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Article:
Proctor, G, Cahill, J, Gore, S et al. (2023) A not-knowing, values-based and relational approach to counselling education. British Journal of Guidance & Counselling, 51 (2). pp. 310-321. ISSN: 0306-9885

https://doi.org/10.1080/03069885.2021.1912289

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A not-knowing, values-based and relational approach to counselling education

Abstract
In this paper we present our development of a previously articulated approach to counselling education of transformational learning through a relational dynamic approach (Macaskie, Meekums and Nolan, 2013). We replace the idea of integration with a values-based approach and supplement the notion of transformational relational learning with a not-knowing attitude. This perspective on education and learning in counselling parallels the attitude within psychotherapy that we teach our students. We argue that this unites relational approaches to learning and psychotherapy across modalities and offers a trans-theoretical approach that could explain the common factors research in psychotherapy.

Keywords: Counselling training, counselling education, relational, not-knowing, values, transformational, learning

Main text

Introduction

This paper is written by a programme team offering an MA in counselling and psychotherapy in a university context in the UK. We first discusses the concept of integration in approaches to counselling and counselling education. We then elaborate the alternative approach of values-based practice and explain how we try to facilitate our students in their development of relational approaches to counselling, through the process of developing self and intersubjective awareness. We argue that this approach is underpinned by a philosophy or attitude of not-knowing and explain this approach and its implications in some detail. We elaborate some of the direct influences on this approach from within the field. We further illustrate how this approach and philosophy takes shape within our particular counseling programme, and finally draw out the connections between these and several relational modalities within counselling and psychotherapy, emphasising these concepts as trans-theoretical.

Beyond integration

Towards the end of the twentieth century there was a great deal of interest in counselling and psychotherapy integration. Of course, there were different approaches to integration. Perhaps the most common were trans-theoretical approaches such as Ryle's (1990) notion of cognitive analytic therapy but there were also other approaches such as Clarkson's five relationship model which involves studying different theoretical perspectives on the therapeutic relationship and organising our understanding of them in the light of five 'universes of discourse' in the therapeutic relationship (Clarkson, 1995), reflecting on different qualities of therapeutic experience in the light of these in the manner of 'existential phenomenological analysis' and finally developing our own 'unique style of working with it' (Lees, 2004, p.27). This moves us on to another way of thinking about integration; namely, the notion of personal integration. Horton discusses eleven principles for developing personal integration which help us to build up a 'meta framework' for practice. Some of these principles are process orientated – they underpin the way in which we develop integration as an ongoing professional developmental process and give us an individualized and evolving process of integration (Horton, 2000, p.322-326). This approach to integration also involves a process of fitting our practice into our 'particular vision of reality' by searching for a 'consonance' between our 'chosen theoretical orientation' and our 'own personal philosophy' (Horton, 2000, p.322-326).

Recently, it has been argued that the notion of integration has moved on to incorporate a more dynamic and holistic approach to therapeutic work which has been referred to as 'the new integration', which incorporates different disciplines and philosophical outlooks and world views and not just theories (Lees, 2017). There is for example the development of relational and intersubjective therapy in the field of psychoanalysis, which has led to a growing respect between psychoanalytic therapists and humanistic practitioners – see for example Loewenthal and Samuels (2014). Therapy is thereby seen as an interaction between two imperfect and fallible subjectivities as opposed to an interaction between a knowledgeable and sorted therapist and a helpless and needy client. But there has also been an integration between different disciplines, between therapy, sociology and politics and between therapy and medical science which overcomes Cartesian dualism, idealistic monism and materialistic monism and a variant of therapy called anthroposophic psychotherapy which incorporates these perspectives and includes a spiritual world view.

Values-based practice

Rather than promoting a philosophy of integration, we focus in our relational approach on the unique subjectivities of each client and especially the therapist. We aim to facilitate students to develop their self-awareness of who they are, what their values are which are most important to them and how each of the various approaches to relational psychotherapy best facilitate them to be in intersubjective relationships with clients. For some students, this may result in an integrative approach to theory; others will clearly align themselves with a particular approach which is aligned with their values and who they are. For more on a values-based approach, see Proctor (2014) and Fulford, Dickenson & Murray (2002). This approach is not anti-theory; instead theories are considered as useful narratives (rather than truths) to the extent that they facilitate the therapist's and then the client's self-understanding and development.

Intersubjectivity and implicit knowing

Whatever view one takes of these developments, it is certainly the case that the notion of therapy as relational, and as a democratic undertaking as Orbach (2007) has argued is now quite extensive. Implicit in these developments is the view that the therapist is not all-knowing, and that the therapeutic relationship is essentially a notion of equals in which the client knows more than the therapist. In fact, there has been a long tradition that argues that, in fact, the therapist works from the position of not-knowing, in that therapeutic work is taking place at an unconscious level based on non-verbal interactions as opposed to being based on conscious knowing. For example, there is the work of Schore and the notion of right brain implicit interactions (Schore, 2001) and intersubjective notions of pre-verbal implicit relational knowing (Brushweiler-Stern et al, 2010), McVey (2018) who discusses the role of reverie as knowledge in therapy and Cameron (2020) who focuses on subtle bodily interactions in therapy. There is also the area of narrative research with its emphasis on developing the agency of marginalised people and its emancipatory traditions. In fact recent research has looked into ways of maintaining the emancipatory tradition of narrativity by incorporating intersubjective aspects of therapy and developing the notion of 'recovery together' as opposed to the traditional mental health principle of 'recovery from' as the result of the intervention of a so-called skilled and knowledgeable professional (Fisher and Lees, 2015).

Not-knowing

These ideas of values, implicit knowing and intersubjectivity, have been embraced by the philosophy of not-knowing, which has been used specifically and explicitly by Harlene Anderson

and her colleagues (Anderson and Goolishian 1992, Anderson and Gehart 2012). She calls her approach one of 'relational hermeneutics' (Anderson & Goolishian 1992). 'Hermeneutics' underline the meaning-making which is at the centre of the approach and 'relational' the collaborative and mutual nature of the enquiry to create narratives in the context of the therapy relationship. She explains that this approach is based on the model of humans not being information-processing machines, but in being meaning-generating beings. This is an approach also based on the social constructionism of Gergen (1999), that we construct our understanding of the world through language. It falls within the tradition of narrative approaches such as those of White and Epston (2004) that focus on how to construct helpful narratives within therapy to reduce self-blame and maximise agency and freedom. It also stands within the tradition of a deconstructive approach to psychotherapy following Derrida, which aims to loosen "the grip of the most prestigious and powerful elements or tradition. … frees up the repressed senses, the silenced voices, the excluded and marginalised elements" (Caputo 1998:231). Deconstructive approaches critique the taken-for-granted values behind traditional approaches to therapy.

Several values of this approach to therapy are explicit in Anderson et al's not-knowing approach. The first is that of the client as expert and unique, the second following this value is of the promotion of the agency of the client. The client's meaning is given priority with the therapist communicating an "abundant generous curiosity." (Anderson & Goolishian 1992:29). Each client is encountered as unique, with no therapist expectations of similarity to others or fitting into a theory. Thus, the client has no need to convince the therapist of their perspective or to defend against the therapist's ideas. Instead, therapy is a conversation where dialogical creations of new narratives can take place that promote agency and freedom, the explicit values also foundational in this approach. This stance mitigates against the therapist taking power-over the client and promotes the therapist and client's power from within (see Proctor 2017).

Spinelli (1997) similarly espouses the philosophy of 'un-knowing', defined as (Spinelli 2015:115) 'the attempt to remain as open as possible to that which presents itself in the current and ongoing encounter and to treat the seemingly familiar, assumed to be understood or understandable, as novel, unfixed in meaning, and, hence, accessible to previously unexamined possibilities.' He compares this to Jaspers (1963) stance of not-knowing, emphasising that this attitude requires respect for the sovereign Other. For Spinelli, he therapist needs to be *for* the client (to respect the client's way of being as valid and meaningful) and *with* the client (to attempt entry into the client's way of being). Willingness to do this in therapy offers a model to the client to be *with*, and *for* their own way of being in world. He emphasizes this as a relational venture saying (p. 9) 'this requires the therapist to be very much a participant "in" the relationship rather than the detached observer who stands "outside" the client's psychic world and comments on or interprets it.' He points out how the therapist needs to be open to their own transformation as part of this process.

An important part of this epistemological position is what happens to the status of therapy theory with a not-knowing stance. The important point here is whether theory can be used to open us to unique possibilities, or close down our options and understandings. If we become trapped in our theories, we try and find what theory leads us to expect with each unique client rather than seeing what that uniqueness brings. Spinelli's un-knowing stance attempts to express uncertain knowing rather than claim to erase knowing, emphasizing the importance of holding any theories with uncertainty. Chisholm (2015:56) points to the dangers of theory saying: '…theory can presume answers by pre-empting questions. The known may dismiss the unknown and the countless mysteries that loom like stars over any client's life can become obliterated by the glaring light

that theory shines.' Brazier (2015:37) similarly explains: 'In the moment of encounter we do not know. The peril of that moment is that we inevitably search into our store of memory and mental constructs for meaning rather than enquiring of the encounter itself. In the process of such searching for meaning we deform and limit perception…' Harrison (2015:72) suggests that in good therapy there is a curiosity and an openness to possibility. He offers an analogy to help us in our conception of theory for this purpose, saying that 'the model of therapy should be envisioned as a window rather than a picture. It is an operative framework that permits (like a window) its own casting aside as opening occurs' (Harrison 2015:77). Furthermore, Harrison (2015:67) emphasises that 'Loyalty is to the client, not the model.' So theory needs to be held lightly, with curiosity as to if it can be helpful to make sense for a particular client in the service of facilitating openness, not fixity.

In contrast to theory closing our understanding down, a not-knowing approach advocates a different kind of relational knowing, which emphasises intersubjectivity and implicit relational knowing. This resonates with the Buddhist idea of wisdom involving a different kind of wisdom in contrast to seeking certainties. This is described by Brazier (2015:40) as: 'knowing into/through' which is 'a subtle and complex appreciation of phenomena, a deep penetration into the space beyond ordinary knowing.' Brazier (2015:43) describes this process: 'Within the spaces where conclusion is held back, intuition of structure emerges within the nebulous. Lightly held senses of process and colouration flow through the experiencing; shadows against the brilliance of unclouded being. In these, reflections of wisdom emerge.' Furthermore, 'It is the experience of primeval awe which wonders at everything but does not know anything.' Brazier 2015:49).

This stance towards the client as 'other' is described well by the Levinasian ethics of encounter as described by Proctor (2019). To encounter is to meet another who is different from oneself and to always know that our understanding of the other can never capture the fullness of another's unique being, which will forever remain Other, overflowing our understanding. Levinas (1989:43) explains: 'the relationship with the other is a relationship with Mystery. The other's entire being is constituted by its exteriority, or rather its alterity…'. This encounter and recognition of an Other as a mutual subject (Benjamin 1990) or in an I-Thou encounter (Buber 1923) calls from us an ethical response (Levinas 1969) which involves acknowledgement and respect. Levinas reverses the I-Thou relation of Buber to a Thou-I relationship.

An issue here is what we think our aim is a therapist. From a not-knowing stance, therapy is not about finding answers; it's about accompanying a client in their explorations and sharing this process with them. The result of this is not necessarily more clarity or change, but as Chisholm (2015:59) describes: 'I simply reached a point where I knew I would be able to carry on in the face of the unknown.' Consonant with Anderson et Goolishan's (1992) approach, Brazier (2015:50) suggests that the primary value or personal moral quality needed from the therapist is curiosity to encourage the client's curiosity. She acknowledges that a block to this process is fear, which with the therapist's gentle and respectful curiosity, can recede enough for defences and fixity to open out, culminating in a relaxation into not-knowing. Furthermore, 'The person who joins me in my consulting room is, and always will be, mysterious to me. The world they describe, conveyed in stories and reflected in behaviour, hovers before us like an assembly of ghostly others. We can visit this spectral world, but we cannot know it in any absolute sense' (Brazier 2015:50). From this perspective, we need to let go of a goal or aim of knowing, as aptly described by T.S. Eliot in 'Wait without hope' from East Coker (ref)

'I said to my soul, be still, and wait without hope

For hope would be for the wrong thing, wait without love
For love would be love of the wrong thing; there is yet faith
But the faith and the love and the hope are all in the waiting…'

Not-knowing is focused firmly in the present, in the relationship between therapist and client, not in making sense of the past or in working towards a future. Spinelli (2015:147-8) elucidates the direction of the therapist's curiosity from this stance, towards the phenomenological experiencing of both client and therapist and their mutual experiencing of the therapy relationship.

Another foundation stone for the not-knowing position is the belief that letting go of knowing can lead to somewhere new, somewhere transformational. 'it is about wonder as an ontological position from which meaning, and values arise in an uncertain and mysterious world' (Chisholm 2016:54). We are always in danger of foreclosing this scary process by thinking we know too soon and consequently losing some of what we do know by boxing up our knowledge within a theory. As Harrison (2015: 73) explains: 'Sometimes… we have to lose sight of the shore to reach new lands.' Brazier (2015:44) emphasises the importance of staying with mystery and wonder saying: ' Therapy is a dance with not-knowing; a venture towards the mystery which lies behind the ever-receding mirage of certainty… Sense may emerge as the chaotic kaleidoscope of experience is shuffled and reshuffled, but this sense is always provisional.' Schmid (2005:89) describes the art of not-knowing as 'the art of being curious, open to being surprised. It is a kind of sophisticated naivety towards the client, where the challenging part is the unknown and not-yet-understood. It is an openness to wonderment, surprise and what the client has to disclose.'

Not-knowing is not non-engagement

What should be clear from the above is that the not-knowing approach does not mandate the therapist to disavow their wisdom or presence in the therapy relationship. On the contrary, it demands a high level of commitment to engagement and inter-subjective awareness and willingness to use oneself and engage in therapy relationships for the benefit of the client, whilst being open to transformation and learning ourselves. This commitment equals the commitment of educators using this approach with students. Schmid (2005) emphasizes this point with respect to non-directivity, saying that this is a commitment to honouring the sovereignty of the client and to being in presence with the client. He suggests that rather than losing their expertise or wisdom, the therapist 'is the expert on not being an expert on the life of another person' (Schmid 2005:85).

Counselling education

Counsellor education programmes aim to train competent and ethical counsellors (Sexton, 2000; Tate et al., 2014). Such education in the UK involves the learning of specific modules exploring counselling and ethical theories and practical skills (Sexton, 1998). This is supported by the ability to integrate personal experiences and development with professional growth (Bager-Charleson, 2012). A unique part of counselling education is the extent to which students are involved personally in their learning, along with the importance of the relational context of learning. To this extent, the learning environment has parallels with the therapeutic environment and learning is through experience and role modelling, in addition to through practice and knowledge accrual.

Our programme, a professional Masters level programme, provides high-quality BACP-accredited education, with a strong research focus. It offers students an opportunity to critically and creatively evaluate current counselling and psychotherapy theories and practice issues. Over the first two years of the programme, students study nine modules: four theoretical and four focused on development as a reflective practitioner, plus a research methods module taken in the second year. In the third year, students have the opportunity to undertake small-scale research, which leads to the Masters' qualification. Students are encouraged to develop as independent learners and scholars during their education process. Accordingly, teaching approaches emphasise reflection and reflexivity and encourage students to bring personal and professional experience into the discussion as a source of critical wisdom alongside independent wider reading and exploration of literature in the field.

Members of the teaching team hold a varied range of experiences and education in counselling. A number of modalities is represented within the team: the person centred approach, psychoanalytic and integrative, with specific interests in mentalization and Psychodrama, and third wave Cognitive Behavioural Therapy. The team has been supported by a researcher with a background in cognitive therapy research. We describe below our developing course philosophy of a 'not-knowing approach' in the context of the history and inheritance of the course.

History and inheritance of the programme

Over the last five years, our staff team has undergone a major transition, with three full time members of staff leaving. Three new staff joined between January 2016 and March 2017. Two further members of staff remain as links between the former and new teams, providing an essential bridge to our history. As members of the new team we have been working hard to continue the high reputation that the predecessors have built up for the course, preserving the focus on relational approaches to therapy and exploring points of similarity and difference between ourselves and our predecessors in order to forge a new approach that has emerged from our engagement with the curriculum, each other and our students. Accordingly, we discussed and agreed upon a development from the course philosophy identified and written about by the previous core team of transformational learning through a relational dynamic approach (Macaskie, Meekums and Nolan, 2013).

In this paper, where we document the process explaining and detailing the approach of the new team - a relational and 'not-knowing' approach - we are keen to highlight that this is an extension and a natural follow-on from the previous relational dynamic approach (Macaskie et al., 2013) in its emphasis on the intersubjective which underpins therapy and counselling education. Where Macaskie et al. (2013) locates the development of the relational dynamic approach in a foundation of different forms of psychotherapy integration, we contend that the addition of 'not-knowing' is specifically profiled in our teaching and in therapy emphasising the non-expert stance of the tutor or therapist, and the student or client-centred approach whereby they are the expert on their own life or learning. We believe that tutors and therapists are there to facilitate the learning and therapeutic process by being in an engaged intersubjective relationship and offering the appropriate input without being able to predict what each student or client may find helpful, while remaining ever responsive to feedback. The not-knowing stance also connects with other theoretical models explaining the pre-conditions for transformation.

The relational dynamic approach outlined by Macaskie et al. (2013) is underpinned by research evidence attesting to the primacy of the therapeutic relationship as a factor that accounts for

variation in outcomes of psychotherapy. Accordingly, the relational dynamic approach is largely derived from the work of attachment and intersubjectivity theorists drawing on Winnicottian concepts, attachment theory and the relational values implicit in humanistic psychology. Two key themes that are integral to the relational dynamic approach are the learning community and transformational relationships, and indeed we intend to maintain a focus on these in our formulation of the not-knowing approach. Although these themes are explicated fully in Macaskie et al. (2013) we outline them below as these remain key to our team approach and our emerging epistemology of 'not-knowing'.

The learning community is premised on the idea that practitioner education is embedded in and born out of multiple communities of practice which include students and tutors; local practitioner networks of placement providers, supervisors and therapists, the evolving field of counselling and psychotherapy research, the counselling and psychotherapy profession and the University and wider academic community. The importance of the relationships between and within these communities is acknowledged with respect to how theories are generated, how notions of acceptable practice are defined and how students are initiated into the profession. Central to this model is the belief that learning is born out of a shared process of discovery between students (relative newcomers) and more experienced tutors. Importantly the potential for newcomers to have a transformative effect and for old timers to be open to change ensures that knowledge is grounded in principles of equality and intersubjectively generated.

Transformational relationships are central to the relational dynamic approach and this is predicated on the belief that transformation of self and other is achieved through relationships. The practices of therapy, education, supervision and collegiality within the teaching setting all offer a potential site for transformational relationships. In the relational dynamic approach, the heightening of experiential awareness of relational processes is key so as to affect a sharing of implicit and relational experience - moments of meeting – which will lend the potential for transformation.

Not-knowing and person-centred therapy

A not-knowing stance is implicit within the fundamental principles of person-centred therapy, in particular the trust in the actualizing tendency of the client (Rogers 1959) to self-direct, which leads to the principle of non-directivity. It is implied within the inherent challenge to the therapist's expertise posed by Rogers (1989) and the six necessary and sufficient conditions for therapy (Rogers 1959).

A basic principle of person-centred therapy (Rogers 1959) is of non-directivity. Bohart (2004) emphasizes the client as the active self-healer in therapy and Schmid (2005:89) suggests that the principle of non-directivity for the therapist 'is not about the therapist being non-directive, it is about the client being self-directed.' Grant (2002) and Brodley (2011) argue that this has an ethical foundation, of respect for the autonomy of the client. Rogers (1989) describes this as a radical or 'revolutionary' approach to therapy, given the disruption of power relations involved, and the removal of the therapist as the expert over the client. However, Proctor (2018) cautions that person-centred therapists are unable to opt out of their role power inherent in the role of therapist and that we need to take responsibility for using our power wisely with as little domination or coercion as possible. Schmid (2001) clarifies that non-directivity is not about trying not to have an impact on the client, but about not having systematic intentions to influence in a certain direction, which would arise from believing we know the direction a client needs to follow. Here the principle of 'not-knowing' means we need to question any ideas that arise in us that we

know better than clients and challenge these to prevent us directing clients along with our own agendas. Instead of therapists disappearing from therapy relationships from fear of influencing, from a 'not-knowing' perspective, we need to remain relational and focused on the intersubjective experience, taking responsibility for our part in it and being aware of mutual impacts.

The attitude of the therapist's unconditional positive regard for the client is the fourth necessary and sufficient condition proposed for person-centred therapy (Rogers 1959) and in fact, all therapy (Rogers 1957). This notion focuses on our uniqueness and the necessity to prize the individuality of each client, accepting all parts of their experiencing equally (following the phenomenological principle of horizontalisation). This attitude reminds us of our limits to how much we can ever know or understand another, and how we need to avoid reducing others to labels, diagnoses, or even commonalities, rather than engaging with the whole experiencing of another.

Schmid (2001, 2012) proposes that a not-knowing approach is inherent within a person-centred approach. He argues that empathic understanding, one of the cornerstones of person-centred therapy, should be understood from an encounter philosophical point of view. He states (p. 53) that 'To be empathic generally means to expose oneself to the presence of the Other: to be open to being touched existentially by another person's reality and to touch his or her own reality.' He discusses Buber's phenomenon of 'comprehension', which he sees as the basis for encounter between the presence of two beings, to perceive the other in their wholeness without reduction or abstraction, whilst holding (p.58-9) ' the necessary distance as an astonishment, a respect and reverence towards the other person.' Schmid (2001) discusses the attitude of non-directivity in person-centred therapy, saying (p. 68) 'Non-directivity denotes the ability to be surprised by the Other and to be open to what the Other is willing to be revealed as a person.' He states that non-directiveness is an expression of the art of not-knowing. He proposes not-knowing as an ethical commitment, saying: 'The art of not-knowing is a way of relating towards each other that we owe to each other as persons, and we owe ourselves.'

Not-knowing and relational psychoanalysis

In relational psychoanalytic approaches, the intersubjectivity of the real relationship between therapist and client is emphasised, rather than notions of transference. The expert position of the analyst who 'knows' and the patient who 'resists' is problematised. The idea of the 'blank screen' or the analyst being neutral is not seen as desirable or possible. Instead, the authenticity of the therapist as a person is emphasised, for example: 'the importance of the analyst's authenticity and spontaneity in the process considered in dialectical interplay with psychoanalytic discipline and ritual' (Hoffman 1998:22). The asymmetry of the relationship is recognized, but the mutual humanity of the analyst and patient is crucial. Hoffman (2012:41) explains: 'Whatever asymmetry of power is optimal for a transformative psychoanalytic conversation; it is accompanied by a more or less conscious undercurrent of mutual identification with respect to the ultimate vulnerability of the participants. When that vulnerability is denied it can fuel subtle abuses of power on the part of the analyst beginning with a refusal to recognise the patient as a fellow caregiver with power to deeply affect the analyst's sense of worth… Our consciousness of our own and each other's mortality and vulnerability is critical to that bond.' Transference is seen as mutually co-created and bidirectional, and Orange (1993) terms this 'co-transference' rather than transference and countertransference. The emphasis is on intersubjectivity, mutuality and spontaneity, on meaning-making and authenticity and on implicit relational knowing rather than expert-based 'knowledge'.

Here the link between not-knowing, the therapist not taking an expert position and the importance of shared humanity and intersubjectivity is clear.

Not-knowing and psychodrama

Psychodrama is an action method used in psychotherapy which was developed by Jacob Moreno (1889-1974). It is a way of practicing living without being punished for making mistakes. The interaction takes place in a group and is a way of looking at one's life as it moves (Holmes, Karp & Watson 2005). The spontaneous play is a core component of this therapeutic method and holds a strong psychological impact on the protagonist, the co-actors and the group. The action (and interaction) takes place in the here and now and can never be reproduced. Moreno (1971, cited in Moreno 2000) states 'There is a knowing and a not knowing. There is a seeing and a not seeing. There is a hearing and a not hearing. There is a feeling and a not feeling. There is a being and a not being. All these I've known and seen and heard and felt and been'. It is the being and ability to be, without planning, holding the not-knowing, which plays a key role in psychodramatic work.

Moreno's definition of spontaneity was a new response to an old situation and highlighted that when our roles become stereotyped, they need to be infused with creativity and spontaneity, renewed and refreshed and even changed. It is therefore having the ability to hold the not-knowing and creativity which enables us to experience adequate roles in life which can lead to the sense of healing. By 'adequate' Moreno did not mean a standard response but claimed we should aim for an integrative response. The healing is noted by Moreno as a mental catharsis, integrating various types of learning, including a catharsis of integration (Moreno,1953/1993, p. 206).

Working with clients via a psychodramatic frame of mind is in assuring them that their lives could be improved if they harnessed their creativity and spontaneity. Holding the ability to be creative and spontaneous in the therapeutic relationship is holding the experience of not-knowing. Whereas Freud dealt only with the individual psyche, Moreno believed that energy is not only an individual source but related to the group and the cosmos. Not-knowing is the ability to trust the process which is taking place within a group and trusting the clients and the counsellor (or students and tutors) to respond to the here and now.

Not knowing and pluralistic therapy

A pluralistic perspective of counselling posits that there are a multitude of ways to work with clients. A pluralistic philosophy provides a meta-perspective that is not tied to any one discipline and rejects the idea that there is any single or fixed truth (Cooper and Stumm, 2016). In counselling, pluralism aims to make use of the widest possible range of therapeutic strategies, with a focus on discovering what works best for each individual (McLeod, 2018). Pluralism recognises a wide variety of therapeutic approaches and acknowledges a plethora of ways of integrating these approaches. In doing so pluralistic therapy provides a meta-framework through which the strengths and weaknesses of individual models can be built upon to provide individualised ways of working with each unique client. Pluralism values client choice and the centrality of the therapeutic relationship (McLeod, 2018).

The use of pluralistic epistemic fluidity when aligning with clients' worldviews is congruent with a not-knowing approach (Hanley et al, 2016). Pluralism emphasises the need for a process of co-construction of meaning between client and therapist. This collaboration is at the heart of

pluralism and has been described by Anderson (1996) as a philosophy of practice based on partnership rather than compliance. For the therapist to be able to take part in this co-construction, self-awareness of what they bring to the relationship is required alongside the ability to give and receive feedback and create a culture of doing so with clients (Bowen and Cooper, 2012; McLeod, 2015). Our education programme integrates the use of feedback from the beginning. This fosters an openness in our trainee therapists and allows them to interact with their clients using a not-knowing approach in creating collaborative therapeutic relationships.

Relevance to outcome research in psychotherapy

In the research on common factors, which looks to elaborate the factors involved in successful psychotherapy across modalities, Cooper (2008) argues that factors found to be demonstrably effective are: empathy, alliance and collecting client feedback. Probably effective factors are positive regard, collaboration and goal consensus. Promising factors with respect to effectiveness are congruence, repairing ruptures and managing countertransference. We would argue that these factors are maximised with a 'not-knowing' approach. Empathy and positive regard are essential in the stance towards understanding the client's perspective rather than conveying the therapist's expert position. Congruence positions the therapist as an equal human in the therapy endeavour and managing countertransference involves the therapist's awareness of and responsibility for their own personal responses to their client. Collaboration, goal consensus and collecting client feedback all point to aspects of the alliance concept, which are maximised when the client is seen as the lead explorer in the therapy.

Implications for counsellor education and Conclusion

The 'not-knowing' approach unites relational approaches to therapy and therapy education, where the therapist does not take a position of expertise, but of mutual humanity, involved in an intersubjective experience. The unique person of therapist matters, not as simply a purveyor of techniques. It is clear that the therapist cannot be a 'blank screen', (as in traditional psychodynamic approaches), a brick wall or invisible in pursuit of not directing (as in the stereotyped person-centred response) or a technician delivering a 'treatment'.

In this approach, there is no escape from the personhood of the therapist and from emotional involvement with clients. This is not an easy option, nor can it be manualised. Intersubjective human relationships are unpredictable and risky, as are such therapy relationships (see Proctor 2010). They require commitment to ongoing self-awareness, openness, transparency and non-defensiveness, with a willingness to admit and apologise for mistakes being paramount.

From a 'not-knowing' perspective, the main aim of therapy education moves from learning techniques, or even understanding theories, to prioritising the self and intersubjective awareness of therapists in education. We are then left with such interesting questions as how to assess the development of such competencies and how much their development can be assessed as opposed to encouraged with a foundation of relational trust in the student.

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