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Here-and-now learning in the social work practice classroom

Raquel Willerman

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Raquel Willerman
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ABSTRACT

Here-and-now learning, also called experiential learning, holds a tenuous place in the curricula of graduate level social work programs. Students are not required to participate in experiential training groups and have few elective opportunities to do so. Though conscious awareness about things such as socio-location and environment is emphasized throughout social work academic programs, increasing one's awareness of unconscious aspects of self and other is not explicitly encouraged. However, recent trends in contemporary psychoanalytic theory point to the processing of the therapeutic relationship as the main mechanism of client change and to the therapist's subjectivity as having an importance equal to the client's in co-creating the therapeutic relationship. This suggests that future clinicians will need to be skilled at working in the uncertain and fluid realm of the here-and-now relationship, the place where examination of unconscious material relating to interpersonal interaction is most likely to be productive.

By looking at how the field of education conceives of experiential learning, I determine some critical aspects of learning and apply them to the social work practice classroom. I also review the psychoanalytic here-and-now across theoretical orientations to determine the urgency of training future therapists in the here-and-now. It was found that while here-and-now work has been relevant since Freud, contemporary frameworks compel the capable use of a here-and-now focus more than ever. Case material is used to illustrate the deeply subjective, emotional and spontaneous nature of the here-and-now practice classroom.

HERE-AND-NOW LEARNING IN THE SOCIAL WORK PRACTICE CLASSROOM

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

Introduction to Relational Psychotherapy

Introduction

Relational theory

Psychoanalytic methods depend a great deal on whether one works from a one or two person theory of mind. A one person theory of mind is the idea that the individual is the fundamental unit of psychology. This notion was implicit in Freud's drive theory, which says that humans seek to discharge energy or manage conflicts for the preservation of an internal homeostasis. Object relations theorists emphasized that minds are not just biologically determined but grow in the context of significant relationships. These relationships were envisioned as being contained within the individual through internalization processes that led to object representation (Greenberg & Mitchell, 1983). Encoded as objects, all relationships led back to the individual, the cornerstone of a one person psychology.

In a two person psychology, relational configurations, not drives or representations, are the fundamental units of the psychoanalytic process (Aron, 1990). A two person psychology employs the notion of a "field" which is created by both members of the analytic dyad such that change in one member of the dyad inevitably invokes shifts in the other member, in addition to shifts in the relationship (Gerson, 2004).

Because the analyst was participating in the creation of the relational "field", the analyst's objectivity came into question. How could the analyst be counted on to be objective at all while participating in the very thing that he or she was trying to understand (Mitchell, 1997)? This led to the landmark realization that both patient and therapist were subjectively experienced

individuals within a relational context. The challenges to therapist objectivity and to patient as object to be understood, gave rise to the notion of intersubjectivity.

This shift from object to subject was foreshadowed by Dr. Breuer's famous analysis of Anna O. in which Breuer failed to understand not only Anna's sexual feelings towards him but his own feelings towards her. The case of Anna O. illuminated for the first time how powerful and interdependent the transference/countertransference matrix was. It eventually led to the revolutionary and intersubjective idea that the therapist's subjectivity requires a central place in the psychoanalytic process (Berzoff & Mattei, 1999). "If you think that your presence (in ways knowable and unknowable) makes a difference in how and whether the analysand can think, speak, or feel, then that will lead to a basic shift in how you imagine the analytic setting" (Harris, 2011, p.718).

Relational theory is not one cohesive theory but a broad integrative orientation that focuses on self and other and the mutual intersubjective processes between them (Berman, 1997). It invokes a two person theory of mind that says that minds emerge within a matrix of social relationships. Relational theory maintains that mind is interpersonal as well as individual (Harris, 2011).

Intersubjective clinical life

Though there's no single relational school or theory, some themes form the bedrock of clinical life. I group them into two broad categories relevant for this thesis: 1) the need for mutual authenticity and responsibility; and 2) an understanding of the relational unconscious (Mitchell, 1997; Gerson, 2004).

Mutual authenticity and responsibility

Within the category of mutual authenticity and responsibility is the view that therapeutic change occurs as a result of the process of negotiation of ruptures and repairs within the therapeutic alliance (Safran et al., 2002). When both therapist and client acknowledge responsibility for his or her part, the client becomes able to express underlying feelings towards the therapist and experiences a deeper relational learning (Hill & Knox, 2009). Yalom and Leszcz (2005) also identify ruptures and repairs as one of the main healing mechanisms in group therapy. "The truly potent therapy group first provides an arena in which clients can interact freely with others, then helps them identify and understand what goes wrong in their interactions, and ultimately enables them to change those maladaptive patterns" (p. xv).

The relational unconscious

The relational unconscious is a term used by Gerson (2004) to describe the role of the unconscious in an intersubjective context. Similar to the idea of the analytic third space (Ogden, 1994; Benjamin, 2004), the relational unconscious is a jointly constructed process that permits and constrains engagement in the relationship and exists in a way that is unique and different from the individual subjectivities that created it. Gerson (2004) asks us to imagine the relational unconscious as the offspring of the unconscious of two individuals, having features that are both recognizable as one or the other and features that are new or mysterious.

The jointly developed relational unconscious affords each participant novel opportunities for the expression of previously unactualized, as well as repressed, elements of subjectivity and experience, even as it contains limitations and prohibitions unique to the dyad, which culminate in a variety of mutually supported defensive processes (Gerson, 2004, p. 72).

In addition to repressed material, the relational unconscious contains unformulated experience and feeling that elude consciousness due to the absence of resonant or validating experiences in the interpersonal environment. This is the idea that self-knowledge is gained

through experience with the other. An individual needs another mind to recognize, witness, contain and potentially elaborate on the unconscious feeling or experience in order for it to move into consciousness and be transformed into something that can be reflected on and articulated (Stern, 2009).

Underlying this notion of mutual recognition is Yalom and Leszcz's (2005) point that healing takes place in the context of others because of the universality of the human condition. "There is no human deed or thought that lies fully outside the experience of other people" (p. 6). They assert that repugnant acts such as incest are taboo precisely because the impulse for incest is part of our deepest human nature. Because of universality, the parts of self that are disavowed and inaccessible to awareness have a greater chance of emerging in a group or class context, when recognized in someone else.

Pedagogy of the Here-and-Now

The ability to engage in a spontaneous, authentic, and mutual relationship with another subject and the self-awareness needed to acknowledge responsibility for ruptures is not explicitly taught in social work practice classes. Moreover, since intersubjective theory implies that therapeutic change occurs by restructuring the relational unconscious (Gerson, 2004), it is difficult to imagine what the syllabus would be for training therapists to relate to and act upon their own unconscious relational field. Thus, the evolution of psychoanalysis from a one to a two person psychology has left a lacuna in the training of therapists.

The epistemological and clinical ground on which beginning clinicians are being trained has shifted profoundly. While the implications for intersubjective models are regularly discussed in both conferences and psychoanalytic publications, scant attention has been paid to the implications of these debates on pedagogy and clinical training (Berzoff & Mattei, 1999, p. 374).

Hill and Knox (2009) suggest that trainers should use the experiential learning technique of immediacy, also called here-and-now learning, to help students develop self-awareness and

relationship processing skills. Experiencing the here-and-now focus helps future therapists work within the context of an unstable, uncertain and fluid matrix of conscious and unconscious subjectivities.

Here-and-now learning is particularly appropriate for fostering a kind of self-awareness that Williams et al., (2008) describe as a momentary state of heightened self-focus. This differs from the more common meaning of self-awareness, which refers to a static state of self-knowledge or insight that involves being able to articulate one's issues, biases, strengths and weaknesses. I believe that Williams et al., (2008) are referring to moments in which an individual recognizes something about the self that was previously unconscious. This momentary recognition is made much more likely in the context of here-and-now relationships. Once this spark of self-awareness is seen in the here-and-now, it may then be elaborated through private reflection or interpersonal feedback. In this way, a moment of heightened self-awareness can be the beginning of a transformational process that moves repressed material into the conscious realm, eventually becoming knowledge of the self. This movement of momentary self-awareness into something more stable is how Gerson (2004) describes the transformation of the relational unconscious towards consciousness and meaning, i.e. learning.

[A]ll subjectivity exists as a fluid state in which there is continuous movement from evanescent perceptions toward stability of meanings. This core aspect of mental activity involves processes of finding ways to represent our inner states to ourselves in a manner whereby experience achieves a sense of coherence (p. 67).

Because of the highly emotional nature of case material and class discussions, a here-and-now focus can be an environment that both invites expression of unconscious subjectivities and helps capture these expressions so that they can be made available for conscious reflection. Potentially, this process becomes affective learning about the self and other. Furthermore, since research has shown that the therapeutic relationship is the most powerful predictor of the

outcome of therapy (Hill & Knox, 2008; Norcross, 2011), here-and-now classrooms are like "relational training ground" for the student therapist, thereby addressing the lacuna in training highlighted by Berzoff and Mattei (1999).

Self-awareness and Relational Skills in Social Work Education

The implications of intersubjectivity compel the capable use of the therapist's subjectivity within the relationship and emphasize relationship processing as the mechanism of therapeutic change. Therefore, it seems imperative to promote training opportunities that enhance the exploration of the subjectively experienced self in a social context. This kind of experiential training has long been considered crucial in the fields of clinical psychology, counseling psychology, and psychiatry. By programming experiential training into the curriculum, e.g., experiential training groups for students (T-groups), mandatory individual or group psychotherapy, mandatory psychoanalysis, experiential supervision, or here-and-now oriented case conferences and group supervision, these professions explicitly and concretely value the clinician's self-awareness in a relational context.

A comparison of educational standards put forth by the National Council on Schools of Professional Psychology (NCSPP) and the Council on Social Work Education (CSWE) reveal a greater emphasis on self-awareness and relationship skills for students of clinical and counseling psychology than for students of social work. The NCSPP states that relationship competency, which includes knowledge of self and other, is one of six core competencies required of clinical and counseling psychology students (Polite & Bourg, 1991). At an NCSPP conference about core curriculum, presenters argued for increased emphasis on self-awareness training.

Education about the self in professional psychology typically has been attended to haphazardly or neglected and seen as peripheral, secondary to, and less worthy of systematic thought, systematic inclusion in the curriculum, and academic credit than content or technique-oriented courses. In our view, however, the education of the self

should be at the very center of the core curriculum in professional psychology, providing its backbone (Singer et al., 1991).

Social work education, on the other hand, is organized around ten core competencies that contain scant reference to self-awareness. The only language around this knowledge occurs in *Educational Policy 2.1.10—Engage, assess, intervene and evaluate with individuals, families, groups, organizations and communities*. This core competency requires students to "use empathy and other interpersonal skills". Self-awareness or language about other interpersonal and relational skills is not explicitly mentioned in any other part of the document (Council on Social Work Education, 2008). Though individual social work teachers may recommend that students undertake a course of personal therapy in order to enhance their clinical skills and self-awareness, it is neither a requirement nor part of the educational culture in social work.

One reason for this may be that schools of social work depend heavily on their "signature pedagogy" of field education. Field instruction is the professional norm for integrating theory with practice in social work and is considered equal to classroom instruction in importance. Indeed, process-oriented supervision that works in the student's countertransference is a good vehicle for affective learning that enhances self-awareness (Singer et al., 1991).

The reality, however, is that field placements vary tremendously with the type and quality of supervision available. The trend in the last few decades towards cognitive and behavioral therapies has brought about a widespread misunderstanding in the field that "manualized" therapies make the therapeutic relationship less pivotal to client change. Though research has shown just the opposite, i.e. that the relational context in which cognitive and behavioral therapies are delivered is indeed central to client change, few field supervisors work relationally (Polite & Bourg, 1991). This makes it difficult for the social work student to understand the

biases, needs and distortions that he or she brings to clinical work and does nothing to address the training lacuna in relationship processing skills.

Another reason schools of social work may not embrace here-and-now learning is that it can induce great anxiety in students (Hill and Knox, 2009). Processing what is happening between people in the room, or here-and-now conversations, are not the social norm. Students tend to fear negative reactions of fellow students (and clients) and struggle with the idea that self-disclosure potentially crosses a therapeutic boundary. While there may be several ways to respond to the discomfort provoked in student therapists by relational learning, the discomfort itself seems to highlight the need for more and/or better training in this area.

Finally, schools of social work may avoid the here-and-now classroom because experiential learning has a complicated history and a dubious reputation. I will address this history more in depth in the next chapter. For now, many educators and therapists view the experiential process group with suspicion (Feiner, 1998).

Conceptualization and Methodology

This thesis explores the idea of incorporating an experiential, here-and-now component into the social work practice curriculum. While individual practice teachers may already be doing this in their classes, it is suggested that here-and-now learning be more explicitly and systematically part of social work education. The reasons for this are that contemporary psychoanalytic theory places a high premium, higher than traditional psychoanalytic theory, on self-awareness and relationship processing skills. While the psychoanalytic community has evolved tremendously in the last few decades, implications for training seem to lag behind.

Fortunately, exposure to a here-and-now focus provides trainees with potentially three main benefits that address the clinical implications of relational theory and intersubjectivity.

These benefits are: 1) increased awareness of self and other in a relational context, 2) increased understanding of how to work with the relational unconscious and 3) the cultivation of private (in the mind) and interpersonal (via inquiry and feedback) reflexive properties that constitute the mainstay of contemporary psychoanalytic technique.

Theoretical orientation

Experiential learning theory

To argue for more widespread and systematic inclusion of here-and-now training in social work, I turn to the field of education for background about experiential learning in general. How does it differ from other learning? What components are necessary for it to occur and what enhances learning outcomes? Importantly, I will examine the role of anxiety in learning. Can anxiety be managed in groups of students in intensive social work programs? Are there guidelines for teachers to help establish safety and create an experiential learning environment?

Because of the anxiety associated with open process groups on the student campus (G. Schamess, personal communication, Feb. 4, 2014; Hill & Knox, 2009), it is critical to gather evidence that experiential learning is indeed more valuable than it is uncomfortable or harmful. If relationship processing skills and self-knowledge could be taught from a lecture, textbook or other modality that did not cause so much anxiety, there would be no need to write this thesis except as a historical point of interest. All learning requires some mastery of anxiety, but too much anxiety can impede learning (Khaleelee, 2006).

In Chapter 3, I review the intellectual development of experiential learning theory as discussed in the canons of education literature. Starting from the ancient Greeks, I trace the development of experiential learning theory through the major 20th century thinkers. I then look at psychoanalytic critiques of experiential learning theory in order to bridge the fields of

education and psychoanalysis. Finally, I will try to better understand the role of anxiety in learning.

The psychoanalytic here-and-now

In chapter 4, I explore the psychoanalytic origins of the concept of here-and-now. Freud understood that the patient's relationship with the therapist, by definition a here-and-now relationship, was crucial to the patient's healing. However, different psychoanalytic theories ascribe different roles to the importance of working in the here-and-now. Moving from Freud, to object relations, and finally to intersubjectivity, I will look at what the clinical implications of a here-and-now focus are in the consulting room.

The use of the here-and-now as a technique in therapy is related to what is considered to be the mechanism of healing, e.g. Freud's "curative factor", in each theoretical approach. The greater reliance on overt relationship processing as the mechanism of healing in any theory would suggest that training in that approach should include a greater emphasis on the kind of learning that here-and-now experiences provide. In addition, if a theory places greater emphasis on the therapist's subjectivity as playing a role in client change, this would indicate a greater need for therapist self-awareness, and hence, a greater need for here-and-now training experiences.

The final portion of Chapter 4 will look more deeply at the role of the unconscious in the here-and-now. Healing in all psychoanalytic theories involves some upward movement of material from the unconscious to conscious awareness. Since here-and-now learning is an optimal vehicle for capturing evanescent perceptions and bringing them more into awareness, it is critical to understand more in depth how the unconscious works. To help contextualize the here-and-now, I will also briefly review the usefulness of the psychoanalytic there-and-then.

In the final discussion (Chapter 5), I will describe a here-and-now event that occurred during my second year practice class and relate it to presented case material. I will analyze the mutual influences of the case material and interpersonal subjectivities and ask what was learned as well as what psychoanalytic framework best captures the process.

Biases, limitations and strengths

As with many theoretical theses, my personal bias about here-and-now learning influences how I present the literature and understand the phenomenon. I came to the second year social work practice classroom with a strong background as a client in a long-term open process group where affective learning occurs frequently in the context of here-and-now processing. I believe my experience in this group has been crucial to the development of both my personal and professional selves (see House, 2007, for a critique of competency-based training and the marginalization of personal experience and experiential process groups). This background helped prepare me for the experience of sharing feelings in a group and for the here-and-now focus that my practice instructor often encouraged. While there were students who had not participated in a process group and still welcomed the here-and-now focus, other students experienced the here-and-now focus negatively, with anxiety or confusion.

I began to appreciate (in the deep, here-and-now kind of way, i.e. not just intellectually) how important the differences were between my ongoing group therapy and the here-and-now aspect of the practice classroom. It became clear to me that students need cognitive preparation and emotional support during experiential processes (Yalom & Leszcz, 2005; Sklare et al., 1990). In addition to student support, Elliott et al. (2004) discuss the importance of supporting teachers as well as providing a broader intellectual and professional context that endorses the method of experiential processes in training therapists.

Particularly striking is the lack of supporting culture for experiential-humanistic treatments. In much of North America, especially in academic clinical psychology, a cognitive therapy "monoculture" holds sway. More broadly, the task-oriented, fast-paced North American intellectual and professional climate supports rational or psychopharmacological approaches that focus on content rather than process and on solutions rather than empathic understanding and emotional self-awareness (p. 317-18).

Thus, my bias is to figure out how to make here-and-now learning in the practice classroom accessible to as many students and teachers as possible. In that regard, this thesis may seem more like a deeply researched social work curriculum proposal than an analysis of the literature or the phenomenon.

Other limitations of this thesis is that it is notoriously difficult to quantify or capture affective learning or self-knowledge, especially when compared to exams and check lists that evaluate cognitive learning. This contributes to the relative paucity of empirical studies on here-and now training of therapists. Furthermore, there is a substantial range of classroom activities that can be considered as having a here-and-now focus. An analogous situation occurs for the consulting room, such that therapists may disagree with each other about what constitutes here-and-now work (Blass, 2011). I do not restrict my review of the literature to a particular here-and-now classroom focus, e.g. role plays, eliciting countertransference, or enactments nor a particular learning objective, e.g. awareness of self, impact of self on others, or deepening of compassion for another's perspective. This may make the literature review seem unfocused or as if it contains idle variation in terminology. On the other hand, I hope that a broader treatment of here-and-now learning will suggest that there are a myriad of ways to introduce it in the social work classroom. This should maximize the opportunities for students and teachers to undertake affective learning through a here-and-now focus.

One strength of this thesis is that it looks at here-and-now learning from a student's perspective. Since student perspectives of here-and-now training groups are rarely discussed

(Swan-Foster et al., 2001), this thesis begins to fill a gap in the literature on training therapists. On the other hand, this thesis is written from the perspective of only one student. It might have been improved had I gathered data from even just my fellow classmates, a small subset of the universe of social work practice students who have experienced here-and-now learning. However, I remain hopeful that this thesis will spawn more research and discussion on here-and-now learning and on how to incorporate it more systematically into the curricula of social work practice classes.

Summary of conceptualization and methodology

One of the assumptions of this thesis is that what happens interpersonally in a practice classroom has an analogous counterpart in the consulting room. Similar to the idea that clients will sooner or later show the therapist aspects of how they interact in the outside world by re-enacting the same pattern with the therapist, we assume that student therapists, given the proper environment, will enact aspects of themselves in the practice classroom that might show up in their future therapeutic relationships with clients. This is why examining the literature on the psychoanalytic here-and-now is important to better understanding here-and-now activities in the social work practice classroom.

Another assumption of this thesis is that self, other and relational awareness is invaluable in the consulting room and should be an explicit component of therapist training (Berzoff & Mattei, 1999). However, because at least some behavior is preconscious or unconscious and only emerges in the context of interaction with others (Stern, 2009), students likely need other students and teachers to help them see and acknowledge this behavior before it can become part of a more stable and workable self-awareness. A here-and-now focus in the classroom is uniquely able to provide the environment for this kind of relational exchange.

Typically, it is the purview of a student's therapist, not the social work practice teacher, to point out hidden or unconscious aspects of students. This apparent blurring of a boundary between the practice classroom and group therapy is certainly one of the reasons that here-and-now learning provokes anxiety in students, teachers and schools of social work. I will take care to point out when appropriate ways that learning in the here-and-now classroom differs from the therapeutic process.

CHAPTER II

The Phenomenon: Here-and-Now Learning in the Training of Therapists

Introduction

I became interested in here-and-now learning as a Smith School of Social Work second-year practice student. Our teacher intentionally cultivated an environment in which many students felt safe enough to express their authentic responses to highly charged case material and to each other. She did this by privileging student input over providing answers, promoting student interaction, modeling vulnerability through discussion of her own cases, eliciting countertransference to case presentations by students, and using role plays. There were certainly internal postures, conscious or unconscious, that helped cultivate this environment as well, such as portraying an attitude of warmth, empathy and non-judgment. Importantly, the teacher was emotionally and genuinely engaged with the class. This is how the teacher created what Yalom and Leszcz (2005) called a "truly potent" environment. While such an environment can produce emotional content in the here-and-now, learning or change requires a second step of processing the content through self-reflection.

But if the here-and-now focus (that is, a focus on what is happening in this room in the immediate present) is to be therapeutic, it must have two components: the group members must experience one another with as much spontaneity and honesty as possible, and they must also reflect back on that experience (Yalom & Leszcz, 2005, p.30).

Because Freud initially described illness as strangulated affect, its treatment being expression of that affect, the mistaken assumption that strong emotional experience is a sufficient force for change has persisted. This has given rise to a host of "fringe therapeutic ideologies".

"The Viennese fin-de-siècle cathartic treatment still lives today in the approaches of primal scream, bioenergetics, and the many group leaders who place an exaggerated emphasis on emotional catharsis" (Yalom & Leszcz, 2005, p. 31). Thus, the authors emphasize the dual nature of here-and-now learning, which includes both emotional expression and reflection on the event.

Definition of Terms

Other terms used to describe a here-and-now focus are: immediacy, "in the room", and relationship processing. They do not refer to the learning itself, but a technique or method that helps make visible the present day manifestation of a patient/client/student's psychic reality as it flows through the fabric of external, material reality as well as the shared subjectivities of everyone else in the room.

Terms used mostly interchangeably with here-and-now learning are experiential learning, affective learning, or emotional learning. Experiential learning is used broadly across disciplines and can refer to "hands-on" learning (e.g. doing a science experiment as opposed to reading about it) or "multi-sensory learning" (e.g. tapping out sounds and syllables to learn decoding of text). With regards to the training of therapists however, the literature does not support a significant difference in meaning between experiential, affective, emotional or here-and-now learning. This thesis will also use the terms as if they were interchangeable, favoring terms used by authors when their articles are presented in the literature review.

Though the definition of the psychoanalytic here-and-now differs slightly across theoretical orientations, for the purposes of this thesis, I define a here-and-now focus as one in which the inner, subjective world, including unconscious elements, of the patient/client/student is invited to emerge in the current dyadic or group context (O'Shaughnessy, 2013). As this

subjective world emerges, the therapist/teacher, sees it, identifies it, and reflects it back to the patient/student in order for learning to occur.

A Brief History of Experiential Learning

The notion of experiential group learning that is devoted to individual members' growth and a better awareness of self and other originated from studies of human behavior pursued at the Tavistock Institute in London and at the National Training Laboratories (NTL) in Bethel, Maine. Established in 1947 by a group of psychologists to study group dynamics as well as train mental health professionals, NTL conducted summer workshops, called "sensitivity trainings", for which the core goal was intense personal learning. These workshops occurred in small T-groups (the "T" stands for Training).

The model for these summer trainings had emerged spontaneously the year before when psychologist, Kurt Lewin, had organized an interfaith, interracial workshop. During this workshop, it happened that staff members had an unplanned discussion with a participant about her behavior and impact on the group. This participant protested that she had not said or done what the staff reported, but the trainers and researchers assured her that she had. Other participants told her how they felt about her behavior. At subsequent meetings, it became apparent that this participant took in the information and was able to modify her behavior based on the input she had received. The trainers defined this interaction and called it "feedback". In further studies about the benefits of interpersonal feedback, researchers at NTL subsequently clarified the difference between "content" and "process" in interactions (Freedman, 1999).

Until NTL, the training of therapists emphasized cognitive processes and minimized affective ones. NTL integrated affective learning into training by exploring the interpersonal communication and feedback occurring in the T-groups. The trainers attended to content as well

as affect, in verbal and nonverbal modalities (Blumberg & Lockhart-Mummery, 1972).

Facilitators at NTL were nondirective and interpretive. That is, they fostered an environment in which group members could interact spontaneously. Then, they helped group members process and understand their relationships and interactions within the group, with the goal that this learning would lead to positive changes in their interpersonal lives outside of the group.

In the 1960s, NTL began offering trainings for non-mental health professionals. For instance, companies would send their employees to NTL to get trained in what was called "human interaction" with the idea that this might help people interact better with their co-workers or clients. Few of these trainings were led by psychologists or therapists.

Shortly thereafter, there was a proliferation of "encounter groups" offered by organizations and people not affiliated with NTL. They claimed to have similar goals of increasing self-awareness and focusing on affective learning through exploring interpersonal interactions, but many if not most of them were aimed at the general population and led by non-therapists. Yalom (1970) lists some of the different kinds of groups that claimed to promote individual learning and change. Some of these were designated as therapy groups and some blurred the boundary between personal growth and therapy.

Psychoanalytic groups, psychodrama groups, crisis groups, Synanon, Recovery, Inc., Alcoholics Anonymous, marital couples groups, marathon encounter groups, family therapy groups, traditional T-groups, personal growth T-groups, nude therapy groups, multi-media groups, non-verbal sensory awareness groups, transactional analysis groups, and Gestalt therapy groups (p.10).

The new fad of sensitivity trainings being for anyone interested in human interactions, led by people with no particular training, caused the original idea of T-groups to lose coherence. By the 1970s, T-groups were attacked as "complicated, questionably appropriate, and even unethical" (Feiner, 1998). The association of professional, theoretically-grounded T-groups with

the questionable fad of more subjectively led encounter groups led to the prevalent view that most groups were not valuable, even potentially harmful.

However, it was in the 1970s that a core group of psychiatrists, psychologists, psychotherapists and other mental health professionals began to rely more heavily on the here-and-now of the therapeutic relationship as the mechanism of therapeutic change. Therapy styles changed from formal, theoretically-driven interactions to honest and real exchanges.

The current trends in America seem to be away from classical analysis and toward relationship therapy. This has interesting implications for training in general, in that it diminishes the need for a theoretical orientation but drastically increases the emphasis on self-awareness (Blumberg & Lockhart-Mummery, 1972, p. 380).

Smith college school for social work: A snapshot of experiential learning

Gerry Schamess, a retired professor from the Smith School of Social Work, remembers the early 1970s as a time when Smith professors were dubious of experiential learning and the NTL summer workshop model (G. Schamess, personal communication, Feb. 4, 2014).

Schamess' experience with trying to introduce experiential learning into the Smith social work curriculum was mixed. He saw students react to experiential learning in one of two ways: 1) those who were eager for it and viewed it as valuable and 2) those who found it disorganizing and disruptive. Because experiential learning invites regression, Schamess believes that a few students might be at psychological risk and that schools have an obligation to protect them.

Schamess designed elective courses that explicitly described the here-and-now focus up front so that students who felt vulnerable could choose to not take the class. Even then, Schamess says, there would be students who took the class out of curiosity and then were surprised by feelings they didn't know they had, which could "scare the wits out of them". Although it is better to be aware of one's emotional vulnerability, Schamess is clear about the

fact that some very talented therapists have emotional problems and that they have the right to deal with their problems in whatever way they choose.

Empirical Studies of the Here-and-Now

There are few empirical, quantitative studies investigating the benefit of experiential learning in the training of therapists. In the 1970s, studies using instruments such as the Personal Orientation Inventory (POI) (Shostrom, 1963) to measure perceptions of "self-understanding" or "self-actualization" found that counseling trainees who participated in experiential process groups, either T-groups or group psychotherapy, reported significantly higher levels of "self-understanding" than their trainee controls who received only didactic instruction (Eiben & Clack, 1973; Woody, 1971).

In a larger study of 434 trainees of the American Group Psychotherapy Association, Tschuschke and Greene (2002) looked for the qualities of experiential groups that contributed most to the trainees' learning. They found that trainee learning was most robustly associated with a perception that other group members were emotionally engaged and willing to confront conflict. Perceptions that the leader was skillful also contributed greatly to learning outcomes.

Smith et al. (1990) found that skillful leaders are more likely to make here-and-now interventions than non-skillful leaders. In their study, professional group psychotherapists used the here-and-now more frequently than peer group leaders in support groups for caregivers. Dies (1992) surveyed 111 senior clinicians about their opinions of what was most important for a clinician to understand in the working phase of group treatment. The greatest consensus among the clinicians was that it was essential for group therapists to understand how to work in the here-and-now, though this is not easy to master. Supervisors noted that it is difficult for trainees

to move from a content, "outside the group" focus to a here-and-now process orientation. Yet, this skill is one of three most important skills that a group therapist can have (Brabender, 2010).

More recent empirical studies explore directly here-and-now interventions to better understand what kinds of interventions are used and have the greatest effect on client change. This research defines the term 'therapeutic immediacy' as any discussion within the therapy session about the relationship between the therapist and client that occurs in the here-and-now (Mayotte-Blum et al., 2012).

Kuutmann and Hilsenroth (2012) explored the amount of in-session focus on the patient-therapist relationship in 76 outpatients engaged in short-term psychodynamic psychotherapy. They found a significant, positive relationship between patient outcomes and the amount of therapeutic immediacy used in session. Interestingly however, the amount of therapeutic immediacy was not related to the patient ratings of session process.

Two studies, Hill et al., (2008) and Kasper et al. (2008), examined therapeutic immediacy in brief psychodynamic psychotherapy case studies. Discovery-oriented, these case studies categorized amount and type of immediacy used and client responses to immediacy as determined by the next speaking turn. They also collected qualitative data by interviewing clients after treatment ended about their perceptions of what was therapeutically significant.

In the case of Kasper et al. (2008), the therapist initiated 100% of the immediacy events and the client's outcome was mixed. Her post-treatment scores on self-understanding had increased but her global symptomatology and interpersonal functioning had lowered. In the Hill et al. (2008) case, the therapist initiated 80% of immediacy events and the client improved on post-treatment measures of global symptomatology and interpersonal functioning. Hill (2008) wrote that the quantitative, sequential analyses did not yield as much correlation between

immediacy event and client response because of the frequency of delayed reactions in psychotherapy. In her opinion, the qualitative data yielded more interesting and relevant results as the client was asked to reflect on the significance of the immediacy events after treatment ended.

This post-treatment interview of the client is similar to Yalom and Leszcz's (2005) evaluation method of inquiring about the clients' perception of what was most healing in group psychotherapy. They reported that most of their clients described an emotionally laden enactment with another group member, and the subsequent working it out in the here-and-now, as having the greatest effect on their therapeutic outcome.

Expanding on the case studies from brief psychodynamic psychotherapy, Mayotte-Blum et al. (2012) explored the use of immediacy in one case of a long-term psychodynamic psychotherapy. Because the goal of this research was to find out how immediacy is used successfully, they chose a therapist known for using immediacy and a patient who had already achieved improved outcome measures. Analyses were based on sixteen sessions over four years that had been videotaped prior to deciding what the research would be about so as not to affect the use of immediacy. Coders catalogued nearly twenty different kinds of immediacy used by both therapist and client. Client perceptions about the most impactful kinds of therapist immediacy were: 1) therapist support and validation of client's feelings and concerns about the therapeutic relationship and 2) therapist expression of gratitude of client's willingness to be vulnerable in session.

Mayotte-Blum et al. (2012) acknowledge that their data do not directly associate therapeutic immediacy with improved outcome measures. However, they do not discuss their results in light of the Kuutmann and Hilsenroth (2012) data that suggested that patient perception

of what was therapeutic was not related to measured outcomes. Further research might investigate the relationship between client "feeling validated" and therapeutic change.

Techniques for Training Therapists in the Here-and-Now

Here-and-now work is something that a skillful teacher can focus on in any group at any time. It is a way of thinking about and understanding interpersonal interactions within the classroom, or even in the therapeutic dyad. However, certain training activities encourage emotional responses to what is happening "in the room" and can be used to consciously pull the students towards a here-and-now focus.

Role-plays allow the student to practice working through the relationship between client and therapist and are one method of promoting learning from one's own emotional subjectivity in a guided and protected space. Cesaro et al. (2012) gives an example of a role-play based on case material in which the client felt paralyzed by stress around exams. The role-play elicited similar feelings in the class audience. "I felt like I was the student who couldn't take the test." "I thought he was talking about me." The student playing the role of therapist noticed her own thoughts of helplessness and powerlessness: "How can I help anyone? I don't know how to be a therapist." By bringing these thoughts and feelings out in the open, the classroom becomes a creative transitional space, in Winnicott's terms, from where feelings of new possibility and spontaneity can emerge.

Another here-and-now technique that promotes affective learning is the use of case studies in the classroom. For example, in their Infant Observation seminars, Scharff and Scharff (2000) find that there is often emotional resonance between what is happening in the observation sessions at the infant's home and what is happening in the group. A ripple of emotional issues and anxieties moves from the original infant-parent dyad, through the student observer, and into

the group seminar. The observer and group are not passive containers for these feelings; their own dynamics influence the experience. However, focusing on the here-and-now of group dynamics illustrates aspects of the case material and builds empathy in students. "All dynamic group work rests on the idea that understanding unconscious group dynamics can lead to enhancement of the conscious task of the group" (Scharff, 2005, p.199). Thus, the more group can process in the immediacy of the moment, the more the members can bring together a multiplicity of understandings and shared experiences, in a way that the original infant-parent could not do.

Enactments are potentially another here-and-now teaching technique. While enactments have been discussed in regrettable terms as therapeutic mistakes (Gilhooly, 2011) or as disturbing but inevitable parts of treatment (Waska, 2010), others have viewed enactments as a powerful teaching tool for here-and-now learning in the social work practice classroom (Segal, 2013) as well as in the consulting room (Ginot, 2007). Described as complex, emotionally charged, and difficult to navigate interpersonal exchanges, enactments are fueled in large part by unconscious motivations (Segal, 2013).

Being involved in, or witness to, an enactment can give the sense of not being "one's own helmsman" (Fromm-Reichman, 1950). This in itself is an important part of therapist training, i.e. the experiential knowing that unconscious, irrational forces play a role in all relationships and affect perceptions and behaviors. A skilled teacher who then helps students reflect on and find meaning in the enactment gives students a glimpse of what their unconscious forces are, of parts of themselves that have been hidden. Butler et al. (2008) argue that all therapist trainees should receive training in enactments. "The direct engagement of relationships through enactments may

be conceptualized as a core clinical process for effecting change in relationship-focused therapies" (p.329).

Example of Here-and-Now Learning

In my second year practice class, a final year student presented her thesis. The presenter had interviewed therapists about their countertransference when working with war veterans who had killed in combat. The student was interested in the topic of killing because her mother had been murdered when the student was 11 years old. She told the class that they never found the murderer and that she had spent a long time imagining the killer and what she might feel towards him or her. The presenter disclosed that her preoccupation with killing had made her feel very alone in her life, because most people, including her own family, were uncomfortable talking about it with her.

One here-and-now dynamic that occurred was that my classmates met the speaker's expectation of being "left alone with killing". Somebody began a question with, "When your mother *died*...." The teacher pointed out, "She didn't *die*, she was *murdered*". This here-and-now observation helped draw attention to the class wish to deny or mitigate the presenter's (or their own) experience of murder. Other students felt uncomfortable that any questions were asked at all because they felt this was "intruding on the presenter's personal life". The room felt abuzz with tension due to the highly emotional nature of the topic, as if we were attacking each other for a stance of questioning the presenter or not. In the here-and-now moment things felt intense and confusing, not at all enlightening as one might imagine learning feels like.

However, the learning came after the presenter left and the teacher provided the opportunity for the class to process what happened. By eliciting student reactions to what was said or not said and interpreting in terms of the group dynamics, many of us understood in an

experiential kind of way how we were affected by the topic/case material and how we affected each other. Our aggression towards each other was initially confusing as it came on suddenly and surprisingly. But the teacher pointed out the inherently aggressive nature of the presenter's topic – murder – and this helped us place our aggression in context. We were then able to wonder in a relaxed and less defended way about the aggressive parts of ourselves.

If interviewed, each of my classmates would likely report a different learning from that same here-and-now experience. Because everyone came to the room with a unique understanding of the world, this is to be expected. Thus, I can only describe my experience of the learning. From my point of view, the learning was a kind of working through our defenses against the uncomfortable feelings that murder arouses in us, such as grief, rage, aggression, and death anxiety. Though we may have wanted to protect the presenter and ourselves from these feelings, we learned that in doing so, we potentially re-enact a hurt that the presenter had been feeling most of her life, i.e. "being left alone with murder". The here-and-now learning permitted students to a) recognize the defenses they used against these feelings; b) have compassion for themselves and understanding of others around aggression, a feeling that is commonly disavowed and c) and expand their tolerance for "sitting with murder" because of having experienced its healing potential through the feedback of the presenter.

CHAPTER III

Experiential Learning Theory

Introduction

This chapter traces the intellectual development of experiential learning within the field of education. Then, critiques of the educational canon from a psychoanalytic perspective will be used to fine tune an understanding of experiential learning that is more applicable to the field of psychotherapy and the training of therapists. Next, this chapter surveys the literature for empirical and theoretical articles focused more specifically on training psychotherapists using a form of experiential learning. By looking at the goals and methods of the training literature, I hope to distill the most important things to keep in mind with regards to student learning in the social work practice classroom. Finally, this chapter will discuss the role of anxiety in learning.

Experiential Learning Theory and the Field of Education

The ancient Greeks

"For the things we have to learn before we can do them, we learn by doing them."

– Aristotle

Contemporary experiential learning theory finds roots in the writings of the ancient Greeks, most notably Socrates, Plato and Aristotle. The Socratic method is a line of questioning or style of dialogue that is supposed to help the student make his or her own discoveries. This kind of guided reflection is captured in Socrates' saying: "An unexamined life is not worth living". In the educational field, Socrates is often credited with emphasizing the reflective aspect of experiential learning (Stonehouse et al., 2009).

Plato developed the concept of Ideal Forms to cope with the discrepancy between abstract, theoretical ideas of things such as justice, and our experiences of them, which may be so varied that one true definition will not suffice. Plato asks us to consider the limits of what can be known experientially.

Now, how about the acquirement of pure knowledge? Is the body a hindrance or not, if it is made to share in the search for wisdom? What I mean is this: Have the sight and hearing of men have any truth in them, or is it true, as the poets are always telling us, that we neither hear nor see anything accurately? (Plato's *Phaedo*, trans. 1966)

Plato does not trust experience because he sees it as a distortion of the world of Ideal Forms, the world of truth and pure knowledge.

Aristotle knew and admired Plato and attended his Academy. However, Aristotle found the search for universal, Ideal Forms impractical (Stonehouse et al., 2009). Rather than look for Plato's abstract, universal or ideal truth, Aristotle looked for truth applied in context. We might say that for Aristotle, truth was subjective. Aristotle wrote about the concept of *phronesis*, sometimes translated as practical wisdom, which is acquired by cycling back and forth between experience and reflection, over and over, to arrive at truth in context. This iterative cycling between experience and reflection forms a core element of much of contemporary experiential learning theory.

Twentieth century influences

"There is only one thing more painful than learning from experience and that is not learning from experience." – Archibald MacLeish (poet)

In the 20th century, a renewed interest in experiential learning challenged many well-established assumptions about education. Because experiential learning is understood as a process of ongoing meaning making by the learner, it can be considered a direct challenge to the

canons of theory and knowledge which exist, unchanging, in hallowed aisles of university libraries.

A focus on experiential learning is also a way to acknowledge that adults learn by working and doing, but the field of education has not typically bestowed credentials for this kind of knowing. The field of experiential learning legitimizes this knowledge and brings it recognition (Fenwick, 2000). Furthermore, learning has traditionally been thought of in terms of outcomes: skills, competencies, performance, and concepts. In contrast, experiential learning focuses on process instead of outcome. Finally, experiential learning offers different ways of thinking about the learner (active vs. passive), the teacher (facilitator vs. expert knower) and knowledge (every day experience vs. theory).

John Dewey

Dewey's 1938 book, *Experience and Education*, justified education based on learning by doing. However, he emphasized that not all experience or doing brings about learning. For example, think about the number of letters you have written without improvement in handwriting skills. He also said that the same experience may change one person but not another. For Dewey, the experience and the learner must possess two things in order to lead to learning or change. These are 1) continuity – the learner connects the new experience to what is already known and 2) interaction – the learner actively interacts with the environment (Stein, 2004). The main thing we take away from Dewey is that experience is inextricably interconnected with education and that we should include a focus on how we learn, not just on what we learn.

Donald Schön

The rise of humanistic psychology in the 1960s and 1970s had a profound influence on experiential learning theory, highlighting the capacity for reflection and locating the mechanism of change more fully in the learner. The capacity to reflect on and learn about experience was, according to Donald Schön, the lynchpin for experiential learning. In his influential 1983 book, *The Reflective Practitioner: How Professionals Think in Action*, Schön tries to understand how mature professionals succeed in an ever changing, challenging world. For Schön, this "messy", everyday world poses problems for which previous experience and training provide no obvious solutions. It is by a process popularized as "reflection-in-action" that successful professionals cope with the uncertainty of outcomes and shifting structural dimensions that are intrinsic to life. When practitioners meet with surprise or a novel situation for which no existing rules apply, they learn by noticing and framing problems, inquiring and experimenting. For Schön, it is the instability, complexity or conflict itself that prompts the reflective practitioner to "reflect-in-action".

David Kolb

Kolb's model of reflective constructivism may be most associated with experiential learning. The individual, and not the context, is the central actor in the process of constructing meaning. This is done through reflection and a personal understanding of the relevance of one's actions in the world. Kolb's model has four steps that cycle over and over in an iterative process (recalling Aristotle's process for *phronesis*) and that consecutively build new learning and meaning from experience.

The four steps are: 1) Concrete experience – the learner does something such as a lab session or field work, 2) observation and reflection – the learner consciously reflects on the

experience in an effort to learn, 3) form abstract concepts – the learner conceptualizes what was observed and 4) testing a new situation – the learner actively experiments, perhaps changing behavior, to test hypotheses formed in previous steps. This new behavior or change is then fed into step 1, and the learner has a concrete experience using this new way of being, doing, thinking or behaving. The cycle repeats.

We notice that emotions or feelings for Kolb are not part of his model. In this sense, experiential learning is not necessarily affective learning. For instance, his model works for learning how to ride a bike, which requires concrete experience in the here-and-now but does not necessarily promote emotional learning. Others have proposed models very similar to Kolb's but have emphasized the importance of emotions in learning. Moon (2004) says that feelings are an important part of experiential learning and that though learning can occur with little affect, it is much more likely to occur when emotions are involved. Also, Boud and Miller (1996) discuss the potential for negative feelings to block learning. The key for Kolb, however, is that the learner is a willing and active participant who comes to the experience with the capacity to reflect and the analytical skills to make new hypotheses.

Jack Mezirow

Mezirow's Transformational Learning is considered one of the most influential ideas in education and experiential learning of the last thirty years (Fenwick, 2000). For Mezirow (1991), experiential learning is a process of perspective transformation that allows for more inclusive views. In transformational learning, reflection on experience is only the surface process. Transformation comes when the learner reflects on premises, the deep-seated beliefs and assumptions that guide action, such that what one thought was true before is now questioned

as perhaps not so. Mezirow considers reflection and learning as the way we literally change our minds and learn.

In his model, when an adult encounters a "disorienting dilemma" or a problem for which prior experience suggests no immediate solution, conscious reflection is triggered in three stages: 1) the learner reflects on the content by asking, "What happened?", 2) the learner reflects on the process by asking, "How did it happen?" and 3) the learner reflects on premises and judging presuppositions that underlie the perception of the event to ask, "What is wrong with how I am seeing what happened and how it happened?". This critical reflection in stages 2 and 3 leads to the dramatic shifts that are called Transformational learning.

Critique from a psychoanalytic perspective

Mezirow's idea that our deep-seated beliefs must be "brought into consciousness to be vigorously critiqued" suggests a role for the unconscious or preconscious. When educational theorists began to look to psychoanalytic theory for understanding the unconscious, other previously held notions from the field of education were also looked at in a new way. Many of these had to do with the idea that learning is centered in an autonomous, rational learner and that the context in which the learner is situated plays an insignificant role. This "reflective constructionist" view of experiential learning that we see in Kolb (1984), Schön (1983), and Mezirow (1991) is considered by psychoanalytic critics to be reductionist because it is overly reliant on cognitive control and bypasses the traditional psychoanalytic forces of desire and resistance - some of which are unconscious (Fenwick, 2000). The reflective constructionist view also does not take into account bodily and intuitive forms of knowing and learning.

Thus, the unconscious is problematic for the educational theorist who assumes that knowledge lies in a fully conscious knower. This is because the unconscious is a kind of

"unmeant knowledge" that the subject can neither recognize nor own as coming from the self (Felman, 1987). This situation is further complicated by the notion that a subject's unconscious is in relationship with another subject's unconscious, the relationship and the separate parts unknowable to both subjects. Felman (1987) asserts that people need to willingly engage their own "traumas of the self" in order to learn. Similarly, Britzman (1998) describes learning as a kind of paradox. Learning takes place through a process of uncovering aspects of self that were previously hidden. But they were hidden exactly because they are too traumatic or terrifying to discover. Thus, learning is a process of gradually being able to tolerate, and possibly transform, this terror of knowing ourselves fully.

Although the unconscious cannot be known directly, its workings interfere with our intentions and our conscious perception of direct experience. These workings constantly bother the ego, producing breaches between acts, thoughts, wishes, and responsibility.[...] We learn by working through the conflicts of all these psychic events. Experiential learning is thus coming to tolerate one's own conflicting desires while recovering the selves that are repressed from our terror of full self-knowledge (Fenwick, 2000, p. 255).

The field of education tends to view conflict as a kind of knowledge deficit or something to be solved. Psychoanalytic theory argues that pedagogy should embrace the dilemmas of the self and allow time and space for working through them. In this view, there is no compulsion to produce learning or change. Rather education should be about creating the conditions for the slow, difficult and interminable work of learning and less focused on content or cognitive change. The psychoanalytic perspective challenges the idea that experiential learning is regulated through the learner's conscious, intellectual effort. Rather, this perspective offers the idea that learning turns on the profound conflicts between our inner and outer selves, our conscious and unconscious minds, and our simultaneous desire for - and anxiety about - knowing (Michelson, 1996).

Summary: Implications from education for here-and-now learning

This overview of experiential learning from an education point of view has underscored the importance of the notion of two-phased learning. Starting from the ancient Greeks who had already conceived that learning requires both experience and reflection, we see that this idea has been maintained, more or less, throughout the intellectual development of experiential learning. In addition, two-phased learning corresponds perfectly to Yalom and Leszcz's (2005) "self-reflective loop" that they assert must happen if emotional experience is to be transformed into therapeutic learning.

I also take away from the field of education that there is, in fact, minimal rationale for separating affective from cognitive, or even experiential from non-experiential learning. Moreover, there is not a defensible method for classifying learning as either one kind or the other.

What manner of learning can be conceived that is not experiential? ... The category implies that some kinds of learning do not incorporate experience, which is an absurd proposition from any definitional viewpoint. Moreover, attempted divisions between human experience and reflection on that experience have proved problematic... (Fenwick, 2000, p. 265).

To parallel Fenwick, I would add, what thought occurs without a feeling or feeling without a thought? They are intertwined. Even Aristotle's concept of *phronesis* included both cognitive and emotional wisdom (Stonehouse et al. 2009). One reason for this problematic relationship may be that cognitive learning is the default, dominant way learning is understood in our society. However, emotional learning, not always valued or included, needs to be explicitly encouraged and is not supported in our culture.

I also propose, in line with Michelson's (1996) thinking, that emotional learning requires a certain kind of environment, one that pulls for emotional responses and makes it safe to show them. Certain therapist training techniques, such as role plays, case conferences, and process-

oriented training groups, are ideal for creating the environment conducive to emotional learning. In sum, we find the "reflective constructivist" models of learning lacking because of the exclusion of the environment in the process.

A final thought on how to state the difference between cognitive and affective learning has to do with directionality. We can think of cognitive learning as moving from the outside in. That is, what is outside and available to anyone, e.g. a book, a theory, or a technique, is brought inside, or "learned". On the other hand, affective learning moves from the inside out. Things about ourselves of which we are unaware are brought into our awareness at which point we have "learned" about them. This directional conceptualization of cognitive vs. affective learning takes into account the important role of the unconscious (Britzman, 1998; Felman, 1987).

Anxiety and Experiential Learning

Not knowing is not a problem. It is the path. The discomfort of not knowing, of having an unanswered question, is the inner call from the Self to Be: come in, dive into the mystery that is you, the depths you have not yet plumbed, meet your destiny which is ever unfolding (Frederickson, 2014).

Most classroom dynamics evoke basic anxieties around dependency, fear of inadequacy, and inability to tolerate the distance between the self and the ideal. The fear of being exposed for not knowing something causes anxiety in both teacher and student; yet, the paradox is that all learning involves exposing what we do not know (Frederickson, 2014).

Experiential therapist training, such as T-groups, case conferences and role-plays, evokes especially intense anxieties. A here-and-now focus is unfamiliar, initially elusive, and deskilling. Khaleelee (2006) notes that all learning carries potential for destruction – of a shared reality, a belief, or a sense of self. For instance, when righteous indignation and rage are replaced by a more integrated understanding of self and others, it can be a major loss. She asserts that affective learning about the self involves a move from the paranoid-schizoid to the depressive

position, and anxiety is part and parcel of this learning and maturation process. Scharff (2005) says that T-groups and case conferences create anxieties similar to the primitive, raw anxieties experienced by infants and their families (Scharff, 2005).

Experiential learning not only invites regression (Schamess, personal communication, Feb. 4, 2014), it is a painful but necessary part of learning any emotionally charged, unfamiliar material (Alonso, 1984). Khaleelee (2006) goes one step further to say that anxiety is mobilized in the service of learning and suggests that it is the anxiety itself that makes experiential learning so powerful and intense. Given this more appreciative view of anxiety, can trainers still manage the anxiety so that it does not impede learning or cause too much regression? If the idea of even one social work student decompensating as a result of the experiential component of the training is unacceptable (Schamess, personal communication, Feb. 4, 2014), can we safely proceed anyway?

While safety is a subjective experience involving some illusion about being able to predict and control the future, there are ways to manage student anxiety and enhance safety in the experiential training classroom. First, contractual clarity seems to be the key to reducing resistance and the concomitant anxiety (Feiner, 1998; Alonso, 1984). Engaging students in agreements around privacy and confidentiality are especially important in the social work practice setting where students may become each other's colleagues or compete for training and job opportunities. Second, preparation of students to introduce them to here-and-now work and provide a cognitive map for the experiential process is also important (Feiner, 1998; Yalom & Leszcz, 2005; MacNair-Semands, 2010; Sklare et al., 1990). For instance, a trainer might emphasize that this is not therapy, so there will be no probing for, or interpretations of, unconscious or biographical material (Alonso, 1984). Pre-group preparation that includes

contractual clarity and cognitive supports reduces anxiety for members of therapeutic groups (MacNair-Semands, 2010). And finally, trainers need to be aware of trainees' vulnerability – that students are likely filled with deep-seated doubts about their ability to become competent – which is central to one's sense of self (Elliott et al., 2004). This means that the classroom must function as a professional holding environment. Although trainees will do some of the holding, the trainer must be prepared to accept, and try to transform, anxieties or other "unacceptable and intolerable" thoughts and feelings. In the ideal setting, trainers would have their own support for this work in the form of individual or experiential group supervision that mirrored the structure of their own classrooms (Scharff & Scharff, 2000). There are also ways of teaching and use of self that reduce student anxiety, such as the trainer disclosing her own mistakes.

In sum, there are ways to manage the anxiety inherent in the discovery process that is so important to learning how to become a therapist. The key is to balance the amount of anxiety so that students have a sum total of growth and not regression. This has been called the optimal level of anxiety (Alonso, 1984) or the "anxious edge" (Khaleelee, 2006). It is the boundary where learning occurs. I did not find in this literature review formulas for the titration of anxiety to this ideal point, or for dealing with the individual variation among students. However, an important part of a therapist's job is to manage clients' anxiety. The literature on this surely has clues for the trainer of therapists; however, more specific directions for bringing student anxiety to the optimal level is beyond the scope of this thesis.

In the next chapter I provide an overview of what is meant by the psychoanalytic here-and-now across different theoretical lenses. The different understandings of the usefulness of here-and-now work are strongly related to the theoretical understanding of the "curative factor" and specifically, what role the unconscious plays in "the cure".

CHAPTER 4

Theoretical and Clinical Implications of the Here-and-Now

Introduction

The importance of processing the therapeutic relationship or working in the here-and-now began to be articulated more than thirty years ago. For example, Blumberg (1969) advised clinicians to "use intimacy" in the consulting room, though he cautioned that this technique requires the therapist to have considerable insight into his or her own needs and reactions to others. Kovacs (1965) told how to share with his patients his reactions to them. "In crude terms, then, at certain moments I 'act out' my own counter-transference – at least verbally" (p. 102). Having described, perhaps primitively for today's relationally oriented clinician, a here-and-now intervention, Kovacs was accused of inappropriately interjecting his own needs into the treatment (Shewmaker, 1966).

Forty years ago, here-and-now work was viewed by some as a "thin or impoverished" version of real psychoanalysis. Analysts were anxious about forgetting the past (O'Shaughnessy, 2013). However, contemporary trends in analytical theory have come to view the therapeutic relationship and the here-and-now as one of the most consistently productive 'place and time' to work. This chapter will review use of the psychoanalytic here-and-now since Freud. The theory of mind and concomitant understanding of the mechanism of change articulated within a particular psychoanalytic framework leads to different conceptualizations of what it means to work in the here-and-now.

Here-and-Now as it was There-and-Then: Evolution of a Technique

Freud and classical psychoanalytic theory

A useful way of thinking about the here-and-now is to break it down into its two literal aspects: place and time. The place is the client's inner, subjective world and the time is when this inner world emerges in therapy (O'Shaughnessy, 2013). Freud discovered that the 'place' with the greatest role in a patient's illness was not external reality but psychic reality, both conscious and unconscious. He thought that if he could pinpoint the 'time' that a patient's symptoms began to form, he could help the patient fill in the memory gaps and re-work the trauma. Freud's initial understanding of the therapeutic task took place in the there-and-then. However, with Freud's discovery of transference and the compulsion to repeat, the there-and-then became a "piece of real life" in the here-and-now. Freud (1914) said, "We must treat his illness not as an event of the past, but as a present day force" (p. 151).

In the classical model, the analyst encourages a patient's transference – feelings, drives, attitudes, fantasies and defenses about the analyst but originating in the patient's early life – as the here-and-now manifestation of the there-and-then. In this historical approach, "since the original people and situation, are no longer available, a *transferred* neurosis is the best we can offer" (Blumberg, 1969, p.239). It is through these largely unconscious distortions of the present that the analyst deduces or interprets the past.

A main focus for the analyst is the search for repressed material with which to construct an interpretation that connects the past to the present. The "curative mechanism" is thought to be the unconscious and unavailable material becoming conscious and available through the analysis. Thus, analysts would spend years scanning patients' thoughts for evidence of repressed material

or unconscious fantasies from childhood. Though analyzing the transference is here-and-now work, the main focus was on reconstructing the there-and-then (Hill & Knox, 2009).

Object relations

Object relations theory says that the client replays pathological early relationships by engaging the therapist in the same maladaptive ways that were once adaptive for the client as a child (Greenberg & Mitchell, 1983). The therapist uses emotional reactions, or countertransference, in the here-and-now to understand the client's meta-communication or demand. Through a process of feedback in the here-and-now, and interpretation, the client gains insight into her early family dynamics and present-day interpersonal dynamics. As in classical analysis, the "curative factor" is bringing unconscious relational dynamics to the client's conscious awareness. The therapist's countertransference, though a here-and-now phenomenon, is conceived of as being stimulated by the client. Therefore, it is used to illuminate the client's there-and-then dynamics (Hill & Knox, 2009).

Intersubjective theory

Unlike classical psychoanalytic and object relations theories, intersubjective theory assumes the entire transference/countertransference matrix constituting the here-and-now comes from both the client and the therapist. The therapist's countertransference may be stimulated by the client but depends on the therapist's subjectivity to recognize something in the client (Benjamin, 2004). Furthermore, it is assumed that the client's transference would look different if the client were sitting with a different therapist. By acknowledging the therapist's one-of-a-kind, subjective presence (a fully painted canvas as opposed to a blank slate), relational theory renders the classical analytic postures of neutrality and anonymity obsolete. "Anything the

therapist does or does not do, including maintaining neutrality, is likely to be experienced by the patient as a direct communication of the therapist's subjectivity" (Ogden, 1994, p. 377).

Intersubjectivity means that the relational therapist views the client as another subject, a collaborator, and not as an object to be analyzed. The use of self in relational theory stresses interaction, authenticity, mutuality, and spontaneity. Processing the therapeutic relationship in the here-and-now is the main therapeutic task (Mitchell, 1997). Relational theory neither emphasizes nor opposes there-and-then interpretations. However, because the here-and-now includes the therapist's pathology as well as the client's, interpretations to the client's past are more likely to be 'contaminated' by the therapist's subjectivity.

Relational theory proposes several pathways to therapeutic change, all of them grounded in here-and-now experiencing and processing of the therapeutic relationship. One pathway to change is that through processing the relationship the client learns interpersonal skills that can be generalized to other relationships (Hill & Knox, 2009). Another pathway to change specifies that it is the process of rupture and repair within the relationship that is the main driver of therapeutic change (Safran et al., 2002). Ogden (1994) proposes that intersubjectivity gives rise to new forms of self-experience through enactments in which intolerable or inaccessible parts of the client are projected into the therapist. By taking these parts of the client inside and filtering them through the therapist's own subjectivity, the client then gets to experience parts of him or herself in a new way through the therapist. Ogden (1994) called this process the "analytic third" where both people experience themselves or the other as strange and new, at least during the enactment. Or, as Rizzolo (2011) says, "Their separateness is destroyed momentarily so that they can be recreated" (p. 355). This kind of here-and-now learning is about a client's

relationship to the multiple parts of him or herself and how these parts interact with the multiple parts of everyone else in the room, i.e. therapist or group members.

Summary

All three of the above psychoanalytic frameworks rely on here-and-now techniques, but only relational theory suggests that the here-and-now, or relationship processing, is central to therapeutic change. The theories differ with respect to how the therapist's contribution to the relationship is conceptualized. In Freudian analysis, the therapist remains neutral. In object relations the therapist's use of self is limited to examining countertransference and interpreting transference. In relational theory, therapist and client are viewed as co-creators of the relationship, and therefore equal contributors to here-and-now dynamics (Mitchell, 1988). This suggests that therapist self-awareness is even more important in relational theory and here-and-now work.

The mechanism of change in all three frameworks involves bringing unconscious defenses, distortions or interpersonal dynamics to the client's awareness. Since a here-and-now focus is useful for illuminating material that is normally outside the client's awareness, experiential training in the here-and-now seems indispensable for student clinicians. In the next section, I discuss in greater depth the relationship between the unconscious and the here-and-now.

The Role of the Unconscious in Therapeutic Change

Three notions of here-and-now

The psychoanalytical field is now in wide agreement that therapeutic change happens only when emotional and cognitive material is alive in the moment, within the relationship of the patient and analyst (Arundale, 2011). This is the notion of the psychoanalytic here-and-now, that

is, the idea that unconscious psychic truth is immediate and present in analytic work (Blass, 2011). Because the patient's history is understood to be encoded in the form of internalized objects, it can be played out with the analyst through projective identification, enactment, and transference phenomena.

However, there are various perspectives on what is the most important thing to get out of the here-and-now, what is the key to therapeutic change. Treatment differences have to do with the depth of unconscious material that must be accessed for therapeutic change and the necessity, or not, of linking to the there-and-then. Blass (2011) outlines three different kinds of here-and-now corresponding to different conceptualizations about the curative aspects of making the unconscious conscious and historical construction.

The cathartic here-and-now

The cathartic here-and-now emphasizes affective experiences over interpretation. The idea is to encourage the patient to relive the trauma or act out the repetition compulsion with the analyst in the here-and-now. Remembering it and talking "about" it in an intellectual way is not sufficient. The curative factor is re-experiencing it with the therapist who provides a different outcome or experience than the original event. Interpretations that link the here-and-now to unconscious conflicts or fantasies, or the patient's past, are discouraged. This cathartic notion of the here-and-now influenced the development of other humanistic and expressive therapies and sets the analyst's task to encourage expression of feeling. Recall, however, the contention of Yalom and Leszcz (2005) that the notion of emotional catharsis as sufficient for healing is mistaken (See Chapter 2).

The interpersonal here-and-now

The interpersonal here-and-now shifts the analytic focus to processing the analytic relationship rather than re-experiencing events or feelings from the there-and-then. What is being played out is interpreted and understood in terms of the here-and-now. Unconscious depths and genetic origins are downplayed. The curative factor is increased cognitive and emotional awareness about what is happening now in this relationship. Awareness of the unconscious drivers of the interpersonal behavior is not emphasized.

Blass (2011) points out that in the cathartic here-and-now affective re-experiencing of the unconscious depths, detached from cognitive understanding, is curative. In contrast, the interpersonal here-and-now emphasizes both feeling and cognitive awareness but not in a deep or historical way. Unconscious immediacy is restricted to what can be seen in the here-and-now. This way, the client is less likely to deny the interpretation or become overwhelmed by too deep or distant interpretations that he or she is not prepared to accept. Blass' interpersonal here-and-now most resembles Yalom and Leszcz's (2005) 'reflective loop' in which group members experience strong emotions, but no learning or change occurs until the emotionally charged event is reflected on and processed.

The experiential here-and-now

In the experiential here-and-now, the most important thing is what is immediate for the patient. The patient's ego structure, history, and entire subjective world will lead the way to tell the analyst how deep or how far in the past to go. The experiential here-and-now does not prescribe the unconscious depth or the connection to the past. Rather, these will be determined by whatever is accessible to the patient in the moment.

Unconscious resistance in the here-and-now

The here-and-now is an indispensable 'place' to work because of the tenacity of unconscious ego resistances. "The most important resistances are unconscious, and behind these resistances are the most frightening fears known to man" (Busch, 2011, p. 1175). Because resistances can be profound, the therapist has to first show the client that there is something going on outside of awareness, and the here-and-now provides the best chance of succeeding in that.

For instance, imagine the following example of *undoing*: a client talks about how angry she is at her sister, then quickly says, "Well, she's a good person underneath it all". Using the here-and-now and tracking the sequence of events, the therapist helps the client see not only the defense, but the defense in action. This is important, because if the therapist had said, "I think you protect your sister from your anger", the client might easily deny this. It is more difficult for the client to deny what was just uttered.

There is something arbitrary and equivocal about an interpretation made by someone about a feeling or event that happened a long time ago, and which was not even attended by the person making the interpretation. On the other hand, there is something very real and uncompromising about a simple statement concerning the way another person feels right now. The former situation makes denial rather easy, and we call this resistance; the latter cannot be ignored if the therapist is valued at all by the client, and can only be associated with the joy (or pain) that goes with growth and the realization of the kind of impact that you have on those around you (Blumberg, 1969, p. 239).

Thus, it is the formidability of unconscious resistances that makes it necessary to work in the concrete, inescapable realm of the here-and-now.

Constructing consciousness of the there-and-then

Busch (2011) argues that the nature of the unconscious makes both here-and-now and there-and-then work important aspects of successful therapy. This is because the unconscious is pre-conceptual and not sufficiently represented in the mind. Until it has some representation in

language as an idea with cognitive and affective associations, it cannot be reflected on or played with. Busch (2011) argues that it is in the process of historical construction that the client, over time, builds more complex representations of the previously unrepresented material. The client's perspective becomes more multiple, complex and ambiguous and looks more like a move from the paranoid-schizoid to the depressive position (Khaleelee, 2006). Once the representation is solid enough it can be played with and mulled over. "Reconstruction restores the continuity and cohesion of personal history, correcting personal myths while simultaneously fostering greater and more realistic self-awareness, knowledge and insight" (Blum, 2005, p.309).

Conclusions

This review of the psychoanalytic here-and-now confirms the relevance of here-and-now work to all theoretical orientations. Also, a here-and-now focus does not make there-and-then interpretations obsolete. However, for the purposes of the social work practice class, there-and-then interpretations would likely be avoided, as would any suggestion of deeper unconscious or fantasy material. This is because of the contractual requirements for privacy and the need to mitigate student anxiety discussed in Chapter 3. Thus, a here-and-now focus in the practice classroom should look more like the interpersonal here-and-now that elaborates on both cognitive and emotional awareness in the moment and avoids unconscious depths as well as historical connections.

In Frederickson's (2014) essay to teachers of student therapists, he frames the task of teaching as a study of the here-and-now.

The teacher believes that any question the student asks is the right question because it is an accurate representation of what the student knows and does not know. The teacher believes that any enactment by the student is the right response because this is a picture of what the student needs help with. Every question and behavior by the student is a picture of the student's learning need in that moment. The teacher's job is to figure out

why the student's presentation is the perfect expression of his learning need (Frederickson, 2014)

To do otherwise, according to Frederickson, is to fail to understand how unconscious emotions and group processes are expressed in the here-and-now in the social work practice classroom.

In the next chapter I describe two classroom events that occurred in my second year practice class - a class that used student case presentations to facilitate and intensify learning of the dynamics of the case material. To analyze these events, I apply the learning model of the case conference seminar discussed in Chapter 3 (Scharff & Scharff, 2000). The theoretical underpinnings of this model are more thoroughly elaborated. Then, I reflect on the personal learning that came from these here-and-now events.

CHAPTER 5

Unconscious Group Enactment of Conscious Group Task: Case Conference in the Social Work Practice Classroom

Introduction

In this chapter I will describe an enactment that occurred on the final day of my social work practice class. I will use Scharff and Scharff's (2000) case conference model to conceptualize the learning that occurred from the here-and-now processing of the enactment. Importantly for this model, the unconscious aspects of the enactment are linked to the conscious group task of processing a case that a student had presented earlier.

The Model

The case conference model of Scharff and Scharff (2000) relies on the resonance between unconscious relational issues occurring in the classroom and the material that is overtly and consciously studied. This resonance goes beyond the parallel processes between therapy and supervision/teaching (Searles, 1955). In a parallel process, the student therapist enacts unconscious identifications, especially difficult resistances, with the patient during the presentation of the case to the class. This gives rise to similar responses from the class members to the presenting student that repeat the difficulties the student has with the patient (Sacks & Shapiro, 1976). When the enactment is pointed out in the here-and-now, students get a visceral understanding of what their patients feel. This helps students to strengthen the therapeutic alliance with their patients from an authentic place of understanding, because the student has now located inside him or herself, the part of the patient that was too terrifying to identify with.

The phenomenon I describe below indeed includes an illustration of such a parallel process. But it goes further.

Scharff and Scharff (2000) talk about the 'ripple effects' seen in case conference seminars. In other words, the parallel process does not stop there. The unconscious material that the student therapist was enacting in the classroom influences class dynamics and can be seen as another, albeit somewhat transformed, ripple of the material with which the original patient struggled. Scharff and Scharff purposefully search for these 'ripples' in the here-and-now in order to intensify learning. Their model relies heavily on the work of Bion.

Bion's theory

Scharff and Scharff (2000) conceive of their Infant Observation case conferences as an application of object relations theory to the task of learning. Specifically, they refer to Bion's theory of the transformation of an infant's undigested 'beta elements' into more digestible 'alpha elements' via being 'contained' and shaped by the mother's container-mind (Bion, 1962). This means that the mother receives, through projective identification, the infant's primitive anxieties. She then unconsciously treats them in her own mind and understanding of things. Having transformed the infant's anxiety ('beta element') into something more tolerable, the mother then projects back to the baby an experience of the original anxiety that is more structured and less frightening ('alpha element') (Fraley, 2007).

An example of this might be an infant screaming as if he were about to die. As the mother takes in the infant's desperate, furious cries that may indeed arise from a death anxiety, she thinks, "This baby is hungry". Because she herself does not react as if the baby were going to die, but more calmly, knowing his uncomfortable sensations of hunger will soon be soothed, she projects back to the baby an understanding of his anxiety and bodily sensation that does not

evoke fear of death. In this way, Bion's mother helps grow her baby's mind, both cognitively and emotionally.

Analogously, Scharff and Scharff (2000) think of the student's case as Bion's baby. (In infant observation courses the case is about a literal baby; however, case presentations may also be about adults). Course participants, including the teacher, are subjective renditions of the 'container-mother'. Everyone responds differently to the case material, digesting the raw feelings, thoughts and anxieties stimulated by the case presentation and projecting the digested elements back into the classroom.

Unlike the strictly interpersonal and cathartic here-and-now, learning in this model requires that the here-and-now event be understood, cognitively and affectively, as coming from or influenced by historical or unconscious determinants. In the classroom, linking here-and-now events to a previously presented case study, or another event that happened in the class, is as historical or unconscious as a teacher should go. Deeper connections to students' early histories, 'outside the room' events, or unconscious fantasies is not appropriate for classroom experiential learning. Such connections, potentially useful in therapy, would violate the contractual agreements discussed in Chapter 3. These are in place because they help manage anxiety and promote learning in the experiential classroom.

Theoretically, the directionality and sequencing of the projections in the case conference model are typical of object relations, but the process of transformation is profoundly intersubjective. In other words, a different mother, or different students, would produce entirely different relational issues in response to the same baby/case. Furthermore, the presentation of the case might look different were it to be presented to different classmates. The subjectivity of all participants, and intersubjectivity of all interactions, is acknowledged in this model.

However, this model differs from intersubjective theory in the idea that there is "something", an anxiety, a feeling, a dynamic 'rippling' through the relational dynamics.

An Unconscious Enactment and its Conscious Unraveling: An Example of Here-and-Now Learning

The case

The last week of our summer practice class a student presented a case from his internship the previous year. It was about a 15 yr old boy with Down's Syndrome whose speech consisted mostly of one-word phrases, such as "yes", "no", "ok" and "haha". The boy could not verbally communicate his feelings or desires. The goal of therapy, as stated by the parents, was to have the boy be able to sit in a dentist's chair and complete a dental exam. Three years previously, the boy had been traumatized in a dentist's chair and had not been able to go to the dentist since then.

The student therapist described effort after effort to make the boy behave in the way expected by parents and teachers. He emphasized the boy's cognitive limitations. The student was clearly frustrated and upset by what seemed to him an impossible task of reaching this boy. In one scene, the boy runs out of the building and the student is obligated to chase the boy, following him to an abandoned construction site where, backed up against a wall, the boy throws rocks at the student.

When the teacher tried to elicit the countertransference the student had had toward the boy, the student responded in an intellectualized way. He could not name a feeling he had about the boy. He just repeated what happened, the boys' cognitive age and difficult behaviors. Continued attempts by the teacher and students to elicit the student's feelings about the case made it seem as if the student did not know what feelings were or how they differed from

thoughts. The presenting student became agitated and was visibly upset with the class for "pushing him into this corner".

With the teacher's guidance, the class became aware of the parallels between the student in the here-and-now and the 15 year old boy - neither could identify or communicate feelings and both experienced frustration or rage when asked to do something that felt beyond their emotional capacity. The student felt "pushed into a corner" the way his client was "backed up against a wall" when he started throwing rocks. However, once this parallel was drawn, the student was able to see that his own experience of not understanding what was expected of him in class made him feel threatened, similar to how the boy behaved as if he were being threatened. In finding his own subjective and immediate version of the boy's feelings, the student accessed more empathy for both the boy and himself.

This empathic understanding led to the student being able to speak more openly about the feelings that the case aroused in him. The student described "feeling terrible" for the parents of the boy and having thoughts such as: "Could I ever love such a child?" or "I have nothing in common with this boy". As the student-therapist embraced parts of himself that felt frightening to know before, new possibilities for thinking about the case opened up. In addition to the student's willingness and courage to make himself vulnerable, the ability of the teacher and class to 'contain' empathically what the student-therapist could not initially hold about himself was an important aspect of the student's ability to transform his perspective.

An enactment

There was a student who sat apart from the rest of the class by choosing a seat behind the semi-circle of chairs that all the other students occupied. He did this all summer long. Periodically, the teacher and other students would ask him about his choice of seats and invite

him to join the semi-circle. The student responded that he preferred to sit outside. At least twice during the summer this student commented that he did not feel emotionally connected to the class and could not relate to the feelings that some students were expressing in response to case material or to each other. He openly wondered what the meaning of this was and appeared sad that it was so.

This student was one of only two African-Americans, and the only male-identified person of color, in the class. His insistence on being physically outside the group reminded me of the way my son sees rejection where there is none and excludes himself from playing with others. My son is also the only African-American in his class. I fretted over this student similar to the way I fret over my son – alone, silently and unproductively. As my son's white mother, I have also felt guilty for being part of his problem, which contributed to my sense of helplessness. My heart constricted when I sensed this student's burden of isolation and difference. I was aware of a 'desperate' wanting for this student to thrive and feel connected to the rest of the class.

On the last day of class that summer, the day after the case presentation about the boy with Down's Syndrome, the African-American student sat in a different chair. He was still outside the semi-circle but had moved a little closer to the rest of the class. As part of the group process, I asked the student about his seat choice. He said that he felt a little more connected to the class on this last day, but not connected enough to join the semi-circle. I became aware again of a 'desperate' urge to launch into a 'campaign' to convince him to sit with us, to make it happen by sheer force of my will. But I knew that I couldn't force anything. I tried to sit with my sadness.

Our class took a break and I overheard the student ask the teacher if he could still turn in his last assignment. I panicked at the thought of the student not passing the class. During the

break, I texted the teacher: "I want X saved!" Saved from what? I wasn't sure. I felt confused and on the verge of tears, embarrassed for being somewhere that I knew was none of my business.

When the class returned from break, I decided to share my feelings I was having about this student. I told the class how the student reminded me of my son, how I wondered about how the racial composition of our class and school wore on him, and how it broke my heart to see him struggle with his separateness and difference. The student then opened up emotionally. He described moving every year of his young life, how hard it was to make friends just to leave them. When he was in high school his family settled in a predominantly white area (the same area where I am raising my son) which he described as "really hard". He said he had thought a lot about joining the semi-circle, had wanted to, but couldn't. The teacher asked him to move closer. He hesitated. Then other students asked him to move closer, and finally, with a tear running down his face, he moved into the semi-circle.

The learning

We were all very moved by the student's joining the semi-circle. We knew that *something* had been experienced, *something important*. In the 'cathartic' version of here-and-now learning, it would not be important to articulate exactly what the *something* was, to unravel the relational aspects nor to identify the particular feelings or anxieties that had been 'transformed'. Similarly, Ogden (1994) maintains that in analysis, living the experience is more important than understanding it.

True or not in therapy, in the social work practice classroom it is likely helpful for a student to be able to articulate in a theoretically and relationally coherent way what happened. For this reason, Yalom and Leszcz's (2005) 'interpersonal' version of the here-and-now seems

most relevant for the social work practice classroom. In this version, intense emotional expression needs to be followed by a second process of reflection, which builds the cognitive connections of meaning and makes affective learning more useful and generalizable.

To this end, the teacher tried to elicit responses from the class, but we had no idea how to make sense of the strange and new *something* that had happened. It required some interpretation. As she saw it, the class was enacting the same questions that the student who had earlier given the case presentation struggled with: "How can we feel this patient who seems so unreachable?"; "If he can't communicate his feelings, how can we know what we feel?" and/or "Is it safe to love, across all this difference (ability, race, geographical distance)"; "Am I loved in return?"

I could now see the similarities between the class interaction and the earlier case presentation. Both the African-American student and the original patient were minority "others". The student wondered if he was fundamentally different from his other classmates (because he did not connect emotionally) as surely as the boy with Down's Syndrome has wondered about himself. Furthermore, the reality of racism means that an African-American student has to assess how "safe" he is in a group of white people, just as the boy felt danger in the dentist's office.

On further reflection for my personal meaning making, I believe something about the student presenter's learning anxiety about not being able to reach his patient and be the "effective therapist" of his Ideal, found a similar anxiety in me. What was most present for me at the moment, however, was not anxiety about being an "effective therapist" (though I do have that) but anxiety about being an "effective mom" across the racial difference between me and my son. Thus, I felt 'desperate' about the well-being of this student in the way a mother worries about the

well-being of her son. The intensity of the feeling, typical of a mother and son relationship, seemed strange and out of place for a fellow student whom I did not know outside of class.

However, it may have been exactly this "out-of-place" intensity showing up in the here-and-now that the student needed to feel from the class in order to move closer. His earlier comments about not being able to feel things the rest of the class was feeling makes me think he needed authentic and intense feelings, directed at him, in order to "feel" closeness.

Analysis and synthesis

I find the best way to conceive of this enactment in which I was an active participant is to use Ogden's (1994) concept of the "analytic third". Our individual subjectivities of "mother wanting to save her son" and "boy requiring an adult to ignore/survive his barriers to closeness" were subjugated to a third space. This "analytic third" was created by the subjectivities of everyone in the room but also related to the conscious task of the group in the case presentation: reach a client who seems unreachable, who can't access his feelings or communicate them.

However, the Scharff and Scharff (2000) case conference model of here-and-now learning includes elements from both object relations theory, specifically Bion's theory of containment, and intersubjective theory. In one sense, I believe the notion of 'containment' was a key factor in the student-presenter being able to transform what was previously too terrifying to know about himself (e.g., "I cannot love a child like that") into something more permeable and ambiguous (e.g. "I can relate to the child's frustration about not knowing what is expected of me by others"). Without the class' empathic containment of his anxieties, which looked like non-judgmental, patient listening, the student may not have been able to acknowledge his ego-dystonic material. However, this kind of 'containment' feels more like a conscious role, a posture that student therapists know they are supposed to practice. It's possible that a similar awareness

about her role may be true for Bion's mother who has many conscious reasons to soothe her baby. Thus, I cannot say that Bion's model of 'containment', in the sense that Bion used it; that is, something that was unconsciously projected into the mother/class, unconsciously treated, and then projected back to the baby/student, explains the student-therapist's learning.

Intersubjective theory, on the other hand, says we should not ask who contains what projection, but rather what do we recognize in the subjectivity of the other and what does the other recognize in us (Ogden, 1994). This conceptualization avoids the problematic 'object', e.g., an anxiety or unwanted thought or feeling, being passed around from person to person via projective processes (Rizzolo, 2011).

Instead, the unconscious is understood to contain not only repressed thoughts and wishes, but also thoughts that have not been validated within previous relationships and remain without adequate representation. Thus, we need the other's recognition to experience and know parts of our own subjectivity. "What we can and cannot know about ourselves and others depends on what is permitted and what is prohibited in the matrix of our intersecting intersubjectivities" (Rizzolo, 2011, p. 353). In this way, the student-presenter was allowed to know frightening things about himself, i.e. the way he 'othered' the boy with Down's Syndrome, because this knowledge was permitted within the intersubjective matrix.

I also believe that the enactment I describe in class was a positive interaction, and not a rupture that required repair, because the other student and I avoided (narrowly) a breakdown of our mutual subjectivity into using each other as objects (Benjamin, 2004). When I texted my teacher: "I want X saved!", I was relating to the other student (and the teacher) as objects from my own psychic reality. My inner conflict about feeling helpless around my son's struggles produced in me the perception of a student who "needed me to save him". But because I felt

helpless and ineffective – the way the student-presenter had with his client - my psyche asked the teacher to enact my 'rescuing' object for me. When the teacher resisted my bid to enact my internal objects, I was encouraged to relate with my subjectivity and tell the student how his 'unreachableness' made me feel.

Limitations of this analysis

One weakness of this analysis is that I do not have a coherent way to account for the parallel processes that occur for student-therapists with their patients and supervisors. If I reject Bion's projective identification process, and some object, piece of unconscious anxiety or difficulty, is not passed around from person to person, how does the student enact the difficulties he has with his patient? How have his patient's difficulties been encoded in the student's psyche such that it is sufficient for the student to talk about the case to the supervisor in order to be stimulated by the patient's difficulties? Because the intersubjective matrix is a deeply here-and-now concept, the actual absence of the patient's subjectivity in the room seems to require some explanation.

Another limitation of this thesis is the profound subjectivity of the author. It would have been interesting to interview other students in the class about their own personal meaning making process around the same events. How did their own subjectivities interact with the group matrix and what learning, if any, did they take away? The greater number of subjectivities presented and analyzed would not only paint a fuller picture of the intersubjective matrix, but it might confirm the usefulness of intersubjective theory over the early formulations of Bion about projective processes. This could be an excellent direction for future research since I do not believe there has been an attempt to elucidate the various components of the intersubjective matrix at one point in time within a group setting.

Implications for social work

Given that contemporary psychoanalytic frameworks both emphasize relationship processing as a mechanism of healing and recognize the importance of the therapist's subjectivity within that relationship, it seems imperative to provide students the opportunity to experience what they will be trying to effect with future clients. In a warm, safe classroom environment with a here-and-now focus and didactic support that maps out the theory of change and the role of the unconscious, students would be able to gain experience with the uncertain and fluid process of interpersonal interaction with the goal of increased self-awareness. More pointedly, intersubjective theory and the "field" notion of the transference/countertransference matrix suggest that the therapist must change in order for the client to change (Slavin & Kriegman, 2005). If the student has no personal experience of change or awareness of what it feels and looks like, it is difficult to imagine how the student would be an effective therapist within an intersubjective framework.

Schools of social work need to more systematically incorporate experiential, here-and-now training in a manner that mitigates anxiety and reduces the potential for harm through undue regression. One way to foster an environment in which experiential learning can occur is to put greater structure in the course design in order to counterbalance the unstructured and uncertain aspects of the here-and-now experience. Feiner (1998) says, "The literature suggests that without standardized course objectives, students are vulnerable to harm and inadequately prepared for professional demands, and faculty are insufficiently prepared with guidelines for instruction" (p. 439). Experiential course design should include a didactic component that is taught before the experiential component (Feiner, 1998), progress theoretically in historical order (Berzoff & Mattei, 1999), include negotiation of contractual agreements around confidentiality

and personal information (Alonso, 1984), and focus on cognitive and emotional pre-class preparation of students (Sklare et al., 1990). Teachers of experiential courses also need preparation and support (Elliott et al., 2004).

Conclusion

“We have to continually be jumping off cliffs and developing our wings on the way down.”

- Kurt Vonnegut

The experiential, here-and-now practice classroom finds methodological validation from the field of education. In learning theory, the dual aspect of learning through first experiencing then reflecting, had been treated as early as Aristotle and kept in tact throughout the 20th century thinkers (Fenwick, 2000). We also find from the field of education a stated goal of learning that looks very much like the student therapist's goal of increased self-awareness. Mezirow (1991) says, "Transformational learning is the bringing of one's assumptions, premises, criteria, and schemata into consciousness and vigorously critiquing them" (p. 29). Psychoanalytic critiques of learning theory emphasize the role of the unconscious in learning and the importance of the environment. Finally, a review of the literature seemed to normalize, even require, at least some anxiety in learning. In sum, a here-and-now focus in the practice classroom embraces what the field of education says is critical to learning: internal transformations, the two-phases of experience and reflection, unconscious forces, an environment that permits vulnerability, and an optimal level of anxiety.

A review of the here-and-now across theoretical orientations reveals that working in the here-and-now has always been useful. "If it is really significant in the dynamic system, it will persist and appear again and again. Ostensibly then, there should be no relevant dynamic that could not be worked through within the context of the current therapeutic relationship"

(Blumberg, 1969, p. 239). However, classical theory and object relations has viewed the therapist as somewhat less "here" than the client. This changed when relational theory and intersubjectivity placed the therapist squarely in the here-and-now realm, right along with the client. The client's ability to transform perspectives, move from the paranoid-schizoid to the depressive position, and negotiate relationships, is directly related to the therapist's ability to do the same because they are bound together through the "analytic third" (Ogden, 1994; Benjamin, 2004; Slavin & Kriegman, 2005).

Social work training needs to accommodate the relatively recent advances in contemporary psychoanalytic theory (Berzoff & Mattei, 1999). One of the ways to do this is to make experiential, here-and-now learning more central to social work curricula.

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