

....AND IT TAKES AS LONG AS IT TAKES

*'the curious paradox is that when I accept myself just as I am,
then I can change'* Carl Rogers

Therapy whether long or short term is an evolving and collaborative process so to try and convey this process I invited three clients to join with me in writing this chapter. I have structured the chapter in sections aimed at providing the reader with an experience, despite being on a page, of the living dialogical process that is therapy.

While writing this piece I have realised that in addition to the well documented non specific factors like a warm empathic relationship, attentive listening, etc. clearly prerequisites for any successful therapeutic relationship long or short, the more specific ideas and practices associated with systemic thinking are generic to all my work whether I am meeting with clients for a few weeks or over several years. So I would claim that systemic ideas and practices lend themselves equally well to short or long term therapeutic interventions.

Having many years experience working in the public and voluntary sector at present I work only in independent practice with individuals, couples and families - sometimes over time, over many stages of the life cycle so often over three or four generations. My hope is that the aspects of my work described in this chapter will be of use to professionals working in contexts where the therapy resource offered to clients can be time limited. When beginning a relationship with clients my practice is to say I take seriously my responsibility to ensure our meetings are making a difference in their lives. So when agreeing an initial contract of up to 8 sessions I explain the importance of reviewing together the progress or not of the work and say that as the work proceeds I will regularly be asking them for feedback.

In what some see as contrary I speak at the beginning about the end letting clients know that I am confident they will know when the time comes to finish the work. Including this at an early stage comes from my belief that

an important part of healing is creating a shared recognition with clients that they are the experts about themselves and not me the therapist. Another reason to introduce endings at the beginning is that the making of better and 'good enough' endings for people who have experienced the trauma of abrupt, unplanned and wounding endings and losses in their lives is I believe a major part of the therapeutic process. The reader will also I am sure recognise that the distress associated with unplanned and unpredictable losses and endings is frequently what drives people to seek therapy in the first place. My intention therefore is early on in therapy to convey my recognition that clients need and indeed are entitled to feel in charge of the ending process, to experience this ending differently and as a collaborative process.

The chapter title comes directly from my memories of questioning myself and my supervisor about whether what was happening in particular therapeutic relationships was 'ok' since while the work seemed to be making a difference for the clients there was as yet no end in sight. Also the clients themselves were clear there were still changes they wanted to make in their lives and experienced our conversations as useful. Supervision bringing an alternative lens is an invaluable therapeutic resource as well as a check on whether collaborative working is at risk of becoming too cosy and comfortable.

What follows is a description of how I have structured the chapter to include clients' voices and what I am hoping the structure will provide for the reader. Then I describe some of the systemic, ideas and practices interwoven with other ideas that inform how I show up when meeting with clients.

The next section of the chapter consists of three clients' responses to what I have written. I invite the clients to offer their reflections on what I have written paying particular attention both to what does and what does not resonate and make sense to them based on their experiences of our work together. In addition I ask them to let me know what they feel from their reading I may have omitted in what I have written and which they think is an important aspect of their experience in therapy that they would like emphasised.

What particularly interests me given the importance of allowing feedback to inform my practice (Scott Miller) is the extent to which clients' experience of therapy does, or maybe more importantly does not, resonate with the ideas and practices I claim influence my practice.

In continuing I offer some reflections and responses to clients' feedback. Then In conclusion I then invite the clients who have generously agreed to collaborate with me in writing this chapter to read my responses to their reflections and offer any further observations they have and wish to share with me and the reader.....in effect to have the last word.

To preserve a flow in my narrative originators of ideas and practices are identified in brackets as we go along with more detailed references at end of the chapter.

With this structure in mind my hope is that the reader will have an experience of firstly witnessing a reflecting process and as they read hopefully find some of what they read of interest and relevant to their own practice Secondly I hope the reader will notice as they read how what comes up in their own inner dialogue - their 'reflection in action' (Donald Schon) puts them in touch with their own self reflexivity and creativity as professionals.

I start from a position of believing transformational change by which I mean things will never be the same again (Gregory Bateson. Milan Associates) is possible. So my first job is to offer clients a safe welcoming 'potential space' (Donald Winnicott), presence, responsiveness to feedback, compassion (Paul Gilbert) and acceptance (Carl Rogers). These are some of the necessary conditions if clients are to speak the unspeakable in my presence as therapist and witness.

It is such a relational space in which the therapist's attentive presence can validate and affirm clients stories as well as embody responsiveness to feedback that does I believe invite clients into a dialogic process. Winnicott's 'potential space', can for clients compensate for missed, distorted or damaging experiences of the safe relational space in which resilience develops. I emphasise with clients that it is the experience of the collaborative relational space co-created by clients and therapist that is

healing, can contribute to restoring resilience and developing awareness and not the therapist.

However when people first show up in my consulting room I also have in my head that implicit in their appearing along with their courage is their ambivalence about the challenges involved when contemplating change – well articulated as: ‘please take away my pain but don’t you dare ask me to change’.

So when trying to interest clients in moving beyond the inevitable ‘stuckness’ of living with this contradiction and to risk contemplating changing unwanted behaviour patterns I have found the following ideas from the building trade can be useful:

Removal: to take away or abolish what is unwanted.

Restoration: to give back that which was lost

Renovation: to repair something broken sometimes adding new elements

Remodel: to reorganise, reshape, alter or renew

Analogies and metaphors are I find useful particularly when trying to talk about change so that the risks involved when contemplating change seem less frightening for clients.

When as clients sometimes say ‘I want or wish things could be as they were’ builders’ speak can be useful: ‘If your goal is to make your building (person) look like the original structure, then restoration is definitely right for you. However, be prepared to still do some renovation and remodelling, as some parts may not be able to be fully restored’. So if as often happens during therapy clients accept and embrace the fact that things can never be the same again, I then frequently hear: ‘I now feel more like my real authentic self than I have ever felt and am certainly more myself than when we started working together.’

Human beings are of course very different from buildings but the process of renewing or repairing a building or structure by replacing the old with the new and in some cases adding new components has a certain resonance about it when I think of what might be a good outcome of therapy: the collaboration has successfully enabled clients ‘reconnection’ to themselves

and their significant others thus enabling a redefinition of their relationships (Gregory Bateson) with themselves and their significant others.

Since we also frequently speak of people being 'restored' to good health and wellbeing the analogy of a plant can be useful too when introducing ideas about recovery, healing and change. For me the plant analogy resonates particularly with the systemic idea that within all living systems there is a drive towards health. (Humberto Maturana and Francisco Varela)

Plants like everything else in the natural world including human beings have a drive for survival...it is in our DNA...the way we are made. So human beings like plants while they can adapt to adversity and survive are not being the best version of themselves they can be. With plants this can be because of lack of sunlight, poor quality or toxic soil, not enough water or space to grow, etc. More often than not clients easily identify with this analogy offering their own ideas about what has stunted and/or is hindering their growth and what they need to become a flourishing 'plant' again.....the version of themselves they long to be.

Given all behaviour is a communication and we cannot not communicate (Paul Watzlawick) conveying to clients that there is an emotional logic to symptoms, disturbing and distressing behaviour patterns they may be experiencing is an idea that informs all my work. Therefore developing with clients a shared recognition and understanding – what I think of as a coherent (John Bowlby) or positive connotation (Milan Associates) narrative - about what makes symptoms and unwanted behaviours such vital and necessary parts of their survival kit is for me a core relational process in therapy. (Bruce Ecker). My experience is that the affirmation of such an emotional logic can in time become the springboard for clients developing self compassion (Kristin Neff) as well as providing the all important leverage for change.

At some stage in a therapeutic relationship I will also want to be conveying that feelings don't kill people but the chronic lingering toxicity of internal conflict due suppression and/or denial of scary feelings is bad for our health. Banishing conflictful feelings to the unconscious for purposes of self protection during early years, while making sense at the level of attempts

at self protection, usually proves to be damaging to our emotional, physical, spiritual wellbeing in later life.

Such recognition and shared understanding between clients and therapist can often lead to uncovering clients' awareness of their 'resistance' to change. Reframing such 'resistance' as another important aspect of their survival kit and response to intentional or unintentional neglect and/or abuse, or other traumatic childhood events (see ACE study Adverse Childhood Experiences) has become for me an important building block in normalising, as opposed to pathologizing, adaptive symptom generating behaviour patterns (Pat Crittenden).

I am also curious to understand what is a client's relationship with change. Often asking such a question at first flummoxes clients but is crucial if promoting change is to be at the centre of any therapeutic relationship. How clients respond to the question reveals how hopeful or not they are about what change is possible. As clients explore the relevance of the question often disappointment, hopelessness as well as more ambivalence surface. While trying to convey acceptance of whatever clients entrust to me of their internal worlds I sometimes explicitly offer to hold for them, if they wish, the hope of change until such time as they can hold it for themselves. After all holding hope themselves means clients must be ready to risk believing that ridding themselves of the distresses and disturbances they are experiencing is not only something they want but definitely also possible.

As therapy progresses it is usually necessary to revisit wounding experiences in clients' lives. Often no more than a sideways glance is possible to begin with since the pain anticipated by the clients should they revisit those episodes in their story can seem intolerable. But an acknowledgement and naming of neglect and/or abuse with an agreement between clients and therapist that even if 'parked' for the time being these are core issues relevant to and maintaining present unwanted behaviour patterns and will need unpicking is for me central to our collaboration.

Typically clients say there is relief in naming intense unwanted, sometimes horrifying, usually but not exclusively, family of origin experiences. Only with the validating experience of being heard can clients allow themselves to own the connections between early trauma and their present unwanted

and disturbing feelings and the behaviour patterns that negatively impact current relationships as well as how they view themselves. There is a toing and froing between memories stored in the limbic system (felt experiences) and cognitive processes (in the neo cortex) as clients make new meanings of how early wounding experiences are contributing to their current unwanted behaviours and distress. Once the connections are made there is space for the inevitable anger and grief and eventually something new to emerge. Frequently to clients' surprise at first I suggest what needs to emerge is their own awareness and recognition of the legitimacy of their unfulfilled longings to have had their childhood needs met by the adults who were responsible for their care and safety.

As regrets and grief about the losses of what might have been for clients in their earlier years are acknowledged and examined frequently with tears, clients also begin to develop or restore their capacity for discernment, self regulation (Alan Shore) and reflective functioning about what it is they need in the present and from whom. It is when clients are able to name what they need in the present to keep themselves safe as well as to ensure their future wellbeing and flourishing, that how they need to change their own behaviour patterns becomes clear and can be understood. These behaviour changes can be both in their relationship with themselves or their relationships with significant others.

It is particularly in these later stages of therapy that '... it takes as long as it takes.' There is no orderly linear path rather a series of spirals, adaptations, trial and error learnings and improvisations (Mary Catherine Bateson) as clients reorganise the jigsaw pieces of their stories. Stories that now can begin to celebrate their courage, resilience and changes achieved while simultaneously being in and responding to the frequently unpredictable demands of their lives in the present. As a therapist it is when clients' begin to look forward, albeit sometimes with tentative confidence in their capacity for self care, that signals a more than 'good enough' outcome of the collaboration between clients and therapist.

The three clients with each of whom I have worked for over 3 years either weekly or fortnightly and then at diminishing intervals have chosen pseudonyms. In addition to asking for their responses to what I have written

I also asked each of them to write an introductory sentence about their reasons for seeking therapy.

The three texts of their reflections appear here unedited and in alphabetical order according to pseudonym.

AVA: 'I DID NOT HAVE CLEAR HOPES, MAYBE JUST A THOUGHT THAT IN THERAPY I MIGHT BE HEARD, THAT THERE MIGHT BE A SAFE PLACE TO VISIT THE DARKNESS AND TRAUMA INSIDE ME SO THAT I WAS NO LONGER HAUNTED BY ITS PRESENCE.'

REMOVAL

To be asked to question whether I needed to hold onto a view, belief or behaviour that is damaging was a revelation. And when my position seemed intractable, to be able to honestly evaluate why I continued to hold onto something—even though I knew it was harming me—conversely created a space for change. I can either see the purpose it is still serving in my life and thus not berate myself that it is so hard to let go, or perhaps there will be that moment of clarity, the realisation that it no longer serves a function for me. And slowly, there is freedom and the scope to change. Wherever I find myself, this is a non-judgemental process. There is no guilt that I have not yet moved from my position, instead there is a discussion of what might give me leverage to move forwards.

RESTORATION

For me, it is not the restoration of something that was lost that is most important, it is the acknowledgement, acceptance and mourning of the loss. To believe that as a child I had the right to protection by my parents, to be loved unconditionally for being me, to not be made to believe that I was bad. To know that this was my right has helped to heal the pain that it was not given. It allows me to grieve for what was lost, for the little girl inside me to have her pain acknowledged, and cry her tears.

To be shown that I do not need to feel bad that I craved something that is the right of every child has helped me to let go of some of the distress. I can now accept that the little girl I once was, did not receive everything

she needed. Yes, this hurts, but not as much as the hole inside me when I lacked the understanding of what I missed. This is what has allowed restoration for me.

The change then comes with the awareness that although I still crave these things as an adult, it is now within my capacity to make them for myself. I have been able to understand that, as a child, your care-givers are your validators and to grow up in an environment where you are constantly invalidated creates so much doubt. But the next stage of the journey is to build this validation for myself.

AUTHENTICITY

Restoration for me is a 'felt' entity. The 'before' me is an ephemeral idea but my restoration has come from my felt experience. To be authentic is about a sense of connectivity within myself. The trust built up in therapy first allowed me to understand and feel this authenticity and it is this that brings me to the 'real me.' I do not need to search for who I was before because I now know the lived experience of what it means to be me.

RECONNECTION

I had lost all sense of self. I had grown so used to denying my feelings that I no longer believed any of my emotions were real. Somewhere inside I knew that the things happening to me were bad but I thought it must be ok. The people I looked to for protection would not see and so I learnt to deny it to myself. To reconnect with my emotions was frightening. It meant a journey through the pain. But with therapy I learnt the most important lesson—pain can be travelled through and, to reach the other side, it's a journey that must be taken. I could spend my life avoiding feeling, to keep running from the pain. But then there would be no chance of happiness, a void without emotion.

To reconnect with significant figures in your life is a difficult part of the process. When these people have been the cause of the damage it is also about learning to let go of the connections that are harmful. For me, one of the most important parts of therapy has been learning that I do not need to rely on others to know that I am ok. It is a work in progress but to be able to feel whole, without the validation of those—who in theory you

should have been able to feel the most connected to—is the greatest gift and strength.

The very beginnings of self-validation started when I was first listened to during therapy. My truth and voice were heard for the first time. And I was believed. It is many steps from here to self-validation, but until I was given the space to speak the unspeakable my journey could not begin.

ADAPTIVE SYMPTOM GENERATING BEHAVIOURS

To find that I was not crazy, mad or bad was transformational. Understanding the logic to my patterns of behaviour, my mental health struggles and embedded damaging beliefs, has given me the leverage to be able to move forwards and change. To comprehend that my self-harming behaviour allowed me to survive in a disordered world has removed the self-blame and the idea that I was simply 'crazy' as I had been told. As a child I needed to survive, but as an adult, removed from the situation, this understanding has created a platform for change and growth. If you have grown up in toxic soil then your growth is stunted and you adapt in any way needed to survive. This idea of a logical self-preservation has been a source of strength for me. I may have developed harmful ways of coping but I was still trying to survive. There must have been a little flame alive inside me, even in the darkest of days—an inner knowledge that, despite what the world around me was saying, this wasn't right. In recovery, this knowledge has been fed and thus the plant begins to grow, to find its place in the light again and flourish.

REVISITING THE PAST

To revisit the past was at first all about the felt experience—the fear, grief and anger. It was important to be heard, to have somewhere safe to open Pandora's box. To risk doing this, I needed to believe that there would be the time to process and deal with the darkness inside me. So many times in the past I had been asked to open the box only to be left with the overwhelming thoughts and feelings and no capacity to cope with them. But now, gradually, I am able to recognise what is my felt experience – to realise when I am being triggered into past feelings, thrown back into my primitive mind. I have learnt to understand these intense thoughts and emotions and make the connection between their cause and the damaging

beliefs or behaviours they precipitate. To begin with, it was only a nascent awareness, I was able to say to myself, "it is happening again, I am being triggered." But now I am also learning that I have the capacity to interrupt my patterns of thought and response. If I can move from the raw emotional part of my mind to the analytical, then the past will no longer control me and I will not have to fear the darkness left behind.

ENDINGS

I did not know there could be good endings. They have always been painful, tearing me apart and leaving me more vulnerable than before. To know that I can be in control of the end, to be entrusted with having the wisdom and self-awareness to know when I am ready is empowering. How do you risk exposing your deepest vulnerabilities if you do not truly believe you will be given the time to heal? Recovery is not a single road. Growing up, in order to protect myself from further pain, I shut down my life. The world became very small and quiet. As I heal and realise my capacity for change, the walls I carefully built are tumbling down. Sometimes what is revealed is so very beautiful—new life and opportunities. But at other times, the falling bricks will unearth my vulnerabilities and the darkness will come close again. To know that 'it takes as long as It takes,' that there is still the support for me to learn, gives me the courage to keep exploring and finding my place in the world once again.

KATHERINE: FINDING LIFE AS A SINGLE PARENT ENORMOUSLY CHALLENGING AND STRUGGLING WITH THE IMPACT OF SEPARATION AND DIVORCE ON ALL THREE OF MY CHILDREN, PARTICULARLY MY YOUNGEST SON AGED FIVE YEARS, AS WELL AS ON MYSELF I SOUGHT THERAPY TO HELP ME SUPPORT MY CHILDREN.

ENDINGS

I think this was very clear at the beginning though less overt as time went on – when I felt the need to pull away and that possibly therapy ‘should’ be finishing, I was aware that you did not always agree with my assessment – completely correctly as it inevitably transpired. The desire to ‘end’ therapy, to reach a sense of having completed something was, of course, part and parcel of the problem and when, in response to my expressed desire you gently suggested reducing session frequency as an initial step, it quickly became clear that there was still work to be done. Naturally, I did struggle with how long it was taking or rather why couldn’t I do this fast, quicker, better! When the end it come it was clear, clean and without attached ‘shoulds’.

...WHETHER COLLABORATIVE WORKING IS AT RISK OF BECOMING TOO COSY AND COMFORTABLE

For whom! I guess the judgment is between whether you are truly helping or enabling the situation to continue unresolved. In my case, and obviously with the benefit of hindsight, the time was essential. And maybe cosy and comfortable was also part of that. The tension between wanting to no longer need therapy and the desire to risk being truly seen (or change?) is a real challenge.

‘WHEN I ACCEPT MYSELF JUST AS I AM THEN I CAN BEGIN TO CHANGE’

Took me several years to even voice the fear that change is not possible – the belief that ‘people can’t change fundamentally’ which was, of course, my mother’s position. The paradox was that I wanted to change to make myself more acceptable to those who sought to reject me because I believed their assertions (overt and implicit) that I was at fault while at the same time I held the belief that people don’t change! Obviously a classic double bind – you have to change to be acceptable, you can’t change. With a side order of loss of self along the way!

THE COLLABORATIVE RELATIONAL SPACE IS WHAT IS HEALING...AND NOT THE THERAPIST

I like this and it resonates – while I did feel the desire to please you, it never tipped into a real need and therefore avoided replicating other relationships.

BUT DON'T YOU DARE ASK ME TO CHANGE

Don't you dare ask me to change more – I'm lost already!

For me, my motivation for therapy was to help my son who was struggling. However, it also formed part of my long term 'self-improvement' programme - to make me tolerable to others when I've already tried everything and I'm without hope.

Please fix me so my family and friends can tolerate me but don't ask me to judge them or demand changes from them. They're right, they must be because no-one has ever said otherwise, it's heretical to think otherwise and I'm a bad person because I do.

But I've already bent myself out of shape trying to do this and I'm losing myself. My family think I'm not good enough as I am, are you the same and will I be expected to give up the little bit of me I've managed to hang on to in order to make these changes? Obviously with the benefit of hindsight, what I was being asked to examine was my belief systems underlying my behaviour etc but that's a moot point when you feel that it's you that is fundamentally unacceptable.

REMOVAL RESTORATION RENOVATION REMODEL

*This doesn't particularly resonate but I suspect that was because you looked to help me identify how in my own professional practice as a complementary medicine practitioner I did already have a 'theory of change' so that ideas about change were already grounded in my own lived experiences with my patients.**

... WITH PLANTS THIS CAN BE BECAUSE OF LACK OF SUNLIGHT, POOR QUALITY OR TOXIC SOIL, NOT ENOUGH WATER OR SPACE TO GROW, ETC.

*Again don't remember but see above **

WHEN AS CLIENTS SOMETIMES SAY 'I WANT OR WISH THINGS COULD BE AS THEY WERE'

You very much acknowledged my frustration with this and also the fact that things were not as I would like them to be. I felt that acknowledging hating things meant that life was not worth living but, by frequently acknowledging that I hated being a single parent, for example, you allowed

me to see that I can hate a situation but that that doesn't define my life i.e. that it's safe to state a truth and that truth doesn't have to define me.

COHERENT NARRATIVE

I think that, ultimately, this is what has been transformative for me both for myself and in my dealings with others. In writing that, I am mindful that I'm not yet able to apply it to my parents even if intellectually I know it must be true! What has surprised me is the specificity of the words – the right words resonate like nothing else.

...LINGERING TOXICITY OF INTERNAL CONFLICT DUE TO SUPPRESSION AND/OR DENIAL OF SCARY FEELINGS...

This is something I did already know prior to starting therapy with you but the taboos surrounding my story did make me feel I would be struck down should I even dare to think about what my childhood was really like. 'Verboten' forbidden figured quite a lot around this.

REFRAMING SUCH 'RESISTANCE' AS ANOTHER IMPORTANT PART OF THEIR SURVIVAL KIT.....

Reframing was something you used a lot and I still find it helpful

I AM THEN CURIOUS TO UNDERSTAND WHAT IS CLIENT'S RELATIONSHIP WITH CHANGE

Don't you dare ask me to change more – I'm lost already

...OFTEN DISAPPOINTMENT HOPELESSNESS AS WELL AS MORE AMBIVALENCE SURFACE

Absolutely, together with anger – I've changed myself so much in relation to my family and it's not enough. What other changes could possibly make a difference. I think I saw it as changing my behaviour, thinking, etc. so that I would be loved and yet I knew that was impossible without completely surrendering myself. I wanted the former but wasn't prepared to give up the latter, which is why I clung to the belief about change not being possible. Ultimately, however, what I was seeking was a way to be loved and still be me and I knew that was impossible. And absolutely you held the hope of change for me during this period while I tried, and failed,

to find a way to sort this without looking at the reality of what was in front of me!

IF WE DO NOT TRANSFORM OUR PAIN WE WILL TRANSMIT IT

I don't remember you using this with me but then I arrived anxious about my son and seeking therapy to help support him – I was already aware of mitigating the impact of my upbringing on my children.

REVISIT WOUNDING EPISODES

It's challenging because it can be cathartic to revisit such old wounds but intolerable to look at the behaviour surrounding them and the detail.

...NAMING INTENSE UNWANTED, SOMETIMES HORRIFYING, USUALLY BUT NOT EXCLUSIVELY, FAMILY OF ORIGIN EXPERIENCES

I struggled with naming the behaviour. Even with you naming it still it felt heretical to even talk about some things! I noticed that you started with very gentle statements: 'their behaviour was not good', 'you did not get what you needed/deserved', through depersonalised statements: 'when people have experienced ...' etc for a long period of time..., before making more overt statements and ultimately statements of fact 'Their behaviour was abusive'. I noticed each increase in statement strength and it was never comfortable but it was necessary.

...HOW THEY NEED TO CHANGE THEIR OWN BEHAVIOUR PATTERNS TO ENSURE THEIR WELLBEING AND FLOURISHING IN PRESENT DAY RELATIONSHIPS INCLUDING THEIR RELATIONSHIP WITH THEMSELVES

Absolutely! Without the process above, I'd never have got to recognising behaviour for what it is. When I started therapy, effectively I was looking for ways to change myself to enable me to tolerate more abuse. I'm now much clearer about my boundaries, where my responsibilities start and end and I now have the capacity for true choices in the way I interact with the people in my life, even if exercising those choices is still a work in progress!

...WHEN CLIENTS BEGIN TO LOOK FORWARD, ALBEIT SOMETIMES WITH TENTATIVE CONFIDENCE IN THEIR CAPACITY FOR SELF CARE, THAT SIGNALS A MORE THAN 'GOOD ENOUGH' OUTCOME OF THE COLLABORATION BETWEEN CLIENT AND THERAPIST.

Uncovering the belief that I was inherently intolerable and there was nothing I could do to change that led to the rapid unravelling and reframing of my position in the last few months of therapy. But to get there took a huge amount of work and time. Ultimately, looking back, the fact that you didn't give up on me, held on to the hope of change for me and saw me as worth continuing with even when it appeared that little progress was being made was what allowed me, eventually, to identify this belief, buried as it was under so many other unhelpful and restrictive beliefs. Once this belief had surfaced, everything else became simple and remarkably straightforward, no doubt due to the work we'd done. But the sticking with it when things didn't seem to be changing, the sense that you knew where we were going together with the idea that 'it takes as long as it takes' is what allowed me to get there.

My fear that I would have to change fundamentally has been realised and it's so simple and yet so profound at the same time – I have had to renew my relationship with myself, with my own truth, knowledge and power. I have embraced myself and my inner knowing and I have a sense of where my responsibilities in relationship to others start and end. I now have real choice in how I relate to myself, the rest of the world, how I view the behaviour of others and how I respond.

SARAH: 'THE IMPETUS FOR EMBARKING UPON THERAPY WITH ROS WAS THE DEATH OF MY MOTHER SEVERAL MONTHS EARLIER AND HOW THAT HAD LEFT ME FEELING.'

ENDINGS

- *I found it helpful to discuss 'endings' at the start of the therapeutic relationship*
- *When ending the therapeutic relationship it was important to me to have a 'planned ending' particularly after the trauma of losing most of the important people in my life suddenly and unexpectedly*

POTENTIAL SPACE

- *The collaborative relational space – was healing for me.*
- *Ros was positive and encouraging that change could be achieved eg neuroscience*

- *Very much a collaborative journey towards healing*

AMBIVALENT ABOUT CHANGE

- *For me, I don't believe that this was the case. I was seeking change. I was aware that what I was doing was not making me happy and I had a desire to 'thrive not just survive' but I didn't know how to achieve positive change. I felt as though I had come as far as I could on my own and now needed the assistance of an 'expert'. However I have previously had significant experience of therapy and also undertaken a twelve step programme with an emphasis on change and acceptance.*

AUTHENTIC SELF

- *I feel that there was a need for me to 'discover' my true self/ my authentic self rather than 'restore' as I feel I never knew her/ was aware of her before.*
- *Couldn't really envisage what a flourishing Sarah would look like or what I would need to become flourishing – have always had difficulty knowing what I want or what I need. Much easier to identify what I don't want/need!*

COHERENT NARRATIVE

- *Helpful to look at my 'symptoms'/unwanted behaviours as part of my 'survival kit' and how they had previously been helpful but were now no longer needed. Comforting to know that they were there for a reason not just because there was something 'wrong' with me /bad person etc.*
- *I was feeling 'toxic' and ill at ease due to my thoughts and feelings. Dissatisfied with myself and my relationships with others*
- *Reflecting back – I had a huge need to cultivate some self-compassion and forgive myself*
I had a need to be heard and to make the connection between childhood hurt and unwanted feelings and unhelpful patterns of behaviour. Strong feelings of not being heard as a child continued into adulthood – not getting my needs met

- *Through this process there were a lot of tears and grief for my early years*
 - *Through this process came a realisation of what I needed to change in order to thrive*
 - *Key components towards healing: courage, resilience and change*
 - *Therapy has been like shedding layers of hard calloused skin which were both protective but were also causing pain and discomfort. I have emerged from within - bright and shiny. The process has been transformative. I now have compassion for myself and the freedom to choose positive relationships with others.*
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Working out how best to convey my responses to these reflections has involved reading and re reading what Ava, Katherine and Sarah have offered. Typical of any reflecting process on my first reading I was aware of my attention being drawn to the content and of being moved as I read by the extent each has been willing to share of themselves.

What stood out for me as I read the reflections is the way each person describes how reclaiming agency of themselves and of their relationships is integral to their journey in therapy. I like to think that this has been in part accomplished by gently insisting that each client uncover the wisdom and expertise they already have about themselves. As I see it the work in therapy is primarily about creating conditions and holding a safe space in which as clients develop a curiosity about troubling aspects of their stories they recognise their own capacity for re editing their family stories (John Byng Hall). It is during such explorations that new possibilities clients can own become visible. It is the careful collaborative deconstruction of unwanted behaviour patterns that opens up space for alternatives to emerge.

Then on second and subsequent readings my curiosity focussed on what are the themes common to each piece of writing, what themes seem to me to have greater emphasis in each person's account and what reflections do I think could be useful for the reader given the subject of this book.

That Ava, Katherine and Sarah mention nothing explicitly about what they feel I have omitted or that they want emphasised more I see as an example of the need always to expect there to be unintended consequences any time as systemic practitioners we intervene in a system. My intervention in this instance was my request to them to read and offer reflections on the first section of this chapter that included identifying what they felt from their reading I may have omitted and/or what needed more emphasis in what I have written

So I decided my reflections here on what they have shared could be in two sections. Firstly I focus on what I see as common threads in all three accounts. Then I offer some thoughts on some themes that it seems to me Ava, Katherine and Sarah individually emphasise.

The themes I see as common to each account in alphabetical order are: being heard, coherent narrative, collaborative working, endings, grief, it takes as long as it takes, potential space, revisiting the past, restoration, survival kit, time to process what comes up.

The fact that all three writers in their reflections mention the importance for their healing of being heard, endings, it takes as long as it takes and time to process what comes up beautifully supports the editors' purposes in bringing this book into being.

The reader might say these themes are common to psychotherapy in general and not the exclusive domain of systemic practice and I would agree. What I believe can be distinctively systemic is the way systemic practitioners work with these themes.

Some of the distinctive hallmarks of systemic thinking and practice are that we ask many different kinds of questions (Karl Tomm), give attention to the contexts in which feelings, relationships and behaviour happen, stay closely connected to feedback, are intentional when inviting clients to consider new connections in their stories, attempt to open up spaces for the emergence of new meanings and options for action by wondering and thinking out loud about what clients are sharing. In my own thinking all these practices connect to my emphasis on client as expert and conversely therapist as naïve ignorant explorer – like a Colombo or a Sherlock Holmes according to your preference!

Among the other themes common to what Ava, Katherine and Sarah have written I link collaborative working with potential space since one implies the other. My approach to revisiting the past focuses on how clients' remember their relationships with significant adults at different stages in the life cycle and how challenges and/or discomforts in clients' present day relationships across the generations reflect relationship patterns developed at earlier times. All three writers have mentioned the significant part grief plays when revisiting the past. Mingled with the pain of grieving the losses of what might have been can for clients be relief when their unmet needs and yearning for unconditional love and acceptance are affirmed as an aspect of their humanity and not something bad, mad or shameful.

Survival kit and coherent narrative also go together as the self compassion necessary for there to be a coherent story requires clients to develop an understanding of how any truly coherent and liveable with narrative they create will validate their survival strategies.

The different ways Ava, Katherine and Sarah reflect on how they related to my restoration metaphor is a good example of what can happen when an idea offered seems not to be such a good fit. Each of them shared some really important aspects of their journey as they described how reflecting on restoration put them in touch with aspects of their experience in therapy that have particular relevance to their reconnecting with themselves.

So if as a therapist I find what clients say does not for me immediately connect with an idea I might have been offering, I remind myself that 'all behaviour is feedback'. Then I can hear whatever clients are saying as the way they are responding to what I have offered so I just need to wait for the connections to become clearer. Waiting allied as it is with presence has its rewards in therapy as does reminding myself that I only say what clients hear.

What follows are my reflections on some of the themes which seem to have a particular emphasis in what Ava, Katherine and Sarah have written. I am of course aware that my own prejudices govern which themes I have chosen as a focus for the reflections I offer here.

AVA

'to be asked to question whether I needed to hold onto a view, belief or behaviour that is damaging was a revelation' Central to my systemic practice is developing conversations in which clients see clearly the links between their beliefs and behaviour. This understanding then provides the safe platform from which clients can risk becoming observers to their own process and reflecting on the question to which Ava is referring.

'there is no guilt that I have not yet moved from my position, instead there is a discussion of what might give me leverage to move forwards' This reflection speaks to me of how the use of neutrality in the therapeutic process can offer a doorway from the present into future thinking. In thinking out loud about the future it is possible for clients to name or discover what will be the difference that makes a differencetheir leverage for change

'I had the right to protection by my parents....not to be made to believe that I was bad'.....I have come to understand that the naming of entitlement usually clarifies for clients what has been confusion in limbic memories sometimes so distressing as to require clients to dissociate. As we know clients frequently say they clearly remember their younger smaller self knowing something was not right about adult caretakers behaviour towards them. But as defenceless children feeling compelled to accept whatever adults in their life tell them in order to maintain some connection with those on whom they as children are totally dependent for survival. Such acceptance meant shutting down their own feelings and thoughts to such an extent that they came to believe as true, however distorted and damaging, what abusive or neglectful adults say about them. So when as a therapist I am clear with clients about what is acceptable and not acceptable adult behaviour towards children and young people in their care, clients' sense of something not being right is validated and the mists of confusion can begin to dissolve.

'This idea of a logical self-preservation has been a source of strength for me' Uncovering the emotional logic of how clients' built in self preservation

mechanisms have driven behaviours now distressing and disturbing in their lives is a necessary stage in developing a coherent and liveable with story.

KATHERINE

Reframing was something you used a lot and I still find it helpful Working together with clients to create different ways of looking at a situation, person or relationship can when a truly collaborative and slowed down process be significant in providing clients not only with a different lens through which to see but also an experience of altered meaning making.

Don't you dare ask me to change I'm lost already When clients can voice their hopelessness about the possibility of change an opportunity presents itself for revisiting and reminding ourselves of the therapeutic contract. We can usefully review where we now find ourselves in our work together and amend as needed the therapeutic contract given clients' current doubts, fears and aspirations all of which make sense in the present moment.

Please fix me so my family and friends can tolerate me but don't ask me to judge them or demand changes from them. They are right....it's heretical to think otherwise and I am a bad person because I do. It is this kind of childhood legacy of needing to be loyal to the distorted and damaging beliefs of neglectful or abusing caretakers that frequently drives the wish to be able to 'cope' instead of change. Sometimes what emerges in conversation is that this complex dynamic also fuels clients' shame. Shame about who they are, as defined by significant others on whom their defenceless younger selves depended for survival. Uncovering the origins of shame in clients' lives permits the noun 'shame' to become a verb 'being shamed'. By asking when, where, how and with whom did this shaming occur the experience of feeling shame can begin to be deconstructed and seen as a relational process.

'You didn't give up on me, held onto the hope of change for me...' When part of clients' contract with the therapist this can both relieve clients of the burden of feeling they are supposed to be making progress and changing while simultaneously conveying both respect for where the clients find themselves at that moment without letting go of the belief that change is possible.

SARAH

'neuroscience' It is important to me to offer clients a framework for understanding the difference between reactivity and response-ability. So ensuring clients know about the tripartite brain and how their unwanted and distressing behaviour patterns originate in the 'old' brain and represent their fight, flight, freeze or submit reactions to perceived or real danger is crucial. I have found this reactivity can usefully be named as a 'default' position, programme or pattern and since we all have such default positions the distressing and unwanted behaviour patterns do not need to be pathologized. Instead these behaviours can be approached with curiosity and compassion because after all they originated as survival strategies.

'I had a desire to thrive not just survive Couldn't really envisage what a flourishing Sarah would look like'. Frequently I invite clients to consider the idea that we humans as part of the natural world are designed to flourish and there is a continuum of behaviour with survival at one end and flourishing at the other. (Rick Hanson)

I have come to see in my work that enormous amounts of emotional energy are required by clients to hold back from naming what they don't like/want in their lives because of old taboos that frequently say 'I am not allowed to say what I want or don't want.' So risking disloyalty to an aspect of the family of origin story is a difficult and important step towards recovery of self, healing and flourishing. (Ivan Boszormenyi-Nagy).

My experience is that only when clients have the time and space and feel safe enough to share and name what for them is what they no longer want to be doing or feeling does space open up for them to discover what they do want. Since it is usually clear that it is their survival strategies that are the behaviours they want to give up and what they say they want to be doing instead is what they believe they need to be doing in order to flourish these discoveries absolutely need to belong to the client..

'I had a huge need for self compassion and to forgive myself.' Self compassion and the wish to forgive oneself are important aspects of clients' changing relationships with themselves and their significant others, re editing family mythology and reclaiming agency of their lives. Self

compassion is closely linked to self acceptance and self validation as clients can then begin to allow themselves to be seen.

If you the reader are now thinking I missed important themes and/or the opportunity to comment on specific issues Ava, Katherine or Sarah highlight I can only say 'good' as this is what reflective processes are all about celebrating the enriching creativity of sharing different perspectives is distinctively systemic.

In conclusion here are Sarah, Katherine and Ava's responses to three questions I invite them to address:

Is there anything in what you are reading that resonates with where you are now in your own journey that you are willing to share?

What do you notice about how you are reacting (feelings and thoughts) to what you are reading that seems relevant to share?

Anything else you want to share

LAST WORDS FROM SARAH, KATHERINE and AVA

SARAH

Is there anything in what you are reading that resonates with where you are now in your own journey that you are willing to share?

'Today, I feel like I'm really flourishing. I have been able to let go of many of my survival strategies which had become such blocks to personal development and also barriers in my relationships with others. By letting go of these strategies I have been able to discover who I am and to find some self-acceptance. The negative messages from childhood are now just faint whispers. I have also been able to take down the walls that I built around myself and to develop authentic and close relationships with others.'

What do you notice about how you are reacting (feelings and thoughts) to what you are reading that seems relevant to share?

'As I read through this chapter, I felt sadness and compassion for the lost child that I once was. But through therapy I have found self-compassion and acceptance for who I am now and the journey has been truly transformative'.

KATHERINE

'What's interesting is how much of what Ava and Sarah have written resonates for me too, even though they were dealing with different issues. In particular, that sense of a little flame, a tiny part of me kept safe in spite of what I was going through that you helped me to identify and acknowledge.

What I have written is obviously a distillation of a long, drawn out process and is what seems most relevant to me at this moment in time. But I know that as time goes by other elements of our discussions will resurface as life continues to challenge me to honour myself. What strikes me in your observations is your clarity about what was going on for me and your willingness and patience to walk alongside me while I worked this out for myself without judgement and with compassion and understanding.'

AVA

'To read back my words gives me that rollercoaster feeling of fear—breaking the last taboo of allowing myself to be seen and heard—albeit anonymously. It is hard to let go of those untrue 'truths' of childhood but to have voiced them here shows me how far I have journeyed with you.

It has brought back a memory, how when I used to try to talk about the past a shutter would come down in my mind, leaving me mute. Screaming inside to speak but afraid to utter a word. With you I have learnt to speak the unspeakable. I notice right now I am experiencing some of this fear, that I have broken my

silence. But it is my story, my past, my truth. I am not yet entirely comfortable with it—but 'it takes as long as it takes'.

'we compose our lives from both pleasant and unpleasant materials, but the painful materials are harder to talk about'

Catherine Bateson

Mary

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