Give a critical and evaluative account of your view of the person and indicate how this impacts on your view of optimal functioning and therapy.

By

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In the course of my research and reading of the works of various theorists, it has become clear to me that their philosophies and thoughts about the person have been informed in some way by the context in which they find themselves. Similarly, my formulations have been coloured not only by my life experience, value system both in terms of upbringing and in terms of more adult decisions I have made subsequently, but by the ongoing intellectual learning process to which I have been exposed both consciously and unconsciously. My ideas, thoughts and process is, naturally, hugely influenced by the theories that have made the most sense to me in terms of how I have come to understand myself, my fellow human beings and the world in which we find ourselves.

I have always had an insatiable desire to understand what motivates many of my own and others', often illogical and self defeating, actions, which were

not meaningfully explained by the doctrines, moral codes and general social expectations that I have been exposed to over the years. Conversely, I have not understood how it is that in spite of the most devastatingly traumatic setbacks, there are those who have somehow defied prediction and forged through the elements of their lives that would generally hold them back. In attempting to understand this, it makes sense to have some information about physiological/biological, environmental and social/cultural factors that form part of the person's life experience (Meyer, Moore & Viljoen, 2003), the person's psychological factors such as emotions, values, attitudes as well as his spiritual convictions.

A deep passion for literature and poetry, which has echoed my own experience of life, and which has given me a sense of kindred with some other being "out there" who has felt the same, has driven me even closer to attempting to arrive at some comprehension of my own and others experience of themselves and life.

Perhaps the most significant impact on my view of the person has been my training as psychotherapist. In fact, fulfilling that role is, in my view, inseparable from holding a comprehensive paradigm of the person, which underpins how one not only conducts one's life but how one interacts with others, in this case, one's clients.

In the course of my training, I have encountered the theories of psychoanalysts from Freud, Erikson to more recent theorists such as Masterson, Daniel Stern, Fred Pine, and enjoyed within that framework, the object relations theorists, in particular, Klein, Anna Freud, Winnicott,

Bowlby, Mahler and several others. Within this field I have found rich expositions of the developmental aspects of the person, that have provided a window of understanding into the enormous potential for creative genius as well as hellish destruction, and perhaps, a notion of how these might be facilitated. My brief exploration of the works of Jung, Maslow, Hillman and Frankl in recent years have kindled in me a renewed interest in the spiritual dimension of being human. Behaviourism according to Skinner, Pavlov, Watson, and more recently Bandura, and other cognitive behaviorists, although somewhat dry and spiritually empty, while they initially averted me from a pursuit in the field of psychology and deeper understanding of what it means to be human, have subsequently enriched my understanding of human behaviour. The theories and methodology of Rogers, his intrinsically positive view of the person and compassionate and attentive way of dealing with others, have served as a solid basic structure upon which I have built my beginning methodology while I gleaned more information from other research.

Given the plethora of approaches, I have tended to integrate what I have learnt, and found affirmation for this tendency in current literature which provides different models of integration. The move is to find a framework into which many aspects of human functioning and the change process can be incorporated. An example of such an approach can be found in Petruska Clarkson's Systemic Integrative Therapy model (Clarkson & Lapworth, 1992) which combines technical eclecticism and theoretical integration into a seven-level model. It offers "...a holistic view of the client as a person in most aspects of human functioning, as well as a comprehensive, integrative

view of psychotherapy with its multiplicity of emphases and applications to the person in the wider context of their existence." (p. 60)

These levels consist of the physiological, emotional, nominative (or the ability to make logical meaning of an experience), normative (concerning the socio-cultural context that has an influence), rational, theoretical and transpersonal (or spiritual). In attempting to treat the individual at all of these levels, theory provides a "map" for the therapist. Clarkson (1992) presents the different "schools of thought" as offering different angles to the client's functioning rather than as being mutually exclusive. She postulates that all the different theories within these offer stories or *metaphors* that we use to explain our experience of ourselves and of the world. *They are representations not truths* (italics mine). Thus she perceives that we as therapists view the client as "... *learner* (behaviorism), the person as *reactor* (psychoanalysis) and the person as *creator* (humanism/existenialism)." (p.47). And since these aspects of human function are relative, the notion of "relationship" is vitally important in this model and does not exclude the seven levels as applying to the therapist.

Elaborating on the notion of relationship, I have enjoyed how Erskine (Erskine & Moursund, 1988) offers a similar integrative model. Using concepts and theories derived from Psychoanalysis, Object Relations, Client Centred approaches, Behaviourism and Transactional Analysis, he proposes an integrative model in which the underlying construct is one of *contact* between client and therapist and the reparation of ruptures thereof to maintain the contact and the elements of the relationship that make it therapeutic and healing, in order to facilitate in the client a sense of

integration to the extent that his life has the fullest meaning that he can aspire to. Therefore, holding the person as the umbrella concept, and viewing him from various theoretical perspectives, I am considering him in the totality of his experience, which includes his cognitive, emotional, behavioural and physical well-being in the world. Superimposed upon all of these is the spiritual template through which that individual views his world and his place within it, and which cannot be separated from the other aspects of his functioning.

My view of the person thus, has, as a starting notion, the idea that the individual arrives with a blueprint of potential that is both unique and universal. That this person may well arrive with predispositions for a whole number of predictable limitations, apart from being simply human, that might well depend on his ancestry. But beyond that, that this person arrives with a spiritual and psychological core of which he is to a greater or lesser extent aware. Hillman (1997) speaks of this aspect of the person as the "daimon" that drives the person beyond the confines of his heritage. Maslow refers to the deeply imbedded needs that impel the person towards growth and "self-actualisation" (Meyer, Moore & Viljoen, 2003). I believe thus, that the person has what is necessary to move both within and beyond the context of his arrival, that he is here in order to be fully what he is capable of being. What this means is that he must, at some point, come to grips with the limitations of his life, either due to his heritage or the environment to which he had to adapt for his own survival (along all dimensions of being), and explore and develop the gifts, talents and potentials that are part of his being. In this he derives the meaning of his life. The above statement contains two core concepts which I regard as

vital to any comprehensive view of a person. The first is the notion of adaptation, which is allied with the notion of survival. The second, closely interdependent upon the first, is the concept of "self" which is intrinsic to every aspect of the person's being, and I shall explain how I have come to understand what this means.

Seemingly all species familiar to us, are provided with the underlying urge to survive, at a basic physiological level, which engenders a number of interesting adaptations (and I will not elucidate since I am not fully informed of these) and at a psychological level. On this dimension, survival produces those adaptations which I believe reflect, in many ways, for the personality styles and ways of being that often account for the irrational and often destructive ways in which the person attempts to process life. "What am I to do with a person like you (the significant other) in a world like this?" (Erskine & Trautman, 1993) and the person then proceeds to write a suitable script (Berne, 1961) which will reflect his inherent blueprint, as it becomes exposed to the environment (the nature/nurture debate). This script is unconsciously formulated as the recipe for survival upon arrival, is consolidated during childhood, and evolves during adulthood (Erskine & Moursund, 1988). While the script scenarios are peopled (according to Berne, 1961) with characters whose identities are cloned from introjects of significant (necessary for survival) others, the notion of 'self', remains almost as a supervising construct. And it is upon this construct that, in my view, attention should be focused.

Traditional psychoanalysis has focused on the notion of 'ego' as the central controlling agency of the mind. Yet 'ego' does not serve as a means of

defining who one is so much as helping to understand aspects of behaviour and functioning.   The notion of 'self' expresses the subjective quality of experience the individual has in relation to his environment, and seems to *incorporate* (italics mine) the notion of "ego".   Kohut   (Baker & Baker, 1987) defines the 'self' as "the center of the individual's universe" (p.5).   It is the psychological structure which makes itself evident by providing one with a healthy sense of self (Wolf, 1988); self-esteem, autonomy, creativity and a sense of continuity over time, change and even personal transformation.   Hence, 'self' is also a process.

As with all dynamic phenomena, where there is the potential for healthy development, there is the potential of an unhealthy 'self'. *It is dependent on the infant's experience of maternal caretaking at the outset of life* (italics mine). Mahler (in Masterson, 1988) succinctly put it: "Insofar as the infant's development of the sense of self takes place in the context of the dependency on the mother, the *sense of self that results will bear the imprint of her care giving.*" (p. 27) (italics mine).   To begin with, one could not conceive of the infant as emotionally *separate* from the mother (Winnicott, 1965).   Clearly, 'self' does not evolve in a vacuum, but within an intersubjective context or system (Stolorow & Atwood, 1992).   The term intersubjective further implies that it is both the inner experience and its embeddedness in experience emanating from the environment that contribute to the 'self' that is ever evolving.

Thus the mother provides a self-delineating self object function (Stolorow & Atwood, 1992) which contributes to the evolution and validation of the young self's ongoing personal experience of itself in the world and of its

perception and definition of itself in that world.   This gives the infant a sense of what is real. Reality thus "crystallises at the interface of interacting, affectively attuned subjectivities." (p.27)

In line with this Stern (1985) speaks of the four developmental senses of 'self' , each reflecting domains of relatedness and appearing as emerging capacities that are initially innate and become gradually more external. He speaks of the emergent self during which the infant actively seeks stimulation of a particular kind and much of parenting revolves around infant regulation. After two months the core self emerges as the infant becomes more social, and has the ability for more interpersonal focus, developing an awareness of "not I", of self agency, and of boundaries. He relies on the presence of an affectively attuned, self-regulating other to fulfill functions he cannot do for himself.   After six months the infant's intersubjective self emerges, as he becomes more mobile, developing more abilities and desiring to share his experience, intention and feelings. The presence of the involved, interested sharing other provides the infant with a feeling of belonging as *its inner world comes together with that of others*. Without this the infant is left with a pervasive sense of aloneness. After about eighteen months as the infant learns to use language, the verbal self emerges, and finally the narrative self.   With language comes some frustration as a common meaning is sought, where previously there was no need for words.   "*Repeated* empathic failures by the parents, *and* the child's responses to them, (at any of these developmental stages) are at the root of almost all psychopathology." (Kohut, in Baker & Baker, 1987, p.2).

Conversely, a healthy 'self' enables the individual to separate from the mother at the appropriate time (given her presence and availability when it needs to return to her for merger, especially in the early stages), with a sense that the world is an exciting place full of possibility, not filled with danger and hostility. A healthy 'self' (Masterson, 1988) is capable of expressing a wide range of feelings, including love, which is the most important, and expects to be able to achieve its goals as well as understanding its limitations. A healthy 'self' has the motivation and confidence to self activate and stand up for itself without being aggressive. It has the capacity to both acknowledge its own achievement (since it received enough of this early) and to withstand pain and loss and self soothe (as it was given enough when needed). The healthy 'self' takes responsibility for its own actions and fulfils commitments. The healthy 'self' is motivated to growth and self development. It is able to accept constructive criticism, is able to select out that which is destructive and avoid it, is able to be creative in all ways, including problem solving (because it received encouragement, mirroring and support early when it was just starting out). The healthy 'self' is able to maintain an intimate relationship and risk being genuine and honest without fear of abandonment or engulfment. *It has the capacity for empathy*. It is able to be alone with its feelings without terror of abandonment or eternal loneliness. These capabilities are also contained within the notion of 'script'. The implication is that to be a person is to have a 'script' of some kind, as part of a process of socialization.

Healthy also is referred to as "real" or "authentic" (Winnicott, 1965; Masterson, 1988), and therefore unhealthy implies "false". The false self struggles with all or most of the above capacities. It is those individuals

who have developed a "false" self, that overwhelmingly defines all of their intersubjective experience, that end up in therapy.

The goal of therapy is about creating a different and healing intersubjective context where the process of 'false' self can be reversed. There is a shift, in my view, from noting dysfunctionality as pathological to seeing it as a manifestation of 'injury' experienced at a pivotal developmental stage (usually during childhood, although not exclusively). Masterson's (1988) outline of the capacities of the self, and the personality manifestation of the injured 'self' assists me in understanding the nature of the injury. Developmental theories such as Mahler's (1986) and Bowlby's (1980), provide insight into the age and stage of injury. Kohut's (in Baker & Baker, 1987) notion of empathic immersion, selfobject and mirroring functions, Erskine & Trautman's (1993) notion of a contactful relationship, using inquiry, involvement and empathic attunement, forms the basis if my relationship with all my clients. Using the metaphor of 'baby' in considering the client, with all the developmental implications that this holds, has been invaluable to me. Developmental theorists such as Mahler (1986), outline the developmental strivings of the infant. Stern (1985) provides a very useful framework for understanding the different developmental dimensions of self that emerge and the different 'types' of empathic attunement required from the care giving other. Understanding the importance of secure attachment and the alternative sequellae as described by Bowlby (1980) equally enables me to understand some of the early trauma experienced by the client.

In accordance with the postulations of Erik Erikson, it makes sense to me that if the specific requirements for mastery of a particular stage of development are not met, one may be given the opportunity later in life, but it then behaves the person to cope with an increased pressure of the current developmental task as well as that which was not fully accomplished earlier (Erikson, 1963). The implication, in terms of a view of a person, is that an understanding of the developmental tasks that are presented throughout life and the potential healthy and unhealthy outcomes, need to inform such a view and an approach to psychotherapy.

Winnicott's notion of 'transitional space' and the 'holding' environment (1965) is very helpful in understanding how to be with a person struggling with a 'false' self, in order to facilitate repair of the damage wrought earlier, healing and consequent integration. The therapeutic role then, is to be in a relationship with the other in which I develop an understanding of the nature of the client's injury (not purely theoretical) from an experiential point of view, knowing what it is like to be a person - "empathic immersion" (Kohut, in Wolf, 1988).

If my view of the person is closely intertwined with the notion of 'self', and if, as I have outlined above, the 'self' can be damaged along its evolving dynamic route in a number of ways, the question is, how is this reflected in the person who presents himself in therapy? Firstly, the individual's personality manifestation generally indicates the stages of development in which the critical injuries occurred and he provides me with insight of this through a process in which he unconsciously acts out the deeply repressed patterns of behaviour, in a process also known as transference (Stern, 1994),

within the therapeutic relationship. Transference is the person's unconscious method of playing out his script, which will include both the repetition of the actual damaging relationship as well as the enactment of the deeply needed relationship. My understanding of the developmental origins of injury, based on all my readings and the my view of the person (that is, the paradigm or metaphors that I will use to guide me) will enable me to interpret the unconscious material that is being re-enacted in this relationship and to facilitate a process which ultimately leads to positive life change. By extension, the person is then freed from *some* of the limiting factors that impede his fully experiencing a meaningful life.

At this point I wish to briefly describe how the above theoretical understandings have informed a therapeutic frame of reference in which I derive a methodology to participate in a therapeutic relationship that promotes constructive life change. I aim to facilitate a process whereby the client may allow himself to experience the repressed experiences of early trauma and the associated feelings, to work through them and begin operating from the authentic (split off because associated with the repressed experiences) part of the self, rather than acting out defensive behaviour (transference) as a means of coping (Masterson, 1988).

One of the cornerstones of relational therapy, in my view, is the notion of *empathy and unconditional positive regard* (Rogers, 1961). Kohut spoke of the empathic "immersion" where various needs for *mirroring* are met (Kohut, in Wolf, 1988). Stern (1985) understands it as a way of being with the client in the moment in such a way as to resonate and be attuned to his internal state of *regression*, which could reflect any of four developmental

stages. The backbone of the therapeutic work is contained in the notion of Empathy. Empathy is the process whereby I experience and reflect back to the client as accurately as I can what it feels like to be him, moment by moment (Rogers, 1961;Kohut, in Baker et al, 1987). Erskine (1993) refers to empathic attunement as "… a *kinesthetic* and *emotional* sensing of the other, knowing their experience by metaphorically being in their skin" (p. 12) through gentle, genuine *inquiry* and *involvement*, and to *validate* what that feels like. This develops a "contactful" relationship (Erskine & Trautman, 1993) in which the client experiences me as present and connected.

I am enabled to be empathically attuned to the other's inner experience because, being a person too, I have learned experientially what it means to be understood and mirrored at a deep level, to be completely vulnerable and yet feel that my terror of that vulnerability is being contained and that I have survived. I have learned that at my most vulnerable I am "good enough", I have come to recognise my defenses, if not completely overcome them yet. It has strengthened my capacity and belief in my boundaries and my right to have them. It has confirmed my rights, and my courage to assert them. This has enhanced my confidence in my own ability to contain and hold that which is frightening, unknown, and inexplicable.   It has empowered me to be in connection *with* another injured human being, searching for healing, even if I do not have all the 'right' answers.   I have a deeper, broader, richer understanding of myself and of the other, and also of *myself with the other* as we co-create the healing environment.

In conclusion, positive life change implies a change in the original script belief held by the person that is injured, and the script decisions which motivate his relational behaviours, thoughts and feelings. Former, unacceptable parts of his 'self' eventually are owned and integrated into a more cohesive sense of self (Erskine,1993) and the individual has developed more of the capacities of the authentic self, such as creativity, spontaneity, initiative, the capacity for intimacy (Masterson, 1988) that shape his manner of relating to the world.   It is the possibility of transformation, the potential for growth of 'self', in spite of early injury, within the therapeutic relationship and the fact that healing of the injury is as much a function of the therapeutic relationship as it is of the therapist's training and/or expertise that I consider so invaluable. This notion requires that I seek to examine and understand the *'self' that I bring* into this intersubjective context as I do that of the person who is 'not I'.

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