

THE 10TH KAPC COUNSELING CONFERENCE

1ST - 3RD SEPTEMBER 2009,

SAFARI PARK HOTEL NAIROBI KENYA.

WORKING WITH DEEP MATERIAL: IMPLICATIONS OF TRAUMA FOR THE COUNSELLOR

Presented by John McGuinness

1. Why opportune to consider this psychotherapeutic issue now?

- The CBT decision by NICE
- The current 'measurement madness' drive from government
- The limitations of 'brief therapies', and the need to offer to some clients long term help
- The theoretical and clinical analysis of 'deep material'
- Egan's 'Exploration, UNDERSTANDING, Action'.
- Treating symptoms without addressing cause is as problematic in mental health as in physical health
- Doing 'to' the client v doing 'with' the client

2. Definitions of 'deep' material

Personal experiences of deep material; sensory triggers (associations-dread, euphoria)

Non-verbal, pre-verbal experience. Non-verbal memory. (Rowan and somatic memory)

Why is it deep? Capacity (perceived) to damage, even destroy us

3. Theory and Deep Material. Brammer and Shostrom's depth model

4. The Talking/listening cure - limitations. Verbalsing the non-verbal

Advanced level empathy - listening beyond the words

Gestalt approaches to therapy

Metaphor

Active therapies - psychodrama, art, play, movement, inner child

5. My own deep material as a 'counter-transference' issue

The importance of self-exploration; the 'problematic' in me

6. The monster hidden under the bed - scary to look

Look and it loses its power - only fluff

Depower the deep material; re-power the self

COUNSELLING WORKSHOP.

WORKSHOP: Nairobi, September, 2009

Introductory:

Welcome to everyone: we come together as strangers to explore a very challenging aspect of our humanity. I am sure it will help us if we can become less 'strangers', moving beyond mere acquaintance to friendship, and even deep friendship. Can we begin by agreeing a contract about confidentiality. (all shared material stays within the group?)

How would I like to be known in this group

A few brief words about what at this juncture I want to share about myself in this group

What I want from this group

What fears I bring to this group (20 minutes)

Deep material, like any unknown, can be scary and threatening. It is often an issue for both our clients

and ourselves - we all have deep material. We can and do choose to let sleeping dogs lie. And that is fine. We can also choose to explore some of those buried bits of the self, but the choice is always my own. On this issue, there can be no pushing, intruding, poking around - exploring deep material is a personal choice, undertaken for a variety of motives. This lovely place, and this lovely group needs to become a safe and nurturing place to be. Our key task today is to make that happen, and, as professional counsellors to maintain an awareness of what makes it happen (or what blocks it) so that we can hone that most basic skill of the counsellor, offering our clients 'a safe place to be'.

Here are a few ideas to get our heads working, as well as our hearts. My contribution today will be underpinned by three premises:

First premise: working with deep material is inevitable, whether we are aware of it or not, but it is not sufficient for therapeutic movement to occur

Me and my client: Freud claimed that 'transference is the true vehicle of therapeutic influence' and that it arises spontaneously in all human relationships'. By this he means that the therapist and client will inevitably re-live, within the therapeutic relationship, previously learned lessons, (from parents, primary carers, teachers, priests and other authority figures) about relating. That is quite a sobering thought - I am a parent, a grandparent, I have in the past been a catholic priest, a teacher. What lessons have I taught to those in my care about how to relate to others? Freud asserts that it the therapist's task to recognise the transference in the relationship, to work with it, and in his words, 'not to evade responsibility by suppressing or neglecting the transference' - Freud sees a turning of our back on the intensity of a genuine and deep relationship as cowardly. So, working with deep material is a central characteristic of psychotherapy. However, Michael Kahn (1997) describes the frustration felt by therapists when a client appears to achieve real insight from the transference relationship (ie a clear sense of why he or she is the way he or she is), yet engages in no change, no therapeutic movement towards a more satisfactory way of being. Kahn suggests that beyond *insight* the client needs a different condition to facilitate change - this is a level of safety in the relationship that renders the challenge of a new way of living less daunting. The therapeutic relationship, then, must be aware of deep transference material and

work with it, and at the same time communicate to the client such a feeling of safety that the client will gain the courage to let go of old, deeply in-grained, well rehearsed but dysfunctional ways of living to enter the unknown of a new way of relating to others.

A psychological explanation of why this need for safety exists can be found in Vera Heisler's (1961) analysis of the nature of mental health. She suggests that it develops as the result of an interaction between two fundamental human tendencies - the need for what she calls 'homeostasis' (or security, balance, a sense of safety in one's life) and the need for what she calls 'differentiation', (ie new experiences, challenge, stimulation, change). Her argument is that mental health exists when an individual has a sufficiently strong sense of security to permit attention to be shifted from *self-protective strategies* to *self-development strategies* ie moving from being locked into a 'safe' posture to the real possibility of change. Simply, she claims that despite insight into deep material - an understanding of why I am so sad, mixed-up, depressed - I will not change because I do not have a resilient, basic, rooted sense of safety. The comfort of even dysfunctional behaviour can feel safer than a change *perceived* as beneficial because of insight, but not embraced because of fear. Fundamentally what my client needs is not only insight into deep material, but also the sense of safety that will permit him/her to use that insight. This realisation was Carl Rogers' great contribution to psychotherapy- that whatever techniques are deployed, they will only be effective if they are used within a relationship that is infused by the core conditions.

Premise Two: 'The ordinary response to atrocities is to banish them from consciousness'. (Judith Herman, Trauma and Recovery, 1992, Harper -Collins)

Shortly after it was published, The New York Times Book Review described it as one of the most important psychiatric works to be published since Freud. In it she argues from profound and extensive clinical experience, that at both personal and social levels, *traumatic experiences tend to be denied, repressed, minimised - banished from consciousness*. Individuals and societies find it so difficult to stand close to the realities of trauma - we feel a pressure to avert our gaze. We generalise it into a vocabulary

that softens its reality - ethnic cleansing, domestic violence, female genital mutilation, sexual abuse of children - takes us away from the specific, unique, particularising pain of the individual. In fact to 'safety', a dysfunctional safety, but safety Herman's challenge is that 'only when the truth is finally realised can survivors begin their recovery. But' she says, 'far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative, but as a symptom'. Our clients will bring us first of all the 'symptom', having banished the trauma in revulsion and horror to the depths of their being, hoping that buried there, it will cease to hurt. To face that buried monster takes us uncompromisingly into the issue of Deep Material, and the challenge to the therapist to create a relationship of total respect and liberating safety

Premise Three: Therapists take their own deep material into the counselling encounter. Egan (The Skilled Helper) argues that we need to earn the right to approach the deep pain of our clients *by addressing the problematic in ourselves.*

Today we will have an opportunity, an invitation to face our own monsters. What monsters am I unable to face; what pains are so great for me that I bury them in the hope that they will leave me in peace. If I fear parts of myself, my ability to create safety for my client will be damaged. I recently engaged in a BAPC organised debate with a medically oriented psychotherapist to examine the National Institute of Clinical Excellence's decision to establish Cognitive Behavioural Therapy as a preferential treatment for children. I was amazed to find that CBT training paid so little attention in training therapists to the person of the therapist. I argued that TRAINING MUST ADDRESS IN DETAIL AND DEPTH THE SELF OF THE THERAPIST - not to do so is to omit the very foundations of effective counselling. This takes time, and it cannot be fudged. Michael Kahn puts it thus as he examines his own training:

'But why so much attention to the relationship', he asks his trainer.

The trainer looked puzzled for a moment. 'Because the relationship is the therapy', he said.

Petruska Clarkson is no less adamant in her comprehensive text on the therapeutic relationship - 'I

studied, honed, experienced, interpreted and used the relationship. I thought it was the context for the rest of the work. I did not fully realise it was the work itself.

A lot, but I think important setting of the scene. Now, hopefully within a safe environment, lets move to deep material. (20 minutes)

Deep Material

'Deep Material is that emotional/attitudinal content of which we are barely, if at all, aware, but which exerts a powerful influence on the way in which we live our lives'. This is an invitation to take a closer look into the 'me' that I take into the counselling encounter. Many of us will be vaguely aware that inexplicable mood changes occur, feelings of euphoria, dread, loss, excitement swirl into our consciousness, without warning or apparent cause - these frequently flow from our deep material.

In the workshop I would like to explore 6 issues:

1. What is the content of deep material
2. Why is it important?
3. How is it laid down; where is it?
4. How can we access it?
5. A helpful theoretical model
6. An application of the model

1. Content:

In threes: I would like you to 'be' one of your parents. Choose one of them, and try to 'get into their skin'. Close your eyes and remember that parent; spend a few moments recalling dress, postures, facial expressions, odours. Put that parent on, like a coat. Then take turns to speak to the other two in the group - each take five minutes, saying, 'what I most remember about N. is...

then speak as your chosen parent about yourself. When each has had a turn, share with each other any insights, impressions about deep material. What is the child we hold within ourselves. Does that child impact on my counselling work. Group share. (About 30 minutes)

Again in threes, its time to check out some triggers - sensory triggers that provoke mood reactions: colours, odours, sounds, tastes, tactile sensations. Talk about sensory experiences that 'shake' us, the halleluia chorus, a Beatles song, the smell of jasmine, frying onions, white curtains billowing out of the window on a summer's day etc. Now you know some of mine - share yours. (15 minutes)

Next lets think about and share some memories of behaviours - choose a significant behavioural memory - of anger, tears, rejection, sexuality - and share to the extent that it feels safe to do so. What is floating about in the sub-conscious - share again. (15 minutes)

We are now in among our deep material. Whole group share. Where are we? How does it feel? A brief comment on John Rowan's concept of the 'coex', the condensed experience whose regular occurrence sets up a neural pathway that becomes a set apart of 'me' (15 minutes)

2. Why is it important?

Gerard Egan, in his text, the Skilled helper, makes the challenging assertion that therapists have no right to approach the deep material of others if we do not address 'the problematic in the self'. Facing the question, 'what deep material in me could get in the way of my counselling relationships. This is not an expectation of perfection, some idea that counsellors should not have deep personal issues, it is a challenge for us to try to be open to our self, transparent, authentic, congruent.

In the light of the earlier exploration of content, spend a moment sharing any insight you may have got into blocks, distractions in your establishing a counselling relationship. (15 minutes)

3. The Location of Deep Material:

Material is deep, even buried, because in some sense it scares us. We see some experiences as having a capacity to severely damage, even destroy our sense of self, so we put them as far away from us as we can. The material is bigger, more powerful than us, incapable of being given a meaning, senseless - so much so that we cannot cope with it by facing it, so we bury it. I remember doing a session in Kenya some years ago in which I recalled how, as a child, I had a fear that some monster was secreted under my bed. So convinced was I by the power of that monster that I would/could not allow my arms to slip out of the covers in case the monster would grab a hand and pull me to some fearful end. The unseen monster grows and grows in our mind. One night when I was particularly scared, my mother helped me to look under the bed - all that was there was a bit of fluff! The monster's size and power can have more to do with our imagination than with any reality! Some years later, one of the people at the conference told me that she had found the fluff story very helpful, and that she had plucked up the courage to look at the 'fluff under my bed' - her 'deep material. It has only the power that we give it. Nevertheless, until we confront it, the monster can be truly terrifying

At a social level, even on a training occasion like this, we tend to use generalised, 'professional language' - torture, ethnic cleansing, sexual abuse, post-traumatic distress - we can avert our gaze from the particularising horrors that such professional terminology hides. Thus the vague term of torture in the Bosnian conflict becomes the Muslim female prisoner, who on asking permission to breastfeed her baby was given, in an obscene joke, the child's severed head to feed. Even reading of it, or hearing it makes me want to bury the material - if it does that to me, then what about the victim? The bland term of the Ruandan civil war becomes the very specific father, who having had both feet hacked off by a marauding militia was told that if he could stand for a minute his family would be spared, and he was left desperately trying to stand on mutilated legs. The government reports on child abuse places a bureaucratic veil over the reality of the four year old who is regularly forced to fellate her father. Judith Herman is adamant that **ONLY WHEN THE DEEP TRUTH IS TOUCHED** (facts and feelings) 'can survivors begin their recovery'. She warns us that too often the secrecy, the burying of deep material prevails, and the story of the traumatic event emerges not as a verbal narrative but as a symptom. We banish the trauma to the depths of our being in horror, fear and revulsion, hoping that buried there it will cease to hurt. Then the symptoms

emerge. To face the buried monster, confront the terror, the betrayal and the pain we need the courage which is engendered within the safety of a relationship infused with the core conditions. As a counsellor, I am left with this challenge - what are the monsters I have buried, that I find it hard to confront, so much so that I have buried them in the hope that they will leave me in peace. The more I find the courage to face the fluff under my bed, the better I will be able to create that haven of safety within which my clients will develop the courage to do so too.

So where are these memories, and indeed, what is memory. Many years ago, I supervised a PhD by an American student Kirsten Martinson, who offered this insight into the brain's memorising activity:

LHB: Left hand brain memory gives us access to recollections that we can verbalise, those memories that can be put into words. What did you do last Monday, last Christmas, when you were ten etc

RHB: We do have other memories that for various reasons cannot be encapsulated in words perhaps they are pre-linguistic (significant things that happened before we had developed words; infantile experiences that are memorised, that are influential, impact on our 'now', but which are word-less. I know (because I was told) I was in an 'iron lung' as a new-born baby; minimal tactile stimulation, no smell of my mother, a degree of sensory deprivation? Where is the 'memory' of that. Some memories will be 'beyond words' because they are so traumatic that they stimulate not a verbal, cognitive response, but a chemical hormonal response that is deeply emotional. I recently came across the case of a Kenyan child who, on hearing shouting outside of her home during the post-election violence in Nairobi, peeped out and saw a man in the act of being beheaded - her verbal memory was that his eyes were still moving as his head lay on the ground by his body; what deep memories escaped any attempt by her to verbalise them - and how can we as counsellors help a client to access such destructive memories.

Somatic: It is also worth mentioning the phenomenon of 'somatic' memory, which occurs when the body itself seems to have the capacity to memorise intense experience. Rowan's description of forcep marks, revealed by infra-red photography, on the head of an adult involved in some 'regression' therapy; or the body 'feeling' pain in an amputated limb, or unexplained pains that exhibit no physiological explanation

Lets take a few minutes to share in your small groups a 'so far' reaction - start with your cognitive response, then, if it feels comfortable share what feelings are around,)Try not to censor, and listen carefully to each other, trying to facilitate the exploration (15 minutes)

4. Accessing Deep Material: I hope it is clear from the exploration so far that accessing deep material will be difficult, precisely because we have hidden it to make it non-accessible. As counsellors, probing, invading, diagnosing is not part of our task. The search for deep material is a **client-controlled search**. In Rogerian terms we accept the wisdom of the client on when and if to go deep - we can help, but we must not push. Given some of the observations on memory earlier, and the fact that material is buried precisely to make it inaccessible, our skills as counsellors will have to be at their best if we are to help in this area. Can verbal therapies help in such matters; and what other approaches can help us?

Most initial training in counselling, properly in my view, begins with the Rogerian person-centred model. Fundamentally it presumes a 'self-therapeutic capacity' in the client, which for some reason is blocked. It sees as axiomatic the idea that the client is the agent responsible for any therapeutic movement, and that the counsellor's task is to use a specific quality of the relationship to give the client the courage to explore, 'where am I now, do I want to change something, I am going to change'. But how can this work with pre-linguistic or meta-linguistic material? We can come later on to Carl and Natalie Rogers' use of an 'expressive arts', non-verbal mode of therapy, but even using his meticulously deployed reflecting skills, Rogers can facilitate an approach to deep material. I have noticed that Rogers, (eg in working with Larry, a leukaemia patient), as the client goes deeper, responds to a client shift to imagistic and metaphoric exploration. Larry, as he searches for his deep material, asks, 'did you see the movie *the Exorcist*. Rogers had seen it. 'You remember when the girl vomited a load of green stuff?' Rogers remembered. 'I feel as if (as if... words are not strong enough to capture the depth of feeling) I am walking around that green vomit'. Fluff under the bed, green vomit - the scary monster, beyond the words. Rogers reflects, 'and

putting your toe into that vomit would be real scary. Here we have a verbal therapy letting a client search, in a realm beyond words, for images that help verbalise and share material.

But beyond Rogers and the verbal therapies, we have an increasingly effective range of therapeutic approaches (embedded in a person-centred relationship) that help clients access deep material - the psychodrama, role-play and sculpting of gestalt therapy, the use of music, drama and art in expressive arts therapies, the use of images and metaphor in a search to find our wounded child within, weighed down with frozen emotion generated at the time of the trauma, and to give her a self-healing voice.

5. A Theoretic Model: It can sometimes help to pause and anchor swirling ideas in some kind of model or theory, not in the sense that the theory 'controls' our learning, but that it can give us a firm foothold for reflection on the human complexities we address. In that spirit, then, I would like to run briefly through the personality model of Brammer, Shostrom, Abrego (1993) to explain how deep material is generated and located, and what therapeutic interventions may be able to do.

They suggest that emotional material can be perceived as so powerful and destructive that it is consigned to a 'core' deep inside the personality, and then held there, suppressed/denied by what they call an 'inner defense system'. Perhaps being placed in an incubator as a newborn baby could generate such material, or being orphaned, or raped as a child. Later in life experiences of loss, abuse, betrayal can generate such overwhelming pain that it is denied and repressed perhaps never to return. However, not unusually, the energy required to hold the material in place, and the tendency for the repressed material to produce dysfunctional symptomatic behaviours, can bring clients to seek counselling - the presenting problem being such symptoms as anorexia, self-harming, panic attacks, sleep disturbance, depression etc.

Moving out of the core, the next less deep realm is the 'self system', in some editions of the Brammer text referred to as the 'character system' or the 'real self'. This, the theory states, is where our characterising emotions reside - feelings, values, attitudes - and these often have a shadow or influence from unresolved core material. (see diagram).

The 'Ego system', which seeks to establish 'environmental mastery' ie to be in some sense in control of the situation, is protected by an outer defence system - it is this outer, most surface part of the personality that we shared as we met each other for the first time, and again it is influenced by deep material. Why am I shy, when the person next to me seems so open and confident? The ego system is divided into two layers, the 'manipulative ego' which tries to achieve environmental mastery through inauthentic, incongruent styles of relating e.g name-dropping, sympathy seeking, bullying, again these are often related to 'core' material. The 'actualised ego' is the congruent, authentic self, to which we all, in the final analysis have access.

This model is NOT a diagnostic tool - it can help me to look at my own experiences of rage, betrayal, terror and longing, and to check through the diagram for the implications for my 'self' and 'ego' systems. It can also be helpful in understanding clients, and writing case notes - but remember that our sessions with clients should always be client led. Have respect for the powerful hold that deep material can have, and be aware of that as you work with clients. Do not try to force the process. Accept the wisdom of the client, go at his/her pace.

See Diagram:

In your small groups, can each person check through the ego, self and core systems and take it turns to share any insights you have acquired. (20 minutes)

6. An Application of the Model: a brief case study. ***General discussion of clinical significance of the model***

7. Closing activity: ***Earlier, clothed in parental garb, we looked at ourselves through the parent's eye - a chance to look at internalised material from our primary relationship. Can I ask you now to engage in a final exercise - meeting our child within. Discussion***