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The ontological nature of change: critical connections between the humanistic psychotherapies and Jungian analysis, past, present and future

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In recent decades there has been a burgeoning discourse both in psychoanalysis and within the humanistic psychotherapies about the nature of change, and the pivotal role that the therapeutic relationship plays within this process. Many readers may identify with the term 'relational therapist', and as a result this article explores whether our commitment to, and perhaps over-preoccupation with, relationality is unintentionally obscuring the part that the client's inherent nature plays in the psychotherapeutic process of change. From an integrative perspective I am curious about the integrative links between the humanistic notions about the ontological nature of change, such as the actualizing tendency, the paradoxical nature of change and physis, and the Jungian concept of *enantiodromia*. I will argue that these understandings, borne out of phenomenological experience, attest to an inner dynamic within the client or patient that can propel the individual towards change, growth and healing: sometimes as a result of the intricate interplay between the client's innate capacity for healing and the uniquely formed, co-created therapeutic relationship; and sometimes as a result of the client's essence that can afford unprecedented healing, regardless of the therapeutic relationship at hand.

Keywords: relationality; ontology; homeostatic mechanisms; relational turn; actualizing tendency; paradoxical nature of change; physis; *enantiodromia*

Introduction

At the outset it will be expedient for me to define two key terms of reference, namely relationality and ontology. These key terms will act as a perennial thread with which to explore the part that the therapeutic relationship plays in the service of healing and the part that the client's inner nature plays in the healing endeavour. I will then offer a brief précis about the relational ascendancy within contemporary psychoanalysis and the recalibration of the relational ethos already embedded within the humanistic psychotherapies, in an attempt to capture what it is about the therapeutic relationship, per se, that promotes change. Pinpointing this *current Zeitgeist* will act as a key starting point from which to return to the *past*, to discuss the critical connections about the innate potential for change that springs from the client's ontology or nature. Here, previous understandings about the role that the client's nature plays in the service of healing, described as the actualizing tendency (person-centred approach), the paradoxical nature of change (Gestalt) and physis

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(transactional analysis) will help us to reappraise the vital role that the client's ontology plays in the change process. At this point it will be imperative to introduce the notion of *enantiodromia* (Jungian analysis) to compare and contrast these humanistic and Jungian perspectives about the ontological nature of change, and determine whether the Jungian vantage point has anything unique to offer our discussion. As these ontological perspectives are discussed, it will be important to highlight the therapeutic attitude that is required in order to value the role that the client's essence plays in the process of change. Before concluding, I will provide a brief clinical vignette to enliven the discussion at hand, and then discuss the implications for the *future* that a reappraisal of the ontological nature of change might hold for us as practising clinicians.

Defining relationality and ontology

I agree with Paul Wachtel that relational theory is 'not a simple theory, but a set of theories' (Wachtel, 2008, p. viii), and that while this is a great strength, giving theoreticians permission to add to this growing tradition, it can nevertheless lead to confusion and misunderstandings due to the multifarious definitions that can be delineated around the term 'relational'. However, 'the key thread that unites these diverse theoretical efforts, giving sense to the general umbrella of "relational" thinking, is attention to people's embeddedness in a matrix of relationships, past and present, that continually shape the development of the personality' (ibid., p. viii).

We currently have an unprecedented corpus of research that underscores that our developmental trajectory across the life cycle is a relational one, and that as relationship-seeking creatures we seek out others for safety and security (Bowlby, 1988; Wallin, 2007) and form intersubjective bonds as a source of comfort in times of sadness, and celebration in times of joy (Stern, 1985). Equally, neglectful or abusive relationships can be the cause of developmental arrest and trauma (Bromberg, 1996; Herman, 1992), marked by a constricted lifestyle, including traumatizing flashbacks and emotional hyper-arousal or hypo-arousal. These traumatically frustrating relationships result in an underdeveloped autonomic and sympathetic nervous system (Schore, 2003), whereby our affect regulation is destabilized, making us prone to a narrow window of emotional tolerance in our daily lives (Siegel, 1999).

Arguably, in the interests of complexity, a relational perspective holds in mind the generative (optimal), causative (traumatic) and curative (restorative) impact that human relationships can afford. In other words, just as relationships can be the cause of human suffering and distress, so too can the therapeutic relationship be a curative force to work through unaddressed deficits, traumata and current relational struggles. Indeed, a relational sensibility pays 'attention to context and interest in the impact of relationship in the dynamics of mental life and the impact of the therapeutic relationship in particular contributing to psychological change' (Wachtel, 2008, p. 7).

In sharp contrast to this relational emphasis is the notion of the ontological nature of change that can materialize from within the client's psychological make-up in conjunction with the relational posture outlined above; sometimes this can be internally mobilized regardless of the client's participation in the therapeutic process. The Oxford English Dictionary defines 'ontology' as that branch of metaphysics dealing with the nature of being. In other words, ontology attempts to understand the essence of human nature, and for our purposes we are considering the nature of

self-healing that can emanate and materialize from within the client's being. It is interesting to note that Lambert, Shapiro, and Bergin (1986), after reviewing decades of extensive research findings, argued that good psychotherapeutic outcomes can be attributed to: the placebo effect (15%); the therapist's technique (15%); common factors, such as the therapist's ability to empathize (30%); and extra-therapeutic variables (40%). They describe extra-therapeutic variables as 'those factors that are part of the client (such as ego strength and other *homeostatic mechanisms*) and part of the environment (such as fortuitous events, social support) that aid recovery regardless of participation in therapy' (Lambert et al., 1986, as cited in Norcross & Goldfried, 1992, p. 97; my italics). To my mind, the phrase 'homeostatic mechanisms' resonates with the ontological nature of change in that both are attesting to the client's innate capacity to actualize healing as a result of the therapeutic relationship, and sometimes as a result of a deeper wisdom and resourcefulness stemming from within the client's essence; or as a result of the client's immediate environment significantly changing, thereby reducing emotional distress, warranting hope and optimism.

Having provided a working definition of relationality and ontology, I will now briefly chart the 'relational turn' within psychoanalysis, and the further development and ascendancy of the relational impetus within the humanistic psychotherapies.

The rise of the 'relational turn'

The beginnings of the 'relational turn' within psychoanalysis can be traced back to the seminal work of Greenberg and Mitchell (1983). Since then, this relational sensibility has dominated recent theorizing within the American context, particularly in the forms of intersubjectivity and relational psychoanalysis. Stark (2000) characterizes these relational psychoanalytical schools as a two-person psychology, to denote the paradigm shift from a one-person psychology (classical psychoanalysis). From a two-person psychology, 'what heals the patient is neither insight nor a corrective experience. Rather, what heals is an interactive engagement with an authentic other; what heals is the therapeutic relationship itself' (Stark, 2000, p. xix). While Stolorow (1997) would not disagree with this sentiment, he clearly jettisons the distinction between a one-person (intrapsychic) and a two-person psychology (interpersonal), quipping that intersubjectivity is a 'no-person psychology' (Stolorow, 1997, p. 339). For Stolorow, we 'are in a continual flow of reciprocal mutual influence' (p. 338). Hence, both analyst and patient are explicitly (verbally) and implicitly (non-verbally) influencing each other, moment by moment (Boston Change Process Study Group, 2008). For intersubjectivity there is no room for a dialectic between the inner and outer domains of being and relating. Rather, we are all interwoven into an intimate seamless fabric of relatedness.

While different, these psychoanalytic schools envisage relationality as a reciprocal or mutual process. This bi-directional dynamic between analyst and patient will eventually lead to the patient intersubjectively enticing the analyst to replay (intersubjectivity) or unconsciously re-enact (relational psychoanalysis) his archaic wounds. In these moments, the analyst becomes the good object turned bad (Stark, 2000) who needs to initially bear this badness. The analyst's relational posture involves curiosity, non-defensiveness and exploration. Gradually, these exchanges can explicitly heal the present moment and implicitly update the patient's intersubjective or relational templates about self and other.

The humanistic psychotherapies have always prized the efficacy of the therapeutic relationship, and in particular how the therapist's intentional use of self as an authentic subject can support the client to embody a more genuine relationship with self, promoting emotional integrity to foster a deeper, intimate connection with others. Recently, this relational ethos has been recalibrated and further developed. For instance, within the person-centred approach, 'relational depth' signals that counsellor and client are being 'fully real with the Other and able to understand and value the Other's experience at a high level' (Mearns & Cooper, 2005, p. xii). This capacity for greater moments of 'relational depth' within the therapeutic relationship becomes the hallmark of therapeutic change. Similarly, within Gestalt the therapeutic relationship has been re-envisioned as 'relational or dialogic in nature' … because … 'We are all threads in a interhuman fabric' (Hycner & Jacobs, 1995, p. 6). Notably, transactional analysis's cognitive-behavioural stance, about instilling insight and mastery within the client's Adult-ego state, has also been complemented, or perhaps superseded, by a relational approach. Now, the emphasis is to relationally work with the client's archaic injuries that are held within his Child-ego state (Hargaden & Sills, 2002). Likewise, integrative psychotherapy aspires to relationally work with the seemingly paradoxical and complex layers of being and relating, such as

> self to self (the intrapsychic and body-based perspective), the relationship of self with other at both explicit and implicit levels of exchange (the interpersonal/intersubjective frame), the relationship of self and context, both historically and in the present (the psychosocial, cultural and political domain), and the self as a spiritual entity (the transpersonal domain). (Gilbert & Orlans, 2011, p. 13)

Collectively, these relational approaches in large part underscore the quality of the uniquely formed and co-created therapeutic relationship as the catalyst for the client's change. We now leave this 'relational turn' to critically consider the connections between Jungian analysis and the humanistic psychotherapies about the role of the client's essence in the psychotherapeutic process of change.

Jungian and humanistic perspectives on the ontological nature of change

Jungian analysis understands the ontological nature of change, in transpersonal terms, as 'individuation', which is inextricably interwoven with '*enantiodromia*'. This term indicates that

> every psychological extreme secretly contains its own opposite or stands in some sort of intimate or essential relationship to it. Indeed, it is from this tension that it derives its own peculiar dynamism. There is no hallowed custom that cannot on occasion turn into its opposite, and the more extreme a position is, the more easily may we expect an *enantiodromia*, a conversion of something into its opposite. (Jung, 1956, *CW 5*, para. 581)[1]

An Occidental example of an extreme *enantiodromia* would be Saul of Tarsus, the ruthless persecutor of the early Christians, who encountered the risen Jesus in a vision and was converted (*enantiodromia*) into becoming St Paul, the Apostle, a zealous and fearless exponent of Christ's message. *Enantiodromia* can also be seen with the Oriental example taken from Chinese philosophy regarding the symbol of

Yin and Yang: that seemingly opposing forces are interconnected and complementary, carrying the seeds of the opposite (the Yin carries a part of the Yang, and vice versa). Simply put, *enantiodromia* means a 'running counter to' (Jung, 1949, *CW 6*, para. 708–709 [Def.]). This is taken from the writings of Heraclitus, who expounded the view that every vibrant event or experience can turn into its very opposite.

A patient of Jungian analysis will invariably be 'at war' between his psychic opposites: his conscious and unconscious structures or his archetypes, such as *persona* and *shadow*. This psychological pressure evokes the 'transcendent function' as a mediatory source for these two opposing energies. Hopefully, the patient can resist 'the destructive tendency to pull (or be pulled) to one side or another' (Samuels, Shorter, & Plaut, 1986, p. 150). The transcendent function can act as a psychological bridge between opposing 'realities' so that a *third* possibility might transpire. This psychological possibility can lead to *transformation*, involving the patient 'becoming himself rather than "normal" or "adapted"; it is, therefore, the stage of analysis most concerned with individuation' (Samuels, 1985, p. 178). Crucially, what should the analyst's therapeutic stance be to honour the role of the transcendent function?

Here, Sharp's (1998) application of 'the wounded healer' reminds us that the analyst needs to be aware of his conscious healer-position that is linked to his unconscious wounds; and, equally, hold in mind that the patient's conscious wounded-position is linked to his unrealized, unconscious healer. By implication there are a myriad of ways in which the analyst and patient can communicate with each other in the service of the patient's individuation journey. This perspective invites deeper humility on the part of the analyst, and greater respect for the part that his patient's inner world plays in his journey towards psychological homeostasis and spiritual wholeness.

However, if the patient over-identifies ('to pull') with one aspect of his opposites or becomes psychically possessed ('be pulled') by one of his polarities due to psychological conflict, then he will become psychologically lopsided. Subsequently, an *enantiodromia* will become activated: the greater the lopsidedness, the greater the propensity for an *enantiodromia* to occur. I return to this salient point in the brief clinical vignette, below. In the meantime I will discursively compare the Jungian idea of the ontological nature of change, previously discussed, with insights from the humanistic psychotherapies. I will also note the relational posture that the therapist needs to adopt to give due credence to the client's ontological contribution to the change process.

Within the person-centred approach, '[t]he organism has one basic tendency and striving – to actualize, maintain, and enhance the experiencing organism' (Rogers, 1951, p. 487). This definition highlights that the client's change process is, in part, ontological in nature, and when realized will flourish into an internal locus of evaluation (Rogers, 1959). This organismic thrust towards wholeness can, however, become eschewed through childhood messages: 'Only when you do this will I love you', or 'If you do that, I cannot accept you'. These debilitating conditions of worth will lead to an external locus of evaluation (ibid.): the person's organismic self becomes overshadowed. The counsellor's position within the therapeutic endeavour includes empathy, unconditional positive regard and congruence. These core conditions act as an ameliorating force against the client's conditions of worth, and open up new energies within the client's essence that can potentially reinvigorate the actualizing tendency. Here, the counsellor's way of being and the client's ability to perceive and receive the core conditions (alongside the client's motivational drive for change borne out of a state of incongruence) are at the heart of the therapeutic

relationship, acting as a lynchpin to re-constellate the client's ontological actualizing tendency towards change, growth and healing. Equally, the actualizing tendency can become mobilized independently of the therapeutic relationship due to its essence as a homeostatic mechanism embedded within the client's nature.

To my mind this nuanced understanding of the nature and aim of the actualizing tendency reverberates with the Jungian notion of individuation because both attest to the innate potential and possibility for change that springs from the client's essence or nature. While the actualizing tendency relates to the innate trajectory towards becoming fully human – in which spiritual development may or may not play a part – individuation concerns the ego's growing communion with the archetypal Self, or 'God-within', to support psychological and spiritual growth. Indeed,

> the creative point where God and man meet, the point where transpersonal energies flow into personal life, eternity as opposed to the temporal flux, incorruptibility, the inorganic united paradoxically with the organic, protective structures capable of bringing order out of chaos, the transformation of energy, the elixir of life – all refer to the Self, the central source of life energy, the fountain of our being which is most simply described as God. (Edinger, 1972, p. 4)

Nevertheless, this common thread about the innate capacity for wholeness and homeostasis is also shared by Gestalt and transactional analysis, to which I now turn.

Beisser (1970) further contributes to our discussion about the ontological nature of change from a Gestalt perspective, noting that:

> change occurs when one becomes what he is, not when he tries to become what he is not. Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is – to be fully invested in his current positions. By rejecting the role of change agent, we make meaningful and orderly change possible. (p. 77)

This unwavering trust in the client's homeostatic mechanisms necessitates that the therapist occupies what the philosopher Salomon Friedlaender calls 'creative indifference' (Friedlaender, 1918, cited in Frambach, 2003, p. 113). Fritz Perls incorporated this idea into Gestalt to inform the therapist's role to hold the middle ground between the client's polarities, acting as a compassionate bridge between the two in a disinvested manner. Meeting the client *where he is* along with 'creative indifference' resonates with the transcendent function, discussed earlier: both trust an *inner knowing* about the nature and course of change.

Finally, transactional analysis incorporates 'physis', taken from Heraclitus, to understand the innate essence that drives the living organism towards healing. If a slab of concrete were dropped on top of a plant in your garden, one would be forgiven for thinking that this plant was now dead. However, in time physis would propel the plant to burrow towards the edge of the concrete slab and grow upwards towards the sun and rain, to grow, albeit as a flimsy and fragile version of what it could have been. It is interesting to note that both Carl Jung and Eric Berne both incorporate ancient wisdom from Heraclitus about the exacting nature of change that can potentially take place from within the client's humanness, and by implication the modest therapeutic position that is a necessary pre-requisite to this. Stewart (1992) notes that Berne was influenced by the eighteenth-century French motto: 'I treat them,

God cures them'. Hence, the therapist treats 'to the best of his ability, being careful not to injure and waiting for nature to take its healing course' (Berne, 1966, p. 63, cited in Stewart, 1992, p. 71).

As I review these aforementioned critical connections from the past about the ontological nature of change, I am acutely aware of the positive and hopeful stance that the humanistic psychotherapies share, and dare I say that this humanistic sensibility is arguably present in Carl Jung's notion of *enantiodromia*. What they strikingly share in common is the belief about the client's innate possibility for change that springs from the client's essence or nature, and to trust this aspect for growth and healing in tandem with the therapeutic relationship, or independently of it. However, perhaps the Jungian notion of *enantiodromia* taken from Heraclitus has something distinctive to offer our discussion that brings an important *shadow* to this lofty view of human potential. Carl Jung emphatically stated that:

> I must emphasise, however, that the grand plan on which the unconscious life of the psyche is constructed is so inaccessible to our understanding that we can never know what evil may be necessary in order to produce good by enantiodromia, and what good may very possibly lead to evil. (Jung, 1948, *CW* Book 9i, para. 397)

I will attempt to amplify this salient point in the brief clinical vignette that follows.

A brief clinical vignette

'Johann', an Austrian, heterosexual man of 39 years of age, had never been in a romantic relationship. He presented for psychotherapy because he was visiting prostitutes, and felt untold self-loathing that fuelled his intermittent suicidal ideation. As a child Johann academically performed for his mother to receive her admiration. She would telephone his school a week before a critical exam to report that he was sick. Secretly, she would make him sit at his desk from 8 o'clock in the morning until 10 o'clock at night, forcing him to revise. As an exemplary student he would receive praise from teachers, fellow pupils and their families. His mother basked in his admiration, but once indoors she would admonish Johann, exclaiming that she was not fooled by his nice facade: instead, she knew his deceitful and nasty nature. Johann learned to be 'a good boy', a form of dependent narcissism (Dougherty & West, 2007), whereby he supplemented his fragmented self-image and depleted self-esteem through his mother's admiration for being 'a good boy'.

Johann's tragic exchange of love for admiration would be so brutally and quickly withdrawn that he worked harder and harder to win her admiration. This experience eventually led him to work in the financial sector. He would be admired for remarkable deals and then castigated to work harder for greater financial outcomes. This cruel work ethic mirrored his childhood pattern, as he tried to please his boss to gain his admiration. His ego had become conflated with his 'good boy' persona, gradually constellating his shadow in the form of his visitations to prostitutes. He was ashamed, fearful of a sexually transmitted disease, and had fantasies that he would be arrested and appear in the newspapers. His boss and colleagues would finally know his deceitful and nasty nature. In the grips of this repetitive pattern, Johann wanted me to help him stop.

Undoubtedly, our uniquely co-created therapeutic relationship was vital in providing a reparative experience for Johann as we worked through: his conflicted feelings between wanting to control and exploit others, and his deep desire (and fear) of wanting to fall in love and be loved; his developmental deficits and traumata that had resulted in a traumatic and dissociative sense of self, rendering him incapable of intimate attachment bonds or meaningful intersubjective ties with significant others; his relational struggle to authentically connect with others in his adult field of relationships (including me) except through his creative adjustment of being a 'good man' (good boy), while secretly in his mind mocking and belittling others to gather some semblance of self-worth and self-esteem that was all too painfully fleeting. Certainly, the quality of my relational presence and expressiveness (and restraint), along with Johann's gradual willingness to engage, allowed me in time to see him in all his fullness; this meant that I could intentionally use myself 'as a neutral object, as an empathic selfobject and as an authentic subject' (Stark, 2000, p. 162), so that together we could forge a restorative and emotionally reparative therapeutic journey over five and a half years; and – and it is a big 'and' – I also had to occupy a place of 'creative indifference' (Friedlaender, 1918, cited in Frambach, 2003, p. 113) to meet Johann where he was rather than be swayed by his overt and covert demands to 'be in a better place'. Pitching myself in the therapeutic relationship in this way not only helped me to honour the paradoxical nature of change or, if you prefer, his actualizing tendency or his physis, but also to trust the extreme and disturbing *enantiodromia* at play, as Johann moved from being a 'good man' (good boy) into his shadowy opposite as a 'bad man' who was controlling, humiliating and exploitative.

Understandably, this behaviour disturbed his ego-ideal, which escalated with Johann telephoning sex workers to visit his home. Sometimes he haggled with them over their fee, in an exploitative, shaming and oppressive way. He knew these dynamics only too well as a helpless child at the hands of his mother. After these incidents he felt deeply ashamed and suicidal. During this process of Johann's extreme *enantiodromia*, Jung's adage that 'evil may be necessary in order to produce good by enantiodromia' (Jung, 1948, *CW* Book 9i, para. 397) helped me to trust the emergence of his psychological opposite, and how this was necessary in order for a *third* possibility to arise. Gradually, he began to relinquish his 'good boy' persona and gently, with compassion and support, he acknowledged his *shadowy* contents, that involved grief, sadness and anger. Eventually, he could hold his goodness and own those unsavoury parts that had replicated his mother's relationship towards him. Our shared endeavour of trusting his darkness to find his light, involving the process of fear and contrition, opened up a third way of being that led Johann into a more loving relationship based on tenderness and love, rather than admiration. This was an emotionally challenging, anxiety-provoking and, at times, a frightening experience for both of us; thankfully, new ways of relating with himself and with others gradually emerged.

Implications for the future

Jungian analysis and the humanistic psychotherapies subscribe to the view that the client's ontological nature plays a critical role in the psychotherapeutic process of change – sometimes of its own volition, and sometimes as a result of the intricate interplay with the therapeutic relationship, so that together these two components become

an indispensable vehicle for change. So what are the implications of this for the future? In addition to the therapist rightly taking personal and professional responsibility to deepen their emotional presence, thereby optimizing their availability and relational responsiveness, a deferential respect for the client's ontological contribution to the process of change and growth also needs to be honoured. This attitude is a reminder of our 'tininess' as a therapist, which can support us to move between 'knowing' and 'not-knowing' as we hold our gravitas and humility, in equal measure. Furthermore, this 'tininess' acts as a sobering counterpoint to the hubris that could potentially arise from a lopsided emphasis on the belief and role of the therapeutic relationship as the sole force for change. Taking on the mantle as the 'wounded healer' seems apposite at this point. In addition to the credence and trust that is placed in the patient's or client's homeostatic mechanisms denoted within Jungian analysis and the humanistic psychotherapies, it is interesting to note that sometimes a necessary evil may configure 'in order to produce good by enantiodromia' (Jung, 1948, *CW* Book 9i, para. 397). When this occurs, constant professional and ethical vigilance is required in terms of ongoing risk assessment, strengthening the client's support network and invaluable supervision.

Conclusion

My genuine concern informing this article has been to question whether our current preoccupation with the relational turn may be overshadowing the client's ontological contribution to the healing process, which could possibly seduce us to exaggerate our role within the therapeutic relationship constellating professional hubris or, worse still, grandiose psychic inflation about our potency. As a result this article has attempted to add a cautionary note about the criticality of the ontological nature of change, as an important companion to the therapeutic leverage that the therapeutic relationship can exert upon the change process; and has also argued that the patient's or client's homeostatic mechanisms (Lambert et al., 1986, cited in Norcross & Goldfried, 1992, p. 97) can also be activated through an inner wisdom and knowing, beyond the remit of the therapeutic relationship. When these simultaneous and paradoxical 'truths' can be held side by side, then a deferential approach to our work as clinicians is made more possible, as we trust the deeper wisdom within the client, alongside the healing potential that the therapeutic relationship can provide.

So as the 'relational turn' takes on greater ascendancy, are we in danger of losing sight of the ontological nature of change? If this is so, then perhaps the 'relational turn' is a turn too far.

Note

1. Text references are to the Collected Works (*CW*) and by volume and paragraph, edited by H. Read, M. Fordham, G. Adler, and W. McGuire (London: Routledge & Kegan Paul; Princeton, NJ: Princeton University Press).

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