

Chiron's Academy

Mythical, Archetypal Perspectives on the Supervision of Pro-active Countertransference in Counselling, Psychotherapy and Organisational Work

Petruska Clarkson

'A myth is a way of making sense in a senseless world. Myths are narrative patterns that give significance to our existence.' [And to our supervision.]

Rollo May, *The Cry for Myth*

I would like to give some very brief examples of how the use of myth and legend can illuminate, deepen and at times enable the supervision of counselling psychologists, psychotherapists and organisational consultants.

Most practising therapists know the many ways in which our own process can interrupt the work with a client or client group. Perhaps it is a current existential situation such as a parent's death which impinges on one's clarity or spontaneity in the therapy. Sometimes the echoes come from far away rememberings and relivings — images of tenderness, moments of fear. The notion technically named 'pro-active countertransference' refers to those feelings, fantasies and bodily experiences which affect the therapeutic process primarily as a result of the practitioner's own past or unresolved current issues. In the literature it has been usual since the 1950s to differentiate this from 'reactive counter-

transference', after writers such as Heilmann and Little had explored and explained that the therapist's feelings, fantasies and avoidances may give powerfully useful information about the client's life and can be very effectively used.

Humanistic practitioners of many persuasions know that the therapist's own bodily sensations, dreams and fantasy images can give important and valuable information about clients and I have explored these issues in considerable detail elsewhere. Here however I would like to focus on a specific type of pro-active countertransference as it emerges in the supervision and training of supervisors and therapists — how our own patterns of early helping may still sometimes shape and influence our therapeutic practice in the present, out of awareness, and not always beneficially. This specific phenomenon has classically been referred to as 'pro-active countertransference', 'path-

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ological countertransference', 'obstructive transference' and so on. Since the time of Freud it has been considered damaging, unhelpful or obstructive to the therapeutic process. It is still with us. It is probably the primary reason why personal therapy is a requirement in many trainings and why analysis is sometimes considered 'interminable' — so that we can try to separate 'what's mine and what's theirs'.

In my 25 years of experience in this field I have found that it is very often true that what motivates people to come into these professions is a sincere and persistent yearning to understand and deal with the confusion or pain stemming from their own childhoods. In certain profound ways this provides the empathy, the compassion and a willingness to accompany another vulnerable human being on their journey towards fulfilment. On the other hand these sensitivities may equally sometimes interfere with or interrupt the process between the practitioner and the client in unhelpful ways. This is a mythical way of looking at, or through it.

The Wounded Healer Archetype

Archetypally this notion of how our own injuries bring us to this kind of work constellates the archetypal image of the wounded healer. This becomes mythically embodied as the centaur Chiron, around whom many stories, books and clinical speculations have developed. I continue to work, in my own therapy and my own supervision, on my own participation in this myth. In working with the training and supervision of hundreds of wounded healers of all levels of experience I have also frequently participated in the process of sort-

ing or sifting through the therapist's feelings, fantasies and avoidances, in order to enable them/us to serve our clients better.

There is an exercise which many people find useful for identifying the particular pattern they bring to the profession of helping. It involves getting in touch with the healer-story of the child within them (usually pre-seven). This child is usually highly intuitive, deeply loving, compassionate, intelligent, emotionally literate and desperate to restore a confused, barren or dysfunctional family to health. These kinds of children are 'trying to take care' for those early loves of theirs. There are probably many of them in our field. People with such histories often have a remarkable capacity for making other people feel that they can be trusted or confided in, and for establishing the initial phases of a therapeutic relationship through dedicated care, attention and attunement to the emotional processes of the other.

These are often the natural talents of the kids who early took on the mantle of family doctor, family nurse or family therapist. Many of these children are drawn to the listening or helping professions and find that they are naturally skilled, highly intuitive with a profound understanding of human pain and distress. It is only in the second phase — what to do after the therapeutic relationship has been satisfactorily formed — that they begin experiencing difficulties which are a reflection of the difficulties in potency that they historically experienced in their families of origin. Then these difficulties may emerge as recurrent problems in their work (stuckness, confusion, difficulties with clients) which are brought to supervision.

To summarise, these children wanted

to heal or help others in their original situation. But they usually failed. The young boy who takes his dead father's place at the side of his mother as the 'little man' in the family, the young girl who at twelve deals with the meagre money of an immigrant family — even negotiating with the tax office — the other little girl who decides to become a brain surgeon, to cut out the desperately unhappy parts of a disappointed mother's brain — it is rare indeed for these early ambitions to have been successful. More often just the desire remains, along with the repeated experience of attempts that all fail in the long run.

Children may often have the understanding, indeed; but they lack the adult processing skills, and particularly the necessary distance, to be truly effective as the therapists of their own families. Of course they often succeed in some ways: for example, keeping the family finances afloat, keeping the alcoholic father out of the gutter, covering up for mother's infidelity — at great cost to themselves and their own development. Most importantly, inside themselves they experience the failure of not being able to bring back a dead father; not being able truly to be a loving spouse providing genuine satisfaction to a frustrated parent; always failing to completely replace or make up to grieving parents for the loss of a first-born through abortion or accident.

This experience of early repeated failure to heal the hurt ones in the early family often clouds the happy accomplishment of competency in the work of the helping professional. By considering the shape of the early healing ambitions, therapists can learn not only how to become skilful in the work of understanding and forming relationships, but also how to become and

remain effective and successful in the work of transformation.

Over the years I have come to notice three primary patterns which give shape to the reactive countertransference. Of course this does not mean that all lives are anything other than uniquely and irrevocably individual. However, three general types of story seem to emerge with surprising regularity: the archetype of *healing* (with the emphasis on cure or insight); the archetype of *growth* (which is more concerned with notions of affective education, prevention or emotional literacy); and an *organisational consultancy* archetype (which is more concerned with development through adventure and teamwork). These are not definite. There are many stories. You too can play with them if you will.

Supposing there were at least three different kinds of wounded healer archetypes — the mystic doctor type, the educator growth type and the teamwork development type. Who would they be if they had names? Where would they have trained and with whom? Who was the teacher of the ancient healer heroes?

Well, the master teacher of the unhealing wound is Chiron himself. Perhaps he ran one of the first training institutes of its kind. This is what led to the notion of Chiron's academy. It is now in retrospect difficult to say whether I first identified the three archetypal patterns and then noticed they had all studied with Chiron, or whether I looked for the three outstanding healer-heroes and then discovered that all three had had Chiron as a teacher. I know that the conference which birthed this pattern in me had cure, prevention and development as an overall theme. (That's where these were first presented and tested in a workshop.) I noticed that three Greek

heroes who arguably each embody a whole cluster of stories and possibilities correspond to these three focuses — Aesculapius, Achilles and Jason.

I will look at each of their myths very briefly in turn, not with the intention of categorising, but with the intention of inviting people to look at themselves and their recurrent supervision issues through the mirrors of these myths — the way in which individual stories (or organisational stories) may reflect or be reflected by universal stories. I don't want to be too literal — let your imagination do the work of finding the possible correspondences.

The Myth of Aesculapius

This is the archetype of cure in the clinic through the interpretation of dreams by a doctor's son.

Aesculapius or Asclepius was the legendary Greek physician, son of Apollo (also a doctor) and Coronis. He was later deified as the god of the healing arts. Asclepius was snatched from the burning pyre on which his unfaithful mother's body had just been consumed and carried to Mount Pelion where he was confided to the care of the centaur Chiron. Chiron taught him to hunt and instructed him in the art of medicine. He had remarkable powers. He was able not only to heal the sick, but to bring back the dead to life.

His cult was at the same time a religion and a system of therapeutics. In the Asclepia special rites were observed. After much purificatory preparation, baths, fasting, sacrifices, the patient was permitted to spend the night in the temple of Asclepius where he slept either on the skin of a sacrificed animal or on a couch or *kline* placed near the statue of the god. This was the period of incubation.

During the night Asclepius would appear to the patient in a dream and give him advice. In the morning the priests would interpret the dream and explain the god's precepts. His sanctuaries were built outside the town on particularly healthy sites. Patients would thank Asclepius by tossing gold into the sacred fountain and by hanging ex-votos on the walls of the temple. 'The priests in charge of them at first held a monopoly of medical knowledge which was handed down from father to son. It was only later that they admitted outsiders as neophytes.'

Eventually the god of the Underworld, Hades, felt he was being wronged and complained to Zeus. The father of the Olympian gods then agreed that mortals must follow their destiny and that Asclepius was guilty of thwarting the order of nature. Zeus struck him dead with a thunderbolt.

The Myth of Achilles

This is the story of a mother's son with a secret vulnerability who is both a warrior and a healer.

Achilles was born from a reluctant bride (Thetis) and had an absent father (Peleus). As an infant, his ambitious mother tried to make him immortal so as to give him wonderful, extra-human qualities. Her method was to hold him by one heel and dip him upside down in the mysterious river Styx. Doing this would make him immortal like a god and immune to physical injury. However, his heel, being untouched by the process, remained the vulnerable, mortal part of Achilles, the one place where he could be fatally wounded, if only others could see through the deception to his fatal hidden flaw.

As long as his secret remained hidden,

Achilles was safe from death and secure that he was invincible in his field of excellence — battle. As Redfield says, 'he assumed a most important role in the Achaean war with Troy, and his feud with Agamemnon (his chief) and its resolution forms the central theme of Homer's *Iliad*.' He was given the choice between a long and uneventful life or a short and glorious one. He chose the latter.

He was an amazing warrior, yet also a great healer. When still very young he was sent away to the care of Chiron, who fed him on the marrowbones of bears and the entrails of lions. He moved within a cycle of alternate destruction and healing, also healing the people he had wounded. But if his secret shame was exposed he would be at the mercy of any enemy — not necessarily the strongest or the smartest one, but anyone who would use his secret flaw against him.

He was eventually killed, in the last days of the siege of Troy, by a poisonous arrow wound in his vulnerable heel. The stories differ as to who actually did it.

The Myth of Jason

This is the Heroic achiever whose development is against or at the mercy of fate.

Bessie Redfield says, 'Jason was the son of Aeson, King of Iolcus in Thessaly. Aeson's half brother Pelias had usurped the throne and attempted to kill Jason, who escaped.' Jason too grew up under the tutelage of Chiron the centaur.

When he had grown up, Jason returned to demand his share of the throne and the kingdom. Pelias was sorely disturbed, for an oracle had once told him to be beware of the man who wears but one sandal. Jason had appeared before him with only one foot shod. He therefore told his nephew

that he would willingly comply with his demand on one condition. Jason must first bring back to him the Golden Fleece from Colchis where Æetes the king guarded it.

Not put off, Jason organized an expedition to Colchis. With the help of the goddess Hera he immediately built a ship with fifty oars, the *Argo*. (This is where the well-known stories of Jason and the Argonauts stem from.) He gathered together the most famous Greek heroes and the hardy adventurers set forth in search of the fabled Golden Fleece.

Their voyage was full of incident. They were forced to struggle against the elements as well as against men. Luckily for Jason, the daughter of Æetes, Medea, fell in love with him, and as she was a skilled magician, showed him how to overcome these fearful conditions. Medea eventually helped Jason to vanquish the dragon who guarded the Golden Fleece and to seize the precious trophy. Both left the country in haste, pursued by Æetes.

After another long and perilous voyage which took them across the Danube, the Ocean, the Libyan deserts, the Red Sea and the Mediterranean, the Argonauts finally returned to Iolcus. Medea and Jason returned to Corinth where Jason fell in love with Creusa, daughter of King Creon, and abandoned Medea. Medea avenged herself by sending a wedding present to the new bride; a magnificent robe which consumed her with inextinguishable fire. Medea then cut the throats of the children she had had by Jason and fled to Athens where she married Aeheus. She had to leave Athens after trying to poison Theseus, and returned to her father at Colchis.

Some say that Jason died of grief, others simply that he eventually grew weary of life and killed himself.

I have looked briefly here at some individual and mythological aspects of identifying pro-active countertransference patterns as they impinge and emerge in supervision. The original childhood issues which brought us into therapeutic work may still sometimes both impede as

well as facilitate it. The three archetypal heroes discussed here are often readily identified in supervision, but more appropriately worked through in one's own therapy. Of course, the mythical routes of these three types of healer-heroes may be in us all.

Further Reading

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