



## A Client's Rich Psychotherapeutic Journey – Part I

Wendy Clayton is interviewed by Richard House

**Richard House [RH]:** Wendy, I'm excited to be entering into this interview with you. Therapy as a practice, and as an institution, has so much to learn – that it needs to learn – from clients who think deeply and critically about the therapy process. I think it possible that therapists easily forget that what a therapy process looks like from their perspective is often quite unlike what it looks (and feels) like from a client perspective. And so the sharing of therapy experiences by clients is of great value in helping us understand the therapy process – its joys, mundanities and vicissitudes.

Perhaps we could begin by you saying something about yourself – what feels important or relevant to share – and how you ended up going into therapy.

**Wendy Clayton [WC]:** Hello Richard, thank you for giving me this opportunity. How I ended up! Well, at times I did think that was how I might end up – in therapy! Where to begin? I think it is perhaps important to say not only where I was in my life, but what my image was of myself. I felt strong. But that, I think, is the feeling of being alive. Whether I was really strong in the sense of having a fully developed autonomy might be another question. Though – truth to say – others regarded me as such.

I taught English and general subjects, had ideas on education, was married with two boys – off my hands at university. My parents had both died that year (1990). Now I felt at liberty to follow my own path, with a husband encouraging my ventures. This took me to Geneva to live at the Krishnamurti (K) Centre, and teach English to earn a crust, while

researching the possibility of founding a school based on the Krishnamurti philosophy.

As I left, my family I shed a few tears, which were the most cleansing tears ever. Strange! But I needed to cry again a few days later. And again. And so it continued. For seven years – can you believe? Though I was what you might call 'enjoying' what we were trying to do at the K Centre, really I couldn't ignore the feeling that there was nothing. Nothing I wanted, nothing I wanted to do. With these feelings I left for home after only seven months.

Life at home carried on normally, if it can be called 'normal' to fit one's life around weeping episodes. Which we had to do. You will notice the change from 'I' to 'we'. For on returning from Geneva I found that my twin was having difficulties too, and I said to her, 'Just cry'. So, she did, and so it went on with both of us. It was perhaps after a year or two that the more esoteric happenings began to occur. There were trances and meditations where we were compelled to sit and undergo whatever this force, which had begun in tears, brought up. I can't – just cannot – describe the extremity of what was happening, but it was as necessary as breathing. There was some 'thing' which pulsed rapidly. It could be felt spinning in particular areas of the body (chakras, or energy centres, which I had vaguely heard of, analogous to nerve meridians). This thing then travelled up the body with a life of its own. Up the spinal column, base chakra, sacral area, the heart, through the throat, the pineal gland and the crown. At times, there felt to be chakras spinning in every centimetre of skin on the hands. For me, when a session began I was compelled to push as if I were giving birth, first

from the perineum, then the sacral area and so on, and finally as if I were giving birth through my nose and head – reaching these latter areas only after years. It seemed that something in me was attempting to give birth to a new way of being in the only way my body knew. My twin also went through similar experiences. She fell into yogic poses, poses she knew nothing of, felt/saw fire streaming from the pineal gland.

A couple of witches, you say? – well, the up-side of experiencing all this is that it renders you more broad-minded, makes you think – ‘There are more things in heaven and earth than we can dream of’ makes you feel there is all this, all this ‘something else’, such depth and breadth in the universe, such forces, as well as little me. But then you realise it is little me who has to take charge of all this – this seemingly huge something other. However, we didn’t take charge of it till it was almost too late. Did we encourage it? We tried not to repress it – to stay with it, as they say. Feeling much better than I ever had (and at times much worse) seeing beauty such as I’d only glanced before, and feeling such love, and having, particularly my twin, a desire to serve, we thought it was a good development.

You see, Richard, things came to us, things we ourselves couldn’t make happen; we had been shown another world. Therefore, we thought it was a transformational process attempting to rearrange the psyche in a more mature configuration.

Had I been misled by my own feeling of strength, my own sense of life? This thought pulled me up short – not at first, not when the crisis first crystallised, but much later when survival was more certain. It had me think, this force and me, are they two things or one? – that is, are they separate? At the time, however, I floundered. It had been spontaneous, natural. There is the saying, ‘Flow with it’. I had done so – and got into a mess. Was I naïve? A fool? Who knows, who knows anything? I can only conclude that ‘flowing with it’ is the reaction of a repressive society. Krishnamurti tells us that there are no experts in the psychological field, and we must think for ourselves. I felt I had been

doing so until something real hit me. This made me more of a searcher than ever.

So, though I may be a fool, I say, ‘Set you down this and nothing extenuate’, as Othello said, laughing at myself, for the preposterousness of my words filtering down through posterity. But not shirking judgement I lay it out for anyone interested – professional or lay – so they may ponder whether or not spiritual/transformational/kundalini processes are pathological – and their thinking may make fertile a field not thoroughly irrigated.

Anyhow, I carried on until I couldn’t. My life had become a shrunken vestige of its former self, my withdrawal so insidious. Then with a viral infection, I broke. Then came the rallying. Searching the world for help. Researching it, trying to regulate it, to live with it. That took another four years.

Enter therapy. Misplaced or not, my sense of self was still present, and I had the knowledge of being capable of enduring much. I felt equal to the therapist in the sense that I was a human being, i.e. I could think. I went because I was afraid of the interminable cycles of pain, wanted someone with me, wanted help – of what kind, I had no idea. I expected her to listen and enter into what was happening to me. Little did I realise that it was me who had somehow to pick up what she expected of me. And I did pick it up. So how could that kind of *indoctrination* take place? As I said in my book [reviewed in this issue – ed.], this is not only about therapists accepting the passed-down speculations of their model, nor about such as me becoming conditioned by transformational ideas: it is about all of us.

**RH:** Phew. This is an absolutely riveting sharing, Wendy – thank you. I’ve not worked as a therapist for many years now, but you sound like the kind of client I’d have been delighted to work with when I was practising.

There’s so much I’d like to pick up on from your description of your process. From what you describe here, I think I would have seen my primary task as being *to have been fully with you* in an unfolding process that neither of us

understood, but from which the understanding of it would have emerged as a result of a successful-enough *staying-with*. Or not!...

That's one of the features of so much therapy that I would take issue with – i.e. that cognitive, rational understanding is assumed to be the pinnacle – the appropriate end-goal of 'successful' and 'effective' therapy. Well perhaps for some clients, that **is** the case – but I don't think we should assume that this applies to **all** clients and what they bring to therapy. Sometimes a mystery needs to remain a mystery; and to force it into a neat box of analytical interpretation not only misses the point, but at worst can do a kind of 'soul violence' to the client and their process.

I guess this might be the main gripe I have with psychoanalytic and psychodynamic approaches to therapy; so the 'skill' of the therapist then becomes that of knowing when it's appropriate to offer interpretation and strive for analytical understanding, and when not to, and to stay with the mystery in a kind of 'communion of mutuality' (to coin a phrase). I do wonder how many therapists have such nuance and subtle ability. And I'm wondering whether what I'm saying here resonates at all for you, and your therapy experience.

Very much in the spirit of what I've written here, I do wonder whether what you're describing here is a kind of Kundalini experience (House, 2001) – and one which it is all too easy for therapists to falsely and inappropriately 'psychopathologise' and view as a 'neurosis' to be cured, rather than as a necessary unfolding process to facilitate and *be with*. When you write that 'we were compelled to sit and undergo whatever this force, which had begun in tears, brought up', and 'something in me was attempting to give birth to a new way of being', that sounds for all the world that you *intuitively knew* that this was a necessary process that was unfolding and needed to be nurtured and held, rather than changed and 'cured'.

What your story also brings up for me is just how important it is for clients to find the 'right' therapist to work with – or at least a 'good-enough' one. Because of the power difference that is built into most, perhaps all therapy

relationships, this suggests to me how important it is for therapists *themselves* to know when they're just not the right practitioner to be working with a particular client, and then to be able to discuss this with a client without the client ending up feeling blamed for not being 'a good client' – or else thinking that their 'problem' is so big that this therapist can't cope with them. This in turn calls for great humility and sensitivity on the part of the therapist. To give a rather crass example: if a client who is on a 'transpersonal' / spiritual journey ended up seeing an atheist psychodynamic or CBT therapist, one hopes that the therapist would possess the wisdom and insight to refer the client on to a therapist far better equipped to work with such issues.

Now I don't want to get into the territory of criticising another therapist and their practice; but the alarm bells did ring for me when you write that 'it was me who had somehow to pick up what she expected of me'. This sounds very similar to the comments of other client-writers about their therapy experience that I've read (House, 2003) – that somehow there are 'rules' in a therapy relationship – and the therapist either tells the client what they are; or if they are psychoanalytic, they leave you to wallow in the not-knowing and they then interpret the resulting 'transference material' that comes up for you (or what I call 'material-generation' in my 2003 book). I must say I can't bear either of these! – and I would want to openly co-create any 'rules' we felt to be necessary – as you say, feeling 'equal to the therapist in the sense that [you were] a human being'.

Well you can see why I gave up being a therapist, Wendy – I talk too much! ;-) Please pick up on anything in the above that speaks to you – or perhaps more importantly, that you disagree with!

**WC:** Well, Richard, the length of what you've said is going to be nothing compared to the length of my answer. It has really got me going. The question about kundalini and health-driven processes and/or pathology is particularly welcome. I've read quite a bit of the literature regarding this. It is fascinating.

It is also a prime example of duality limiting our thinking. However, after all these years of putting that question into abeyance, if not denying it, your question was wonderfully affirmative.

I would like to make it clear that when I speak about conditioning or duality, I am talking about all of us; just as many psychoanalysts wouldn't consider psychotic symptoms to be indicative of anything but trauma, many Christians wouldn't think the experiences of the saints were anything but God-given, as many Krishnamurti people, theoretically open, couldn't countenance the mystical/psychological process Krishnamurti went through as being pathological. I think this is all of us, not only psychotherapists.

My twin and I did liken our experience to Krishnamurti's, but were careful not to mention this to anyone else! We travelled to India to see a friend of his, Vimala Thakar, a well-known teacher in these circles, who went through such a process. She said we were in a line from K to her to us, and that we must write about it. I don't think I ever told my therapist that because it seemed to be inviting a certain diagnosis. And I still retained a not-knowing stance. I did tell her, though not at length, about Krishnamurti's teachings, and gave her an excerpt to read which she said she didn't understand. I didn't insist. Which might imply I didn't exist – in some sense – only the infant, the unconscious, the past seeming relevant in the consulting room – strange when integration implying a desire for wholeness is therapy's goal. Anyhow, I wasn't interested in changing her philosophy; my focus was on relief of pain, and knowing about kundalini processes seemed the best way of helping her to help me.

To have all that, not exactly trashed but put to one side, and now, suddenly, this therapy, *was* reality, not simply my reality. It really was like a bulldozer – inexorably wiping away all that lay in its path. This made a break in my lived experience. I went away from the kinds of thinking I had been doing; it was as if it were a book I laid to one side. Previously, I had thought I was on a transformational journey. But in this therapy, this wasn't even considered; just being

there meant there was something wrong with me. So now I had to consider that I was mentally ill, which wasn't too difficult as I couldn't easily function, and was in dreadful pain. Thus, my idea of spiritual awakening had to go into abeyance. Which compelled me to understand the theories that were judging me in this way. I also wanted to find out what she was trying to do with me, and chuckling to myself, I would like to say that I ended up understanding the therapist! So, it seemed like a break – but perhaps it wasn't, for eventually it fertilised further search into the nature of the self. And ultimately I managed to synthesise my explorations – prior to and after therapy – which some clients may not have been able to do. And you know, Richard, she wouldn't have wanted to cause a break. She liked to think of it as a digression, which was some acknowledgement of my reality. And she was correct, it was just a digression. But, really, in the beginning, she just behaved as if her therapeutic area was not solely one small locality of world-understanding, but the whole world – and didn't everyone know this.

So when all is said and done she did oppress me. And we're all pretty much the same in this lack of broadness. We are thrown into the world without knowing anything and have to find out as we go along: trouble is, we impinge on others – all of us. She wanted to give me a certain security. How she could think that was the way to achieve it, I don't know. But I have to excuse her. I do not, however, excuse the wrong-thinkingness of a model that can bend itself into believing you achieve security by such means. And I find it hard to excuse individuals for not calling this out. For even though my therapist wouldn't have wanted her reality to dominate mine, it did. She did. For a long time. Because her model told her to bring everything into the orbit of the transference – the hinge – with its intention to create separateness.

Part of the break in my lived experience was my anticipation of equality and co-creating the rules, as you said, Richard. That wasn't how she saw it. She continued to do her number. How demeaning to self-confidence? How contradictory when empowerment is the name of the game. Still, I could never think or act in any

way other than being equal and co-creating the rules. Of course this caused conflict. My doggedness battling away at her like a fly against a window-pane, which persisted throughout the therapy. And despite all of this I never lost my belief in the possibility that what may appear as pathology may be the intelligence of Life seeking to rearrange the psyche. (Which does not mean the psyche can never become ill.)

Therefore I persisted in the necessity of her understanding kundalini processes. However, I did accommodate to her way somewhat in the end, succumbed due to the transference – until I could succumb no more, and left the therapy.

So – if only I had known you then, Richard! Because I did need to be stayed with! Yet I *did* feel stayed with, eventually, and it was good but sporadic. Could this have been that being a twin, it was me who knew something about *being with*? But considering the relentlessness of the therapeutic po-face, it is astonishing I did have that experience with her – an experience which taught me what it was to be stayed with. It was there, under all the nonsense. It was a high value of hers, I'm sure. Which she did well – to my naivety.

I question myself hugely as I say all this, and wonder if I am just trying to be fair. Yes, that's part of it. But as I ponder, I think that in the first part of my therapy I wasn't really stayed with at all, for she was working very hard to create a transference. For instance, it took two years for her to relax her *adhesive resistance* – and open up sufficiently to do some research on kundalini. Later, however, after much resistance on both our parts, a little of each other flowed into each other, and she entered into my activities, if not my thinking: she looked at my drawings, listened to my poetry and singing, and looked at musical scores with me, and took panic phone calls as a mother would. We exchanged books and papers, but it was all about her model, not about my philosophy.

Therefore, I was not *fully stayed with*. She didn't know me; she knew a part of me; a part that was partly created by us together; of which only a part was real – my huge demands, my needs were real. But I do wonder how much she knew

me, the adult, my philosophy, that which had grown out of my early history. I'm sure she had good intentions, which were hi-jacked by being conditioned by a model deeming itself the panacea of all ills – one need look no further. Perhaps she did question herself somewhat. But she continued to enact the mother – looking at me with that intentional transference gaze. The regard. Which is something, perhaps, when previously you haven't been sufficiently regarded. So was it all or nothing with me? No, it was all or *something* – for by then, I had formed a transference to her. In mulling this over, I see in a journal of that period that I wrote, 'I come away and as so often feel I am not in a relationship where the other is engaging, i.e. in full relationship, but rather an untouchable density, where I need to experience flowingness of meanings'.

To carry out her number she encouraged me to indulge my child and thus create a mother in my imagination; 'Are you liking the snow; do you like getting mucky when gardening?'. She was conflicted. Theory urged her to create a mother/child scenario. Another of its strands told her to stay with the client. But how could she stay with a client in adult mode talking philosophy and suffering, a suffering not of the usual kind of inferiorities, envies and grievances taken to therapy? I think she did well here not to make me feel negated. Or perhaps that was the strength of my sense of self – or the gaze – or the transference. Nevertheless, still I demanded that she pay heed to what I said I wanted.

And these usual issues – the interpersonal grievances. To the psychoanalytic mind these are thought of as stemming from trauma or from the ambivalences intrinsic in not having reached 'the depressive position'. Both issues which give the therapist free rein to do her number, indeed, like painting by numbers; to put you through the wringer of accessing the trauma/grievance, of taking you back to your deepest infantile needs, to foster your dependence, your clinging, but to cast you off in the end on to the path of so-called maturation – whether a loving one or not, despite having spent your first six weeks in an incubator, possibly cast into primal dread.

And if you don't have a story on which to hang your trauma/grievance, the therapist will assist you in 'discovering/creating/accessing' one. 'The work of psychotherapy is to find "stories" that correspond with experience' (Holmes, 2001). For instance, she confided, 'When my son is in bed with me, he says that placing the soles of his feet against me gives him a feeling of security'. Here, you are being manipulated into being jealous, being shaped, and shaped to fill the bill of the psychodynamic model, for these are the kinds of problems psychodynamic therapists are used to and are trained to deal with – they haven't bargained for spiritual or existential issues, so in effect, you're being coerced into fitting their agenda, into making the therapist feel comfortable and successful. She attempts to create jealousy in you, if successful, and she then interprets that this is the basis of your problem, and as such constitutes therapeutic success. Holmes explores quite well the dangers and benefits of searching for a therapeutic narrative that 'might provide a satisfactory fit with experience'. To me, however, playing around with the feeling-truth of people in this way seems dubious and open to abuse – something of a parlor game. Take this, example: when I was five I had a doll I didn't love. Klein would have plastered me with some daft oedipal envy, the intra-uterine knowledge of parental coupling, as if I knew the silk and milk of mother's breast already. The doll's blue relentless gaze would be a glare; deadliness of battle projected outward. When in truth it troubled me greatly that this doll was dead.

However, more than all this, the practice of hanging a trauma on to a handy peg shows a belief in projection – that feelings/thoughts have to be anchored in the world and its happenings; anything less is symptomatic of psychosis. And, yes, that must be so. Yet I think there is a layer of subtlety in psychological life not addressed in the usual interpersonal grievances of psychoanalysis, grievances which sit on a crude basis of polarity – love/hate. Here, there is no acknowledgement that a client may be aware of the silence/space prior to, during and at the end of a thought, the space underlying all things. You will understand that this state of awareness imparts a different perspective; a detachment or

neutrality that one cannot possess when one is close up to the doings of the world. As such it would result in a client not behaving in a reactionary manner or being able to express reactions in a milder way. However, such a capacity may be seen by psychoanalysts to be avoidant or autistic because they don't realise it is possible to have these kinds of close-up reactions whilst simultaneously maintaining a broader understanding. And certainly, a mere client couldn't be seen to possess such traits of maturity, otherwise why is she here? So this maturity is misperceived, and called by another name. I had taken Krishnamurti's teachings seriously for decades, and perhaps it showed.

Would it ever be considered that a client's anxiety might be awareness of space itself – of nothingness? Though a client will be encouraged to *stay with* feelings, they would not be encouraged to stay with space. Here – as with the dead doll – we see the limitations of models unable to think in a transpersonal way – which is important in how the model shapes the treatment of the client. However, my therapist did acknowledge that I may have attached to the space of incubator-consciousness – as the Romanian infants had certain attachments. And I think I did get a hint that she did appreciate the authenticity of my experience of space and beauty. Of her kind, she was good – I think. Most would probably have said denial or avoidant.

When you consider all this it seems there are intrinsic muddles. We are encouraged to project on to the therapist as if she is a mother. Then to wrest us from our projections and its resulting dependence we are insulted, 'You want to sit on my knee, don't you'. And, 'You feel repulsed and tantalised, don't you?'. (She did actually state/believe that individuation did occur partly through the pain inherent in the mother/child relationship – No! I don't agree, infants/life see and goes outwards through curiosity.) But then, when finding a narrative for trauma, there is tacit approval of projection. In quite rightly assisting the client to drop inappropriate projections and yet adopt a near-enough narrative to the trauma, there lurks a suspicion that projection is OK really, as long as of the right kind. In addition,

there is also the imperiousness of judgement – also tacit.

Such enclosed thinking leads to the absurdity apparent in the following paper by Edna O'Shaughnessy given to me by my therapist (O'Shaughnessy's collected papers can be found in O'Shaughnessy, 2014). It is about a twelve-year old boy who is unable to tolerate the absent object/mother. Shaughnessy said,

I asked about his drawing. In his customary halting speech he said, 'It's of England and France who were once joined. Then a volcano came, and they got separated. The middle bit got sunk, and now they're like this', and he showed me with his pencil how each of the four rings was mismatched at the sunken bit. I said, 'You feel you and I are like England and France, that we were once joined. You felt us to be joined till I told you we should be stopping for Easter. Those words sunk into you like a shaft in the middle. And then you simply stared at me. I think when you stared at me you were seeing me as a bad going away breast, and then, with a volcano from your eye, you felt you dispersed this bad breast out of your sight and into me.'

I wonder if O'Shaughnessy asked what the boy had been learning at school that week. For it seems to me that immediately the boy walked in she adopts the mind of small-town-psychoanalytic-thinking, e.g. '...literally, he stepped out of his own shoes, left them at the door, and then entered the play-room, in phantasy stepping out of himself...', in this way eschewing the possibility of other thoughts being in the boy's mind, such as habitually taking off his shoes when entering a room. This omnipotence of expecting a young boy to relate to her inbred language/attitude seems typical of analytic complacency, sheer arrogance in the rightness of its theories and mode of application, for she was saying this after only two or three weeks – four sessions per week – of knowing him. Similarly, I once met an analyst who almost immediately on knowing me began to mourn our parting.

Are therapists really looking outward at all? Was my therapist? It took two years for it to seep in, two years for her to discover another therapist

who'd written on kundalini and the chakras. Didn't she believe *me*? Two years to resolve the hold her beliefs/conditioning/neurosis had on her – the money! Yet this was a great thing to do for a therapist, for any of us – to learn and to change.

It surely illustrates, however, the inwardness, the lack of openness of this kind of therapy. Take the function of the supervisory role which, of course, is necessary. But is it really to provide a neutral mind on which to throw one's therapeutic doubts? Or is to reinforce dogma? In effect, does it not enclose and perpetuate the beliefs of a self-created, self-regarding club? It seems to me it is not possible to work in a psychodynamic way without possessing an attitude of anthropocentricity amounting to omnipotence.

Why did I stay in this therapy? I was a newcomer to therapy and knew nothing about all this, and I liked her. Slow, as I clearly was under the sway of the transference, only in retrospect did I realise that in its intrinsic nature analysis couldn't deal with my problem. Also in noticing that compared to my twin's therapist, some ten years older than mine, mine seemed less traditional, therefore seeming the better bet. For instance, she didn't explicitly interpret much – though tacit judgements were apparent. And though she had me try CBT, which I soon gave up, she didn't believe that rational/cognitive knowing was the full solution. She believed in reparation for early life deprivations, and wanted to nurture. So I, believing that I was on a transpersonal journey (which will always bring up personal problems), was sent to CBT, just like your 'crass' example. Which shows how at sea I was with therapy.

From the above I think it is clear that my particular therapist, in eventually coming to take an interest in my activities, was of the newer relational paradigm of psychoanalytic theory, while, it must be said, was simultaneously adhering to some of the concepts of classical psychoanalysis. This older model applies to psychology ideas from scientific mechanism which states 'that an entity is what it is – *entire and complete, always keeping its own character, and is thus independent, external and separate to*

*other entities*'. This encouraged the therapist to model distance and independence as the ideal for the client to adopt. For example she said, 'I can't feel your pain', and 'I'm not devastated', using lack of empathy to engender psychological separateness. In this way killing off the idea of empathy as a value.

How would these evolving models influence treatment? The classical mode results in the po-face, in the eschewing of clients' stated needs and pre-occupations. The newer model would favour more of a sharing. In my therapy there was an assumed eschewing of my stated needs in a verbal sense while some enactment of response, e.g. in response to my panic telephone calls. I want to say a little more about this because you seem to think that analysis favours intellect over feelings. By definition, '*analysis*' would appear to imply use of intellect – where the therapist interprets the client's behaviour. In my therapy, however, that didn't happen much, I don't think, although she wanted to talk all the time psychodynamically, i.e. about our relationship. I found that feelings were encouraged – till they became too extreme.

You mention soul violence. It's intrinsic in the model, no doubt about it. Look at Winnicott's, 'If all goes well the infant can actually come to gain from the experience of frustration, since incomplete adaptation to need makes objects real, that is to say hated as well as loved'. Was he just poor at language, or did he really think babies and hatred should be spoken of in the same breath? I do wonder if all this was too much for my twin.

So I write a critique. Because, though she was a good, conscientious therapist, the underlying tenets of the model were obvious, with much not human in it. I saw this more clearly in the utterances of my twin's therapist, 'You'll find no comfort here'. If we cannot comfort one another for the human condition, what of worth is there? As well as this I read other critiques, and saw it in groups and conferences.

The higgledy-piggledy digressions above will hopefully show the awfulness of propagating ideas of separateness – empowerment *over*

others, 'What's in it for you?', one therapist said – how ugly, a separateness arising from the ridiculousness of applying mechanism to people – living, breathing people. I also hope it demonstrates the impactions involved in the evolving psychoanalytic model resulting from the out-of-date model based on separateness mixing with the newer paradigm of relationality. The underlying philosophy has to be clarified to minimise difficulties in working practice. Considering these complexities, it shouldn't be too humbling for professionals to admit the challenge and listen to clients. But would this foster a loving, respectful mentality – a tenderness which doesn't have to think too much about theory? To do so would be the loving act, wouldn't it? Then we will forgive. What an amazing question to bring about my re-appraisal!

**RH:** There's so much richness in what you've written, Wendy, I barely know where to begin: my next question can't begin to do justice to it, so I'll just pick up on a few points. I'm delighted to read about your engagement with J. Krishnamurti. I know of one important paper (from decades ago) on K's relevance to Psychology (Butcher, 1986); and someone certainly needs to write a book on the relevance of his teachings and worldview for Psychology and therapy practice.

You mention *duality* quite a bit (e.g. how it limits our thinking), and separateness – a key focus of K's spiritual teachings, of course. I realise what a huge philosophical question this is – whose limits are to some extent defined by our current level of human-consciousness development, and one beset with paradoxes a-many, too. But I'm wondering where your thinking is now on duality and non-duality in relation to the practice of therapy – and what practitioners need to start thinking about in relation to this question, which might help them to become better practitioners. As I've said and written many times over the years, it's vital that therapists (and therapy as *a practice*) be open to learning from clients' experiences and insights.

You also got me wondering... – just how many therapists' 'good intentions [are] hi-jacked by the model deeming itself the panacea of all ills'?



What a brilliant module that would make for all counselling and psychotherapy trainings! And I can also imagine a training module with the title (using your evocative words): ‘If we cannot comfort one another for the human condition, what of worth is there?’

What for me is so beautiful in your description of your therapy experience is how nuanced and fair-minded it comes across – conveying the impossible complexity of it, and the (inevitable?) ‘mixed-ness’ of the experience (some positive, some not). (Just one example – ‘She was conflicted. Theory urged her to create a mother/child scenario. Another of its strands told her to stay with the client....’) I think it’s great that you were able to hang on to the conviction that ‘what may appear as pathology may be the intelligence of Life seeking to rearrange the psyche’, and that you were able to demand that your therapist pay heed to what you said you wanted. It might say something (very?) positive about your therapist that you were able to do this, even in the light of such views not perhaps cohering with her own worldview and approach.

You refer to ‘the limitations of models unable to think in a transpersonal way’, with ‘the model shap[ing] the treatment of the client’. I think it’s impossible to exaggerate the importance of what you’re saying here. You refer, relatedly, to *the importance of space*, which I think is also massively important. Can you say more about space, and why the way in which it is managed (or not!) by the therapist is so important?

You also write, ‘it shouldn’t be too humbling for professionals to admit the challenge and listen to clients’; amen to that! I find myself wanting to ask the question; If you could give your therapist unexpurgated feedback on how she was in your therapy – e.g. what, in retrospect, you found helpful, and what unhelpful – I’m wondering what you might say. I’m very aware that this could be a difficult area to get into, and there are surely ethical issues involved when inviting someone to speak of their therapy experience in this way. So please only engage with this (possibly over-intrusive) question if it feels OK to, Wendy.

I also find myself thinking that it might actually be a very useful addition to the therapy process – for example, for a client/patient to come back for a free session a month or two after the termination of the therapy, to give feedback of this kind to their therapist – whose task would be to *listen, receive and learn* from the feedback. If I were in therapy, a therapist who’d be open to this procedure would be the kind of therapist I’d want to be seeing.

So as last time, do pick up on anything I’ve said, or not said, here!

**WC:** Thanks so much, Richard, for your generous responses and for giving me a voice. It is very affirmative.

It could be useful returning to a therapist after some time, but with a strong attachment such as I had it would take much longer than a month or two, I should think, for the attachment not to be activated. In any case, as you realise, it isn’t the therapist I want to critique, it’s the model. I think my therapist *did* question herself – somewhat. When I used to tell her things that my twin’s therapist said, such as titbits of compliments like handing out sweets, as well as the awful, ‘You won’t find any comfort here’ and ‘You can’t force people to look kindly on you’, surely she must have pondered.

Psychoanalytic therapists seem so indoctrinated in sticking to the model, apparent in the O’Shaughnessy case mentioned before, so rigidly adhering to language and concepts coined in the nineteenth/twentieth centuries, when breast-feeding perhaps was in fashion, and then a therapist still using the out-dated example with me in the twenty-first century, as if there had been no further thinking. In that paper there appeared to be an assumption that this, the psychoanalytic understanding, is a timeless understanding – and as such the client will comprehend it. Losing sight of reality is called madness. Why can’t she just say, ‘You’ve got used to me, a bit attached and glad we’re addressing your difficulties, which makes you scared of being left alone with it now’. And then ask him if she is right or wrong, instead of stating it like some God on high? To do so would

suggest a different balance of power, of course, which she doesn't want to do because she believes in her interpretation, and thinks she is merely making it conscious for him. Her tone, however, is suggestive of indoctrination, of putting ideas into him, as if this is the only possible scenario. What she has done here is to assume a position of power and feed her ideas into the client. Instead, why couldn't she talk to a 12 year-old client as if he had a 12 year-old mind? Why couldn't my therapist talk to me as if I had an adult mind and say something like, 'Is this bringing up feelings of wanting to be close?', instead of humiliating me with, 'You want to sit on her knee, don't you?'. However, enough. She's human, and would slide into her model in the ways we do slide into things. In any case, there was the good part of my therapy.

Still, you realise that people are not really thinking when they use a model based on scientific mechanism which states that 'an entity is what it is' – 'entire and separate to other entities'; with identical twins – a marriage from birth. For a singleton therapist to take on the task of individuating or separating twins is a huge task, she must be able to put herself imaginatively into another's place. This is a bond beyond imagination. Only the ineffableness of a centreless centre could possibly hear its whisper.

To ponder on the possibility of a centreless-centre takes me to your comments on space. It seems difficult to think about space in relation to a model that has a stance, particularly a stance made up of extreme theories. A well-intentioned tenet of that theory is neutrality. Space is implicit in neutrality. This must be so difficult to practise, and I'm sure my therapist did her best. But rather, I think, with the best of intentions, the practitioner sets about 'doing' neutrality. I think, as it turns out, one of the uses of neutrality in the therapeutic setting is to mimic the gaze of a good mother; thus space/attention is being utilised as a commodity, turned into a tool, so it isn't space, is it? I have noticed in therapeutic circles that the space of attention is regarded as territorially as a dog on its own patch. To bring awareness to these oh-so-human tendencies, training would have to include a module on *being and doing states* – where awareness is the key; the very

seeing of oneself consciously trying to enter into a *being-state* could then lead to the dropping of that action, of action per se; 'Seeing is the action'. This then must be right action. This Krishnamurti insight is basic to his teaching. For action to arise from perception is very different to action arising from ideology. As well as this, there surely must be an awareness and some understanding of different models. This must impart a lack of close-upness (space) to one's own creed that reduces dogmatism. This space or looseness of identification with theories may enhance the therapist herself with a spaciousness which may rub off on the client – a value in itself – which may additionally model for the client a worthy lack of ego-centricity.

It must also afford more resonance and strength to the therapist's words and deeds. And surely it would bring greater humility where theorists realise that their knowledge must always be limited, holding good only till the next discovery, say, in development psychology. I don't see how any space can enter therapy without awareness rather than ideas being the fount from which action springs.

Such an approach may appear to weaken therapeutic authority. And people do want experts/authorities, not only people in difficulty. It gives us security (even with all my Krishnamurti background, I wanted and hoped for an expert to rescue me from pain). Now, though, at this age and after all I've been through, I think in the area of psychology there is no authority, and we mustn't give such power to anyone.

I am not suggesting that we do not need help in human living; we have a psyche and we don't want it to be a poorly one. Is it possible to help without such an assumption of power? How to doubt (theories) while practising? – arduous. Could it be possible for therapists to look on themselves as being no more likely to be right than a good friend? Of course not; no-one would accept such a diminution of power. Here I think of Co-counselling, which is a therapy where equality is practised and each of the therapeutic couple takes turns and swaps roles. This is good for some issues.

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Why should it all be so complex? Gaining professional status through alignment with science in order to help others; bending one's mind to spurious creeds so as to belong, and to be professional. A guiding light might be to keep humanity as your bottom line. Then many inequalities are modified if not eradicated. *I say all this while having some apprehension that it must take enormous skill and understanding to do a good therapeutic job.*

Clearly the success of the above must lie not only in philosophical underpinnings but also in scientific ones, rather than the speculations of the so-called theories of old. These philosophies must have to be practised while keeping in mind that, 'In the 1970s some physicists discovered that what they saw in their experiments strongly depended on what they decided to measure and on a given frame of reference' (Bohm, 1985). Whenever I consider this, I always wonder how much the therapist is all the time subliminally suggesting expected behaviours and outcomes to the client, almost projecting them into the client. And undeveloped, culpable creatures that we are, we as clients probably look for such suggestions and regard them as guidance.

I think I may have made space appear to be synonymous with open-mindedness, though I feel it is much more than this. Open-minded is being open to other influences, whereas I think space is its own nourishment, where problems dissolve. Love and allowance are part of that, perhaps.

So, Richard, when you ask what I might say to my therapist, there is something I mightn't say but would wonder if she has seen it differently since it took place. What happened was that being interested in existential approaches, a couple of times I went to see an existential practitioner whose books I'd read. She invited me to join a weekly spiritual development group consisting of four therapists and one other client. This session fell on the same day as one of my therapy days. Angry that I was 'going elsewhere', my therapist refused to replace my lost session. She could see this as nothing other than personal betrayal. There was no allowance for my wish to branch out; no allowance for this

being a coherent progression of my interests. Had she known me as an adult she would have had more understanding. And for all her theories, she couldn't liken it to the strivings for autonomy of the infant. I wonder if she has ever faced the implications of her attitude: that she couldn't allow for growth on my own terms; clearly, she wanted to control me – somehow feeling better if I was dependent. In the duality of therapist/client, along the continuum of superiority/inferiority, she didn't want equality, she wanted to be the authority. Owing to my attachment I had stayed with her up to then. Now I couldn't believe in any depth of caring, however hard I tried. To continue with her I felt would leave a scar on my integrity for ever. So I thought about it for a month. Then I left.

So when you ask me what I would say to my therapist, to all those who believe that frustration leads to development, I'd say: the other day I noticed a baby lean across the table to grasp its mother's handbag. Mum noticed and pushed it right up to the baby, who then didn't seem to know what to do with it. Watching this, it seemed that even the impulse of desire had hardly reached fruition in the baby's mind before the movement towards the bag had begun – that is, the seeing of the bag was integral with the movement towards it. Then it seemed as if getting the bag, without completion of the infant's own volition, actually prevented the awareness of desire coming to consciousness – evident in not knowing what to do with it. Thus the laying down of memory/knowledge about desire, challenge and agency didn't take place. So, yes, I think, not that frustration leads to development, but that life, curiosity, intelligence, self-preservation are the salient factors. I think the dictum on frustration is poorly understood, which leads to disrespectful treatment of clients. This is where awareness is important – where one really observes such situations and thus learns for oneself, which would result in both therapists and clients having the capacity to question self-appointed authorities.

I feel angry at such ignorance, ignorance clothing itself as professionalism; anger at therapists who say, 'Oh yes, Haydn', when noticing the name on my music score, but

mispronouncing it as Haydn instead of Hydn, in a pretense at knowing who he is in order to show a unity with me, a unity not real; angry at a therapist saying, ‘Oh we’re not for the sound of the violin’ in response to my love of it – this, possibly a challenge to my theoretically anticipated unresolved ambivalences regarding difference, and with the therapists involved in the *we* ganging up in opposition. As if anyone wouldn’t perceive these tricks! I am angry at therapists who do not apprehend perceptive intelligence in others; angry at the small deceits that degrade us, and wonder if such therapists do have an apprehension of sentience. *Then I think how hard it is to get it right, and think these are small in-the-moment-deceits, and I forgive.*

But then I notice something just as important as, or more important than, the small deceits. My therapist – and we all do this – is seeing me as an object without process, an object she can manipulate. While she is watching me for my reactions, she doesn’t seem to realise that I am also seeing her. Do we, in general, see the other seeing us? To me, it seems that we are aware of ourselves as inner process, but we see others as the bodily phenomenon before us – an entity, and align the fixed body with a fixed mind. And most importantly, do we see this *something* in the mind that allows us to do that? Is it possible to apprehend that *thing* in the mind that allows us to do this? Can we find out what it is? Is it possible to put a name to it? As for my own shortcomings: why didn’t I say in the moment that I knew she was setting me up; why didn’t I stand up for my sentience, instead of going along with the role of client/child/initiated/ignorant/victim? This is how awareness has to be the basis of psychotherapy for both therapist and client. It is such awareness which will call out and break down the structures of the binary mode of thought – like reaching a cool pool on a hot day.

But heigh-ho, it might just be better to allow myself the following fantasy: As cosmic beings (getting on in age and nearer the cosmic return – this is now how I think), I would say, what an adventure this life has been. Did you manage to find a path – through the jungle? Here I would be presuming she was in my cosmic fantasy just as

she presumed I was in hers when I entered the mystique of the consulting room and became solely the infant – a being out of context. I hope my light-hearted compassion is apparent here for the formidable task we have.

But I digress and must return to the question of space. Freud said (quoted in Wilber, 1979),

From the very beginning, when life takes us under its strict discipline, a resistance stirs within us against the relentlessness and the monotony of the laws of thought and against the demands of reality-testing. Reason becomes the enemy which withholds from us so many possibilities of pleasure.’ (Freud, 1993: 33)

And Krishnamurti wondered if human evolution had taken a wrong turning. This aversion to not having a quiet mind is well-known; many people adopt practices meant to silence the mind. For me, in the strange process I went through, described in my book [reviewed in this issue – ed.], I actually felt to be becoming estranged from space/silence; estranged from the Source – a dreadfully painful separation. It was a huge happening which changed my life; and it was not from books.

Is it that we are not using the mind correctly? With people feeling such disquiet, and not only disquiet, but also separateness and loneliness, perhaps this is so. When I ponder this, due to my life-changing experiences, I can only think it is separateness from the Source – the spring of life – that causes it. This must have to do with our relationship to symbols – language and thought. I think this is the most profound problem in this consideration of the spaciousness of consciousness – being cut off from that from which we arise – cut off from space/seeing – because seeing has mingled with symbols. At birth we do not have symbols, but we do have the capacity to see, to notice; is this not the root of consciousness? If so, why do we rely so totally on the symbolic mode? Well, when all is said and done, it is the Source become conscious; what therefore could be wrong with it? Thus far, we have said that seeing is the action. For instance, it seemed apparent in the incident of the baby with the bag that seeing was the action – had she been allowed to complete it.

If she had been allowed to complete her desire, surely there would have been a laying down of knowledge – of detailed knowledge: muscle, and spatial knowledge, and a great deal more, too much to write here – that would have been laid down in memory, and built on for later use, while simultaneously formulating itself into language. This process we couldn't do without. What seems to be the problem is that we identify solely with those symbols and it fills the space that relative life (things) helps us to become aware of. Therefore we become divided from space/silence – our vulnerability, the nothingness which is somethingness, and grow frightened of these seemingly unknown aspects of living. As Krishnamurti said, 'It is the psychological realm which creates problems'. But that is where we are. We couldn't function without a psyche. In my book

I attempt to explore, more than is possible here, how our problems might have occurred.

What might be relevant to explore here in the therapeutic area is a reappraisal of the state of the baby at birth. Traditionally Freudians, prior to symbol-making, thought that the neonate was embedded in the mother and governed solely by instincts and drives which then unfold themselves. Later, the view was that the newborn was a sentient autonomous being capable of independent seeing, and therefore capable of developing in relationship – primarily to the mother. Then Lacan stakes his claim for the father. In a paper in the August issue of the *British Journal of Psychotherapy* (*BJP*, 38 (3)), just this minute received as I write this, there is a reference to Lacan's supposition of an oedipal third, which, Lacan claims, 'is space between the mother–infant dyad that is created by the father (it would be the father, for Lacan, of course!); but seriously – for Lacan it is in this space that the self-reflective, symbolizing subject is generated'. Mmm, but I would think the symbolising subject is generated by any *other* person, perhaps even by a table or a chair – that is, the infant is seeing and being impinged on by both external and internal life, and desiring to avoid the bad and seek the good, and in this way forming a self.

However, the paper continues, 'This intersubjectivity is a mode of being where each person experiences the other as an agent capable of reciprocating a desire for recognition rather than being an object of needs or drives'. While the point of the *BJP* paper is the development of mentation, what stands out for me is that space in consciousness is shown to be arising in relation to the world of things – that is, space/nothingness (absoluteness) appears to emerge from relativity; when perhaps it is awareness of things which renders us aware of awareness/space (as well as things) – that was always present?... But while we recognise the person in the intersubjective process, there is no recognition of space in the other person we encounter – this ineffable wonder of Life to which we happen to give names – a John or a Mary, or an oak or ash – we have lost.

What might the realisation of our base in nothingness offer us? Anxiety? Humility? A path beyond anthropocentricity – with the ineffable rendered effable in love. What might be born, what *is* born, in that space beyond instinct and reason? Einstein's understanding, Mozart's music. In the swing away from the notion of total embeddedness of mother and infant, some theorists say that not only is the new-born independent and seeing, but also has the ability to reason and understand. For me, this is a step too far. Nevertheless, perhaps, much may filter into the neonate between instinct and reason and the space between objects – which may be mysteriously secreted, tucked away between the leaves of the budding psyche for later use.

Surely, when it is now obvious that the self as centre has done so much harm, the task of therapy for the new age must be to recognise a different path – that is, to divest the ego of its self-appointed role as ultimate controller of the self and to adopt its true role as a centreless centre – a Janus, looking inward and outward, moving context dependently to act on the what is of any situation. This is the path of awareness, which is why Krishnamurti's teachings are important for the therapies.

I think you will appreciate how the worthy attempt to bring the unconscious of the deprived

client into the harbour of the consulting-room and give it a voice results in a weirdness – the theatre of the ‘as if’ which must be reappraised. For while the esoteric nature of the unconscious may have been an illuminating experience for young, conventional would-be-therapists from repressive backgrounds resulting in their thorough adherence to it, its mystique comes out as arrogance and complacency. Along the continuum of our binary state of consciousness it highlights the opposites, e.g. the expert at the expense of the uninitiated (ignorant). ‘I can see the bigger picture’, she said. And with a model meant to create distance and boundaries, this mystique can be used more than it should be, e.g. the therapist doesn’t answer questions, never apologises, trusting that you will have absorbed the superiority of the mystique and thus conclude that you have asked a wrong question. It stinks, really; it’s run through with distance-making becoming power-making, e.g. the word ‘resume’ is used rather than when we come back after break. And, though within a joke, I’ll give you a prescription for it three times a day, upgrading her status to that of a doctor. But My God, a joke in therapy!

The binary mode of thought and language limits consciousness to an appalling extent in the therapeutic domain, as it does in every walk of life. And though duality must be part of our packaging, categorising of information in order to function, the institution must examine itself to see how all the time the binary structure is undoing its stated aims.

All this may seem despairing, but surely, mutation is possible – today’s IT young are not the same kind of beings as the older generation.

**RH:** It’s difficult to know what to say in response to this wonderfully rich answer, Wendy – I can’t remotely do justice to it in what has to be my final question for this interview. The first thought that came to mind was that therapy trainings would really benefit from a weekend module where an ex-client spends the weekend with trainees talking about their experience from a constructively critical perspective. In my view it’s difficult to over-estimate how much trainee therapists would learn from such a conversation.

Not least, it might help trainees to really experience and appreciate why Freud was on to something really important when he termed psychoanalysis (and by extension, psychotherapy) as an ‘impossible profession’. And perhaps that ‘impossibility’ sometimes, at least, spills over into the client/patient experience, too.

Let’s make this into a two-part interview, Wendy – and in part 2, I’ll drill down into the plethora of insights in your previous answer so we can explore them more deeply. In this final question to ‘part 1’, can I ask you to say a few sentences or paragraphs to practising therapists and counsellors – and to those aspiring to work in those roles. I’m thinking – ‘If, as an ex-client, you had a few hundred words to say to all therapists, based on your experience as a client, what would you like to say to them, to help them be and become the best practitioners they can be’?

The last words for part 1 are yours – thank you for sharing your wisdom and insights with our readers.

**WC:** Phew! Richard, what could I offer to make an impossibly difficult job more possible? First I must ask myself what makes it so difficult – fundamentally. The underlying cause of these difficulties must be egocentricity. Quite a large part of egocentricity, I should think, is overly identifying with oneself, with ‘me’ and ‘mine’; *my* profession, *my* theory. Therefore I would say to trainees, ‘You can easily see this is a world problem, can’t you?’. That due to people identifying with their own creed, colour, race, i.e. with their own small part, they are ever in conflict. This seems to be responsible for much interpersonal strife, and from my experience the client–therapist relationship is not exempt.

Probably, at this stage, a trainee’s question would be, How to get rid of egocentricity. Krishnamurti says that seeing is the act – then difficulties dissolve. So seeing – awareness – must be the key. Not only of the content of behaviour, but also the feeling of ‘I’ as ego. The feeling of ‘I’ as ego is of wanting something, whether it is wanting to be right, wanting not to

have to alter course, or whatever, it is that feeling you have to become familiar with. As a main aim of therapy is knowing oneself better, self-awareness must then be the key – not only for the client but for the therapist too.

I think it need take only a few examples of the possible pitfalls to exemplify the necessity of self-awareness and self-questioning by practitioners. I would love to share with trainees what may help them to avoid these pitfalls:

- The most primary assistance must be *to keep your bottom line as humanity*. Broadening your identification will iron out many issues. So when you hear yourself saying ‘You’ll find no comfort here’, through awareness you catch yourself. You were enacting the tenet on independence and standing on one’s own feet, but lost sight of humanity and the other. Such awareness could be an ongoing way of supervising oneself, of questioning yourself and the model. You have to be aware of what you are – human – as well as a white, black, Christian, Muslim. The bottom line has to be humanity.
- Another point which will make your discernment of yourself and your model all the sharper is to stay aware of the fact that the ethos of your society will colour, even shape, your model. And, sadly, the ethos of our society is self-first, of market values being brought into the psychological area: ‘What’s in it for you?’, one therapist said. Another, ‘I owe you’; these are market values. Both statements uttered by caring professionals with Ph.D.s. How astonishing they didn’t recognise where they were coming from.
- Another factor in our present ethos which will have a huge impact on your task is the binary approach. This structures both language and also the way you think, which will pull you down into black and white thinking. This cannot be emphasised enough. For instance, a client may be undergoing a spiritual/awakening process at the same time as having personal problems; it is not either/or. In addition, problems are part of living, and aren’t necessarily pathological, but could be – look at the binary here.
- See your client as a sentient being, that is, see her seeing you, rather than viewing her as an object to be manipulated. For example, my therapist muttered, ‘He *will* tidy his room’, in an effort, I think, to diminish the transference by having me view her as an ordinary person with her son’s untidiness on her mind. She demeans me by thinking she can dupe me. Your client most likely has sufficient instinctive emotional intelligence to perceive that you’re not being authentic. Then be authentic – no tricks and techniques – wisdom rather than techniques. Understanding the human condition rather than the theory of any one model.
- Have an attitude of wonder about the client, watch the tendency to slot her/him into categories. Don’t stop the tendency, but watch, question yourself and question your questioning of yourself and thus grow in humility for what we have become. Watch out for people like me offering new blueprints!
- Know that your model is not the panacea of all ills, that the theory is in a long line of philosophies, and it too will be superseded as old hat.
- Watch for certainty, arrogance; e.g. my twin’s therapist told her I would feel murderous towards her. I saw this written in one of my twin’s journals after she had died. My own therapist said, ‘You want to sit on my knee’, ‘You feel tantalised and repulsed’. Another said, ‘You’ll find no comfort here’, and ‘You cannot force people to look kindly on you’.
- While would-be therapists might be more philosophically inclined than most, people are not natural philosophers. Thus there will be a tendency to reduce issues to the personal as manageable, and to ignore the spiritual, transpersonal as too immense, and also as too unlikely to occur in ordinary folk.
- Should therapists have been able to modify their approach with twins? Might absorbing the above points be essential for this?
- Read Spinelli’s book *Demystifying Therapy*, and Anna Sands’ *Falling for Therapy*.

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## About the contributors



**Wendy Clayton** is a twin. She is married with two sons and three grandchildren and is a retired English teacher and a published poet who is fascinated by the wonder of everything, loving to wander the moors close to the earth and sky, as well as snorkelling to explore the seas. Curiosity about consciousness led to

involvement in the work of the philosopher J. Krishnamurti, and that of David Bohm, the physicist/philosopher. Absorbing all this changed the twinship – thus entered psychotherapy.

**Richard House** edits *Self & Society* journal and its online sister magazine.