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## **THERAPY: THE REDISCOVERY OF HOPE**

Socialization involves the systematic erosion of hope - hope for real love, growth, pleasure, community and work. This is no accident. Though this society offers many things from garbage compressors and thirty kinds of carbonated beverages to opportunity for advancement and (inadequate) welfare benefits, the opportunity for a real meeting of these needs is nowhere among them. The erosion of the hope of getting our real needs met begins so early that most of us no longer even know what it is we need by the time we reach adulthood and therapy. Either we are completely immersed in the struggle just to minimally meet our material needs, with no energy left to **meet them in a way that serves our interests** or we have become embroiled in a chain of substitutes: the bottle as a substitute for the breast, attention as a substitute for love, achievement as a substitute for personal growth. The hope of getting what we wanted is long buried and we have even forgotten what it was we wanted. Most defences are ultimately defences against that hope, because if we dare to hope for what we really want, have we a prayer of finding it in this world?

So we go for a religion that tells us that we'll find it in the next world or we go for substitutes. And because we are socialized out of the direct expression and pursuit of our needs, we adopt substitute behaviour to get our substitute needs met. This of course leaves us unsatisfied - always wanting more quantitatively. This is because we can't get what we really want from substitute behaviour, we can only get the substitute. We think that if we had MORE money, sex, attention, fame, power, maybe we'd be happy. Where does it end?

It ends with the rediscovery and rekindling of hope in the individual. This hope is endemic to real change and integral to the way I work with people. I see it as the work of therapy not to cure or solve but to help the individual to contact the hope that was left behind or perverted and to use that hope to transform her life. This hope is revolutionary in its implications. When the individual begins to let a glimmer of it through her defences everything else reverberates. If the individual allows herself to actively hope for what she really wants, this implies radical action.

This action must take place in herself. She must exorcize her own despair by feeling it and try also to understand her own internalized oppression so that slowly she can learn to feel and be her real self.

The action must also occur in the clients' personal world and relationships. She closed up in the first place because it was unsafe to be herself in her environment. Now she must move to make her environment an emotionally safe place for her to grow and thrive, otherwise she will only close up again for the same reasons as before. This usually means a thorough examination of all the involvements in her life: people, goals, projects, work. It often means emptying her life of many of them if she finds them to be substitutes. By emptying her life of substitutes she puts herself in direct confrontation with the emptiness that has been there all along. And from that real emptiness can come the beginning of creating fullness.

The action must take place on the level of the client's world view. The resurgence of hope puts her into conflict with those forces which caused her to bury or sublimate herself and her hope originally. She can now see capitalism and patriarchy as real forces in her life demanding a deadening of real needs, desires, feelings for social control and profit. In other words she experiences her oppression and its effects on her. And because she now has a way of understanding it politically, she needn't internalize it, blame herself for it, or deaden herself to accept it. She recognizes through the validation of her own needs and desires, that there is a basic conflict between her real needs and the needs of the social structure as it exists. She can identify her real self interests and see the impossibility of getting her needs met in ways that are in her interests in a society that offers her only substitutes.

Thus she must begin to work for change on a systematic level in order to really change the objective material reasons for her subjective problems and conditions. The individual who arrives at a therapist's door, usually does so when she is experiencing an intense contradiction that she can neither explain or articulate. This contradiction is social in its nature and origin whether it is internal or external or a combination of both. Usually the individual believes or is pressurized into believing that there is something terribly wrong with her if she exhibits deviant behaviour or is merely unhappy.

By not understanding the client's personally located but socially rooted contradictions in the framework of a political analysis, the therapist is perpetuating the capitalist ideology of blaming the victim for either having internalized her oppression and thus made herself unhappy, or not having internalized her oppression sufficiently and thus put herself at odds with the world. In either case the therapist is compounding the contradiction by putting the client in yet another double bind.

The only way through this that I have found is to begin by validating the client's experience of her reality, to confirm that what she experiences is real and that she has a valid reason for feeling as she does. Then she can begin to think about how her experience fits into a political framework. If for example a woman's presenting problem is that she is depressed, I might ask her to tell me about her life. It could be that her life is just depressing. Perhaps she feels guilt about not feeling fulfilled by the daily round. By validating the appropriateness

of the response, I am giving her permission to view the contradiction between what she is experiencing and what patriarchy has told her she should be experiencing. She can then look at the real reasons for her depression and work to change them knowing that there is nothing wrong with her for feeling as she does.

This seems very simple yet it is the exact opposite of a great deal of psychotherapeutic behaviour which assumes immediately that if something is wrong, it is the client's individual pathology which is responsible. I'll grant that this validation is only a beginning, that there is further to go with internalized oppression about one's right to have a life with real meaning. But it is a beginning built on an entirely different premise structure than the "how-long-have-you-had-this-problem" routine or the "work-on-the-relationship-to-your-father-and-all-will-be-cosy" routine or even the "have-your-feelings-and-go-back-to-your-rotten-life-routine".

My method of facilitating the emergence of hope begins with two basic assumptions.

1. I assume that the client's experience of her world is real and valid and give it further validation. This gives the client permission to see the contradiction, which immediately clears away a lot of confusion and self blame. I ally myself with the real needs and desires of the client and help her through validating her right to have what she wants, and identifying those forces in herself and in her world that operates against her.
2. I assume a basis of growth rather than pathology. As long as the client experiences the world as given she had no problem. It was only when she began experiencing the alienation and the contradictions in her life that she became worried. I deal with this again by support and validation. There is not something wrong or pathological happening. There is something very right happening in the emergence of feelings which had hitherto been pushed aside or inadequacies which hadn't yet emerged. I point this out to the client, thereby enabling her to view her problem as a change in her development. This is vital because at this point the client can begin to see herself as someone who can go beyond a prescribed definition of normal functioning. Rather than be seen as a "crazy" who can't adapt she can begin to use her problems creatively and move towards influencing her own life. I further assume that even in the most bizarre behaviour there is at its essence, some positive desire that needs to be supported. This is the converse of believing in a death wish, a basic self destructiveness in people, I have never seen a self destructive person. I have only seen people with thwarted life instincts who are terrified of the emergence of life in themselves. So deadness equals survival and it appears that there is a death wish. I assume that if I see a person with a death wish, it is because I am not looking past the overt behaviour.

The way I deal with this is by finding out and supporting whatever it is that the client is trying to do or get to by this apparently very destructive behaviour. I try to help her to get to what she really wants, e.g. she may exhibit masochistic behaviour in order to obtain a response in a relationship. I support both her right to want and her right to demand responsiveness. With this support the client can begin to let go of the old behaviour and try to find more creative ways of meeting her needs. I want to stress that I do not support the behaviour itself but the real historical reasons for it. I also want to stress that by support I mean genuine engagement with the client and her reality.

At this point phase 2 has begun. Usually when an individual has begun to contact her hope, she simultaneously begins to contact her resistance to that hope and then the early childhood experiences which caused the blocking of that hope. This begins when she gets in touch with what she needs and wants in the present, feeling her resistance as she does so. Finally she remembers and re-experiences the early traumas where her needs were thwarted and confronts her decision to bury her needs, feelings, perceptions in order to survive in a world where they were unacceptable.

Thus Phase 2 was much more concerned with the patient's past than was phase I. I encourage the client to experience her feeling in the present and generally find that she will move from there into the past if she needs to go there.

The individual, knowing what she wants, must now begin to create her own life. In order to do this she must first realize that she is an explorer without a map, that what she is attempting to do will not receive the support of society at large and that she will probably fail greatly at first. Her ability to tolerate failure is critical, as she is actually working to create, in the process of her life, totally new ways of loving and working. She will feel far more inadequate than she did when she was running her life in a more or less prescribed manner and accepting more or less prescribed definitions of love, happiness, sanity, etc. and she will feel inadequate for she is doing what she has never done before.

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