

Who is Talking to Whom?

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A talk given to psychotherapy trainees

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James has articles about CAT in the publications below.

Cognitive Analytic Therapy by Anthony Ryle and James Low. Chapter 7 in [Comprehensive handbook of psychotherapy integration](#) edited by George Stricker and Jerold R. Gold (New York : Plenum Press, c1993) [Can be read on Google Books](#)

Cognitive Analytic Therapy by James Low. Chapter 5:24 in [The Sage Handbook of Counselling and Psychotherapy](#). Edited by Colin Feltham and Ian Horton, (London, Sage Pubn, 2006) 2nd ed.

There are two interweaving topics to consider here. The first is the nature of subjectivity from the point of view of CAT (Cognitive Analytic Therapy), and the second is the impact of mindfulness on our subjectivity.

The Nature of Subjectivity

When we are sitting in the room with someone, we have the sense that we are there and so is somebody else. It seems obvious, we look around the room and we see a person. We can sense in

many ways, including the shape of the body, that there is an integrity to the person. Just as the physical skin envelopes us and seems to separate us from the environment, we also seem to have a psychological skin, which has a similar function. In CAT we think of that skin as being somewhat permeable, sometimes too permeable, and we also think of it as having particular kinds of contents. Just as the body has heart and lungs, liver and so on, so the psychological skin contains self-states or aspects which both constitute the 'self' and appear to be parts of it. These self-states are systems of communication located within a meta system commonly called the 'self'. These systems are all niched within other systems and contact between systems is what is called communication. From this point of view there are no fixed entities in the world, only systems in communication with each other. The edge of any phenomena is actually quite a contoured surface that is in dynamic communication with what's going on around it. Even objects that seem stable and rigid, for example the cut edge of a diamond, if put under an electron microscope are revealed to have a permeable, dynamic surface. Thus on a subtle level there are no clear boundaries dividing one 'thing' from another; all phenomena, including ourselves, are communication, the sending and receiving of pulsations of energy.

Our society currently is very tilted in the direction of the autonomous individual and there is a great pressure on us to be able to assert ourselves, knowing who we are and what we want. This may well be a reaction to the chaos of two world wars and the sense that a personal identity based on nationalism or ideology is likely to lead us into dark places. Yet of course we are influenced by fashions in clothing, eating, thinking, feeling, sensing. As individuals we are constantly influenced by, and influencing, what is going on around us. We are participants in, and as, the flow of time. We extend ourselves in time, and that extension is always a displacement towards something which can never be arrived at. That is to say, we're always heading for a future that never occurs for we are always, and only, in the present.

Our experience is always in the present but our concepts of past and future create the illusion that they are like places we can visit and even inhabit. This is where we find ourselves strung across time. With a sense of having a past, we can 'remember' our childhood, but we can't actually get back to it. We seem to move towards a future, yet it will never arrive, because whatever we imagine our future will be, something else always turns up. And what of the present? Perhaps the direct, immediate present is actually a rare experience for us, since when we are not caught up in the fantasies of past and future we are busy interpreting what is currently occurring. That is we tell ourselves what we are experiencing and so get in the way of receiving optimal contact with our lived environments, both 'external' and 'internal'.

The aspects of ourselves, our self-states, each seem to exist inside their own skin, but with varying degrees of permeability. Each sub-system is niched inside a bigger system, which is in turn niched inside a bigger system and a bigger system, for all systems are niched. This indicates that we take our place inside the world that is revealed to us according to the level of magnification that we are currently concerned with. For example, if you're in an airplane flying to Asia in the daytime you can see that you are passing over many different countries. You don't land in these countries, but you're aware, 'Now we're going across France, now Germany' and so on. In that traversing of the space above each country, you don't experience enmeshment in any of the particularities of these places, for, in that situation, they exist simply as a concept. If the plane stops to refuel, you get out and then you're aware that you're somewhere in particular; the signs are in a language you probably don't understand, people are wearing kinds of dress that you yourself might not wear and so on. Thus the level of magnification of our gaze or attention introduces you to qualities of simplicity or complexity, abstraction or detail.

If you think of a person, they have a name and some simple markers of their story, for example being born in a particular country at a particular time, doing a particular job, with this or that kind of a family. On that level, people can be summed up quite easily. However when you start looking into the self-states which operate within and as that person, description becomes more complicated because these self-states are not enduring as permanent expressions of the person; rather they are a flexible repertoire of moves, which are variously constellated by transient events. The aspects of these events that trigger a change in self-state may or may not be evident to the person. In our lives, a lot of the time we find ourselves involved in something and we don't know why. We are interested in someone, we don't really know why, or we're not interested in someone and we don't really know why.

We also experience this with our patients. We may have some knowledge of the explanatory concepts of transference and countertransference. These terms describe particular ways of reading what is going on in the consulting room. The reading is an interpretation, a projection on to the situation of a motif that organizes our experience into a pattern that makes sense to us. Thus you might feel very benign, you might feel on the side of your patient and want to do a lot to help them, or you might not. Something is being constellated between you, but by what? We find ourselves in that particular mood, in that particular availability or non-availability. It's not usually a conscious decision. Especially when you're training to be a therapist, it can be quite disconcerting because you have an idea that you want to help people. You are learning so much in order to be in contact with people, and yet, some kind of antipathy arises, some kind of turning away, what is that? You can

think about it on the level of something occurring between people, but actually it's very complicated because there are many, many self-states in the patient, and there are many self-states in the therapist.

When two people meet, their self-state systems meet. We don't know which of these particular self-states are going to come forward and act as a kind of calling card that can influence or even determine our sense of who that person 'is'. Something is going on which can be mopped up by applying the analytic discourse of transference and countertransference, relating the occurrence back to some childhood event. The event becomes a template which is situationally evoked, appearing as a re-staging of the original event. This kind of explanation allows a sense of meaning, order, reliability to be gained by the therapist. However with the notion of self-states, the interpretative understanding is not in terms of the transference of a past event but rather of the range of the repertoire of the individual's self-aspects and the factors which elicit their particular appearance and disappearance with all the variations of intensity, appropriateness and so on.

We may think that our job is to gain some clarity about what occurs, and therefore we should think about ourselves, reflect on what we do, and become reflective practitioners. This carries a sense that we can keep an eye on what is going on. Can we really maintain clarity and not get lost? Is this achievable, or is it hubris? This is a very old question. For example, if a person goes to a Catholic church, as they enter they come to a container of holy water, and then along the side of the church there are some little cubicles for confession. The person enters in their usual state, of P, for they are profane. With the first little splash of holy water they become a little less profane, they are now P-1. They enter the confessional where in secret is Mr. Sacred. P-1 goes in there and when he comes out he is P-2, maybe even almost no P at all.

After confession this person, P-2, attends the mass, sitting at the front and watching the priest, the sacred, consecrated officiant perform the ritual which reveals the miracle of the Eucharist. The sacred officiant evokes the great sacred, S++++, and then P-2 is able to partake of this, so that, in that moment of receiving the bread and wine, the flesh and the blood, with full belief, the profane, the lost, the unholy is dissolved and P-2 is now fresh, freed, purified of limitation, restored to wholeness, healed and restored to communion with the divine.

However, this transformation doesn't occur just once in life. Why is that? Because people fall back into sinfulness. Why is that? Is it to give Mr. Sacred a job? Because if it only happened once what would they do with the rest of their time? Perhaps it is because we find it very hard to avoid slipping back into old patterns. Our sense of identity is based on habits, on reliance on familiar signifiers and

signifieds. This leads to an ongoing pulsation between intentional change and mindless relapse. Thus the church or the consulting room becomes a spiritual or psychological dialysis machine. Because the psycho-spiritual kidneys are not working, the toxins have to be flushed out again and again.

This relates to the new conclusion that was reached in the 1950's about the nature of countertransference. Up until that time, there was the belief that if you had enough analysis, all the toxins would be permanently removed and you would be in a state of grace, a state of clarity. But in the 1950's brave people like Paula Heinemann said, *"No, I've had a lot of analysis and I have been practicing for a long time been doing it a long time and actually I still have strong reactions that I get lost in."* Then people started to come out of the closet and say, *"I also get lost", "I am also prone to getting lost... I'm found and then I'm lost."*

This is similar to the church experience, in which the sacred and the profane are in on-going conversation. The possibility of regeneration or rebirth might be seen as an infinite, transcendent movement which could be here, now, complete, forever, or could be seen as a horizontal pulsation of progression/regression that never ends. Perhaps these two views have to be held simultaneously. In the hope of the resurrection, but living in a fallen world; this is the basis of most psychotherapy. Both the priest and the therapist have to act as if they are sorted, clear, above the flow of complex involvement that constitutes everyday life. They are the ones supposed to know, the ones who appear to have arrived. If they believe this of themselves they fall prey to hubris; if they can't let others believe it they diminish their capacity to help and heal.

In spite of themselves people find themselves falling back into a lost state. When they're in their observing self, when they're reflecting on *"Who am I? What did I get caught up in? Ah...why did I do that? Ah, now I see, I'm not going to do that anymore!"* great decisions can still be made. And yet, the spirit is willing, but the flesh is weak. Why is the flesh weak? Because it has very poor communication. That is to say, the 'sites' within us of rational conscious intention and the 'sites' of habitual, often wilful, impulsive behaviour are often not talking to each other. They manifest serially i.e. bad action followed by guilty reflection, rather than all being brought together in open communication. Life as a praxis, a practice, requires being present in the moment rather than the formulation of grand plans that are never quite implemented.

Jesus says, *"Forgive them Father, they know not what they do"*, and we therapists say something similar to our patients about their self-states. We say, *"Don't get too upset with these aspects of yourself and of the people you encounter. Regarding others, they will do what they do. You have to*

be the good shepherd of your own self-states." I hope this isn't too theological, but I think it's useful as a metaphor.

So how do you become a good shepherd of yourself? First, you have to know that sheep get lost. Sheep are not animals you can train very easily; they will get lost. Then also you have to know that out there, there are wolves. Paradoxically, if you know these two rather scary things, life can start to get better. You start to develop a phenomenological attention; you start to look at the world around you and see it without editing or projecting so much onto it. When you meet someone you first check if they are a wolf in sheep's clothing. People may well present themselves as being nice; your responsibility is to check them out and not be taken in by appearances, for what you see is not the whole story. Moreover we may think that our own self-states are like sheep, but to other people's self-states, they might appear like wolves.

We are all blind to our own complexity, and these complex patterns, in having a life of their own, do unintended but untold damage to other people and to ourselves. It's not that we, or most people, are wilfully bad, but we find ourselves mis-attuning with people, promising things we can't fulfil, getting confused in various ways. Does blaming help? Does it promote useful change? Religious traditions have often used a super-ego voice to direct, correct and castigate. So is moralising any use in therapy? Moralising used to be thought of as one of the key ways of keeping people on the straight and narrow. This attitude would be in the sermons in church. In many old churches the Ten Commandments were painted on the wall. There was a sense that these are the principles of life, and if you humbly attend to them they will wrap themselves around you and give you a sense of purpose and direction.

Since many people have abandoned that attitude, or since our culture has fallen into disarray around the sense of having any guiding story like that, how can we stay on track without a guiding meta-narrative? Indeed is there a track to stay on? This points to the function of the observing self. The observing self looks inside, looks at the environment, looks into memory, looks into hope, and tries to keep a sense of direction and balance. But what is the compass turned towards? How shall we live? Who will give us guidance as we wander in the wilderness? Can we find this resource inside ourselves? Can we trust the voices of our self-states? The observing self is the capacity to see, as far as possible, the integrated field of experience, all that is going on moment-by-moment. It is not just a witness but a participant observer, and this requires a high degree of self-reflectivity and self-reflexivity. There are many ways in which we lose this level of clarity. Two common ones are to be too far on the side of participating so that one gets caught up in the flow of activity without seeing

what is going on. Or to be too far on the side of observing so that one merely notes what is occurring and misses the vital moment of effective participation.

We need to look at ourselves and find out what are the factors that help us to maintain a sense of balance. What supports our ethical intention? Is awareness enough or do we need rules and principles to apply? If we apply rules and principles is this largely a means to deal with our own anxiety? Certainly, the impoverished area that our clinic is in, hosts a culture of deprivation in every aspect of life. Our patients often have very little sense of how to live a full life. Yet who is to decide what a 'full life' is? So, are we doing them a violence by recruiting them into a moralizing kind of thinking, or are we offering them a developmentally needed resource to give them a bit of a spine to keep them erect, so that they can see more? If you're turned in on yourself, you don't actually see very much. Only when the spine keeps the head up can the world be revealed. Yet can we borrow another's psychological spine or does that further alienate us from ourselves? Perhaps such borrowing can at best provide a scaffolding within which, through our own effort and struggle, we can find a way to be present in the world as it is, as it reveals itself to us as we uniquely are.

This points to one of the things we're very much concerned about: who is speaking to whom? When we speak, what is speaking through us? Is it the devil? Is it something divine? Is it our past? Is it our mother? Our father? Is it an introject? Is it something abject? Something covered over? Something debased? These are central questions for us all, because they concern the issue of whether I can trust myself.

A key idea in the protestant revolution was the idea that there should be no mediation between man and God, for the mediators confuse us as to the work we each must do. If you remove the mediators, the priests, the intercession of the saints and so on, then each person will stand before God, responsible for their own existence and therefore free to choose between life and death. Otherwise you have a system which envelops someone from birth to the grave, giving guidance along the way, saying that if you align yourself with this system, you'll be alright. This is a train; take your seat; refreshments will be served. You can go everyday; if you like you can even go twice a day. there's always a mass going on! There are more masses in London than AA meetings.

If we say, "*It is up to you to find your way*" is that an abandonment of the individual in the very moment that they are given freedom? In CAT there is both structure and freedom; the structure is there in the very service of freedom. However the individual is in fact divided, multiple, and if there is poor communication between these parts, if they are quasi-autonomous zones, then there is no person standing nakedly alone, able to see who they are. Rather there is incredible complexity

outside, and a lot of complexity and poor communication inside, and a very, very thin skin of rational thought mediating the interactions of these dynamic spheres.

Even if you are lucky enough to have secure attachment – which would be a way of saying that you are settled in your own skin, in your own body, the frontal lobes are able to operate, you've got the optimal possibility of rational perusal of options and the capacity for reflective integration of experience – can you actually know in the moment of their arising, what these aspects of yourself are? Can rational thought provide the answer to that? Do we need someone else to show us what we are up to? If we integrate the function of the good object, do we develop a higher order split that helps us keep an eye on ourselves, to manage ourselves? If so, then health would come to mean the opposite of wholeness. To be healthy would be to abide in a dynamic tension between freedom of expression and the monitoring of that expression in case it led us astray.

How can I help a person be healthy, especially if I don't believe that their notion of being healthy is real health? Do I have to deconstruct their vision of what a full life would be and convert them in some way to my way of thinking? Is that a violence? Is that an undermining of their right to choose their own quality of existence? Or is it ethical, in a paternalistic kind of way, to say, *“Actually, they are unable to choose because they have not been resourced. We have to give them the chance to develop themselves by showing them the way. Then more of the energy of life, the libido, can be released from the intense compression of their encapsulated self-states and brought into the observing self to enhance over-all clarity”*. Is that an attack on the person's structure? Should people be free to lead whatever kind of life they want?

Increasingly in psychotherapy, as practiced in the NHS, to be 'professional' is to act as if you know what another person needs. It is a claim to a special and privileged form of knowing which leads to power and entitlement, including the entitlement to diagnose another human being, with the confidence that you are helping them by inserting them in a reductive categorisation. How *can* we know what someone needs? Well, if you give them a diagnosis, then you can know. That's what a diagnosis is for. The diagnosis is an abstract statement about someone, which then becomes a summation of their situation, which then becomes the basis of the 'treatment' they receive.

In looking at the history of racism, sexism and so on, we can see the same principles being applied. You take an abstract identification such as 'black' or 'gay', add your own values to it, and then imagine that because you know that about a person, you know everything about them. That seems very dangerous territory, yet we do exactly that when we say, *“This is a Borderline”*. In the CAT model, we believe we have a very good method for treating 'Borderlines', i.e. people with Borderline

Personality Disorder. Yet what does this mean? Primarily it is yet another way in which we appease our desire for simplicity in a complex world. Nobody is going to do well in politics if they say *“Everything is very, very complicated, and I think the best thing to do is to buy some Kleenex and to have a good cry, and then talk to your friends because the future will not be any better. Please vote for me!”* That’s not going to work at all. You have to say, *“Life can be better, life can be simple”*.

So, in our therapy here, we’re doing that, we’re telling people, *“We can make life better for you. We’re going to do it by abstraction. We’re going to abstract your sense of who you are from the lived complexity of your impulses, your history, your beliefs so that you can come to see yourself as a potential, as a capacity to respond, rather than as just the same old story. Divesting this investment that you have in familiar limited patterns, you can be free to invest more in the beliefs and activities that will be better for you”*. This is a statement of belief; this is our creed. This is how we belong in the holy church of CAT. If you’re in the holy church of Gestalt, you say some other dogma, or if you’re a psychoanalyst you say something different, and a Kleinian and a Freudian will say something different, if you follow Kohut, you’ll say something different. That is to say, we’re all selling something.

Returning to the question, “Who is speaking to whom?” we might come to see that we are both human beings who are quite complicated, and a bit divided against ourselves. We’re not always clear about who we are or what we’re up to, and yet we have to act with a degree of authority. If you have children, you have to be clear with them; you have to say,

—*“Uhu, no, we don’t do this.”*

—*“Ah, but when I went to Johnny’s house, they...”*

—*“If you like Johnny’s house so much, please go! You have 10 minutes to empty your bedroom, and your pocket money’s stopped! In this house we do it this way.”*

—*“Why?”*

—*“Because.”*

—*“Why?”*

—*“Because, in the end, I say so.”*

It always comes down to raw power and that’s very important to know, because there’s no end to the conversation about why. What is the basis for the authority of the therapist? If you are a fallen person, how can you act as if you are not?

How do we find the courage to speak with some clarity, while knowing that we ourselves are confused? How can you make transference interpretations when you’re aware that the very basis out of which interpretation is made, is mixed up with, or contaminated by, countertransference feelings? That’s very difficult, and yet you have to speak with a degree of confidence. The parent has to give the child a sense of a simplicity which doesn’t really exist, and we’re doing the same with

the patient. To imagine that each session is a conversation between equals is to be deluded as to the impact of the structural differences in power. The parent-child image may be unsettling but it speaks of our first experience of having less power than another — and of the seductive urge to gain power so that we can avoid being the underdog.

So how can we have a sense of clarity when we speak? The key thing is to open up as many pathways as possible for keeping an eye on the many, many factors that are arising at any one time. There are factors in the body, various sensations of proprioception. For example, when you have a cold, you are not fully yourself, you lose something of yourself. Having a small sickness is very helpful for therapists. It helps you to see that the basis of your clarity is connected to the body, that the clarity of the mind is not free floating. It's actually deeply embodied, because if you get a bad cold, if you get the flu, you'll find thinking very difficult. What is happening? Clearly, the energy of the body is sinking back down and there is a concern with the maintenance of the body system. Our sense of being safe or not safe in a fear inducing situation is rooted in a very primitive part of our brain.

What does having a sense of being embodied mean? In some way embodiment is a very dualistic notion, for if you put some wine from a barrel into a bottle you could say that it is 'embottled'. The wine and the bottle are together but they are not at all the same. If our mind or our sense of self is embodied does that mean it's inside the body like a mysterious content? Did that happen at the moment of conception, did it happen slightly after? This body/mind duality is not a very helpful way to think of our actual situation. Rather the body is an aspect of our being, an aspect which reveals itself according to how we attend to it. When you sit in the room with someone, are you able to be present with what is happening in your body? Is it meaningful? Could it be seen as a somatic countertransference, with the sensation in our body telling us something about what is happening for/as the other person? Is that true? Of course the presence of another person will have an impact on us—but the interpretation of the impact is made by our mind according to our own frames of reference.

We also attend to our voice: how are we speaking? Why are we speaking in this way? Does our voice change? Do you experience some degree of retroflexion, whereby you might want to say something but find yourself inhibited and silenced? Whom are you protecting? Is it out of fear of kicking a hornet's nest, that you imagine you are going to get a very negative reaction from the person, or is it a very skilful thing to do? There's no point to provoke the patient if they are likely to

react from their habitual position of feeling attacked. That is likely to knock out their capacity to reflect and further strengthen their beliefs.

We also have to attend to our mind and how we think about things. As we become aware of the content of our mind, how should we attend to it? In brief, focused therapy we don't have very long to work out what is important. We have a task to attend to and we're looking at the patient, maintaining some degree of eye contact. In those circumstances can you have a free floating attention? Freud's development of a technique using that sort of attention was based on not looking at the patient as a conscious agent but rather opening to the flow of what is said and not said. The analyst sits at the side of the patient who is lying on a couch. The analyst from the very beginning establishes that they are not accountable to the patient and that analysis is not a variation of an ordinary conversation. There's a great freedom in that, isn't there? Because when you are working interpersonally with a patient there's a kind of obligation to be with them as they are to themselves. Then the therapist and patient are in a feedback loop involving mutual adjustment. The face-to-face encounter brings about a particular level of engagement. We meet on the level of the outer skin of the person, which can feel under attack by the manifesting of the self-states on both sides. Some of these self-states are conscious. For example, I think you can develop the self-state of a CAT therapist, that is to say, somebody who is looking for certain phenomena, and who is going to organize these phenomena in certain categories. We can so believe in the value of what we are looking for that the name of the phenomena and the phenomena themselves appear to be born together. This of course is an illusion, but it's an illusion we tend to sit inside.

So, in CAT, we learn our specialist technical vocabulary, for example, reciprocal roles. The phenomena that are described in terms of reciprocal roles could be described in many other ways. Actually there *are* no reciprocal roles, there *are* no self-states, there *is* no transference. These are the confectionaries of the mind. These are constructs which operate to help other constructs. Constructs speak to constructs, words speak to words, thoughts speak to thoughts. Language doesn't speak to the world, because we have no access to our world except through language. If you relax your immersion in language and attend to what is occurring, you will find that it is not what you thought it was. If you take psychedelic mushrooms or LSD, and through this have a direct relationship with the world, when you come back from your marvellous journey, you've got nothing to say:

—*"How was it?"*

—*"Amazing!"*

—*"Thank you very much, that explains a lot about the meaning of life!"*

This world, the one we live in everyday, is mediated by language. We construct our world through language-based cognitions. So when we are speaking to people, essentially what we are trying to do is to find the interface between our various patterns of language use. In therapy we're trying to free people from their misuse of language, from their excessive reification and over investment. Our job is to reduce the value of the noun, so that the value of the verb, the adverb and the adjective can increase, thus creating a more dynamic sense of possibilities.

When we encounter statements such as *"I'm unloveable. My mother never loved me. Nothing has ever worked out in my life,"* there is the sense of something very solid. There is a real person there, a person who can be known completely, who can be summed up, and through that summing up, defined in a way that renders no change possible. This is not uncommon in the first expressions of our patients. By the end of the therapy, we are hoping that they will have a much more fluid sense of what it means to be alive and how to proceed. In order to bring this about we are trying to introduce them to the dynamics of existence, which is why we ask them to keep diaries of experiences. Thus if somebody says, *"I am depressed"*, we ask them to keep a diary of the moments when they are aware of depression. Then, hopefully, they come to see that the experience of depression varies according to causes and circumstances, and in fact is a range of evoked experiences rather than a fixed entity. These experiences are not evoked out of an inner essence of depression. When these transient states are evoked it's as if something arises out of nothing. Perhaps you believe that we really have these self-states inside us, that they really have the same sort of status as we would think of the lungs and the stomach and the bowels. Are they the constituents of ourselves?

Tony Ryle, who started CAT, talked of individuals being constituted out of their experiences with others; this constitution taking the form of self-states, voices, and procedures. That is something for us to reflect on, because I would suggest to you that a great deal of resistance in the therapist and also in the patient, arises from the way we conceptualise our identity and our experience. If you see your situation as a done-deal, something you are inured to, something that has been going on for such a long time that it has become part and parcel of how you are, this will feed into a sense of the inalienability of these phenomena.

However, what we are trying to do is to alienate people from their neurosis so that they will not be alienated from themselves. In order to do that, we have to believe that the investment in the neurosis can be taken back, that the investment is not substantial and fixed, but is in fact, as it were, volitional and energetic. It may be unconsciously volitional. That is to say, if you have a really

terrible childhood and a lot of trauma, the tightening up that happens in the entire body-mind system leads to poor communication in the brain with a loss of the capacity for planning and review, and a parallel difficulty in controlling impulsivity. Under those circumstances, the person may try again and again to change their ways of thinking and behaving but to no avail because of the lack of clarity into what is going on. This leads to a lack of purchase on the actual site of the problem so that most of the effort expended on trying to change, leads nowhere. Many very good hearted, very honest and ethical people have had terrible lives, and though they try to change the disturbing situations that they find themselves drawn into again and again, they are unsuccessful and the failed effort leads to depression and self-abandonment.

Two new elements are required if the effort to change is going to be successful. The first is nourishment, some resourcing of the capacity of the observing self to make sense of what's going on. In CAT we support this through the reformulation letter and the diagram we co-create; we are jointly developing tools for thinking. The second factor is a bridging out to the world. We say, "*Let me introduce you to the actual world you live in,*" and this provides a window on to, and then a door out of, the encapsulated domain of habitual assumption. Our neurotic enclosure puts us precisely in the position of the inhabitants of Plato's cave. The self-states have no direct access to the world; they only connect as reciprocal roles, whereas the constellated complementary position they identify with elicits its corresponding polarity from the environment. They act as if they are seeing the actual situation but are merely cueing in the re-run of set-piece interactions. In that state we are inside the cave seeing these flickering reflections on the wall and we interpret them as being the actual reality. The observing self can at least put its head round the corner and have a peep outside.

We're trying to send food into the isolated self-state and enable linking to the outside, for if there is poor internal and external communication, there will be little scope for exploring new possibilities. In particular we have to learn to trust that what there is will be good enough, that we can learn to work with our actual situation however it is. This is the actual basis of collaborative living, on conviviality.

In a family, it is often the mother who serves up the food and the children have to trust that everyone will get the same. Usually siblings will take some years to understand that that might be the case, and that the relationship between the knife in the mother's hand, the eye in the mother's head, the love in the mother's heart and the cake in front of the mother is quite reliable and that you can trust that the slices of cake will all be just about the same size. That's very important isn't it,

because once you start to trust, you relax the hyper-vigilance which operates as an isolated self-state.

But it's a hell of a journey for many of our patients to begin to trust, to believe that someone out there will be consistent and reliable. The reliability of the therapist rests in their open presence towards the other and it reveals itself through a clarity of intention. In CAT this is supported by consistent attention to the target problem—the agreed focus of the work—which means that we know what we should be reliable in helping the patient with. The patient also has a clearly demarcated area of attention which provides a sense of direction and a way of not getting lost in the on-going turmoil of events. With both parties attending to the same territory again and again, there is a sense of building up more clarity, and more possibility of predicting difficult situations before they occur. That opens the way to identifying and rehearsing new ways of acting and responding. The target problem has a definite function. It's not a false imposition; it's almost like a metronome, just keeping a steady beat through which you can see the various side movements of your habitual tendencies and gradually succumb to them less and less.

Are there any thoughts about that?

Question: Isn't the target problem like an agenda?

It is a shared agenda one which needs to be explicit and agreed from the beginning. Both parties have to agree that this is a problem worth focussing the therapy on and, moreover that it is a problem that can be resolved. We shouldn't be deciding on the target problem and then trying to sell it to the patient. Rather, it is a question of how shall we use this time to the greatest advantage in terms of your actual life situation.

The patient might say, *"Well, I don't know. You're the professional, you tell me"* and we might reply, *"Well, what ails you? What brings you here? Can you say what has brought you into this realm of woe, to this dreary consulting room, in the sadness of an NHS clinic?"* Clearly that's a basis for proceeding, isn't it? Because you wouldn't come in here for a fun time! Something must be wrong, so how can we think about what's wrong in a way that doesn't tend towards objectification and essentialisation, but rather towards a sense of causes and conditions, historical development? It is awareness of our movement in time, as time, that offers the lived experience of the amenability of our deeply embedded patterns to transformations and new beginnings.

The focus of the therapy should be a site of hope. If there's no hope, you have a real problem. If there's no hope in the therapy, if the patient has no hope, you really have a problem. If the target

problem remains abstract for the patient, if they don't get it and it doesn't get them, then there will be no clarity and stamina of intention and attention. We need to work on the target problem, for that work will bring dignity; it will bring clarity. Focused attention to the dynamic experience of being with others makes the world comprehensible because you're actually starting to attune energetically to the world. It's not just an empathic attunement; it's an energetic attunement. We have patients who go to bed at 4 o'clock in the morning and don't wake up until noon. Unless you work in the underground or something similar, why would you be doing that? What is the function of being so out of rhythm with the world? It is to be apart in a way that leads to isolation and dissolution. Focusing on a target problem, for example, 'I don't know how to be myself with others' links us to exploring ourselves and our actual lived world. It involves stepping out of our self-enclosed fantasies and their ceaseless editing of the field of experience. This can reveal a new sense of agency.

The agency of individual self-states is, in a sense, mad because it's cut off from the actual lived environment. Healthy, affirmative agency comes with the observing self. The focus on the target problem can help to bring this shift from our over-reliance on an internal, historically derived map to a real-time attention to the unfolding field of experience. When we are in the actual world, the world of activity, there are many opportunities to connect with others. But when we are trapped in private worlds we're out of kilter with the world. If you're missing the rhythm of the world, you miss the bus – if you miss the bus, you have to walk. So many of our patients are very lonely, they walk a very, very lonely path. Between their session this week and their coming to see me next week, many of my patients have not shared two sentences with anyone. They don't speak to anyone at all. That is unbelievable, to be so profoundly lonely and alienated. I think that's a hellish state, for in it they have no basis for linking out to be with someone else, and they don't have a narrative which another human being is likely to see as having any value. Helping people back into attunement—into presence within the experiential field as it uniquely reveals itself to each person— this is the heart of the work.

The Impact of Mindfulness on Our Subjectivity

Clearly, rational, reflective thought can be a useful way of keeping an eye on what's going on, but it can also be knocked out fairly easily because it tends to be reliant on a chain of signifiers - one thought follows another follows another, so you have to be able to think sequentially, and many emotional states make that difficult. One other possibility would be to develop more capacity for mindfulness. Mindfulness is essentially a state of recollection. That is to say a bringing together, a

recollecting, of the distracted and dispersed parts of oneself. You become all of a piece. All of a piece doesn't mean much of a muchness, because you still have differentiation between the different aspects of yourself, but there is more communication between them.

The basic principle of mindfulness is to bring together intention and attention. If you don't have a clear intention, if the will is not cathected to the task, it will be difficult to have success in anything. The same principle applies to change in psychotherapy; if the patient doesn't want to change, it's not likely to happen. What is 'wanting to change'? It's a form of desire, but it's a particular desire isn't it? It's the desire that has a special kind of glue attached to it. It's the desire that will easily lock on to mobilization. We also know desires which don't have that glue, we call them daydreams ... *"I'd like to do that" ... "One day I think I'll do that"...* That's not fixing on to anything, is it? It's just a passing thought. Very often our patients talk in that way – they would like things to change but lacking clarity of intention, method, and capacity, it doesn't happen.

To develop these factors of effective change doesn't mean that we have to install an artificial construct. Rather they come into being through the work, just as if you take a piece of dull brass and polish it, it will start to shine. The potential of the shininess is in the brass, because if you were to polish some material which lacked that potential, the shine wouldn't happen. All beings have the potential for change. In order to activate it two aspects of our existence have to be awakened to: the current actual form of our life, our physical, verbal and mental behaviour, and the root experience of our identity, whether we take ourselves to be closed and defined or open and unfolding.

Intention means agency, which means the capacity to impose oneself onto the world to make things happen. That is to say it's concerned with pattern formation: 'I will do this particular task, and because I do this, implicitly, I will not be doing the many, many other options that are available. All these other things that I could be doing, I will not be doing.' This is a very essential understanding. It's why many of the thinkers who have been concerned with the issue of will, have also written a lot about violence, because the will is the force of death. Life and death go together. If you say 'Yes' to some thing, you are automatically saying 'No' to other things. Giving life to one option means death or non-life to the others which are not chosen. If you are a farmer, as soon as you put your plough in the land to grow the corn to feed your family, you commit yourself to killing. There are many worms and many insects that are going to be crushed and mangled. You will do that. That's the nature of life. You can't cook without altering the shapes of nature. You take an aubergine and you chop it up. You do unspeakable things to that aubergine! If that aubergine was a little baby and the mama aubergine was saying

simply being

—*“Oh, my dear, you’re so beautiful”*

—*“Mama, what will happen to me when I grow up?”*

—*“Oh, you’ll become big and round and shiny and you’ll have the most beautiful colour!”*

She doesn’t say.....! It’s like that.

One of the most difficult things for many of our patients is to know what to give life to and what to kill off. Actually, we do this all the time. To live is to act, to choose, to decide – even if we are deciding to let others act for us. Actions have consequences that we and others will have to live with. There is always a lot at stake when we are alive. Changing behaviour means, firstly, changing how we think about our habitual tendencies. If we have a tendency to be lazy and in our mind that way of living means ‘taking it easy’, ‘being kind to myself’, ‘enjoying life’, then this view of how we are living is likely to maintain that pattern. If we reframe that behaviour by naming it ‘laziness’ we see it as something negative and then there is an immediate conflict between what we do and how we think about it. This conflict is the basis for change as we gradually pull more of our intention, mobilisation, and energy over to the side of the new definition. Cleaving to it, we can no longer be comfortable with our habitual style. Yet of course, we have to remember our new definition and apply it otherwise the momentum of the long-established habit will carry us along the familiar path.

Being mindful of what we are up to, of how we operate, of the phenomenology of our existence, is vital if we are to leave the maps and beliefs in our head and fully become our being in the world with others. In other words, the decision about whether an activity is ‘good’ or ‘bad’ depends on how we inhabit the world, and on whether we are concerned for the wellbeing of self and other or not.

There can be no fixed answer to the question ‘How should I live?’ When such answers are proposed they are a mode of violence, a disturbing imposition that further covers the immediacy of life. In fact, we are already alive, in life, with a life – the question is can we bear to see it and, on the basis of that clarity, can we mobilise the resources to develop and maintain its inter-face with an ever-changing world? Fixed patterns of action and re-action, such as the reciprocal roles described in CAT, are the sclerotic stabilisers that can so easily rob life of its often surprising freshness.

Just as a driver has to read the road as it reveals itself, so we have to read our life as it unfolds – this requires optimal attention to what is occurring with minimal projection, assumption, privileging and denial. In order to do this we have to commit ourselves to being available, being hospitable to our life as it presents itself. This open presence is supported by the practice of attending to more simple phenomena such as the flow of the breath or the sensation of walking. Attending mindfully to what is there allows the experience of ourselves as a clarity with no intrinsic content. In this lies freedom from taking habitual patterns to be one’s true identity.

In the beginning this requires discipline, the capacity to maintain one's decision in the face of external and internal triggers to do something else. I have to decide, 'I will do this and I will not do anything else while I am doing this. Through this I am going to stop the promiscuity of my mind. In adhering to this the rest is now irrelevant.' There is a tremendous freedom when we realise that we don't have to succumb to whatever is arising in our mind.

Here we are just sitting together. So just sit as you are. All kinds of experiences arise. Since we came into this room together we've had many different thoughts, feelings, sensations. How many of these were intentional? To be a conscious agent is actually rather rare. Most often we are swimming in an ocean of happenstance, as outer and inner events trigger each other. Across this vivid complexity we run our organising narratives, weaving new events and familiar motifs into a storyline that continues our sense of who we are. In order to develop mindfulness we have to see the movement of narrative formation rather than just being sucked into it. That is, we have to learn to observe the flow of the content of our mind. To see the ceaseless dynamic flow is to awaken from the illusion that we are constituted out of fixed components, ingredients, qualities. The flow of experience is something we can be present to and participate in – but actually it is beyond appropriation. We are not made up of entities and neither are we an entity.

In order to find clarity we have to balance on the cusp of inside/outside, self/other, past/future, and all the other binary oppositions. This involves finding the way to rest in the place that is nowhere, as a pure awareness. Then the randomness of life becomes workable as we are not so invested in the maintenance of fixed, familiar patterns. However, if we awaken to the dynamic complexity of the field, the givenness of experience, while still holding to a sense of ourselves as an agent who needs to be in charge in order to be safe, then we are likely to find life terrifyingly out of control. Secure attachment, paradoxically, means the relaxed capacity to keep surfing on the waves of experience. All the other modes of attachment have us grasping at something, even if it is only an impulse. In the pinball game of borderline fragmentation, people ricochet from one bumper to another. A lot is going on, but with no real progression. Installing more sense of boundaries can help but imposing boundaries requires power, both will-power and effective power in the world as a social agent. These are capacities that seem rarely to develop when childhood has been an experience of repeated abandonment and invasion.

However, we can all make effort to become more mindful. As a practice to aid this it helps if we can calm and steady our own mind. To do this we can decide to sit still for ten minutes and focus our attention on the movement of the breath going in and out of our nostrils. The task is very simple,

yet we find our mind wandering hither and thither, and we have to bring it back again and again to the focus. If we didn't have the simplicity of the target, we wouldn't know that we were getting lost. We often think we are not lost when we are, for we are highly reactive and easily get led astray by passing thoughts. This is similar to the issue of the target problem: to first of all identify a target problem, secondly to invest it with enough importance to think it's really worth privileging over the other possibilities, and thirdly to enforce this new status that you have decided on by reminding yourself of its value. We have to believe that the focus, whether it's the breath or the target problem, is bigger and more valuable than my desire to go here, to go there, to be interested in all that is going on.

This is a very different attitude from that prevalent in our modern way of life. To be interested, to be fascinated, to be stimulated, that's what people are encouraged to want. We have multi-media everywhere giving us a constant flow of stimulation, encouraging us to trade excitement for stability and continuity of focus. If we are to resist this pull, our will as the energy, and our intention as the clarifying focus, both need the support of attention which is the willingness to attend and to bring oneself back when one strays.

'To tend' means both to care for but also, as in a tendency, to move towards. It is usually better if our movement has some kind of care involved in it. The word 'therapy' derives from a Greek word used to describe the attendants at the healing temples of Asklepios. To wait on the other, to be attentive to them is at the heart of healing, of helping to make whole. In order to do that, I have to commit myself to the willing intention to attend to what happens. We need to be clear whether we are focusing on a precise object such as the breath, or a target problem, or on an unfolding experience such as being in a conversation with someone.

In the former case we resist all other temptations and home in on our chosen focus. If we find we are wandering off it, as soon as we notice this, we need to gently bring ourselves back to that focus without blaming ourselves or being curious about where we went or why. In the latter case the focus of mindfulness is the pulsation of the conversation, the to-ing and fro-ing, with the intention being to support the flow of the mutual engagement. Mindfulness here is helping the spontaneous fine-tuning of responsivity that arises when one is not talking to or at another, but talking and being *with* them. The interaction or co-emergence of the undivided field is revealed when we loosen our fixation on what we want to say, on what is happening to and for me, and stay open at the point of interaction, which is also the expanse of the field. That is, when we open to the other we are arising

as part of the integrated field. Learning to trust that openness, removes the burden of our habitual and limiting sense that 'It's all up to me'.

Question: Attention, what is it?

Say you have an essay to write for your course and you think, 'Okay I'll do it this weekend'. So now you have an intention and you have to keep your attention close to that, but other factors are likely to impinge. You have to resist the enticements of somebody saying, "*Why don't you come out with us. We're going to do this and we're going to do that.*" Once the actual work of the essay begins, you might find that the initial enthusiasm gives way to a kind of plateau; there's a loss of excitement because actually, the work is not as exciting as the idea of doing it. Unless you can get into the stamina mode, the marathon mode where you think 'I'm just going to do it', you lose the first wind and then you're forcing yourself. That's where distraction often occurs. That's what we're trying to help our patients with. Borderline patients are sprinters; they have high intensity, but often with very little reflection, and their impulsive activity goes all over the place.

There is no fundamental difference between us and our patients, we are all prone to distraction and impulse. Mindfulness is a life practice, it doesn't come to an end when we reach a goal, rather it is a way of life that is wholesome. If we, due to the causes and conditions of our past, are fortunate to have a bit more clarity, then it behoves us to help others enter into the same path of awakening. In this way we all start to experience the inseparability of wisdom and compassion.

The focus of CAT is very different. Here we are helping the patient to hold the target problem over the weeks and months, coming back to it again and again, even when it loses its savour. That loss of savour is a very common experience. For example, in the monastic life it was called *accidie*¹ which is a kind of spiritual boredom and apathy, a loss of faith and purpose where you think, 'What's the point of all this?' Learning is a marathon, but even marathon is the wrong sort of notion because a marathon has an end to it.

Mindfulness, with its implicit respect for the intrinsic value of being alive, is an orientation, a way of life. Mindfulness is a practice for establishing ourselves in the ground of our existence. The practice isn't something we add on top of how we are, but it's a return, a *re-sourcing*, going back to the source of our being, out of which all our becoming unfolds. An intentional attending to life brings a balanced mobilization of energy that is truly fulfilling, fulfilling in terms of satisfaction. Satisfaction is different from our modern obsessions with excitement and fun. It's not exciting or fun to practice

¹ Or, *acedia*

being mindful every day; it might be interesting, and it might be satisfying, but it's unlikely to keep giving you a buzz. A buzz tends to come from newness. We live in a culture of newness as part of the modernist project that seeks to cut us free of the past. The continuity of tradition is seen as a kind of corset or enclosure that cramps our style. That's a very different reading of the potential of existence from saying that, in order to find myself, I want to partake of the balanced, established rhythms of a tradition that focuses on the infinite present.

In a brief therapy like CAT we might be providing a brief immersion in a field of possibility. But if it is not internalised and metabolised then it's essentially a holiday from the barrenness of their life. Hopefully our patients fill themselves up with some of our warmth and concern, but then, after a while, it leaks out of them because the world they live in is so bleak and their habits and tendencies are so deeply engrained. However, I believe that if we deepen our own practice of being mindful, that open spacious presence, will strengthen the therapeutic alliance and facilitate a loosening of their limited and limiting sense of identity.

So in the first instance, what we have to do as therapists is to model these qualities ourselves. My intention in being in the room with the patient is to give them my full attention. That is to say I'm privileging a phenomenological turn over an analytic turn. I'm not focussed primarily on my own countertransference response, but only in as much as it manifests as part of the wider phenomenological field. If I go off looking for it and speculating about it, I will have entered a conceptual world that will take me out of the co-emergent moment of being with the other. We also mobilize our will, our decision and our actualisation that we are for the other.

So what is my ethical responsibility to the other and what is my own ethical entitlement? What can I say to the other person? What can I comment on? Can I say to someone *"Looks to me like you're going to hell in a handcart"*? Is that an insulting remark to make to someone or something useful that can shock them into a more truthful sense of what they are up to? *"It seems to me you've fucked your life up completely, what do you think?"* Is that helpful or not helpful? It would depend on the circumstances. Some people might need a slap, while some will need a caress. Who's going to decide?

If we scare ourselves by thinking that someone will make a complaint, we will never have the courage to honestly engage with the other. How can we have the courage to be, the courage to live, the courage to be for the other? Life is important and it's fleeting. Moreover, it is truly awful for many people. So, can we speak from the belly? Well, is the belly linked with the heart, is the heart linked with the head, is the head linked with the voice? Because if what we say is an integrated,

balanced expression of all the aspects of ourselves in free communication, and if that 'self' is not held apart from the other, then that is maybe as reliable a basis for ethical communication as we can find. Mindfulness practice opens us to the profound enquiry: 'How can I be as present as possible in the integration of my being in order to be as fully with the other and for the other, so that I am turned towards the other, in the service of the other, knowing that this is full of difficulties.'

To take this up as a life practice means to observe why I become tired, what are the constructions in my own being that cause the loss of intention, attention and, very importantly, love. Why don't I love some of my patients? If we take love to mean an openness to the other, an infinite concern, "*May all beings be happy*", then love is a forgetfulness of self. Love is to be *for* the other, it means *their* happiness, *their* fulfilment, *their* satisfaction is *my* concern. That gives a particular kind of agenda or orientation, a non-violent sensitivity generating a sense of how to speak to someone in a way that can help them come back to themselves. We require the openness of the observing self in order to be able to let this happen. If we collapse into our self-states we will not have the wherewithal, the panoramic vision, to be really available for the other. So when you think of ruptures in the therapeutic alliance, when you think of misunderstandings, when you remember sitting in the room with someone and thinking, "*I have no idea what to say,*" or thinking "*I don't want to be here. Why can't they be different?*" what is happening is very interesting. You could go into thinking about the details of the session and develop a range of potential interpretations, or you could recognise that you've lost your focus. If my intentional focus is to be relaxed, open, available, I have to see that I have vanished into something else. I have lost the ground of my being; it has collapsed into a small island within myself. In this state I really am not available.

So how can I return myself to the immediacy of my own ground? Well, the quick way is through the breath, through loosening up the diaphragm, for the free movement of the breath will free us from encapsulation in self-states. Essentially it's about linking out to the other and not vanishing into yourself. The self is like a labyrinth; there is never any end to its speculations and pathways. From this point of view, the general target problem for relational therapists is to find the way to be present with the patient without falling into their world, to be available without defending oneself against their world. Not excessively out, not excessively in, just balanced. That's the key method and function of therapy.

When not in dire straits people often come to therapy in order to find out about themselves. The process usually involves endless stories about their childhood and their mother and revisiting events again and again. That's interesting, but it can also be a way of being lost in narrative. Narrative and

phenomenological presence are not the same thing at all. Opening yourself to someone's narrative involves a degree of generosity of oneself. We give ourselves to a story, we suspend disbelief in order to be taken up, taken over by the story and there's something blessed in that, isn't there? It is similar to watching a play or listening to music ... you enter another world.

That is very different from a phenomenological attention which doesn't get lost, which sacrifices the excitement or fun or fascination of the narrative, of the storyline and stays open and present without being involved. In that sense it's like contemplation without a predetermined object. It's a silent prayer, not resting in words, and without any particular focus, simply open to openness. In spiritual traditions, by emptying the heart and mind completely, by having no object, by having no subject, the only object is God, who also becomes the only subject. This brings satisfaction which creates a mood of welcome. It doesn't provide fascination because this is nothing to be fascinated by. So in not being caught up in an internal content, the duality of self as subject and object becomes quiescent, and then one is more available for interaction with the others. Then the foreclosure of one's own habitual preoccupations is dissolved through offering oneself in the service of the other.

In a brief therapy like CAT we're also being active, but this is the bedrock. If the open availability is present, then the activity of mobilising and shaping can have its proper status as a kind of massage. We don't speak 'The Truth' or know how other people should be, and therefore our gestures towards the other are delicate and attuned, like a delicate massage. We're loosening their mental and emotional muscles; we're helping them to ease out of constraint so that they can start to explore new possibilities. Although we don't have preformed agenda that we are trying to impose on the other, we are on about something, the importance of avoiding rigidity while remaining present on this shimmering surface of true contact, heartfelt contact. We're calling the other into being present with us: *"Don't be on your own in your private world, but come out, not into my world, but into the field of shared experience which is ever-changing movement."*

The main thing is to observe yourself and see how you get lost. The more you see both that you get lost, and how you get lost, then the more you can free yourself from the dichotomy of lost and found. Lost and found are pulsations of energy, and you can be mindful of both. Being lost is interesting, being found is also interesting.

Regarding meditation practice, simply sit in a way in which you feel supported rather than being slumped. You can sit on the floor cross-legged if that is comfortable, but the key thing is that your spine should be straight with the weight of the body hanging on the skeleton. The shoulders are back and released, the tongue rests on the hard upper palate, and the line of the gaze is running

along the length of the nose. Bring your attention onto the breath going in and out at your nostrils; just observe the breath, and whenever you wander off, very gently bring your attention back. We have to decide, 'I will focus on my breath as being more interesting than anything else.' The breath is not in the least interesting. So we are choosing to attend to something which is not interesting as opposed to all that we fleetingly find interesting. This meditation technique is linked with monastic culture. Monastic life is full of boredom, for example scrubbing the floors again and again and again. Why is this done? Because, they should be scrubbed. Duty, obligation and conformity open a state of mindlessness, which paradoxically is a great support for *mindfulness*. We do the practice because it has to be done – not a crushed conformity but an embracing of the simplicity and clarity which appears as distraction declines. Boredom usually leads to a desire for the antidote of excitement, and in flipping from one state to the other, the neutral mid-area of attention to the small, the contentment of the ordinary, is passed by.

As therapists, we are acting 'as if', as if we know what we are doing, as if we can help, as if we are truly entitled to be sitting in the therapists chair. That as-ifness brings a particular kind of clarity, but we also have to know it's not the whole story. It's part of the ongoing work, day by day, to get to know ourselves, to find out how we fragment, how we lose bits of ourselves, how we forget our deepest intention, how we betray ourselves, how we betray other people. Through this we practice recollecting ourselves, being mindful, bringing everything to mind, allowing everything as it is, without selecting or rejecting.

If we live in that way we might find the kind of hard-earned humble dignity that allows us to offer it to others as a path. It is not as a magical solution. We can't bring people into a state of full integration; it's going to be an ongoing practice of integrating in which we're managing the polarities. For example, happy and sad are born together; happy has no real meaning without sad. In that sense they are mutually defined and so are one world. If they are one world, what we have actually is the pulsation of visible/invisible. When I am happy, sad is in its corner, and when I'm sad, happy is in *its* corner. Sadness doesn't really go away, happiness doesn't really go away.

If we recognise that these pulsations are an intrinsic part of our identity then we have to accept that sometimes we are going to be more clear and sometimes we are going to be less clear. Does that mean we should not see our patients when we are not feeling clear? Well it would depend how unclear we became, but generally speaking some sessions will go well and some won't go well. The idea that we're in some kind of onwards and upwards movement towards mastery and perfection is probably misleading. We're living in a pulsatory world and for that reason people beginning as

therapists can be very helpful, and people who've been therapists for a long time can be not very helpful. Therapy is not something which is a function of our will in the way that one could express one's will in building a brick wall. You can impose your sense of order on the bricks, you can make sure each layer of cement is exactly the same thickness. However, we are working with other beings who are dynamic and unstable and if we're going to meet them, we have to be open, flexible and responsive. We are all learning to live with opposites and the irresolvable tension between them. This requires a tensile strength, the resilient responsiveness that is not rigid and then crumbling but adaptable, the capacity to live with one's strengths and weaknesses simultaneously. That's a real gift. It protects you against hubris; it protects you against self-defeating negative attitudes, and it says, "*It's always a work in progress.*" It's not that we can collapse our self states, through increased intra-psychic communication. Rather we can learn to tolerate the fluctuations of our and others' manifestations. By not over-identifying with the fleeting forms of experience, we can awaken to the nature of our awareness as a clarity that remains fresh and simple, whatever is going on.