Chapter 7

"Sanity and contemporary psychotherapy"

. . . psychotherapy as the response to psychology

. . . psychotherapy which, in a sense, is the response to psychology? After all – if we all exist, learn, think, feel, behave, hope, suffer and eventually die, then we all inhabit the "world" of psychology. If as individuals our existence, learning, thinking, feeling, behaving, hoping, suffering and dying remains quiet and peaceful, internally congruent and aligned without oxymoronic conflict; moreover, presents no subjective experience of distress, then not only have we been fortunate beyond credibility, but we have also been permanently sane. This is another way of saying that we are all "nuts"[99]. It's just a question of when and where we hit the buffers – and how noisily. For most people, most of the time, all this is an unnoticed phenomenon – unnoticed even by ourselves. (Sometimes we seek a little comfort here and there.) For others, the elements of sanity have gone so awry, and the accompanying distress become so intense, that the illusion that one can fix oneself unaided has all but evaporated, dissolved or retracted to the point of unreachability; then, the psychologically agonised person reaches out for help (assuming that the reaching out hasn't already been done by enforcement of civil or criminal law). The response may come unpersuaded from intimate community. Then again it probably won't, if for no other reason than because we don't organise ourselves that well. Besides, folks understandably get to the end of their tether with sick people. Arguably they should.[100]

Patient "readiness" and response "relevance"

So what happens next? Well, it depends on two main things. The first and most pivotal is the internal readiness of the distressed person to go about things in a different way, or to move in a different psychological direction, and the effect is proportional; e.g., total readiness invites total change of habits – and total change of psychological direction[101]. The second is the relevance of response from other people, and "relevance" is a most encompassing word. These two factors in the trajectory of a needy person's psychological health are revisited over and over from here onwards, beginning with consideration of how compromised sanity tallies with this framework.

Our shameful prurience

We all have heard of the old asylums in which poor unmedicated souls, no longer a fit in their communities, or whose behaviour had become so unmanageable that they had to be contained securely, were locked up hidden away "out of sight, out of mind"; alternatively, paraded as it were *in situ* for visitors eager for experience of the grotesque and the awful. In the same prurient manner, ancient audiences would flock to consume the spectacle of Roman gladiators, or medieval pillory, or pyromaniac execution. Happily, in these times, we confine our predilections to exuberant gossip about contestants on talent show TV. What is it about us that enjoys, without sufficient shame, the tribulations of our fellow men, women and (especially) children?

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[99] **OK – not you**

[100] **It is a question of resisting the inevitable "game playing" (see Chapter 8) that accompanies insanity; thereby helping people towards independence and personal responsibility (with which we need to combine compassionate recognition that insanity depletes all sorts of resources, so taking us back to our collective responsibility – see Chapter 6 – and the case for a "moral psychology" class of insurance if you like).**

[101] **rather suggesting that a perfect psychotherapy could be nearly infinitely cheap**

Tolerance for our own hypocrisy

Perhaps it is just that we are selfish creatures who prefer to live personally in matters of pleasure, and vicariously in matters of pain; whether of the body, or of the mind. Perhaps there are perverse mental processes of which we (all) are capable by which we convince ourselves that – whilst our own suffering must be avoided at all costs – another's may be tolerated as long as (by our own assessment of course) they brought it upon themselves; or it is not so close to us that we feel it literally because of its contiguity; or it is not so near that we cannot "pass by on the other side" onlookers unaware, but must stoop to ask what is wrong. And then later, when we became incapacitated ourselves, what did we remember of our behaviour and our values? What kind of response did we expect or now humbly hope for at our own buffers? What was our tolerance for our own hypocrisy?

Two sides to every coin

Perhaps these kinds of psychological anomalies generate the worst kind of intrapsychic conflict; for, if we become "too" honest with ourselves, we cannot bear the "conscience-weight" of our own irresponsibility. The phenomenon is an everyday one. We know it from childhood. We stole sweets, or hit our sister in frustration, and felt "bad". It was the same feeling then as the one we know now when we scrape a car and don't leave a note, or stray into the more dangerous territories of property misappropriation and selfish "love" affairs. If we haven't yet grown up, we live a life of chronic burden, always under the suspicion of our own lurking moral gaze, let alone the scrutiny of law. Whichever way you look at it, it is of no use making excuses for self-betrayal. There are two sides to any coin, and we can flip any situation over to look at it another way. We credit ourselves with guile; in fact, it is denial. How do we know it is denial? Because if you hold out playing a "bad game", you find yourself on a losing wicket sooner or later. Ask anybody who has tried it in the long run. As a theory this assertion goes a long way as we shall see in Chapter 8. Fortunately there is a solution, and it is outlined in Chapter 9. The whole of Part III is a testimony to that solution in action – albeit founded in allegory rather than in the laboratory. No matter. It has to be only convincing enough. What you believe matters. You have the precious and unique "laboratory" of your own life in which to work. You don't need to exclude from your own "moral psychology" any first cause of "conscience", and you need admit and afford hospitality only to those that you choose to invite.

The extent to which the blind lead the blind

What parallels of our personal discomfiture exist in any treatment system at any one time? In what ways and to what extent are responses confused, incoherent, uncoordinated, misaligned through internal conflict; even perhaps in certain ways irresponsible, beset with ulterior motives and lacking in integrity; above all, self-deluded by excluding authentic sources of "conscience" and unwilling to change? To the very extent that these prevail do the blind lead the blind. If we take a view of the entire need (personal disintegration) and response (psychotherapy in all its guises) for psychological helping in one bird's eye view; have we not, as a human family so to speak, sub-contracted it out (in most civic arrangements) so that we need never look at it, nor examine it, nor fettle it, unless we have need to use it? And then, if we have need to use it, do we not number either among its clients, in which case we are too sick to see and speak for ourselves (until our condition improves); alternatively, among its designers, administrators and practitioners who are liable to get bogged down – then having a vested interest in careers and technicalities, salaries and familiarities; and who (juxtaposed with suddenly honest clients) may be dismally qualified by (in)experience?

Psychotherapy needs self-examination as much as its clients

Surely what is true of me as an individual (and, very possibly, you) is also true of the psychotherapeutic industry (for that is what it is): if I seek self-knowledge for the worthwhile sake of acquiring or maintaining personal integrity or vigour, I must be willing to scrutinise my past. If I don't do this on (and with) purpose I am liable to persevere with living (and meeting trouble unless I have redirected psychologically or spiritually) never having to confront my history. A client in psychotherapy (as indeed in all their other relationships) may be afraid to tell the whole truth (and nothing but the truth) about themselves (i.e., to shed all forms and degrees of psychological defence) for fear of exposure, shame and intimacy – whereas the professional psychological helper may be unwilling to open up in a similarly "unprotected" vein because there is much else to defend. But, surely, psychotherapy needs as much self-examination as its clients. If it doesn't appreciate this – whether as an entire professional domain, or within its constituent silos (pending the kinds of reconciliations between them that can only bode well for us all as we veer away from polarities and steer nearer to "truths") – it risks the same consequences as the avoidant individual – in denial and still belligerent to wisdom; i.e., eventual self-destruction. Self-examination and reflection evidently yield shifts in thinking. If the self-examination is earnest, the redirection is bound to be favourable. Favourable trajectory promotes favourable circumstances – sometimes quickly, sometimes slowly – but inevitably all the same. Like everything that mutates into something better, psychotherapy need never be called upon to leave behind its better "self". But does it know what that "self" is or how to set about discovering it? Whilst conflicts within a discipline, as within an individual, tend to undermine integrity, effectiveness and reputation – ameliorations of internal dissonance promote direction, satisfaction and peace. There is also a tendency for relationships to change for the better.

"Unusual affect" and "layers of defence"

There are any number of useful yardsticks, apart from patent denial, by which we can discern a poor condition – whether in a client presenting for psychotherapy, or in the psychotherapeutic response. Included among them are "unusual affect" and "layers of defence". Unusual affect in the context of (in)sanity refers to, shall we say, unfamiliar or giddy thoughts or feelings that are unpleasant to the person experiencing them, may interfere with the free and easy living of the sufferer and others in their psychological vicinity, and which cannot be banished easily by discharge of "will". In some persons, at some times, "unusual affect" can assume a serious form which, as it features unmistakeable disturbances of reality-perception in the form of delusions or hallucinations[102] – yet may be amenable to effective pharmaceutical intervention – is likely to require remedial attention urgently. In the (limited) present state of medical and psychological technology, such problems lie fair and square within the province of psychiatry. We are well advised to appreciate the competence of suitably trained professionals in the treatment of such grave conditions because no-one else has ever made a more convincing pitch. At the same time, we would not wish to dismiss the seriousness of "non-psychotic" disturbances which can be similarly debilitating and sometimes fatal – usually in the shape of self-sabotage or suicide. This is where the rightful implementation of interventions in the medical mould are more blurred and controversial. The "medical model"

[102] **Delusions are false beliefs. Hallucinations are quasi-sensory aberrations. Both are instances of reality-distortion. Esoteric philosophical arguments about reality may not interest the sufferer or the family, and are beyond the scope of this book anyway.**

is characterised by two primary attributes: scientific (or empirical) method, and an identifiable professional culture. Even within it there are divergent approaches to psychotherapy, and sometimes these cross their arms and don't talk to each other. Blended in with them is a broad spectrum of other helping approaches and practices, and most of the time they aren't on speaking terms either. How, then, can a psychologically sick person (and sometimes people are very confused and vulnerable indeed when they present for help) effect a sensible choice about where to turn, assuming they have any choice at all?

Capacity for empathy

Now, according to one point of view, it takes a well-trained practitioner to discern insanity, but this stance barely scratches the surface. Putting aside denial, an insane person knows a great deal about insanity because of subjective pain – but their expertise cannot be harnessed usefully in a state of personal disintegration. Isn't the most sensitive monitor of another's insanity someone who has traversed and survived the same stony journey or, at least, one like it? Doesn't survival of insanity implicate development of honesty, even if only in overcoming denial? Don't we all experience goose bumps when we see or hear truth or beauty? Don't we all recoil consciously, or even beyond our awareness, from cant and clamour? Some people don't like this kind of questioning, but you must always ask yourself why they might resist it. It is patently obvious that someone who has similar experience to another possesses the greater capacity for empathy[103] and, so, someone who wishes to step into the helping shoes of one so qualified must be at least one of: virtuously willing when no-one better placed will do it; better qualified on a net basis by other assets, or representing a response system that is protecting its own power or financial interests on unethical grounds.

"Expert patients" …

In health care systems in the West (Great Britain anyway), there is a personhood known as the "expert patient". Applied to insane people such nomenclature borders on mockery with reckless irresponsibility. Compromised people lack "expertise" to the extent that they are laden with ignorance about how the treatment system works – doubled once with mental confusion – and twice with their own denial. Susceptible people who can't see the woods for the trees don't know which route away from insanity they might pursue because they don't know what it looks or feels like. If they did, chances are that sooner rather than later they would have adopted it, so dispelling their discomposure. Their appreciation of options, even supposing that these were clearly explained and the relevant services freely available, may be severely curtailed and, in any event, neither of these conditions is reliably satisfied at the front line. Such obfuscation may be exacerbated when prospective clients are active in addiction, in crime, or any other category of disorder especially contaminated with dishonesty. Whether offenders have complete, partial or no aforethought of misdemeanours (known in France as "*crime passionnel*" and in the USA as "temporary insanity"), people say and do things whilst psychologically afflicted (especially if under the influence of alcohol or drugs; even more so if addicted), which they would hardly perpetrate when psychologically healthy (sane), sober or recovered. All the same, although a person's criminal intent may be distilled from psychological vulnerability, raw accountability for social misdemeanours (the need for making amends) does and should remain regardless of "moral responsibility".

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[103] **having its roots in the German *Einfühlung* as we saw in Chapter 1. "Empathy" – which is mutual and shared understanding – is not equivalent to "sympathy" – which has far less (even negative) value in psychological helping as it fuels self-pity dangerously.**

(Very) "Unusual Affect" (when lit)

"Layers Of Defence" can make us 'spiky'
Duart Castle, Isle Of Mull, Scotland

… or "competent coxswains"?

Ignorance, cerebral fog and personal denial render self-diagnosis and self-treatment impossible or, at best, challenging to say the least. Does each practitioner the suffering person encounters once the (sometimes very slow) process of capitulation has started possess a capacity for immediate and accurate diagnosis? No. We know this from collective experience of the "revolving doors" syndrome[104]. Well then, is there some unheard "voice in the wilderness"[105] whom we have not heard above the clamour? No. No-one has rendered a one-size-fits-all cure for insanity. Each response must be tailor-made, as bespoke as the personality and history of the individual, else it is shoddy. And if the afflicted person doesn't know what style to wear, or doesn't appreciate the latest fashions, who will help in the bustling market? What happens when they find themselves cast centrifugally from the mall doors, returned on their backsides to the street – over and over again – each time a cap doesn't fit? Any family they ever knew has flown. Any money they never had is spent. Any hope they ever had has gone. They start to die, inside out. There is a *prima facie* case for "competent coxswains" (see Chapter 9) to steer these distressed vessels into a well-fitting berth in a safe harbour; to explain what can't be appreciated unaided; to afford temporary assistance with navigation, and to defend against misunderstandings and inattention.

Maintaining optimism

Well – let's be optimistic. After all, where there is life there is hope – and hope is reflected brightly in subsequent Chapters. In the meantime, let's look at what might happen when someone who is "all knotted up"[106] presents somewhere where there is a helping hand who has a matched response – or who knows how to effect a good referral. How "relevant" is the range of psychological help that is out there?

Understanding the evolution of silos

A (very old, possibly Chinese traditional) definition of insanity expressed in terms of doing the same thing over and over – but each time foolishly expecting a different result – is often attributed to Albert Einstein (somewhat mysteriously given his association with physics rather than psychology – although many of Einstein's humorous quips regarding human vanity are registered in the various catalogues of after dinner speech writers' guides). Now, as Sir Isaac Newton knew (see Chapter 1) – and now we do – great scientists do not spring from nowhere, but emerge from history standing on the shoulders of "giants" (and lesser ancestors). The same is true regarding concepts of insanity in psychology and, so, we might wish to traverse today's silos in the context of their chronological evolution so as to appreciate their gradual formation and interrelatedness. Whilst we can refer to material already presented for much of this perspective, we will be assisted in our appreciation by reference to a timeline around which can be constructed a brief historical narrative. Against such a backdrop, we will develop a discussion of various dimensions against which any response to the challenge of (in)sanity may wish to evaluate itself; following which (in Chapter 8) we may consider human relationships, appreciated by none so much as Eric Berne (1910-1970).

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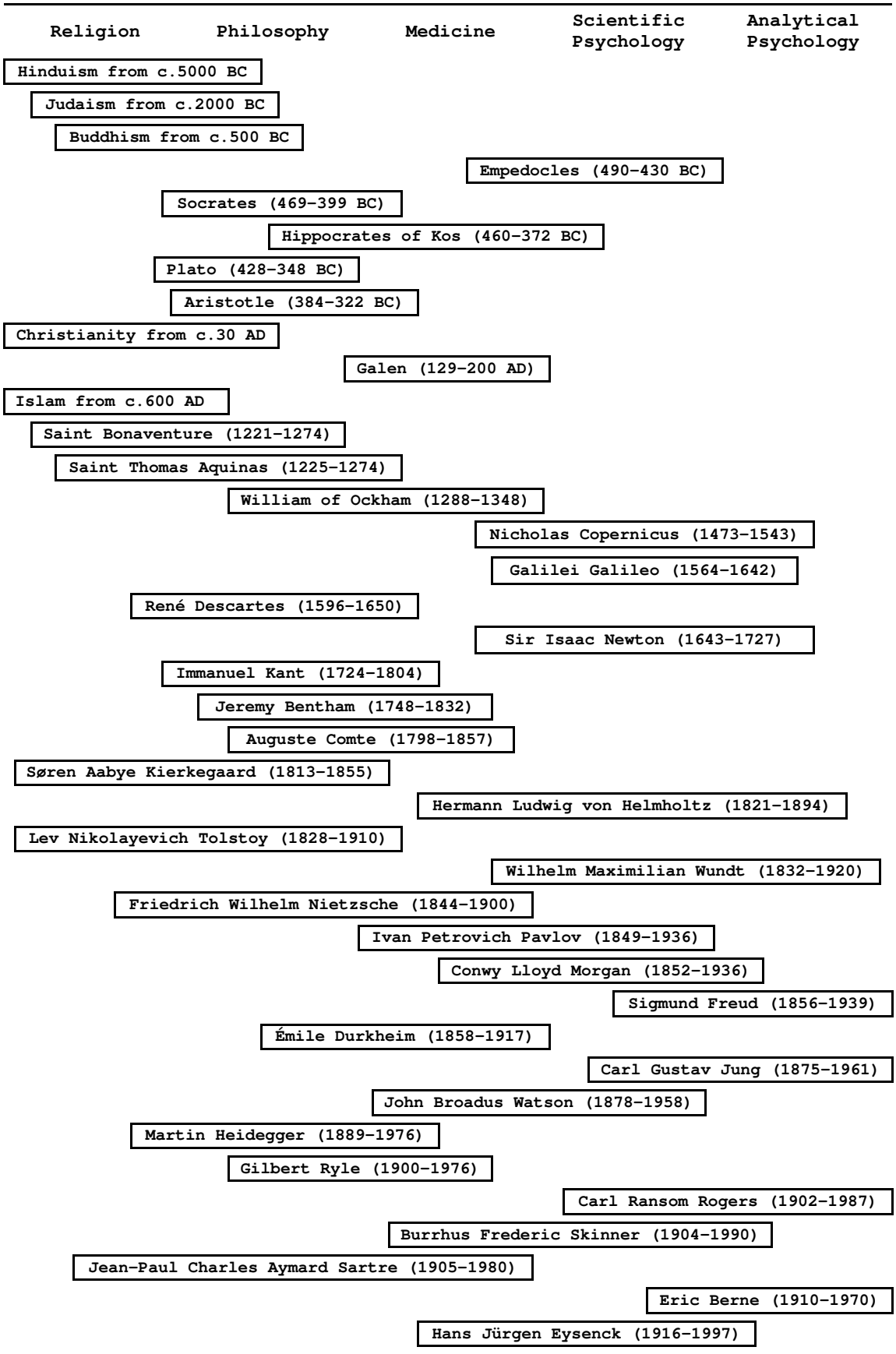
[104] **referring to the unmitigated phenomenon whereby clients turn up at services, only to find themselves through lack of personal readiness, or response "relevance", cast exterior, simply to return at another entry point further down the road … *ad infinitum***

[105] **in the New Testament, the remote John the Baptist preparing the way for the Messiah**

[106] **an expression we will coin to represent the miscellaneous ways in which the various schools within psychology and psychotherapy present barely convincing explanations of everybody else's psychological problems. Perhaps we all need some "straightening out". None of us has all the answers – but many are doing a great job with what they've got.**

(NON-LINEAR) TIMELINE SHOWING EVOLUTION OF MODERN PSYCHOLOGY



FROM AND WITHIN A "MORAL ENVIRONMENT" TOWARDS A "MORAL PSYCHOLOGY"

"Einstein's Insanity"
(A grate physicist with a quirky appreciation of human vanity)

From diverse ancient religions to disintegrated modern psychology

Older history, prior to recorded human civilisation, is added by way of context to an ancillary argument at the beginning of Chapter 8. Hinduism, traditionally, has recognised many deities and stands in contrast to the monotheistic approach common to Judaism, Christianity and Islam. The Old Testament, for many readers, is a ferocious territory as much as it is an inspiring one: the fear of an exacting God and the scything edge of the human sword permeate its cultural narratives, practical wisdom and religious assurances. Recognising exceptions such as Kierkegaard, Tolstoy and Jung – religion and psychology are discriminable pursuits now although, naturally, they share common interests – not the least among which lies the personal integrity (and spiritual salvation) of their charges. In two-and-a-half millennia of "rigorous thinking" beginning with Socrates (in the West at any rate but we may care not to forget the Biblical prophets, the Buddha and Confucius) neither philosophers nor scientists have in any conclusive manner accounted for or dismissed human consciousness. One of the main tensions within classical philosophy in relation to a "moral psychology" has been "dualism" (or the "mind-body problem") from which, actually, behaviorism and scientific psychology drew their seminal momentum by way of reaction (see Part I). Explanations of associative learning (classical conditioning and underappreciated variations within that paradigm) in physiological terms have barely transcended the interpretation of laboratory preparations of simple invertebrate neuronal systems (see Chapter 2). If "consciousness" hasn't been realised from known neural or synaptic morphology – far less have language, all first causes of "conscience" and human subjective pain (physical or psychological) been accounted for in the realms of classical philosophy and science as we have known it since Copernicus and the Scientific Revolution. "Scientific Psychology" and "Analytical Psychology"[107] are represented in the timeline (columns) as discriminable traditions; indeed, there is little actual crossover institutionally. They are probably best characterised as "bottom up" (anticipating accounts of phenomena from first principles) versus "top down" (iterative refinement of models) approaches respectively.

Recap of lateral thinking in the unravelling of history

This timeline is just one way of drawing up history; however, it is coherent with earlier Chapters and represents the "moral environment" relevant to a "moral psychology". Like all human history, admittedly, it is written up in a particular way for a particular purpose. It is said that Martin Heidegger (1889–1976) died before completing a *Destruktion* ("re-enactment") of philosophy – a perfect illustration of the breadth of imagination that was recommended in Chapter 6:

One way in which the diversity and richness of such variations in culture can be appreciated is to conjure by imagination any number of "parallel universes" that one can create, contemplating how things could have been in the past, and might be today. Far from mere idle or fantastic indulgence, this kind of recreation is the very stuff of growth and progression at the levels of both human individuals and the various collective entities that wax and wane like the moon: nations, monarchs, governments, political factions, overarching civic regulators, commercial and other organisations with a specific motive, each of which combines with a superfluity of responses from individuals – and groups of people with whom they are intimately connected, including families – within pyramids of rich relationship.

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[107] **Whilst "analytical psychology" is an expression sometimes reserved for the Jungian approach to personality and psychotherapy (indeed the expression was coined by Jung to differentiate his approach from Freudian psychoanalysis); here, it encompasses those evolutionary threads within all the diverse schools whose devotees descend from Freud.**

Unfinished business and "moral conflict"

We saw in Chapter 4 that human beings have always had a tendency to "polarise" – or assume black-and-white positions on fundamental matters. Modern psychology and psychotherapy are disintegrated and unfinished pursuits, largely because of this disposition. Trenchant positions on deep-seated difficulties (un)naturally create tensions within a professional discipline as much as intrapsychic conflict does in persons. Such internal misalignment, arguably, is one way of conceptualising "insanity" *per se*[108] (which is to suggest that some spurious partitioning of beliefs and values – or "moral conflict" – lies with deleterious effect, lurking invisible unless exposed, behind every instance of experienced distress). In professional environments, the resolution of conflicts isn't merely a matter of trying to achieve "occupational sanity" (or feel comfortable about one's professional identity or what one collects money for): the philosophical assumptions that one retains as both a private individual and a therapeutic artisan inform the very ethical basis of one's professional practice. Perhaps it is more important than many practitioners have realised to know who they are philosophically.

Having your philosophical cake and eating it

As a professional category, psychotherapy wants to have its cake and eat it. On the whole, it tends to assume that its clients must "decide", "redecide" or at least gradually embrace personal responsibility – apparently implicating Cartesian "free will" (in which mind doesn't need matter to exist). As we saw in Chapters 4 and 5, this position is favoured by religions which consider "mind" and "soul" synonymous, and "conscience" as spiritual or divine prompting. On the other hand, many psychotherapists in cultural terms identify themselves with the "religion of humanity" espoused by Auguste Comte who also pioneered positivism (see Chapter 4). Positivism holds that we can know only what is perceived (through the senses). As a philosophical tradition, it is aligned strongly with both materialism (holding that everything including "mind" can be explained by "matter in motion") and scientific determinism. Although not necessarily true of each individual practitioner keeping a personal view within the domains germane, most psychotherapies claim or aspire to a scientific – or pseudo-scientific – basis for the efficacy of their treatments.

The importance of shared assumptions about "mind"

As modern psychology doesn't "know" a proven position between dualism and materialism, it follows that psychotherapy doesn't either. It is not so much the point whether there are right or wrong answers to be had, as it is that practitioners might oblige themselves to promote awareness of the issues amongst themselves, reflecting on how the assumptions they unwittingly bring to bear affect the ethical quality of the treatment they deliver. The profession-wide presumption of "personal responsibility" may be acceptable even if "free will" is an illusion; nevertheless, psychotherapists mustn't render helpees more "helpless" than when they arrived because they somehow failed contractually to rework their destinies through "redecision". The therapist needs to maintain or effect with the client a compatible set of assumptions about "mind" and the manner whereby the client's psychological future is "co-created". As we shall see without too many more preliminaries, it may be possible to supersede "free will".

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[108] In the USA "radical psychiatry" refers to the political issue of oppression through alienation. The "hero" of the "anti-psychiatry" movement in the UK was the Scottish psychiatrist Ronald David Laing (1927–1989), author of *The Divided Self* (1960) and architect of the expression "double bind" referring to the "mixed messages" that supposedly generate confused children and, later, sick adults. Whilst the roots of the linguistic form "schizophrenia" suggest a divided personality, psychiatrists are more disposed to recognise constellations of symptoms as criteria for diagnostic syndromes.

Varieties of "knottedness" and matching the response

A singularly significant factor in the "relevance" of a treatment response has to do with the assumptions that are made by the therapeutic agency about how and why – precisely – a person is "all knotted up". The problem, really, is one of proportionate humility on several counts. First, the reason why there are still so many diverse treatment silos in psychological helping is because explanations for how the "knots" got formed (or whether and how they were congenital) are equally disparate: the various traditions and philosophies are just alternative ways of looking at the same problem, and none of them is entirely right; after all, none has furnished a complete explanation, and none has produced any universal "cure". A realistic appreciation of the limits of psychological technology is apposite (see Chapter 2, "Learning To Control"); in particular, the scientific community, if it is honest with itself, has very little 'I Deer' how the mind works (especially how subjective consciousness is generated, how we are endowed with our species-specific capacity for language, whether these things are bound up with or even occasion in some manner a peculiar or mutual capacity for experiencing pain – whether physical or purely psychic – and how human "conscience" arises and is despatched, especially in relation to dispensation of that pain). You can discern proportionate humility in a psychotherapist by how much they admit what they don't know – whether about what "mind" may be (other than "shareable subjective experience"), and how science fails to afford complete explanations[109]. Second, the therapist requires an appreciation of the extent of match or fit between their available response and the true nature of the presenting problem as far as that can be discerned authentically; i.e., without the constraint of conflicting interests or contamination with an ulterior motive. It is not just a question of fixing statistics, or securing fundamental and recurring income streams, or harvesting a misplaced sense of personal efficacy; it is a question of corrupting temporarily feeble minds with a false sense of hope. Far better, "I doubt my capacity for helping you, but I may be able to find a (wo)man who can". Third and pivotally, as already noted, the client needs the humility that is readiness to change. This condition includes openness to recognising the direction one must go – a highly personal undertaking in every case (inevitably transpiring to have been the easier path after all).

Mainstays and gaps

One of the most popular contemporary psychotherapeutic modalities is "behavioral" therapy, which is hinged squarely on the principles of conditioning described in Chapter 2. It is known as "cognitive-behavioral therapy" or "CBT" if combined with theory and research associated with the "cognitive" sub-discipline of modern psychology. Cognitive psychology does what it says on the tin: it identifies, challenges and remedies "distorted" thinking (whilst such language begs qualification, the trick in CBT – as in all psychotherapy – is to win round the client to a new way of looking at things). CBT is popular (with governments) because it has promised short, sharp and cheap results: the jury will let us know of its deliberations in due course. Medicine, by contrast usually quite expensive to administer, performs its psychotherapy – for the most part – via pharmacies and from the Freudian couch. The latter route, certainly, is a shared road these days with non-medicinal psychology. Freud, to be fair, must count among the most imaginative figures in the history of sanity and psychotherapy. We still don't know whether his theories will stand the test of time. Psychoanalysis and Jungian psychology

[109] **Whilst science may well answer thorny questions, it is best grounded in a realistic appraisal of how short it is of such finishing lines, assuming they will ever exist.**

have spawned goodness knows how many varieties. The "relevance" of all of the available responses in psychotherapy today has everything to do with their history, but then so do the precise shapes and forms of insanity with which they are confronted. But this is not to say that today's insanities and today's psychotherapies are a match made in heaven. Patently they are not, because so many besieged folks fall through the fissures in the floor boards. A significant advantage of taking the present perspective on psychotherapies (i.e., one which recognises through history what they have and have not become) is to create opportunities for re-establishing them – especially if their inadequacies can be identified readily enough. If they are relatively inexpensive to remedy, all the lesser any excuse for procrastination.

A "self"-perpetuating industry?

Inspection of an inventory of psychotherapies (on the following page) – having appreciated already how they emerged in a timeline of psychological history, and now seeing how respectively they perceive "knottedness" – one of the most ungainly ways in which they wander like unherded cats is in their appreciation of the human "self". Radical behaviorists probably wouldn't recognise such a thing at all. Psychoanalysts and analytical psychologists elevate it above all; yet claim it is hidden and inaccessible except through perspicacious use of their incisive professional instruments. Even amongst those that possess an enlightened understanding of an evolving "self", how many in psychotherapeutic practice explicitly and successfully lead clients away from self-centredness as opposed to unwittingly perpetuate the reverse with well-meaning encouragement to mitigate personal anxieties at any cost? To what extent has psychotherapy become a "self"-perpetuating industry – literally – because it has failed to realise what it means for the "self" to become free of its own burdensome shackles? We shall discover more of this in Chapter 9.

It's good to talk

As the author's primary hope for *Nine Seahorses* is that it strikes up conversations about "moral psychology", it is not necessary here to exhaust all the theoretical alternatives, nor defend a particular domain of psychology, nor any particular psychotherapeutic approach (except any that stands on its merits during scrutiny or contention). The reader can find both received and critical accounts of the psychotherapies – along with their merits and limitations (the latter of course in far more smidgeonly proportions) – elsewhere in books and journals; in libraries; in conference proceedings and workshop papers; in public sector policy and strategy documents; from private and voluntary sector organisations; in the yellow pages, and online.

If lucky stars be the food of sanity …

The remaining objectives within this Chapter are to illustrate very briefly the diversity of the psychotherapeutic response and to resume our discussion of "relevance" with supplementary reflections on "scientificness", "mastery", "toughness", "empowerment" and so on. The summary on the next page is not an exhaustive inventory; nevertheless, it encompasses the mainstream, and includes short notes on "knottedness" and "relevance". If you have the wherewithal to peruse these details on the basis of possessing the clarity of mind for their appreciation (for what they are and for what they are not); the "head space" for making comfortable decisions about them; a car for driving to the consulting rooms or the physical health to walk to the bus stop, and you possess the financial resources to pay for them – then you have the advantage of a very significant head start when it comes to feeding your sanity by counting your lucky stars. If you are just hoping for any response that might make things better, your "family doctor" (or anyone else you can trust with some confidence) is as good a place to start as any. You can let yourself be guided.

PSYCHOTHERAPY TYPES WITH NOTES ON "KNOTTEDNESS" AND "RELEVANCE"

Type	"Knottedness"	"Relevance"
Prescription Drugs	Psychiatry may understand "insanity" as "severe" mental illness only; nevertheless, it is a broad discipline. In pharmaceutical therapy, a biochemical imbalance or other deficit in the central nervous system is known, suspected or assumed (a psychological "cause" may never be identified).	Prescribed by a medically-qualified doctor, therapy involves drugs such as lithium for bipolar disorder, antidepressants, anxiolytics and anti-psychotics along with others for a variety of diagnosable conditions including Alzheimer's disease, epilepsy etc. Non-chemical psychotherapy may be harnessed adjunctively.
Behavioral Therapy	Chapter 2 presents classical and instrumental associative learning. The assumption is learning on a *tabula rasa*: the implication is "un-learning".	Behavioral therapy involves principles described in Chapter 2; e.g., flooding, desensitisation, aversion therapy etc – often for specific problems such as phobias.
Cognitive Therapy	Old faulty thinking occasions distressing feelings in the now. A cognitive psychologist works within testable, theoretical, rather than bottom up frameworks.	Cognitive therapy exploits sample situations – intervening within a thoughts-feelings-behaviour cycle, modifying self-defeating and unrealistic thought patterns.
Cognitive-Behavioral Therapy (CBT)	CBT draws on principles from both "cognitive" and "behavioral" approaches. CBT practise promotes "re-learning" at the level of situational thoughts and feelings ("cognitive") on the one hand and behaviours directly on the other ("behavioral"). The question, "Which of thinking or behaviour needs to change first?" is circumnavigable on the basis that either can and does work: efficacy is a question of trial and error for a given person.	CBT is widely recognised within psychiatry as well as mainstream psychology where it is believed to be (cost-)effective against a broad range of problems: "anxiety, depression, panic, phobias (including agoraphobia and social phobia), stress, bulimia, obsessive compulsive disorder, post-traumatic stress disorder, bipolar disorder and psychosis … anger, a low opinion of yourself or physical health problems, like pain or fatigue" (RCP online).
Freudian Psychoanalysis	Identifies conflicts in the unconscious mind or "Id" (presumed to occasion emotional disturbance in the analysand) by exploring "free association", fantasies, dreams etc. "Psychodynamic" involves the same principles, but the connotations are: briefer, shallower, smarter.	Traditionally a protracted relational process carried out at depth. Relies entirely on the Freudian theoretical approach to the structure of "mind" and how psychopathology arises. Has drawn criticism for being "unscientific" and "unproven" as much as it has admiration for its originality.
Jungian Psychotherapy	Deepens awareness of the unconscious mind in the conscious mind – especially via dreams.	A psychotherapy balancing unconscious and conscious "mind" – so facilitating "individuation".
Transactional Analysis	The decisional "life script" formed during childhood as a survival mechanism is no longer a useful basis for daily living.	TA defeats the "life script" via behaviour analysis – facilitating client "redecision" – thereby "putting a new show on the road".
Humanistic Therapy	Presumes a therapeutic trajectory involving "self-actualization". Implies a stifled life that has limitless potential now unbound.	Being neither "behavioral" nor "Freudian" but a "third force" promoting personal growth in a conducive relational environment.
Person-centred Counselling	Assumes psychological tensions arise when perceptions of the world including its "others" threaten the structure of "self".	Founded by Carl Ransom Rogers, therapy relies on facilitating the inherent self-healing tendency through non-directive counselling.
Gestalt Therapy	The client is distracted from the here and now – and relationships.	A humanistic therapy promoting self-awareness in relationship.
Existential Therapy	Assumes an "emptiness" of the variety described in Chapter 5.	Helps a client find personal sense and meaning in an absurd world.
Drama, Music, Art etc Therapy	The mode (drama, music, art) is an alternative to conversation for drawing out the personal narrative. Endlessly subtle.	Activities may seem more just recreational than therapeutic. It is a question of demonstrable efficacy, especially if paid for.

"Knottedness"
Studley Royal, North Yorkshire

Which psychotherapies are scientific from the tips of their toes?

There are a few dimensions within all of these treatment modalities that bear teasing out and rendering explicit, because they have much to do with the "relevance" of all common psychotherapeutic responses. First, consider how many psychotherapy modalities rely entirely on truly scientific grounds for their design, explanation or evaluation. Barely any do (although many consider themselves scientific anyway). The exceptions are pharmaceutical interventions and the valiant attempts by scientific psychologists (behaviorists) to nail down the learning traces that underpin conditioned emotional responses (CERs). Such approaches are sometimes referred to as "bottom up" because they pursue explanation at the level of physiological or mechanical cause and effect (as we have said – from first principles). The reverse of this approach is "top down", or the testing of putative models of personality or psychopathology which are then evaluated in practice, adjusted as required and retested in an iterative process (until – in some scientific or other theoretical utopia – the top down and bottom up tunnel burrowers meet head on, squarely, without missing one another). The main point here is not so much to do with which approach is more commendable as it is that psychotherapy is more hunch than gospel. This is why the friendly folks in psychotherapy say with a reassuring smile, "If it works for you, it works for you". Whereas science and medicine favour the identification of specific patterns of disorder (constellations of symptoms), matching them to formal diagnostic criteria (the establishment and classification of syndromes) upon which the therapeutic response is then designed; everything else is a matter of trying something out to see whether it works. If it does, well that is great news, but it can leave the more curious and intellectually masterful amongst us scratching our heads.

The misplaced assumption of mastery

Second, curiosity and mastery – particularly the conceited latter – deserve thoroughgoing discussion because there are poorly appreciated paradoxes and anomalies in relation to "toughness" and "empowerment" that may in certain (even many) instances occasion more confusion and antagonism than reconciliation and resolution in relational contexts. The problem is one of control. In Chapter 2 we learned how animals, including humans, endeavour to "predict" reinforcement (pleasant and unpleasant events) in the environment through use of external cues (classical conditioning), and by adjusting behaviour (instrumental learning). The theoretical environments that matter emanate from the behaviorist tradition which supposes a "bottom up" explanation for all human behaviour according to known or yet-to-be-discovered laws. This paradigm or domain is a specific instance of raw or diluted "scientific determinism" depending on how radical a position is assumed by its adherents. The inferred subjective experience of the learner is some complex of conditioned "anticipatory hope" and "avoidant fear" in a given individual according to unique biographic history. In Chapter 5 we saw how Hans Eysenck and Jeffrey Gray viewed "conscience" as the product of conditioned fear, particularly during childhood. We may impute from such assertions that subjectively unpleasant CERs are experienced because of personal histories, and that people will tend to avoid situations (classical conditioning) and behaviours (instrumental learning) that generate aversive CERs. Now, radical behaviorism and its corollary, "scientific determinism", is a discovery of Western civilisation, more particularly an American one, yet we all know that North America is the "land of the free", and that everyone there has the capacity for realising their own fortunes wilfully. How could this have happened then? Is everything psychological determined? Or is nothing determined except that which we impose masterfully on patiently waiting destiny? Or is neither of these verifiable but rather there is something of "truth" in between?

Even if we fail to answer the question convincingly, we shall have undertaken a serious attempt by the close of *Nine Seahorses*[110] (although we rather gave the game away somewhere between the lines of the three principles outlined during the preliminaries of Chapter 6). In the meantime, let's keep our focus on one or two distinctions regarding "empowerment" in order to minimise the risk of wasting our time by pursuing red herrings relentlessly; who knows, by the close of Part II we may have realised a dividend worth the effort expended.

The Western obsession with "toughness"

Apparently, modern psychology's unfounded and misplaced faith in "free will" (see also Chapter 9) rides tandem with its equally wrong-footed obsession with "toughness". Whilst the notion of resilience must be real in the sense that we see variations in sanity for what looks like the same dealing of the deck or throw of the dice[111], too many presumptions are made about what the nature of those ostensible individual differences really is. This assumes they exist at all, for if scientific determinism holds sway, then the point is academic at best: the universe yields and then takes its inevitable toll on a life with the passage of time until it is dust (no exceptions). If determinism can be rebuffed successfully, then it is still unclear – even in the 21st century – whether conceptual "toughness": (i) protects or buffers a "tough" person against the more demanding of the events that unfold in a person's life, (ii) actually affects what happens through, e.g., "positive mental attitude" (aka "PMA") or (iii) is a descriptive indulgence, merely affording an illusion of control in favourable circumstances tantamount to a personal vanity.

Seven significant domains in which "toughness" may be spurious

Demonstrations of the patently erroneous – or at least potentially misleading – concept of psychological "toughness" are to be found in:

… interpreting "drive"

1. … reports of associative learning which are constructed not just around the formation of associations between environmental events, or responses and reinforcers[112], but are presented in such a way that a socioculturally-hinged "desire for control" element is also present – especially if implicated as a meritworthy motivating factor (say, macho bluster versus biological "drive"). Even fantasising that such (especially Western) norms are scientifically rather than ethnically plausible, the bottom up accounts that would lend standing to them are not available at all. In any event, there is a difference between "biologically necessary control" and "frustrated control fulfilment" – or any other way you like of describing social "controlfreakery".

… "desire" versus "expectancy"

2. … perspectives on "locus of control" that fail to take account of the fundamental difference between "expectancy" and "desire". The distinction between "perceived control" (expectancy) and "desire for control" (potentially leaning towards pathological controlfreakery) as discriminable psychological constructs has been effected neatly in the literature[113], but pretty much missed by a significant proportion of the psychological community which remains focussed exclusively on a superficial interpretation of the original concept developed by

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[110] Please don't cheat by peeking at the Epilogue: The conclusion of the wise seahorse.

[111] i.e., all exterior circumstances (measurable events etc) apparently being equal

[112] The Skinnerian view of instrumental learning as we have seen in Chapter 2 is R-S. Thorndike's model for the same learning phenomenon is Situation-Response, or S-R.

[113] e.g., Burger, J.M. (1992) *Desire For Control: Personality, Social And Clinical Perspectives*. Plenum: New York

Julian Rotter (1916–)[114]. According to Rotter, locus of control is a unidimensional and normally distributed (i.e., conforming with a Gaussian distribution or "bell-shaped curve") quantitative index reflecting the extent to which an individual attributes (by way of subjective belief reflected in predictable and measurable behaviour) the likelihood or probability of the occurrence of reinforcement not just to personal factors (such as intelligence, skill, aptitude, diligence) – aka "internality" – but also social (powerful others) and entirely external ones (luck, chance, fate) – aka "externality". In this way, "internality-externality" transcended the framework of classical cues and operant behaviour that the behaviorists had expanded upon as generalisable phenomena in the laboratory, but had not yet fully appreciated in terms of the accumulating biographical associative learning history of a human being living in the "real world". In practice, most people will score around the middle of the Gaussian distribution, with a sense that they can control many but not all of the motivationally significant events that happen in their lives. Failure to appreciate the distinction between "expectancy" and "desire" is failure to realise that the most stressful experiences are associated with the greatest discrepancy between the two; i.e., when "desire for control" is maximal and "perceived control" minimal. To portray an extreme example, earthquakes are stressful because the extent to which one comes to realise that one controls a significant event is vastly different to the extent to which one would like to.

… turning a negative into a positive

3. … psychological theories of depression which assume that remedial learning must establish or restore "perceived control". During the 1960s and 1970s, based vertically on behavioral foundations, Martin Elias Peter Seligman (1942–, now extremely well-recognised in North America as a founder and proponent of the new "positive psychology") developed a popular "learned helplessness" theory of depression. Serendipitously, Seligman discovered during experiments using dogs harnessed in controlled environments equivalent to a Skinner Box (see Chapter 2) that, unlike other dogs who had benefited from having had an opportunity to terminate electric current by pressing a lever, those who didn't developed, seemingly, a disinclination to engage in escape behaviours in new environments. Seligman was inspired and deeply influenced as a psychologist by Aaron Temkin Beck (1921–) after whom one of the most widely used questionnaires for measuring psychopathology – the Beck Depression Inventory or BDI – was named. It would be fair to say that Beck and Seligman have steered psychological (as distinct from biochemical or neurotransmitter) theories of depression significantly in the last half-century. Whilst "learned helplessness" may serve as a fitting description of what human folks look like when they are miserable, it doesn't follow that an impoverished operant history must be re-fettled in order to put things right. Problems for positive psychology do not so much stem from its promotion of optimism as from its potential for raising and sustaining unrealistic expectations. If optimism is like spiritual (as distinct from biological) hope – to be valued and nurtured under all circumstances – well then any framework that permits a sense of unconditional entitlement to personal happiness, or constrains the capacity of a person (especially if sick from covert resentments) to accept "life on life's terms", may be rendering quite a disservice; for just to the extent that any person chronically regards themselves, others, or the dealing of the deck as falling short of unretracted imaginary yardsticks do they remain unremittingly insane.

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[114] Rotter, J.B. (1966) Generalised expectancies for internal versus external control of reinforcement. *Psychological Monographs, 80: Whole No.1.*

… resisting the tide of madness

4. … Ivan Pavlov's "strength of the nervous system" (see Chapter 3). This rather different approach relies less on learning history than on individual differences in inhibition raised in the central nervous system against afferent stimulation. Although Pavlov described excitation-inhibition in the context of all the four Ancient Greek temperaments, the elementary idea is that the greater the amount of inhibition generated, the greater the tolerance for stimulation – and the greater the corresponding "toughness". Doubtless certain of Pavlov's dogs rode out the Neva flood more psychologically intact than others, a tidy example of individual variations in "sanity" for that same roll of the dice (moreover, perhaps Pavlov's model of "excitation-inhibition" confers other theoretical advantages); nevertheless, the meaning that human beings attach to their lives is not hinged just on their capacity to remain undisturbed following the occurrence of what the insurance industry knows as "major perils".

… satisfying superiority

5. … Hans Eysenck's "Extraversion". An extension of Pavlov's ideas, Eysenck fitted "Extraversion" within a framework of "stimulus intensity modulation" in which extraverts – having a lower resting or baseline level of cortical arousal compared with introverts – require more stimulation in order to reach the same optimal level between sleep and hyper-vigilance. Mediated through the Ascending Reticular Activating System (ARAS), variations in the underlying biology may be significantly genetic with a heritability coefficient of about 50%[115]. Eysenck was preoccupied with other dimensions of "toughness" too: "Neuroticism", or emotional instability (associated inversely with "stress tolerance"); "Psychoticism" (actually a heterogeneous construct comprising mainly impulsivity but also irresponsibility and cruelty), and indices such as IQ (intelligence quotient) in relation to which he attracted pillory because of allegations of racial bias.

… letting it all hang out

6. … "repression-sensitisation" (R-S) models of emotional inhibition. According to Donn Byrne (1931-), individuals vary along a bell-shaped continuum (like any personality trait including Extraversion and locus of control) according to a disposition to "approach" or "avoid" threatening stimuli or, similarly, confront everyday situations that might present a challenge to one's psychologically defended "self". Repressors are avoidant and "bottle things up", whereas sensitisers are inclined towards approach behaviour and the release of stress-associated emotion. Approach is reminiscent of "hopeful" conditioned behaviour (see Chapter 2), whereas "avoidance" is reminiscent of conditioned fear. Hans Eysenck's concept of Extraversion suggests a positive relationship between E and sensitisation because of stimulus toleration and "sensation-seeking", but the evidence is ambiguous, largely because the questionnaire that measures repression-sensitisation – the R-S scale[116] – has weak psychometric properties[117]. The habit of withholding rather than expressing feelings is regarded as significant psychologically – not just in psychotherapy, but in physiological health – on the basis that sensitisation (its reverse)

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[115] The extent to which psychological constructs may be inherited is notoriously difficult to establish. Formally, heritability is the phenotypic variance attributable to genetic variance, but can only be approximated roughly in most studies. The best examples in psychology are twin and family studies where the genetic relationship can be established with confidence, thus exposing variation due to environmental factors.

[116] Byrne, D. (1961) The repression-sensitisation scale: rationale, reliability and validity. *Journal of Personality, 29,* 334-349.

[117] Roger, D. & Schapals, T. (1996) Repression-sensitization and emotion control. *Current Psychology, 15:1 (Spring 1996),* 30-37.

short-circuits the "fight or flight" response to stress and its potentially damaging effects on the cardiovascular system if elevated over a sustained period because of consistent "emotional style"[118]. Whilst venting uncomfortable feelings might afford transitory emotional relief, the evidence that it promotes sanity or militates against heart disease and related conditions is not clear. There are better theoretical frameworks and psychometrics for conceptualising "Emotion Control" (see note to Chapter 14, "Learning to 'Let go'").

… tough by any other name

7. … Suzanne Kobassa (aka Ouellette)'s (1948–) notion of "hardiness". Conceptually independent of the coronary-prone "Type A" personality, hardiness comprises three attitudinal components that reportedly buffer an individual against the deleterious effects of stress: "Commitment" is an attribute of hardy people because they "sign up" to life rather than dither; "Control" represents internality as meant by Rotter, and "Challenge" is the disposition to regard the rigours of life as a plate to which we may step up, rather than as uninvited woes which can overwhelm us. Although hardiness seems aligned with "positive psychology", their desirability therapeutically must rely entirely on whether such "toughening up" is an achievable aim, right for everybody and represents a true pathway to any worthwhile sanity.

Drawing satisfaction from what is rather than how "tough" we aren't

The jury is out on "toughness", and the verdict may be delivered by any number of routes; however, we can imagine two for the sake of present argument. As psychology is big business (see Chapter 4), in some eventual technical *coup de théâtre*, we may be afforded irrefutable demonstrations from first principles of precisely those individual differences that discriminate between the healthy and unhealthy (including the sane and the insane), thereby identifying those fortunates who can choose, through sheer application and force of personality ("will"), to carve and etch out especially purposeful, meaningful and satisfying lives for themselves. The technological gap between such an accomplishment and the contemporary "top down" models and more informal portraits of "successful" people that we know today is so yawning that the putative revelation would have to materialise in some dramatic setting we can barely imagine now. The second route is, naturally, the neat sidestep. How many clients presenting for psychotherapy are melancholic and maudlin from not measuring up? How many could depart from their first consultation happier (w)armed with a simple exhortation to draw satisfaction from what they actually are rather than what their culture apparently expects of them; from whom and what others unconditionally are; what is more, from how the world actually presents itself – with all its prejudices and intolerances – rather than how it might be engineered to avert disappointments? Far from defeatism, this is reality-checking – and it is also maturity.

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[118] **The putative impact of chronically elevated levels of activity in the hypothalamic-pituitary-adrenal axis on both the cardiovascular and immune systems has been well rehearsed since the 1980s and stems from earlier notions of personal vulnerability or "diathesis". The "Type A" personality, reportedly susceptible to both "hurry sickness" and cardio-vascular diseases, was identified as early as the 1950s, and has formed the basis for research on models of psychosomatic illness ever since. Neither cause-effect mechanisms nor a firm diagnosis of the "toxic" elements of the Type A complex of chronically agitated behaviour have been unambiguously established. In contrast to Type A, the "Type B" possesses, subjectively, sufficient time in everyday life and is healthy in matters cardiovascular and, apparently, psychological. There is also equivocal evidence for a "helpless-hopeless" cancer-prone "Type C". Impaired immune functioning arises from cortisol, a glucocorticoid secreted from the adrenal cortex which, in large and sustained concentrations, diminishes the number and effectiveness of white blood cells. Sustained levels of adrenalin, secreted from the adrenal medulla, promote injury to the endothelial lining of arteries and the development of artheromatous plaques. Its effects may be mechanical (exacerbated by hypertension) and through the mobilisation of levels of free fatty acids beyond metabolic requirements.**

Social (in)justice and standing ground

A clarification about personal "empowerment" and social justice seems apposite here. Embracing the world as it really is, including "all its prejudices and intolerances", our unmanufactured selves and its other inhabitants as they really are, is not at all equivalent, even tantamount, to resigned reconciliation with inequality or injustice. Quite the contrary. The integrity ("moral alignment") of the "self" and the personal reparation that "moral psychology" affords are the very resources that underpin any person's desire to contribute to making the world a better place. The process of acquiring and maintaining a worthwhile personal sanity in the framework of a "moral psychology" involves, as we shall see in Chapter 9, a deeply personal self-appreciation hinged on preservation and augmentation of those parts of our identities that are immutable or otherwise valued in our own estimation, and the dissolution (even if gradual) of those that we recognise as dispensable diversion or personal rust. Once we have begun this process, the confidence to exercise the authentic "self" flows in automatically, as does the promise of comfort in our skin. If we want to campaign on behalf of an issue, or stand up and be counted, how much easier is that pursuit when we can see clearer where we stand in relation to all matters? Since "moral psychology" engages others, often we are situated to draw strength in numbers.

Winning the game of life

Stereotypically, psychotherapy is a horizontal, hypnotic experience, with a focus on one "powerful" other, even if that "power" is only inferred by the capacity for restoring sanity that is implicit in the payment of psychotherapy fees. In everyday life, the majority of us must encounter and engage with at least a modicum of alertness, fluidity and seeming purpose with our fellow human beings in all sorts of contexts. The usual ones are family (the home), friends (our social lives), work colleagues (employment environments) and service agencies (the entire range of organisations that provide a service, many of which are pretty much inescapable: central and local government, education and health care professionals, banks, shops). Whilst much of our business with others is commercial in nature, those contexts are the ones least likely in our personal histories to have laden us with emotional "baggage". Instead we must consider the unremunerated relationships with family, with friends, and with other persons and agencies in whom we must trust – to go about their business with us according to both explicit and unspoken traditions, codes and rules. These are the ones, if any, that have informed our sanity in the past and continue to do so now. In the same way that the best kind of practice or rehearsal a *Tour de France* hopeful can obtain in preparation for the "real thing" is road-racing, so must we embrace psychotherapy immersed relationally. We have to make ourselves accountable to the psychotherapeutic "other" in order to invest in our own progress meaningfully else we hide and get nowhere. There is a dimension of cogency in that "other" relationship which is at its most potent when it resembles closely the circumstances in which we must discharge our sanity to the fullest. With the exception of certain modes of counselling, we don't have psychotherapy with family and friends: we have real life. But we can approximate those contexts in psychotherapy – in *groups* – if we are ambitious, brave and willing. This means taking on people without telling them who or what they must be; moreover, what they can or can't say to us about ourselves. The *quid pro quo* prevails, of course, and we need take home only those messages that are truly meaningful to us. If we are loving, the messages we impart will be delivered in a similar spirit. This is how trust is sown and begins to flourish. When it becomes second nature, and we believe in it more than we believe in doubt, we have rendered it transcendent and have begun to win the game of life.

"Transcendent Trust"
Ethnic dancers at the Alnick International Music Festival