

The psychotherapist's myths, dreams and realities¹

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Abstract *This keynote speech from the Second World Congress for Psychotherapy begins with Carl Jung's definition of myth as a vivid description of emotional experience and explores psychotherapists' personal myths as representing their motivation to be involved in the profession. The concept of dreams provides a metaphor for understanding diverse theories and appreciating the autobiographical nature of theory. Sophocles' Oedipus Rex is used to contrast Sigmund Freud's drive theory with a relational perspective of psychotherapy that includes a respectful inquiry into the client's phenomenological experience, history, system of coping and vulnerability. The realities of therapy call for a therapeutic involvement that is inter-subjective: a therapy that is centered on the client's experience while also allowing for the therapist's use of many personal attributes.*

Introduction

When Professor Dr Alfred Pritz asked that I give this keynote address on the theme 'myths, dreams and realities', for the Second World Congress of Psychotherapy, I was reminded of Carl Jung's (1961) autobiography *Memories, dreams and reflections*. I re-read Jung's account of his life wherein he endeavors to tell what he calls his 'personal myth' (p. 3). A personal myth is like an impressionistic painting: not as a camera would take a photograph, not an accurate representation of truth, but rather as a vivid description of emotional experience. Jung says, 'The only question is whether what I tell is my fable, my personal truth' (p. 3). It is important to 'tell my personal myth,' not the accuracy of the facts (p. 3). Myth reflects a person's phenomenological view and individual subjective expression of life, colored by affect and various developmental perspectives. It's the story as we live it inside our own minds, not necessarily a factual story that can be verified by someone else. Such a personal or phenomenological experience of life can only be expressed by stories. The personal myth is the stories that we tell, either to ourselves or to others. As Jung went on to say in his autobiography, 'it is the interior happening' (p. 3). Our personal myth is composed of existential meaning making, our reactions, our conclusions, and our decisions that each of us make along the path of life (Erskine & Moursund, 1997).

The psychotherapist's myth

Why are we psychotherapists? What subjective story do we tell ourselves about why we entered this profession? In my ongoing case consultation groups, these questions are periodically the focus of supervision. Particularly in the mid-phase of a supervisory process, we examine the psychotherapist's unconscious motivation for being in the profession and/or for taking a particular therapeutic stance. It is important that we question why we specialize in certain 'types' of clients and avoid clients with other characteristics, or why we favor a

particular theory or school of psychotherapy. Sometimes I discover in the mature therapist with whom I am talking a little boy's or girl's commitment to treating a depressed mother, saving an alcoholic father, or repairing his or her parent's marriage. These motivations are often unaware because the childhood decisions have been lost to awareness: they have become unconscious. Yet these desperate childhood attempts to make an impact on early family life often affect how the therapist practices psychotherapy years later.

Dr James Chu, President of the International Society of the Study of Dissociation, recently wrote about his naïveté entering into the profession. He said, 'I felt that if I could only be good enough for my patients through exercising kind and thoughtful care, then they would respond with positive growth in healing' (p. 7, 1997). A wonderful ideal! And then he went on to talk about his clients with dissociative identity disorder and how some of them got even more fragmented with his kind, thoughtful and caring therapy; how some of them got angry and even vengeful because of the treatment he provided. His personal myth collided with the reality of what he faced with some of his patients.

Each of us is attracted to and remains in this profession based on our personal story. Sigmund Freud, in 1927, wrote about what propelled him as a young man. 'In my youth I felt an overpowering need to understand something, something of the realities of the world in which we live and perhaps even to contribute something to their solution' (1927b). Certainly many have benefited from his discovery of these mysteries.

Myths are like metaphors. They provide an expressive communication that emphasizes our emotional and developmental perspectives. Personal myths are what make each and every one of us unique. Personal myths are the basis of the world's great literature, of poetry and of theatre. Personal myths are also the basis for psychotherapy theory. In telling our personal myths—our own story, we are continually revealing ourselves to ourselves, and if authentically expressed, we are revealing ourselves to others as well.

I would like to share a story—one of my personal myths.

When I was 12 years old, I would listen to a radio show on Sunday night called 'Inner Sanctum'. The program usually featured scary ghost stories or tales about creatures coming from other planets. One December night, prior to Christmas, the radio drama was about a 12-year-old boy (perhaps that's why I identified with it) who had gone shopping to buy a Christmas present for his mother. He had a limited amount of money and he struggled to buy both a present for his mother and also to buy something for himself. He found something suitable for his mother and he felt lucky that he had money left over. He was pleased that he had extra money. He was looking in the store windows and saw a toy he wanted. However, the shops were closing, so he didn't have an opportunity to spend the money. He planned on returning to the store after Christmas. It had started snowing. The snow was heavy and wet: the wind was increasing. He decided to ride the bus home, rather than endure the long cold walk. He went to the bus stop, which was crowded with people getting on the bus with all their Christmas presents. An old, homeless man stood at the bus stop asking each person to buy him a ticket so that he could sleep the night on the warm bus instead of being in the wet snow. Each of the adults refused to buy the old, homeless man a ticket. The little boy was perplexed. He hoped to use his remaining money to buy the cherished toy when the shop opened after Christmas. But he also wanted someone to buy the old man a bus ticket. No one would help the homeless man. At the last moment the boy decided to buy the old man a ticket. The 12-year-old boy got on the bus and made his way to a seat near the back. The old man was the last to get on, and when he walked down the aisle of the bus, he said in turn to each person, 'bless you, bless you, and bless you'. When he got to the little boy, the old man looked him in the eye and said, 'God is with you'. The homeless man proceeded to walk right through the steel structure of the bus and disappeared. The little boy was fascinated! And puzzled. A short ride later the bus passed a church that had a Christmas nativity display

with baby Jesus, Mary and Joseph, angels and shepherds. When he arrived home, he ran in the house saying, 'Mama, tell me, is Christ really that baby in the manger, like the one in front of the church at Christmas time? Or could he be an old man on the bus?' That story lingers in my mind and raises questions.

Who is the client sitting across from me? Who is the colleague with whom I am talking? Who are the seemingly old, homeless street people that I meet? That myth, that story has stayed with me as I approach my clients and, hopefully, each and every person I meet. My therapy is profoundly shaped by this personal myth! I hope that each inquiry and expression of presence and affective attunement expresses this unconditional positive regard (Rogers, 1951).

In the process of growing up every child ponders the question, as I did at age 12, 'What does a person like me do in a world like this with people like you?' This existential question raises three dilemmas: Who am I? Who are you? And what is the quality of life (Erskine & Moursand, 1997)? When those three questions are flexible and amenable to new influences, when the answers are continually upgraded by experience and change, they form our ongoing personal story—a story that includes our fond memories, our pleasant experiences, our ideals, the things that have hurt us, the things that have frustrated us, and the philosophies that serve as our guiding principles: what Alfred Adler called 'The Lifestyle' (Ansbacher & Ansbacher, 1956). When these decisions and myths about self, others and the quality of life become fixated, when they are rigid, when we hold onto them like a prejudice, they form what Fritz Perls (1973), or Eric Berne (1972) referred to as 'life script'. Life scripts are composed of myths and beliefs that limit spontaneity and inhibit flexibility in problem-solving, health maintenance and relating to people (Erskine, 1980, Erskine & Moursund, 1997). I think it is part of a therapist's task to facilitate the client's telling of his/her life's story and to sort out and resolve what is a limiting and inhibiting life script from what is each individual's unique narrative of personal experience. Carl Jung beautifully described this therapeutic process of unearthing the client's personal life script.

The patient who comes to us has a story that is not told, and which as a rule, no one knows of. To my mind, therapy only begins after the investigation of the whole personal story. It is the patient's secret, the rock against which he is shattered. And, if I know his secret story, I have the key to his treatment. The doctor's task is to find out how to gain that knowledge. (1961, p. 117)

Here, Jung is talking about the realities of psychotherapy—what we actually do in clinical practice.

The psychotherapist's dreams

Before we go on to the psychotherapist's realities, let us examine the psychotherapist's dreams. Not our night dreams, but rather our daydreams or imaginings, the basis of our theories. For a moment, think of all of our many theories as constituting the 'dreams' of our psychotherapy profession. The proliferation of theoretical concepts and ideas that have marked the past hundred years of psychotherapy may point to the usefulness of conceptualizing all of these psychotherapy theories, not so much as a true description of reality or of human nature, but perhaps much more usefully, as a collective dream, a psychological *zeitgeist*. I love to play with theories. It's stimulating for me to learn them and apply the concepts in clinical practice. I enjoy teaching, but when I try to make any therapy 'truth' I get into trouble. When I think of theory as a dream, I don't argue with it anymore. I'm freed from the search for 'truth' and the quest for a real description of human nature. I'm not trying to prove one theory against the other. When clients reveal dreams, we do not argue about the dream's symbols representation of reality or whether these symbols can be proven by research. Rather, we examine the meaning of the dream in the context of the client's life experience.

When we examine theory as a dream, rather than look at it as truth, we uncover important symbols about what is occurring both consciously and unconsciously within our client and also within ourselves. Over the past century the writers of psychotherapy theories have argued over which theory is a true description of human nature. We argue over the assumptions of what constitute human difficulties and what methods ease suffering and confusion. The current eclectic mix of theories, some contradicting others, takes on a patient-centered perspective when we view theories as the author's dreams.

In the *Interpretation of dreams*, Sigmund Freud (1900) pointed out that dreams were hidden expressions of wish fulfillment, determined by the dreamer's waking life and closely related to his current involvements and problems. Twenty years later in *Beyond the pleasure principle*, Sigmund Freud (1920) changed his idea and said that dreams unmasked traumatic impression. Jung argued with Freud's premises: dreams represented neither wish fulfillment nor trauma. According to Jung, dreams inform the dreamer about the unaware condition of his inner and outer life. The dream content hints at ways by which the dreamer might solve his problems (Weiss, 1950). I frequently integrate these three theoretical ideas; two by Freud and one by Jung, as a way to examine psychotherapy theories: the solution to a current life problem that provides an opportunity to understand ourselves and our clients, a wish fulfillment, and perhaps an expression of our own traumatic memories buried in our theory. I often include in this integrative perspective Fritz Perls' concept that a dream is an existential expression (1973). This post-modern perspective dissolves the sharp line between what is real and un-real, what is provable by research and what is a co-construction of helpful phenomenological experience—it challenges the 'reality-making' of theory.

To write this speech I had to dream, to imagine. I had to conceptualize, to theorize. Theories can be viewed as our collective professional dreaming. Sigmund Freud (1927a) wrote in *The problem of lay analysis*, 'Every philosopher, poet, historian and biographer evolves his own psychology based on individual presumptions' (p. 48). If he is correct, then perhaps each theoretical persuasion should be viewed as partly autobiographical.

I have had the privilege of knowing several authors who have written on psychotherapy theory and have read the biographies of others: some of these writers and teachers were exceptional people, each contributing his/her unique perspective on psychotherapy theory and methods. I found in many of their writings their own personal autobiography imbedded in the theory they expounded. That does not detract from the importance of that theory, but it certainly humanizes it. To view psychotherapy theory from its autobiographical origin lessens the need to argue whether the theory is 'true' or provable. Each writer describes the subjective experiences of his or her personal/professional life.

My 'dream' of an effective psychotherapy is to make the relationship between client and therapist central—to provide an intersubjective space that allows for a therapeutic dialogue. Winnicott (1965) referred to this space as the facilitating environment, the domain wherein the 'play' of psychotherapy occurs. Therapeutic involvement is the oscillation between two processes: de-centering and self-awareness. I usually spend a greater amount of time de-centering from my self. That is, I make my own thoughts, my own perspectives, or my favorite theories unimportant. I try to create myself as an empty vessel, to be filled by the client's phenomenological perspective. Alternately, almost simultaneously, I allow myself to free associate—to explore the many different aspects of my own life, my own therapy, supervision, work with past clients and all the various theories I have studied and read. I may think of the words of a song, a metaphor from history or science, or a verse from the Bible. I think that the oscillation between being de-centered and freely associating to what the client presents allows for the creation of a different theoretical perspective for each client. When with clients, I try to make this intersubjective process more central than any theory. This allows for a creative interchange in the process of psychotherapy. This is the thera-

peutic involvement described in *Beyond empathy: a therapy of contact-in-relationship* (Erskine *et al.*, 1999)

I would like to share my own perspective on Sophocles' story of Oedipus Rex as an example of how one's personal story influences the use of psychotherapy theory. Sigmund Freud (1923, 1924) used the ancient Greek story of Oedipus Rex as a model for describing both his energetic and structural theories: the drives of libido and aggression and the influence of the id and superego on the ego. Freud's rendition emphasizes a young man's murder of his father and a sexually consummated marriage with his mother. Influenced by Freud's own personal and professional experience (Ellenberger, 1970; Levenson, 1983; Masson, 1984), this interpretation was used to illustrate the profound human experience of aggression and sexuality (Mitchell, 1988).

A relational perspective of the Sophocles' story significantly alters our understanding of human nature and interpersonal dynamics. As I read this ancient Greek writer (cited in Mullahy, 1948), his trilogy is one of human relationships; of disruptions in interpersonal contact; of relationships gone awry; and desperate attempts at compensation and repair. Oedipus Rex is a tragedy of failed relationships. Sophocles portrays a tale wherein two young parents become distraught by the prediction of the Oracle of Delphi that foretells of a child killing his father and marrying his mother. Rather than seeking help to solve their fears, the parents instruct a servant to kill the child. Instead of directly killing the child himself, the servant stakes his foot to the ground and leaves him to die. A kindly old shepherd rescues the child, Oedipus, and raises him as his own son. But as this young boy grows to manhood, he yearns to find his own way in the world. Because of his maimed foot, Oedipus walks through life with a limp, symbol of the tragic wounding caused by the rupture in parental attachment.

At a crossroads Oedipus meets a stranger and the second element of this tragedy unfolds: the stranger, Oedipus' father, does not recognize him as his own son. The two men, strangers to one another, fight and Oedipus kills his father, never realizing the paternal relationship. Later Oedipus visits Thebes and lifts a curse on the city, is made the new king, and marries the dead king's wife. For many years Oedipus has no idea that the man he killed at the crossroads was his father, the King of Thebes.

This is not a story of aggression against one's father and lust for one's mother. It is a tragedy about parental abandonment, the attempt to kill a child, and the child's longing for attachment. It is a story of a mother who cannot recognize that this young man was her baby whom she had abandoned. Years later when a new plague emerges in the city Oedipus is told the facts of his parents' abandonment and he realizes that the man he killed at the crossroads was his father, the king. Oedipus is so shocked that he gouges out his own eyes, symbolizing the blindness in the family, the failure to see the importance of relationships and attachment. When we look at the myth of Oedipus Rex from a relational perspective rather than from a theory of drives, it alters our therapeutic understandings and challenges the very nature of how to practice an effective psychotherapy.

Each theoretical perspective provides an alternative view on clients' psychodynamics. When we think of all of our theories as though they are dreams, then we are faced with what we actually do with clients.

The psychotherapist's realities

The realities of psychotherapy require that we develop a high level of interpersonal skills to engage in complicated and sometimes painful interactions with clients, to combine empathy and attunement with understanding and the support for change. If we take a client-centered approach to psychotherapy we are faced with the questions, 'What do I know about this person? What does this client need from me, now? What can I provide?' Answers to these questions are best if formed, not from a theory, but from what I know directly from each client.

To paraphrase the earlier quotation by Carl Jung, the psychotherapist's task is to find out the person's whole story: that which he or she already knows and the story that is a secret, a secret even to the client. The discovery of the client's secret is facilitated through inquiry. Inquiry is a genuine investigation into the psychological experience of the other person. Inquiry is multifaceted: it includes a respectful conversation about the client's phenomenological process, historical and transference experience, defensive copying style, and psychological vulnerability. Phenomenological inquiry always begins with the assumption, 'I know nothing about this client's experience'. When I embrace this assumption, none of my theories, none of my past experience, not even my observations tell me enough about what it's like to live in this person's skin. To engage in a phenomenological inquiry, I use questions or statements that focus on the client's internal experience: What's it like to be sitting here talking to me? What do you feel when you tell me that story? Describe what is happening in your body? What sense do you make of that?

Respectful inquiries allow the person to tell their own personal story; the narrative of his or her life. An empathic inquiry provides an opportunity for the client to express who he or she is to a willing listener. The purpose of such inquiry is primarily for the client to discover aspects of self that were previously not known or spoken about. Inquiry is focused on the client's discovering his or her internal process, not about factual information *per se*. Phenomenological processes often reflect expectations and, simultaneously, aspects of their history. An historical inquiry is about the client's experience of important events in his or her life: Who did what? Who said what? How did that affect you? Do you anticipate that I will do the same?

In conjunction with an historical inquiry, we may again return to a phenomenological inquiry, such as, 'What's it like for you when you remember that your father treated you that way?' This frequently leads to discovering how the client coped and may reveal his or her system of psychological defenses. We may then return to either a phenomenological or historical inquiry that focuses on what decisions, conclusions and survival reactions the person made in previous developmental phases. This inquiry is about the beliefs that form the life script. An effective inquiry often brings the client to an awareness of how they arrived at conclusions about 'Who am I?' or 'Who are those other people?' Examples of such conclusions are: 'I'm not loveable', 'Something is wrong with me', 'People can't be trusted?' 'Other people come first'. These conclusions and decisions may have helped the client cope with difficult situations at an earlier time in life. However, over time such conclusions may become rigid beliefs that stop the person from responding freely and being aware of relational needs.

The client's psychological vulnerability is the fourth area of inquiry. Vulnerability is that precious sense that all of us have of being in touch with our needs, our own sensations without having to be defended. It is that capacity to know that in this relationship I need security and validation, as I do every day of my life. In this therapeutic relationship I need to be able to rely on this therapist, but also at times I need a shared experience. I need to know that sometimes this therapist has suffered like I have suffered so that I have a sense of that human connection. Also in the therapy, as in every human relationship, there is the need for self-definition, the need to make an impact on others, and the need to have the other reach out and do something for me. Also, the need to express gratitude and affection is essential in every relationship. When those eight relational needs are addressed, the person feels valued, cared for, and loved (Erskine, 1998).

Almost 40 years ago, Harry Guntrip wrote a wonderful description of the realities of psychotherapy. He said,

It is the psychotherapist's responsibility to discover what kind of parental relationship the patient needs in order to get better ... The child grows up to be a disturbed person because he is not loved for his own sake as a person in his own right, and as

an ill adult he comes to the psychotherapist convinced beforehand that this 'professional man' has no real interest or concern for him. The kind of love the patient needs is the kind of love that he may well feel in due course that the psychotherapist is the first person ever to give him. It involves taking him seriously as a person in his difficulties, respecting him as an individual in his own right even in his anxieties, treating him as someone with the right to be understood and not merely blamed, put-off, pressed and molded to suit other people's convenience, regarding him as a valuable human being with a nature of his own that needs a good human environment to grow in, showing him genuine human contact, real sympathy, believing in him so that in the course of time he can become capable of believing in himself. All these are ingredients of true parental love (agape, not eros), and if the psychotherapist can not love his patients in that way, he had better give up psychotherapy. (Hazell, 1994, pp. 10, 11)

How do we do what Harry Guntrip describes? We love them through our phenomenological inquiry, through understanding their defensive process, through valuing their vulnerability. We connect with them through affective attunement: when they are sad, we meet them with compassion; when they are angry, we take their anger seriously; when they are scared, we create that psychological holding environment that surrounds them with protection; and when they are joyful, we meet them with vitality. Those are the realities of our therapeutic process that make our dreams come true because we share our personal presence in an intersubjective arena between client and therapist.

Note

1. This paper was presented as a keynote speech at the Second World Congress for Psychotherapy in Vienna, Austria, 4 July 1999.

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Résumé *La note dominante du Congrès de Psychothérapie du Deuxième Monde fut un discours commençant par la définition des mythes de Carl Jung comme étant la description très vivide d'expériences émotives; les mythes personnels des psychothérapeutes en tant que représentation de leur motivation d'engagement dans leur profession est exploré. Le concept des rêves fournit une métaphore pour la compréhension des théories diverses et pour l'appréciation de la nature autobiographique de la théorie en général. L'Oedipus Rex de Sophocle est utilisé pour mettre en contraste la théorie des Instincts de Sigmund Freud avec une perspective relationnelle de la psychothérapie qui incorpore la recherche respectueuse de l'expérience phénoménologique du client, de son histoire, de son système d'adaptation et de sa vulnérabilité. Les réalités de la thérapie demandent une participation thérapeutique intersubjective: c'est à dire une thérapie centrée sur l'expérience du client mais qui permette aussi au thérapeute l'utilisation de nombreux aspects personnels.*

Zusammenfassung *Diese Rede, gehalten auf dem Zweiten Weltkongress für Psychotherapie, beginnt mit Carl Jungs Definition von Mythen als eine Beschreibung von emotionalen Erfahrungen und erforscht die persönlichen Mythen des Psychotherapeuten als mögliche Motivation für dessen Berufung. Das Konzept der Träume bietet eine Metapher zum Verständnis diverser Theorien und die Anerkennung der autobiographischen Natur von Theorie. Mittels Sophokles' Ödipus Rex wird Sigmund Freuds Triebtheorie einer relationalen Perspektive der Psychotherapie gegenübergestellt, die eine respektvolle Untersuchung von phänomenologischer Erfahrung, Geschichte, Verarbeitungssystem und Verletzlichkeit des Patienten einschließt. Die Realität der Therapie verlangt ein intersubjektives therapeutisches Engagement: eine Therapie, die sich um die Erfahrung des Patienten zentriert während sie gleichzeitig die Anwendung mehrerer persönlicher Aspekte von Seiten des Therapeuten erlaubt.*

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