

# psychologica

Volume 32, Number 1, Winter 2010

Magazine of the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists

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586 Eglinton Ave. East  
Suite 410, Toronto, ON M4P 1P2  
416-298-7333  
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Toll Free: 1-888-622-2779  
Email: [oaccpp@oaccpp.ca](mailto:oaccpp@oaccpp.ca)  
Website: [www.oaccpp.ca](http://www.oaccpp.ca)

***Psychologica***

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Welcome to the 2010 Winter edition of *Psychologica*!

I'm excited to bring you this sampling of perspectives on our place in society and our role in the implicit politics of mental health.

Marina Riker-Kucic, our committee Chair of Membership, has fielded countless queries and concerns from OACCPP members. Her article addresses many questions and concerns raised by our members, concerns made more urgent by the current process of regulating our profession in the province of Ontario.

As mental health professionals, we assist clients with the challenge of living in our time and our society. But do we also reinforce and reproduce those same challenges by virtue of some of the theory and practice we've adopted? This topic was illuminated by historian/psychotherapist Philip Cushman and, in this edition of *Psychologica*, four clinicians from Ontario deliver widely different responses to Cushman's critique. I applaud these writers for their insight and dedication.

So, go ahead and treat yourself to a bird's-eye view of what it is we do. I've had such good guidance from my predecessor Marion (Dodie) Pirie and our Managing Editor Judith Kennedy – my sincere thanks to both of you!

And best of all...*Psychologica* wants you to join the dialogue! It's my hope that this crucial conversation will not end with this edition. Please let us know where you agree or disagree by sending a letter to the Editor at: [publications@oaccpp.ca](mailto:publications@oaccpp.ca). With your permission, we will select input from your letters to publish later in the year.

Speaking of later in 2010, we've received interesting and hands-on informative submissions from many OACCPP writers. Thank you all! And keep them coming. We'll be seeing several of these in upcoming issues of *Psychologica*.

Sten Eirik, M.A., (C) OACCPP  
[publications@oaccpp.ca](mailto:publications@oaccpp.ca)  
Content Editor, *Psychologica*  
March, 2010

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## New Feature for *Psychologica*

Send your letters to the Editor.

You may be published!

Please read the above editorial.

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# President's Message

Dear Members,

Let me begin my first message of 2010 by wishing all of you a very happy New Year. We ended 2009 on a very positive note: our main event, our Annual Conference and Annual General Meeting was a resounding success. Not only was our attendance exceptionally high, but the feedback I received from attendees was gratifyingly positive.

Since the last issue of *Psychologica* there have been a number of events of special interest. Let me begin with the Transitional Council (TC). The members of the TC have been appointed and had their orientation and inaugural meeting on November 5, 2009. We will remain vigilant about the work of the Transitional Council and OACPP will make every effort to provide information on a regular basis as it becomes available. It is, however, very important that those of you interested in influencing this process remain alert to announcements from the TC possibly recruiting people to sit on task groups. Remember, this is our future and we need *and deserve* a strong voice.

Another important event to underscore was the AGM's panel discussion on the Process of Regulation. Following are some highlights of that discussion. It will be approximately three years before the College of Registered Psychotherapists and Registered Mental Health Therapists will be operational; Joyce Rowlands, Registrar of the Transitional Council, anticipates that by mid 2012, applications will be invited. In this regard, Ms. Rowlands encouraged our members to go online and review the wording of the Psychotherapy Act of 2007 to familiarize themselves with title restriction. I would strongly encourage members to do this, as there were amendments to the Psychotherapy Act 2007 introduced through the passage of **Bill 179**. Again, and this bears repeating: that Registered Psychotherapists and

Registered Mental Health Therapists will have access to the **Controlled Act of Psychotherapy**, if they qualify, and the full wording of the Act is as follows:

“To treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.”

## **Compare this definition to Scope of Practice defined by the same legislation:**

“The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.”

The key concept here is “**serious disorder**” and it remains to be seen, according to Ms. Rowlands, whether it will be the new College or the courts that determine when a professional has breached the legislation by treating “serious disorders”, however unwittingly. We are in fact seeking legal and professional clarification on the term “**serious disorder**” as well as other terminology contained in both the “Scope of Practice” and the “Controlled Act of Psychotherapy.”

I also know that many of you are concerned that the baseline credentials required for applying to the new College may be prohibiting. At her presentation, Ms. Rowlands assured AGM attendees that baseline credentials will only constitute part of the entry level criteria, and that the new College will be just as interested in competencies. She noted that the government and

the Transitional Council are very aware of the diversity in professional modalities and interventions among practicing psychotherapists in Ontario. I sincerely hope that her assurances will come to pass, as we have lobbied strongly for the privileging (or at least higher ranking) of competencies over credentials in establishing entry level criteria. In sum, then, it is expected that the entry level criteria will consist of **both** education and training skills as well as competencies.

I continue to receive questions about the direction of our Association and I would like to re-emphasize our commitment to remaining a broadly-based professional association serving the interests of all of our members, and not merely those planning to apply to the new College. We will continue to provide vital services such as professional liability insurance, exploration of enhanced insurance packages, and professional development, public relations, and public policy initiatives that service a wide range of membership interests. Be assured, as well, that we will continue to provide mentoring, certification as well as lobbying for many member issues. OACCPP is also exploring opportunities for strategic alliances with a number of Ministries and we will keep you informed of future developments through *Psychologica Pulse* and e-blasts. The central role of the new College is to **protect the public by regulating service providers**: OACCPP's central role as a Professional Association is to **protect the professionalism and livelihoods of our members**.

Additionally, on behalf of the Association, Penny Kawasaki and I presented a brief to the "Legislative Select Committee on Mental Health & Addiction" last summer. The presentation was well received and we had a number of stimulating questions from the panel. This Committee will report its

findings and recommendations to the Minister of Health and Long-Term Care. Later in the fall, John Marai and I appeared before the Standing Committee on Social Policy, to present our views/concerns regarding Bill 179 and once again our issue regarding the title 'Psychotherapist' was heard. The new protected title for the members of the new College will be "Registered Psychotherapist." No other regulated professional will be able to use this full title (unless, of course, they seek dual registration).

Finally, I strongly encourage you to apply for certification: the criteria are posted on our website. You may contact our Chair of Certification, John Marai, at [certification@oaccpp.ca](mailto:certification@oaccpp.ca). We cannot guarantee grand-parenting, but we can assure you that any enhanced professional designation in these competitive times will serve you well as a mental health professional. I would also add a cautionary note: it *could* be the case that if you are not certified when you apply to the new College, while other of our member applicants are, the admissions committee on the TC may understandably question why you did not choose the certification route.

In closing, be well and be encouraged: our Board is working very hard for all of you.

**"Getting together is a beginning; staying together is a step forward; working together is a success."** -Henry Ford

Naseema Siddiqui, M.A., (C) OACCPP  
President

# Psychotherapy, Regulation and Current Social Context

Marina Riker-Kucic, (C) OACCPP

*Those who want the future to be different from the past must study the past.*

*Spinoza*

In times when psychotherapy is about to become regulated, it is enlightening to be reminded of some historical events in the last century which shaped its birth, delivery and development. History teaches us that any process of professional regulation shows at least two sides: one of which is motivated to protect the public, and the other of which is enthused about preserving a particular group and its own self-serving interest, such as status or a financial advantage. Let us shed some light on both.

## History

Peoples' need for healing conversation in troublesome times is as old as humanity, but the official entry of psychotherapy into western society is only a little over one hundred years old.

In the first sixty years of its existence, psychotherapy was quite stable and based on the design of its 'grandfather,' Sigmund Freud. Before Freud, psychotherapies were conducted in asylums or private in-patient clinics. Freud moved the practice of psychotherapy out of residential settings. He believed that people who benefited the most from psychotherapy are those who have a sufficient level of mental functioning to be able to engage in a fruitful relationship with the therapist. Clients met

Freud three times a week for many years. There was no pre-determined number of therapy sessions. Freud would conduct long-term therapy and keep working with clients until they were symptom-free.

The classical Freudian psycho-analytical approach was the mainstream paradigm of psychotherapy until the 1960's. Some theoretical revisions of this approach were introduced in the early 1930's (Object Relations, Ego Therapy), and several new schools were developed by psychoanalysts such as Jung (Analytical Psychology), Adler (Individual Psychology), Reich (Bioenergetics) and Perls (Gestalt Therapy), but psychoanalysis was the prevailing theory.

Beginning in the 1960's, the psychoanalytical approach began to lose ground, and by the end of the 1980's it was becoming marginalized. In the 1980's, psychotherapy experienced an explosion of different approaches. The diversity of ways in which we conducted psychotherapy could be classified in two large groups:

1. Behavioural Therapy Approaches, which also moved the practice of psychotherapy *in vivo*, outside of an office environment (Wolpe, Lazarus, Ellis).
2. Growth Oriented, Humanistic Psychotherapy Approaches, very often called The Third Force in Psychotherapy (May, Rogers, Maslow).

In this era, the focus of psychotherapy expanded from the treatment of dysfunctional behaviour to a much broader focus of healthful functioning. Individuals who were living with manageable addictions, depression, anxiety, and conflict began to seek therapy on their own. Psychotherapy moved from a medical setting and private offices to schools, communities, businesses, prisons and churches. The public perception of psychotherapy also changed; we began viewing psychotherapy as a valuable addition to health care and included it in many health insurance plans. Insurance plans were very generous at the beginning. Polkinghorne (2001) reports that companies covered 20 psychotherapy sessions a year for federal employees in the U.S.

### **Psychotherapy Providers - U.S. Experience**

*You can observe a lot by watching.*

*Yogi Berra*

Initially, insurance plans recognized only medical professionals - physicians and psychiatrists - as eligible providers of psychotherapy and in Ontario they billed through the OHIP system. Then the American Psychological Association (APA) lobbied to include psychologists as third party insurance-eligible psychotherapy providers. Initially in Canada, a Master's degree was sufficient to become a registered psychologist. Then a Doctoral Degree in Psychology (Ph.D.) became the new requirement, in order to match a physician's qualification with respect to communicating diagnoses. Master's level psychology practitioners, at first excluded from the new credential regulation, subsequently organized and appealed this ruling, regaining recognition in limited areas of psychology practice as a result of their efforts.

Psychologists and psychological associates identified themselves clearly as health care providers/doctors, who diagnose and treat mental disorders, just as physicians identify their profession as largely treating physiological diseases. They interpreted clients' behaviour as a set of symptoms and based their interventions on diagnostic nosology defined in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM). Psychologists believed that accurate psychological diagnosis points the way to appropriate psychological treatment. Psychotherapy entered the period of "medicalization."

The era of psychotherapy as a mediator of personal growth was followed by a more rigid medical system. Psychological stress appeared as symptomatic of a disease, not as a problem of living. The additional outcome was that psychotherapy fell largely under the control of a managed care system in the U.S.

### **Protecting the Turf**

In Ontario in the 1960's, legislation governing the clinical practice of psychology restricted registration as a psychologist to those with Doctoral degrees from an approved graduate program in that discipline. In 1978, unregulated providers in psychology responded to this legislation by establishing the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP). Master's level providers became a part of the Regulated Health Professions Act (RHPA) in 1991, thanks to lobbying by the representatives of unregulated providers in psychology, such as the OACCPP. The Transitional Council of the College of

Psychologists implemented the new health professions legislation and included Master's level practitioners (psychological associates) into the College (1992-1994). In 1997, the College of Psychologists placed a limitation on psychological associates' licences: the limitation against communicating diagnosis. In 2002, the Health Professions Appeal and Review Board (HPARB) ruled in favour of psychological associates who argued that a limitation cannot be automatically placed on all class members; each candidate must be examined individually.

Licensing regulation started to show its other side in Ontario. Already it had done so in the U.S. It now became a battle for protecting the professional turf and preserving self-interests.

### **Good Psychotherapists**

Research conducted on the efficacy of psychotherapists' work has shown that therapists' credentials or level of academic degree did not predict therapists' efficacy (Smith & Glass, 1977). A better predictor of therapists' efficacy was the therapist's experience. More experienced therapists had somewhat better outcomes in therapy than new or inexperienced ones (Stein & Lambert, 1995).

### **Mental Health Care in Canada**

Every health care system in Canada and the world at large has been forced to reduce health care costs in the 1990's. Although we still have a public health service system that should take care of everyone, Canada is "the only G8 nation without a national mental health strategy" (Hancock, 2008). A mental health strategy is the most underserved part of the Canadian health care system

(Hancock, 2008). Only 5% of the federal health budget contributes to mental health services (Butler, 2009). Only 30% of Canadians needing mental health services are receiving adequate care (Arehart-Treichel, 2005). Recent government cuts to health care have resulted in increased benefits costs to employers. Employers are complaining that they cannot pay for workplace benefits. Psychotherapy is covered by public health insurance for G.P. psychotherapists, family physicians and psychiatrists. Psychotherapy is also covered within hospital systems when delivered by other professionals regulated by the Ministries of Health and Social Services; for example, occupational therapists, nurses and social workers.

The extended health care plan, which supplements public health services, does not always extend to psychotherapy. In Ontario, psychologists and social workers are not covered by public health insurance, but are included in most extended health care plans. Those psychotherapists who are neither psychologists nor social workers are not included in extended health care plans. Community mental health centres do not have enough funding to serve people who are economically disadvantaged and do not have extended health care insurance. Health insurance companies operate to reduce the health care cost and, for that reason, have policy limits. In accordance with the policy for managed care in the U.S., psychotherapy was covered as an intervention only in cases where a person was too dysfunctional to work or to perform everyday activities. There was also a limit on the number of psychotherapy sessions. There is a lot to learn from the U.S. experience about the impact of managed health care on the delivery and accessibility of psychotherapy services. Extended health plans for

Canadian employees exhibit shortcomings of managed health care, such as a focus on cost containment to the detriment of need fulfillment. The Canadian Union of Public Employees (CUPE) warns about the managed health care model as being a driving force in privatization of the Canadian universal health care system (2000).

### **Regulation of Psychotherapy - Time to Ponder**

*If you want to go fast, go alone; if you want to go far, go together.*

*African Proverb*

In this time of psychotherapy regulation in Ontario, it is essential to think about some ethical issues of psychotherapy in the current social context. Before we decide how to tailor the regulation of psychotherapy, we have to answer many questions: What is the major role of psychotherapy - curative/medical necessity for the mentally ill or every Canadian's preventative/humanistic option for personal growth in time of crisis?

If the primary goal of the regulation of psychotherapy is to protect the public from harm, the existing arrangements of psychotherapy practice in Ontario should be examined more closely: Which approaches are working and which are not? What avenues for accessing psychotherapy exist for the economically well-situated and which of those are available to the economically disadvantaged? What is the existing need for psychotherapy among different consumer groups? Recent research on poverty in Toronto (2009) indicates that people on social assistance have significantly higher rates of debilitating psychological stress, suicide and mood disorders than the groups who do not fall into the poverty or

extremely low income range. Many mental health community centres deal with long client waiting lists. The question is this: Is it better to give some therapy to everyone or to give more therapy to a few? (Austad, 1996).

If we search for the answers to these questions, while focusing solely on who can provide psychotherapy, we introduce the risk of re-directing the core of our current regulation battle to a preservation of professional turf, rather than protecting and serving the public. In my opinion, the question of who can be a psychotherapist needs to be restated to query how psychotherapy should be delivered in order to minimize the risk of harming the public. Furthermore, the process of regulating psychotherapy will benefit if guided by patients' entitlement to affordable and diverse psychotherapy services. The province of Ontario and its health consumers will all benefit if psychotherapy remains open, diverse, accessible and, above all, based on users' needs.

## **Save the Date**

**OACCPP  
Conference**

**Nov. 4 - 6, 2010**

**Put this date in  
your calendar  
now!**

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**Marina Riker-Kucic** began her career in Croatia working as a psychologist in the field of occupational health and vocational rehabilitation. Curiosity sparked her interest in psychological assessment and a love of people guided her to the field of psychotherapy. After graduating with an Honours B.Sc. in Psychology, Marina continued in former Yugoslavia at the Master's level in Clinical Psychology. In Canada, she has studied psychometrics at York University and is a graduate of the

Gestalt Institute of Toronto. Marina has met training requirements of the World Council for Psychotherapy. For the past 15 years, she has focused on assisting unemployed women with vocational assessment and counselling through the YWCA.

# Cushman's Challenge: The Configuration of the Empty Self

*excerpts from "Constructing the Self, Constructing America" (1995)*  
by Philip Cushman (by permission from the author)

The larger frame of reference is, of course, consumerism, one of the most powerful political/economic forces of the post-World War II era. As we have seen, various historical forces and events, such as the loss of a sense of community and the needs of post-World War II capitalist economies to stave off another worldwide depression, combined to create in the United States and Western Europe an economy based on the continual consumption of nonessential and quickly obsolete consumer items. Consumerism is an overall way of being that is the result of the era's economic strategy. The predominant self in the post-World War II era needed to be configured in such a way as to adapt to, and in fact promote, consumerism. The consumer society was achieved through the constructing of a self that was empty, a self that feels naturally and irresistibly driven to consume in order to fill up the emptiness. (p.207)

In the post-World War II era, the subfield of child development and the putative universal laws which it was to discover and codify were used by psychotherapists to explain and justify the configuration of the empty self without having to use politically dangerous explanations derived from historical and cultural analyses. As child development began to unknowingly utilize the metaphor of consuming to describe the process of enculturation, psychology became more understandable and popular. Psychotherapy ideology further shaped and reinforced consumerism by arguing that the processes of

coveting, envying and consuming are natural, universal human traits. Psychological theories, primarily object relations theory, made it scientifically legitimate to conceive of the process of growing up as a type of consuming and the goal of human life as the constant filling up of the empty self. [ - - - ] It has been an extremely advantageous road for psychotherapy, rich in influence, status, and money. (p.209)

Through the empty self concept I mean to convey the prevalence of the subjective experience of interior lack, absence, emptiness and despair, the desperate yearning to be loved, soothed, and made whole by filling up the emptiness. This is how the empty self works: the insatiable, gnawing sense of internal emptiness drives individuals to yearn to be filled up: to feel whole, solid, self-confident, in contact with others. In our society advertising functions as a "therapeutic," a way of healing the empty self of the viewer. This advertising strategy works in part because it is not only *material* commodities that the empty self craves. (pp.245-46)

Probably many psychotherapists believe that their practices are an effective means of resisting consumerism's complete socio-political triumph. However, during the course of my struggles with the philosophical ideas and the historical perspectives discussed in this book, I have come to a disquieting conclusion: psychotherapists have been slow to recognize the discipline's role in sustaining the empty self and contributing to the

shape of the overarching twentieth-century frame of reference it serves. [ - - - ] [A]s a profession, therapy seems uncomfortable with grappling with how therapy practices are *unintentionally* political and how they unknowingly reinforce the status quo. Therapists think that because they guard against valuing adaptation at all costs, or because they believe that the patient's mental "health" will automatically translate into a correct political position, they are not contributing to the status quo. But if they think these kinds of answers satisfy the above concerns, they are wrong. (p.248)

If psychotherapy theory accepts the empty self as the essential nature of human being, and if the emotional effects of our consumerized era are accepted as ahistorical illnesses, then we have no way of resisting consumerism. Psychotherapy then becomes just another voice implicitly encouraging compliance with the status quo. (p.273)

As a human being and as a human being carrying out a healing practice, a therapist cannot *not* be involved. Yet, throughout their history, most psychotherapy theorists have claimed a privileged epistemological position, one that is outside of or removed from social influence. [ - - - ] Thus the power involved in setting the frame of reference is not acknowledged – instead it is obscured or “disguised.”

Ideology that is camouflaged is *particularly* dangerous, because those wielding the influence deny its power at the same time that they exercise it. (p.285) [The hermeneutic approach] calls on psychotherapists to be neither self-righteous moralists, nor to take to the streets in rebellion, but it does suggest that we put our own house in order. One way to engage in this reordering is by developing a kind of axiology, a study of values. We could work to delineate which values are embedded in which theories, and how those values are communicated and reproduced within the therapy setting. If, for instance, we refuse to continue naturalizing consumerism, or scientizing and reproducing the power relations of gender by elevating current gender prescriptions to universal essentialisms, our patients and society as a whole might be better able to develop new ways of living and relating. (p.292)

Cushman, P. (1995). *Constructing the self, constructing America: a cultural history of psychotherapy*. New York: Addison-Wesley.

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**Philip Cushman** holds a Ph.D. in psychology, an M.A. in American studies, and an M.A. in marriage and family studies. He is a member of the core faculty in the Psy.D. program at Antioch University Seattle in Seattle, Washington. He is also a Research Fellow with the Kalsman Institute for Judaism and Health in the University of Southern California.

Philip Cushman is a private practitioner in individual and couples counselling. He has been an invited panelist and keynote speaker at many conferences, conventions and colloquia, as well as the recipient of several awards for teaching excellence. His articles have appeared in numerous academic and professional journals.

# The Candy Pink Stove: A Response to Philip Cushman's Excerpt: "Constructing the Self, Constructing America"

Marion (Dodie) Pirie, Ph.D., (C) OACCPP

Roger Sterling, the hard drinking, womanizing senior partner of Sterling Cooper, the fictional advertising company providing the backdrop for the popular TV series *Mad Men*, said "Psychiatry is just this year's candy pink stove." Philip Cushman makes a similar point in the excerpt published in this edition of *Psychologica*: but for different reasons. The advertising executives of *Mad Men* believe everything can be happily (and profitably) commodified; including psychotherapy. Cushman agrees, except for the "happily." His article is sounding alarm bells: especially for those of us in a position to challenge the ideology of unreflexive consumerism and contribute to social change. What follows is a brief recapitulation of Cushman's argument:

Cushman is saying that consumerism, the handmaiden of capitalism, defines Western World social, political, and economic life for all of us. Well, unless we skipped Sociology 101, we all pretty much knew that. But Cushman unravels the anti-capitalist argument further. He is arguing that the conceptualization of the "self" in most psychotherapy paradigms is configured in such a way as to indirectly endorse unchecked consumerism. Why? Because the valorization of a consumer society, Cushman argues, is helped along through the social construction of an essentially "empty" self; the idea that we feel compelled, in fact encouraged, to fill up an

enduring psychological emptiness. The notion that the need to fill up the empty self is both natural and human supports the general ethos of consumerism as a healthy and necessary social activity.

Self Psychologists, following Heinz Kohut's formulations, refer to "healthy narcissism" in the individual as the ideal goal of psychotherapy as it represents a state characterized by the manifestation of a strong, vital, cohesive self striving toward the full realization of a person's skills and talent. Such an emphasis on the self, Cushman argues, works against the greater good; a sense of community, cooperation, and collaboration, a point made more than thirty years ago by Christopher Lasch, in *The Culture of Narcissism* (1979), and reiterated more recently by Edward E. Sampson (1989) and Nikolas Rose (1998). Rose, in particular, argues that the preoccupation with independence, selfhood, and complete personal autonomy creates "racial, sexual and national divides." In a similar vein, Sampson argues that "psychology is now employed as a technology that allows humans to buy into an invented and arguably false sense of self" that unwittingly supports exploitation, and other social and political evils.

Christopher Lasch in *The Culture of Narcissism* (1979) made the point somewhat differently. He argued that all social arrangements live on in the

individual -- buried in the mind below the level of consciousness, essentially reproducing themselves in the personality (p.102). Lasch, a sociologist with a keen scent for the politics of psychotherapy, posits that the incorporation of politically convenient beliefs and values that underwrite the blanket acceptance of capitalism has the effect of rendering the narcissistic personality “unable to identify with posterity or to feel oneself part of historical stream” (p.102). Those of us in this field can surely relate to Lasch’s observation thirty years ago that most individuals are preoccupied with endlessly examining themselves for signs of psychological distress (among other signs of physical and emotional deterioration). And so what is born out of all of this, and apparently endures, according to Cushman, Lasch and others, is a form of unhealthy narcissism and the commodification of psychotherapy, working together (albeit inadvertently) in the service of Western World capitalism and global domination.

It is important to recognize here that Cushman is not talking about psychotherapy as directly colluding with capitalist ideology. He is saying that the current privileging of the “self” in psychotherapy as an *apolitical* social practice nevertheless mirrors the scaffolding of capitalism which relies on the notion of emptiness and an “economy based on the continual consumption of nonessential ... consumer items” (p.207). It is the unreflexive and uncritical acceptance of the very idea of the “empty self,” Cushman argues, that helps sustain a political economy which, for one thing, had the power to author a global recession. And he is very much supported in his position by Lasch and others.

In my estimation there are three questions here that need answering: 1. Do we really care? Is there anything essentially wrong with capitalism and the blanket consumerism which guarantees its sustainability? 2. What is the *self*? 3. As mental health care providers, what can we do to make a difference?

### **Do we really care?**

*Of course we care!* As professionals involved in helping individuals, families, and groups lead better lives, we care. How could we not care? If the social context within which our clients seek our services is not working, then we need to ramp up our own social interest and question how our practices may unwittingly promote a political economy that may be immoral and harmful to many. We need, moreover, to reflect on how we, as professionals, might unwittingly be sustaining the dynamics driving our social and economic environment because of the paradigms informing our client interventions and our understanding of how life works. If we don’t care, then we should be seeking employment in the real life versions of Sterling Cooper. This is the central thesis of my paper: namely that the practice of psychotherapy has become socially indolent in its almost singular emphasis on addressing the empty self (or narcissism) of its clients. We can make a difference if we revisit our conceptualization of the ‘self’ and review our social responsibility as psychotherapists and counsellors.

### **What is the Self?**

Ask most people “what the heck is the ‘self’, anyway?”, and they will usually come up with some version of a thinker behind our thoughts, as in “we

are pretty much the authors of our own destinies.” In our field, there are many theories of the self from Self Psychology to Attachment Theory. But let’s examine the premise that the self is a core component of the personality, if not measurable, at least discernable, and certainly capable of independently driving our cognitions and emotions. But is there always a thinker behind our thoughts?

How many of us, for example, have worked with Posttraumatic Stress Disorder sufferers whose ruminations about their trauma seem completely uncontrolled – invasive, all-encompassing, involuntary, and almost wholly resistant to reframing? PTSD sufferers describe such involuntary ruminations as “out there,” as if their thoughts have become predatory invaders of their psyche. They feel alienated from their thoughts, sometimes engulfed by them, and wholly unable to “think them away.” If the “thinker” or “the self” were so completely self determining (and most especially, if we as therapists believe this), then at the very least such unwanted, intrusive thoughts would be more treatable than they are.

Are we able to measure the self, as one can measure blood sugar levels? Well, no. Are we able to identify the self – is the self omnipresent, or is it a more elusive component of the “me” part of our personality? There are introjections, projections, socialization practices, phenomenological processes, etc. that are presumed to be the architects of the self, but are we clearly and accurately able to discern a self when we engage another human being? Probably not. If the self is an empty vessel, then who empties it and fills it up again? Do we? Do the harbingers of a consumer

society create an ideology that supports the idea of an empty self, as Cushman suggests? Maybe so, but then the dissemination of ideology is tricky to understand, as it is often our own behaviours and innocuous practices that unwittingly sustain questionable political and economic systems. Perhaps one of the more interesting observations about why the “self” is a questionable construction is this: For an individual to talk about, explain, understand or judge oneself is linguistically impossible, since it requires the self to understand its *self*. This is seen as philosophically invalid, being self-referential, or reification, also known as a circular argument. (Wikipedia: “Self Psychology”).

The most straightforward definition of the self is that it is, at its bare bones, a concept. It is indeed a concept that has driven a very broad-based paradigm of psychotherapy, but it is nonetheless a concept ... an idea, if you will. Reduced to its barest understanding, the “self” is a “thought,” an “event,” and perhaps not such a quantifiable component of the thinker.

Here is where Buddhism informs Psychology. According to Mark Epstein (1995, p.6), a Buddhist psychiatrist, Buddhists believe that the struggle to find an authentic self is doomed, as it involves the quest to achieve certainty, security and some kind of solidity in an ever changing world. In fact, Epstein claims that the “central predicament” of being human is that we don’t know who we really are; rather, we sense “vague and disturbing feelings of emptiness,” often experienced as inauthenticity, alienation, fears of lack of acknowledgement, attention, or recognition (p.37). In other words, the predominant presenting symptom profile in the Western World is Narcissism, and Epstein, as a

Buddhist, is making the claim that “All of the insults to our narcissism can be overcome ... not by escaping from them, but by uprooting the conviction in a ‘self’ that needs protecting” (or, in this case, as Cushman would say, “filling”). The author reminds us that happiness is a “real possibility” if we “can but penetrate our own narcissism” (p.45). Quoting the Buddha, Epstein states that “All worry about the self is vain; the ego is like a mirage” (p.47). We do not want to acknowledge our lack of substance in an ever changing, elusive world, and we try to project a solid image of the self, in an effort to maintain a false sense of the *potential* of attaining security. That is the dilemma we face: the belief that we can actually nail down security, predictability – that we actually have a “self” that, once “filled,” holds the promise of refuge from suffering.

Cushman’s discussion of “the empty self” simply brings this premise forward to suggest that our concept of the self, our need for perpetual security and predictability, is acted out, at least in part, through a commitment to consumerism as a hedge against our existential feelings of emptiness. If we believe in the efficacy and solidity of the self – an unconscious wishful conception, according to Buddhists (Epstein, p.88) – we believe also in our efforts to maintain it. But, quoting Dr. Epstein once again, the Buddhist conception of the self is that it is “a fiction – a mirage, a shadow, or a dream. In today’s psychodynamic language, we would call [the self] a fantasy, a pretense or a wish.” Even the mind is “at bottom an imagination” (p.87).

The question for us, then, is this: how might our own practices change if we were to take the Buddhist premise seriously and actually begin to factor the idea of the “self” out of our interventions? Perhaps we

would find a new way to help our clients fill their emptiness.

### What Can We Do?

Every society, according to Christopher Lasch, “reproduces its culture – its norms, its underlying assumptions, its modes of organizing experience – in the individual, in the form of personality” (1979, p.76). Narcissism, as mentioned above, is considered by many to be emerging as the primary presenting “personality problem” in Western World psychotherapy (Epstein, 1995). Moreover, Cushman, Lasch and others writing about narcissism from a socio-cultural perspective make the simple but important point that if our society is to flourish, then we need to become less narcissistic and more community minded and socially responsible. Narcissism, which we generally understand to mean an unhealthy preoccupation with the self, either in terms of false grandiosity, a sense of inauthenticity, or an enduring feeling of emptiness that propels us to either idealize or devalue ourselves, is the *antithesis* of a sense of community. It is a personality feature that is fuelled by an almost frenzied attempt to soothe ourselves, our fears of abandonment, or perhaps to escape, as Lasch puts it, “the banality of our pseudo self awareness” (p.135). And both Cushman and Lasch argue that all forms of consumerism are directed towards the filling of the empty self. In fact, psychotherapy itself, in Lasch’s estimation has become, if not a handmaiden to capitalism, a *passion maitresse* of the unfulfilled and existentially bereft. Even thirty years ago, as Lasch points out (p.178), psychotherapy was designed to help us get our “minds off our own mind,” with little success.

From the perspective of Individual Psychology, the Austrian psychiatrist Alfred Adler (1870 – 1937)

made the same point, but from a psychotherapeutic perspective. Adler (1938) unabashedly championed maintaining a sense of community, not merely as a moral commitment, but as a positive gauge of mental health. A community sensibility where we feel we belong with others and with nature is central to healthy living as well as being key to the survival of humankind, according to Adler. In fact, he felt that social interest (*gemeinschaftsgefühl*) is the “final form of humanity,” where all life is valued, and self preoccupation is viewed as a form of unhealthy superiority with little human potential or social worth. Adler, who emphasized the importance of equality and social interest in preventing psychopathology, espoused the idea of developing a wider lens when we contemplate our place in society. He argued for a more holistic view of the self, as essentially rooted in a social context, and not imprisoned in an individual psyche. As one of the three founding fathers of depth psychology, Adler was alone in an approach that distinguishes him as the founder of social and community psychology, a legacy which has unfortunately not extended widely beyond the framework of his Individual Psychology. Perhaps there is a lesson here. Indeed, if not a lesson, an example:

In the Saturday, September 26, 2009 edition of *The Globe and Mail*, I read a relevant article in “The Report on Mental Health.” The article was about a young woman named Bronwyn Loucks who, as a child, suffered from severe and debilitating bouts of anxiety and depression, complicating a bulimic condition. Often Ms. Loucks felt like she was going to die. Moreover, she felt she deserved to die. Ms. Loucks did receive treatment but she attributed her first steps to recovery to a contact from the Children’s

Help Line, a community-based service which put her on to some volunteering initiatives. The compelling part of this story is not that Ms. Loucks recovered through psychotherapy or even her own determination. What is notable in this young woman’s journey to mental health is that she attributes her biggest breakthrough to her volunteering efforts with three groups that had specific meaning for her: a youth group that lobbies for better mental health treatments, a youth advisory committee of Children’s Mental Health Ontario, and providing art therapy to children and adolescents suffering from severe mental health problems. In Ms. Loucks’ words, these acts of what Adler surely would have recognized as social interest “allowed me to dream and have goals. It gave me a reason to live.” Her reaching out to a community of peers who were, like her, suffering from the often unnameable afflictions of mental illness, helped her shift her gaze from her own ‘emptiness’ and emotional distress to a larger community, perhaps a universal self.

One of the points I took from the Cushman excerpt is that when we become so attached to our own empty selves, our own reflected image (and clinical narcissism is as much about suffering and emptiness as it is about idealization and grandiosity), perhaps it is time to shift our gaze. Otherwise we may end up like Narcissus dying of a kind of personal and, as Cushman argues, *political* lassitude that derives from an endless preoccupation with our empty selves.

Where to start? Well, for one thing, take a page from Adler’s writings on social interest. I would certainly recommend, as well, starting to read more about Buddhism, Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy. In fact, the latter two paradigms have begun to point Western

World psychotherapy in an entirely new direction.

And while it is not the intent of this brief essay to introduce or reintroduce readers to Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy (for that you can always read Jon Kabat-Zinn and Zindel Segal), I would like to leave readers with a simple but powerful example of shifting one's gaze in a mindfulness exercise.

This is a meditation practice referred to as Metta, meaning "loving kindness." (See Ihnen and Flynn, 2008, p.89 for a full discussion of this exercise.) Metta is a selfless love, given without reservation and often with feelings of deep joyfulness. It is a meditation that is meant to penetrate our own anxieties, the fears of those we love (or don't love), and the fears of all living beings on this earth. We begin by focusing on our breath and silently repeating the Metta phrases, the first one being "May I be safe and protected." When we feel ready,

we continue our breathing and shift to the phrase "May you be safe and protected," finally including all beings "May all beings be safe and protected." There are several similar phrases in the practice of Metta, but begin with just one, and repeat the phrase over and over again, tying it to your breath. Sound simple? It is. But when we wish for all beings to be safe and protected, we lift our gaze from the reflecting pool and the candy pink stove matters just a little less.

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**Dodie**, as we at OACCPP know her, is the former editor of *Psychologica* and the current editor of *Psychologica Pulse*. She has been a counsellor, as well as a faculty member at Brock University, Trent University, and the Adler School in Toronto. Dodie held a post-doctoral fellowship at Women's College Hospital conducting research on women's mental and physical health. She has published widely in the social sciences and on various topics in the field of mental health.

Our former editor is particularly pleased to have been invited to respond to Philip Cushman's discussion of "the empty self", as it brings her back to her graduate school roots where topics such as "narcissism" and "pathology" were frequently conceptualized as social, and not individual, in nature. She feels that Cushman's article is a welcome reminder of a broader way of thinking than is typically engaged when discussing such topics as "the self."

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# FROM PRODUCTS TO PERSONS: PSYCHOLOGY WITH A SOUL

Cedric Speyer, M. Ed., M.A.

**I:** *“A total restructuring of our knowledge is required once you accept this new definition of a person: A person is a relationship of which the other is infinite.*

*What will the Psychology Department make of that?”*  
Moore, 1980

*“(Ask) not what kind of disease the person has, ask what kind of person has the disease.”*

*Sir William Osler, 1849-1919*

A radical transformation of psychotherapy is indeed needed to correct the imbalance between “self-contained individualism” as described in Philip Cushman’s (1995) critique and a socially responsible self unconditioned by the prevailing cultural bias. Yet we don’t need to deconstruct personhood with sophisticated hermeneutics to accomplish this. We can return to the “study of values” (Cushman, p.292), which is what Cushman’s thesis has in common with the current trend towards a positive de-pathologizing psychology. In practice, this is being experienced on the ground level in the contemporary therapeutic dialogue, through a short-term, solution-focused faith in what it means to become fully human. Whether that process takes place through learning or unlearning, we can agree with Cushman that it cannot be value-neutral.

Given Cushman’s alert that our self-realization must not become reified, we need ways to “think of ourselves as essential parts of a living community, a

community of persons...” (p.298). After Cushman has pulled the clinician’s “privileged epistemological” (p.285) rug of objectivity out from under us, we can return to the mystery of *personhood* (now plural). When society’s frame of a conditioned consumerist identity is made conscious and when we, as therapists, are not fostering, colluding with or camouflaging a moral stance, what remains is our therapeutic role as ‘guides at the crossroads’ of developmental crises in the lives of our clients. We are still left at the intersection of the horizontal dimension (interpersonal/social/communal/political) and vertical dimension (transpersonal/moral/ethical/spiritual) of life. This is where the ability to make peace in our own hearts coincides with the ability to make peace in the world, through making a living, making friends, making love, soul-making, and making a better community. If these forms of ‘making’ are all ultimately constructed to maintain a questionable socio-political status quo, then all the more reason to return to what is true of the human heart in its essential qualities.

When we provide therapeutic guidance, we are not merely the (deliberate or unwitting) exponents of vested interest in the socio-political status quo. As per Cushman himself, who explicitly disavows faith in the integral essence of a person independent of social context, we are still capable of becoming a “community of persons with whom we share certain moral understandings, obligations and

responsibilities...” (p.298). The ability to achieve this brings us back to the insightful integrity, intuitive self-reliance, and intentional self-discipline it takes to join and help create that community of ethical inter-dependence. Whether one begins philosophically with a self that is ontologically complete or a self conditioned to experience itself as “empty” until psychological “commodities” are supplied in an ‘unintentionally political’ way (Cushman, pp.245-46), there remains ‘the highest common denominator’ or perennial way of wisdom, common across all historical and cultural contexts. There are essential qualities and a code of personal values that most clients discover on their way to a subjective improvement in their personal well-being. These values have a transpersonal level; the same ones recognized as heroic from shamanic tribal transmissions to Hollywood movies. The fact that we need to face our fears with inner courage rather than compensate with manipulation of external circumstances to ensure a safe outcome, can hardly be reduced to ‘the therapist’s ideology.’

The inner voice of intuitive wisdom within each of us resonates with moral and spiritual lessons from around the world and throughout history, not because of “our failure to think historically” (Cushman, p.249) but on the contrary, due to the relative success of the evolving collective unconscious and the wisdom traditions which validate our deepest sense of identity. The quest for such identity is anything but solipsistic. Good therapists help clients reframe their predicament in order to ‘live in a bigger story’ than Cushman’s definition of intrapsychic isolation and interiority. (His post-modern ‘deconstruction’ of traditional

psychoanalysis is in itself a misunderstanding married to a mistranslation of Freud. Freud never intended to displace the rigid moral constraints of his age with the self-encapsulated narcissism of ours, but to mitigate both tendencies in the psyche or soul.)

Yet, to view the emergence of authentic personhood on both personal and universal terms as “embedded in a complex of traditions that have gained power during the modern age” (Cushman, p.299) is to argue for a short-sighted view of human nature. When clients rediscover strengths and virtues within themselves that align with timeless spiritual truths in the broadest sense of the term, the psychological and emotional redemption they feel may or may not “embody the anticipated approval of our culture” (Cushman, p.298). The more fundamental question is whether it embodies our now-present insights into what it means to be fully human at this stage of our evolution and beyond. An individual who lacks this feeling for values, in service of both the monad and the masses, “more closely resembles a well-trained dog,” as Albert Einstein noted (1995, p.66), “than a harmoniously developed person.” Neither the re-trained dog of behaviourism nor the tamed beast of psychoanalysis has achieved the harmoniously developed personhood we seek. Yet that doesn’t mean such a person is a misbegotten product of “the era’s omnipresent commodification of relational life” (Cushman, p.288). Cushman seems to understand that a person is a relationship in process. To extend this understanding, we can incorporate the inherently self-transcending nature of such a process, wherein the personal is at the same evolutionary crossroads as the global.

**II:** *“When you do things from your soul, you feel a river moving in you, a joy... Human beings are discourse. That flowing moves through you whether you say anything or not. Everything that happens is filled with pleasure and warmth because of the delight of the discourse that’s always going on.”*

- Rumi

Given the existence of an intangible inner consciousness, we can now diverge from Cushman’s post-modern brand of social constructionist determinism. While all of the body is registered in the mind, not all of the mind or psyche is identified with the body or the self/world as registered by the physical senses. There is an unconditioned essential locus of being which we commonly call a soul. Polemicists such as Cushman, influenced by Foucault, would argue that we are entirely socially constructed and our values should focus on overcoming power hierarchies. From the point of view of the soul, however, we are constructed by our connection to what we cannot construct; that which is known as God to those with religious sensibilities.

Writes Parker J. Palmer (2004, pp.32-4):

What we name it matters little, but *that* we name it matters a great deal. For ‘it’ is the objective, ontological reality of selfhood that keeps us from reducing ourselves, or each other, to biological mechanisms, psychological projections, sociological constructs, or raw material to be manufactured into whatever society needs - these diminishment of our humanity that constantly threaten the quality of our lives.

‘Nobody knows what the soul is,’ says the poet Mary Oliver, ‘it comes and goes/like the wind over the water.’ But just as we can name the functions of the wind, so we can name some of the functions of the soul without presuming to penetrate its mystery.

- The soul wants to keep us rooted in the ground of our being, resisting the tendency of intellect and ego to uproot us from who we are;
- The soul wants to keep us connected to the community in which we find life, for it understands that relationships are necessary if we are to thrive;
- The soul wants to tell us the truth about ourselves, our world, and the relation between the two, whether that truth is easy or hard to hear;
- The soul wants to give us life and wants us to pass that gift along, to become life-givers in a world that deals too much death.

It’s a matter of remaining ever alert to the intersection of the sublime and the mundane, or the vertical and the horizontal dimensions of life. That’s where psychologically synergistic and synchronistic events happen and where we can show our client, through the circumstances and conditions of his or her life, that every problem exists as a means to call forth qualities from the treasury within. Pablo Picasso, the twentieth-century painter and sculptor, referred to it as getting something of the absolute into the frog pond. That’s what we do when suggesting to clients that their current perceived misery may have some

meaning; or that the healing may be hidden within the dis-ease; or that every problem contains the seed of its own solution. Yet no matter what therapeutic philosophy we may espouse, there are spiritual imperatives summarized by Stuart Wilde in the bullet points below, which both counsellor and client can be facing at the crux of the perennial contradictions of life. Of course clients don't 'have' to do anything we envision, but what if *we* have to, and these values will be transmitted by virtue of the therapist himself having made choices at these existential crossroads? What guide would not use his own experience of the terrain to help those who seek his expertise in finding their direction?

- We have to embrace infinity inside a mortal body.
- We have to believe in a God we can't see.
- We have to learn to love in a dimension where there is so much hatred.
- We have to see abundance when people constantly talk of shortages and lack.
- We have to discover freedom where control is the state religion.
- We have to develop self-worth while people criticize and belittle us.
- We have to see beauty where there is ugliness.
- We have to embrace kindness and positive attitudes when surrounded by uncertainty.
- We have to feel safe in spite of our concerns. (Wilde, 1996, p.42)

What if life is 'constructed' according to this

historical set of soul tasks and what if it is any number of these challenges, manifested in idiosyncratic combinations, which brings clients to therapy in the first place?

All troubles come with built-in soul tasks and some kind of transformation asked of us in response to them. It is the essence of the solution-focused method to first recognize and touch the pain of it all; then help clients listen to what the drama of their own lives may be telling them. An interior capacity to reflect and witness one's predicament with the wisdom of the ages is what we encourage in the growing self-awareness of clients. This is the background, behind-the-scenes, or backstage place, if you will, where we meet the client to discuss what is showing on the big screen of their life situation. 'Solution-focused' doesn't mean finding the best way to fix things. It is primarily transmitting an attitude of sitting at the feet of one's life and learning who one can become, rather than fearing or resenting what's happening. As therapists, we are the leaders in that process of being 'positive'; however, it begins with respectfully learning from the intrinsic value of the client's experience. If a positive attitude is merely 'coached,' we are working from the 'outside in' and not being the guide who *accompanies* the client through the difficult terrain of her life passage. The American psychiatrist/spiritual teacher David R. Hawkins (2002, p.169) has provided the following simple illumination of how the microcosm of individual counselling can reflect the macrocosm of social and global evolution.

Successful solutions are based on the powerful principle that resolution occurs by fostering

the positive, not by attacking the negative. Recovery from alcoholism can't be accomplished by fighting intoxication, but, rather, only by choosing sobriety. The 'war to end all wars' did no such thing, nor could it possibly have done so. Wars - including wars on 'vice,' drugs, or any of the human needs regularly traded for in the great hidden social marketplace that underlies conventional commerce - can only be won by choosing peace.

**III:** *"In our relationships we need to uphold that aspect of the person which is the real person and the soul beyond their own self-doubt."* - Khan, P. V. I. (1991)

Now let's consider the actual clinical application of this value-laden perspective in a short-term, solution-focused counselling context.

Asynchronous E-counselling, by virtue of being an introspective process while remaining part of a therapeutic dialogue, can offer the communication needed: a heart-to-heart or soul-to-soul relationship that takes place in a shared space mediated by the internet. Both insight and catharsis are possible in the safest of environments (the client's own home) when a window is opened to the thought and feeling processes on both sides of the correspondence. (For a comprehensive introduction to the advantages and challenges of E-counselling, see Speyer, C. & Zack, J., 2003.)

The process of focusing (as introduced by Gendlin, 1982), or paying close attention to one's own bodily sensations, feelings, and thoughts, is facilitated by a text-based dialogue taking place

behind the scenes of self-presentation, where counsellor and client do not face each other. Both have more of an opportunity to look within themselves as they communicate. Similarly, witnessing or taking a step back from one's internal dynamics to gain perspective is enhanced by the act of 'composing oneself' and 'getting it down in writing.' When this text-based externalization occurs, the client is also internalizing the voice of the counsellor as a reflection of the client's own inner wisdom, again without the distraction of personalities in the room. As the leader in the relationship, the E-counsellor always begins and ends by emphasizing the client's strengths, inner and outer resources, and potential for increased self-awareness. The following is a clinical template for methods used which have much in common with the in-person short-term paradigm while optimizing the unique benefits of the online modality.

The CARE model came into being during a period of ten years while I personally conducted over 2,000 cases online and subsequently supervised countless more. The acronym stands for **C**onnect and contain ('Your challenge is human and manageable'); **A**ssess and affirm ('You've got what it takes to get through this'); **R**eorient and reaffirm ('You are not defined by your life situation'); and **E**ncourage and empower ('Keep going, one step at a time'). Each letter from the E-counsellor ideally represents a self-sufficient or stand-alone therapeutic intervention. Yet, as further back-and-forth exchanges take place, the client is implicitly encouraged to build on the CARE continuum in an adaptive spiral of healing and personal growth.

Short-term text-based counselling is emotionally supportive in the present and does not allow for delving into, psychoanalyzing or historically situating the presenting issue to any great degree. Yet the impact on clients can be equal to or even more profound than the outcome from traditional psychodynamic approaches (Labardee, 2009, pp.12-20). The sense of connection, safety, and containment that the E-counsellor conveys in order to help the client cope with pressing concerns is paramount. Our therapeutic mandate calls for strategic, short-term, solution-focused, problem-solving interventions; yet these are secondary to the text-based bonding or rapport-building which clients deeply appreciate. The main goal of the correspondence is to demonstrate an empathic understanding of the presenting issues and faith in the client's capacity to resolve them.

The therapeutic bond with the client is achieved primarily through warm, respectful and caring letter writing. In building a connection to the client's situation, it is identified as something 'we' (by virtue of being human) are prone to (e.g. "We are all slow learners when it comes to breaking personal patterns"; "Isn't it amazing, the way we give away our power?"). Here is an example of how contemporary counselling cultivates the interpersonal, the sense of belonging rather than of being alone *within* oneself. Contrary to Cushman (1995), however, we give credence to a true self. We encourage the client to recognize and identify with what is universal about human existence *based on his own experience*. This is our means of helping the client outgrow a false sense of separation and emptiness.

In containing the issue within the context of the client's strengths, the counsellor can ask about a time when the client overcame similar circumstances; or didn't feel the issue as acutely; or experienced some relief from it. This type of inquiry is designed to illuminate social supports as well as emotional self-reliance, rather than promote the self-contained consumer ethos criticized by Cushman. Furthermore, the resolution of the issue from the perspective of the future or a loved one's point of view, or the client's values, can have an empowering effect in itself as clients respond to the genuine interest in what is right with them, not wrong with them.

While being careful not to minimize or take a reductionist view of the issue, the solution-focused E-counsellor helps shift the weight of the situation from the heaviness of burden and blame to the lightness of blessing. It is an opportunity for the E-counsellor to direct reinforcement, bridging, and task-setting aspects of case management to the person behind the problem. It is a re-motivational approach that may make use of readings and resource material, homework assignments, or behavioural coaching as guidance in support of 'the side that's winning.'

As a therapeutic template for the E-counsellor, the CARE model engenders observation without judgment, bringing to light the kind of feelings, needs, intentions and choices that support fullness of personhood. Our goal is to help clients become more conscious of their positive patterns and processes so that we can leave them after short-term counselling with the internal and external resources they need to overcome present and future troubles.

Cushman's critique can certainly be taken under advisement: the commodification of the psyche; the portrayal of child development as a process of consumption; and the claim that coveting, envying and consuming are natural human traits.

These are all destructive distortions in the service of a rampantly materialist culture, no doubt. However, just as we don't define clients by their psychological condition, it would be equally unhelpful to define human beings solely by their social conditioning, as the constructionists do. In the gap between stimulus and response lies both human dignity and global hope. By removing the therapeutic dialogue from immediate face-to-face interaction in the asynchronous E-counselling correspondence, we are full value for the 'zone of

reflection' that can result. The writing process is introspective, yet it remains interpersonal.

A question for further consideration and research would be: Is online counselling and non-local presence merely a further symptom of the modern withdrawal from our neighbours and from the richness of a face-to-face community? Or in the 21st century, can non-local presence become as meaningful and validating as the vanished village communities used to be? In the context of Cushman's critique, what does Global Village really mean? Since therapeutic uses of the internet are not going away any time soon, we will continue to explore the healthiest aspects of what it means to be alone together in the treasure house of the true self.

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**Cedric Speyer** helped design and develop Shepell.fgi's groundbreaking E-counselling service, and conducted the first 2000 EAP cases online. He currently recruits, trains, and supervises an 'E-team' of almost 50 online

counsellors. He holds Master's degrees in Education, Counselling Psychology and Creative Writing. Cedric conceived and teaches a therapeutic approach to solution-focused E-counselling called InnerView.

# About Michel Foucault

– a note from the Editors

In this edition of *Psychologica*, both Cedric Speyer and Margotte Kaczanowska have made reference to the work of Michel Foucault. Indeed Philip Cushman, in the book to which Cedric and Margotte’s articles are a response, acknowledges freely his own indebtedness to Foucault’s legacy. Hence, here is a brief background.

Foucault (1926-1984) was a French philosopher and sociologist who contributed heavily to the development of post-structuralist systems of thought in Europe, although he later preferred to be thought of as a genealogist of systems of thought. Post-structuralism is a ‘system of thought’ as distinct from a ‘theory.’ It emerged initially as a challenge to the prevailing assumptions of structuralism in several disciplines such as anthropology. Structuralism takes the position that social, political, and cultural institutions can be deconstructed and understood as systems of signs or thoughts that can be fully analysed through an understanding of how binary oppositions work.

For example, the binary oppositional pair “male/female” is argued by structuralists to hold a certain unconscious meaning for everyone, much like a collective unconscious. Foucault and other post-structuralist thinkers challenged this assumption, maintaining that intellectual categories and meaning are much more fluid,

shifting and elusive and do not adhere to the rigid bifurcation of thought suggested by structuralism. Hence, when we (the signifier) impart meaning onto an object, we are of course related to that object (the signified) but we are not indelibly united with it in a system of universal meaning (conscious or unconscious). The impact of post-structuralism rests in its power to challenge any thought system claiming to be more ‘real’, ‘truthful’ or ‘universal’ than others, including ideologies such as capitalism or clinical applications such as psychoanalysis. Cushman (1995) cites Foucault as having taught us that “all theories ... are political – and the more their proponents deny it, the more political (that is, dangerous) the theories become.” Foucault’s seminal work is called the *Archaeology of Knowledge*, published in 1969.

[www.foucaultsociety.org](http://www.foucaultsociety.org)

[www.wikipedia.org/poststructuralism](http://www.wikipedia.org/poststructuralism)

# Psychoanalysis, Society and the Fiction of the Empty Self: a Response to Philip Cushman

Marsha Aileen Hewitt, Ph.D.

The central thesis of Philip Cushman's *Constructing the Self, Constructing America* asserts that psychotherapy has been largely responsible for, and complicit in, fabricating the concept of the empty self, both in theory and in practice. In promoting the view of an empty self, psychotherapeutic theory and practice collude with the economic, consumer-oriented interests of post World War Two society whose aim is to convince people that commodity consumption in the form of possessions or lifestyles is an antidote to the empty self. Through unbridled consumer activity the empty selves who populate postwar America may secure the illusion of being emotionally and spiritually filled. Psychotherapy, Cushman charges, believes that the empty self is a universal psychological reality that has nothing to do with the historical, social, political or economic context in which human beings live. In advocating this perspective on the nature of the individual, psychotherapeutic theory and practice counsels "social conformity and political compliance" (p.187). Cushman wants psychotherapy to become conscious of its historical situatedness and cultural location, and to interrogate the ways in which it consciously or inadvertently supports, reproduces and maintains the status quo.

I support Cushman's effort to situate psychotherapeutic theories and practices within an historical, social and political context and to

critically examine the ways in which they may reproduce the very conditions that generate and sustain individual psychopathologies. However, I think that Cushman's reductionist analysis lacks the complexity that is necessary to make the argument he seeks to advance.

Contrary to what Cushman implies, there exists a strong social theoretical interest in the connections between individual identity formation and social arrangements and institutional practices that has been and remains an important part of psychoanalytic theory since Freud. We need only consider writers such as Otto Fenichel, Wilhelm Reich, Erich Fromm, Herbert Marcuse, Robert Lindner, R.D. Laing, Norman O. Brown, Cornelius Castoriadis, Joel Kovel, Juliette Mitchell, Jacqueline Rose, Joel Whitebook, Jessica Benjamin, Neil Altman, and even Freud himself in his writings on religion and civilization, just to name a few. One of the most significant psychoanalytic thinkers and clinical practitioners who interrogate the ways in which psychiatric theory and practice function in the service of maintaining and supporting that "present pervasive madness that we call normality, sanity, [and] freedom" is R.D. Laing, who pointed out forty-five years ago that "our 'normal' 'adjusted' state is too often the abdication of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false self to

adapt to false realities” (1964/1965, pp.11-12). Laing, whose work betrays the profound influence of D. W. Winnicott, devoted himself to exploring and exposing the ways in which psychiatric theory, discourse and practice are implicated in supporting and reproducing the growing ‘madness’ of contemporary society and its cultural values at the expense of the mental and spiritual well-being of increasing numbers of individuals. Laing’s work remains relevant in its critique of the prevailing psychiatric medical model of mental illness that focuses strictly on the monadic individual as diseased without consideration of those external conditions that contribute to his pathology. Laing understood that the internal, psychic world is saturated with and mediated by external forces. For Laing, distorted social, political and familial relationships play an extremely important role in the production of mental illness. Therapeutic action in his view is located in the relationship between doctor and patient. The patient’s recovery and wellbeing is predicated in many significant respects on a transformation of his relational experience.

It could be very plausibly argued that Laing’s work anticipates much of what has come to be known as Relational Psychoanalysis which emerged several years later in the United States, especially when one considers his description of psychotherapy as “the study of human beings that begins from a relationship with the other as person and proceeds to an account of the other still as person” (1965, p.21). Strangely, there is scarcely any reference in Cushman’s work to Laingian or contemporary relational psychoanalysis which together stand as important exceptions (there are

others) to Cushman’s generalized portrayal of psychotherapy as a static, singular, unitary category that covers the entire field of psychology, psychotherapy and psychoanalysis since World War II.

While there are some important and valid insights in Cushman’s critique of the way in which psychotherapeutic theories and practices may promote adjustment and accommodation over transformation within and between individuals, his portrayal of the diverse and internally contested field of psychotherapy as a monolithic, unitary category renders the object of his critique too abstract and, ironically, empty. Specific discussions of Melanie Klein, Heinz Kohut, and Donald Winnicott for example, do not mitigate my point since Cushman insists on forcing the singular, untempered conclusion that the empty, consuming self is at the heart of their theories and clinical practices. As far as Cushman is concerned, all three of these psychoanalysts were thinking and working, whether conscious of it or not, in the service of an equally singular and unitary capitalist, exploitative, consumer-oriented status quo. Such a monolithic societal configuration is itself as illusory as the concept of the empty self. His highly truncated and, I think, distorted view of object relations psychoanalysis and self-psychology results in an account that is more ideological and rigid than critical, interrogative, and provisional. It cannot be overemphasized that “psychotherapy” includes a highly diverse field of *psychologies* and *psychotherapies*. Psychoanalysis alone has generated a number of competing schools of theory and clinical practice since Freud. It must be pointed out that Cushman is at his most critical when

discussing psychoanalysis, which is evident in his identification of Melanie Klein, Heinz Kohut and D.W. Winnicott as the major culprits who construct and promote the view of an empty self innately driven to consumption as a universal phenomenon. For the remainder of this paper, I will focus on his critique as it applies to psychoanalysis because I think that what Cushman means by psychotherapy, at least in its negative form, is primarily psychoanalysis.

Because Cushman is operating with a unitary, undifferentiated concept of “psychotherapy,” most of his major claims inevitably are asserted rather than argued. Cushman is very worried, and basically rightly so, about the dominance of what he understands as consumer culture and capitalist exploitation and their devastating impact on people’s lives. More problematically, he is concerned about the loss of what he refers to as “community” and “tradition,” yet nowhere does he elaborate what these are, except to use the terms as foils to what he calls “mainstream” values of American culture (1995, p.293) or the “individualism” promoted by consumer culture (1996, p.892). Here again he relies on vague, abstract categories as central conceptual supports for his thesis. There is little if anything to suggest what kinds of *communities* and what kinds of *traditions* Cushman has in mind as providing a counterforce to the destructive powers of consumer culture and its advocate, “psychotherapy.” He writes that the “paraphernalia of a commercial model are, of course, a poor substitute for the tools *traditional cultures* use for curing the sick” (1990, p.605 [italics mine]). Referring to cultural anthropologist Clifford Geertz, Cushman describes

these “tools” as providing a “web of meaning” generated in “the array of stories, songs, beliefs, rituals, ceremonial objects, costumes, and potions that heal by teaching and readjusting the society’s cultural frame of reference” (p.605). Advertising cannot provide “webs of meaning.” It is difficult to understand what Cushman has in mind here, beyond asserting that, devoid of meaning itself, psychotherapy cannot provide meaning to those who seek its help. Communities provide meaning. But what does this mean? Surely there is a vast diversity not only *of* communities and traditions, but *within* communities and traditions. How are we to evaluate and differentiate the abstract concepts of community and tradition? Are all communities and traditions of equal value; do they all promote human wellbeing? What criteria do we have to judge? How do these communities and traditions deal with internal conflict and dissent? Do all members of communities who adhere to traditions think and act in unison? If so, how is such uniformity regulated? What are the social and political implications of this? Cushman’s vague references to a lost era of community and tradition pay no attention to the oppressive practices and exclusionary strategies deployed against those members of communities who disagree and dissent. I raise these issues because they must be addressed and clarified by Cushman if we are to understand what has been lost with the waning of “more traditional sources of guidance” in this “less communal and certain world” (p.604).

It cannot be contested that many people suffer from and experience various forms of debilitating alienation, fragile self-identity and loss of control over their lives. Psychoanalysis remains a vital

resource that can address and even transform at least some of the suffering that accompanies such experiences. Disorders in the sense of self that are part of existential alienation are certainly connected to the sense of anomie and threats to identity that pervade contemporary society. However, an individual who does not feel an internal sense of cohesion and stability is hardly likely to resist forces of oppression and exploitation, let alone fully recognize them. Contrary to Cushman, I would argue that without individuals who experience themselves as autonomous subjective agents with the capacity to feel conviction in asserting their right to act and think for themselves, there is little chance for critique of and resistance against immoral and inhumane social and political forces. A robust sense of self is a precondition of human dignity and ethical action. An individual who experiences himself in this way is not the same thing as the “isolated,” “masterful,” “bounded” self that Cushman thinks is paradigmatic of American society. The idea of the “masterful” self is a crass, materialist parody of the Kantian Enlightenment understanding of mature, autonomous individuals who have the courage to think for themselves (Kant, 1784/1983) and who are steadfast in their “Great Refusal” (Marcuse, 1964) to abide by the rules of a social and political game where the dice are loaded. The Frankfurt School critical theorists understood the construct of the “masterful” man as the negation of a mature, self-critical and critically aware individual whose consolidated sense of self is requisite to social transformation. Horkheimer pointed out the dangers of the *impairment* of individuality, and observed that “the absolutely isolated individual has always been an illusion”

whereas “the fully developed individual is the consummation of a fully developed society” (1947/1974, p.135). Only individuals who experience themselves as cohesive and distinct selves are capable of conscious ethical choices and decisions. For Horkheimer and his colleagues, who regarded psychoanalysis as vital to the construction of a just society, the end of the individual signals the decline of ethical, humane society.

The neurotic who suffers from internal conflicts in Freudian psychoanalysis is a *self* who suffers due to insufficient individuation and psychic and emotional coherency. Kohut alerted psychoanalysis to self-disorders, where people experience fragmentation, emotional instability, and a lack of internal cohesion accompanied by feelings of emptiness, isolation, futility, narcissistic rage and general concerns about the “intactness of the self” (Whitebook, 1985, p.150). As the very titles of Kohut’s work illustrate, his focus was on the “search for” and “restoration of” selves that were in his view profoundly impaired due to relational and developmental failures. Thus it is astonishing that Cushman can accuse Kohut of actively prescribing the empty self (1990, p.605) as part of some effort, however inadvertent, to promote the mindless individualism which Cushman believes is underwriting “mainstream” American culture. If Kohut did not develop an explicit social theory in his work, there are nonetheless important social implications for the ways in which Kohutian psychoanalysis can encourage healthy intersubjective relationships, particularly in his complex analysis of empathy. For Kohut, the absence of empathy is predicated on the failure to recognize the humanity of the other

(Kohut, 1981, p.530; Nussbaum, 2001, pp.333-34). I think it could be argued that those individuals who are devoid of empathy are incapable of recognizing the humanity of both self and other, as Kohut makes clear in his observations of the incapacity of Nazis to acknowledge in any way the intrinsic humanity of their Jewish victims. In this sense empathy is a precondition of ethical consciousness that requires the recognition of the mutual constitutiveness of self and other.

Without a coherent, stable sense of self there can be no meaningful experience of a 'doer behind the deed,' of an ethical actor who is responsible for all aspects of one's self, including one's dreams and unconscious (Freud, 1925, p.134). Building on Freud, Hans Loewald (2000) understood that psychoanalysis issues a moral appeal in the context of an interactional, intersubjective therapeutic relationship that asks the patient to "own up to" the contents of his psychic life, to claim them as his wishes, conflicts and defenses, to "re-experience them as psychic activity of a nonautomatic nature" (p.93). In a similar vein, French psychoanalyst and social theorist Cornelius Castoriadis describes the analytic task as one of "gaining knowledge of the Unconscious and transforming the human subject" (1997, p.125). Peter Fonagy's work on "mentalization" for example relies heavily on a developmental concept in which the self's capacity for affect regulation and mature social relationships involves the ability to see reality from the perspective of others, along with the ability to critically think about one's own contribution to relationships. These capacities are fostered in psychoanalysis.

Elsewhere I have argued that in the therapeutic relationship the "analytic couple work cooperatively together to create an autonomy within the context of a heteronomous society, where people struggle to become autonomous while paradoxically absorbing and internalizing existing institutions and social arrangements" (2007, p.231). It is difficult to see how psychoanalysis, in and of itself, could possibly encourage, promote or support the bad materialism of an "empty self" as having any therapeutic or social value. The whole point of 'the talking cure' is to assist the patient in calling him/herself into question, to think feelingly about oneself and one's experience both internally and with others. For many patients psychoanalysis allows them to be heard and taken seriously as worthwhile human beings for the first time in their lives. As Loewald (2000) reminds us, the moral discourse of psychoanalysis charges *both* patient and analyst to become the best, most fully human beings they can possibly be. In this sense alone, psychoanalysis stands as a powerful challenge to the shallow values of consumer society as described by Cushman.

Cushman's repeated assertions about the predominance of the empty self rests upon a barren concept of subjectivity as well as a truncated view of human beings as devoid of relational longing, desire or phantasy. Fairbairn (1952) observed long ago that human beings are object seeking. The infant of Kleinian and Winnicottian psychoanalysis enters the world brimming with phantasy, desire, longing, aggression and an innate need for the other. Cushman's suggestion that Klein's and Winnicott's infant seeks objects in order to fill a

bottomless emptiness is an interpretation unsupported by the evidence of their theories. Cushman repeatedly asserts that object relations theory and self-psychology are especially egregious in their focus on the internal, intrapsychic world of experience at the expense of the external world and interpersonal relationships. According to him, Kleinian object relations theory “prepared the way for psychotherapy’s influence on the consumerism of the era to come” (pp.159-160). Klein’s infant is “predetermined to rip and tear” (p.205) in order to consume, to fill itself. The internal world of the Kleinian infant is filled with violence, hatred, envy and acquisitiveness. This self is “continually bingeing and purging; it must feel empty in order to consume the way it does; it must feel covetous of what is ‘outside’ itself,” writes Cushman (p.207). It does not, however, follow that Kleinian theory thus reflects, supports and contributes to consumerism as “an overall way of being that is the result of the [post –World War II] era’s economic strategy...The consumer society was achieved through the constructing of a self that was empty, a self that feels naturally and irresistibly driven to consume in order to fill up the emptiness” (p.207). In fact, Cushman believes that (all?) therapists who practise from an object relations perspective are (again, inadvertently) “complicit in reproducing the consumerism of our time” (1996, p.888). What Cushman misses in this simplified account of Klein (and object relations theory in general) is the complex dialectic of destruction and repair, violence and guilt, and love and hate inherent in the developing individual which structures her thinking. There is nothing remotely empty about the Kleinian infant/self. For Klein, as for Winnicott and also Kohut, the development of a healthy self

entails the capacity for affect regulation and mutual recognition, where the individual is able to differentiate inside and outside, internal phantasy and external reality. This developmental capacity is achieved in and through the child’s relationships with his caregivers.

Even the infant research of Daniel Stern, whose observation that individuals “begin to experience a sense of an emergent self from birth” (1985, p.10) poses a powerful challenge to the thesis of the empty self, is dismissed by Cushman as promoting a “romantic notion of the organicistic growth of the nuclear self” (1995, p.284). For Cushman, the rich variety of conceptions of the self found in these writers all collapse into the “empty,” “masterful,” “bounded” and “isolated” self of consumer capitalist societies. Yet psychoanalysis is built on the conviction that the developing individual is a work in progress, rather along the lines of Freud’s idea that the transformation of the self through psychoanalysis involves becoming what one might have become “at best under the most favourable conditions” (p.435) and these conditions have everything to do with, among other things, the quality of the individual’s relational world and the degree of success individuals achieve in balancing internal and external experience. This is ignored by Cushman, whose sustained focus on the empty self functions as a rhetorical device designed to carry an over-determined thesis that fails to account for or even adequately acknowledge the rich diversity of living individual subjectivities who oppose, clash, resist and critique prevailing social arrangements and moral norms.

I agree with Jane Flax that “left out of [Cushman’s] narrative are contingency, struggle, accident, multiplicity, subjugated knowledge, and marginalized practices. A culture’s self-presentation is critiqued only from the outside; its internal fissures, active absences, and multiple positions and actors are not placed within the apparent homogeneity” (1996, p.852) that Cushman presents as social reality. In other words, Cushman does not seem to be aware that there are many people both in America and around the world who are quite cognizant of the ways in which advertising, economic interests and political elites work to manipulate, control and oppress most

aspects of their lives. There are many individuals, organizations and groups who actively resist these efforts in part due to their ability to critically think about themselves and their world. Psychoanalysis is a valuable theoretical and clinical resource that allows human beings to call not only themselves into question, in order to understand the ways in which they collude with internal and external destructive forces, but also to question, critique and resist the world around them.

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**Marsha Hewitt** is Professor of Social Ethics and Religion at Trinity College, in the University of Toronto. She is a psychoanalyst in private practice, as well as a Faculty member of the Toronto Institute for Contemporary Psychoanalysis and Faculty member of

the Institute for the Advancement of Self Psychology. At present she is working on a book project, "Psychoanalysis, Religion and The Democratic Mind," which is part of her long-standing research on critical social theory and psychoanalysis.

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## Re-membering the Self

### *Remembering Michael White (1948-2008)*

*Margotte Kaczanowska, M.A., RSW., OACCP*

*"There is a whole world in one expression."*

*Michael White (Toronto, Oct. 4, 2007)*

*"Every time we ask a question, we're generating a possible version of life."*

*David Epston*

This reflection was born in response to my exposure to excerpts from Philip Cushman's, *Constructing the Self, Constructing America*. While I

was reading them I found myself feeling both inspired and invited to reflect upon my own journey as a therapist.

In post-modern culture there is a deep hunger to belong. An increasing majority of people feel isolated and marginalized. Experience is haunted by fragmentation. Many of the traditional shelters are in ruins.

Society is losing the art of fostering community. Consumerism is now propelling life towards the lonely isolation of individualism. Technology pretends to unite us, yet more often than not all it delivers is simulated images. The “global village” has no roads or neighbours; it is a faceless limbo from which all individuality has been abstracted. ... We long to belong because we feel the lonesomeness of being individuals. (O’Donohue, 2004, pp. xxiv and 4)

I remember a story about one of the photographs taken of me, when I was about four years old. I used to dislike the picture to the point of having a desire to destroy it. Honestly I do not know what stopped me from doing so, but I am glad it did because I adore this picture now. I keep it displayed and often share my story about it. Had I destroyed it, I imagine that my memory of it would not be the loving one.

We create albums of ‘photographs’. We do not include every picture in them. We select. The rest of them either get destroyed, forgotten or hidden away. Some of them get shared; some of them do not. Some of them were taken by us, some of them by others. Some of them we give to others, some of them we receive from others.

Our lives are multi-photographed, multi-storied. We grow attached to particular photographs/stories and they describe conclusions about who we are, who we are not, whether we cherish ourselves or quite the opposite, whether we are embraced by others or feel alienated from them.

Where are the other photographs? Are they lost? Is it

possible to trace them? To retrieve them? Is anyone else having access to some of them? Can we create a different album? Can we create a richer album?

This analogy of photographs and their albums captures for me the value of being a narrative-conscious therapist.

Narrative therapy arrived in my life through Michael White - one of the finest teachers of our time. For more than a decade, I was privileged to be a first-hand witness to Michael’s love for human being, practiced at a profound level of depth. My commitment to participate in Michael White and David Epston’s art of teaching has deepened and solidified my stance as a therapist. I find myself constantly journeying on the road of growth and joy.

As a narrative-conscious therapist:

- I do not have to know - I can be curious;
- I do not have to ask questions to gather information – I can be asking questions in order to generate experience;
- I do not have to use objectifying terms (the alcoholic, case, depressed) – I can be free to honour subjective descriptions always available and offered by a person(s) sitting across from me;
- I do not have to see the person as a problem – I can assist with exploring the effects of the relationship with the problem on the person’s life;
- I do not have to be tracking down the facts which aim to construe a single truth – I can explore multistoried construction of reality;

- I do not have to take an expert position – I can engage in collaborative co-authoring conversation(s).

While sitting in my office, I am intentionally aware of a number of important aspects of my work to which I commit my attention. The first one is a position I prefer to occupy as a therapist, whereby I can be described as consulting, co-authoring, and co-creating.

The second aspect is about listening to meanings people attach to their life experiences, the stories they tell themselves about these experiences and the conclusions they have reached about themselves.

A third aspect concerns the language used by people who consult with me, consequently also used by me. There is my constant commitment to capture expressions and metaphors that persons offer and to use them for co-creating a unique language between each person and myself. Through my use of linguistic exercise (narrative language) it becomes possible for the person to separate herself/himself from the problem and consequently embrace hope through formulating a desired type of relationship with the problem.

The fourth aspect is about tracing the sources and influences of power on the person's life by not only acknowledging effects of power coming from the social world of race, gender, ethnicity, class, culture, sexual preferences, age, economics and so on, but also actively assisting with a more detailed exploration of how this power has impacted the person's life and with seeking stories that exemplify resistance to such power in the person's life.

Narrative practices offer very unique metaphors/maps contributing to reinvigoration, exploration, discovery and revision of a person's sense of identity. In order to support narrative practitioners, Michael White had captured the above ideas in his last book "Maps of Narrative Practice" (2007). The book is a collection of a variety of maps helping a narrative-conscious practitioner not to get lost on the journey. I would like to share a few of them for the purpose of illustrating my favorite maps aimed at assisting people in capturing, re-capturing, creating, co-creating, connecting, and re-connecting themselves to their preferred ways of inhabiting their life and relating to others.

One of the metaphors, referred to as "remembering," invites the person to view his/her "life" as being a "membered" club of life. This "life club" offers memberships to others and, like every membership, it can be given or taken away, upgraded or downgraded, suspended or reactivated. Through the act of crafting questions, it becomes possible to "contribute to a multi-voiced sense of identity, rather than the single-voiced sense of identity which is a feature of the encapsulated self that is the vogue of contemporary western culture" (White, 2003, p.7).

The person has come to believe in a problem-saturated narrative about his/her life. The narrative-conscious therapist guides the person to a new recognition of any unique outcomes that contradict the dominant story. The following example may be one of Michael White's most brilliant questions: "Of all the people who have known you over the years, who would be the least

surprised that you were able to do this / take this step/initiative?”

A variation of the re-remembering metaphor is to invite a grieving person to ‘saying hullo again’ to the someone who has died. Creating a context, in therapy, for the incorporation of the lost relationship offers opportunity for re-embracing the lost person and keeping his/her voice and contributions present versus saying goodbye and, as a result, experiencing a sense of emptiness and separation from the lost loved one.

Definitional ceremonies, through inviting openness dressed in a very particular format, “provide people with the option of telling or performing the stories of their lives before an audience of carefully chosen outsider witnesses. These outsider witnesses respond to these stories with retellings that are shaped by a specific tradition of acknowledgement” (White, 2007, p.165). Definitional ceremony is an incredibly powerful way to provide the person with a deep sense of acknowledgement and the opportunity to be joined by others (outsider witnesses) in generating a rich description of his or her life and of personal and relational identities.

Within narrative practices, there is a menu of available choices for rendering the therapeutic journey and its destination more transparent, deconstructed, expanded, and celebrated. Some examples are: writing therapeutic documents and helping in helping others.

Many of us are aware of the power of the written word. Spoken words fly by and at times do not reach us. Written words last. Written words can be

re-read. Writing therapeutic documents can take many forms and capture many intentions. I am particularly fond of making my notes from the sessions available to the persons consulting with me. I always seek their permission to take notes and I make it transparent to people that the true meaning behind my note-taking is to capture people’s expressions and metaphors, offered by them, for the purpose of re-using them in the process of therapy. The notes are available any time and offered and given to people. The other favorite documents are therapeutic letters.

Conversation is, by its very nature, ephemeral. After a particularly meaningful session, a client walks out aglow with some provocative new thought, but a few blocks away, the exact words that had struck home as so profound may already be hard to recall. [ - - - ] But the words in a letter don’t fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it. (Epston, 1998, p.95)

Many of the people who consult with me are asked whether they would be open to write about their newly embraced narratives and conclusions in dealing with their particular concern/problem and then allow me to share it with others facing similar difficulties.

Coming back to my metaphor of photographs, all of the above applications of narrative practice contribute to finding forgotten pictures of authentic lived experiences. There is a rich process embraced in restoring them, reclaiming them, receiving them from others and then suddenly realizing that it is possible to have a more complete

or sometimes entirely new album of photographs. An album which invites people to tell new stories about their purposes, values, commitments, dreams, hopes, and visions.

The thought that there could be a state of communication which would be such that the games of truth could circulate freely, without obstacles, without constraint and without coercive effects, seems to me to be Utopia. It is being blind to the fact that relations of power are not something bad in themselves, from which one must free one's self. I don't believe there can be a society without relations of power, if you understand them as means by which individuals try to conduct, to determine the behaviour of others. The problem is not of trying to dissolve them in the utopia of a perfectly transparent communication, but to give one's self the rules of law, the techniques of

management, and also the ethics, the ethos, the practice of self, which would allow these games of power to be played with a minimum of domination. (Foucault, 1988, p.18)

My ongoing concern, and therefore my focus in therapeutic practice, is a conscious recognition of the extent to which the culture of therapy reproduces the dominant culture. My striving is to minimize and eliminate the risk of perpetuating the power inherent in our culture.

Narrative therapy became a never-failing compass guiding me through rough parts of my journey and inviting me to learn, grow, expand and enjoy the process as I continue to take further steps in it.

For more information about narrative therapy go to: <http://www.dulwichcentre.com.au/>

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### **Margotte Kaczanowska:**

I am a therapist for individuals, couples and families, in private practice in the Bloor West Village area in Toronto. I am a Registered Social Worker and a member of OACCP, with 33 years of clinical experience. My academic background includes: registered nurse

specialized in psychiatry and neurology (Medical College, Poland) and social work combined with psychology (University of Warsaw, Poland). I believe that the therapeutic approach should be tailored individually as every person who consults with me is unique. Narrative therapy has been my compass since 1996.

## **Constructing the Self, Constructing America: A Cultural History of Psychotherapy**

Philip Cushman, Ph.D.

Addison-Wesley (1995) 387 pp.

ISBN 0-201-62643-8

Can. \$35.95 (U.S. \$27.50)

Philip Cushman's *Constructing the Self, Constructing America* is two books in one. This is not as a result of muddled boundaries or a lack of writerly discipline. One of the core concerns expressed by Cushman is a tendency among mental health professionals to lack interest or, therefore, a good grounding in the history of their own profession. To this end, the first 278 pages are, in effect, a history book, but such a history book as has rarely appeared before. Prior to entering the mental health field, Cushman was a historian. And his scholarship is formidable. With his hermeneutic approach, his analytical and evocative powers reach beyond those of the conventional scholar. In fact, readers familiar with the grand master Michel Foucault and his grand opus *Madness and Civilization: A History of Insanity in the Age of Reason* (1961 - first published in French) will be delighted to discover that Cushman's history of healing technologies is not only a livelier read but in many instances more illuminating. What the author achieves is a haunting portrait of

the way in which various schools of healing were an expression of the socio-political zeitgeist of the times. The turn of the millennium, Cushman argues, is no exception.

This is precisely Cushman's concern and a reason why mental health professionals need to concern themselves with history. In the final third of his book, history gives way to a fascinating discussion of the pitfalls of psychotherapy. The author contextualizes the mental health profession in a political 'clearing' where key players in the evolution of our field are seen to have aligned themselves and their theory with the political and economic status quo. Cushman is careful to point out that this was done unknowingly, but warns that it will nevertheless be a tough pill to swallow because, as professionals, we resist the notion that we may have a blind spot.

The dominant legacy for psychotherapists today, according to Cushman, is the configuration of an empty self, constructed by the consumerist media as much as by psychological theories that conceived of human life as a universal, unalterable quest of acquisitiveness and self-gratification. In other words, every advertising executive's dream! Cushman discredits the tendency to universalize and 'scientize' mental/emotional ailments. He invites the contemporary therapist not to walk into a trap of colluding with socio-economic vested

interest by deflecting the client's pain as being an interior malfunction to be adapted for a better societal fit. Adaptation must play a part in helping the client cope, but not at the expense of a broader interpersonal and societal discourse.

I have a couple of quibbles with Cushman's thesis. Firstly, I do not understand why Cushman finds it so implausible that the process of consuming could be at the core of human development. All forms of life are sustained through nourishment. In humans, consumption occurs constantly on a molecular level. From a holistic perspective, should we be surprised if psyche and spirit mimic the micro-biological and physiological processes of life? This isn't reductionism; it is holism.

Secondly, Cushman denies the existence of anything human beyond what is socially constructed. In other words, there is no so-called 'true self.' I fail to see the reason for adopting such an all-or-nothing constructionist stance. Why should we not accept a more inclusive interplay of nature/nurture? Ironically, this might make strange bedfellows of biology and spirituality, as they both

defy Cushman's realm of the socially constructed.

Lastly, it is somewhat puzzling to read (on p.289) about the schools of psychotherapy that were disregarded in Cushman's research. His astonishing erudition and clinical acuity are beyond question. All the more surprising, then, that his book overlooks Adlerian theory and how Adler has informed a contemporary social tradition within psychotherapy. Adler's influence has not waned on "the road not taken" (p.159), as with H.S. Sullivan. Even behaviourism – which can be adapted to resist consumerism as much as to promote it – offers a very interpersonal, constructionist approach but was, nevertheless, deemed "not directly applicable to the argument" of the book.

Why am I reviewing Cushman's book 15 years after its auspicious publication? Is it because 'Canucks' are a bit behind the times? Or is it because I'm a slow reader? The former is patently false, so perhaps it is a bit of the latter! I believe that Cushman's critique is of enduring value and deserves to resonate well beyond the initial fanfare of accolades and media hype.

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## OACCPP Fall 2009 Conference: Notes from Panel Discussion on Strategic Practice Development

Presenters: Catherine Wood, Anne Carbert, Richard Isaacs, and Rodney Hancock.

Anne Carbert emphasized interpersonal skills required for successful self employment. She

emphasized that mental health professionals need to become more comfortable with finances and entrepreneurship, which can be learned by "doing". She suggested such self talk as "How are we limiting ourselves?"

Rodney Hancock, CEO of our insurer McFarlan Rowlands, spoke about insurance needs, noting the many packages besides liability insurance that his company has available. Rodney added that joining the new College will be important for our members, as both the government and insurers providing third party insurance recognize that regulation raises the level of professionalism of mental health providers and will not likely take the ‘unregulated’ very seriously.

Richard Isaacs noted that litigation in Canada is rising and session notes are an indispensable legal resource and requirement.

He noted that we need to do session notes within 24 hours of seeing the client, adding that some judges say if notes are not done within this time frame, they may be inadmissible in court.

He said we should consider adding 15 minutes to an hourly session to develop progress notes.

Additionally, records should be kept in a locked, fire-proof cabinet, and practitioners who are about to retire should designate someone to oversee their records for the required ten year period.

Catherine Wood introduced the importance of marketing and self promotion, often referring to her own experiences. She noted that marketing is essential and offered some useful tips: running groups, building contacts and networks, being mindful of reciprocity and cross referrals, and practicing the four “P’s” of all businesses: product, pricing, promotion, and placement in the field. We need to think of ourselves primarily as business persons, not simply ‘helpers’.



Ilana Tamari (right) accepting the OACCPP President’s Award for distinguished volunteer service from Naseema Siddiqui.

# Mindfulness Based Interventions

*Presented by Mark A. Lau, Ph.D.*

Dr. Lau explained that Mindfulness Based Cognitive Therapy (MBCT) incorporates a systematic protocol which, with training, can be successfully implemented by psychotherapists. However, one of the more difficult aspects of this intervention is learning to be mindful ourselves. Dr. Lau said it is the experiential part of training that is most effective. Patients learn that they do not have to be driven by their thoughts and can focus more on their interpretations of events, rather than the events themselves. He went on to say that when patients learn to “cultivate curiosity” rather than holding on to reactivity, healing takes place. As therapists, we need to learn to “hold back” rather than “fixing first,” allowing the patient to simply be present with their thoughts and emotions. All mindfulness based training finds its routes in Buddhism, he noted, citing Dr. Jon Kabat-Zinn as one of the foremost western world pioneers in this field.

Dr. Lau went on to describe several studies demonstrating the efficacy of MBCT in reducing depression and preventing relapses. One study of persons with three episodes of depression showed that 66% relapsed over the year without MBCT. Of those who received MBCT, only 34% relapsed.

Dr. Lau then led the group through several different types of meditative exercises, beginning with the well known “observance of a raisin.” He reiterated that with meditation we realize that “thoughts are not the truth, merely thoughts – mental events.” Once we understand the connection between negative thoughts and depression, we become more empowered to control our depression. Dr. Lau spent the rest of the afternoon bringing the group through various meditative exercises encouraging us to monitor our thoughts, which typically drift from past to future ruminations or slide from acceptance to aversion.



Dr Mark Lau and Marina Riker-Kucic.

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