

Module 6 Day 1

Yr 2



Models of integration

See handouts

Developing Maps & Frameworks...

(see handouts)

Therapy is
about

by ~~present~~ unfolding ... integration

Integration is not a finished articles

— A process, not a thing of itself.

Making connections in therapy is part of integration.

[like languages are not exact analogues with exact correspondences]

[integration is bringing together best of languages]

Respect dignity, individuality etc.

Valuing actuality of therapeutic relationship

Valuing inner & outer world.

Fantasy

PA

Field

Behavioral

Integration

Int^{ve}

Inclusive, not exclusive

Not a cult

Flexible

Awake new ideas.

Accepting of divergences
& formulations.

Many angles

Ash diet → what does that diagnosis mean to you?

eg helpful / pathologizing.

If diet comes with medical diagnosis — have to accept professionalism behind that.

Neurotic, not psychotic
"Worried Well"

Psychiatric
BPD 2
~~ignore!~~
reject

What am I integrating from where & before
in myself

in terms of ideas & practices

What am I not integrating?

Intersubjectivity $\longrightarrow$ bringing whole self into the room.

Identity

Dialogue

Artist

Creativity

Ego

Buddhism

→ Not wanting to
integrate.

What to integrate
Paradoxical theory of
change.

Growing Edges.

1) Stay far more with our process

↳ stick with our process.

What is it like for me knowing this is
difficult for X.

2) As therapist. Be

↳ slow down
be with them.

Let them be

Facilitate their being.

From trauma - learn bracketing!

Day 2 Module 6

① Main Theories

look at Articles / Handout 9 a website

② Various approaches → on the www.

TA / Gestalt / Psychodyn etc.

③ Map of theories → dev^t of theories & theorists

Therapeutic Relationship

Important - all research shows this is the most efficacious part of PT.

e.g. Beyard Schoedon written in a morning - (Clarkson)

So, what are the important aspects

Rich Bentall - compared robotics - Sources project

Trained CBT + Therapeutic Relationship F+T



good for phobias

BUT long term not 6 weeks

Erskine — What promotes content?

—— sitting with thoughts
words
emotions
actions.

How does direct material tell you where you are in the
Pt relationship? Example of young woman grieving loss of mother.

Petrus Arden

① What's going on for you today?

② I am well ↗

P.C. founding member of Metanoia — then set up
adversary school.
Was anti-schooling

5 relationship style [Therapeutic Rel^P 1985
1989] Mel: ~~Adv~~ Arg PG theory
is trying to understand
self

① Force 1 & Force 3.

PL Brought them together — are of the first METAMODELS.

Still similar? Revolⁿ at the time

① Working Alliance (WA)

Adult to Adult relating / consent — context — every 2
"New dawn". Every session builds the WA.

After rupture, renegotiate WA
(Gestalt — disturbances at the boundary the presence)

② Transference & Counter-Trans^{ce} relationship

Transfer then & there onto YOU.

You may then feel resonances.

Heal then & there too here & now.

In my therapy with Sally had Trans/Counter Trans
moments (6 yr olds).

Floating interaction — "I am curious about a 6 yr old"
(see plus Freshy Friday).

What injunction is in the temperamental relationship?

③ The reparative relationship

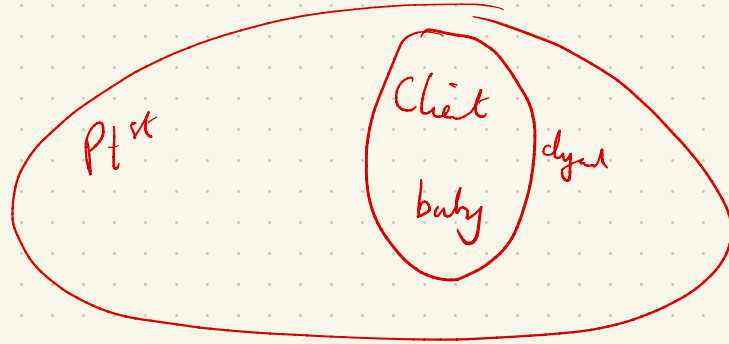
We can do the therapy for the things that did happen to you ... but also what didn't happen

by Parental 'mines'.

We do not parent / infantilise ~~As~~ as ~~did~~

We tune into the things children needed but did not get.

Ethics → do not become "mother substitute".



Carenet on learning
from the patient.

④ Real or pseudo to pseudo relationships

Dialogic or intersubjective relationships



Horizontal

My adult in service of yours.
Looking for moments of contact.

Part of this is normalizing

e.g. if I had been through X, I might feel Y as well.

~~Is~~

self disclosure → do not do when starting
→ can collude with client.

⑤ Transpersonal relationship ⇒ Faith & other.

Embarrassment in therapist:

We don't know what we are doing.

Sandwich's diets get better/worse/stuck and
we don't know why.

Pat Crittenden = research about PTSD,

↳ After stabilization most important aspect is
Trans P relationship.

~~Don't~~ just cite Clarkson, hit the source materials.

Useful for writing about
experiences with charts.

~~John Rowan~~ (Ken Wilbur)

① Geography of therapeutic field.

(see Bone's handout 9 on website)

Mental Ego = functioning in world ——— Work
— Relationships
etc

⇒ Building self in relationship to others
Looks to the past.

How do we meet this need in a reparative way

Friend
Kline

Violet Oakland
+ Mattie

Bene → rewrite scripts,
etc

② Real self

— tends to be
middle-aged.

- But who am I really?
- Am I satisfied?

Self-actualization, Growth, Purpose

Meaning & creativity.

I have survived — want to be more
creative.

(Human potential
Movement)

③ Other dimension is
transpersonal / higher self.

80% tends to be older folk.

Look for difference
between similarities

Write own model
of integration

~~do~~ don't introject.

• Module 6 Day 3

4-6-23

Erikson

Gestalt, TA & object relations.

Relational Patterns book most recent

①

Control

/ \

Trust

Attachment

② Relational Control

③

Attachment

Contact → 2 things connecting.

└─→ Marriage interplay. →

└─→ Moving energy. → Energy, spark.

How to → Making contact with others was difficult
→ Connect without doing.

└─→ What is my awareness of contact?

Height difference.

Theory

① Contact with self

② Contact with environment

③ Client & therapist

Erskine

Self & self-esteem arises
from contact

No parenting, no regulation of
feelings — dysregulation.

↓
BPD

eg.

or

Traumatized & lonely

Developmental difficulties resulting from difficulties in parent — may not be
emotionally available to children

Content can be interrupted at any point (breitbart cycle)

Ernie diagram / Word Boxes

Experiences impact us on an internal level.

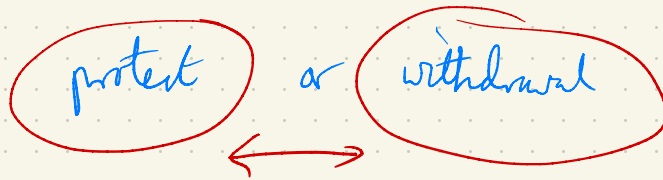
If our distress is not noticed → misattunement

or put to bed when wanting to play
extrovert parent with introvert child.

[Painting example]

extreme → neglect or abuse

Signs of
misattunement



Attempt to put things right.

Therapist or parent with attempt to put right.

If not put right $\rightarrow$ $\propto$ can be noticed

But can be triggered by client
as part of repeating pattern.



This can lead to futile work.

Transference / counter T
work.

Therapist acknowledges their part
Erskine & Saffron

Attunement

Needs in relationship

① 1, 4, 8

③ 2, 5, 7

② 3, 6

Valuing

Self-definition

Having the other interested

2 - Valuing - The need to be valued, cared about and thought worthy.

- * 'my stuff is not valuable'

- * interested/curious about their story and details

- * unconditional positive regard

All give the client the freedom to explore - a safe space.

"When the eight Relational Needs we have discussed have been attended to, consistently and with sensitivity to which need is in the foreground at any given moment, the overall experience is one of being loved. To have our Relational Needs met is to feel loved". (Beyond Empathy, p151)

5 - Self-Definition The need for others to acknowledge and respect our own uniqueness/
individuality or
Difference
How is this different to valuing?

WNFDT

Respecting the client as 'other' than the therapist.

7 - Having the other Initiate - The need for other people to think of us and initiate things for us, not just to respond to what we initiate. Getting without always having to ask.

Care about modelling this in a therapeutic relationship.

Tension between supporting the client in becoming self-sufficient and knowing that others care for them.

What happens if someone doesn't notice the other initiating.

“Why didn't she ask if I was OK?”

Bearing the client in mind???

Is contracting part of initiating?

Not all of the needs are in the foreground all the time.

Applying the Brakes - Babette Rothschild

That sounds like a bit big, I think we need to chat to the adult for a moment.

Bracketing - client - going from hats to deep place, then say 'That's hitting something a bit deep, let's look at what will happen next.'

OOh, 'I'm going to take that to therapy.'

Bit more theory from Richard Erskine.

Work together as one group.
2 or 3 fishbowls.

Methodology of practice.

Inquiry, attunement, involvement.
RE is one of the few seminal psychotherapists who is still alive.
Coming over again to NScience 24 May.
Reasonably priced for CPD.
Go to see him!!!!

Inquiry in a therapeutic space.

What's that like,

Tell me what you said about your dad

What's going on with your knee at the moment?

These questions can be useful to the client.

Start in the shallow end!

This is not chronological - will keep coming back to enquiry

Attunement

This may involve asking questions, too!

Slightly different to empathy (putting yourself in someone's shoes).

Attunement is noticing someone is sad and being sad.

Showing care and attention

"That sounds really hard"

"I can see that you are upset"

Sometimes you are attuning by NOT showing too much.

Other times you are attuning by tearing up.

Do I think they can tolerate me being moved by them now?

* Reading expressions and responding appropriately.

If experience is too far outside their experience, this could be distressing to them.

E.g. you think they are feeling rage, but ask if they are somewhat irritated.

Meet the energy

Was I a bit much there?

Attunement of timing and pace; AT of volume; AT of eye contact; AT - which door is open?; AT noticing when client is moving in and out of contact - too much may be too much for some people..

AT to developmental age; How old is this person at the moment?

AT to emotional needs (see list).

