Nolan’s integrative approach to psychotherapy is unique. It draws together concepts and practices from many traditions and also takes account of advances in developmental psychology and neuroscience. Through clinical case material this book offers a novel perspective on a range of critical issues including the centrality of the therapeutic alliance, matching therapeutic process to client need, and addressing mind-body and self-other dualities. Nolan is widely acclaimed for his approach to psychotherapy training; his book is long awaited and should be read by both trainee and experienced therapists.

Alan Carr, Professor of Clinical Psychology, University College Dublin

‘Drawing on findings from infant research, many schools of psychotherapy, and other disciplines including neuroscience, plus over thirty years of clinical experience, Patrick Nolan affirms the relational field as the locus of both suffering and healing. In doing so he challenges our ideas about the nature of individual psychopathology and re-visions the role of the therapist. This is a valuable guide for psychotherapists attempting to forge a relational way of working.’

Michael Kearney, Medical Director of Palliative Care, Cottage Health Systems, CA; Author of Mortally Wounded and A Place of Healing

‘The attention Nolan gives to non verbal communication and to the body forges an important step toward a new model of working with clients and offers an antidote to the over emphasis given to the verbal channel. Reading how much the therapist must be aware of reciprocity, rhythmic coupling, turn taking, and matching, more than of content, I feel we are touching on a new model of intervention. The therapist trained in this approach will be able to engage more acutely, more quickly and with a better understanding of their patients. I strongly recommend this book.’

Rodolfo de Bernart, Professor of Family Therapy, University of Siena; Director, Institute of Family Therapy of Florence

One of the most crucial decisions for any clinician is choosing the appropriate treatment approach for an individual client. Therapist and Client: A Relational Approach to Psychotherapy provides an invaluable guide to the fundamental interpersonal elements that comprise the most effective factor in therapy—the therapeutic relationship. Psychoanalytic and humanistic concepts and principles that vividly demonstrate the need to work in the present moment in order to effect change and tailor therapy to the individual client are grounded in key findings from infant research and neuroscience. In exploring the major aspects of the therapeutic relationship and a relational approach, esteemed psychotherapist Patrick Nolan draws on theory from multiple psychotherapeutic perspectives, research, and more than 30 years of clinical experience. His innovative treatment model reveals how current knowledge of the unified nature of body-mind experience, function, and expression offers a fresh view of the interactions, vitality, and potential of therapy.

Illustrated with numerous detailed case studies and practical clinical applications, Therapist and Client offers an exciting new resource for psychotherapists and health care professionals seeking a more pragmatic, enlivening, and fruitful way of working with their clients.

PATRICK NOLAN is a Psychotherapist and the Director of the Irish Institute for Integrated Psychotherapy. He is co-editor of Object Relations and Integrative Psychotherapy: Tradition and Innovation in Theory and Practice (2002) and has written about integrative, psychoanalytic, and body psychotherapy in numerous publications.

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Therapist and Client
Praise for Therapist and Client

‘Nolan's integrative approach to psychotherapy is unique. It draws together concepts and practices from many therapeutic traditions including humanistic, client-centered, gestalt, psychoanalytic, object-relations, interpersonal and body-oriented approaches. It also takes account of recent advances in developmental psychology and neuroscience. Through clinical case material this book offers a novel perspective on a range of critical issues including the centrality of the therapeutic alliance, matching the therapeutic process to clients' needs, and addressing mind-body and self-other dualities. Nolan is widely acclaimed for his approach to psychotherapy training. This book is long awaited and should be read by both psychotherapists in training and experienced therapists.’

Alan Carr, Director of Clinical Psychology, University College Dublin, Ireland

‘Drawing on findings from infant research, many schools of psychotherapy, and other disciplines including neuroscience, plus over thirty years of clinical experience, Patrick Nolan affirms the relational field as the locus of both suffering and healing. In doing so he challenges our ideas about the nature of individual psychopathology and re-visions the role of the therapist. Therapist as tender of the Hachoka – The Lakota word for sacred circle; the dynamic web of relationships in which we are each embedded. This is a valuable guide for psychotherapists attempting to forge a relational way of working.’

Michael Kearney, Medical Director of Palliative Care, Cottage Health Systems, California; author of ‘Mortally Wounded: Stories of Soul Pain, Death, and Healing’ and ‘A Place of Healing: Working with Nature and Soul at the end of Life’

‘I like the attention Nolan gives to the therapeutic relationship and the way he proposes to build it. The attention he gives to non verbal communication and to the body forges an important step toward a new model of working with clients and offers an antidote to the over emphasis given to the verbal channel.

Reading in Nolan’s book how much the therapist must be aware of reciprocity, rhythmic coupling, turn taking, and matching more than of contents, I feel we are touching on a new model of intervention. The therapist trained in this approach will be able to engage more acutely, more quickly and with a better understanding of their patients.

Opening up the implicit, non verbal world, finding meaning folded within the explicit expressions of mind and body helps the therapist match therapy to the client in a real, and helpful way.

This is always important, but becomes essential when working with fragile patients with whom the therapist struggles to “invent” a creative and playful way to forge a relationship, which is difficult to start and even move difficult to maintain.

The attention given by Nolan to assessment, proposed in a relational way, is fundamental to creating a secure way of working particularly with these traumatised and fragile clients. I strongly recommend this book to therapists, counsellors and psychologists who are keen to enliven and enrich their practice.’

Rodolfo de Bernart
Director, Institute of Family Therapy of Florence; Professor of Family Therapy, University of Siena
Therapist and Client

A Relational Approach to Psychotherapy

Patrick Nolan
For Peggy who taught me to play
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Foreword

I enjoyed reading this book even when the plethora of ideas became somewhat daunting. There is an enthusiastic virtuosity combined with a humanity in the way that Patrick Nolan brings together some of the best of current research and thinking about the ways our capacities for relationships are formed from infancy and then applies them insightfully to construct an integrative conception of psychotherapy.

The book starts with a reflexive openness regarding the influences on his development. The many strands are presented as a resource but clearly the author does not expect or wish it to be a prescription. He roots his insights in his own history and I am sure would expect readers to do the same. In which case the book is a valuable resource, offering a rich repertoire of ways of understanding and working that the therapist can make their own. Patrick Nolan brings an exceptional range of approaches into coordination to build what, if he were being grandiose, could be claimed to be a universal conceptualization of all interpersonal therapies, but he is also well aware that the present statement is a ‘punctuation’; a snapshot that reflects our current knowledges and ignorances. It does though put down a marker from which we can move forward.

I am very attracted by the attempt to ground a better understanding of psychotherapy in carefully researched aspects of early development. I particularly liked the way he builds an understanding of infant development on the empirical research of such as Stern, Trevarthen and Schore, and avoids the dead end of starting from attachment theory and assuming that this essential theory provides all that we need to know. From the first chapter, the prioritizing of intersubjectivity points to a focus on a dialogic ‘reciprocal mutual influence’, but I wonder whether the lesson from infancy is rather undermined by the concrete division of capacities between the two hemispheres. Some readers will need to see the division of the brain as a metaphor by which different aspects of functioning can be distinguished.
rather than as a realistic account of two different brains dividing up the tasks. Is there perhaps a parallel in Nolan’s imaginative metaphor that conceptualizes the therapeutic relationship as the coexistence of two selves like two rowers rowing side by side?

So what is his position and what do psychotherapists have to learn from it?

Still in Chapter 1 we are provided with a useful survey of infancy research, which is then brought to bear on the clinical situation, along with case examples for illustration. It is a strength of the book that the ideas are made concrete, and elaborated through relevant clinical case vignettes as the argument is developed – a great aid to fully grasping the implications and the reasons for choosing each concept.

There is a fascinating sequence of concepts derived from infancy research and then applied to psychotherapy: vitality affect, intermodal experience, intersubjectivity, affect regulation, affect attunement, the essential processes of misattunement and repair, the mid-range level of regulation leading to Stern’s explorations of ‘the present moment’ among others.

I would be a bit more critical of the current enthusiasm for claiming that the therapeutic relationship overrides anything else, but Nolan makes it work for his argument, and the developmental analysis of human functioning does support the position. The emphasis works well throughout the book and, for example, leads to an exploration of Stern’s useful ideas around the ‘present moment’ and ‘moments of meeting’ at a shared emotional level between therapist and client.

We start to see a strong representation of Winnicott’s ideas and particularly his recognition that the core task for the therapist is to enable the client to play. More broadly, we are shown how we can learn from the visible playfulness and creativity of children to bring the same qualities into therapy.

Chapter 4 attends to tuning in to the intersubjective experience and building the interactive field in the potential space created between the client and the therapist. His concept of the third space that is created in therapy has echoes for me of the use of the idea of a fifth province as a safe space between the four ancient provinces of Ireland. Because the concept was developed therapeutically by a group of systemic psychotherapists in Dublin I kept expecting it to appear. But this is one of the experiences in reading the book. It is a selection of influences that make up Patrick Nolan’s personal integration, offered to us without the potential confusion of making all of the possible academic connections.

Chapter 5 then moves on to an explicit consideration of the body in therapy, a body-inclusive perspective, with due attention to the mutual process of client and therapist. The explication of five body–mind modes
is a useful corrective to the overemphasis on mind that arises rather naturally in therapies that work almost exclusively through language.

Nolan builds the idea of ‘fragile clients’ represented particularly in borderline personality disorder and, post-trauma, and distinguished from those clients who can be characterized as neurotic. He shows both theoretically and through case accounts how the concepts that have been built up in the book can become a very practical guide to making therapy manageable for both therapist and client.

Near the start of Chapter 5 Nolan makes the claim that ‘As for all the ideas and principles in this book, these can be applied by psychotherapists of all types.’ I could believe this in my psychodynamic mode, but as a systemic family therapist likely to be attempting therapy with four or more people of different generations together in the room, my immediate reaction was to doubt the claim. But a family system is composed of individual people, to whom the insights of this book are highly relevant. So then his claim in Chapter 6 that as therapists by ‘Hovering, not knowing and reflecting, empathizing and containing, we allow old patterns and new possibilities to arise out of the complexity of human form’ seems to me a pretty good universal description of the careful psychotherapist.

In the final, extensive, chapter Patrick Nolan argues for assessment as part of therapy (but does not follow some of his sources such as Lambert by arguing that we should routinely monitor our outcomes). His progression from social work through the human potential movement and then psychoanalysis leads him to accept DSM diagnosis as well as valuing the humanistic avoidance of labelling. The integrative position that is now so well recognized is fully valued as is the matching of therapist to client and the therapeutic relationship. He shows how a clear frame, including an explicit contract is important, and works towards a conclusion by showing how therapists can stay adaptable and relational while arriving at their own unique style.

This book is an impressive bringing together in one place of strands that connect. Many of the connections are already recognized separately in the field but the achievement of this book is to have woven so many threads into a coherent whole. But truly, it is impossible to even list the rich array of concepts that Patrick Nolan brings into conjunction. All I can do is urge you to take your time with the book and select the insights that, at this time, can enrich your practice.

Peter Stratton
Emeritus Professor of Family Therapy
University of Leeds
Preface

*Therapist and Client: A Relational Approach to Psychotherapy* shows how to work with the fundamental interpersonal elements that make the therapeutic relationship the most effective factor in psychotherapy. I hope the book will serve as a highly practical guide for undergraduates studying psychotherapy and psychology. The work integrates many perspectives that I hope will be valuable also to practising psychotherapists, psychologists, social workers and counsellors who are interested in a relational approach.

The Introduction sets out how my own journey began and the relational themes that have developed throughout my practice, and form the basis for this book. Chapter 1 explores findings from infant research that shed light on why the relationship is key to psychotherapy. I explore how the basics of our early relational exchanges have very practical applications in our work with clients. In the next chapter, I set out how the evolution of a relational approach, different theories, research and experience reveal key interpersonal elements that form the bedrock of the therapeutic relationship. The importance of the present moment emerges as we aim for an optimum balance of separateness and attunement, and stay open to the remarkable blend of explicit and implicit experience we share with our clients. In Chapter 3, I map out the space between therapist and client – the potential space of therapy. Winnicott’s valuable notion leads to creative uncertainty and play, and challenges us to go to the heart of our clients’ problems and beyond them to restored vitality. The space of the relationship comes alive with intersubjective experience, the topic of Chapter 4. I look at how we can attune to the rich, co-created fabric of interaction and its currents of transference, countertransference and projective identification to sense what may be unarticulated but ready to be addressed. The fact that what arises in the relationship is rooted in our physical nature becomes the topic of Chapter 5. I summarize how science now shows clearly how a body–mind
Preface

This perspective helps us relate fully to the individuality of our clients and their capacity for cognitive, emotional, imaginative, sensory and motor experience, function and expression. Chapter 6 takes up how to work with traumatized clients whose capacities have become locked into patterns that harm their ability to relate and diminish their sense of self. I explain how I use the term ‘fragile’ to describe clients with severe symptoms and how to recognize and work effectively with this group using clear principles. The final chapter focuses first on assessment as an essential element underlying each unique journey of therapy. I show how the initial interview, the evaluation of relational issues, and the frame and contract provide the context for the possibility of beginning therapy. I conclude by providing a guide to adapting therapy to each client by choosing the optimum level and approach and by arriving at our own unique style.
Many people have helped in bringing this book to completion. I want to say a special thank you to Maria Gordon for her support, persistence and encouragement. Her careful reading and challenging comments helped me to express my ideas more clearly. I am grateful to Catherine Vaughan for her patience, support and love. I am grateful to Inger Safvestad for her support, care and patience; our creative and thought-provoking discussions over many years helped me to develop the ideas in this book. I would also like to thank the following people for their kind support around the book: Fran Burns, Alan Carr, Ann Cox, Claire Creedon, Rodolfo de Bernart, Frank Dorr, Mark Duberry, Phil Houston, Helen Jones, Michael Kearney, Phil Kearney, Eileen Lynch, Elizabeth Nixon, Colm O’Doherty, Mary Peyton, Emma Philbin Bowman, and supervisees and trainees.

I would also like to thank my clients from whom I have learned so much. The clinical material described in the book is based on actual cases, but identifying details and other aspects of the therapeutic context have been changed to preserve confidentiality.

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Ring the bells that still can ring. Forget your prefect offering. There is a crack in everything. That's how the light gets in. Cohen, 1993, p. 373. I remember I was about nine years old and supposed to be busy shelving tins of golden syrup in my parents’ grocery store, when a woman in slippers and a flapping cardigan rushed in, breathless and flustered. ‘Frank has cancer’, she said, then burst into tears. Through a rack of Cadbury’s Milk Tray, *The Irish Times*, Tiger Nuts and lollipops, I watched my mother standing still and attentive, her broad forehead set, her eyes filled with concern, hands gently interlaced just below the band of her apron, as she said quietly, ‘Oh, Deirdre, I am so sorry to hear that’. The woman on the other side of the counter shook her head from side to side, repeating ‘It’s terrible’ through her tears as she told her sad, broken tale and my mother listened. Token charity was not my mother’s way, but neighbourly counselling was. Deirdre was one of many customers and neighbours, wives, fathers, girlfriends, boyfriends, widows, characters all, who knew they could count on my mother. A word to my mother was a word absorbed, kept, and not told, and nothing owed to be heard from her in exchange. Whatever concerns, confidences or sorrows flowed, they met calm and still waters.

I am sure this tale offers varied interpretations, but for me it remains one of my first glimpses of some of the qualities, spaces, interactions and dynamics that I write about in this book. Not until years later did I even hear words like ‘empathic stance’, ‘mirroring’ and ‘intersubjectivity’, but I saw them all captured in my mother’s interactions with customers at our corner store. I can regard this place now as a wonderfully rich interpersonal world containing many rich therapeutic encounters – encounters that show us how therapy finds its roots in ordinary human contact. In my view, the way these occur and the processes behind them provide common ground where all psychotherapeutic approaches could converge. The search for an
understanding of basic relational functions that are evident today has led pioneers of psychotherapy to infancy and childhood. Early theories of development had to rely on limited observations. But what we can reveal with modern technology changes theories. What we see confirms a body–mind perspective. We know now, for instance, that an infant’s brain is literally shaped by the caregiver–infant relationship and, like the infant, cannot develop without the relationship. The web of interconnected perception running through the infant’s body is central to its developing sense of self. As we grasp the importance of relational functions like reciprocity, rhythmic coupling, turn taking and matching, we learn, too, about fundamental processes involving vitality affects, attuning and switching modes of expression, and how they guide human interactions, including those between us and our clients. Studies that look at intersubjectivity outside the clinical world have also shown us how early relationships can influence later life. The theoretical perspectives we learn from draw increasingly on observation of infants. In Chapter 2, I provide a summary of related findings and show how they apply in therapy, outlining how they help me to engage more acutely, more quickly, and with more understanding of my clients. In my view, this kind of research calls out for incorporation by all schools of psychotherapy.

When I began my professional life as a social worker in the mid 1970s, I had much less scientific knowledge than is now available. I learned some counselling skills with a sociological perspective using a person-centred approach, gestalt, cognitive and reality therapy. My early experience of therapy included the encounter movement and bioenergetics during the heyday of the human potential movement. The therapeutic space buzzed with energy and ‘authentic’ interaction. Training first in an integrative approach, including body psychotherapy, gestalt and psychoanalysis, I basked in relief at the chance to lose the stiff, official persona I had taken on in social work, and soaked up the exciting attention to the voice, the face, the moment, the edge. The edge, though, sometimes seemed too close and blurred. I discovered why in my later, psychoanalytic training and in a transpersonal approach that focused more on meaning and insight. What had been missing was a clearer frame, a container and a more measured sense of the exchange between psychotherapist and client. In psychoanalysis, I found value in an understanding of the participant observer, the intrapsychic and also a clearer sense of boundaries. In the humanistic space, I found congruence and a recognition of the value of feelings. Yet despite these different emphases, for me both approaches were alive with the
interpersonal relationship in the present moment. Even then, this common factor stood out. The various schools of psychotherapy may sail under different flags, but all are carried by the same winds and the same currents, and they can all founder on the same rocks. From the encounters I had observed in my parents’ shop, to the findings of infant development research, and these two central therapeutic traditions, the same message appears and is reinforced by recent findings on therapy outcomes: the most effective factor in therapy is the relationship (Lambert, Barley and Dean, 2001). The setting, the approach, the interventions, these, of course, are influential, but it is the therapeutic alliance that makes the essential difference. For this reason, in Chapter 3, I examine the elements of the relationship through the lenses I find most valuable in my own practice. I trace how psychotherapy evolved from a one-person to a two-person psychology, and how the interpersonal incorporates a balance between the two. Self and other regulate each other, meeting in the present moment, which holds more than we know, but whose value we discover implicitly and explicitly. Reflection becomes essential and reminds me often that the thread connecting the relationship and the concepts we draw on runs through all stages from birth to developed self. The knots that hold the pearl of each idea in place were tied by researchers, psychologists and different schools of therapy. I hope this string of multiple perspectives folded into Chapter 2 is picked up by many other therapists who, like me, see the sense in developing a pragmatic interpersonal approach.

My own development saw me at one point land in a time between. I had left school and the family shop, and had still to start my training and career. With no clear plan, destination or motive in mind except to travel, I headed across the Channel, over the Mediterranean and on to India. In a way I thought of only recently, I had entered a ‘potential space’ in my life: I had put on hold any decisions that would foreclose on my future, and left myself open, free to create. This is the world of Winnicott’s ‘play’ that I describe in Chapter 3. Working in the potential space of therapy, we focus on our clients’ capacity for creativity, spontaneity and growth. We help restore vitality. But potential space develops easily only if the client as an infant could rely on an attentive, loving caregiver. An infant cannot reach out to someone they cannot depend on. Only an infant who feels secure can stretch out away from their caregiver, and so create a place to play, sure of a safe return. With play comes a sense of self in relation to others. We can establish the therapeutic space and build an alliance, but if our client was highly traumatized or neglected as an infant, therapy will include little or no element of ‘play’. The
Introduction

deep connection here to a client’s sense of self lies behind Winnicott’s recognition that the core task for the therapist is to enable the client to play. We can assess a client’s capacity to use whatever arises in therapy and work at a level that coaxes them to discover and expand inhibited or shut down aspects of self and find new ways of relating in doing so. I find myself thinking back, and recalling how seriously I took myself in the cultural and social potential space I found aged 19, and how I have learned to play much more easily in the years since.

Chapter 4 shows how neither we nor the client owns or controls potential space. It arises as the ‘third’, an area filled with the unknown in the therapeutic relationship, and leads to the intersubjective experience that offers new focus and new ways of entry into the client’s world. In recognizing the shared experience of therapy, I invite myself and my client to suspend our usual patterns of relating and to tolerate uncertainty, tension and wonder. The intersubjective experience holds the energetic mix generated by therapist and client, their individual and combined dynamics. Filled with the implicit, the imminent and the hidden, it offers clues to unlock fixed patterns of relating, and helps us steer therapy deepen the client’s capacity to experience. I sit in awe sometimes at the cleverness and strangeness, the tragedy and sheer fun that can suddenly emerge intersubjectively. The pleasure and fulfilment come then from knowing the client and I have struggled to create something new, tested ourselves, and increased the boundaries of our individual experience.

I am pleased now that some years after arriving back in Europe I opted to train in body-oriented approaches. I witnessed dramatic and positive results and learned the relational subtleties that make it easy to incorporate them in any therapeutic approach. Current research offers the view of a seamless body–mind connection, one long embraced by humanistic therapies, but which has still to find a foothold in psychoanalytic schools. Neuroscience proves that non-verbal communication, sensations and motor functions are intrinsic to our interactions with one another. As Chapter 5 indicates, the somatic aspect of the relational perspective is inescapable, and it seems only logical in psychotherapy to address the body as an essential mediating aspect of our lives. I set out a unified body–mind perspective, and show how working with the five main modes of experience, function and expression helps our clients to restore their relational capacities. At the same time, if we live with awareness in our own body we become more accessible and more sensitive to the possible significance of bodily responses and embodied countertransference. A body-oriented
awareness allows us to revisit the developmental perspective from a fuller, more inclusive angle. From our open stance, we access the pre- and non-verbal interpersonal processes active from birth that lead to the fast-flowing implicit content and processes between us and our clients. We become more certain, too, of addressing the troublesome sides of the client’s personality and work with possible negative transference, countertransference and regressive states. If we do not do this early, they can become too intense and entangled and even derail the therapy.

In my years of practice, I have seen many clients whose ability to relate has become trapped in harmful patterns, rooted by trauma in the body’s physical systems. Going beyond labels, I use the term ‘fragile’ for those worst affected. Therapy with traumatized and fragile clients needs, supportive work that keeps dramatic responses from tipping therapist and client into unmanageable difficulties. Only with a firmer sense of self can the client begin to reintegrate their relational capacities. We need advanced training to help clients with deep psychosomatic scars, but Chapter 6 provides a description of fragile clients and principles of a relational body–mind approach that are necessary to work with them effectively.

To pick up my past self again, with his long hair and unknowing way of playing, I return to the experience of being a beginner in the world of therapy, in an era of young professionals giving peace a chance and daring to dive from norms into a sea of shifting values. Fog still clouded my personal world but professionally my direction felt clear. Still in my twenties, I practised enthusiastically as an intern with my new humanistic and integrative tools, and found myself one day working with a client, Lauren, a woman some years older who struck me as very beautiful, and certainly out of my league. As her therapist, I remained ‘in role’, listening, and engaging with my client, professional in all respects, and our session seemed to go well. Yet underneath, I felt a slight sense of uncertainty and questioning. Lauren did not return for another session, and it was only by the coincidence of talking to a mutual friend that I learned of her sense that I ‘would be a fine therapist one day, but not quite yet’. The remark applied on several levels. She had indeed been out of my league with regard to the professional and personal limits of the space, and quite capable of engaging empathically while reflecting on my ability to be mature enough to help her. I had maintained a professional presence and engaged energetically, all the time conscious of the need to take an appropriate, helpful stance. I realize now, in my cooler years, that under my therapist’s persona, the male spark that I had felt when I saw my female client at the door had not simply faded away
as I imagined. It had promptly filled the room as an implicit, unregulated, lingering blush that enveloped us both. Midrange regulation had gone out (and closed) the window, my reflective capacity had limped along behind. Thankfully, my awareness of dynamics and capacity to hold the different layers of content and process has improved since. Yes, there is a lesson – contained in Chapter 7, on adapting therapy to the client and the art of assessment as an essential part of this process. In my personal and professional immaturity, I was far from a match. Therapist and client must fit, and supervisors need to watch closely.

A central challenge, however, concerns the need for the ongoing dynamic process of adapting therapy to the client. Each individual is unique, shaped by their genetic make-up, their life history, their social setting and their cultural background. I am reminded of Bollas’s (1989) notion of a human idiom, the ‘defining essence’ or ‘unique presence of being’ (p9) of each individual. By choosing an optimum level for the client and remaining adaptable in our approach, we create the favourable circumstances for the client to ‘evolve and articulate’ (p212). Full and thorough assessment points to the paths we might follow as we do so. In my training, I realized that assessment and diagnosis reveal important differences between schools of psychotherapy. On the one hand, we see the clear assessment period considered essential in psychoanalytic models and the use in some psychoanalytic approaches of DSM-IV psychiatric categories in diagnosing (APA, 2000). On the other, humanistic and existential approaches tend to resist any kind of formal diagnosis out of a desire to avoid pathologizing clients and reductive labelling. In Chapter 7, I outline how I draw from both schools, and engage with the client in an approach to relational assessment where conditions and diagnoses might provide guidelines but no fixed path. Assessing is indeed necessary, but therapy can begin without labels when we start with the way the client relates and where this takes them, and make the terms of the journey more clear. If we assess relationally, we can gauge what approach and level of therapy may be appropriate. Some clients can tolerate in-depth work; others may need an intermediate level; and for those more fragile, we can begin with an ego-supportive approach. In all cases, though, we need to build a working alliance as the basis for ‘keeping therapy on course when difficult issues arise’ (Clarkson, 1995). With heady humanist days behind me, I know, too, that we must set all of this in a frame that makes the practical arrangements for therapy clear, for this, too, holds the relationship in place.