

The Therapist's Chair

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At first glance it's just a chair, beautifully covered in copper velvet, slightly worn; but if it could speak in words it would tell a multitude of stories of individual human suffering; and stories of release from suffering. After supporting me for nearly forty years in my work as a psychotherapist it has, over the last two years, begun to communicate, and we have been in conversation.

Relational dialogue, between patient and therapist, spoken, *unspoken*, written, is at the core of Cognitive Analytic Therapy. I became involved in the brief therapy project at Guy's Hospital in 1984 and later became a founder member of the Association.

So I wonder, dear chair, if you have taken on some of the CAT interest in dialogue? I am listening, curious.

The chair came from an antique shop in the Essex village where I once lived and cost two pounds. It was covered in red velvet and looked very smart. It was the chair I sat in whilst feeding my infant daughters, identical twins born in 1968. Later, when I moved to

London the chair was covered in a more modern fabric and it was in London that I began private practice and the chair started its life as a listening chair.

After twenty years the chair was reupholstered with the warm copper velvet of today. As I placed the chair near the wood burner in the Suffolk room where I now worked, I sensed that there would be no more coverings during my ownership. It would be in its current copper velvet form that the chair would see me out.

As I approached seventy I decided it would soon be time to retire and it was after having this thought that the chair began to communicate, at first through sudden and unexplained physical sensations. There would be times when I felt slightly confused or distracted, sometimes anxious for no clear reason. It was as if the chair had taken on the role of a therapist, and was trying to nudge me to wake up to something about which I remained unconscious, or was avoiding, such as my age, or having to stop the work I love and face the loss this would provoke. *Hello* I thought, I must listen and explore this new phenomenon. *Dear chair, let us speak more together.*

I decided to experiment, to sit in other chairs and look at the chair objectively. It looked empty, innocent! After all, it's just a chair! Then I decided to take a playful, imaginative attitude. Is it possible that, after forty years, the chair and I have become a combined presence? Together we have developed a way of listening and attuning to all the myriad facets of psychotherapy. Together we have listened to communications and stories from the inner lives

of people from all over the world, all with very different beliefs and traditions and ways of managing life. As well as listening to others as the main focus, I have had to listen to myself in response to others, to reflect on dialogue and on feelings in mind and body. Now it is the chair's turn to lead the way in a reflection on all the years of our work.

*Dear chair, you have been a definite resource for **holding and grounding**, essential for therapy.*

The physical support of the chair with its strong arms and smooth cover has always offered a firm solid presence. Its familiarity supported me during my early days as a novice therapist in London, my early stumbling, nervous interpretations and mistakes; its support allowed me to find ease as needed. The chair offered its comfortable familiarity and containment during those times when I returned to work after illnesses and operations, when I felt fragile and vulnerable, just a hair's breadth of separation from my patient and at times none at all. It has supported me when the going got tough in a therapy, held me during difficult and painful encounters and at having to hear stories of incredible sadness, brutality and abuse. Always there, the chair gave a continual solidity and sameness, qualities of being that I was trying to offer each person who was sitting in the chair opposite.

I wonder whether there is anything about the therapist's chair that is of significance to patients? I have always invited patients to choose where to sit, as there are a few different chairs in my room. When asked: "*where do you sit?*" I have

always replied “*I can sit anywhere.*” Rarely have they chosen what has come to be my chair and those who have, unknowingly chosen my chair, have all been quite different, and I have felt fine working from other chairs. When I’ve worked in NHS settings I have had a number of chairs – hard chairs by a bedside; rickety chairs in a cupboard sized room with only a curtain at the entrance. I’ve worked with couples in a hospital treatment room with no windows and in people’s homes where we had to sit on the floor for all chairs had had to be sold. Private practice holds a privileged position because we choose our furniture and surroundings, keeping them as simple as possible so they do not distract or get in the way of the patient’s world. But whatever preference, whatever chair, or no chair, it is the establishment of the therapeutic relationship which is the heart of the work.

I ponder on this more. *Dear chair, you have helped me to establish that core of practice, the therapeutic relationship.*

It has offered a base from where my listening could develop, and my ability to feel, hold and ground emotional pain could grow, my own as well as others. There is less of ‘*me doctor you patient*’ attitude within the profession than when I began practice in the late 1970s. As therapy has become better researched, therapists understand the need to be affected by what a patient is bringing because it gives us vital information. And in CAT we celebrate the dance of relationship, inner and outer, into which we are invited, for it gives us insight into often unhelpful learned relationship patterns which continue to create suffering. And then we are able to experiment with words that best match the person’s experience: criticising/ judging in relation to criticised and crushed; abusing, neglecting in relation to neglected and afraid.

Good enough therapy hopes to offer non-judgmental and kindly listening in relation to a patient being listened to and heard. In this way it’s possible that a new, healthier relationship is modelled and able to be formed within. It is our professional training and supervision that helps us separate what is ours and what is the others, and gives us a boundary to hold what we hear and feel without taking it on subjectively.

Dear chair for forty years, you have been my witness. You have offered me the holding space for listening, to others and to myself.

All human beings share psychological wounds for living a life is challenging and often painful and difficult. No one gives us the rules, we learn by trial and effort. Finding a shared language and brave ways to be truly present with wounds is the business of psychotherapy. The therapeutic relationship allows us to find a shared language about each level of wounding, seen and unseen, and how each becomes disguised and presents as symptoms. It supports us in trying out new, more helpful ways of being and relating, all in a contained accepting space.

Being with: *Dear chair, do you remember those first sessions with new arrivals, referred with their often depersonalising labels such as depression, anxiety, relationship difficulty, personality or eating disorder. Underneath is always the cry for healing, of being able to feel real, and ultimately, find a meaningful relationship with suffering, an ever present reality of being alive.*

Therapy is an important non-judgemental container for strong feelings that have been disallowed or feel frightening. And those challenging times when patients have been angry, with me, with others, with the world, and when their anger,

rage, and at times, hatred, has been projected out toward me.

“We have held together dear chair when someone has yelled: ‘You are just a stupid cow!’ And I’ve felt your strong presence when another said: ‘I hate you...why can’t you just...’ I have quaked inside your strong enclosure when people have stormed out or sat in sullen silence, wondering how best to proceed, and your presence has comforted me and given me time to respond. I realise the value of your unconditional acceptance of all that occurs for it is through this that I get to feel and understand what is behind those strong disallowed feelings in the room.”

It’s often simple vulnerability and fragility, just quaking, like me. I have to be invited into it in order to respect it, and find words for it. And then of course I’ve got my own!

“The days dear chair when perhaps we both have wondered how I will manage listening with an open mind when I’ve come from a complex situation in my own life or been up all night and part of me wants to say: ‘you think you’ve got problems, you should come to my house!’ But there you are chair, giving me a second skin; a place, a boundary and a role, so it is just the two of us in joint collaboration, listening, and containing. At these times I’ve been grateful to you for being there in all your solid familiarity, and I can lean back into you whenever I need. I’ve been able to remain sitting firm whilst we have contained whatever has been needed safely, and found the best available response in support of the right to rage at injustice or cruelty.”

Most challenging have been patients who got up from their chair and walked around the room, picking up objects. “*Do you remember when we both froze as someone decided to crash the objects onto the floor, their gaze sometimes fixed on me and my response; we held on in shock with that thought ‘what might be happening next?’*” Then there have been several who have prowled about and talked to me from behind the chair, possibly so that I could experience their sense of fear and threat, which I did. “You

and I have just about held our cool dear chair whilst we wondered: 'what if they have a knife or a gag?'

Sitting steady with these experiences or enactments, not reacting or overreacting allows time for other feelings to arise and be felt. Often, under fury and rage where acting out is the only release there is hurt, and shame. Hurt we can weep with and for, hold in our arms, comfort and offer words that were never offered; the reason for building a protective wall of anger as defence. Shame can be named and defused of its hideous potency.

Sitting in their chairs, therapists also have a wonderful opportunity to notice and sense what the **body language** of their patient might be expressing. It is the body through which we become conscious as humans, and these communications are, to begin with, non-verbal. Together, therapist and patient find the words needed. The body does not lie. But it takes time, understanding and kindness to allow someone to unravel enough to reach what is most needed. It might be the small person inside who has always felt abandoned; or who gets so angry they could burst; it might be a longing to find words for feelings: unwanted, rejected, unseen, alone.

It has been my body in the chair through which I have become conscious of the yet unrecognised feelings connected to my need to retire; to stop. I stop now and allow the feelings that are gathering as I sit in the chair to communicate and inform me. There is tenderness and sadness. I realise I am very tired. I've loved working as a therapist but I've also wanted to have more time for writing. *"The muse calls"* says the chair. *"Find the words and allow yourself to stop."*

The chair has supported me in understanding and entering into the rich world of non-verbal sensing

and sharing, my feet supported by the ground. Accompanying this is the wonderful opportunity to become aware of the simple but often compromised action of breathing in and breathing out. We know now so much more about ways in which we may support our self-regulation of breathing, heart rate and mood. We know that thoughts, like the chair, are, objectively, just thoughts, and yet some thoughts can trigger deep and anxious feelings, even panic, invite hyperventilation accompanied by all the physiological changes in blood coagulation and pulse. In the last fifteen years of my work as a therapist I have been integrating the practice of mindfulness into clinical practice. Sitting mindfully together at the beginning and end of a session has offered a safe way of preparation and grounding for that question: *"what most needs our kind attention today?"* What has often been an agenda for the session changes after sitting in the chair in shared silence, breathing in and breathing out. It offers a pause for the possibility of something else, unexpected to arise. The body in the chair leads the way.

In a contemplative tradition our upright posture allows a link between what is above us and what is below, for some, heaven and earth. This rarely named, for patients who come for therapy simply want to find ways to be with suffering. But therapists may wish to call on helpers, their own ancestors; teachers and wise people, gods and goddesses who have inspired us. They are all there if we remember to invite them around the containment of our chair.

Over forty years there have been many shocks, when my body has felt stunned and there are few words. *"You have held me dear chair, like a **shock absorber**."* There have been attacks by partners; assaults by teenagers and their friends; a severe cancer diagnosis; sudden

death, violent death, and always the shock at awakening to the reality of brutalities and cruelties of the past that has had to be repressed in order to survive. Disappearing into depression or anxiety or managing by self-harm may have been the only ways of coping with strong feelings that were forbidden, or too frightening. When personal stories of neglect or cruelty are made conscious we are invited into a new relationship with them. All experiences of shock need time for simply naming kindly and holding before discussing or interpreting. Many people have found the simplicity of our just being there together, breathing in and breathing out is enough.

Then there have been times when I came to a session in shock.

"I remember the day when I had to open my door to someone just after I had heard that my late husband had gone back into intensive care. I had to explain that I would only be able to offer half our time that day for supervision, and why. We sat together, and found ways to be really present with the reality of shock. I later received a beautiful letter saying that this experience had been a moving and powerful example that could be drawn on in life and work"

I feel lucky that I came into the profession in the late 1970s when psychotherapy was undergoing huge changes, particularly around the Freudian tradition of therapists needing to be a blank screen upon which unhappiness is projected. *"You and I dear chair have been able to be aware of both body and eye contact with another."* We know from neuroscience research of the value of facial expression for the development of healthy attachment and emotional stability from birth onwards, and the stages of therapy are no different. Several times patients have said in different ways: *"I can see from your face that you are shocked/upset or angry on my behalf."* Someone once said 'when I saw

your face and you said: *"I am so sorry this happened to you." "I knew I was believed and this meant the world to me. I could start to dare to feel, even to let go."*

Much of the important happen-ings within a therapy are non-verbal, allowing for feeling into and intuiting, and the arising of what Christopher Bollas named as *the unthought known*. When patients are given the freedom to allow their own knowing and wisdom to arise they begin to trust in their own capacity for healing, one of the most precious gifts a therapy can initiate.

"Dear chair, I can lean back now and feel the support of your strong back with soft cover. I can feel a shared heartbeat and sense my attention travelling down from the head and thinking, into the heartspace and feeling and sensing. This is where I feel most in contact with the person in the other chair."

The chairs are usually at a slight angle from each other so that there is a choice of direct or indirect gaze. When sitting upright with our feet firmly on the ground our bodies form an open stability. The gaze between therapist and patient may also hold real affection, even love. Dr Nina Coltart, the Freudian analyst who was my supervisor for five years once said: *"patients who experience an exchange of love in their therapy do very well."* The word love is rarely mentioned, in training or textbooks, or between therapist and patient, for it could be confusing, even frightening, and too often confused with erotic love. And of course patients and therapists do fall in love with each other from time to time and enter potentially dangerous ground. This is why the professional structure acts like a well-sealed vessel, allowing the therapeutic relationship to hold firm around the intensity of feelings. Each stay in their own separate chairs until the heat has shifted and the patient has withdrawn their projection of longed for fusion or

in loveness. The result may be the beginning of a connection to love within themselves that they take with them forever. No matter how damaged we may be by our earlier lives, once we have connected to our capacity to give and receive love we have a meaningful core from which to live. I look at my chair with affection, yes, love, and feel gratitude for those many encounters it has helped me hold firm. *Thank you dear chair.* And grateful for the deep connections and intimacy with others my work has allowed so safely. I sit in the chair and ponder on this, thinking of the times when this chair has supported the energy and exchange of love, that most transforming quality. And I think of the research from the HeartMath Institute into cardiac coherence that illustrates the regulation of heart rates and positive emotion between two people when there is a healing intention.

*"Ah dear chair you have just nudged me to not always have to be so serious and reminded me of the huge value that **humour, that animating principle**, has in all life, particularly in therapy. I am reminded of the time I was sitting with someone in my Suffolk room and the chairs were then placed near to French windows. This lovely young woman had been speaking about the trouble the men in her life gave her when my late husband John walked right in front of the windows carrying a watering can, oblivious of us. She and I held our breath in suspense – and some horror – whilst he walked back again still oblivious of us. I then found myself saying, with a shrug and a smile 'here it is' and the young woman gasped before we both roared with laughter. It was an important, pivotal moment in our work together."*

Stopping: Finally, dear chair, you have taught me how to stop.

One day in 1992 when I was recovering from meningitis I went into my study and sat in the chair. I could look out and watch the

stillness of the trees and, on windy days, hear the sea. But the call of the chair was not to do with outside.

It was with you dear chair that I learned the value of meditation. You helped mediate the beginnings of my meditation practice and interest in mindfulness.

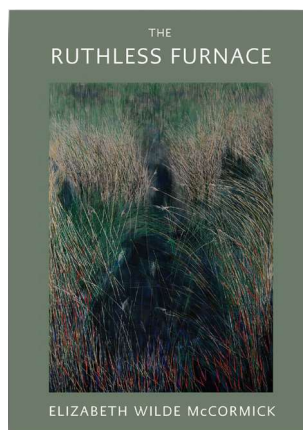
As I sat down to meditate in the chair I found myself thinking, rather crossly: *"if only I could feel well"* and another voice, unfamiliar then, appeared to arise directly from the chair saying: *"and what would you do with your wellness?"* It was startling, and meaningful. I knew that if I were well I would most probably get into the fast lane again; two busy practices in London and Suffolk; teaching, writing, and a large extended family. It was in that chair that I learned more about my tendency to hurry sickness and obsessive planning, which had been useful; until then. Then I was being shown something else. I had to stop and learn a new function. To really listen: deeply. Meditation became essential nourishment, and then, the only place where I could experience stillness. Over time I've been able to integrate the practice of mindfulness into psychotherapy and yes, *it's your wisdom dear chair that has led the way.*

Anthony Ryle, the founder of Cognitive Analytic Therapy, and one of my important mentors, understood that the named ending phase of a therapy offers an opportunity to revisit presenting problems; with new learned ways to be with feelings and actions that have come from the work. This chair has done this for me. It has kindly allowed me a couple of years to take my time in understanding the nature of the journey of being a therapist, the qualities it has nourished, the adventure, the wonderful people I've been privileged to work with and it's allowed me to say a conscious goodbye.

So, dear Chair, thank you for the long journey you and I have made.

As a new mother of twins; as a therapist for forty years; and as a meditator. You have encouraged me to listen and I have listened. So now I say 'farewell' in gratitude and may your next adventure, as a chair with history, be welcome.

Elizabeth Wilde McCormick



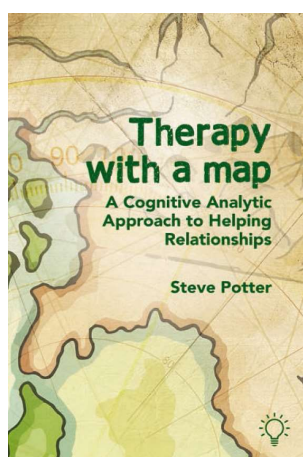
Author of *Change For The Better*, the CAT self-help book now in its 5th edition. Her second novel, *The Ruthless Furnace* was published by Brigand London in November 2019

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