

Anthroposophy as an enrichment of psychotherapy

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There are many impressive developments in today's psychotherapy landscape, underscored by the research of such practitioner researchers as Bateman and Fonagy (2006) and the contributors to the Routledge Relational Perspectives series edited by Lewis Aron and Adrienne Harris; for example, Harris, Kalb and Klebanoff (2016) and Salberg and Grand (2017). They highlight the effect of adverse childhood experiences on personality development in the context of complex traumatization caused by the intergenerational transmission of incapacitating life events like wars, poverty, enforced migration and globalization, and point to the incidence of distorted attachment and mentalization capacities, giving rise to countertransference problems, as every clinician knows. In recent years anthroposophic psychotherapy has been developing methods to address such phenomena. What can it contribute to this field? In particular, it addresses three aspects of these developments.

First, the psychological problems arising out of these phenomena – namely, the increasing numbers of clients whose personality becomes blocked off and have to live a life where mere survival is dominant, as the client's ability to make sense of life is disabled. The following case is typical: 'thoughts, feelings, and willpower have been

distorted, his social relationships are confined to the health sector, his perception and judgment have been disrupted, and there is no individual biographical development' (Dekkers, 2015, p. 374). Anthroposophic psychotherapy addresses such problems, which are sadly on the increase, with interventions orientated to sense-giving. Underlying these interventions is the view that all of us have an intentional script, or what is sometimes referred to as a karma, for conducting our lives, in accordance with the context and circumstances we meet in life, and that psychological health is dependent on being able to connect with this, make sense of life, see the present in relation to the past, have clear intentions for the future, and feel part of the human community. We can then have a profound feeling of responsibility and co-creativity towards life and the world which reaches beyond our individual development into social life and the complexity of the creation.

Secondly, the fact that trauma confronts every human being with the qualities lying in the traumatizing event or carried by the victimizer or the inducer of dehumanization and destructive acts. During the night, when our conscious suppression of trauma fades away, these qualities emerge in the form of nightmares. A threshold is breached,

and profound unconscious levels of uninvited guests emerge in our nightmares, overwhelming our immature perception and self-knowledge. In clinical situations it stimulates transferences based on 'false selves' (Winnicott, 1960/1965) and influences the therapist's countertransference. The Jungian Donald Kalsched has a sense of this in his book *The Inner World of Trauma* (Kalsched, 1996).

Finally, the way we relate to everyday phenomena today including the shocking events taking place in the world. Anthroposophic psychotherapy speaks about the full range of senses that we use to perceive the natural, social and historical environment. The world calls for attention, an answer and a creative and constructive response embedded in moral conscience, empathy and wonder in line with the above-sketched inner urge to make sense of life according to our individual life script. This natural human urge contrasts to the global disease of indifference or onlooker state of mind.

Like many contemporary developments, such as humanistically orientated relational psychoanalysis, anthroposophic psychotherapy aims to unlock the client's potential for healing in the face of these assaults: 'After all the client knows more than anybody what has happened, but this knowledge needs to be activated' (Dekkers, 2015, p. 50). A key work in anthroposophic psychotherapy – *A Psychology of Human Dignity* by Ad Dekkers (reviewed in this issue) – includes exercises for training, providing the basis for the clinical interventions to address the difficulties which people are increasingly facing today in a damaged world. In particular, it aims to help clients whose personalities have become blocked off and broken, those who need to develop resilience in the face of shocking nightmare threshold experiences, and the widespread need to awaken our capacity to perceive the reality of life phenomena, discover what they are asking us and helping us to respond with our inner, individual answers to these appeals.

In so doing the therapist has the task of helping the client to 'think independently and be interested in the events' in which s/he 'becomes involved' (ibid., p. 32). 📍



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