

## **SAFE SPACE 1993**

### *SPACE FOR MAGIC*

The therapy process involves the creation of a bounded subjective space, a place which encompasses client and therapist and which is different from the rest of the client's life space. In particular, this space is safe. Therapy begins with the client looking for a refuge. The purpose of this paper is to look at the nature of this space, how it is created, how it evolves over the period of therapy and the deep significance it has for both client and therapist.

The safe space is something with a long history. We may recognise it in the magic circle. In most magical rites, one begins by defining a territory within which the magic will be contained and focused. Traditionally this might be a circle of stones, a sacred grove or simply a line marked upon the ground by the shaman with his stick. Later such sacred territory became more permanent as the temple or church with its walls and precincts.

A certain power is created by setting up a bounded space in this way. People feel both drawn to it and constrained by it. The act of demarcation speaks to a deep need within us. There is a need for containment. It is like creating a womb within which new life may form and grow. The boundary holds, cherishes and conserves. It enables us to gather our energy, our generative force.

The containment not only intensifies energy, it also renders it safe. We sense that without the boundary the power would be dangerous. It is like the thick concrete walls of a nuclear reactor. The power within is not allowed to leak out. Therapists generally begin by creating a space of this kind. We may not think that what we are engaged in is magic but we are working with similar subliminal processes. The consulting room with its particular arrangement of chairs provides the structure of a ritual. The client usually knows immediately without explanation that things are possible here which could not be broached elsewhere. A mystique attaches to the maintenance of confidentiality and professional boundaries which add power and significance to the act of containment.

So the magic circle begins as an empty space with a boundary. This can be achieved by people joining hands or even just sitting in a ring. The forming stage of groups clearly serves such a function and people recognise intuitively the importance of forming a circle in this way. Similar circles are a feature of many games and the popularity of circle dancing can also be attributed to people's need to connect with something deep and ancient.

Having created an empty space, we have also created a place where something can happen. Within or across the space bonds are created between the people involved. Slowly the space is filled with a web of strands, connections and meeting points. Bit by bit a wealth of shared meanings and symbols, memories and experiences is accumulated and woven together into a fabric.

A safe space is both a part of the "fertile void" and a place where individuals become, or come to remember that they are, part of something greater than themselves. It is the fertile ground from within which the seeds of a greater meaningfulness may develop. In terms of ancient (archetypal) religion, the magic circle

was a space (masculine) of earth (feminine), a place where an active principle could enter into a receptive one. It is thus a place of return (regression) out of which one may be born again.

Within the safe space of therapy, the fabric of relationship gradually strengthens as more and more strands are added. It becomes denser, more complex. More and more experiences and aspects of life are shared. To talk of dependency in this situation is probably a mistake, but there may well be a period when the therapy relationship is supremely important to the client.

Thus, subjectively, we progress from an empty space which needs to be held together towards a full space which holds itself. As the fabric of the relationship strengthens, the needs for a boundary, or even the meaningfulness of a boundary, diminishes. If all goes well there is, by imperceptible degrees, a reorientation of the whole process. This is a kind of turning around. Therapy, prototypically, moves from an introvert toward an extrovert phase. The latter, however, contains the seeds of the dissolution of the process. Coming together is finally followed by parting. Thus, for instance, groups have their characteristic phases of growth, activity and dissolution. We observe a "forming" stage in which the circle is joined, followed by the difficult work of getting to know each other and evolving ways of being which will work despite our differences, stages which have been called "storming" and "norming" (Tuckman 1965). These three stages constitute the introvert phase. Then there is a reorientation, the "barometric event" (Bennis & Shepard 1956). In the second half of the group's life the confidence built up in the first half becomes a basis for task achievement and for reaching out from the group toward a wider world, until the "inner" work of the group has been achieved and it dissolves. Similar phases are apparent in individual work and in the life of any intimately bonded relationship. The model suggested so far shows how the safe space of therapy is not really different from the special space which has been a feature of all deep human subjective experience since time immemorial. We are dealing here with forces which are deeply rooted in our psyche and are a collective inheritance. Space is the ultimate symbol of wholeness (cf. Jung 1959).

### **THE IMPORTANCE OF MEANING**

This model suggests several areas which may repay study. On the one hand there are questions about what skills and attitudes may be needed in order (1) to create a safe space in the first place; (2) to protect and sustain it; and (3) to work through the period of its dissolution. These are the technical questions of therapy. Then, on the other hand, there are questions about what kind of fabric of relating we may create within the space, what kinds of meanings may grow there, what, in other words, will the client take away with them at the end of the day.

These two dimensions of the therapy process - creating and working with the space on the one hand and what it gets filled with and transformed by on the other - will need to be consistent (congruent) with each other if our work is to be effective and not undermined by contradictions. Many approaches to therapy in fact only concern themselves with the technical questions and leave the second set unanswered. This is not necessarily wise, however.

The last point can be understood better if we remember that people do get into relationships which make their lives meaningful but not necessarily in a wholesome way. There is black magic as well as white. Many political groups have used the same forces and processes we are talking about here as a means of initiating people into a way of life which is meaningful but destructive.

A person who is without any links, who is not held in any way, is at great psychological risk. It is the person who is cut off, who has no safe space at all, who is most at risk of mental breakdown or suicide. Therapy enables such people to return to the fold, to no longer have to live "beyond the pale". Any form of psychotherapy can achieve this because all forms of therapy create some form of safe space in which the person may find reintegration.

What distinguishes one therapy from another essentially is not their ability to bring a person back in from the cold, as it were, but rather what they impart to that person along the way. If we consider that there are many people within our society who are not in danger of mental breakdown or suicide because they are well enmeshed in strong social relationships which give their lives meaning, but who, nonetheless are still unhappy in themselves and harmful to others in their behaviour, we see that there is another layer to the problem.

Many therapists would take the view that it is not the therapist's job to impart values to a client. Our job is simply to bring that person back into the human camp, as it were, not to tell them where or how to settle within it. There is a good deal of wisdom in this idea. I suspect, however, that the wisdom of it lies primarily in the fact that acceptance of others is a wholesome value and, therefore, a good one to model. For most people, it is probably impossible not to be influenced by the person who rescues you. As therapists, therefore, we do have a duty to see that the values we are basing our life and practice upon are sound ones.

It is in the nature of the process that takes place once a safe interpersonal space has been created that those who participate in it will be changed (influenced). The therapist will be changed as well as the client. It is important, therefore, that both be changed for the better rather than the worse.

Having said this, there is a dilemma for the therapist because while, from the outside, we may say that the client has in a sense been rescued by the therapist and the client him or herself may well feel this to have been the case, if the therapist becomes infected with the idea "I am rescuing people" this is likely to have a destructive effect. The things which we might conclude as researchers, looking at therapy from the outside, may not be helpful and may even be counter-productive if adopted as working premises by the therapists themselves. Subjective truth is not like objective truth. Objective truth is defined as that which is true no matter what angle you look at it from whereas subjective truth is a function of perspective.

### **SUBJECTIVE SPACE AND OUTWARD FORM**

The therapist creates a safe space more by manner than by procedure, but needs to be aware of procedure and its effect so that everything flows together. Scene setting plays an important part but it is crucial that the scene set is an expression of inner reality rather than simply an artefact.

Thus, for instance, Freud's consulting room was by no means a bare space. Quite the reverse. It was a room full of things:

"Among the innumerable objects filling the treatment room and the study, the couch is one of the central but least interesting, features. The couch itself is covered with an oriental rug, while another hangs on the wall against which one of its long sides is pushed. Oriental rugs cover the floors - as was customary in bourgeois Vienna at that time - but they are also spread over the tables, which was less so. This would enhance the room's comfortably warm, almost cosy, atmosphere. What might be surprising is that the couch is piled high with pillows, so that the patient could rest on it in a half-sitting position, rather than a supine one. In this posture the patient could not help taking in - unless he kept his eyes closed - a very comfortable, but extremely crowded room that everywhere reflected his analyst's highly personal - even idiosyncratic - antiquarian interests. The rooms are entirely dominated by a profusion of antiquities, a collection which he said gave him "unsurpassed comfort.".... there are antique objects everywhere... not arranged in any systematic way, not by subject or by period or by culture... One feels that in Freud's mind each object had its assigned place in accordance with what its meaning was to him. One longs to understand why and how the very diverse objects Freud placed together fitted in his mind." (Bettelheim 1992, pp.21-22)

This room was an expression of Freud. It would be no good for another therapist to set up a room like the one just described and expect to get the same effect as Freud got. The space has to be an expression of inner reality not something created to a formula.

Similarly, there will be a sequence of events which occur between the time when a client arrives at the front door and the time when, settled in a certain room, in certain company, they begin to tell their tale. These events matter. They should not be overlooked carelessly. Equally, there is no formula which will relieve one of the necessity of finding an induction into the therapy process which is both congruent for oneself as therapist and sensitive to the need, mood and temperament of each unique client.

What one can say is that whatever actual sequence of interactions occurs and whatever environment has been set up to receive the client, these things should speak of both calm and richness, of acceptance and warmth. Somehow they will convey that this is a place where the client can both stop, in order to reflect, and move forward, in order to change.

We are talking here about the creation of an atmosphere. There is not much magic in forms unless they are rightly used. Thus, the humanistic therapist tends to arrange things so that therapist and client sit facing each other. This form obviously creates an interpersonal space with both parties facing into it. To some extent, also, it speaks of encounter, both in the sense of meeting and of confrontation. A traditional analyst, on the other hand, is more likely to sit outside the client's line of sight. This arrangement may give the client more freedom, yet simultaneously leave them feeling more alone. It says: I am not going to impose upon you. Again, an art therapist may spend a good deal of time alongside the client, both of them facing the space in which something is

being created. In this arrangement the client may feel supported by a close companion. On the other hand, if this side by side position is adopted too quickly the client may feel invaded. No one arrangement is wrong in itself. Each is capable of expressing something important. What matters is that what the therapist and client do together should be expressive of what is true and of the therapist's genuine care for and understanding of the client's need as it evolves and as it is expressed through the relationship.

The space is created and made safe, then, not by the magic of a particular form, so much as by the way that form is invoked and used. It is a basic principle of therapy that the "outer" should express the "inner" not the other way about.

The same is true in groups. Most therapy groups sit facing inward and the act of moving into a circle may often seem synonymous with creating a group. The important thing for the facilitator to be in touch with, however, is that the appropriate arrangement is one which expresses the group need. Sometimes it is better for the group to start in a more random formation and thus have the experience of forming themselves into the shape they want. Sometimes it is important for a group to "create a home" for itself. Sometimes it is important for a group to be able to assert that it has cohesion which does not depend upon sitting in a circle. Again, the circular form is associated with democracy and not all groups are democratic even in principle. A work team may have a hierarchy which needs to be reflected in its rituals. A "classroom" arrangement may well encourage people to relate in a more formal way to one another, but there are situations in which this is appropriate. A more formal seating arrangement does not automatically mean that the space is less safe. A great deal depends upon the facilitator's manner and upon factors associated with the circumstances in which the group formed.

## **CREATING A SAFE SPACE**

### **a) Real safety is not built on enmity**

The task for the facilitator, we have established, is to meet with the client(s) in a way which both enables the safe space to come into being and creates the possibility of something wholesome happening within it. The principle of an "actualising tendency", used by Carl Rogers, suggests that the best ways of creating safe space will also achieve the wholesome outcome since "wholesome" and genuinely "safe", in the ultimate case, coincide. The distinction between the two is useful, however, because there are many ways of creating a space which feels relatively safe in the short term which do not have good long term effects. Thus, for instance, many people remember the war as a time when they felt particularly close to others. It is fairly easy to create a safe space of sorts by creating an outside enemy and this temptation is always there in therapy. The client generally talks about things which are going wrong and it is easy enough to create a kind of temporary safety by persuading the client that these are all somebody else's fault.

Reducing guilt by blaming others is, we might say, the simplest way of creating a safe space and it is one which one sees employed quite often. Generally, in groups for instance, the group will be sympathetic to the person who is present and much anger may be expressed by other group members toward the party who is not present, even

though one knows that if it were that person who was present, the sentiments of the group might well be the other way about.

Being "on the side of" the client does help to make the client feel safe. It creates a safe space. The problem is that if a space is made safe by reinforcing enmity toward a third party, it may become difficult for the client to move toward positive change in themselves. The therapist's acceptance of the client, therefore, has to be grounded in a more profound acceptance which encompasses their world, not just their self.

b) The safe space begins inside the therapist

This kind of deeper acceptance begins with the therapist creating a space inside themselves. We need to start in a positively receptive frame of mind. Even though it is the client who is coming to the therapist with a view to gaining something, the therapist is better to begin by thinking: "I wonder what I will learn or receive from this person", rather than wondering what one will be able to give them:

"After years of working with psychotics I came to understand the crucial difference my motive in relating to them made in their ability to relate, and in their view of themselves. I could elicit no response if my motive was to 'help' them. But if I sincerely wanted them to enlighten me about something of great importance about which they possessed knowledge unavailable to me, they could respond." (Bettelheim 1992, p.34)

The therapist, therefore, has to empty him or herself so as to have room for the client to fill them. If we come to the meeting full of our preconceptions, there is no room for anything new, no room for real creativity. The only preconception which seems to be any use is the idea that this client is going to prove to be a very special person who has some as yet unrevealed treasures to impart to us.

The creation of a safe space for the therapy thus begins before the therapist and client meet. The therapist has internal work to do. This work which must be done before meeting the client has two aspects which again are to do with emptying and filling. First one empties oneself. This is meditation. I find it enormously helpful if I can have a short period of just sitting quietly before my client arrives. Then I can become calm and grounded, letting go of my personal cares and worries and finding pleasure in the fact that I am alive. This process of stopping is likely to make one a much better instrument for the work ahead. Poetically, we may say that one is then in touch with the universe, or with the common ground which we share with all other beings, including the one who is coming to see us.

Once one has this inner stillness and connection, it is helpful to then focus one's attention deliberately upon the, perhaps as yet unmet, client and to generate a feeling of warmth and appreciation for them, whoever they may be. If we can, in whatever way works for us, go through this process of achieving first an open peaceful state of mind and then a kind, loving one, we will have prepared the ground well.

c) The first few minutes

The actual first few moments of one's encounter with the client generally prove to be disproportionately significant. They set the scene for all that is to follow. It is thus very important that the therapist is in the right frame of mind from the first moment. On the one hand, the therapist's initial manner will convey important messages to the client about how safe it is to disclose difficult material, how seriously what is said will be

taken, and how much resilience and strength of character the therapist can draw upon to bear the sufferings which may be shared. On the other hand, the client, being full of a need to speak, may well say crucially significant things in the first few moments which can easily be missed if the therapist is still in the process of getting themselves oriented.

Books about counselling not infrequently say that the counsellor should spend some time at the beginning putting the client at ease. If, however, the therapist is busying themselves with some such activity as offering tea or commenting upon the client's journey, significant things may already be missed and the process be slowed down unnecessarily. The client has come for an important purpose and it is in order to begin forthwith.

As soon as the client and therapist are together, there is, again, a need for space. It is very tempting for the therapist to take the lead at this point, but much can be lost by doing so. If the client begins, all is well. If the client seems not to know how to begin, then the therapist needs to be able to say something which marks the beginning of the process without being leading.

Whatever the therapist's first contribution is, it begins to establish a style which will set a certain tone for the work. If the therapist is a phenomenologist, this style is likely to be predominantly descriptive. Thus, at the beginning, the therapist might say some such thing as: "You look anxious," or, "I notice that you are right on the edge of your chair," or, "I imagine you have some important things to tell me about."

d) Room to hear and understand

The most basic activity of the therapist is to attend. We listen very carefully. We listen with our eyes as well as our ears. We try to understand. We listen with such attention that we can appreciate and understand what is being said and can also sense what is being left unsaid. The therapist knows that just by listening alone, a good deal of the burden of the client's pain may already be lifted. Listening depends upon having space within oneself. In order to listen we have to keep emptying ourselves, noticing what is getting in the way of our attention and letting it go repeatedly.

So the therapist listens and notices and as they do so they allow themselves to imaginatively enter into the world of the client. This has always been the basic approach of the therapist. Empathy is not a recent innovation: "My study of Freud has taught me that one can truly understand another only from the other's frame of reference, not from one's own" (Bettelheim 1992, p.36). So what is empathy? Empathy is the use of the imagination to enter the world of the client and thus to understand. One has achieved empathy when one understands the person in a particular way. This is when one comes to feel that no matter what the person has done, said, thought or felt, it would be perfectly natural for one to have experienced the very same reaction if one were really in that person's shoes.

When we say: "I wouldn't have done that" we mean that we would not have done that being the person that we are, with our particular background and experience our body and our mind. Empathy means being able to imagine what it would be to have the body, mind, background and experience of the other person. If we can really do that then we will not feel alienated from them in any way. Empathy is the ability to tune in to others. It is the means of becoming harmonised with them.

Empathy is, therefore, a matter of creating a space within ourselves and allowing it to be filled. To be able to do this requires a certain degree of inner security. The therapist has to feel safe in order to allow this to happen. What fills the empathy space will change the therapist as well as permitting the client to change. We are expanded by each new person we come to understand. It is as though each new client gives us something of their being, something which enables us to grow.

In the first place the effort of the therapist is focused upon understanding purely from the client's perspective. As the relationship becomes established, however, other possibilities open up. Once the empathic connection is established, the client and therapist together can begin to look at other possible perspectives. This has to be done in a spirit of free enquiry. The therapist, in particular, has to remain open to all possibilities. The therapist works hard to prevent themselves becoming closed.

### **CONTAMINATION**

So a space can be created which enables the client to have room to express things which have not been shared, things to which there may be attached feelings of shame, guilt, fear, anger or grief. It is as though the client's inner space has become unsafe for them. It has become contaminated by negative forces.

In this sense, a negative influence is anything which holds the mind's attention which brings forth unhappy feelings or harmful consequences. If our mind focuses upon such negative objects, we suffer. A common example is bitterness. If a person's mind is focused upon how others have harmed them or stolen from them or treated them unfairly, the person will suffer again and this suffering which comes from the mind's preoccupation with the wrongs of the past is often more painful even than the suffering which was occasioned by the original event. It is as though the person's inner space has become contaminated by a poison. Such poisons are sticky. Once they are in, it is often very difficult to get free from them again.

In the process of therapy, the therapist opens themselves to the client and to an understanding of the poisons which the client is affected by. This opening by the therapist may induce the client to open up too. This is how the safe space comes into being: by two people opening up to each other. Once the client has opened up, the poisons which are in them may be able to get out and the client may begin to feel light and free again. It is crucially important that, during this delicate time when the client is unusually open, the therapist ensure that no new poisons get in. In this sense, therapy is a bit like surgery. There is, during the period of therapeutic work, an open wound. It is very important that no new germs are allowed into the operating theatre.

What are the poisons which can cause us so much trouble and against which we must guard if we are to keep the therapeutic space safe? No doubt they are innumerable. If we simplify, however, we may talk primarily about difficulties there may be in the therapist's attitude toward the client, toward themselves and toward life and we may say that each of these tends to have two different kinds of manifestation which are opposite to each other. We thus, speaking very generally, have six categories of poisons, grouped in three pairs. Let us have a look at each of them, since it is very important that we are able to recognise them and do something about them when they

arise within us, as they commonly do. It is very important that we guard against them if we are to keep the therapeutic space safe and "germ-free".

The first pair, the things which poison our attitude toward the other person, could be called attachment and rejection. They are likely to show up in therapy in the form of judgemental attitudes. We may find ourselves approving of one client and disapproving of another. We like to have this client and we do not like having that one. We would like to have a caseload of clients of a certain type - those who work hard at their therapy, say - and we hate having to deal with some other clients who, perhaps, seem stuck, make us feel inadequate, have a different attitude to life from ourselves or evoke emotions in us which we find hard to handle.

The second pair, things which poison our attitude to ourselves, are basically manifestations of self-consciousness. When we are self-conscious, we are more concerned with whether we are being a good therapist than with the actual process or the needs of the client. We could call this pair arrogance and dejection. We might be carried away by our own ability and by how clever we are, or we might be feeling hopeless and inadequate and thinking that we are incapable of helping anybody, but either way we have become more concerned with our image of ourselves than with the client. In this case, at some level, we will be expecting the client to make us feel like a good or bad therapist. Our mind will be on an evaluation of ourselves rather than on getting on with the work in hand.

The third pair, things which poison our attitude to life, primarily take the form of envy and fear. Either we think that everything would be alright if only such and such were to happen, or we are preoccupied with the thought of how terrible it would be if such and such happened. This pair are to do with defences, with what Freud called warding life off. They are likely to show up in therapy as a concern with our own personal issues rather than those of the client. What the client tells us may well trigger off our own aspirations or fears. It is then quite easy to let the mind slip away from what the client is talking about and become occupied with our own difficulty and what we are or are not going to do about it. In the simplest form, this causes us to stop paying full attention to the client. Our mind is on other things. There is a more complex form, however, in which we are engaged with the client superficially but are really working out our own problems vicariously through them. In this latter case we will steer the client onto topics which are related to our issues and interests, rather than going where the client wants to go, and we will try to get the client to adopt our own preferred solutions so that we can find out from the client whether they work or not and so on. When, as phenomenologists, we talk about entering the therapeutic encounter free from preconceptions, we are talking about developing the ability to keep these six poisons out of the therapeutic space. The epoche is the operation of mind whereby we put these preprogrammed bits of our own mentality on hold while we give our attention to the client's world, the phenomenon in hand.

While it is possible to set our own issues aside in order to create a safe space for the therapy, it is obviously progressively more difficult to do this the more pressing our own issues become. From this analysis we can see that the effort which it takes to keep the space safe is closely related to the character of the therapist. To some extent technique can compensate for personal preoccupations, but this is not totally possible

unless one is capable of a hundred per cent concentration at will for at least an hour at a time. However, if the therapist is not beset with pressures from their own hang ups, it is obviously much easier and in the extreme case, we could say that a person who was completely inwardly liberated would be a natural therapist without special effort. Insofar as the therapist is really content and at peace within themselves, they will find it easier to accept all manner of clients without becoming judgemental. Insofar as the therapist has overcome the self-centred concern which we all pass through at various stages of life, they will find it easier to keep attention with the client in a neutral yet appreciative way. Insofar as the therapist is able to be at ease in the present and is free of serious preoccupation with their own past and future they will find it easier to give full attention to the matters which concern the client. Insofar as we are free from these contaminating influences, there will be space within us which is safe for us and safe for the client.

### **PERSON-CENTREDNESS**

One of the best developed and certainly best researched phenomenological approaches to therapy is the person-centred approach developed by Carl Rogers. Rogers based his approach upon the idea of a "formative tendency" at work in the universe. This manifests in each individual as what he called an "actualising tendency". The basic idea is that each organism and perhaps even each phenomenon, whether organic or not, has a tendency to move towards enhanced complexity and integration which will operate so long as circumstances permit. In other words, if we can provide a safe space the client's personal development will look after itself. On this basis Rogers proposed that what we are here calling a safe space comes into being when the therapist can provide a defined set of psychological conditions. These conditions are:

1. psychological contact with the client
2. accurate empathy
3. congruence
4. unconditional positive regard for the client

A great deal has been written about these "core conditions" (Rogers 1961, 1989; Brazier 1993). It is, however, worth remembering that the elaboration of this theory by Rogers was an attempt to give expression to a vision of what was possible in human relations, a vision that was essentially holistic. Rogers talks about the conditions one by one for heuristic purposes, but it is clear that he really intended that they be taken together. He did not think that they operated singly. He was talking about a "way of being" (Rogers 1980), not a set of techniques.

Rogers' ideas were frequently misunderstood, in part because of their very simplicity. People frequently simply could not take in what he was saying because they assumed that he must be saying something else and many of his writings were attempts to put the record straight. Thus, he was and still is widely believed to have been an advocate of "reflecting feelings" whereas he categorically states that this is not the case. Again, there are, on the one hand, those who think that he was talking about a "background climate" against which the work of therapy could be set, and on the other hand there are those who think he was advocating that therapists should confine themselves

purely to making empathic reflective statements. None of these interpretations goes anywhere near doing justice to his work.

Rogers was not talking about a "background" condition, but highlighting what he thought the central effective ingredients of therapy are. Nor was he restricting therapists to a narrow range of responses. He was saying that whatever response comes from the therapist, it will be therapeutic insofar as it embodies all the conditions he specified.

There is, therefore, some danger in separating out the conditions into separate items. Although this may be necessary to understand them intellectually, to put them into practice actually requires a more totally human response to the client. In fact, to really achieve what Rogers was getting at is probably rare.

A person-centred approach is one which does not sacrifice persons to principles - not even to person-centred ones. There is an important sense in which it is the therapist's personal ideals which can quickly become one of the most dangerous contaminants of the therapeutic space. In general, people are more likely to sacrifice others in the service of ideals than for most other reasons. And most therapists are idealists.

A therapist may, for instance, believe in liberty, equality, justice, non-violence and so on, but the client might not believe in any of these things. The client might be a soldier who believes in loyalty, obedience and the importance of people knowing their place in life, or she might be a member of a right wing extremist party, or he might be a murderer or she might be a child abuser. In these situations, the therapist is only going to be able to provide a safe space for the client if she can achieve a deep understanding of the client's viewpoint, their orientation toward their world and how it makes sense (ie becomes meaningful) for them.

### **WORLD-CENTREDNESS**

So far, our attention is upon the client as a person. All our effort has gone into understanding how the world seems from their perspective. This is an essential step in deepening communication and in creating a space. It means that there comes into being a space which is shared between the two of us. What this space consists of is a sharing. I begin, through my imaginative involvement, to share the world of the client. I do not do this to the extent that I forget my own world, however. I have, as it were, one foot in the river and one foot on the bank. If I am to rescue a drowning person, I need one foot on the bank.

The problem with this last analogy, however, is: How can I know that my bank is any safer than his river? Is there a bank which is secure? Is there anything to which one can anchor oneself which is not as vulnerable to being washed away as anything else? Here there are dangers of two extremes. At one extreme is absolutism: the idea that I know best and my world is the right one. This is the danger of an overly interpretive approach in which whatever the client says is reinterpreted by the therapist into terms which fit a preconceived model. Phenomenology tries to escape from this by means of what is called epoche, a suspending of preconceptions. At the other extreme is the danger of relativism: the idea that since all views are relative, any one is as good as any other. This is the danger of an approach in which the therapist stays so much within the client's initial frame of reference that they just go round in circles together, neither

having any way out. Phenomenology tries to escape from this by means of the principle of apodicticity, the fact that a sense of certainty can be acquired through direct experience which cuts through abstract speculation.

What shifts a person in therapy is coming upon new experience. There are points in the process which come as a surprise, even a shock. These are what we might call the real therapeutic moments. Change is not gradual, it comes in sudden insights. It may then take some time for these moments of realisation to be assimilated. As they are, a new "world" appears to the client.

Phenomenology is thus a "world-centred approach". Rogers was aware that his vision had to be set in a wider context than the person considered as an individual. For him, the actualising tendency of the individual was part of a formative tendency in the universe as a whole. This wider aspect of his thinking was not much elaborated, however, and it has attracted little attention.

If we are to develop Rogers' statements, it does seem that to create a really safe space, we have to do more than simply appreciate the one frame of reference which the client initially presents, difficult enough as this may be. The client is actually giving us an entry permit to a whole world which is full of the many different characters, human and non-human, animate and inanimate, historical and imaginary, empirical and archetypal. Beyond the perspective which the client first presents, the therapist needs to achieve an integrating vision which appreciates the many viewpoints which together constitute a whole world for the client. To do this the therapist needs to be grounded in a vision of "the possible world" which is extremely multifaceted and all encompassing. This requires a kind of ecological consciousness.

If the therapist is to have a mind and heart big enough to hold the world of the client, then the therapist must occupy a world which is big enough to encompass all possible worlds. The therapist has to be open to all possibilities and to see how everything is inter-connected. "The concept of 'person,' like the concept of self, is made only of non-person elements - sun, clouds, wheat, space, and so on. Thanks to these elements, there is something we call a person. But erecting a barrier between the idea of person and the idea of non-person is erroneous" (Hanh 1992, p.38-39). The bank upon which the therapist must have their foot, is not the bank of their own personal narcissism which is as vulnerable to a flood as anything else, but is rather a larger all embracing vision of the multiplex nature of all things. Only from this position are we able to love everything without falling into an empty relativism.

So the space created by the therapist is not really safe until the therapist can appreciate both the world seen by the predator and that seen by its prey (Hanh 1987). There is an understandable tendency for therapists to allow their empathy for the client to obscure their appreciation of the greater whole, but this is not actually to the long term benefit of the client. The therapist enters the life space of the client and thus demonstrates that it can be a safe space. The therapist is, however, also in touch with a vast space which can hold the whole of the client's world and give it opening onto the worlds of others, of which it is really already a reflection.

If the actualising tendency of the individual is simply an expression of a formative tendency in the greater scheme of things, then the therapist is going to be a great deal more effective if they are in touch with the larger picture, if only in an intuitive way. The

safe space created between client and therapist is, as it were, a small pool made from the same water as the great ocean.

### **TRANSFORMATION OF THE SAFE SPACE**

As therapy progresses, the safe space which had begun as something bounded and inward looking gradually ceases to be so. The therapist and client have shared a journey together and a great deal more connects them than at an earlier stage. They are joined together by shared experience and by a mutual understanding. This does not mean that the client necessarily knows much about the therapist's private life, but the client will have picked up a good deal about the therapist's style, character and humanity and this is a more important basis than information.

As the understanding and trust grows, the work becomes more shared and creative. It is no longer necessary for the therapist to always follow. Often enough there is lively creative interchange in which one would be hard put to it to say where the initiative lay. The work becomes experimental and co-operative.

Once this kind of trust is established the orientation of the client and therapist may become more outward looking. The client may have come originally engaged in an introverted quest for self, but they are likely to progress toward a more extrovert investigation of their "world". Gradually, the roles of therapist and client are transformed. The relationship becomes more akin to a friendship. The space which is the focus of attention is not so much that which lies between the two of them: it now becomes that which surrounds them, the greater world, the future.

Thus, for instance, in working with the client who is bereaved, the therapy may begin with the therapist giving intense attention to the client and gaining deep understanding of each aspect of the client's perception of their loss and the feelings and attitudes it evokes. In due course, however, a bond develops between the therapist and client which, to some extent, itself lifts the client out of their solitary preoccupation. Then finally there begin to occur moments when there is a sense of peace or acceptance in which client and therapist share together, appreciating the simple fact of their shared humanity and the poignancy of their common mortal condition. Such moments have a transcendent quality. In the first stage, what is healing is that the client is provided with a womblike space in which to recuperate and be self absorbed. In the middle phase what is healing is that there is real sharing with another person. In the third phase what is healing is that the therapist and client together face the greater reality of which they are but fragments and thereby come to an appreciation of inter-connectedness with life.

If therapy is a womb to which the client returns in order to grow anew and be restored, then this process comes to an end in a new birth, a breaking out. The new life which the client has generated no longer needs to be contained. The therapist may withdraw by degrees, continuing to provide a modicum of holding but watching as the client spreads their wings and takes their new freedom in the world. The earlier phases have required the therapist to begin from a position of openness and then to engage in a co-creative process in the course of which new things are brought into being. In this final phase the therapist must let go once again, returning to emptiness as the client departs.

## CONCLUSION

Therapy begins with a client looking for refuge from troubles which they are carrying within themselves. Whether the therapist can help the client find new safety for themselves depends upon whether the therapist is in touch with safety and spaciousness within themselves. Therapy is more than technique.

Once therapy is under way the safe space grows and then transforms as the client gains confidence that it can be perceived not only in the presence of the therapist but also in other aspects of life. The client learns to carry something of the therapy space with them in their everyday activities. Whether things go well in the middle and end of therapy also therefore depends upon the therapist's ability to stay in touch with a larger, universal spaciousness capable of encompassing all the client's experiments with life and changes of mood and direction.

Therapy involves the creation of a subjective space which originates within the therapist, which then becomes an interpersonal space which initially lies between therapist and client but subsequently envelops and conjoins them and finally lies around them returning them to a communion with a meaningful universe and inviting their separation.

The space is made safe by the open hearted attitude of the therapist which encompasses empathy and positive regard in a congruent way and leads to real human understanding not just of the individual but of the meaningfulness of life as it is expressed through the person and through their world. This is a process of deepening intersubjectivity by which both client and therapist are enriched and liberated.

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