

Q. When you tell clients what you want in regards to money, treatment arrangements and time, aren't you imposing your beliefs onto them? When do you be the expert and when do you give in to what they say they want?

A. The way to solve your dilemma is not to change what you want, but whom you want it from.

In your question, you want something from the client, i.e. that he will agree with your terms, and you perceive that your "wanting" may be imposing your beliefs onto him. Okay, let's say that's true.

Here's an idea—instead of wanting something from your client, want something from *yourself*. That way, if any one gets imposed on by your beliefs, it is you.

I don't quite get it.

Instead of setting money, treatment arrangements, and time limits for the Other Guy, set those limits for *yourself*. Then want "yourself" to keep those limits.

Setting limits for the Other Guy sounds like a version of this:

"You have to come on this day and you have to come at this time and you have to pay this much."

Setting limits for yourself sounds like a version of this:

"When people pay me this much, see me at these times, and are willing to come in these subsystems (individuals, just the kids, the entire extended family, etc.), then I am available to meet with them. When people do not fall into those parameters, then I am not available."

Another example might be:

My fee is \$X per session. I treat individuals and families, and refer couples out. Right now I'm available Mondays at 2 and Thursdays at 7.

In the long run, it turns out that unless you are comfortable with the professional arrangements you set up, you will harbor resentments and be unable to effortlessly offer a climate of positive regard and non-judgment.

In session, you serve as a role model of how to live in integrity. Your behavior, your process, and how you relate to people

(including yourself), are all observed, often copied, and always responded to.

So since you serve as a role model, honor yourself and take responsibility for taking care of your basic needs and setting limits for yourself.

Some limits may be negotiable.

- I reserve having an opinion about which family members I'll treat and which members I'll refer out until after I have met with the principals and heard "the story."
- I may have a number of openings for lower fee clients, depending on my perception of need and/or willingness to work.

And some limits may be non-negotiable.

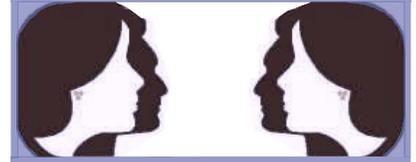
- I see clients by appointment only.
- I continue seeing a client only if they pay me in a timely manner.
- This is what I plan to do if anyone resorts to physical violence upon a human being inside the session.
- These are my mandated legal and ethical obligations.

As best you can, become familiar (in advance) with the edges past which you will not go. You won't think of them all, today. Your list will expand with experience. However, I strongly suggest you take some time fairly immediately and begin to articulate what your personal non-negotiable limits are.

Keep in mind you don't have to verbalize your non-negotiable limits to anyone else, but you will be well served if you are aware of them *before* a client challenges them.

While you are at it, get familiar with behaviors which you encourage but actually allow exceptions for. These include the details that fall under the category of preferences but not deal-breakers. For example, most therapists have preferences regarding which family members will come, how many sessions a week will be attended, and what issues will ostensibly be worked on, but often these issues are negotiable and ultimately up to the client.

Also, consider subjects important enough to get a contract about, even though you are pretty much okay no matter what gets agreed upon. For example, let's say your client makes a contract not to behave in a certain way.



Dear Reader,

In a previous issue I asked if anyone had a suggestion for a substitute description of our clientele besides client, patient, or customer.

Jeni, a New Zealand reader, has suggested the Maori expression, "tangata whai ora."

Tangata means "people or person" and is pronounced, "tongue-ata" with the accent on the first syllable.

I'm guessing the first "a" in "ata" is pronounced "ab" (as the doctor tells you to say as he sticks a tongue depressor in your mouth).

Whai (the 'wh' is pronounced as an 'f') means "seeking/following/going in the direction of." Ora means health/wellness.

So "tangata whai ora" means "person seeking or following health/wellness."

I doubt this phrase will catch on any time soon, but I'm quite delighted to have it at hand.

Carol Nichols Hadlock

You can have no attachment to the outcome because you understand that whether he keeps his agreement or violates it, his agreement is with himself, only.

And, if you're willing, dig down even deeper and become conscious of those things you do not like but will in fact, tolerate, in order to get your other needs met.

What do you mean?

Well, you wouldn't be the first intern to continue seeing a client who didn't pay regularly if, say, you were nearing your client requirement for state licensure and were willing to see pretty much any client, at any time, fee or no fee.

Oh, like when I drove all the way over to the office twice just to see that one client and then she didn't come. And the next time, when I agreed to see her again, she waited until the session was over to tell me she didn't bring any money? It's funny now, but I wanted her to like me and was embarrassed to ask for advice.

Yup. That's what I mean.



Q. I'm going to do a group and I'm not sure what I want to do.

A. Do a group the way you would like it to be done if you were a group member.

Your overall format will depend on whether the group is a psychotherapy group, a support group, or an educative group.

In the most effective educative groups, material is presented with consideration of the various learning styles. Then the teacher and the students enter into an ongoing dialogue.

In an effective support group, the facilitator serves as rule and time keeper, suggestor, motivator, and master negotiator.

In a psychotherapy group, the psychotherapeutic framework of the therapist will determine the focus, but in general she does one of three things:

- Works one on one, with the other group members witnessing.
- Works one on one and uses the group members as props.
- Works with the group as one system, attending to group and subgroup processes as they surface.

Whatever your strategy in session, keep in mind that an unconscious re-parenting process is also going on, so—

- Treat the transference with respect.
- Invite each person to encounter themselves rather than encounter each other.
- Keep a mind-set of unconditional positive regard for all.
- Set and keep clear limits for yourself.
- Stay in neutrality.
- Focus on process.
- Connect with and trust yourself.
- Invite without agenda.
- Prefer that group members will benefit from the group, but let go of any need you have that they will actually do so.
- Promote the idea that all feedback be about the speaker, and not about another group member.

I don't understand about that last one. Most feedback is usually about what I said or what somebody else said.

Probably so. Keep in mind that making a rule for group members about feedback is usually easy to do and easy to say.

The down side is that rules for other people can be rather exhausting to monitor. Plus you have to devise some sort of consequence for the other person's failure to abide by the rule. And then, you're not done yet, because you're the one who has to make sure the consequence is carried out.

That's way too much work for me. Plus I'm into positive rewards—both as a parenting and a teaching tool.

Invite each person to notice their own process, and to take responsibility for their response to the Other Guy's process.

An easier, much lazier method is to make a rule for *yourself*. For example, you might make the rule for yourself that, "Every time I become aware that someone is talking about someone else in the group, my first response will be to invite that person to divert her attention onto herself, and to say what is going on with her in that moment. And then, if I can, I'll use her response to invite a piece of personal therapeutic work. And if the group member continues to talk about

another group member, I'll invite her to talk *to me*, as opposed to any of the other people in the group."

Is that what you do?

Actually, I'm a bit more aggressive. From the very beginning of a group, any time someone even begins to talk about someone else in the group, I immediately intervene verbally. If that has not effect, I am out of my chair, stepping between the speaker and the group member he's talking about and inviting the speaker to notice and speak about himself in the moment.

Another intervention is to put an empty chair in front of the speaker and ask him to imagine that the person he is talking about is sitting in it. Then I direct him to talk to the chair. The chair, you see, holds the speaker's *perception of* or his *projection onto* the other group member, but not the actual person.

And the reason you do this?

I'm into inviting each group member to encounter *himself*, not other people in the group.

Well what happens if two people start arguing?

I continue to do my best to invite each person to notice their own process and, at the same time, to take responsibility for their response to other person's process.



Q. I'm meeting with a group of women mandated for family work through social services. Any ideas?

A. A family metaphor is created by the fact of the group itself. You, the leader, are in the Parent role and the group members have an opportunity to take over the same roles they had as children.

- Explain to these women that the group will be a lot like a family. Propose that they use the group to explore what a family is.
- Direct a discussion of what they want from a family. Set up role plays so they can show each other what they mean.
- Use any disagreements between them to invite them to experiment with how differences can be resolved so that everybody wins.
- Encourage them to practice with each other how they can be supportive even when they disagree.
- Use the relationships between group members to teach basic communication skills.
- No matter what subjects they discuss, projects they undertake, or issues they bring up, consider that your job is to notice, point out, and work with the relationships between group members.
- No matter what subjects they discuss, projects they undertake or issues they bring to the group, consider that your job is also

to work with the relationship each one has with you.

□ Invite individual work while the others witness and learn vicariously.

□ Set up psychodramas of individual dilemmas. Use group members as props.

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Q. I have been working with a 17 year old girl who is thinking of starting a sexual relationship with her boyfriend. Nothing has happened yet. She talks fairly freely about her concerns and says she isn't sure she is ready. What would you tell a girl who wants to know when she will be ready?

A. Well, these days I access my impression of Dr. Ruth (of television talk-show fame) when I speak of sexual matters. Are you ready for a straightforward answer?

Yes.

Okay. Well, I would say some version of this to her, "When you can figure out, by yourself, how to give yourself an orgasm and then, again by yourself, take some time to explore and get comfortable with your sexuality, well that's when you'll be ready, and not before."

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Q. I have only three sessions in which to assess whether or not a child might be being abused and to decide in which group to put him. As an assessment tool, I often ask the children to draw. I feel very pressured to interpret correctly.

A. One way to take the pressure off yourself is to acknowledge that the most "correct" thing to do is to guess intuitively about a drawing's content.

All you have is your own perception distortions, your own projections, your own experience with abuse, and your own gut sense of, "If I had drawn that picture, this is what I might have been communicating."

A drawing is an expression of the drawer's perception of his world. The content is not necessarily factual. The drawing may be a metaphor for something but not necessarily a metaphor for the facts.

More likely, the drawing's content reflects how the drawer *perceives* the facts.

As an example, a very sensitive child whose parent *verbally* attacks him might draw the same kind of picture another

child would draw whose parent *physically* attacks him. In this case, the drawing is an expression of how the child feels. Despair is a subjective experience.

I bought this book that interprets children's art so I would be able to discern the facts.

Armed with five thousand years of collected human knowledge, at best all you will have is a high probability. That said, there are common threads to the renderings of many abuse victims.

And while there are probably no more Absolute Truths in psycho-art than in other psychotherapeutic realms, there seems to be some validity in The Very Good Guess.

However, there is simply no rule such as, "Whenever a child draws a particular figure a particular way, it always means X, Y, or Z." Humans are way too complex for that.

In a drawing, a child is saying, "Right now I feel this way about myself." Tomorrow, or an hour from now, he may draw a completely different view of the same subject matter.

Any drawing reflects the drawer's experience at the moment in which it was drawn. Watch for patterns over time as a more accurate predictor of abuse than the content of one or two pictures.

So when parents, teachers, or school officials want feedback, all I can really do is give them my impressions?

Yes. Combine your impressions with the little knowledge you have.

"X percent of the kids I have seen who draw this way Y number of weeks in a row come from family systems in which such and so is perceived by the child to be true Z percent of the time."

For the highest competency rating, know that you know Nothing For Sure. Then trust yourself (your only reliable tool) and tell your truth in as undefended a way as you can tell it.

And if they think I am a bit flaky?

Well, whoever judges you as flaky, is being a bit abusive to *you*, aren't they? Add that to your impressions about whether the *child* is being abused or not.

And do remember that you are the professional. Neurobiology aside, providing an environment which invites focused opportunities for psychotherapy is more of an art as it is a science.

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Q. I have a twenty-four hour cancellation policy. She cancelled one hour before our appointment. Her current illness had taken a turn for the worse. I am now in conflict. I made an exception for her once before. I don't want to co-behave abuse, but at the same time her reason was legitimate.

A. So your challenge is to honor both your compassionate side and the professional set-clear-limits-and-stick-to-them side?

Yes. I guess I could tell her I wasn't comfortable with what she did, but that I will make another exception this time and next time the first moment there is any doubt, I want her to call and cancel rather than waiting.

Now that you have said that, what is your internal response?

I feel good about as I think about telling her that.

Yes, internal checking is the way you know you are doing the right thing.

Sometimes it is worth amending or rewording our non-negotiable limits so they mirror reality. For instance, you might say (to yourself), "My new policy is that even as I intend to charge a client who fails to cancel twenty-four hours in advance, I will call the person to gather information. If it turns out to be an occasional emergency, then I might make an exception."

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Q. There is a body of literature which suggests that expressing anger in therapy is not advisable. You know, beating on pillows with tennis rackets, primal scream and the like. Rather we should encourage people to manage their anger.

A. As usual, my response runs along the lines of, "Possibly so. And there's more."

Let's say an ideal mentally healthy person, who has no stored up anger from his life previous to this moment, gets startled by someone else. Perhaps someone betrays him, a friend questions his integrity, or perhaps someone drives their car recklessly and too close to his children. His primary response is certain to be fear, mostly because he is startled by the possibility of unexpected danger.

Since fear is physically uncomfortable, he will often respond with anger as a way to cover up his fear, give himself energy,

and puff himself up so that the “enemy” might be intimidated and decide not to hurt him anymore.

Later when the anger subsides, he will feel somewhat sad. This sadness is the result of grief over the loss (yet again) of his preferred belief system that the world

is a physically safe place, that people are responsible, or that most folks judge him positively and wish him well.

Born optimistic, this aging ideal mentally healthy person has been moving closer and closer to the perception at a cellular level that his childhood belief-system is flawed, that in fact the planet is *not* safe. He has been journeying toward a reluctant acceptance of the idea that if he wants to *feel* safe, he needs to take care of himself rather than trust to others to do that job for him.

If we had the opportunity to ask this Ideal man what he feared at the moment he was expressing his anger, he would probably be able to give an answer such as, “I was afraid that ... my life was in jeopardy, ... I’d never be able to trust anyone again, ... No one would like me any more, ... I’d be publicly shamed,” or some similar awareness.” This ideal person does not need to “manage” anger. He experiences it, moves through it, and lets it go, rather quickly most of the time.

Most of us are not that lucky. From an early age we are taught to be afraid of our anger. There are many reasons why: it isn’t seemly, it isn’t nice, we are dangerous when we’re angry, we might hurt somebody, etc.

The reasons are as creative as parental and cultural sanctions can invent. So, being good boys and girls, we learn to repress our anger and store it up until our psyche finds ways to act it out or to act it in, in ways either subconscious or unconscious depending upon the degree of our addiction to shame.

Occasionally when an outsider (someone we do not include in our usual social network) startles us, our psyche takes the opportunity to say, “whoopee, a righteous reason to be angry. Now I get to let off some of the pressure from this rather heavy reservoir of rage I’ve been carrying around with me.” For example when that vicious criminal commits a heinous act, or

a scummy politician does something with which we don’t agree, we can indulge our hatred with satisfying fury. It’s rather joy-producing to feel all that anger and act it out when such behavior is approved of.

Baring a socially acceptable cause toward which we can vent,

we divide ourselves into three general groups:

- a) Those who express their anger in physically abusive behavior,
- b) those who express their anger in emotionally abusive behavior, (which, by the way, includes withdrawing, withholding, blaming, ...), and
- c) the rest (half-dozen or so) of us.

When someone who routinely expresses his anger in physically abusive behavior comes into therapy, the chances are good that the psychotherapist can not provide a truly safe place for him to move into and through his anger until his rage is resolved. That is, it simply cannot be psychotherapeutic for a person to move through his rage in session only to discover he is physically damaged or has murdered his therapist.

You can, however, invite the same work in imagery. More about that in the next issue of *Interact*.

Other ways to work with this person toward the “management” of anger include:

- Consistent invitations to acknowledge and experience the underlying fear.
- Consistent invitations to cognitively separate the biochemical in one’s blood stream and the accompanying physical invitations to move the muscles in one’s extremities.
- Consistent invitations to take responsibility for all one’s thoughts, feelings, and actions.
- Consistent invitations to move towards other perceptions of the world than those which were developed in childhood as survival adaptations.
- Consistent invitations to move toward an understanding that a) we don’t always get what we want and b) the universe is unfolding as it should whether we do or we don’t.

Mostly, our work is with people like you

and me, whose abusive behavior generally takes a form that does not result in physical harm to living beings. And should we hurt anyone physically, it usually turns out to be ourself. We are people who can learn to work in all the above ways and generally have solid enough boundaries to begin identifying, experiencing, and learning not to be afraid of those warm physical sensations which urge the body to action when we are angry.

It may be difficult in the beginning to separate emotion from behavior, but most of us are willing to learn if only because the people we care about will perceive us as easier to be around.

Q. He hits his kids.

A. So your biggest challenge will be to stay neutral and not to judge him?

Boy, that’s for sure.

Right from the beginning, role model straight-forward communication. Share any judgments or concerns you have of or for him as they occur. Invite him to introspect and give voice to his response.

☞ “I wonder what’s it like when I share how I feel with you—particularly when it’s somewhat negative.”

Court-ordered. He’s angry that he is even here.

Join him. Find the part of what he says/feels/does that makes sense to you.

“It makes sense to me that you’re angry. You don’t want to be here. You feel imposed on. And probably, you don’t trust that whatever you say in here will stay here.”

“So as long as you ‘have’ to be here, what would you like to do, talk about or accomplish?”

Work with the relationship between the two of you in the session. Attend to how he is, here, with you being however you are.

☞ Invite him to introspect and explore his experience as he does so.

“Focus internally. Take a physical inventory. Notice anywhere you have a felt sensation such as heat, coolness, tingling, pain, or pressure. Wonder if that feeling is anger exiting your body. Breathe and let it go.”

Shame will probably be the major block to any therapeutic work he attempts.

Reframe his behavior positively, validate

his positive intent, admire his wide repertoire of protective defenses.

- Wonder what he is trying to teach his kids by hitting them.
 - ☞ Brainstorm and practice different ways to get the same message across.
 - ☞ Wonder what way he would have been more available to learn whatever it was his mother or father tried to teach him by hitting.
 - ☞ Perhaps he is available to learn basic parenting skills.
 - ☞ Perhaps he is available to parent himself in a different way.
- Invite this man to work on his own abuse issues. Wonder out loud who beat him up when he was a kid and what it was like to surrender his body like that. Invite him to explore the defense mechanisms he invented so that he wouldn't die?
- Address the issue of anger and offer to teach him anger management skills.
- Wonder out loud what he will do when he gets angry at you.
 - ☞ Tell him what you *want* him to do when he gets angry at you.
- Tell him the story of the time you got so mad you thought about hurting someone. Or maybe about the time you did hurt someone.
- Teach him how to release his anger through imagery.
- When he is willing, work with him as you would any perpetrator. Guide him through multiple re-livings of the abusive scenes. Invite him to change the endings, rescue himself before he strikes out at someone else, and/or reclaim abandoned parts of himself and connect with his grief.

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Q. I would not ask a first-couple-of-times client to hit a pillow or anything. He might scare himself and leave therapy.

A. Then trust yourself and don't do it. At the same time, consider exploring the possibility that it is *you* who might feel scared if a therapist suggested you get into your anger the first few times you met, or (turning the tables completely around) who sometimes gets angry when she starts work with a new client. It seems silly I know, but check it out.

Well, I don't feel angry or defensive when you suggest it, so it's probably not the problem.

(We both laugh at the truth of that.) Clients will usually let you know what it is they need to do. Some first-timers will tell you directly that anger is the emotion which is up front for them. Others will pound the chair or poke at their leg as they talk. Still others will tell stories directly or indirectly about physical expression of anger. Pay attention to the ever-changing process.

The moment you invite someone to do something, whether or not it has to do with anger, the thing you have invited him to do turns into a "what." Let him handle the "what" and turn *your* attention to the "how." Work with *how* the client is responding to *what* he doing. Your theory that he might be scaring himself might be correct. Find out.

If you approach the therapy session from a neutral position, should the idea of someone hitting a pillow come to your

awareness, trust that either hitting or pillow or pillow-hitting has something to do with the work your client needs to do. Invite pillow-hitting as casually as you would wonder what he is angry about. Let go of the outcome and work with his response to your invitation.

- Invite him to do any old thing.

You: Hit this pillow

Him: Uh ...

- ☞ Let go of pillow-hitting and stay with his response, which was, "Uh ..."

So what would you do with this hesitant person?

Each therapist interprets process through her own personal life-experience and psychotherapeutic theory. She then works within that interpretation. If you suspect that "uh" means he is hesitant, the scene might develop like this.

- Issue an invitation; attend to the response.

You: So, hit this pillow.

Him: Uh...?

You: (Letting go of agenda about hitting pillows; taking a guess about his response). You seem hesitant.

Him: Well, yeah, uh...

You: (Staying with his "Well, yeah") So tell me, "NO, I don't want to hit the pillow."

Him: (Touches pillow gingerly) Well, but you're the therapist, and...

You: (Staying with one of his new processes) So tell me, "You're the therapist so I should do what *you* want me to do instead of what *I* want me to do."

Him: Well... No?

You: What *is* true for you, right now?

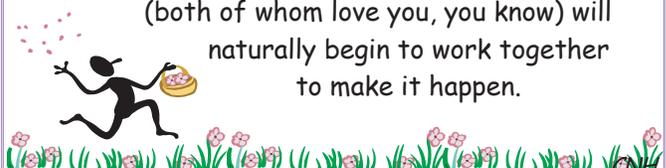
Him: Uh...?

You: (Making a guess) I have an idea. Take a few seconds to get back in your body and follow your breath... Okay. Find out what's true for you, right *now* (as opposed to when-I-asked-you-a-few-seconds-ago).

This intervention may segue into many different permutations. This man may begin an exploration of how a human being does find out what's true—right now. He may be learning he can safely tell you, "No!" He may be on the verge of discovering how he gives his power away to people in "authority." (That'd it be you.) He may be embarrassed or perhaps he afraid of his own rage. Chances are good that whatever issue is up front for him, it is *not* about pillow-hitting.

on becoming a Psychotherapist
In Session...

No idea how to invite the client into the here-and-now? All you have to do is have the intent. Your psyche and your cognitive brain (both of whom love you, you know) will naturally begin to work together to make it happen.



People begin to trust the therapist (and the therapeutic process) when the therapist has no need that they be any different than they are. You can invite a client to do anything, no matter how bizarre. It's when you think what you have suggested is important, or that the other person should actually take your suggestion, that you have an investment and, you in that moment, are countertransferred.

I suggest that you move toward getting in the habit of paying attention to how each client responds to any invitation, then find a way to invite the client to explore his reaction.

It's when you think what you have suggested is important, or that the other person should actually take your suggestion, that you have an investment and you, in that moment, are countertransferred.

Q. He's an engineer who simply can't or won't connect with his emotions.

Q. I'm seeing a guy who is interested in his emotions but says he is not ready to feel them yet.

A. First of all, let go of your expectations that this man will connect with anything. Re-word your invitations to connect with his emotion. Instead, invite him to connect with his *experience*, whatever it is, right here—right now in the session. An itch, a thought, a memory, even the awareness that his ankles are crossed are all experiences.

People have different aptitudes in the area of awareness of self. Others are unwilling to work in session but will integrate the work outside of sessions. For others, the only place the work gets done is during sleep. One task of the psychotherapist is to not-judge which is best.

Try some nonverbal techniques such as breathwork, sandtray, even general play.

Ignore emotions. Engage creative intellect. Invite him to "show" you what he means when talks about a problem. Graphs, charts, and lists can be done on a flat surface such as paper or whiteboard, or in three dimensions with blocks, Legos, or clay.

Invite work in imagery. When there is any kind of picture in the mind at all, awareness has been expanded to include more than the intellect.

Start with external interventions and move toward the internal.

Invite him on an extensive family history concentrating on patterns of emotions and behaviors, family injunctions, and instances in his past that might explain his current state.

Emotions may only be one of many arenas where "interested but not ready" describes him. Invite him to recall others.

Direct him to find a way to explore something in the room in which he is interested without touching (feeling) it.

Invite him to theorize how moving into and through emotions could lead to healing.

☞ Suggest that he also speculate about the possible dangers.

Invite chair work between him and the other people in his life.

Encourage him to become aware how he is in relationship with you.

"And how does this relationship differ from your other relationships?"

Encourage him to explore his reluctance intellectually.

Practice emotionalizing in increments. Start with pleasurable responses.

☞ Direct him to remember something he likes just a little bit. Invite him to follow his own inner experience from neutrality to

pleasure and back to neutrality. He might use the continuum of joy in this way for months, as he explores how to experience and stay connected with Self.

Invite him to talk about his feelings and body responses to emotions.

☞ Direct him to try *not* feeling anything while he talks.

Q. This father wants his twelve year-old daughter to understand how dangerous the world is.

A. Stay away from judging either his fears or her refusal to believe him.

I'd probably start with a private session or two and invite the father to explore and begin to articulate his concerns clearly.

Then, see them together. Join the process

In family session, direct him to tell his daughter what it is exactly, that he fears.

☞ Teach communication 1A. Role model the skill of listening-for-understanding. Invite the daughter to practice it.

Since "telling" has been his usual educative tool of choice, invite him to teach his daughter in other ways.

☞ Create role plays and enactments that help *him* show her (Notice I didn't suggest that *you* show her.:

- How to say No.
- How to protect herself.
- How to avoid dangerous situations.
- How to tell your father when you are in trouble.
- How to take care of yourself when your father isn't available or does not.
- What to do when you don't know what to do.
- Anything else either one of them suggest.

Keep in mind the possibility that what the father may really want (perhaps unconsciously) from counseling is for his daughter to understand how dangerous *he* is.

On the other hand, if the phrase "dangerous world" is an accurate description of how this father sees his surroundings, this girl may be living with a fearful father for six more years at least. Her major psychological tasks will include protecting herself while not taking on his fears as her own. Another task will be not to over-rebel or polarize to the point where *she* is dangerous.

Pay attention to whether or how this father perceives *you* as dangerous or inclines toward making you the bad-guy. If you notice it, wonder about it out loud from time to time.

Allowing Clients to Initiate the Enactment

by Amanda Morgan

VT arrives in the office and sits facing me, fidgety as usual, picking up her purse, putting it down. Repeating these steps. Crossing and uncrossing her legs. Arranging her hair to this side, then that. She glances at me, smiles, then looks at the door, the walls, me again, the candy bowl on the file cabinet. I say nothing. I look at her, then follow her glances toward the things she looks at, then look back at her, softly.

A part of me feels anxious: is it my anxiety, or hers? Both? I put mine aside, to the left, to be precise, and then imagine what her present experience might possibly be, careful not to come to any conclusions. I have an uncomfortable sense that I have abandoned my client by remaining so still. I know that therapy is not supposed to be comfortable; I know that growth is most likely to come when V experiences her own anxiety and then finds her own way out of it (in fact, it is precisely the patterns in her ways "out" of anxiety that will be most useful in her therapy), but she doesn't know that. I feel I am tormenting her. Worse, I imagine she feels I am tormenting her.

"Um," she says, then stops. I remain still and receptive. She giggles. I smile gently. I am curious. My attention shifts inward toward what it feels like to be curious about my client, and the anxiety dissolves. It returns when I suddenly wonder if she thinks my silence is either a judgment or punishment. It dissolves again when she finally speaks, "I don't really have anything to talk about today. Nothing happened this week."

My anxiety returns; what do I say/do now? "Well, let's start with how are you feeling right now, V," comes out of my mouth. "I dunno," she says, scrunching up her face and fixing her hair again, "I'm really tired." Her head falls into her right hand, which is propped up by her elbow on the arm of the chair. "Not sleeping much," she says to the door. "You're tired," I say to

her. "Yeah," seeming disconnected from herself and from me, she pulls something out of her giant purse.

It is the paper she'd hand-written and shown me last week—a self statement for her financial aid application. She has made no progress on it all week. She says the same thing she'd said last week, "I don't know what to do now." "I don't either," I think to myself and then remind myself that that is okay; in fact, it's perfect. "You feel stuck," I say, again wondering if I feel stuck because she is stuck or because I myself am in fact stuck.

"What's the hardest part about completing this application?" I feel I am off track somehow, but too late. The words have escaped. "I don't know," she says, "I just don't know what to say." I notice the parallel to the way she'd begun the session: not knowing what to say. Physically, this girl is exhausted. The rest of her life is in chaos. Maybe all she wants and needs to say today is that she is tired. "It's okay, V; you are very tired. You are overwhelmed right now. What's it like to be so tired?"

She doesn't know. Just tired. Next week is spring break; she will sleep. I am concerned that she is not only exhausted but depressed (given what I know of her boyfriend's abuse and parents' drug use and abandonment). I sense V is tired of life. And I don't blame her one bit—it has always been a great struggle for her. Perhaps she's tired of fighting. I subtly invite her into her experience by asking how her head feels, her back, her arms, her legs. When she is finished describing her exhaustion to me, she sits still in her chair, sitting on her hands and staring at the floor. The fidgeting has ceased. This silence feels comfortable. After some moments, she lifts her head and asks if she can go back to class. She asked. I smile from my heart and say, "I'm glad you asked for what you want. Of course you can go back to class."

Q. A superintellectual family had a wicked fight in session. I invited each of them to take responsibility for their own part. Instead, everybody could only name what the other people did.

A. Start by finding a way to enact the process of only naming what others did. Slow it down so that intervention is possible.

Make as many columns on the white board (or a big sheet of paper) as there are family members. I don't usually suggest a therapist write for clients, but in this instance it might go more smoothly. Invite them to name in detail what each of them noticed about the others during the "wicked fight." In George's column, for instance, jot down all the things everyone else says George did, etc.

When the lists are complete, have each person pick one behavior on their list that might possibly be something they maybe, do occasionally, a little bit, during a family fracas, from time to time.

Guess at a description of the process and work with their response. For example:

You: So George, you agree that sometimes when you are angry, you say things you don't really mean. Is that how you want to be in those situations?

Geo: Well, ... No.

You: Okay. How might you do it differently?

Geo: Well, ... (If he doesn't know, ask the family for suggestions.)

You: Let's practice that now.

Or ...

You: So Sarah, when interrupted, you sometimes use a loud & angry voice to let people know you don't like that. Is that how you want to be in those situations?

Sarah: YES. Absolutely.

You: Okay. Tell each person in turn that this is how you like being, you are never going to change, and that they can just stop wanting you to be different.

Request they re-stage the fight. Stop them at every turn and invite each person's attention's inward. Wonder what it is they hope for by saying or doing that particular thing right now.

In session, invite them to work together to re-arrange your office so everyone is comfortable, plan a weekend vacation, resolve an issue that nobody really cares about, etc.

☞ Resolutely invite their attention to *how* they are with each other rather than what they're saying.

Eventually, one member of this family may begin to take responsibility for his behavior. Systems theory holds that when one person in the system changes, the system is out of balance and everyone else feels the need to change too.

♩

Q. I want to spend time figuring out the reason for her behavior. It could be this..., or this..., or this...

A. The somebody who needs to figure out the reason for her behavior is the somebody who is *doing* the behavior. Figuring out the cause of someone else's behavior can be intellectually satisfying, but after you determine your answer, what then? The issue is not resolved; the person is unchanged.

Well, it does give me ideas.

That's true. And most of the ideas that figuring-out gives us, reflect who we thought a person was the last time we saw that person. Many things have happened to this client since you last saw her and she will be an ever so slightly different version of herself the next time you are with her. She has had different experiences, experimented with different behaviors, created new disasters, perhaps even resolved the issue she worked on the week before. The only thing you know for sure is that you don't know. How about this: Stay separate, connected to Self, and available for Other.

I suggest you trust yourself in-between sessions and spend time figuring out reasons to your heart's content. Then, as you gain therapeutic experience, you may begin to trust the intuitive niggles that cross your mind as you work.

Eventually you will gain more confidence in your senses-in-the-moment and rely less heavily on gotta-know-in-advance.

On the way home last week, I thought of the perfect thing to have done in session. Should I plan to do that intervention the next time I see him or forget it?

Your organism is the only therapeutic tool you can count on in session. Trust this physical, intellectual, intuitional, and emotional guidance completely.

Go into every session with a beginner's mind set. Quiet your mind

and allow yourself to remain open to internal messages. Have no agendas or expectations. Clear yourself of all your previous interpretations, agendas, and intervention ideas.

Then, should a particular thought, idea, behavior, felt sensation, or memory trigger the thought of an intervention you worked out previous to the session, you will know that the idea has blossomed out of the client's right-now reality instead of out of your last night's guesses. That's the time to implement the intervention, not before.

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Q. She says that she feels pressured by me.

A. Do you pressure her?

A little I guess. My training is toward more action and less talk.

So you want her to be more like you?

I told her in the beginning that we do an active therapy here and that we discourage talking-about.

Re-arrange your mind so that the "we" in your sentence refers not to the person in treatment but to yourself. Be true to your beliefs, certainly. Be active, and discourage yourself from talking-about. Your client, however, gets to do what she wants. And if what she wants to do is talk-about, then that is what she gets to do.

If you believe your job is to intervene by inviting enactments, encouraging her to connect with herself in the moment and creating an environment where she can encounter her impasse, then do so. But do these things for *yourself*, not for her. Do these things because you want to be the best therapist you can be rather than because you want her to be the best client she can be.

People are incredibly sensitive to nuances of attitude on their therapist's part. Whenever there is the slightest amount of therapist judgment, impatience, or annoyance, a client usually register and respond to it, whether subconsciously or consciously.

This woman uses your impatience to pressure herself. Then she blames you. That you may be pressuring her is about your intent. That she uses your attachment to pressure herself, is about her process.

☐ Get out of this client's system. If you have a need to change somebody, change yourself. Access the part of you who

believes this woman is exactly the way she is supposed to be. After that, she may find some other way to pressure herself, but you can be clear that you are not a part of the problem.

☐ When she feels you are pressuring her, you might say something like:

"Possibly so. I'll try to stop it. What's it like for you when I pressure you? What am I not-doing when I stop?"

"Do you perceive I'm pressuring you right now? Tell me, 'Let up.' ... Who else do you need to say that to?"

"How do you pressure yourself?"

"Who pressured you when you were a child? How old were you? Be that age, now. What's it like to be 5 years old and being pressured? (Switch chairs) Grown-up Bea, talk to 5 year-old Bea. Tell her something your adult self knows about pressure, that she didn't know back then because she was just a kid."

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