The well tempered therapist

Psychotherapy integration and the personality of the therapist

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"Every explicit duality is an implicit unity."
Alan Watts

Integration is inherent to the art and science of psychotherapy and constitutes a core function of the psychotherapeutic process. But integrative processes not only facilitate our clients' process of change but also crucially contribute to the development of psychotherapists. This paper is about the integration of the therapists personality with his or her clinical approach as a necessary aspect of professional individuation and maturation.

The term integration refers to a process of bringing something into unrestricted and equal association, to an act of making whole or combining into an integral whole, and to describing the organisation of psychological or social traits and tendencies of a personality into a harmonious whole. As such, integrative processes would seem an essential aspect of any psychological therapy that strives to contain and integrate a clients’ distress, dissociated experiences and fragmented personality aspects. As a therapist, I attempt to integrate aspects of clients’ presenting material with my transferential experience and with the real relationship that always exists side by side with transference.

Integration is also central to the evolving development of ideas and constructs. In the terminology of evolution research, integration is seen to alternate with differentiation as agents of development. Psychological theories aim to conceptualise the unruly emotional life dwelling within the human organism. They are abstracts created to think about, and communicate aspects of psychological dynamics but remain approximations of what they seek to describe. We strive to improve our approximations, usually by expanding constructs and integrating new conceptions into a theory. Psychological theories, like all concepts and ideas, are subject to evolutionary dynamics. They either develop and evolve or become discarded.

Theoretical constructs and the personality of the theorist

Theoretical constructs are permeated by a range of subjective variants. The confirmation bias phenomenon describes a tendency of researchers in a variety of settings to notice more, assign more weight to, and actively seek out information that confirms their hypothesis. Psychological theories are also influenced by differences in the clinical environment that inform them, such as particular client/patient population for instance. They also reflect and are informed by the personalities of their architects. The work of Reich and his contemporary Winnicott, for example, show a common fascination with the body. They both developed theories that aimed to conceptualise psychic dimensions and functions of physiology. Reich and Winnicott recognised and emphasised the centrality of a psyche - soma relationship that is unitary as well as conditioning one another. But here the similarities end.

Reich’s ground breaking theories on character, muscular armouring and sexuality led him to develop an emotional deeply charged psychotherapy approach. While Reich argued for nurture versus nature and insisted that people should be present and in contact, his clinical approach remained remarkably non-relational. Winnicott’s equally eminent theories of self development explicitly recognised the significance of bodily experiences within resonant attachment relationships to achieve an adequate development of self. He saw the crucial importance of kinesthetic awareness of self and other in attachment relationships and yet displayed a notable hesitation to recognise and engage with the awareness and embodiment of erotic charge in the therapeutic relationship (Phillips, 1988).

It is tempting to argue that Reich's and Winnicott's personalities and their respective degree of discomfort around sexuality and attachment not only contributed to but also benefited the theoretical constructs they
formulated. More specifically, to consider how Reich’s reluctance to engage with co-regulation and relational dynamics may have facilitated his focus on interventions aimed to energetically explore and unlock the self-regulating potential of the body. It is equally tempting to consider Winnicott’s evasion of erotic tension in the context of his attention to, and availability for, embodied mutuality as a way to facilitate resonant relationships.

The work of Fonagy and Schore raise similarly intriguing questions. Both Schore and Fonagy have been at the forefront of attempts to integrate attachment theory with neurobiology and the development of the self. Their respective research on self-development and affect regulation brings together observations, research data, and concepts from the developmental branches of psychoanalysis and neurobiology. Both identify and recognize the central role of affect regulation within early attachment relationships in facilitating successful structural development of the brain and an individual’s later complex affective and cognitive abilities.

Schore (1994, 2003), approaching the biological functions of emotions from a two person psychology perspective, proposes a psycho-neurobiological model of ‘implicit self’ development and makes a compelling case for a brain/mind/body system as the dynamic core of the implicit self, mediated largely by the brains’ right hemisphere implicit regulatory functions. Fonagy and colleagues (2002) on the other hand, develop a psychoanalytic construct of mentalization. Mentalization is defined as the ability to make and use mental representations of one’s own and other people’s emotional states. Fonagy and colleagues propose that the individuals’ capacities to mentalize contribute crucially to the depth of abilities for mediating self-functions and relationships with others.

Such divergence in terminology is not just linguistic but reflects significant differences in their respective perspectives of self- and co-regulating functions. I cannot help wondering if the term mentalization indicates an inclination to keep the messy world of limbic communication and relatedness in the safe realm of abstract mental activities. On the other hand, only Fonagy and his colleagues have developed a clinical approach based on their construct. Would that suggest that Schore might feel more comfortable with a body of theory?

Arguably, the above four examples have all benefited from the personalities of their architects. They present profound and inspiring endeavours to integrate psychoanalytic theory with observed phenomena and research.

A personal journey

‘... and every attempt
Is a wholly new start, and a different kind of failure.’ T S Eliot

My integrative journey is a story of paradoxes, which is probably not uncommon. I received a Gestalt initiation to psychotherapy which stimulated my curiosity about the reciprocal relationships between physiology and psychology. I continued my studies through training in Biosynthesis, a somatic and psychodynamic oriented approach which combines pre- and perinatal psychology with body psychotherapy and transpersonal psychology. As my own understanding of psyche – soma dynamics in the therapeutic relationship evolved, my focus began to shift away from looking at organismic structures, defenses and embodied polarities. I learned to watch and listen to the symphonies of mutual exchange in the therapeutic alliance and to observe the internal adaptations, psychic and bodily, in myself and in my clients. I became curious about clients’ particular styles and patterns of relatedness, their embodied rhythms and intricacies, and how they impact my psyche and soma.

Body psychotherapy had taught me about the body and embodied process work. Neuroscience, Object Relations and Self Psychology theory invited me to attend to the rich tapestry of my somato-sensory experience in the therapeutic relationship and encouraged me to explore the intricacies of psyche - soma relationship as an agency for development and continuity of the self. I learnt to attend to my struggles and
failures of psyche dwelling in soma in the therapeutic relationship. I became curious about how I experience my clients’ struggles through my own failures, for example when my psychic or bodily counter-transference interferes with the effectiveness of my interventions. I attempt to engage with excess or lack of defensive muscular armouring as disruption of relational vitality within a two person system. I have come to rely on my psyche and soma to invite a client’s body and psyche into relatedness, both with each other and in our relationship. Today, I describe my approach as relational body psychotherapy. These two paradigms sit comfortably with one another and between them address what draws me most about psychotherapy - the intricacies of psyche and soma dynamics in the therapeutic relationship.

**Integration as professional individuation and maturation**

*In the middle, not only in the middle of the way*
*But all the way, in a dark wood, in a bramble*
*On the edge of a grimpen, where there is no secure foothold, And menaced by monsters, fancy lights Risking enchantment. T.S Eliot*

Limbic communication is increasingly seen as the central factor in the transformative capacity of psychotherapy (Lewis et al 2000). Humans beings, in line with most mammals, are relation seeking creatures. They rely on the limbic systems of others for co-regulation. Our open loop physiology is designed to answer to the call for limbic regulation by another. Limbic resonance and regulation connect therapist and client in somatic states of relatedness facilitated by a continuous exchange of signals which influence and modulate the embodied states and nervous systems of both participants. Regulatory information is required to tolerate, balance and integrate affect and emotional states and any associated physiological parameters such as heart rate or blood pressure for example. Who we are, our personalities, and how we manage ourselves in the therapeutic relationship is as important as what we do, our interventions, our professional identities and the theoretical constructs that support us. This is a far cry from the current attempts to define psychotherapy in mechanistic frameworks of treatment manuals. The qualitative and quantitative dimensions of the art and science of psychotherapy are deeply entwined.

The personality of the therapist is a catalyst for change in the therapeutic relationship. He (I use the masculine pronoun for convenience sake) is not only an resonant co-regulator but also required to act as a character in the client’s internal drama who, in Vaughan’s (1997) evocative metaphor, collaboratively rearranges the furniture from a position within the client’s internal world. To be a resonant agent of change, he must risk enchantment by tuning into the limbic melodies of his clients inner world, yielding to their gravitational tug to apprehend the internal reality and yet remain sufficiently anchored within his own personality. And it is necessarily a tangled place – if clients knew how to self- and co- regulate and manage good relationships successfully they wouldn’t come to therapy.

Winnicott (1971) emphasised the overlapping capacity to play in both patient and therapist in psychotherapy and suggested that development and continuity of self rely on the playful creativity of transitional phenomena. Transitional phenomena, like play and poetry, provide permissible ways of saying or doing one thing and meaning another. They require a shared simultaneous holding of two paradoxical realities, the pretend and the actual, and allow us to both own and disown vulnerable aspects such as threatening internal states, feelings, thoughts and intentions while testing out the responses of others. As such, transitional phenomena provide a shared metaphorical space to playfully try out new identifications and to explore different ways of being in the world and relating to others. The creative dynamics of transitional phenomena are equally available for the development of the therapist.

Professional identity, initially modelled on templates provided by mentors, is being constructed, reflected back and deconstructed in relationships with clients, peers and supervisors. 'Tempering' describes a process of achieving a requisite combination of strength and flexibility through exposure to alternating temperatures. In musical terms, tempered means 'tuned to temperament', which is another apt description of the therapists' integrative process. His professional self is tempered by the fierce heat of subjective and...
intersubjective experience in his relationships on the one hand and by the calming immersion into observation and reflection on the other. This interplay of formless experience and transitional phenomena with rigorous review of therapeutic procedure in clinical theory and supervision invites a multiplicity of questions and perspectives. It is one of the main arguments for integrative psychotherapy that the complexities of our clients’ experiences and problems require a plurality of perspectives to facilitate their integration.

Jung coined the term individuation to describe a process of differentiation of the individual from collective and archetypical material. Interestingly, this theorising coincided with his personal development of differentiating himself from the dominantly mechanistic thinking of the nineteenth century with its outright rejection of subjectivity and the entire emotional experience. Jung achieved some integration of the feminine within himself in this process and later viewed this phase as the most profound turning point in his career which formed the foundation for his later theoretical endeavours (Conger 2005). Our conceptualisations and clinical practice seem inextricably entwined with our personalities. There is a parallel, I suggest, between the complexity and the many layers of a client’s personality, between the plurality of theoretical perspectives, and between the complexity of the therapists multi-layered self-organization that supports him in the therapeutic relationship.

Integration is not a quest for unification. Therapy does not aim to unify the multitude of personality aspects but rather facilitate their differentiation, mutual acknowledgment and negotiated co-existence. However, theoretical perspectives, much like personal belief systems, need to be continuously questioned and examined from the perspectives of alternative constructs. And we can apply this equally to the construct of the therapists’ identity and the theoretical perspectives he identifies with. Identity, personal and professional, is forever under review and concomitantly constructed and deconstructed in the process.

The therapists’ integrative journey is a journey towards integrity, towards functioning from somewhere closer to our core, towards finding the theoretical tools that suit our personality and cultural context. Our personalities are the flesh and blood on the bones of our clinical constructs. Integration is a journey towards becoming more conscious who we are by participating in the dynamic forces that shape us. It is a passage of finding ways to exist and work which support our unrestricted engagement in the therapeutic relationship and which best facilitate the flow of transitional phenomena and somatic states of relatedness which may transform our client’s inner world.

Bibliography