No more than 500 words on
Psychotherapy, Science, and Habitual Dualism.
By Russell Rose

I believe there are two crucial roles that the psychotherapist needs to embody beyond the therapeutic encounter itself. We are the custodians of the psychological process of the nation and, in the service of psychological evolution, it is our responsibility to address any habituality in our theoretical positioning. This often requires us to deconstruct our own blindspots, as well as those of our paradigm-forebears, and risk challenging the theoretical positions that we cherish, fall back upon, or habitually enact. One of the most prolific, prevailing, cross-party, habitual positions is the dualistic medical-model of relative *observational detachment*.

Science has evolved radically since, for example, the days of Freud and Reich et al, and the notion that a psychotherapist can actually be an objectively-detached blank-screen can be understood now as, frankly, somewhat archaic. Cartesian Dualism and Newtonian causal-determinism, the sciences of the day, guided these forebears into seeking the medical-model objectivity with which a surgeon might view a disease. Expert psychologists diagnosed and treated wounded patients because their science told them that this was the way. Contemporary Psychotherapists, however, no longer have this scientific validation to fall back upon.

Neuro-science and Complexity Theory, in particular, have deconstructed dualism, both within the body-mind systems of an individual, and *between* the individuals in the therapeutic encounter. The mind and body are highly interactive and mutual dependent, and there is no such thing as a psychological island. We psychologically co-organise with significant others, and the psychotherapist and client should for certain be a significant-other to each other.

The recognition that transference and counter-transference contained material significant to the client's wounded relational patterns threatened to undermine the medical-model position, but the work on *enactment* (Bromberg, Soth, Marks-Tarlow et al,) as being not only *inevitable* but the principle vehicle by which dissociated relational wounds come to manifest in the here and now should have condemned the *habituality* of this stance. Given that enactment theory is, effectively, a coalition of Neuro-science, Complexity Theory, and transferential theory, and is fairly easy to evidence, the question is begged: why hasn't it?

The great difficulty we have with integrating contemporary science into psychotherapy is that *knowing it* is not enough. Science now tells us that, in order to know it, we have to *be* it. We need to engage in the complexities, uncertainties, chaos, and developmental process of our own conflicted body-mind psyche, and we have to assume that we are subliminally psychologically co-organised with our clients, perhaps in an enactment of a primary wound for one or both of us, or in a collusive defence against the re-emergence of the dynamic wound into awareness.

We inter-relate on extraordinarily complex and subliminal levels, and I believe that we should either *choose* to recognise, work with, and suffer this - as we expect our clients to - or else *choose* to exclude ourselves from experiencing what we now know to be true.