

Exploring the ah-but moments... expanding thoughts

Workshop: Resistance to Change: the 'ah but' moments

The underlying therapeutic approach I am working from is Gestalt psychotherapy and

Gestalt therapy emphasized what people knew and what people could learn by focusing their awareness. They created a new methodology that was not based on what people didn't know and couldn't know (the unconscious could not be known except through interpretation and analysis of the transference in psychoanalysis). (Yontef, 1991, p. 7)

I describe my position as humanistic and phenomenological and relational in approach.

Before looking at the particular situation where there are the 'ah-but' moments, I need to explore change and resistance in the context of therapy.

Change

There are differing principles regarding change depending on the therapeutic approach. Psychoanalysis seeks change through insight. "The analytic therapist ... uses devices such as dreams, free associations, transference, and interpretation to achieve insight that, in turn, may lead to change" (Beisser, 1970).

Humanistic therapy seek change through client experience, or through awareness. The Gestalt therapist

"believes in encouraging the patient to enter and become whatever he is experiencing at the moment" and

"believes that the natural state of man is as a single, whole being - not fragmented into two or more opposing parts. In the natural state, there is constant change based on the dynamic transaction between the self and the environment" (Beisser, 1970)

There is a similarity with Psychoanalysis and Gestalt regarding insight and awareness, however exploring this further is for another time/essay.

In seeking to address the general principles involved in change Carl Rogers (1951) has said:

What is meant by such phrases as "psychotherapeutic change", "constructive personality change"? ... for the moment let me suggest a commonsense type of meaning ... By these phrases is meant: change in the personality structure of the individual, at both surface and deeper levels, in a direction which clinicians would agree means greater integration, less internal conflict, more energy utilizable for



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effective living; change in behavior away from behaviors generally regarded as immature and toward behaviors regarded as mature (p. 57)

He was seeking, at that time, to extract general principles of change through examining his work with clients. He goes on to talk of definable and measurable conditions. For me this is within the domain of the medical model; the reduction of the human being into parts that separate and dissect the whole human-ness such that our being becomes lost in a collection of parts.

However, I am hesitant and uncomfortable with his common sense meaning at the point where he refers to 'in a direction which clinicians would agree' and 'behavior away from ... immature and towards ... mature'. I am hesitant to be the clinician that judges my client's behaviour as mature or not. I am uncomfortable with the cultural and social judgment and values inherent in these words.

Models of change

Today the reductionist medicalised and organisational thinking provides for models of change such as Lewin's 3-Stage Model of Change (Lewin 1947), Kotter's 8-Step Change Model (Kotter 2012), Transtheoretical Model (or Stages of Change) (Prochaska, DiClemente 2005), The Satir Change Model (Satir et al 1991), Burke-Litwin model of organisational change and performance (Burk & Litwin 1992), there are more. Two of the prominent models, in my experience, has been Lewin's 3-Stage model and Prochaska's Transtheoretical Model. These are eagerly taught and explored yet, honestly, I find I have difficulty in relating my experiences and clinical work to these, or any model.

I feel a real friction towards framing our experiences into a model because the individual is with whom we work, not the presentation of depression, 'disorder', or bereavement model etc. Ah but, I do frame experiences with models, as you will see later in this writing with the 'model' of contact. My anxiety is the model becomes the work, either to fit into or to move out of the model. A model provides a framework; a framework which must remain flexible, loose even, and must be a lattice through which the individual remains and is visible to us.

The 1990s saw the development within industrial, corporate, government agencies, and the like of the Theory of Change. This is devoted to managing change at organisational level and upwards. I wish to point out that Theory of Change, capitalised, is not applicable to change in the therapeutic sense.

Process of change

Whilst a model of change is a representation of the how change is structured the process of change is the flow, and ebb and transition. Transit, as in transition, and transient, seems to me a better way to be describing the experience of change; a transition of being through experience of awareness.



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So, now, let us step back and consider the ongoing nature of our changing. Are we not always in the process of changing? Changing how I behave when I am, for example, at dinner with friends, rather than at dinner with family, or at a social function.

I suggest that sitting down for dinner with your family will induce a different change in behaviour and thought compared to sitting down with colleagues in the works canteen. So, the question is not so much about what do you want to change, rather it is about how are you changing; how *is* you changed at the canteen table to how you *is* at the family table?

Yontef (2005) draws attention to what is the central element with change:

The central question is not whether there will be change, but whether human change will be toward growth, deterioration, or whether there will be apparent lack of change in which the person grows or deteriorates so slowly in comparison with the surrounding world that it appears as stasis.

The experience of change

There are predictable changes that most of us experience and would occur at particular points in our lives such as in education, puberty, leaving home, attaining adulthood, employment, friendships, marriage, parenting, childbirth, menopause, retirement, and death. There are unpredictable changes that are experienced through illness, accident, job losses, wars and natural disasters. Change is also internal as well as external.

All experiences change us and effect our being in the world and our capacity to adjust, to manage, to survive is predicated on our own sense of self, our resilience, our spontaneity, our reflectiveness and crucially our sense of relationship in the world.

Central to my approach to therapy is the necessity to be 'who I is' if I want to effect change. Only in knowing who I am will I really know what I want to change. This comes out of aligning myself with the Paradoxical Theory of Change (Beisser 1970).

"... change occurs when one becomes what he is, not when he tries to become what he is not. It is by not struggling against one's resistance and wish to be something else, and by recognizing oneself to be as one is, that the underlying need or wish may be recognized". (kindle location 1827)

As I am writing this I am aware that my intention is to focus on the client's 'ah-but' and I have an internal voice speaking, "ah but, what about the therapist's 'ah but' moments?". Indeed, these require attention too; ah but, will I give this attention now? My 'ah-but' voiced here is a reluctance to committing to include something about the therapist's 'ah-but' moments. The reluctance is about not having worked



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out already if I have the time; or whether I know enough to explore this; or whether it would 'fit' comfortably in this essay. I recognise I am unfolding spontaneously my thoughts on this matter. These 'ah-but' moments are hesitations, at least. Moments to check on something. The hesitation is resistance to proceed, like a brake being applied, however momentary.

The focus is to explore the ah-but moment. I am moving closer to this and conscious these ah-but moments are occurring within the relational dynamic of therapist and client; within the changing moments of being in relationship. The 'ah-but' moments are part of the process in the client's experience of change and growth.

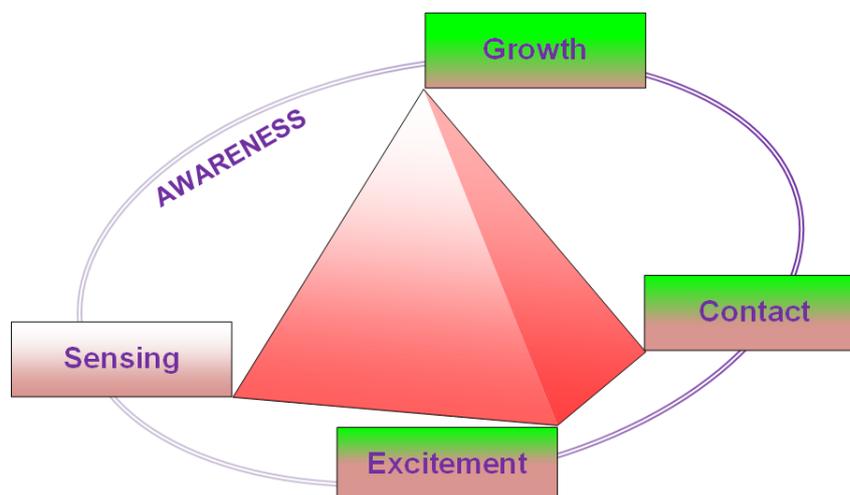
Growth

Growth is at the heart of Gestalt therapy. The title of the seminal work of Perls, Hefferline and Goodman is "Gestalt Therapy: Excitement and Growth in the Human Personality".

Gestalt Therapy is "applied phenomenology" (Perls et al 1994.loc 296)

Excitement is the energy in both the physiological and in the emotive sensing. Sensing in all its forms - distant (e.g., acoustic), close (e.g., tactile) or within the skin (proprioceptive) – will determine the nature of our awareness and as a consequence the relation of our contact.

Growth is the form of the sensing, the excitement, and the contact combining their own strengths for growth.



For healthy growth, there is the requirement of awareness; that the sensation, the excitement and the contact is felt and experienced in the present situation such that the growth is assimilated, or rejected in appropriate measure.

“attention, concentration, interest, concern, excitement and grace are representative of healthy figure-ground formation” (Perls et al 1994 loc 369)



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The “aware response ... is the agency of growth” (Perls et al 1994 loc 511 p7)

The relation of self and environment is growth. the What and the How and the Being of this relation determines the occurring growth; Healthy - Unhealthy; Functional - Dysfunctional; Spontaneous – Adjusted; Growth - Preservation

The ability to form and destroy good figure is paramount for health. Healthy growth is being able to create a lively and clearly defined figure which makes the most adequate use of the resources of the situation. Letting go (of what has been previous) is part of the ability to form and destroy the figure.

Figure Formation

Attention and switching attention requires the mobilisation of energies to switch. The switch involves the cessation of attention and interest in one activity and the creation of attention and interest in another activity. One aspect in the switch is the new figure emerging and only emerging through a lessening of attention in the current figure. When this new emergence forms with spontaneity and awareness of the situation there is healthy growth. Spontaneity (if it is at all present) is interrupted by the ah-but moment; a moment of hesitation of the figure formation that leads to contact.

I want you to pause at this point (ah but you want to keep reading!!!) To pause is an offer, an invite to check out the process of moving in to contact.

Pause at this point in your reading, breath in deeply, exhale fully and let me take you to the situation where you are:

- *at rest, but not listless.*
 - *awaiting; but not tense.*
 - *ready; without anticipation, yet expectant.*
- *You are with a sense of being balanced and ready to act in whichever way is direction comes to be appropriate for the next stimulus you sense.*
- *Now, as the situation of you and the environment unfolds, your sensing forms an attention out of multiple possibilities.*
- *A process begins to unfold that is you-in-action with the environment and the subsequent activities of you-and-the-situation is the experience of the “Interfunctioning of You and Your Environment” (Perls 1947 p43).*

To explain this experience the early trainers of Gestalt Therapy, at the Cleveland Institute, created the Contact Cycle diagram that later was represented in the widely read and mostly obligatory introductory text of Petruska Clarkson (1989:2000)



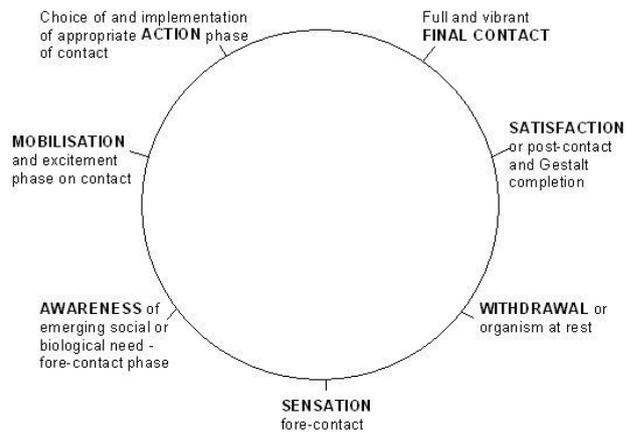
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The diagram here is attributed to Clarkson (2000): **Cycle of Gestalt Formation and Destruction: The Contact Cycle**

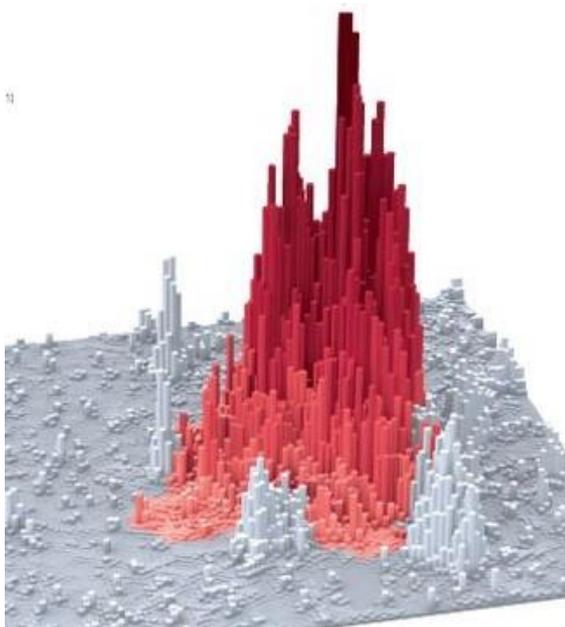
This and similar representations have drawn criticisms for being simplistic and for focussing intra-personally and not recognising the inter-personal nature of relations. Well, the clue is in 'teaching aid'. These diagrams are useful to help begin the exploration of the "dynamic interchanges of self and environment" (Wheeler 2000)

At this point the importance of the 'contact cycle' is to highlight the process of contacting requires the formation of some-thing and the destruction of some-thing to enable contact.

'ah-but' is, at least, a hiccup in the figure formation of contact, at most, it prevents the contact.



The figure of interest attracts the fuller sensation; and there may be conflicting figures of interest



In the diagram, here, you can imagine each vertical spike as emerging figures and the tallest attracts the interest. Yet, quite possibly, and often, the figure of interest is 'edited' to be one that had less sensation.

There are, also, occasions when there are too many figures of possible interest and the individual is overwhelmed and unable to form any clear figure of interest

Resistance with/of change

At the heart of resistance is a fear of a loss. Instead of examining the fear, or even the possible loss what happens is change, any change, is feared and preservation is sought because of:

- Fear of the unknown
- Suspicion and mistrust
- Ambiguity about what the change will mean (for individual/job/role)



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- Loss of status and/or job security.
- Peer, Social, Cultural pressure
- And so much more...

The transtheoretical model of change (Prochaska and DiClemente) describe four barriers to change as being Reluctance, Rebellion, Resignation and Rationalisation. (*ah but, you said earlier you don't like this or any model. Yes, I did, and I will acknowledge aspects as valuable and theoretically consistent for integrating into my own therapeutic approach*). Consider these as four strategies the individual may bring when confronted with an action beyond their comfort; an action that evokes fear. These are mechanisms the individual has created to avoid being overwhelmed; to avoid being shamed; to avoid impossible situations; mechanisms to avoid the impossible situation already experienced. These are not barriers to change. These are resistances that have been needed and employed previously. Yes, possibly these resistances are now impeding change. To become aware of the resistance and its purpose leads to the choice to be resistant or not.

The fear of changing is familiar in psychotherapy as an expression of the "resistance." But the resistance is also the ways in which the patient brings about the difficulties which are central to the very problems which bring one to therapy. (Bugental and Bugental 1984 p543)

Growth is inhibited when the perceived loss of what has been preserved is too great. What is required is Growth without instability and Preservation without stagnation

The crucial point I want to explore with the individual is when was this resistance a necessary mechanism? In this also I imagine what is the developmental appropriateness for this way of being, meaning at what age might this resistant behaviour have been appropriate.

Therapeutically how do we respond to someone who is reluctant; to someone who is rebellious; to someone who is resigned; to someone who explains?

Also, what has been the condition - the threat or the lacking - in their world, their environment, that this is the best response? This resistance is the entry point into the client's world under threat, or world that is lacking. A world that may now be different with the supportive, inclusive and attuned relational therapist.

When patients resist change, they are demonstrating that a threat to being is experienced ... The stance that the therapist takes in displaying to the client how the latter wards off change is, itself, exceedingly important ... It is important for the therapist continually to demonstrate to the client the professional's genuine conviction



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that the client can protect what is threatened while yet relinquishing what is threatening or crippling. (Bugental and Bugental 1984 p548)

The pressure, and indeed power, of the Health Trusts reinforces the drive towards thinking in terms of the patient - my client - being 'fixed' and the therapist is tasked with working towards the goal of 'fixing' the patient. The Humanistic approaches therapy with different criteria from 'fixing the client'. The focus is on meeting the client where they are with acceptance and curiosity to understand this person and their world (Yontef 2007). Through the client-therapist relation emerges the interactions that evoke change in the client, and indeed in the therapist. This is the process that improves functioning and satisfaction; undirected other than by the relation of client and therapist.

The gestalt therapy version focuses more on the immediacy of how the patient functions moment-to-moment and on what is happening in each moment between therapist and patient and less on content (story, history, reinforcement schedules, etc.). (Yontef 2007 p17)

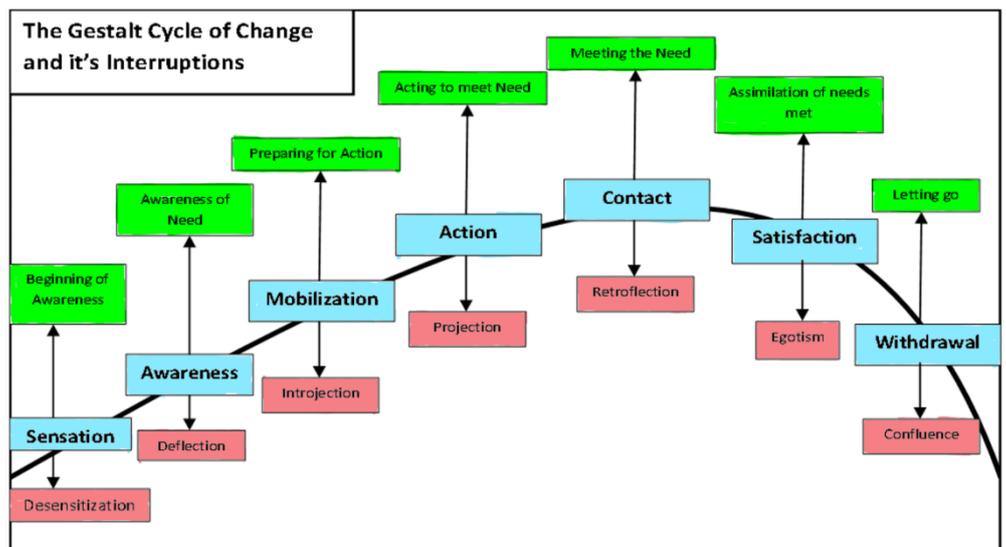
This is the therapeutic positioning to stay with the emergent figure formation and paying attention to how the relationship might be resisted and the interactions are interrupted.

Perls et al (1951) describe seven styles of interrupting the flow to contact. As such you might consider these styles diagnostically. How does the client resist or inhibit the spontaneous figure formation of meeting the need that is coming into awareness?

The interruptions shown in the red boxes above are Desensitisation, Deflection, Introjection, Projection, Retroreflection, Egotism and Confluence. Explanation of these can be found in additional documents

available with this workshop's [website site](#).

Again, for training purposes these interruptions are shown as being associated with the stages of the contact cycle. These interruptions are not fixed to any one aspect of the cycle.



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The 'ah-but' moment seems to be an interruption that is resisting anything from mobilisation through to withdrawal.

The Resistant ah but Moment

In my exploration and research of this ah-but response I wondered on what this would be labelled in articles and texts. What were others calling the ah-but response? Is there an established word or phrase? I was wondering where this had been written about already. Quite quickly I decided this was not a particularly fruitful exercise. Staying in the now-moment I returned to the motive of all this exploration being the launching pad for this particular experience in my therapy room. So, the exploration of my own experience launches this enquiry of the ah-but situation.

I want to frame this exploration of the ah-but moment by looking at, first, my own, the therapist's, process then the client's process and then the situational/environmental process.

Therapist process

My first thought with my client demonstrating an ah-but moment is "what have I done/ not done?" The interactions are between us, in this moment, and I am part of the ah-but moment.

What immediately comes to mind as I write this is that in recalling an ah-but moment with a client there is a sense of frustration and impatience. Mine or the client's, or both? I wonder have I told my client to do something; have I done this in awareness? Have I unintentionally responded through my own historical need, or indeed current need? Have I responded through my client's historical, or current need?

So, first, I want return to the basic principle and approach for this therapeutic work

Gestalt psychotherapy approaches the world of the client from a stance of accepting the client as they are. That the client is being as they are, in the best possible way, through having adjusted and adapted their life experiences.

The Gestalt approach is based on the absolute inseparable unity of bodily experience, language, thought and behaviour (whether or not in awareness). Clarkson (2000, p20), and Zinker (1978, p162) both identify that the goal of Gestalt therapy is awareness, and awareness is that an individual is attending to his experience

The role of the therapist in Gestalt therapy is to accept the person as they are at that moment and in the accepting of what is lies the opportunity for growth and change.

Yontef points to the role of the therapist as that of a participant-observer of Here-and-Now behaviour and catalyst for the phenomenological experimentation of the patient. Yontef (1993, p54).



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The therapist takes a phenomenological approach, concentrating on immediate experience, shorn of assumptions or presuppositions Clarkson (2000, p15).

The phenomenological perspective considers experience to be the primary reality and is the co-created presence at the contact boundary, the Gestalt emerging from the encounter of the intentionalities of contact. Belonging and differentiation, identity and evolution, conservation and change: these are the essential elemental dynamics we recognize as definitional of relationship. (Francesetti et al 2013 loc1280-1310)

In doing this the therapist meets the relational needs of the client through being secure, valuing, and accepting with the availability of mutuality; and being self-defined, is also influenced, and ready to initiate; and is willing to express love (Erskine 1999)

The role of the therapist is to stay attuned to the relational needs of the client (Erskine 1999). The therapist seeks to bring the client to awareness in the now-experience to enable the client to be the fullest they can be. In this process the therapist self is in contact with the client and encourages the client to be just who are they. The therapist does not direct or advice and will engage and interact authentically. Where there is resistance to being in contact with the therapist there will be a pushing to explore the resistance and the skill of the therapist is in noticing and managing this resistance with curiosity and wonder.

Perhaps the fundamental position with the ah-but moment is that the therapist is not attuned to the client. Might the ah-but moment be the moment when it is perceived I want the client to be different, to do something different? If so then I am not accepting the client as they are, and might be advising or telling the client what to do. This would inform my enquiry with the client. "I'm wondering how what I just sounded to you?" or if I decided my language, tone or attitude was indeed overbearing I might say something like "reflecting on your ah-and what just happened I think I was being overbearing. That was not appropriate, I apologise and wonder what actually happened between us"

Alternative scenarios for my frustrations hearing my client utter 'ah-but' include the reaction that perhaps other have with my client; another scenario is my own frustrations when I uttered my own ah-but. With this latter it is my responsibility to explore in therapy unfinished business I have, that displays now in my frustrations.

The former scenario where perhaps my frustrations are similar to how others may be reacting with my client is something that can be explored.



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The Client

A client that hesitates or interjects an ah-but is to be respected for noticing and the caution that it implies. "I admire how you are able to see these different potential situations" could be a supportive affirmation of the client. Not in isolation though, remember therapy is about process, rather than content, so added to this affirmation is a curiosity of this 'skill'. "how/where/when did you develop this ability?" "Has this ability always served you well?", and similar such question.

What is actually going on then, is a focus on how the client is being and exploration into awareness.

The therapist is in a position to speculate theoretically on the client's presentation. This is done in preparation for meeting the client; in reflective notes after meeting the client, and in supervision. This might be considered the diagnostic work of the client.

In situations where the ah-but is presenting in a way that seems to be avoiding contact and is presenting as a resisting to the healthy flow of contact then in Gestalt terms, there is an interruption to contact. This is a resistance to being fully present in the situation, and that is what the ah-but moment is composed of - an interruption to the now-experience. This is not the experience of 'what-ifs' in terms of a change, rather this is about the experience of exploring the possibilities of being 'who-I-am' and it is not about exploring 'who-I-might-be'.

To clarify, in the flow of the work the client is hesitant and utters the ah-but. The client has interrupted the flow of exploring the possibilities of 'who-I-am' so it is easier to utter the ah-but against the 'who-I-might-be' rather than challenge the 'who-I-am' that will not imagine something different. The individual is not ready, or has not the resources, to let go of that which is being preserved and invested in. Equally the situation is not sufficiently stable and secure for the individual to be excited and to be in contact with potential growth.

Before looking at the situation being insufficient in security and stability let me highlight that the client is, in all cases, optimising their potential in their relation with the therapist. The Gestalt perspective here is to raise the awareness of the client to what it is they are doing and the relational effect and impact with the therapist. There is no agenda to move the client off their 'ah-but' style of contact. With awareness, that will include the recognition of the secure and stable environment with the therapist, the client will without intervention reduce and eliminate the 'ah-but' moments. This will occur as the client recognises the situation as not requiring the 'ah-but' and more importantly in this process is the now-experience of the situation.



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Therapist-Client-Environment

With each ah-but moment there is hesitation in the spontaneous dynamic interfunctioning of self and environment such that there is changing without growing, that is, there is stagnating. The situation of the person in relation with the environment is not sufficiently supported for growth because the necessary and sufficient conditions (Rogers 1951) within the context of the current situation are so often considered in the context of the therapist too often the place of the environment, beyond the therapist, is not addressed. As such, the therapist must seek to be attuned through inquiry, attunement and authentic involvement to the client's being not only in terms of cognition, behaviour, affect, physiology but also of the environment (Erskine et al. 1999).

The wider context of the client's environment is itself a product of the client's way of being; very much a case of receiving what is expected, all be it unconsciously. I say expected yet more pointedly, it is what the client anticipates. The client's anticipation is the client's history and it is with this perspective that the therapist is able to engage with the unsupported environment of the client.

The different therapeutic approaches will move forward with this perspective dependent on each approach's theory. Gestalt therapy will work towards the client's awareness of ah-butting in the interaction with the therapist. Possibly drawing distinctions with past behaviour to raise addition awareness of the difference in the now-experience, and thus now-environment. The deeper work of Contact-in-Relations Integrative therapy (Erskine et al 1999) will use regression to allow the child to be heard and responded to and to be healed and integrated with the adult. Notice the Transactional Analysis terminology that is integrated into the Erskine model of therapy. Also, integrated in this model is TA Script. This offers another course of action for working with the client's anticipation in terms of script belief and its enactment.

Imagine an environment that has/is always presenting in an ah-but manner. I am imagining an environment

- Of uncertainty;
- of too many choices;
- is too different
- obsessed with check and double check;
- that is anxious;
- that is cautious;
- that is deliberate ...

I would seek to respect this and offer something different. I would seek to be certain, decided, consistent, content, calm, uninhibited, and spontaneous; in appropriate measures.



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Ah-but, Relationally.

Whilst participating at one of Richard Erskine's experiential workshops he raised, with me, the thought that perhaps resistance as psychoanalytic theory was not in keeping with a relational therapy; what if there is no resistance, that it doesn't have a place in relational therapy?

So, here I am exploring how to explain the client's relationship without recourse to the traditional 'resistance'. The initial hypothesis I make is this is an impasse. There is no 'Resistance to Change' there is instead the present moment impasse; at least that is my initial hypothesis.

This is about the relationship that includes the now-experience (Lobb 2014) with the then-experience with the when-experience, i.e., past, present, and future experienced now as memories, experience and fantasy.



Relationally, consider not resistant, rather ... managing the situation utilising past experiences. The client is not ready, or not able, to engage with the spontaneity of now and instead holds the past experience as the fixed experience of now – bringing the Then as the Now-experience, traditionally this is Projection and Transference. Or bringing the Next as the Now-experience, traditionally this is Obsession.

Growth is through contact with awareness and action towards what is new, otherwise described as difference or novel. Might the ah-but moment be one in which there is too much difference in the situation for the client to sustain their sense of self?

From a gestalt perspective of figure/ground, the too much difference gives rise to a level of excitement that proceeds without the sense of managing; instead with a sense of panic. Perhaps the ah-but moment allows for the panic to have some containment, some holding. "... neither the environment nor the individual's own resources offer a sufficient level of support" (Francesetti 2007, p71).

Should the client be unable to hold on to some aspect of personality function or of some aspect of managing, then in all likelihood a panic attack may follow. The ah-but moment is a moment of management that allows the client to stay in contact with their self, the therapist, and the environment. The experience is then one of (appropriate) anxiety rather than panic.



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Consider...Resistance is the wrong concept for relational psychotherapy

There is in fact no resistance from the client, not just in this moment but at all times.

There is a relational positioning with addressing the client without this labelling of resistance. The intention is not to be pedantic in removing the word resistance, rather this is about a fresh exploration and attention to how we, as therapists, hold onto definitions and terminology. This is critical reflection of what is meant by resistance – essentially a psychoanalytic definition.

“Resistance: ... As uncomfortable thoughts and feelings begin to get close to the surface--that is, become conscious--a patient will automatically resist the self-exploration that would bring them fully into the open, because of the discomfort associated with these powerful emotional states ...” APsaA 2009

As I pause in this essay and read up on psychanalytic resistance I hit my own barrier – or is it resistance – towards the analytic approach. I am so reluctant to think in terms of id ego superego; of not fulfilling a task, or being late for an appointment is my resistance to therapy. Worst case scenario is this is reluctance, and/or fear. So, I am reluctant to talk about something – I am not resisting.

If anything, I need to be resistant to continuing with accepting uncritically much in terms of psychoanalytic theory and its part in therapy models, Gestalt included! Future essays.

Sitting here, writing, I am breathing out to calm myself from my interlude into psychoanalytic reading. I'm not finding doing this straightforward!

Resistance is a psychoanalytic concept The client is not, actually, resistant. The client is ... misunderstood, unrecognised, disrespected, unacceptable, conflictual ... all attitudes belonging to the perceiver.

Ah-but, Relationally.

Relationally, consider not resistant, rather ... managing the situation utilising past experiences. The client is not ready, or not able, to engage with the spontaneity of now and instead holds the past experience as the fixed experience of now. (Lobb 2014)

Consider the need of the client to preserve and, remembering the Gestalt position regarding growth and preservation, “preserves ... by growing”. (Perls et al 1951 p372). Also, growth is through contact with awareness and action to what is new, otherwise described as difference or novel. Too much novelty eradicates the preserved nature of the person; the personality function. So, the client has to hold, cling even, to some part of what is familiar.



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Contact in Relationship

Erskine (1999) integrative approach – Contact in Relationship – will approach the ah-but moment in terms of the dynamics of the therapist-client interchange and with respect to the relational developmental needs in childhood.

So, I would begin my exploration of the ah-but in terms of how, where, and when did this occur in childhood; is the ah-but a creative adjustment to a childhood situation; is it an introjected way of being, or a stuck way of being?

At what age, might a child interject ah-but into situation? At a stage of differentiation from the adult, or other significant figures perhaps?

- Teenage years of identification, the trying on of different ways of being.
- Times when the child is ascertaining their own authority and their own knowledge.
- The age where the teacher is more right than the parent.
- The age where the parent is always wrong

I don't have answers here, only thoughts of where to explore. Adopting a position that excludes thinking in terms of resistance is novel right now. This is a speculative enquiry that begins with this workshop.



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