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Dreams

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Foreword

Lynda Norton (Lead editor)

"A dream is a private work of art. Like all art it is, in Picasso's phrase, a fiction that brings us nearer to reality."

(Klauber 1986 quoted in Witham)

The spring edition of 'Supervision Review' focuses upon Dreams in Supervision. We have two excellent and contrasting pieces from Jungian Analysts but disappointingly no contributions from other psychoanalytic or psychodynamic schools. This outcome poses the question, 'Is working with dreams only relevant to Jungians?" So in order to widen the debate and to address the issue of the relevance of dreams to the wider BAPPS membership, I begin by reference to an article entitled "Dreaming and day-dreaming" which is written from the perspective of psychoanalytic psychotherapy in the independent tradition.

In this article Anne Witham considers the shift in prominence given to dream work in psychoanalysis since the 1900s. I was surprised to discover that in the first 12 years of the IJPA's life the journal "devoted an entire section to the analysis of patients' dreams" (Flanders 1993 in Witham 1999 p 152) but this section was dropped in 1932. Over time, especially with the development of understandings of working with the transference, it seems that dream analysis was no longer seen to hold a unique position in providing access to the unconscious. However, this notwithstanding, Witham crucially argues, with the use of vignettes that: - ".... this attempt to dissolve the significance of the dream does not quite fit with clinical experience" (ibid p153).

It is on this basis - relevance to clinical experience - that the topic of dreams is both important and appropriate in Supervision Review. Two meaty articles follow rich in clinical and theoretical understandings, on which you may metaphorically chew. Carola Mathers' piece, 'Dreams: A precious resource' contains a wealth of clinical material and a detailed consideration of how supervisors may assist supervisees in working with dreams – especially in terms of facilitating the supervisee's creativity in playing with dream language and symbols. Amélie Noack's article, 'Dreams and supervision' takes a different tack and once more with the generous inclusion of clinical experience considers issues of dreaming about patients, the universal language of dreams and supervision as dreaming.

Finally, it is generally recognised that dreaming and creativity spring from the same source or as Khan (1962) put it so succinctly, "dreaming is prototypic of all psychic creativity" (p153 in Witham ibid). Hence the first book reviewed in this edition – by the Italian psychoanalyst Corradi Fiumara entitled 'Spontaneity' - is pertinent given that it deals with the development of subjective agency and creativity. Interestingly the second book review, "Being White in the helping professions- developing effective intercultural awareness" by Judy Ryde also

dovetails with issues raised within Amélie Noack's paper concerning the complexity of multicultural dynamics within therapeutic experience.

We wish you a restful Easter break and look forward to a bumper summer edition of 'Supervision Review' which focuses upon supervision in organisations.

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Dreams: A Precious Resource

Carola Mathers

Abstract

This article studies the role of dreams in the supervisory discourse. Aspects covered are the rationale for working with dreams, how dreams are engaged with in the therapeutic and supervisory spaces, the dream as supervisor, active imagination, use of language and the Jungian Self and individuation.

Introduction:

'I am in a theatre. On stage is a woman wrapped in bandages, it is an Escapist act. As she is attempting to escape from the bandages, their outer layer is drying into hard plaster of Paris. I feel what she must be feeling: trapped inside while the plaster is hardening on the outside. I leave the theatre in a panic, terrified by these feelings.'

My supervisee thought her dream referred to a session with a patient the previous evening. After the session ended she felt very uncomfortable and convinced she had let her patient down. She felt she had missed something vital and as a consequence the patient would leave (escape from) therapy. As we talked about the dream together in supervision, she realised she fled the theatre because it was unbearable to feel empathically the actor's terror. She grasped, in a new feeling way, her fear of being with her patients' emotions. She saw how she avoided them, by moving into her intellect, trying to fix the problem rather than sitting with it. Previously she had known this tendency in her work with her intellect only.

This vignette illustrates the power of dreams to affect us: supervisors, therapists and patients. They reach into our feelings and beyond our defences. Dreams are a precious resource. In this paper I consider how we as supervisors may assist our supervisees in working with dreams. I offer some thoughts about working with the many ways dreams are presented, how to facilitate the supervisee's

creativity in playing with dream language and symbols. I consider the importance of language and use of the imagination. My work is underpinned by Jung's concept of the Self, which I shall expand in the final part of the paper.

Why work with dreams?

Since not all patients or supervisees bring dreams, why am I so enthusiastic about them? Jung says

'the dream is a spontaneous self-portrayal, in symbolic form, of the actual situation in the unconscious' (CW8, para 505),

and:

the dream *'shows the inner truth and reality of the patient as it really is: not as I conjecture it to be, and not as he would like it to be, but as it is.'* (CW16, 304)

Therefore, dreams give us a window into the psyche, if we can understand their meaning. Dreams repay considerable work by the therapeutic couple and in supervision. Why are some dreams hard to understand? This happens for various reasons. Firstly, dream language is symbolic, and symbols by their nature express the unknown in the best way possible. So we are working with the unknown. Secondly, the patient and/or therapist may not wish to see what the dream is saying, as Jung suggests in the second quote above. Thirdly, a single dream is likely to have multiple meanings: the dream itself may have more than one message; it may be commenting on the transference/countertransference dynamic; it may reflect the process of the session in which the dream is told; and it may sometimes activate parallel process in the supervision.

How do we work with dreams?

Trainee therapists may be anxious when confronted by a patient's dream and are not sure what to do with it. Some patients, who are gifted at working with symbolic material, 'teach' the therapist how to engage with dream images. They are rather like babies who 'teach' their anxious mothers how to be with them, thereby helping the mother gain confidence in her mothering. The supervisor helps the therapist gain confidence by encouraging him/her to stay with the patient's associations to the dream images, and to be curious about the images, to assume s/he doesn't know what they mean, even if they are everyday images such as a table. What does this image mean to this patient, at this time? Has the patient encountered it before? If so, what are the accompanying memories and feelings? The supervisor encourages the therapist to hold in reserve his/her own associations initially, and explores with the therapist whether or when to share them with the patient. Holding associations in reserve takes pressure away from the therapist to 'know' or interpret immediately, and keeps the dream discourse open for further exploration in future sessions. Sharing them with the patient may be useful when there is an obvious pattern in a series of dreams, or when the patient is stuck with a dream. Sometimes the therapist may follow their intuition, for example a patient of mine dreamed of being in a beautiful garden, becoming uncomfortable when other people appeared in it. We looked at his tendency to withdraw from people, his shyness and feeling he had nothing to say. I was captivated by the garden image and offered my thoughts, that a garden has a special meaning for him. This caught his imagination and he went off and dug his garden, planting flowers and vegetables and gaining great satisfaction from it.

When dream material contains mythological or alchemical material it can be hard for the enthusiastic trainee therapist to forbear 'knowing', and voicing their ideas. The patient however does not need to hear the therapist's theoretical knowledge: if they are themselves versed in analytic theory, use of theory by the therapist may encourage defensive distancing from experience, and if they are not, they may have the uncomfortable and alienating sensation of being confronted by a textbook. Over-interpreting robs the patient of their chance to discover the meaning of symbols for themselves.

Therapists may nevertheless feel pressure to understand the dream too quickly; if they interpret prematurely, the dream's meaning may be closed too soon and valuable information about the patient's psyche lost. The supervisor may feel pressure to understand the dream quickly; this may be parallel process, the patient being impatient for an explanation from the therapist, which is transmitted to the supervisor. The supervisor may be anxious on their own behalf, perhaps being in training or newly qualified as a supervisor.

Exploring the feeling tone of the dream is valuable: some dreams announce their importance to the dreamer by the feelings during the dream and/or on waking, as with the example at the beginning of the paper. Focussing on one or two particularly striking or numinous images is often illuminating. This may be done using active imagination, either in the session or between sessions. I will discuss active imagination below.

Therapists may find it helpful to think in terms of a dream's structure: the setting, initial statement, development or crisis, resolution. With a very long dream, breaking it down into these structural elements makes it more manageable for both patient and therapist. When the patient remembers only vague images, it can help to ask more specifically about each structural element: if the setting was dark, was it outdoors or indoors? If the people were only vaguely seen, did the dreamer hear them speak or move around? One or more of the structural elements may be missing. In the dream at the beginning of the paper there was no resolution.

The dream may be looked at in terms of the outer world of the patient, with the dream characters as themselves; for example, if the patient's father appears in the dream this can be taken as referring to the actual father. Secondly, the inner world aspect sees each dream image, animate or inanimate, as part of the dreamer: in the above example, a fatherly aspect or an attribute the dreamer and father share.

Some supervisors may consider dreams as particularly important parts of the work, others that dreams have the same importance as anything else the patient brings. Supervisees may find themselves disagreeing with their supervisor in this regard, especially if their therapist has a different view to the supervisor. If I have a supervisee whose therapist does not have an interest in dreams then I would take an educative role and recommend reading as well as exploring dreams fully

in the supervisory session. During training, the supervisee may feel compelled to take the supervisor's view even if it conflicts with their own.

Defensive use of dreams

Patients may declare they don't dream, they can't remember dreams because the alarm clock waking them drives the dream away, they remember them but forget to write them down, or forget them before the session. I find it useful to suggest supervisees ask the patient to write down dreams on waking, even if they remember fragments only. The psyche often responds to this effort and dreams begin to be remembered.

Written dreams may be brought to sessions. I prefer to be told a dream rather than have it read or given to me as it feels more alive and embodied when spoken. I find patients remember more of the dream when telling it in the session. Some patients who are afraid of 'getting it wrong' bring the written dream as well as telling it. Then we can see how the written version differs from the spoken one. There may be an element of control, the patient feeling more in control when reading a dream; there is less chance for spontaneity.

The way patients approach their dreams has diagnostic value: resistance to dreams suggests fear of finding out what is hidden within them, or resistance to the process of therapy, as a transference manifestation. Compliance with dreams is another transference phenomenon. A supervisee felt disabled by her patient saying she brought the dream 'for you, because you want to hear about my dreams'. But the patient would not explore it: as a 'gift' she disowned the dream, it was no longer hers. In this way she took control: she had done what (she thought) the therapist 'wanted', so she was absolved from doing any further work. This also fed into her terror of intrusion: to explore the dream would mean the therapist gaining access to her insides. With her history of being abused, she expected rough intrusion from the therapist. With supervisory encouragement, this therapist waited sensitively until the patient was ready to work with her dreams. When she felt safer in the session she could do this, but the feeling of safety fluctuated and the therapist could never be sure at the start of the session which part of the patient would be present that day.

When a patient floods the session with a long and complicated dream nothing else can happen in that session. I remember in my analysis doing just that: coming to the end of the dream after 50 minutes, with a sense of triumph but also of emptiness and disappointment. Patients may furnish the therapist with their own interpretation of their dream, giving the therapeutic couple little space for mutual exploration and play. Another defensive use of dreams is to tell many dreams every session: the therapist and supervisor have a sinking countertransference feeling: 'not another dream!' A patient realised she was using dreams to keep her therapist at bay by telling dreams at the beginning of sessions when she felt uncomfortable in the room. Dreams may be used in complex power dynamics: at the end of the session, leaving the therapist impotent and perhaps feeling 'dumped on'; withholding dreams until sometime later when their power is diluted; telling a dream after others, perhaps in an

experiential group, have given the patient their thoughts and associations and there seems little more for the therapist to contribute. Parallel process in supervision may occur with, for example, the supervisee telling the dream at the end of the session.

Introducing dreams

Should therapists mention they work with dreams in the first session? Some supervisors consider it to be useful as a communication to the patient that their dreams are valuable. Others think that since we don't tell our patients how they should use sessions, we do not make an exception for dreams. It may be experienced as an instruction and, as such, complied with or resisted. One of my patients told me I referred to dreams three times in our first session. My supervisor suggested it was my countertransference response to this patient's resolutely concrete attitude: I was desperately trying to allow the psyche some symbolic space. The patient subsequently had archetypal dreams of fire, volcanoes, battles, but she broke off therapy after some months, naming practical issues. My supervisor and I considered her defences were determined not to be challenged, or the ego would have been burned. This example shows the supervising couple exploring introduction of dreams into the session as the therapist's countertransferential response.

Therapists may ask for dreams at assessment, to assess the symbolic attitude and to see how much curiosity the patient has about their psyche. Introducing dreams into the discourse may test resistance to working with the inner world and discovers how the patient responds to talking about dreams. They may eagerly tell a recurring dream in the hope of finding out something new, listlessly recount a dream with an evident expectation it can't be understood, say they never dream, or discount dreams as mere day residues without meaning. The attitude to dreams, as well as the dream content, gives diagnostic information.

The dream as supervisor

Dreams may offer supervisory assistance to the therapeutic process, indicating when the frequency of sessions should be increased, decreased, or left as it is; or whether to end therapy or not. Sometimes a patient who wishes to end prematurely has a dream indicating, much to their annoyance, that the time is not yet right for the ending. Yet if they were not ambivalent about ending, they would not have brought the dream to their therapist. A dream may warn a therapist not to take on a new patient.

My favourite example of a supervisory dream is this:

Jung had a problem with a patient when he felt he was missing the point in her dreams and 'noticed an increasing shallowness in our dialogue'. He decided to talk to her about it; the night before seeing her he dreamed

'I was walking down a highway through a valley in late-afternoon sunlight. To my right was a steep hill. At its top stood a castle. . .on the highest tower there was a

woman sitting. . . In order to see her properly I had to bend my head far back. I awoke with a crick in the back of my neck. Even in the dream I. . . recognised the woman as my patient.' (1989, p.133)

If he had to look so high up to see her in the dream, in reality he had been looking down on her, since dreams may compensate the conscious attitude. Jung notes compensation is not necessarily an opposite; an optimistic sort of person is likely to have some gloomy dreams; but a pessimistic person, rather than having happy dreams, may well have dreams which paint an even blacker picture. The personality of the patient needs to be taken into account when exploring the dream's meaning.

Dreams may function as a parallel process to what is happening in the therapy or the supervision.

A patient dreamed about being trapped in a tower. She had her therapist's phone number but no reception for her mobile phone to work. In the session therapist and patient explored the dream together. She spoke for the first time of her feeling he could not reach her, that she was trapped inside her own defences. However as the session wore on the therapist had a distinct feeling he was missing something important but could not discover what this could be. In supervision, when I encouraged him to go back over the process notes in detail, and working with his feelings, we could see the session followed the dream, in that he was unreceptive to a part of her which was still trapped, despite their apparently understanding the dream together.

Taking this back to the session uncovered another layer to her conflicts.

Supervisees may be anxious about bringing to supervision, the dreams they have about their patients. When I was training I heard the viewpoint that if a therapist dreamed about their patient, it indicated a neurotic countertransference. One could say the dream at the start of this paper indicated a neurotic problem in the therapist, one she was aware of intellectually. We had spoken about it in previous supervision sessions: she tended to offer her patients the benefit of her thinking and reflections rather than eliciting and exploring their feelings. She did not dream about the patient as such, but felt sure the dream was about the previous session. The dream helped her reach her feelings, and acted as a supervisor. The boundary between supervision and therapy comes into play here too: as her supervisor I was aware of this and did not enquire into other associations she had; in fact she let me know she had already taken this dream to therapy.

The supervisor is not party to the therapist's internal world, or only to those parts the therapist has revealed, so cannot know whether every dream the therapist has about their patient indicates a neurotic problem in the therapist. I would be loath to declare all such dreams as evidence of neurosis. With these dreams the supervisor will focus on the supervisory aspect of the dream: what it tells the supervising couple about the therapeutic relationship and the

transference/countertransference, without going into the therapist's personal material. For example, a therapist worked hard to reach his patient who was well defended against increasing intimacy in their relationship. He dreamed, after a session of increased intimacy, that the patient was his therapist. We felt this showed us the patient's use of reversal as a potent defence against the vulnerability which accompanied the strengthening of the relationship.

Active imagination

Jung used active imagination as a spontaneous method in his confrontation with the unconscious. He distinguishes between 'true imagination' and 'fantasy':

'Our work ought to be done . . . by true imagination and not by a fantastical one' 'A fantasy is more or less your own invention, and remains on the surface of personal things and conscious expectation. But active imagination. . . means the images have a life of their own and that the symbolic events take on their own logic - that is, . . if your conscious reason does not interfere' CW18, 396-7

Active imagination is, paradoxically, a conscious effort to work with images by letting unconscious processes take over. Jung, after the break with Freud, fell into a 'state of disorientation' (1989, p. 170). Going over his life again, trying to understand himself analytically, gave him no further insights, so he 'consciously submitted (himself) to the impulses of the unconscious'. (ibid, p173). This requires a degree of trust and temporary regression. Most patients do not spontaneously engage in active imagination; the therapist will find their own way of introducing the work to the patient. I suggest to the patient they stay with a dream image in the session, visualising it as vividly as possible. I check they can visualise it then I encourage them to communicate with the image, and see what the image may reply. Some patients stay with my suggestions, others find their imagination takes over and a scene unfolds in their minds. Patients may resist doing this within the session. They may prefer to work with the initial image on their own, using creative methods such as drawing, moving, writing, sculpting, music. In 'The Way of the Dream', a series of DVDs featuring Marie Louise von Franz talking to Frazer Boa, Jungian analyst and writer Peter Tatham described how he worked with dreams. He wrote songs about his dreams as a way of amplifying the meaning of the dream images, reaching the feelings within the dream message and furthering his understanding of the dream as a whole.

Active imagination often illuminates the meaning of a persistently obscure dream or where a series of dreams includes the same image.

A supervisee's patient had several dreams in which a small dwarf-like figure appeared. He and the patient could not make much sense of this until he suggested she took some time in the session to be with this figure. She was able to visualise the figure in the room; it told her it was a troll which had been hidden under the stairs. On enquiring who hid the troll, the reply came, her grandmother. At this, the dreamer remembered she had a toy troll with long wispy hair which she loved as a child; a transitional object. While her grandmother was staying one holiday, she punished the patient for some naughtiness by hiding the troll;

she had become distraught and had never found it. Exploring this memory led to much new material about the patient's relationship with her grandmother; her repressed anger; her difficulty with loss. Working with the image, she became aware of troll-like aspects of herself; aspects of her shadow which had been hidden under the 'stairs' in her psyche.

Active imagination can be useful when patients resist bringing dreams. They may resent the therapist's suggestions or interpretations or attack them enviously. Using active imagination such a patient finds greater ownership of the images without the therapist's input. Often there is no need to interpret the active imagination as it speaks for itself. With a resistant patient the therapist may need to recall the dream image when it is in danger of being forgotten, bringing it back into the sessions as appropriate.

In his preface to 'The transcendent function' (CW8) Jung describes dangers of active imagination which 'should if possible not be employed except under expert supervision'. Firstly the patient may get caught in 'the sterile circle of his own complexes'. Secondly, the patient gets stuck in aesthetic interest in the images, a form of resistance to the process. Thirdly, the imagery may 'overpower the conscious mind and take possession of the personality'. This is why the method is not recommended with patients who have marked borderline personality functions or who are likely to dissociate excessively. I would add that patients may manipulate the images consciously, for defensive purposes, or they may engage with them only to a limited extent, so that the full meaning of the imagery cannot be worked with and developed.

Language

The language of dreams is the language of symbols. A symbol is the best expression of the unknown at the time the symbol appears. Dream images are symbols in that they point to something as yet unknown. Therefore if we interpret a dream according to what we already know, we have missed something. It always helps to ask the supervisee if the exploration of the dream has shed new light on an aspect of the patient's psyche. If not, then the dream's language, the language of the psyche, has not yet been understood. As in the example of the tower dream described above, the dream's language may be 'translated' in the subsequent supervisory session. Parallel process is another way the dream may be 'translated'. For some patients and therapists, active imagination is like learning a new language, a new way to interact with dream images, opening fresh avenues of awareness.

Patients have a symbolic attitude when they are curious about their psyche and can relate in an 'as if' or non concrete way to images produced by the psyche in dreams or dream fragments. My patient described above, who told me I referred to dreams so often, could not do this. Another way of describing the symbolic attitude is 'psychological mindedness'; this is assessed when a patient first comes to therapy but may also be learned. Dreams can help the patient learn this language of the psyche. An example from 'Vision and Supervision' (2009,

p.106): Henry's patient, who saw things concretely rather than symbolically, and did not believe in the value of dreams or the existence of the unconscious, dreamed her car broke down. The car did break down a few days later. Henry was discouraged by the patient's insistence on the dream's concrete meaning but none the less it whetted her curiosity and led to an opening up of symbolic potential: her dream showed her the existence of unconscious processes, and helped her become curious about and engaged with her inner world.

Some material may be related to in sessions as if it were a dream, for example scenes from a film or an event that has a dreamlike quality or special meaning to the patient. A supervisee's borderline patient saw fragments of glass from a broken bus shelter. Looking at this, he realised how fragmented his psyche was; he felt relieved to acknowledge this. It was useful in the supervision too as we could see the patient was using this event symbolically and gaining relief from increased self understanding. So this patient's work with the image had a diagnostic value: despite the fragmented part to the ego, there was also a growing symbolic attitude which could contain, on that occasion, the fragmentation. It allowed us, the supervising couple, to hold in mind the awareness of growth, which the patient so often lost sight of.

Telling a dream translates it from symbolic (usually visual but also using the other senses) into everyday (verbal) language. With a patient whose first language is not the language used in therapy, it will be illuminating to know in which language s/he dreams; if in their mother tongue, there is a double translation: from symbolic to quotidian and from the verbal dream language into the therapist's language. Supervisor and therapist will want to explore what it means if/when the dream language changes. Bouët-Willaumez (2009) has interesting ideas about what may happen when both therapist and patient work together in their second language. In his experience, when complexes activated in both patient and therapist regarding the suppression of their 'mother' or 'father' tongue overlapped, the therapy came to an impasse. What about the supervisor? If all three work in a second language there could be a 'folie a trois', namely, the activated complexes destructively present in both therapy and supervision. Raising awareness of this issue is likely to help the therapist and supervisory couples navigate their way through such problems.

The Self

The Self as Jung conceived it is a paradox: it is both the centre and the totality of the psyche. As the centre, the Self is a kind of unconscious intelligence, non-ego based. Therapy is a process of individuation that is becoming who one truly is, without undue influence from the pressures of the world. The Self is the prime mover of this individuation process: from its unconscious knowledge it guides the ego, if the ego allows. The Self speaks to the ego during sleep through the dream. Von Franz refers to the dream as a 'letter from the self' (1997, p.72).

Whitmont writes in relation to the Self and dreams:

'The goal-directedness of psychic energy which becomes apparent through the statements. . . of our dreams suggests a compensating and complementing entity which evidently operates not at random but in a patterning of development. (This) appears to exist regardless of the dreamer's awareness and . . . is more often than not at variance with his wishes and ideas of his own state'
(1991, p. 216)

The individuation process is particularly evident in some dying patients, perhaps because there is more urgency in individuating before death. Von Franz writes 'The analysis of older people provides a wealth of dream symbols that psychically prepare the dreamers for impending death'. (1987, p. vii). Edinger in 'Ego and Archetype' (1992) recalls a man who came to see him after a serious suicide attempt. Following this he had many dreams; he and Edinger

'tried to discover the ideas (the dreams) were trying to express. Repeatedly I had the impression that the unconscious was trying to give the patient lessons in metaphysics - either to help him assimilate the meaning of his very close brush with death or to prepare him to meet death in the near future.'

Edinger says the patient did not respond to interpretive work: he 'had in no way gone through an individuation process as we would use the term'. Nevertheless he valued the discussions of his dreams. He died two and a half years after the suicide attempt.

These writers describe a purposive Self in their patients, whose aim appears to be to prepare the psyche for death. I am not suggesting the purposive Self is only apparent in the dreams of dying patients, but that it may sometimes be seen more clearly in these instances.

Closing remarks

In this paper I hope to have shared my appreciation of the dream as a vital element in the therapeutic process. As such, dreams enter the supervisory space. I have shown how I approach the dream in the supervisory setting: as a message from the Self; an integral part of the transference/countertransference dynamic; a way into active imagination; as used defensively; opening new avenues such as use of language; as diagnostic and supervisory tool. I have looked at how the supervisory couple may work together to make creative use of this gift from the psyche.

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Dreams and Supervision

Amélie Noack

Abstract:
This paper is an exploration of the various connections between dreams, dreaming and supervision. The supervisor's decisive role in mediating the transformation from a persecutory super-ego towards open-mindedness is explored. Ogden's suggestion of 'dreaming the patient in supervision' is illustrated. The universal language of dreams and dreaming based in the collective unconscious and the socialness of humans, which is used in working with Social Dreaming, is presented as an opportunity to bridge the multiple differences in our current multicultural societies. The importance of dreaming for processing traumatic experience is explained and illustrated with an example.

Introduction:

> *We are such stuff as dreams are made on…*
> *(Shakespeare, The Tempest Act 4, scene 1, 156–158)*

Putting dreams and supervision together under one heading creates a rather complex picture. There are the patients' dreams and how one works with them in supervision; there is working with dreams about supervision or the supervisor (see Vaslamatzis 1993); and there is now also Ogden's (2005) idea that good supervision is about establishing a dreamlike state of reverie in supervision in order for supervisor and supervisee to 'dream up' the patient.

Dreaming about patients:

A further facet of this complexity could be looking at the therapist's dreams about their patients and addressing these in supervision. This is a theme reminiscent of my experience as a trainee, when I often ended up feeling extremely guilty after dreaming about a patient, because I ended up believing I had not kept safe boundaries. This appears rather puzzling in retrospect, especially since nowadays I do expect my patients to 'intrude' into my psychic space in order for me to comprehend and eventually understand them more fully. Projective identifications in the analyst's mind are what defines and informs the therapeutic process and we apply the information gleaned that way actively as counter transference information in relation to working with patients. I am sure each reader has examples for this from their own experience.

However, during the early stage of one of my trainings, when I faithfully reported dreams of my patients in supervision, I tended to end up feeling that I somewhat had failed the patient I had dreamed of, because I had allowed them to 'intrude' into my own personal psychic space. I was told in supervision that I was too sensitive and had to learn to protect myself from my patients' intrusive manoeuvres, something which did not help my understanding, but instead left me feeling afraid, inferior and guilty. Involved in my dilemma at the time was without doubt the relationship to my supervisor. I was fundamentally terrified of her and experienced her as punitive, since it seemed that I could not get anything right in her eyes. While I had wished for support and clarification, and hoped for help to develop my understanding as a professional, which, I knew, would include challenges, I experienced supervision as a nightmare, full of negative feedback and criticism - certainly not a good formula for successful supervision.

Colman suggests that psychotherapists always feel vulnerable in their work, because '…feelings of anxiety, guilt and inadequacy can be felt as personal failings, but they are inevitable aspects of psychoanalytic work.' (2006, 100). These difficult feelings are often contaminated by judgmental intolerance and condemnation, deriving from a persecutory super-ego function. Analytic failings may be projected onto other colleagues, while analytic superiority is identified with and vice versa, so much so that a persecutory super-ego may well define the speck in a colleague's eye as an inability to see. Especially during training these processes can be damaging. The persecutory super-ego function can be projected onto the training institution and onto the trainers, as well as supervisors - but again, trainers and supervisors themselves might well identify with a cruel super-ego and behave in a persecutory way. The supervisor plays a decisive role in that respect, because his or her attitude will determine, if a trainee can use the supervisor as a mediator to become less fearful of persecution (Colman 2007). Open-mindedness, curiosity, free play and creativity, which are essential for successful therapeutic work, depend on the replacement of super-ego constraints by ego judgment, so that 'boundaries' become lodged not in rules but in the analyst's own thinking mind.' (Colman 2006, 99)

In contrast to this, my persecutory anxieties grew ever larger during the work with the supervisor described above, and this became increasingly unbearable, so much so that I finally requested to change supervisors. Obviously, this had

consequences and delayed my qualification. However, I never regretted this decision, because in the wake of these experiences, I discovered that supervision can be experienced as an interactional event and that on this basis, the supervisee themselves '…must …quietly monitor the status and qualities of his or her supervisor's work.' (Langs 1994, 208). The decision to change supervisor was based solely on my own assessment, a lonely choice which at the time felt dangerous to make. Now, many years later, I am glad I was able to make this judgment, because the thinking behind it has become part of my own development as a clinician and has informed my personal style as a supervisor. Moreover, the experience also provided the impulse for the endeavour to understand the supervisory process more fully.

Supervision as dreaming:

Recently, I had the opportunity to observe some supervisory work through a one-way mirror. This work was done at the Institute of Group Analysis in London as part of their supervision course. I was a member of a small group observing another small group doing supervision. In the supervision group people were speaking, asking questions and responding and the sound was transferred to us outside the room through a transmitter. However, after some time, the sound of voices became more and more soft, so much so, that apart from mumbling voices, it was eventually difficult for us outside the supervision room to hear what was said. While the supervision went on and we could still see people talking, there was an increasing silence, shrouding the events on the other side of the one-way mirror with what I now would want to describe as a dreamlike stillness. Following this, we observed a second supervision group, also through the one-way mirror, and we could hear this group well, throughout the allotted time. In the discussion amongst the groups afterwards, it became apparent that the first supervision group had not been aware of the decrease in their sound level at all. Interestingly enough, it turned out that 'being seen but not heard' related to the work with the patient, which had been discussed so quietly. The patient still found it difficult to speak up, to make himself heard and to feel heard.

I would like to make a connection between this experience and the way Ogden (2005) propounds for working in supervision. In his view, it is the task of the supervisor to create a frame - or a facilitating environment, as I might call it in reference to Winnicott (1960) - in order to help the supervisee generate and sustain a receptive state of reverie. In this state of reverie the patient can be 'dreamed' by the analyst. Based on the analyst's unconscious, preconscious and conscious experiences of the patient, in supervision, supervisor and supervisee both participate in this process that brings the therapeutic work to life in the supervisory relationship itself, in that supervisor and supervisee together will 'dream up' the patient. Working in supervision in this way, Ogden says, can become like dreaming. It depends on the supervisor's capacity to create a secure frame, fostering a sense of honesty and intimacy and allowing the use of reverie and free association.

This, I believe, throws light on what had happened on the supervision course. It seemed to me that the first supervision group got increasingly into a dreamlike

state, 'dreaming up' the patient. In contrast, the observing group, outside the room and outside the supervisory space, stayed awake, observed and could point out afterwards what had been happening.

Dreaming - a universal language:
In his 'Introduction to the Understanding of Dreams, Fairy Tales and Myths' Erich Fromm (1991) tells us that dreams, myths and fairy-tales are all made of the same stuff. And we too are made of this, as one of the great storytellers of humanity, Shakespeare, tells us.

All over the world, people dream dreams, in which the decisive elements and events in human life take form; the pleasures, the catastrophes and the miracles and wonders of living. After dying in a dream, I can 'wake up', discovering that I am still alive. After the ugly sisters cut off their toes to fit into Cinderella's slipper, they are still as ugly and envious, when I read the story the next time. In every myth or epos, the hero - whether it is Gilgamesh or Superman - combats evil and attempts to win the treasure. The various stories have their different cultural overlay, since lives lived in Africa or Iceland are different. The stories may appear new, like Harry Potter's trials and tribulations, or may be three thousand years old, but the images, ideas and symbols give evidence of a universal language spoken by our human imagination, our fantasy and symbols.

These stories, fairy-tales and myths, arise from an universal level of psychic functioning pertaining to all of humanity, a layer of psyche which is common to us all. This layer of the unconscious, where symbols, images and energies reside, is according to Jung (1977) the collective unconscious. He describes dreams as the '…little hidden door in the innermost and most secret recesses of the soul opening into that cosmic night which was psyche long before there was any ego-consciousness and which will remain psyche no matter how far our ego-consciousness may extend. …It is from these all-uniting depths that the dream arises be it ever so childish, grotesque, and immoral.' (1953, p46). People dream dreams, wherever they live.

The group analyst Foulkes also refers to this deep layer of the unconscious, which he calls foundation matrix (1990). The matrix as such is a group analytic concept describing the communicative and interactive conscious and unconscious processes between the members of a given group. The foundation matrix describes the deepest layer of this matrix and is based on the 'socialness' of humans. This deep layer is the common shared ground of any group and includes the phylogenetic heritage of being human, including a store of shared communication and meaning preceding every actual group. This fundamental mental matrix also contains affect expressions, since basic affects are innate and shared by all humanity and can be understood and communicated very early in life by all humans (Scholz 2003). This latest idea is now substantiated in recent neurophysiological research, which found so-called mirror neurons in the brain, which allow for mutual action understanding between human beings.
The foundation matrix contains besides images, aspects of language, social class and education for instance, and these aspects vary from culture to culture.

Every culture contains in its matrix also deprecations of other cultures, as well as the international history and power relations (Scholz 2004). I believe this point is especially important to acknowledge in a multicultural society such as Britain. Multicultural groups with their variety of backgrounds, including class, sexual orientation, ethnicity or culture, have a high potential for insecurity; since they have a smaller shared common ground, the underlying differences and cultural variations generate a greater general base of anxiety and aggression. All these differences need to be recognised, addressed and thought about during a therapy training. The deep and often unconscious mutual cultural deprecations, which may be encountered on the path to mutual understanding and acceptance, throw light on the difficulties that are part and parcel of therapeutic and supervisory work which can lead to a value system that embraces diversity and invites otherness. While our dreams may come from the same source, in a multi-cultural setting we may well regard each other as strangers, standing on opposite sides of the river, seemingly threatening to each other.

The attempt to enter a state of reverie, where we may touch on each other's dreams, as described by Ogden as a model for supervision, may be one way to build a bridge across the river - not just between analyst and patient, supervisor and supervisee - but also between different classes, cultures and nationalities. We all are dreamers.

Social Dreaming (Lawrence 2005) is a method, where dreams are used for the purpose to build bridges. In Social Dreaming a group of strangers shares their dreams, without interpreting but by associating to the dreams. This allows a dreamlike and somewhat egoless state to develop, which creates a space for new links to be made and something new to emerge. In the attempt to connect with our common ground and to find an understanding of it as human beings, Social Dreaming builds and offers connections, bridges projecting into space, to something that could not be thought about before, on the way to understanding each other.

Dreaming supervision:
True to the idea of dreaming, I have allowed myself to meander a bit in this paper. My conclusion is, there is no recipe for working with dreams in supervision. It takes time and trust to work with dreams, as it takes trust and time to develop a good supervisory relationship, not just with supervisees, but also with one's own self-reflective capacities.

One of my therapy groups loves bringing dreams. Recently, I felt I had to acknowledge to myself that for some time I had not properly addressed their dreams anymore and even felt a bit helpless how to work with them. I pondered this, when in the next session two dreams were told by two people. Both dreams seemed important to me, so much so that I wrote them down later after the session as far as I remembered, knowing I was missing an essential part of the second dream, a fact I knew was of importance. I was thinking about the dreams in the evening before the next session, without remembering any more detail or feeling any further understanding. The next day, an opportunity arose to do some

work with the dreams, and another group member asked for the second dream to be retold, because they felt unable to remember it either. It turned out that this dream was about a disaster, a world destroying catastrophe - certainly the stuff of nightmares or perhaps even night terrors. These latter phenomena, the night terrors, Ogden (2005) declares are dreams that cannot yet be dreamed, let alone to be thought about. While one patient in the group had been able to dream, had woken in terror and felt not able to go back to sleep for considerable time, others in the group including myself had not been able to take the dream on board or allow it access into their psychic space. No wonder I had forgotten it.

After being told both dreams for a second time, the group moved during the ensuing session between both dreams, elucidating an aspect from one dream with aspects from the second in the process. It seemed that the dream of disaster could only begin to be processed in connection with another more palatable dream. The catastrophe, which had a different meaning for every member of the group, needed another dream in order to become tolerable and be thought about. This other dream had been about the idea of ending, which could mean either success or failure, which one was not clear; but the idea of ending complemented the catastrophe in the other dream and made it possible to start digesting disaster. The whole group was engaged, with each group member resonating and contributing to different aspects of both dreams. During this to-ing and fro-ing a tapestry of meaning developed and an understanding grew of aspects of each dream in regard to each of the group's members and their history. It seemed to me a very rich session. It was also a process, during which unthinkable elements of experience could be transformed into experience which could begin to be processed, and develop into thoughts which could begin to be thought about. This clearly resonates with Bion's (1984) ideas.

I believe this intense piece of work with and through these two dreams became only possible for the group, because I had noticed and acknowledged my lack of focus on dreams and my sense of helplessness in regard to them. I felt able, in a somewhat self-supervisory capacity, to allow myself to know that something was amiss. In association with Winnicott's notion of maternal pre-occupation, I allowed myself to become somewhat preoccupied with dreams and dreaming and my lack of understanding. This allowed a change to occur in the therapeutic work and made it possible for something new to arise.

It is our bodies which dream, not our conscious egos. Dreaming is an activity of our whole being that can be understood as the attempt to digest and process emotional experience. Fairy-tales with their stories about tricky personal situations show us how to deal with these difficulties on an individual level. The heroes in our myths do the same for society or a particular culture, proposing ideas and offering examples how to think about and how to process for instance a people's chosen trauma. This deep level of human functioning, where biology, sociology and psychology all meet, is under constant construction through communication, action and interaction between humans in conscious and unconscious ways. In that depth of psyche, where our bodies and minds connect,

and boundaries between self and other blur or even go at times, new developments are being forged and sometimes emerge in our dreams.

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BOOK REVIEWS

Spontaneity: A Psychoanalytic Enquiry
By Gemma Corradi Fiumara
(2009, paperback, Routledge)

Reviewed by Lynda Norton

Spontaneity (Latin *sua sponte)..... 'of one's own free will, of one's own accord'.*

Over the past few weeks I have discovered that to read a book entitled 'Spontaneity' is to invite responses from those nearby which fall largely into one of two camps. Firstly, exciting images are evoked of the *enfant terrible* with licence to act (re-act?) without restraint. Such understandings of spontaneity resonate with being impulsive. However knee-jerk re-'actions' are the antithesis of the understandings Corradi Fiumara is seeking to develop of spontaneity which she argues are concerned with acting of one's own accord rather than re-action. The second group of responses are somewhat rueful, conveying a lack of liveliness, a sense of inner emptiness and inability to change. Following on from this, 'jokey' comments often flow of a vaguely denigratory nature concerning perhaps the hubris of the author (to tackle such a subject) or the reader (for seeking to 'possess' such a quality). These rueful, jokey responses convey both how spontaneity is intimately associated with creativity, and how the absence of spontaneity engenders feeling of passivity and envy - these issues, amongst others, are usefully addressed in this book.

From the outset Corradi Fiumara is concerned with the nature of, and the expression of, 'free will'; the individual's response and 'response'-ability toward life. She is at pains to distinguish the spontaneous act - true action flowing from one's own free will, which she regards as "an essential .... quality of psychic life, sustaining all creativity" - from mere reactivity. It is important to grasp that a reaction may use the language of freedom of choice but it actually operates to covert internal rules. Reaction therefore provides only an *illusion* of becoming 'free' FROM something. It uses splitting and projection in a rigid attempt to overcome stimulus overload, object impingement or a traumatic level of conflict. In contrast true psychic action –self agency - is action FOR something. Creative action involves the capacity to endure uncertainty and paradox and allows play. Frustrating experiences, as they are increasingly tolerated, can be used to develop both ego strength and the capacity to tolerate paradox. In so doing libido is liberated for creative purposes. She regards the crucial transformative aspect of therapy to be facilitating the development of spontaneity i.e. a greater capacity for both inner initiative AND for self acceptance.

In the book Corradi Fiumara explores in detail the internal requirements for spontaneity - inner factors such as subjective agency, intentionality and initiative – and the circumstances in which such traits are fostered. She believes that

current psychoanalytic developmental understandings tend to neglect inner potential and focus almost exclusively upon the impact of external causes upon the formation of a sense of self, of health and psychopathology. She argues this balance needs redressing. The pitfall of such excessive causality/ determinism is to 'explain' pathology in terms of early trauma and to ignore the importance in addition of the *individual's response* in the process. Causality engenders a mind set in which trauma or deprivation has an inescapable impact; determining who the person is and might become. In contrast, recognising the crucial role of inner factors such as self agency holds the prospect of the person fulfilling their own destiny, not withstanding early experience.

In the first few chapters Corradi Fiumara '*rethinks internalisation'*; considers the *'function of paradox';* and tackles *'subjective agency and passivity'* together with the *'problem of entitlement'* and *'actions and reactions'***.** These are key chapters, well researched and clearly explained; they provide a valuable overview of current psychoanalytic and philosophical perspectives of each topic in their own right, whilst time and again drawing especial attention to the individual's part in the process. She draws upon the work of a number of well respected psychoanalytic writers[1] in an authoritative manner to substantiate her argument regarding the importance of internal factors in the development of a sense of self which is essential for creativity and spontaneity. She skillfully engages the reader in an unfolding debate. In so doing she lays a secure foundation for developing her subsequent thesis regarding the crucial nature of *'the quest for forgiveness' and 'the quest for responsibility'* in the development of self agency, creativity and spontaneity. She argues that spontaneity is developed by being capable of resisting the joint threat of outer persuaders and inner agents, and that the integrity of self is achieved when virtually all parts of self are encircled by creative acts of awareness and acceptance.

At times I found myself wrestling with the text in the early part of the book -finding the arguments cogent, but questioning whether the material was truly "exciting and innovative" as claimed on the back cover, or whether this was more a skilful re-telling of existing psychoanalytic understandings[2] (invaluable none the less). However her reflective style engaged me, shifting reading from a passive to an active process; a notion that is at the heart of Corradi Fiumara's thesis of spontaneity and ownership of understandings.

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1 Such as Bion, Blum, Bollas, Eigen, Fromm, Gaddini, Klein, MacDougal, Rosenfeld, Symington, Winnicott.

*[2] This struggle was perhaps accentuated by the fact that although there was passing reference to Jung, curiously this did not extend to consideration of Jungian contributions in the development of understandings of paradox; teleological (purposive) development or indeed the process of individuation***.**

In **'***Rethinking internalisation'* Corradi Fiumara reviews the processes of introjection and identification and how these are affected by the individual's response. She reminds us that with active internalisation a filtering function operates which 'decides' whether or not, and if so how, something is internalised; the object is recreated inside ourselves and we own it. Hence active internalisation is regarded as a prerequisite for authentic relationships because it discriminates and recognises difference. In contrast passive internalisation – swallowing something whole - leads to sense of feeling 'phoney' and lack of spontaneity. If the laborious and frequently painful work of internalisation is shirked, 'imitative' introjections occur forming 'mind-like agents' or 'mind-like idol'. These mind-like' introjections can come to be hated since they tyrannise the internal world and may subsequently be projected onto a person or institution or ideology. These projections can have a delusional cruel quality and we can come to believe that by eliminating the person bearing the mind-idol projections (persecutor) we can become free and achieve spontaneity .....and yet inevitably a repeating pattern of requiring and seeking someone to bear our projections/hatred emerges. In this context internal hostility is the major problem and Corradi Fiumara argues that a mental attitude of acceptance, rather than of hatred needs to be developed in order to help alleviate the tension and the repetitive compulsion to project. She notes that hand in hand with a developing capacity to tolerate *paradox*[3] comes the capacity to benevolently call conflicting internal voices 'I' and so accept the entirety of our self. In this way hate can learnt to be borne and love doesn't have to triumph over hate.

Hence *passivity* is seen as a deadening condition leading to futile, narcissistic 'relations' with parasitic qualities in which sameness is sought. The attempt to eradicate any difference and be like-minded is damaging; it severs links within the inner world, extinguishes emotional life and leads to a sense of inner emptiness. This chapter contains a useful consideration of the clinical implications of working with narcissism; narcissists hate needing objects, yearn for an atmosphere of total seamless sympathy and deny feelings of envy (by extracting in fantasy those aspects of the object they need so as to bypass the intense struggle of envy and gratitude). At the core of narcissism may be a hatred of the psychic cost; the laborious and painful work of relating.

Notions of *entitlement* are also problematic and arise from a conviction that we are owed special attention to compensate for previous trauma or pain. The demands for extra love, comfort and sympathy upon the grounds of entitlement can be insatiable and it is notable that shame or guilt is frequently absent and

[3] *The capacity to tolerate paradox entails holding the creative tension of both/and - rather than it collapsing into the conflict of either/or - develops the capacity for psychic actions (not reactions) and so the development of spontaneity.*

replaced by a self-righteous attitude. Freud's use of Shakespeare's Richard III[4] is revisited in order to illuminate the cruel desperate quality expressed by vindictive entitlement. Once again the clinical implications of working in this field are usefully considered including the attempts to destroy separateness; the coercion (to hold identical viewpoints); the manipulation (to require others to act as sources of psychic energy and motivation); and the profound and diffuse sense of hatred. Corradi Fiumara also includes a helpful consideration of pseudoagency; ways of exerting psychic influence to surmount passivity, which is not creative, in the sense that it does not arise from own motivations and excludes personal responsibility from the equation. One strategy might be to coerce love by attuning the other's mind to one's own and inducing in the other a mind benumbment. Another strategy is to 'love' the other so immensely that the other feels guilty for not reciprocating the enormous affect and becomes amenable to submission; this is contrasted to true admiration which keeps a distance between admired and admirer.

Corradi Fiumara reminds us that relating, unlike fusion, entails choice; the decision and acceptance that something outside oneself has an independent existence. The paradox is that although the 'other' does not exist for us and is not under our control, we never the less must opt to be in a relationship – express subjective agency. The development of this capacity - the ability to truly choose and act of one's own accord - requires a private psychic space which is not subject to intrusion. In this process of psychic birth the role of the therapist, like that of the midwife, can only be to assist. No-one is exempt from engaging in the hard work of their own personal struggle of relating with others if new life is to emerge from within. Staying with the midwife analogy it seems Corradi Fiumara is suggesting that there are no caesarean psychic births. She observes, "Without psychic birth one may perhaps attain a better self-understanding *but with no change*, and perhaps get in touch with feelings *but not be able to let them move, shift, evolve* into new forms of psychic life." (p44). She draws a distinction between a mental frame that merely adapts to cultural pressures (epistemology) and truly thinking and knowing (epistemophily) which recognises "that very different creatures exist and also have something to contribute." The latter mental capacity, which celebrates difference and values diversity, is at the heart of subjective agency and finding one's own individual idiom with which to live – and so is at the heart of spontaneity.

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[4] *"As I cannot play the lover on account of my deformity, I will play the villain; I will intrigue, murder, and do anything else I please..... "Nature has done me grievous wrong in denying me the beauty of form which winds human love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to disregard the scruples by which others let themselves be held back. I may do wrong myself, since wrong has been done to me." (Freud in Character types SE14)*

For me the book came to life in the chapters concerning *forgiveness* and *responsibility*, building upon the sound foundations laid in the foregoing chapters. With extensive use of theorists of forgiveness[5], Corradi Fiumara separates out the act of forgiveness (a choice made by the person wronged) from any act of reparation (choice made by the wrong doer). Her arguments are entirely consistent with her critique of deterministic viewpoints outlined earlier. In developing the theme of forgiveness, she initially develops an understanding of genius and essential creativity which is not isolated to the grand event, but rather forms part and parcel of our daily psychic efforts concerned with survival, coexistence, empathy and forgiveness. She reminds us that Winnicott regarded the creative impulse to be present "when *anyone* – baby, child, adolescent, adult, old man or woman – looks in a healthy way at anything or *does anything deliberately*." (p75). Assuming responsibility for oneself is seen as the starting point for mental health; it requires a responsible centre and sufficient psychological competence to accept one's incompetence. Symington notes "'when envy, jealousy, and greed are tolerated and accepted as items in the personality, they cease to liquefy or petrify, but instead endow the personality with strength." (p86). Thus developing our ordinary genius is seen as an ongoing process concerned with freedom to exercise creativity and to assume responsibility which develops the capacity to individuate. This is contrasted with a freedom from mentality in which taking personal responsibility is unbearable. Ignorance of such responsibility means we are strangers to ourselves; detached from a unifying centre and leads inexorably to further oppression and new dependencies.

She moves on to the notion of the genius of forgiveness, which she contrasts to revenge. Forgiveness is seen as a radical 'third' way. She argues that the genius of forgiveness entails a double unbinding – in that pardoning the offender both disengages the victim from the enduring result of the offence AND by pardoning, the other disengages the offender from his own actions. She notes that in analysis, via the transference the patient experiences acceptance; this in turn enables him to 'forgive' his internalised oppressive objects. Without such forgiveness there is a continued hatred of inner and outer objects. Corradi Fiumara proposes that the significance of the oedipal passage is not so much fear of castration but rather the possibility of the experience of forgiveness (by parents) which propels the individual from dyadic to triadic relationships. In the absence of an atmosphere of forgiveness the developing subject will invariably REACT to harsh social figures and persecutory internal objects. She also usefully compares the myths of Oedipus and Orestes in terms of the extent to which these feature the individual taking responsibility for their own actions.

[5] Arendt, Derrida, Kristeva, Oliver and Weil

In the myth of Orestes[6] unlike that of Oedipus, the act of assuming responsibility is crucial; guilt, courage, enduring unbearable psychic pain, healing and affirmative action all have their place.

In the final chapter Corradi Fiumara considers both the importance and difficulty of "self-*decreation"* in the process of change. A somewhat ugly word, but one that she utilises to describe the process in which previous understandings and ways of being have to be relinquished because they are no longer sufficient to accommodate growth. The changes necessitated require a process of mourning – of working through loss – in the same way as the development of symbolic thought. Personally I was somewhat relieved that loss and mourning were raised albeit seemingly at this eleventh hour; these processes underpin all the understandings outlined in Corradi Fiumara's book but not least in the arena of forgiveness and taking responsibility. For how is it possible to truly forgive (rather than obediently following a moral or theological expectation) until the agonising work of loss of loved ones and perhaps loss of cherished ideals have been relinquished?

I found this book to be a gem, deceptively unassuming, authoritative and engaging. I would recommend its use – and have indeed already used it – with both trainees and experienced therapists to deepen understandings especially in the areas of internalisation, passivity, entitlement, forgiveness and grievance. As previously outlined, creative action involves the capacity to endure uncertainty, frustration and paradox; it entails play and the development of the symbolic third. Corradi Fiumara highlights the transformative potential of an atmosphere of forgiveness by *working in the transference*, with a shift toward triadic relationships and a developing capacity for both inner initiative and self acceptance. Another important and complementary route for engaging the unconscious and harnessing transformative capacities is that of *working with dreams*; whilst this is not addressed in her book it is most usefully explored by others in this edition of 'Supervision Review'.

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[6] Orestes, the son of Agamemnon and Clytemnestra killed his mother and her lover in revenge for their murder of his father..... in Aeschylus' trilogy Orestia (5BC) ... he hesitates to commit matricide but is pressurised to do so by his sister Electra, Apollo and the Chorus. He is then driven mad by the Furies who demand that he be tried for his crime. He is finally acquitted by Athene. (Brewers Dictionary of Phrase and Fable).

Being White in the Helping Professions:
developing effective intercultural awareness

Judy Ryde

Jessica Kingsley London, 2009 £19.99 Paperback

Reviewed by Anne Power

"It is fairly safe to assume that the question of what it means to be white is not of burning importance to most white people, possibly due to their unquestioned identification with the normality of their whiteness." (2009:57) This observation of our tendency to overlook the significance and impact of what we regard as 'normal', is at the heart of Judy Ryde's book and she presents it as a striking challenge to all clinicians.

Overview

Ryde's book reminded me of the paper by Helen Morgan in the winter 2008 edition of Supervision Review. Morgan's paper also starts from this key dynamic: the temptation for those belonging to the mainstream group to deny and minimise the meaning of difference. Like Ryde, Morgan sees colour blindness as a protection against fear and anxiety; she vividly describes the internal processes operating in this defence: "The fearful response is not of the other as such but of the dreaded aspects of the self that may be revealed in the encounter." (2008: p10). Ryde explores some of these dreaded aspects (shame and guilt) extensively but perhaps does not describe them so directly from the psychodynamic perspective. She does reflect on the intersubjective process within which a clinical dyad may struggle with these issues and the co-created nature of that struggle. Drawing on Stolorow and Atwood's (1992) concept of the 'prereflective unconscious' she describes those 'organising principles' which unconsciously structure our experience. Only through increasing awareness of this cultural blueprint can we achieve any freedom from the racist assumptions which have been implicitly handed down to us.

Though the title of the book suggests that it has a broad relevance across many professions, Ryde herself is an integrative therapist and her plentiful clinical examples are drawn from therapy and supervision. The book offers a clear and engaging presentation of theory around race, including an explanation of White Studies. In order to have a supportive space in which to deepen her understanding of whiteness, Ryde established a co-operative enquiry group – a research tool which understands that researchers are bound to impact on the object of their enquiry and therefore need to recognise that objectivity is not possible. The results of the co-operative enquiry group are presented in the middle chapters along with surveys which arose from it; questionnaires are used these to explore therapists' shame and guilt about racism as well as the question of whether these affects are constructive in bringing about change. These elements in the book would be particularly interesting to readers wanting to

extend their understanding of research methodology and the book as a whole is written in an openly reflexive mode. The author shares her own process of growing self awareness and she also discloses her doubts about her project including the difficulty of trying to look at whiteness which initially "seemed like looking at nothingness" (2009:15)

Chapters on training and supervision included ample clinical examples and I refer to these below. Another chapter gives an extended review of a particular therapy organisation and its project to deepen its understanding of race and racism; it also charts changes which were adopted to increase the diversity of clients, students, trainers and supervisors. The references offer a rich feast of connections for readers who are interested in this area.

'The last one to know about the sea is a fish' (Hawkins 1995)
Ryde quotes from Hawkins to give us this pithy reminder that we do not know what we do not know, even when it is all around us. The opening chapters of the book explore the impact of whiteness and the embedded assumptions which make up racism. I found these chapters excellently written and deeply challenging. Ryde powerfully describes the subtle process by which white people assume the power of being 'normal'; they thus occupy the position around which others' difference is measured. White people do not see themselves as having a race and the term 'ethnic' is used to imply that "some people 'have' an ethnicity whilst others do not." (2009:15) Using a historical perspective the book describes the racialisation of the world through colonisation at a time when Europeans were quite comfortable in their sense of their racial superiority; Kipling's *A Song of the White Man* reflects this openness about whiteness. In a post colonial world people in the west are more likely to deny that their whiteness has meaning and there is a retreat to a claimed neutrality. In this context we are hesitant to identify as English because it invokes a self satisfied and arrogant past. (2009:20) From this position of assumed neutrality and normalcy, the white person is free to label other groups as differing from the norm – as having a colour. Ryde cogently uncovers the myth of neutrality: "there is often an implicit understanding among white people that they are racially neutral." (2009:33) I thought this was an interesting parallel to the myth of the therapist as a blank screen; from an intersubjective perspective there is no neutral place for the therapist to hide and the frame is best maintained when we are alert to the presence of two subjectivities in the room.

Training
The book explores the vexed question of political correctness and considers the merits of equal opportunities policies. Ryde suggests that it is helpful to have these relatively simple codes of behaviour and that changes in habits of speech can effect change in attitude; however since racism is embedded at an unconscious level, such simple formulas do not tackle the heart of the problem. There is a likelihood that some practitioners undergoing anti-racist training may feel shamed and thus defensive and angry, making real learning more unlikely. The book provides both very thoughtful reflections on the value and shortcomings of awareness training as well as creative and practical suggestions

for exercises in groups to explore white awareness. The impact of guilt on our learning is carefully weighed including the likelihood of unconscious resentment against the subject of the guilt. Ryde argues that where our self esteem is good enough we are more able to respond positively to guilt and to tolerate "the narcissistic knock of understanding the harm we have done to others." (2009:106)

Clinical Work

Within the clinical dyad (therapeutic or supervisory) where race is an issue, there will inevitably be issues of power. Ryde draws on several writers to assert that the clinician will need to find ways to enable the dyad to explore how race and power are operating in the room.

A very helpful 'cycle of white awareness' is suggested to describe the process of learning which white people may go through. Ryde sees the process as a cycle but her model reminded me of Christensen's (1989) stages of cross cultural awareness. Ryde's process involves: denial/ struggle to understand the other/ guilt and shame/ struggle to understand the self/ integration. Christensen's stages also start with unawareness in which the person is colour blind. 'Beginning awareness' involves becoming uncomfortable with difference and therefore questioning it; his third stage is preoccupied with difference and the fourth experiences difference as rewarding and works actively to promote understanding. His fifth stage does sound, as Ryde says of hers, "like the Shangri-La of white awareness" (2009:52). Both models provide a helpful template for recognising stuckness at any stage; if we are colour blind we may remain stuck at the stage of denial; later on we might fixate on the exoticism of the other, or guilt and shame could ensnare us and make us defensive.

A chapter devoted to supervision explores the impact of individual, cultural and role power and looks at the different combinations of whiteness and blackness in the supervisory triangle; the difficulties of handling power in the different combinations are discussed. She devotes an extended section to applying Hawkins and Shohet's seven modes of supervision (2006) and applies this to the case of a white supervisee who was finding it difficult to explore the racial difference with a black client. Through attention to her countertransference the supervisor picked up a feeling of superiority towards the supervisee (because she judged the supervisee as less self aware than she was) and so a possible parallel process was indicated, pointing to an unconscious sense of superiority in the white supervisee.

Another supervision vignette considers a white supervisee who spoke of feeling that her Asian client's mother was very intrusive: the mother was criticising her daughter for having a European boyfriend. (2009:116) Exploration in supervision suggested that the client herself had some ambivalence about her position and that she would be best helped by holding the space for thinking rather than by championing her independence. It was then possible to recognise that the therapist's perspective had been individualistic and white-centric.

Ryde comments that it is rare for a supervisor to ask a white supervisee, “how do you think your being white impacts on this situation?” I was struck by this question as it had never occurred to me to frame the enquiry in this way. She makes a convincing case for this being a more powerfully explorative question than the more common one which focuses on the black client: ‘how do you think this person feels about being black in this situation?’

Conclusion

I think the book achieves its very difficult aim of bringing the “invisible white context into focus”. Its tone is highly sensitive and pushes exploration in many directions. Whilst the text carries a clear commitment to an ideology of fairness and equality, it also has the courage to recognise the obstructions to that agenda within our unconscious. The book is beautifully written - clear and elegant at all times. An example of her insightful language comes when she is referring to the importance of a ‘play space’ in supervision where fantasies can be held. She writes, “We might find that we are thinking something that is, under normal circumstances, completely unacceptable” and she adds that ‘finding you are thinking’ something is different from ‘having a thought’. And with a phrase which says something about the whole endeavour of the book, she beautifully clarifies: “It is like catching the unconscious on the wing.” (2009:203)

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Articles for 'Supervision Review'
General Guidance

Summer 2010	**Supervising in Organisations**	Copy deadline April 30th Lead Editor Anne Power
Autumn 2010	**Supervising Clinical Assessments**	Copy deadline Oct 18th Lead Editor Chris Driver

Theme: Articles need to address the theme from the perspective of psycho-dynamic / psychoanalytic / analytical psychology and focus upon supervision (vignettes may be from the perspective of supervisor or supervisee).

Copy Deadline: This allows time for editing/checking queries prior to the committee meeting and 'Supervision Review' going to print. NB. If you would like feedback on a late draft please let the lead editor know beforehand and agree an earlier deadline to allow sufficient time for this process.

Article length: Articles are usually 2,000 words (approx), although where appropriate and by negotiation we can offer flexibility with this wordage up to 3,000 (approx). 'Nuggets' i.e. more informal / shorter pieces are also welcome.

Format: For articles please include the following:-

- **Title of article and name of author**
- **Abstract** – a one paragraph summary
- **Six key words** - for use by the internet search engines for e-journal
- **Main text**
- **Bibliography**
- **Biography** - a few sentences of personal biography.

E-Journal: Please note that any published article will also be included in the e-journal on the BAPPS web site.
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