



## MEANINGFUL LIVING PSYCHOLOGY, LIFE COACHING & TRAINING

# Meaningful Living Newsletter

Issue 18, May 2016

## *“Where you are, I’ve been...Where I am, you’re coming”*

*By Karina Stell*

What an amazing saying! My mother shared this saying with me when I was young, when I thought I knew it all and my mouth was full of criticism on how she made her choices in life. I smile every time I hear it now because it holds more wisdom than can ever be understood at first glance.

How could I have ever really understood why she made her life choices without understanding the road she travelled. It was impertinent, cheeky and something very normal and natural for a teenage girl developing her own set of values and differentiating from her parents.

However, as I reflect on it now as a much older woman dealing with the work of understanding others as deeply as I possibly can without actually being them, I feel a soreness around my young self however normal this journey of childhood development was and still is for those going through it today.

This soreness brought clarity to the work we do here. Michael and I do a lot of couples’ work. It is a fascinating privilege to sit in the most intimate places between two people committed to trying to make a life for themselves together. This trusted

place is never taken for granted and we hold it with a lot of respect and honour, however playful our sessions may get at times. In fact, this playfulness has its own relevance in restoring connection with couples but that is for another day.

What made me think of my mother’s saying, was when we sit with couples, our work is heavily around helping each understand the others journey and perspective. Their view of the world as a result of their own experiences, disappointments, meanings attached to behaviours and even specific words.

So even though my mother’s saying related to teaching me something very powerful about there being nothing new under the sun and she too had been young and all-knowing once, it also means that we are changed by our journey. We begin with dreams and adamant about how life must be and then life teaches us differently. It teaches us that we have specific lessons to learn and like it or not, we are going to learn them, however adamantly we hold another life view.

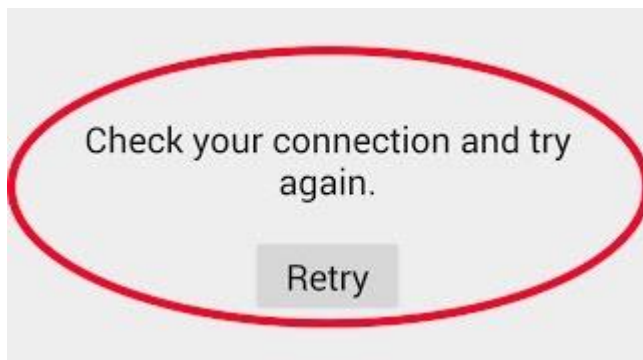
If a man avoids decision making and he couples with a partner who

believes that a man should make all the decisions, we strike a problem between the two. The ‘shoulds’ fly and the relationships takes a beating. The answer is simply trying to understand the road travelled by the other person, what they’ve learnt about themselves along the way, some of it damaging their sense of worth.

Our senses of how life and people ‘should’ be can be so counterproductive to our happiness. It is our own little fear shelter that we have built, but everyone has walked a different road. Curiosity about the differences and noticing what has shaped us and others is the first step toward change. Life’s old travel wounds can be healed and I believe this is important work. The starting place is accepting that just like me, others have walked a road that has taught them both useful and unuseful ways.

I love my Mum’s saying and I hold it as a reminder of once being at that place of knowing it all, and how I now understand as I get older, that I actually have much to learn.

## Whom is the ‘ouch’ for? Part 2



I’m picking up from where I was told by a psychologist, that I needed to go to supervision because I had questioned my place in the therapeutic encounter. Her advice stunned me as much as, I guess, my comments must have shocked her. My experience at that moment was that her reply was tossed to me in a cursory, somewhat disdainful fashion. I experienced no emotion from her that hinted or suggested that she either viscerally ‘knew’ what I was speaking about or indeed that she was at all interested in my experience or was engaging me interpersonally. She merely gave me advice, with no exploration at all.

I responded by thanking her for her suggestion and mentioning that indeed I do take many aspects of my clinical practice to supervision, and we moved on to other areas. (In the event, I ensure that the amount of supervision I undergo in my practice is between 3 - 5 times the minimum required.)

I have to say again that I was astonished by her response, which seemed to be offered as an imprimatur. On reflection, there seems to be such a huge gap between her conception of the clinical setting, and mine. For her, such questioning thoughts and feelings which I brought up, were ‘concerning’ elements which required immediate supervisory intervention, whereas for me, the fact that I was conscious of a meta-process, and that I was mindful of its possibility at all times, was one of the saving graces of my all-too-human, fallible clinical imperfection. To paraphrase Winicott, I’d like to think I am a good-enough therapist and that my (hopefully) open awareness and open readiness to recognise my fallibility offers some insurance against egregious missteps and blind errors in the clinical setting.

In “Going to Pieces Without Falling Apart” that sublimely exquisite and sensitively incisive of psychotherapists, Mark

Epstein writes of a disturbing trend he had witnessed at the psychiatric hospital where he worked. He writes:

“The patients, many of whom were struggling with intense versions of just these feelings of (emptiness), were kept at arms’ length by the staff, disparaged as “borderline” and talked about as if they needed a “cure”, while the staff in their sometimes internecine dealings with each other and in their private supervisions, were every bit as borderline as the patients they were looking down upon. They were as confused about themselves as the patients were, and they acted out in similar, if not quite so blatant ways. They alternatively idealised and devalued their authority figures, crossed ego boundaries with their patients and with each other and were just as sensitive to abandonment and criticism as were the people in their care”.

I guess what troubles me about the response I got at the table, is the feeling I had, that the psychologist’s response seemed to suggest some text-book prescriptive advice for me, given in complete oblivion of the fact that her own acknowledgement that all her intimacy needs were satisfied by her clinical relationships, was itself ‘concerning’. And the more so, having regard to her response to me in my previous post.

I am mindful of the term “irrelationship”, as used by the bloggers of ‘Irrelationship’ in Psychology Today, and it refers to a pseudo-intimacy, set up and nurtured by two parties precisely to hide from real or authentic intimacy.

The psychologist seemed to evince no curiosity about my comments, no willingness to share what these issues were for her. Her response was an imperious “Supervision!” as if my daring to offer my own clinical self-questioning was incontrovertible proof of latent therapeutic contamination – that I needed to be set straight or at least dealt with formally and professionally, since my own hapless issues were obviously creeping inexorably into my sessions.

My perception of her apparent blindness to her own inner processes, which operate on several levels, can be saliently understood in two areas, which are as follows:

1. Awareness of moment-by-moment processes in the room, which may be considered under the rubric of

countertransference. Her response to me seemed to be blind to any of this happening in her own clinical setting.

2. Awareness of the possibility of clinical self-blindedness on her part to the implications of the sheer fact that all her intimacy results from her contact with her clients.

Currently many contemporary psychologists openly but judiciously do share their own feelings with clients, especially in establishing and maintaining an empathic link with their clients. Countertransference, used by therapists in a conscious manner, may highlight differences between their own experiences and the client's experiences. Unhelpful countertransference, or even harmful countertransference, can occur when the therapist

unconsciously projects onto the client feelings that are misplaced, or indeed, uses the client to meet his or her own psychological needs.

Thus, clearly this post may be a mere reflection of my own internal processes and projections and assumptions, but I am writing from the experience of a psychologist colleague not at all addressing the questions of her getting all her intimacy from her clients. That is what is triggering me.

This last month has seen me struggle to answer the very question I asked - "Where is the actual place of connection?" How do I find it or know it? Which part of me allows me the space to just be.

## Questions I've been asked ....

By Jonathan Back



### Q. How can I recognise that I am angry?

(A follow up to last month's question, "Why is anger important?")



A. Evolutionary psychologists who have studied anger have identified groups of facial muscles that contract in order to express an 'angry face'. Additionally, research has indicated that this expression is universal, and even congenitally blind children make this face without ever having seen it. So anger is clearly something related to our survival.

So what does it look like/feel like?

Physical signs of anger include: Clenched jaw, flared nostrils,

feeling hot in the face/neck, sweating (especially in palms), increased blood pressure, heart palpitations and tightening of the chest.

You may also notice behaviours like: rubbing your head, using sarcasm, pacing, raising your voice, tapping your fingers or having jumpy legs, acting in an abrasive manner, craving a substance that relaxes you, wanting to lash out physically or verbally.

There may also be feelings of wanting to get away from the situation, irritation, guilt, resentment, and sadness (crying your anger).

For me what is incredibly interesting is that so many of the aforementioned physical sensations, feelings and behaviours sound very much like the classic symptoms of 'anxiety' – I can see how easy it is to confuse these two emotional states.

Some food for thought: Perhaps it is easier to claim, 'I'm anxious' (and keep conflict and difficult conversations inside) as opposed to acknowledging, 'I'm angry' (and share how things impact you)...

You can submit questions to Jonathan via

[Jonathan@meaningful-living.com.au](mailto:Jonathan@meaningful-living.com.au)

## Last month's puzzle solution:

By using fractions.  $22+2/2=23$ ,  $33+3/3=34$ ,  $55+5/5=56$ ,  $99+9/9=100$

# Welcome to this month's puzzle!

## NEIGHBORS

This is an example of **Einstein's riddles**. It is said that this quiz was made up by the famous physicist and according to him 98% will not solve it.

There is a row of five different color houses. Each house is occupied by a man of different nationality. Each man has a different pet, prefers a different drink, and smokes different brand of cigarettes.

1. The Brit lives in the Red house.
2. The Swede keeps dogs as pets.
3. The Dane drinks tea.
4. The Green house is next to the White house, on the left.
5. The owner of the Green house drinks coffee.
6. The person who smokes Pall Mall rears birds.
7. The owner of the Yellow house smokes Dunhill.
8. The man living in the centre house drinks milk.
9. The Norwegian lives in the first house.
10. The man who smokes Blends lives next to the one who keeps cats.
11. The man who keeps horses lives next to the man who smokes Dunhill.
12. The man who smokes Blue Master drinks beer.
13. The German smokes Prince.
14. The Norwegian lives next to the Blue house.
15. The man who smokes Blends has a neighbour who drinks water.

Who has fish at home? Are you one of the 2%?

## Good Luck!