How Continuumconscious is your Therapy (or Therapist)?



Peter Ellis

sychology and ecology have been courting each other for quite a while, but until recently the relationship was confined mainly to the feminist movement. However the publication of Theodore Roszak's The Voice Of The Earth, and most recently, Ecopsuchology (reviewed in the last issue of Self & Society), heralds a more mainstream union between the two: indeed James Hillman has declared it a marriage. Essentially Roszak has extended Jung's collective unconscious and Freud's Id to include the natural world, organic and inorganic. So an individual's journey into the deep self also implies harmonising with Nature.

To describe this extended eco-psychic faculty Roszak uses the term 'ecological unconscious'. Neurosis he defines as a state of

estrangement from it, implying that the task of therapy is to address this estrangement and help people recover their sense of union with the larger ecological whole.

Jean Liedloff said something very similar twenty years ago in *The Continuum Concept*. Her notion of the 'continuum' is that of an evolutionary inheritance of a deep sense of connection with the rest of nature, predisposing human beings to an innate sociality and instinctual urge to cooperate with other living things. This continuum sense, Liedloff argues, is present and ready for development in every newborn child, but western child-rearing practices conventionally repress it. As a result, western culture as a whole is estranged from the continuum. We are all, in these terms, to varying extents neurotic.

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Gaia versus Original Sin

The eco-psychological view of human nature is supported by new ideas in science such as the Gaia hypothesis, which claims that all natural systems are interconnected and apparently imbued with the common purpose of enhancing life. While hard scientists shrink from personifying this purpose, some, like Rupert Sheldrake, have used the hypothesis to support a revival of the idea of God in Nature, including, of course, human nature. Such thinking implies a non-dualist model of life, implicit in Roszak's and Liedloff's definition of neurosis. Neurotic ills and destructive tendencies are not seen as stemming from a death urge, destructive instinct or some other negative or evil force within nature, but from distortion, violation, or repression of the single and universal life force. This has important implications for psychotherapy, and challenges conventional assumptions still informing much of therapeutic practice today.

The idea of good and evil as parallel and independent forces is endemic to western culture and enshrined in the Christian doctrine of original sin. Most therapists would deny any allegiance to original sin, and vet the assumption is embedded in most of the theoretical models we work with, going right back to Freud. It is now clear that in his earlier 'seduction theory' Freud came close to a 'continuumconscious' view of human nature through attributing emotional ills primarily to socio-dynamic factors, that is to say child abuse. In his later 'drive' theory, on which psychoanalysis was based, he introduced the dualism of psycho-dynamic conflict between 'bad' instinct, or Id, and 'good' social conscience, or Superego.

Jung was unambiguous about original sin, regarding it as 'emotional fact'. He believed evil to be a real archetypal presence within human nature, and famously rejected the theological doctrine of privatio boni which, contrary to the doctrine of original sin, held evil to exist only in the absence of good. For Jung, the task of therapy was an extension of the work the Christian church had always done, of hearing the confession of guilty secrets, and helping to 'make the crooked plant grow straight'. Patients must be convinced of the duality of their nature before they could be helped.

Humanistic Dualism

Dualism is also implicit in the work of humanistic pioneers. Carl Rogers declared that there was no beast in man: our 'selfactualising tendency' would ensure that we always moved towards expression of the sociable, 'good' side of our nature. But this of course is not the same as saving that there is no bad side. Rogers' early career working with juvenile offenders led him to view neurosis as a form of delinquent selfindulgence, as is evident from his published case-work. In practice, what Rogers meant by self-actualising was a client making a conscious choice to turn away from neurotic behaviour - like turning away from sin - and choosing a more socially acceptable line of conduct. Rogers' well-known reluctance to consider child abuse as a possible cause of neurosis implied that neurosis must be endemic to human nature.

Existential therapy too can be dualistic. Irvin Yalom, for example, in his account of the famous 'Love's Executioner' case, writes of neurosis as a diseased limb that the therapist must attempt to sever; a bad

part to be got rid of if the good is to flourish.

Dualistic assumptions also underlie transpersonal approaches. John Rowan draws a sharp distinction between personal growth work and spirituality. Like Roberto Assagioli, the founder of psychosynthesis, he believes that the path of individual development has two stages; first, personal growth, where we regress and deal with the residues of early life; then, with all that 'clutter' out of the way, progression to a 'clean' spirituality uncontaminated by 'shadow stuff'.

Recognising the Good Core

The work of Roszak and Liedloff argues that psycho-spiritual growth depends as much on recovering something from the past — of our species, of ourselves — as on aspiring to some separate and higher level of spiritual consciousness. Maybe the shadow is not just clutter, but constitutes - albeit in distorted form - the spiritual essence we strive for. Perhaps God, or Goddess, or Gaia, speaks to us as much through our emotional ills and neurotic symptoms as through the 'higher self'. Maybe those ills and symptoms only came about through our culture's failure to recognise the presence of Gaia in our earliest infantile expressions of need. Comparing child-rearing in the rain-forest and in the nurseries of Europe and North America. the most significant difference Jean Liedloff noted between them was the respect with which Indian children were treated: the automatic assumption that children are right in their expressions of need, and underlying that, the assumption that they are innately social and co-operative.

What I call 'continuum-conscious therapy' is therapy which addresses itself to the task of recognising this continuum sense,

orecological unconscious, or 'good core' of human nature, in the neurotic and other symptoms that clients present. It rejects the dualistic, original-sin approach to therapy and instead assumes that all emotional ills are in some way distortions of the life force which therefore have the potential for being transformed back into the positive energy out of which they originated.

One school of therapy within the Western tradition which is in tune with the continuum-conscious approach is that of Wilhelm Reich, the lesser known disciple of Freud whose ideas about body-based therapy have in recent years enjoyed something of a revival, mainly through the biotherapies (bioenergetics, biodynamics, biosynthesis). Reich's approach to emotional illness was essentially non-dualistic. He held that neurotic or psychotic symptoms, however destructive or apparently 'bad', were invariably caused by disturbance or distortion of the good core. For Reich there was genuinely no beast in man; there was only the life force.

But the continuum-conscious approach also depends very much on the orientation of the individual therapist. It is not a new brand of therapy; more an attitude or mentality. In my experience continuum-conscious therapists are to be found in many different schools. What it may come down to is that if you are in touch with your own continuum sense, then you are in a position to recognise it in others.

This would also make sense of the much-vaunted research-finding that the effectiveness of therapy depends as much, or more, on factors in the therapeutic relationship, as it does on the techniques employed by the therapist. Some have in-

terpreted this as meaning that love is the crucial factor. I prefer the term recognition; of the continuum, of Gaia, or of what Theodore Roszak describes as 'the hunger of the soul wanting to be acknowledged as a unique event in the universe'. Such recognition implies an emotional connection which the humanistic 'unconditional positive regard' is inadequate to describe.

Now Assess your Therapist (or Therapy)

In attempting to articulate the continuum-conscious mindset, I have devised a set of questions which can be asked in relation to any psychotherapy, or psychotherapist. Those who are actively seeking a therapist may find the questions useful in focusing their ideas on what they are looking for. People already in therapy can use the questions to assess their therapist's approach against continuum-conscious criteria. Therapists themselves may wish to use the questions as a starting point for exploring their own hidden assumptions about human nature.

The questions are in four groups. The first group relates to the emotional characteristics of the therapist:

- 1. Is this therapist the sort of person you might choose as a friend?
- 2. Is this therapist warm towards you?
- 3. Do you feel this therapist is on your side?
- 4. Do you feel this therapist is capable of love and compassion?
- 5. Do you feel this therapist is emotionally mature?

The second group of questions is about the therapy relationship, and clearly only applies if a relationship already exists:

- 6. Do you feel you are allowed to be yourself with this therapist, or are you under pressure to be the way he or she would like?
- 7. Is this therapist willing to let go of power and control in the therapy relationship, and share it with you?
- 8. Is this therapist open with you about his or her own beliefs, attitudes, ways of working, and view of your problem?
- 9. Do you feel that whatever you revealed about yourself to this therapist would be treated with acceptance and understanding?
- 10. If you were to admit to love feelings for this therapist, would these be acknowledged warmly but without danger of the boundaries of the therapy relationship being overstepped?

The third group of questions is about the therapist's attitude towards the problems a client brings into therapy. They are based on the non-dualist premise that difficult or negative feelings and behaviour are capable of positive transformation once they are recognised as expressions, however distorted, of the good continuum:

- 11. Does this therapist encourage you in the belief that you can solve your problems, or does he or she take the attitude that you must learn to live with them?
- 12. Does this therapist take seriously your ambitions, ideals or desires, even though these may seem impossible to achieve; or does he or she urge you to be realistic and abandon them?
- 13. Does this therapist treat all your feelings as potentially OK, or does he or she encourage the belief that some of them are negative and no good to you?

- 14. Do you feel this therapist understands what is going on inside you, or does he or she give explanations which don't sound right to you?
- 15. Does this therapist appreciate the sort of problems and difficulties you have had in your life?

The final group of questions is about the therapist's attitude towards the causes of emotional disturbances. Continuum-conscious therapists recognise that emotional well-being and maturity depend on the fulfilment of basic emotional needs in early life. They also recognise that children who are desperate act in the interests of their own emotional survival. Often however we carry huge guilt and self-blame for the events of our childhood, and an important part of therapy is being able to unload this feeling of responsibility.

- 16. Is this therapist open to exploring with you things that happened in your childhood which you feel may have caused later problems for you, but without imposing his or her own judgements about those causes?
- 17. Does this therapist recognise early life experience as a prime cause of your present emotional problems?
- 18. Does this therapist recognise the damaging effects on children of not having their expressions of emotional need respected and as far as possible responded to?
- 19. Does this therapist recognise that in difficult or problematic situations when you were a child, you did what you had to for your own emotional survival?
- 20. Does this therapist positively encourage the belief that you should not hold yourself responsible for the traumatic events or problems of your childhood?

Further Reading

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Jean Liedloff, The Continuum Concept, Penguin Arkana, 1989

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Irvin D. Yalom, Love's Executioner and Other Tales of Psychotherapy, Penguin, 1991

John Rowan, Ordinary Ecstasy: Humanistic Psychology in Action, Routledge, 1988