

# THE PYRAMID MODEL - DIALECTICAL POLARITY IN THERAPY

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*ABSTRACT:* This article presents a therapeutic approach we have developed called the Pyramid Model. It is based on the principle of universal polarity, rooted in many eastern and western philosophies. This model deals with this principle and its realization in relationships on three levels: intrapersonal, interpersonal and transpersonal. The basic premise is that there is a natural process of development that leads to change, growth, and healing with the help of a dialectical movement between poles towards a new balance. When applying the model to therapy it is very important to make the poles accessible in order to accelerate the dialectical movement between them. Two therapeutic techniques which contribute to the accessibility of the poles are presented: externalization and compact focusing. Several case examples demonstrate the implementation of the model in the therapeutic process. Having developed and refined this model for a decade, we have used it in our clinical work with clients and supervisees for four years and started teaching it to students two years ago.

## THE PYRAMID MODEL

The pyramid model presented in this article is based on the realization of universal polarity (male-female, inhaling-exhaling, Yin-Yang etc.) in relationships. The dynamic field of interactions between dialectical poles is represented by an upper pyramid that consists of the potential awareness of each person at a given time. The lower pyramid represents lack of awareness and connection between the poles. In the upper pyramid there is a tendency towards harmony and balance between the poles, which leads to growth and healing. This tendency exists because of a dialectical movement which creates a flow between poles in a fertile mutual connection. The midline in the center of the pyramid represents the balance between the poles. We distinguish between horizontal and vertical movement that occurs simultaneously. The horizontal movement relates to a flow between different poles in our lives such as dependency and independence, closeness and distance etc. The vertical movement is related to giving and receiving between the healing force and the most vulnerable place which receives it. The healing force is represented as light coming down from above. The spiral combines both the vertical and horizontal movements reducing the distance between the poles as it moves upward. The poles become more flexible and go through a transformation as they move upward. They attain more and more balance between them with the tip of the pyramid

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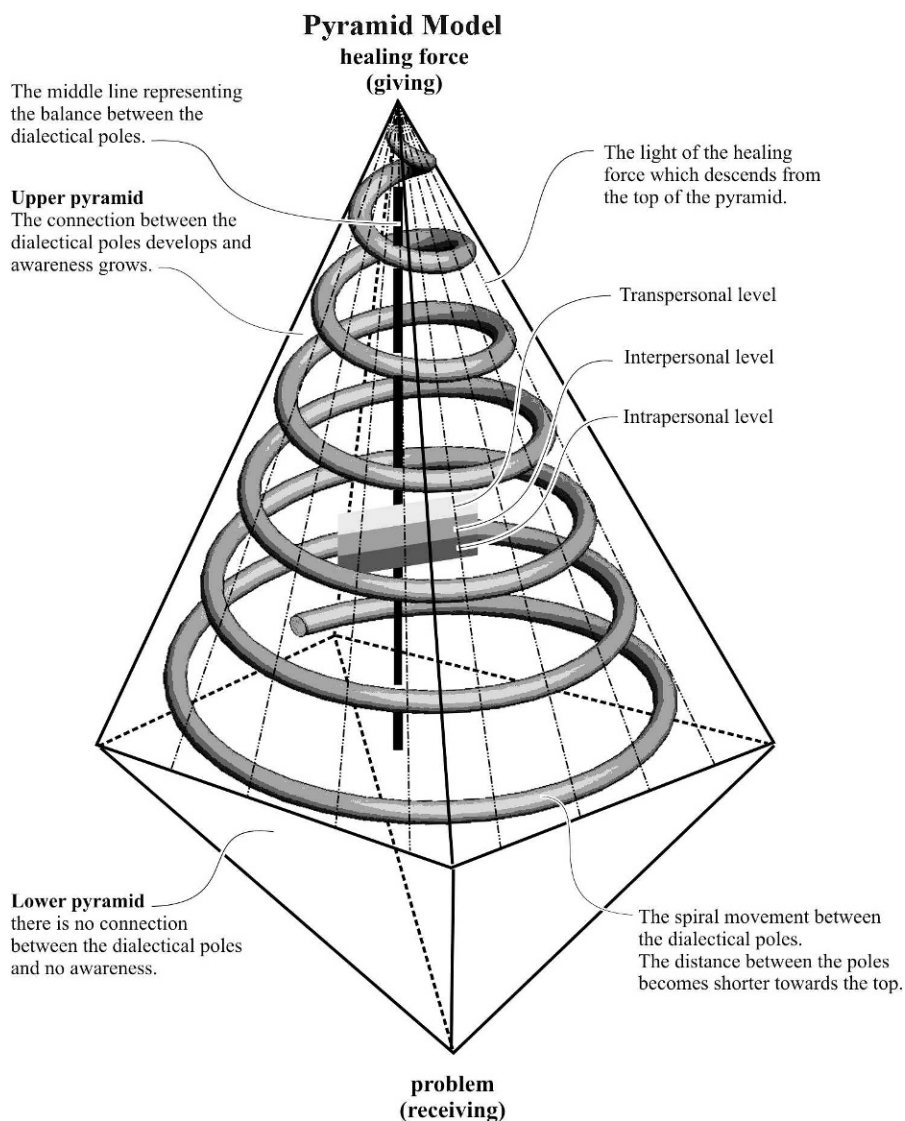
representing their perfect balance. In this state the poles become one and the person is in total harmony with himself, others, and the universe.

In this model we relate to three parallel levels of relationships that exist simultaneously: the intrapersonal level of one's relationship within oneself, the interpersonal level of one's relationship with others, and transpersonal level of one's relationship with the universe. During the process in which the poles come closer and move upward, the person becomes more balanced and able to use his full potential. There is also a change in the person's relationship with himself, with others, and with his access to the transpersonal level. The transpersonal level is a dimension that allows for experiences of intuition, unity with nature, and universal love (Assagioli, 1965; Grof, 1998).

Figure 1 illustrates two pyramids: an upper and a lower one. The vertical axis represents the healing power (giving) and the problem (receiving). The horizontal axis represents the tension between different poles. In the lower pyramid there is no awareness and no dialectical movement. In the upper pyramid awareness and the dialectical movement between the poles gradually increase. This dialectical movement is represented by a spiral that starts at the wide base of the upper pyramid where the polarities are far apart and contracts as it moves upwards. The healing force is represented by light that comes down from above. The midline in the center of the pyramid represents the balance between the poles. The three levels of relationship are represented by three shades: black for the intrapersonal, dark gray for the interpersonal and light gray for the transpersonal.

#### THE DEVELOPMENT OF THE MODEL

The Pyramid model we have developed went through a series of modifications in the last ten years as we applied its principles in our clinical work. At the beginning we conceptualized a two dimensional model of polarities. Later we added the three dimensional aspect and envisioned a pyramid with a midline, in which the spiral movement of growth became visible. As a result of our dialectical work with subpersonalities we realized the importance of reaching the hidden core of the problem – the 'vulnerable child'. In our clinical work we saw that real change takes place when the 'vulnerable child' can express her pain and imagine receiving the exact healing match to her needs. It became apparent that there are two kinds of dialectical movement which comprise the spiral. The horizontal one is the movement between the various poles of the problem and the vertical is the movement between the healing force and the 'vulnerable child' who has loosened her protective shield. In the last four years the final version, as presented in this article, has been used with hundreds of our clients and supervisees. Although we have not tested this empirically our clinical impression, based on our accumulated experience, is that it accelerates and deepens the therapeutic progress considerably. Two years ago we started teaching this model to trainees at the Hebrew University who assimilated it effectively in their clinical work. They reported that the model created a map which helped them make therapeutic interventions.



*Figure 1.* Illustration of the Pyramid Model.

#### THE APPLICATION OF THE MODEL TO THERAPY

In applying the model to therapy we will relate to two dialectical poles; the horizontal pole of the various polarities of the problem and the vertical pole of the match between the healing force and the problem. We assume that in the therapeutic process it is very important to make the pole of the healing force and the polarities of the problem accessible to the client. The client usually starts the therapeutic process without awareness of the many elements of the problem. We call this the problem's density. As the polarities of the problem become accessible for the client she can begin to experience the flow between them. Our assumption is that the flow between polarities and their increasing

connection hastens the healing process. Making the polarities accessible to the client can be done in many different therapeutic ways. In this article we will present two techniques, externalization and compact focusing, that contribute to this accessibility. The therapist helps the client identify resources on the one hand and widen the awareness of the problem on the other. We relate to the client's central problem as being connected to his 'vulnerable child' and to the defensive and denied parts that have protected that child over the years. Even when a client is hurt in adulthood he usually uses the defenses learned in childhood to deal with his pain. The defensive parts are the survival tactics that the 'vulnerable child' uses to protect himself against renewed pain. The denied parts are those that were not accepted in the environment of the child and went underground. For example, a client that had overdeveloped his autonomous part and had sent his dependent part underground never asked for help. In therapy he began to get closer to his vulnerable and dependent child thus becoming less defensive and more open to these denied parts.

The vertical movement between the problem and the healing force is strengthened when the therapist builds a safe, empathic relationship with the client that enables her to receive from the healing force of the therapist (*interpersonal*). From the beginning of the process the therapist identifies and strengthens the resources of the client so that her own healing force becomes accessible to her (*intrapersonal*). In addition, the therapist needs to be connected to his own healing force (*intrapersonal*) and to his belief in the healing process and the help he receives from the universe (*transpersonal*). The simultaneous movement in the vertical and horizontal directions enables the client to open gradually and separate from her defensive and denied parts. Her defenses begin to soften and she can eventually be in touch with the vulnerability and the longings of her hurt child and with the aliveness of her denied parts. In this more open state the client's ability to ask for and receive help from the healing force strengthens. For example, a client who was afraid of having diarrhea while traveling began to connect to the various poles of the problem. She became aware of her defensive parts such as her 'efforts to please' part, her 'trying to keep control' part, and the denied, furious part that was threatening to erupt at any minute. After she began to feel acceptance for these parts from the therapist (*interpersonal*) and from herself (*intrapersonal*) she was willing to connect to her vulnerable, helpless inner child. The meeting between the vertical and horizontal movements enabled the client to express her needs and to soften the necessity for control at all cost. This development helped her connect more openly to others and eliminated her symptoms.

In the pyramid model we assume that the meeting between the problem and the healing force exists in potential at all times. Therefore it is possible to discover the exact match between the specific problem and the healing resources even when the client is not yet aware of their connection. When the client is focusing on a problem and is asked to bring up a resource, there will be an exact unconscious match between the two. During the process of therapy this choice becomes meaningful as the movement in the vertical and horizontal directions begins (Laub, 2001). For example, Rina came to therapy because of a dependent and anxious relationship with her children and worries about her

own health. Immediately after stating the problem she was asked to bring up a positive memory of herself. She chose two resources. In one she looked good and thin and enjoyed the freedom of being abroad alone. In the other she met her husband, feeling well dressed and wrapped in a scarf. He looked at her with admiration while she felt warmth and happiness. The therapist worked with Rina using the Eye Movement Desensitization and Reprocessing (EMDR) protocol. Towards the end of the processing there appeared a healing figure who was assertive and autonomous. She called this figure 'the thin me' who supports and hugs her. In the next meeting Rina said she had started a diet with ease while being helped by 'the thin me' and the 'wrapped up me' who also helped her when she was anxious about her children. According to her the 'wrapped up me' gave her happiness, freedom, and safety while the 'thin me' gave her support, a hug, and strength.

In order to exemplify the principles of separating the problem into parts and making the poles accessible we will present a clinical example. Tami came to couples therapy because of her difficulties in having sexual relations with her partner. In the beginning of treatment the therapist strengthened the vertical movement by creating an atmosphere of safety and empathy and strengthening the resources of each partner. The horizontal movement was strengthened by separating the problem into its various parts through work with subpersonalities (Ferucci, 1982). According to the Voice Dialogue method the therapist talked to Tami's different externalized parts, having each of them sit in a different chair (Stone & Winkelman, 1985). In order to increase their accessibility the therapist added therapeutic cards which represented them visually. In the process a few parts were discovered: the rebellious part (defensive), the guilty part that was its opposite (denied), and the hurt and frightened little girl. When the therapist talked to the rebellious part that rejected her boyfriend's attempts to get close to her, it became clear that it was also the part that kept her safe from her stepfather's attempts to dominate her. When the rebellious part was dominant, the guilty part of her also appeared and expressed Tami's need to protect her weak mother. It talked of her fear that the family would fall apart if she continued to be rebellious. The guilty part also expressed the threat of her couple relationship breaking up when she refused sexual relations. The process of legitimizing and accepting the defensive and denied parts allowed Tami to connect for the first time with her little girl who was frightened of her stepfather's violence and her mothers' breakdown ('*vulnerable child*'). After the different poles relating to the problem had been exposed (*horizontal movement*), Tami expressed her pain in an atmosphere of acceptance and empathy by both the therapist and her partner. When the therapist asked the frightened little girl "What do you need?" further accessibility to the healing force was made possible. Tami recalled the image of her sister who was able to contain her without becoming aggressive or making her feel guilty. The therapist asked Tami to imagine this meeting (*intrapersonal vertical movement*). Later in the session Tami was asked what she needed from her boyfriend. She answered that she needed the exact same thing from him. She wanted him to listen to her without attacking or being defensive (*interpersonal vertical movement*). At the end of the session Tami was asked to take an observer's standpoint as the therapist summarized her meeting with her

different parts. Tami was very moved and expressed her wish to apologize sincerely to her partner. This was a meaningful step for her that renewed the flow in her ability to give and receive. According to the model's assumptions the distance between Tami's dialectical poles was reduced and created greater intra and interpersonal balance, expressing her rise in the pyramid. We think there was a momentary connection with the transpersonal when Tami was able to express a sense of compassion, forgivingness, and acceptance.

#### THEORETICAL BACKGROUND: UNIVERSAL POLARITY

If all goes well, the solution, seemingly of its own accord appears out of nature. Then and then only is it convincing. It is felt as "grace." Since the solution proceeds out of the confrontation and clash of opposites, it is usually an unfathomable mixture of conscious and unconscious factors, and therefore a symbol, a coin split into two halves which fit together precisely. (Carl Jung, 1963, p. 367)

The Pyramid Model is based on the hypothesis of universal polarity (male-female, inhaling-exhaling, Yin-Yang, etc. (Ankori, 1989; Brennan, 1993; Hoffman, 1992; Jung, 1963; Mookerjee & Khanna, 1977; Watts, 1963). In eastern cultures the contrasts between good and evil, creation and destruction, inhaling and exhaling, life and death etc. are connected and bound together. They are polarities of one whole (Watts, 1963).

According to Tantra philosophy the two principles, masculine and feminine, are cosmic versions of the earthly masculine and feminine (Mookerjee & Khanna, 1977). In Chinese Philosophy there is an eternal game, in a certain order, between Yin and Yang, and wisdom is to act in harmony with it. The Way, or Tao, sees life as a dance that keeps a dynamic balance between polarities as opposed to a constant struggle (Watts, 1963). Buddha coined the phrase 'The Middle Road', a way free from immersion in material and bodily pleasures or extreme asceticism and self injury (Lopez, 1987). In Greek Philosophy the connection of opposites appears in Heraclitus' outlook: "It is by disease that health is pleasant, by evil that good is pleasant, by hunger satiety, by weariness rest" (Heraclitus, 1994, p. 46). The principle of opposites is one of the main ideas in the Jewish Kabala, and is described as the male principle (right side) and the female principle (left side). The line in the middle represents the balance between the opposites that is not the sum of its parts but a whole new essence (Ankori, 1989; Hoffman, 1992). The middle line is symbolized by the concept of a holy union, which is a major element of the Kabala, the Tao, the Tantra, and Alchemy's 'Conunctio' (Ankori, 1989; Hoffman, 1992).

Polarity is a significant concept in several therapeutic approaches. Jungian treatment deals with the creative confrontation of man with opposites and their synthesis in the self. Mental health is perceived as a state of balance between those opposites. The confrontation with the hidden, repressed shadow is essential in a process of individuation in which the individual strives for

wholeness and unity (Jung, 1963). In the Gestalt method there is a significant emphasis on searching for poles and creating a dialogue between them in order to reach unity and integration (Perls, 1959; Zinker, 1978). In Psychosynthesis the process consists of discovering the inner poles and dealing with them as a way to reach synthesis, which is a perfect union of opposites (Ferrucci, 1982). According to the Voice Dialogue method, there is a denied polar personality part for each aware part. During treatment it is most important to be in touch with the denied parts so as not to project them on others. The dialogue with the parts enables the client to become aware of their separate existence and reorganize them, leading to balance and wholeness (Stone & Winkelman, 1985).

Peter Levine saw polarity as a basis for the self regulation during trauma treatment. It is possible to rely on the natural movement between the ‘trauma vortex’ and the ‘healing vortex’. “In this process we engage the universal law of polarity which is available to us as a tool to help us transform our traumas” (Levine & Frederick, 1997, pp. 119–120).

#### MAJOR DIALECTICAL PRINCIPLES IN THE PYRAMID MODEL

In the pyramid model we emphasize two central principles: giving-receiving and connecting-separating. As we apply this model to therapy we use these principles to strengthen the accessibility of the poles of the problem and the healing force.

##### *Giving-receiving*

The witch doctor succeeds for the same reason all the rest of us (doctors) succeed. Each patient carries his own doctor within him. They come to us not knowing this truth. We are at our best when we give the doctor who resides within each patient a chance to go to work. Albert Schweitzer (from Harner, 1990, p. 135)

The relationship between giving and receiving is reciprocal. Indian thought describes them as essentially different aspects of the flow of cosmic energy. Blocking the flow of one pole disturbs the wisdom of nature (Chopra, 1994). In the Kabbalah “the original thought of the creation is to give pleasure to the created [to give] from which comes their imprinted desire to receive.” In the language of the “Ari” (Rabbi Isaac Luria) the desire to give is called “light” and the desire to receive is called “vessel.” The light and the vessel are necessarily interwoven (Ashlag & Halevi, 1955, p. 107).

In therapy the reciprocal relationship between giving and receiving is a constant factor. Every client represents an opportunity for learning for the therapist (Brennan, 1988; Casement, 1985; Philips, 1990; Stolorow, Atwood, & Ross, 1978). The Intersubjective school emphasized this reciprocal nature in which therapist and client are influencing and being influenced by each other at

all times (Aron, 1996). Hendrix claimed that in the reciprocal relationship of spouses each one chooses the other unconsciously to replay his childhood wounds. This unconscious match has the potential of becoming a source of growth when each partner can give and receive healing from the other (Hendrix, 1988). White also emphasized the mutual interchange between giver and receiver, especially in those cases which seem at first sight one sided. For example in the treatment of an abused girl who felt she had never been important to anyone, White investigated her contribution to the life of the kind neighbor who supported her. The girl remembered that the neighbor told her that she had brought light into the neighbor's life. White strengthened the giving part of the girl who had seen herself as only needy and receiving (White, 2001). Steele suggested an imaginal nurturing therapy for the client who suffers from early deprivation. With the therapist's help the client created a meeting between his giving adult part and the newborn baby in him. In the guided imagery the adult nurtured the baby physically and emotionally (Steele, 2004).

In transpersonal therapy the belief is that there is a relationship between spiritual giving and receiving which goes beyond the personality of the therapist and client to the godlike nature in us all. Grof (1998) asserted that in every spiritual tradition the deepest experience in the discovery of the self is the recognition of our godlike nature. In Assagioli's Psychosynthesis the client worked towards reaching his Transpersonal 'Super Conscious' self which is the source of wisdom, insight, creativity, joy and boundless compassion. In this state there came into being an ability for altruistic giving and for seeing beyond personal needs to universal ones (Ferrucci, 1982).

### *Connection and Separation*

There is a reciprocal relationship between connection and separation. Processes of connection and separation are central in every developing organism. In Chinese philosophy it is said that before the separation of heaven (Yang) and earth (Yin) there was a single chaotic fluid. After heaven and earth had taken up their positions, the Yin and Yang fluids mixed, leading to a new connection which produced life (Watts, 1963). In Kabbalah the universe was described as unity of divine light where there was a complete balance of opposites. The creation was a process of separation (zimzum) which created different energetic entities (sfirot). In the process of healing (tikun) there was a new connection to the divine light (Hoffman, 1992) One of the main principles in alchemy, expressing symbolically the transformation of the soul, was called 'separatio'. It dealt with separating materials in order to make a new unity (Hillman, 1991).

Buber described the dialectical relation between opposites in the following way: "in the pure relationship you felt altogether dependent, as you could never possibly feel in any other - and yet also altogether free as never and nowhere else. You no longer felt the one, limited by the other; you felt both without bounds, both at once" (1958, p. 130). In terms of our model this "pure relationship" is at the tip of the pyramid, the highest consciousness to which we strive and where we are most connected and separated.



Winnicott claimed that “the basis of the capacity to be alone is the experience of being alone in the presence of someone” (1987, p 33). Bowlby saw secure attachment as a basis for autonomy and intimacy. Autonomy could develop when there was a sense of a safe inner world and intimacy could grow when the loved person was seen as separate (Holmes, 1997). Stern saw connecting and separating experiences as going through a series of developmental processes in which the infant actively organizes his experience of himself with others (1985).

The separation of the observing and experiencing parts of the self (McWilliams 1994) or the ability to differentiate (Bowen, 1978) enables a person to distance in order to observe internal and external processes and react more reflectively. Ogden saw this ability as part of the depressive position in which a person has a sense of “I-ness” and can “mediate between the symbol and the symbolized” as opposed to the paranoid-schizoid position in which there is almost no interpreting subject and “thoughts and feelings are not experienced as personal creations but as facts, things in themselves, that simply exist” (1989, pp. 12, 21). In Jung’s (1963) approach separating aspects of the psyche in order to reach a more harmonious whole is essential.

Externalization of subpersonalities enables the client to separate from them and to create a new relationship with them. He can become aware of the dominance of one part and observe the interaction of different parts with each other in order to reach a new, more balanced relationship between them (Assagioli, 1965; Hillman, 1991; Watkins & Watkins, 1997). In Mind Body therapies such as Neuro-Linguistic Programming (NLP), EMDR, Rossi’s hypnotic method and Levine’s Somatic Experiencing approach there is an understanding of the importance of the poles of separation and connection (Bandler & Grinder, 1982; Levine & Frederick, 1997; Rossi, 1996; Shapiro, 1995). The therapist encourages the client to connect with the problem in all its aspects: sensory, cognitive, emotional and somatic. Such a focused connection enables the client to begin the processing of the trauma. On the one hand the client connects to the traumatic experiences and on the other he can observe them with the therapist, here and now. Shapiro (1995) called this “dual attention”. Bontenbal and Noordengraf (1993b) called it “elliptic consciousness” and in NLP it is referred to as “the third position” (Bandler & Grinder, 1979).

The connection-separation axis is also active in the therapist who connects to her own emotional parts while maintaining a separate, observing position with minimal interference in the natural healing process. Shapiro (1995) called this a “balanced detachment.”

#### APPLICATION OF THE PRINCIPLE OF SEPARATION AND CONNECTION EXTERNALIZATION AND COMPACT FOCUSING

We will present two therapeutic techniques that strengthen the accessibility of the poles of the problem and the healing force. Externalization enables a client to separate from his problem or to separate different parts of the problem from

each other. Compact focusing strengthens the client's cognitive, emotional, sensory and somatic connection to the multifaceted problem and to the healing force. These techniques help hasten the vertical and horizontal movement between the poles which then come closer and create a new internal balance.

### *Externalization*

Externalization is a therapeutic technique that encourages the client to personify the problem, various emotional states, or different subpersonalities. Separation from the problem enables the client to disidentify from it and to observe it from afar. This observation brings out alternatives that were blocked and enables a connection with the healing force. The externalized problem is related to as a separate entity outside the person or his problematic relationship. The therapist can talk to the problem or ask it externalizing questions which help "map" the influence of the problem on the client and his influence on it (White & Epston, 1990). When working with subpersonalities, the parts can be separated in various ways through guided imagery, art work, therapeutic cards, and psychodramatic techniques (Assagioli, 1965; Ingerman, 1991; Kirschke, 1998; Stone & Winkelman 1985; Watkins & Watkins 1997).

*Externalizing the Problem.* Shamanism regards the problem as either the loss of the soul or the taking over of evil forces. Accordingly the Shaman adapted two main strategies for healing: one was embarking on a journey to retrieve the different parts of the lost soul and the other was exorcising the evil forces at the time of illness or a specific pain (Harner, 1990). The lost soul was a real entity that occupied a specific place in the unseen world. The evil force was also an existing being such as a devil, dybuk, or an evil spirit (Bilu, 1994; Harner, 1990).

Externalization has an important place in various therapeutic approaches. In the process of Active Imagination, Jung asked the client to enter an inner dialogue between himself and a significant image (1953–1983). Other approaches invited dramatic encounters with different roles or subpersonalities: Psychodrama (Kipper, 1986), Drama therapy (Landy, 1993), Kelly's fixed role therapy (1955), Gestalt therapy (Perls, 1959), Psychosynthesis (Assagioli, 1965), Transactional Analysis (Berne, 1961), Virginia Satir (1972), NLP (Bandler & Grinder, 1982), Voice Dialogue (Stone & Winkelman, 1985), Ego State Therapy (Watkins & Watkins, 1997) Script Changing Therapy (Laub & Levine-Keini, 1993) and Dealing with Monsters (Hoffman & Laub 2006). Externalization of another kind occurs in art therapy when the client creates an image of the problem and can interact with it in a new way (Milles & Crowley, 1986; McNiff, 1992). In hypnosis there are meetings with the externalized problem in the form of metaphors and stories (Napier 1990, Milles & Crowley, 1986). The Narrative therapy of White & Epston has developed externalization to an unmatched level of virtuosity. With the help of externalizing questions they have related to the problem as a separate being with its own character and intentions. They helped strengthen the client's ability to free himself of the problem using therapeutic 'conversations', letters, and certificates.

*Externalizing the Healing Force.* Ericksonian therapy emphasizes the externalization of the unconscious which is seen as a concrete being with knowledge, wisdom and healing power. The client is requested to communicate with her unconscious through non-voluntary movements (Erickson & Rossi, 1976; Peter, 2000; Rossi, 1996). In many approaches such as Gestalt, Art therapy, Hypnosis and NLP there is an attempt to help the client discover his resources and strengthen them through externalization (Bandler & Grinder, 1979; McNiff, 1992; Napier, 1990; Milles & Crowley, 1986; Parnell, 1999; Perls, 1959).

The healing force has various names such as: the higher self, the authentic self, the guiding spirit, the healing light, the inner advisor, and so forth which strengthen the personification and the externalization.

*Externalization of the Problem and the Healing Force.* In Christian exorcism there is a dramatic, externalized presence of two opposites; the devil and God (Peter, 2000). The Shamanic healer waged war against demons and evil spirits and searched for lost souls with the help of guiding spirits and power animals (Harner, 1990; Ingerman, 1991).

In modern psychotherapy the externalization of opposites is achieved with role-playing, art therapy, hypnosis and work with subpersonalities. Rossi (1996) has developed an hypnotic technique where the problem and the healing force are represented by two hands. The concept of the 'vulnerable inner child' is an externalization of the wounds experienced by the client in childhood, hidden behind a defensive wall. The adult, comforting part is invited to support and calm the 'vulnerable inner child' (Bandler & Grinder, 1979; Bradshaw, 1990; Napier, 1990; Steele, 2004). One of the techniques in script changing therapy is a dialectic interchange between opposites: the image of the 'role' (the problem) and the image of the healing resource (Laub & Levine-Keini, 1993). In dialectical co-therapy Hoffman, Gafni, and Laub (1994) illustrated the use of externalization through the active interaction of two therapists who engage in a polar dialogue in the presence of the client (couple, family, or group). The 'good' therapist takes an optimistic view of the patient's ability to change (the healing force), while the 'bad' therapist takes a pessimistic view of this ability (the problem). This dialogue externalizes the internal polarity of the client and enables her to come to a new synthesis (Hoffman, Gafni, & Laub, 1994). Dialectical externalization can be done in narrative therapy with therapeutic letters to the client that expresses opposing points of view (Laub & Hoffman, 2002).

### *Compact Focusing*

The concept of compact focusing refers to the therapeutic emphasis on multiple facets of an experience: sensory, cognitive, emotional and somatic. In compact focusing the experience is related to holographically, all elements of the experience representing the whole. It is therefore possible to gain access to a network of traumatic memories from any one or more aspects (Zabukovec,

Lazrove, & Shapiro, 2000). This kind of focusing is common to many therapeutic models.

*Compact Focusing on the Problem.* In NLP the focusing is done by utmost attention to various sensory components of the problem or its image. There is also a systematic focus on thoughts, pictures, and internal dialogues as well as feelings, sensations, and external experience (Bandler & Grinder, 1979). In EMDR the client is asked to focus on an image that represents the problematic event most strongly and to identify the sensory, cognitive, emotional and somatic elements of it (Shapiro, 1995). In the holographic model of Bontenbal and Noordegraaf compact focusing is called the MESS bridge (Mental, Emotional, Somatic, and Spiritual) and is the entry to the processing of the trauma (1993a). Somatic Experiencing focuses on bodily sensations as a way to reach and heal trauma (Levine & Frederick, 1997). Levine used Gendlin's concept of a 'felt sense' which is a bodily sense of the whole problem, concern or situation encompassing all its components (Gendlin, 1996).

*Compact Focusing of the Healing Force.* Focusing on the various aspects of the resources is central in hypnotic work and NLP (Bandler & Grinder, 1982). In EMDR the client is asked to choose a safe place while focusing on four aspects of the experience-mental, emotional, somatic, and sensory (Shapiro, 1995). Leeds has created a resource protocol called Resource Development Installation which focuses in a similar way on additional resources (1998).

*Compact Focusing on the problem and the Healing Force.* In NLP there is a specific focus on all the aspects of the experience of the problem and of the resources. Laub developed the 'Resource Connection Envelope' as an addition to the EMDR standard protocol, which focuses on the problem, because of her dialectical emphasis on both the problem and the resources (2001).

#### THERAPEUTIC EXAMPLES

*Separating the problem into its parts, making it accessible and finding the exact match between the problem and the healing force.*

Susan has been trying to deal with the problem of procrastination for a long time. She is an accomplished middle aged professional who gets things done and is very much in charge of her life. When it comes to certain papers that have to be filled out or bills that have to be paid she suddenly delays and delays and is very puzzled by this behavior.

Working on the assumption that it is important to access the dialectical poles of the problem and to make them accessible to Susan, I suggested talking to the part of her that is capable and organized. I asked her to sit in the place of this part so she could connect to it fully (compact focusing). This part sat up very straight in the chair by my desk and told me that she makes sure Susan is always in charge and taking care of things. She has been with Susan since Susan was a little girl who felt totally unseen and unheard. This part taught

Susan that while her parents were busy fighting all the time she had to fend for herself and take charge of her needs. There was no one available to listen to her. This capable, organized part never lets Susan ask for help and never lets her express her needs. She tells her she can do everything by herself.

The polarity of this capable one is a tired part that wants Susan to be looked after. It says that someone else should do some work. I asked to talk to the tired one and she sat on an easy chair with legs up and said that she thinks Susan does much too much but Susan never listens to her. She wants Susan to have an easier life with more time for her music and less work. She thinks Susan should rest and get some help but she is completely incapable of getting Susan to ask for what she needs. When I asked her why she said Susan thinks she will get hurt because there will not be anyone to listen and she will look ridiculous. Susan looked very sad and it seemed as if the needy child had made an appearance. I said that I would definitely speak to this child later but could we continue talking to the part that wants Susan to be looked after. She said that she thinks Susan should get her husband and children to take more responsibility. After a while I asked Susan to go back and sit in her place. I suggested that she pay attention to the difference between the energy of the parts and where she sat now. She noted that the capable one was stiff and rigid and the tired one was loose and heavy. She was beginning to experience these parts as separate and to become aware how she could direct them.

We explored a few more polarities such as the critical one who has red eyes and makes her feel awful about herself telling her she will fall off a cliff soon because she delays things. The polar part is the one that wants to do nothing and just be free. To make these polarities more accessible I asked her to draw both parts. She drew a very mean furry little animal with red eyes sitting on a wall. The part that wants to put things off was a very happy go lucky figure jumping about but she immediately hung a noose around his neck. She said he cannot have a life because no one protects him.

At this point it seemed right to meet the 'vulnerable child' who had appeared before, the child who feels so unprotected and afraid of being herself and showing her needs. Susan connected to a five year old girl who has absolutely no faith anyone will listen to her. This little girl is very sad at her father's lack of attentions and her mother's self absorption. She wants to be seen, heard, helped, but cannot ask. She does not believe in anyone's commitment to her and she knows only she can help herself. She feels lonely and neglected. After she sat with her eyes closed for a while I asked her what she needed. She said she wants a quiet presence that is there, seeing her with approval and without demands. I asked her to imagine the meeting between the two. She could feel this presence just being with the little Susan, approving of her. There was an exact match between the neglected child and the quiet, accepting adult. She also connected this presence to her love of music making, a place where she is valued and accepted. I asked her to draw this presence in order to strengthen the accessibility of the healing force.

In terms of the pyramid model, working with Susan on the different polarities connected to procrastination (the problem) hastened the horizontal dialectical movement between the poles at the intrapersonal level. Through our relationship I was able to help her explore and accept her parts. As Susan began to be aware of her capable and critical (defensive) parts and her tired and free (denied) parts, she could contact her 'vulnerable child', something she had not done before. She could pinpoint the need for an accepting adult to be there unconditionally and she felt now she could receive this presence instead of withdrawing defensively. As she made this presence more accessible by meeting her in her imagination and drawing her, the vertical dialectical movement between the wounded child and the healing force was accelerated at the intrapersonal level. On the interpersonal level my unconditional acceptance of all her parts helped her access her own healing force. She also reported changes at the interpersonal level as she managed to talk to her husband about her needs in a direct way rather than procrastinating and expecting him to do the work. At a transpersonal level Susan felt absolutely exhilarated with finding ways to listen to herself through making music, stating that it was where she felt unconditionally accepted.

In the process of therapy the dialectical movement between the poles was accelerated and they became closer. As Susan became more centered and balanced she could see procrastination as a player who was asking for help in a clandestine way because asking outright had not been a possibility. Susan was beginning to see herself from a new perspective, higher in the pyramid where new options were available. As she received help from her healing force she could listen to the polar players in her orchestra and conduct the whole musical piece as she wished. Susan liked this metaphor which fitted in so well with her musical life.

*Working with the 'vulnerable child' and accessing the healing force at the intrapersonal, interpersonal, and transpersonal level.*

Orit, a mother of two, has been in therapy for a few years working on many issues such as her mother's rejection of her, her marital problems, and her lack of confidence in having a career. The therapy has included EMDR and subpersonality work to process many childhood traumas including her trauma after birth. She was born prematurely and was separated from her mother for a few months for special treatments since there were no incubators then.

In this session Orit told the therapist of her fear of being fired if she answered back to her boss who criticized her and hurts her feelings. The therapist asked her to go to the place of the 'vulnerable child' who is so scared. (Orit had been connected to this child in previous work).

Th: Did you get scared when your boss criticized Orit?

Or: Yes. Her boss said that what Orit did was wrong and she was very angry. I was frightened.

Th: Of-course. How do you little Orit feel right now? How old are you? Where are you?

Or: I am four or five. My mother is shouting at me.

Th: Is it very frightening?

Or: Yes.

Th: What happens when your mother is shouting because she is angry at you?

Or: What I did was not O.K. So what is good? I have nothing to hold onto. The ground is sinking beneath me. I fall into a hole and have nothing to cling to. I can't call anyone for help.

Th: It is very frightening...

Or: Yes.

Th: How does this hole look?

Or: Dark...nothing there...there is no bottom...I fall endlessly...it is terribly frightening.

Th: Can you get out of there?

Or: I can't get myself out. I am paralyzed...I am trying to stop the fall...

Th: What is happening to your body?

Or: I disappear. I can't say anything...when I do something wrong I feel I will be kicked out.

Th: When you feel you are doing some thing wrong.... you feel you will be kicked out?

Or: Either I will be kicked out or my mother leaves... I always have this feeling of being abandoned ...

Th: Since you were born prematurely and they took you from your mother for a long time?

Or: Yes. They took me because I was not O.K.

Th: Why are you not O.K.?

Or: I was small and green...

Th: You are small and green...

Or: I am small and green... I am alone...My mother has left

Th: It must feel so lonely ...

Or: Yes. I feel so cold... There is no one with me...

Th: Close your eyes for a moment and let yourself feel what you need right now?

Or: I need a hug, light, a stroke, a shoulder to put my head on. That someone will tell me everything is alright. I want a mother who hugs me and says everything is O.K. (crying)

Th: Can you invite a part like this?

Or: silence.

Th: Maybe you can imagine a part like this?

Or: Marie, Jesus's mother. She is so soft and motherly. She is a total mother...In a cape...the cloth on her head...the cloth goes to the floor... Maria... the holy mother. She is a part of me –the Stabat Mater in music.

The therapist asks Orit to sit in the place of the compassionate part.

Th: Maria-when Orit sings this music does she connect to you?

Or: Yes...And also when she works in the garden... looking after plants...gathering the defective ones.

Th: Maria. How do you relate to her?

Or: With total love...with humanity... I have endless love for every human creature whoever he is...with this humanity I can accept a painful place, a place of failure ...where the wrong things are said... acceptance without judgment.

Th: Is it O.K. for you to meet the child?

Or: Yes

Th: Where will you meet?

Or: She will stand opposite me?

Th: Where? Here?

Or: Below the pecan tree. It is my shrine. I want to give her a lot of love... a hug and a shoulder to lean on.



Th: Let yourself be in the place of the child again (switches seats). Can you close your eyes and feel the pecan tree above you? How do you feel about what Maria wants to give you? What you asked for...Let yourself be there at your own pace...

Or: Silence.

Th: Are you ready to receive?

Or: Yes

Th: How is it for you?

Or: It is what I need.

Th: What are you noticing in your body?

Or: The ground is not sinking. When Maria is there she says everything will be alright.

Th: How is that in your body?

Or: The security of a spinal cord and not paralysis of a disappearing body.

Th: Do you feel you can always call her when you need her?

Or: Yes...(crying) Sad...

Th: Yes it was very sad what happened to you...

Or: It is so painful... so painful...

Th: Yes it is very painful... What will be the signs that you need Maria?

Or: The feeling that the ground is sinking and that I am banished...falling and disconnected.

Th: So when you feel that the ground is sinking, that is the sign that you need her, Maria. It is important that you will call her so that you won't be alone anymore.

Orit was asked to go back to her seat and imagine the encounter with her boss. She was invited to feel the ground sinking as her boss criticized her, to sense her feelings of banishment, her fear that she would be fired, her paralysis, her fear of answering. Then she was asked by the therapist to call Maria and receive from her what she needs: the hug, the light, the stroke, the words that it is O.K.

Th: From this place let yourself answer your boss as you feel is right for you... Let yourself go inwards...

Or: From the moment the ground starts to sink and my banishment begins, I bring Maria. She is a caped figure full of light that stands behind me and holds me so I won't fall...covers me in protection...first of all picks me up, holds me where I am...there are no pits and there is no banishment...and Maria with the cape of light envelops me and protects me from anger, hate, negative energy ... I am standing in my place folded in light, protected. Maria tells me. "I, Maria, come from a place of total love and total giving and that is my way and also yours... Come to someone who is angry from a different place... from a place of a guide...

Th: Notice what is happening in your body.

Or: Relaxation...peace...it is my place...I don't have to call her but to know that she is inside.

Th: Where?

Or: In my back...she is simply there...a spinal column...she is the energy of love...her hands are here opposite me..." I am here...you can lean on me". She goes into all the places that fall apart and want to disappear...I imagine the energy of light in all the empty places...the light goes in there and fills the place that disappeared.

Th: Let yourself be there.

Or: Instead of disappearing under the floor I reach her stature...I am her size. She is my wheel chair, my crutches in moments of weakness. She is mother earth.

The therapist asked her to draw mother earth, the meeting with the little girl and then the exchange with the adult.

In this session Orit dared to engage her 'vulnerable child' much more than before. She had worked in previous sessions on separating the various parts of the problem, accelerating the horizontal movement between her poles. Now she was able to face her 'vulnerable child' and find its healing match. The dialectical vertical movement between the abandoned baby/child and the compassionate Maria/Mother Earth hastened the healing process at the intrapersonal level via archetypal transpersonal images. At the interpersonal level the trusting and accepting relationship with the therapist helped her connect to all of herself.

A year later Orit could encounter and process again the pain and frustration of a neglected unseen baby and end the processing with her own caring mother part nurturing the baby. Later on in the session she could expand this healing match from herself to her real mother taking care of the baby's exact needs. She was exhilarated because she could never imagine this before. Orit moved at her own pace from a place where she could receive care and protection from a lion, then from Maria/mother earth, then from her own mother part and finally

from her own mother. Orit was able to nurture herself as she had previously cared for her children and her garden. Orit rose in the pyramid to a place where she could experience herself as more balanced and centered enabling her to react to hurtful situations, such as losing her job, with self confidence.

## DISCUSSION

Our understanding of the significance of making the poles accessible in therapy was influenced by the work of Peter<sup>1</sup> on 'the therapeutic tertium'. This is the triangle that exists between the therapist, the client and a mediator such as the unconscious or the transference. Peter stressed the importance of making this 'tertium' accessible in the therapeutic process (2000). We extended these ideas to the pyramid model which relates to the actualization of the concept of universal polarity in therapy. The principles of the model can be utilized by therapists with different approaches. What is essential is that the therapist is aware of the importance of making the dialectical poles accessible in order to hasten the spiral healing movement which leads to a new balance. In order to reach this goal we use various techniques such as guided imagery, drawing, therapeutic cards, and role playing. In this approach the therapist attends simultaneously to the horizontal axis of the dialectical poles of the problem and to the vertical axis of the 'vulnerable child' and the healing force. This process, conducted in an atmosphere of safety and empathy, gradually liberates the creative wellspring of the client and leads her to find her own unique healing resources. We found that the client's ability to imagine receiving the exact healing match to her pain and continue to do so when needed is crucial to therapeutic change. It enables her to feel centered and reconnected to a sense of wholeness.

We stress that the therapist should be aware of the polarities that take place in himself (*intrapersonal*) and those that take place in the meeting with the client (*interpersonal*). If the therapist is aware of his own dialectical movement, he can be open and present to difficult places within himself and the client without becoming withdrawn or defensive. The therapist's belief in the natural process of healing which aims for a new balance between the poles sends an optimistic, trusting message to the client in the difficult therapeutic path he is taking. In addition the therapist who is aware of the transpersonal dimension will encourage and strengthen archetypal images, spiritual guides, sensations of light, compassion, love and wisdom as they come up (Jung, 1953). Parnell uses the appearance of the patient's spiritual figures such as the 'inner shaman', 'the inner guide' etc. in her therapeutic work (1999). In the second example the client connects to feelings of light and a healing archetypal figure. The transpersonal level does not always arise explicitly in therapy. The client can reach a better balance between his poles without relating to the transpersonal level which is not part of his repertoire. We respect the inner world of the client and do not push him towards a spiritual direction. It is only when the client spontaneously brings up the spiritual dimension that we encourage it because of our own trust in it.

There are therapeutic approaches that stress the problem and others that deal more with resources, created perhaps as an antithesis. In our view the approach that gives equal weight to the problem and resources and aims to create a balancing movement between them is preferable. It is interesting to note that one of the oldest of therapies, shamanism, understood the importance of these dialectical poles long before the development of modern psychotherapy.

In our view care is needed in separating the problem into its parts with clients whose ego strengths are weak. Because their identity is not firm enough, their anxieties can be aroused in switching from one part of themselves to another. In working with people who have experienced serious early deficient nurturing it is important to strengthen the pole of the resources before going deeply into the problem pole. Dealing with the problem must be done gradually and in accordance with the client's abilities and strengths. We have no experience working with psychotics but it seems to us that this approach is not suitable because it can intensify their sense of breakdown and shake their weak identity.

In this article we have dealt with universal polarity in its application to the therapeutic relationship. It would be interesting to explore this model further with children, adolescents and families. The ideas expressed in this paper continue to develop and await further study and research. Comments are welcomed and feedback from reader's experience with this model.

## NOTES

<sup>1</sup> We were influenced by Peter's concept of the "therapeutic tertium" which stresses the importance of making accessible three elements of the therapeutic process: client, therapist, and a mediating force such as the unconscious, or the transference (2000).

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