a problem with boundaries. They arrived and left on time, took the work seriously and never complained.

I ended up thinking that, other than explaining what the boundaries were, I never needed to work to maintain boundaries as my clients would do this themselves. To test this I stopped announcing the end of sessions and waited to see what happened. What happened was that the clients in this group looked up at the clock exactly as the session ended and left promptly and exactly on time.

While thinking about this group it struck me that after a number of sessions they would hesitate at the end of a session as if they had something to say. However I would keep to my boundaries and end the session.

Now keeping to boundaries is useful. To respond to emotionally charged material by extending the session can be uncontainment. It can give a message that we cannot contain our clients' emotions. However it struck me that this group of clients did not pressure and test boundaries in this way.

I tried an experiment by acknowledging the boundary by saying we had reached time, but added that my client seemed to have something to say. They usually responded by saying what was in their mind and only added a minute or two to the ending. This was always said with gratitude and relief. This end of session communication usually opened, in the succeeding weeks, to a deeper communication of a lifelong experience of not asserting their needs, putting others first and keeping their feelings to themselves.

For this client group flexibility in maintaining boundaries allowed both containment and understanding.

My conclusion for this talk was that it is true that for containment and understanding we need to keep to the boundaries of our therapeutic work. My other conclusion is that it is also true that containment and understanding in therapy requires a considered flexibility and creativity in our use of boundaries.



You can contact the NWRPA on our new email address at info@nwrpa.org.uk

This is in addition to our usual email address at nwrpa2010@ntlworld.com

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