Twelve Step Psychotherapy:
A Time-Limited, Cost-Effective Depth Therapy

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Abstract

Twelve step psychotherapy is a time-limited, cost-effective depth psychotherapy that was developed gradually over several years of practising therapy in a public outpatient mental health service setting. Twelve step psychotherapy is structured as twelve discrete steps of one (two at most) session each. It blends clinical and cognitive behavioural psychology, emotionally focussed supportive psychotherapy, trauma therapy, attachment therapy, psychoanalytic investigation and insight, lifespan development, sociotherapy, archetypal psychology and mindfulness meditation. It reflects my particular skill set after 39 years of practising psychotherapy, but it is very teachable and does not take 39 years to learn.

Whakarāpopotonga

He wā-whakatina, he utunga whakahaere tōtika whakaoranga hinengaro hōhōnu te poutama tekau mā rua whakaora hinengaro, i whakawhanakehia mai i ngā tau maha whakamahinga haumanu i raro i te maru o te rātaonga hauora hinengaro tūmatanui. He whakatakotoranga āta wehea ai ngā tepe tekau mā rua kia kotahi (kāre e rahi ake i te rua) te wāhanga ia huinga. Whakatōpūhia ai te mātai haumanu te mātai hinengaro, te taituarā arotahi kare-ā-roto whakaora hinengaro, haumanu whētuki, haumanu here, rangahau me te whakamāramatanga wetewetenga hinengaro, whakawhanaketanga koiora, mātauranga haumanu hāpori, te hinengaro paerewa, me te āta whaiwhakaaro. E whakaatahia ana ōku ake pūkenga i roto i ngā tau toru tekau mā iwa e mahi ana i taku mahi kaiwhakaora hinengaro, engari ka taea noa ihotia te ako, ā, kāre e pau te toru tekau mā iwa tau te ako.

Keywords: psychotherapy; brief; time-limited; psychodynamic; depth; integrative

Introduction

Mental health difficulties are said to account for approximately half of all the human health difficulties in the world today. Shedler (2010) has referenced a number of large meta-studies suggesting that psychotherapy is the most consistently effective means of treatment available for many, perhaps even most mental health difficulties. Nevertheless, more than a century after its inception, psychotherapy continues to occupy a relatively marginal position within the broad fields of health and mental health. The common reasons cited for this are that psychotherapy is both expensive and time consuming. Additionally, psychotherapy has struggled to articulate what goes on in a typical psychotherapy session, let alone what happens between sessions, too often cloaking itself in mystery and relying on ambiguous, open-ended formulations. For all these reasons, the development of public psychotherapy has lagged well behind other public mental health professions, and the golden opportunity for psychotherapy to do great good for a great number of people goes begging.

What would it take to make psychotherapy more readily available to larger numbers of people in the public sector? If we reduced its length, thereby reducing its cost, would it still be psychotherapy? A time-limited psychotherapy would have to be both efficient and effective. Such a therapy would require the provision of enough structure and clarity to persuade third party funders that psychotherapy was a sound healthcare investment, as well as to reassure highly distressed clients that they were in safe hands. Outcome measures and tests of clinical relevance would also need to be developed specific to psychotherapy as a publically funded treatment option.

However, this proposal faces a rather serious challenge. Human health and wellbeing is a unity of body and mind and heart and soul experienced immediately and directly, not a collection of bits. As practitioners of long-term therapy can attest, effective psychotherapy depends on a unique personal relationship that usually takes time to develop. Elements of safety, trust, authenticity and spontaneity in the context of an intimate professional relationship combine to produce both expected and unexpected benefits. Results do not depend on winning clients' approval or obtaining agreement that their goals have been met. If the intimacy and imprecision of long-term therapy is acknowledged as a strength as well as a weakness, then an efficient, effective therapy that seeks to avoid superficiality and work at depth will still have to maintain a strong awareness of process, even if the complacency of a blanket injunction to "trust the process," is relinquished. Can psychotherapy become more systematic and step-by-step whilst maintaining its integrative and holistic values and frame of reference? Can it designate clear outcomes and execute clear procedures in order to accelerate the process of transformative change, while still attending to process, valuing the personal relationship between therapist and client, and remaining open to the unexpected?

The wager of this paper is that the answer is yes. Without abandoning the values and principles of long-term therapy, a psychotherapy can be designed and refined that lasts approximately as long as clients are actually in therapy on average, estimated at approximately a dozen sessions in both public and private sectors. Of course psychotherapy can elect instead to remain firmly anchored in the private sector. It can continue its customary practices in the hope that clients will stay long enough to receive the maximum benefit of

psychotherapeutic care and attention. Nor is it entirely coincidental that the long-term therapy widely regarded as best practice is good for the therapist's income as well as the stability and satisfaction level of his or her work life. Our clients, however, are usually devoted fans of their flights into health, approving of whatever works efficiently and effectively on their behalf.

In 1990, Petrūska Clarkson presented a model of integrative psychotherapy reliant on five types of therapeutic relationships: the working alliance, the transference relationship, the reparative and developmentally needed relationship, the authentic person-to-person relationship, and the transpersonal relationship. For quite plausible reasons having to do with the historical order in which they were developed, these five relationships are usually listed in this exact order. However, after practising psychotherapy for many years in public mental health as well as private practice settings, I have found it advantageous for both theoretical and technical reasons to place the reparative and developmentally needed relationship ahead of transference. Clients do not warm up to working in the transference unless they have been socialised to expect this, or until they have had a positive transference experience. In other words, a collaborative response to transference invitations is possible even in time-limited therapy, provided the client has already experienced some developmental repair through accurate attunement and empathic understanding. It is also my observation and personal experience that time operates somewhat differently in each of these five relationships. Briefly, the time frame of therapy is focussed on the present in the working alliance, on the past in the reparative relationship, on the presenting past in the transference relationship, on an expanded, augmented present of life space and lifetime in the authentic person-to-person relationship, and on the presenting future in the transpersonal relationship. This particular sequence is optimal in bringing clients to an expanded sense of their own autonomy and self-capacity as well as the experience of being understood and cherished by their therapist.

I currently practise using Clarkson's five relationships not as competing alternative models, but as a single holistic and integrative developmental journey. Beyond my initial role in the working alliance as an expert professional guide and advisor, I regularly provide empathic support, holding and emotional containment during the re-living of painful episodes from the past. Embracing the role of the "good parent" who is needed by my client's "inner child" sets the stage for their willingness to follow me into a labyrinth of fantasy-based relations that hold the potential to radically expand their self-awareness and response repertoire. Naturally, it depends on the length of the therapy whether there is enough time to thoroughly work through and resolve transference responses together, or whether this is something that clients must and will accomplish gradually on their own, post therapy.

The "twelve steps" of psychotherapy described in this paper are a systematic working with, but only to a very limited extent working through, of an integrative five relationships model in 12 to 24 sessions, providing clients with a psychodynamically informed, time-limited and cost-effective depth psychotherapy experience. Illustrative case examples are very helpful in illuminating the process of each step, but unfortunately, limitations of space will not allow these to be included here. However, before describing the procedural order of this particular approach to psychotherapy, I wish to emphasise that the heart of this therapy is the heart of therapy generally — an attitude of alert, loving kindness that positions the

therapist as emotionally and intellectually available to each client in each therapeutic hour. Therapeutic opportunities are taken up as these present themselves in the moment, and responsiveness to clients is prioritised over fixed agendas. It is a fine thing to have a wealth of available plans and procedures, provided we hold these lightly and can respond flexibly in the moment. I would also encourage readers of this paper to experiment with substituting modalities with which they are more familiar and find more useful, developing for themselves (if they wish) a parallel 12 step programme that reflects their own unique experiences and talents. The batting order is as follows:

Working Alliance:
1. Contact and commitment
2. Biographical timeline

Developmental Reparative Relationship:
3. Pattern recognition and positive mirroring
4. The journey of grief and loss
5. Strengthening attachment

Transference Relationship:
6. Inviting transference
7. Transference enacted

Person-to-person Relationship:
8. Lifespan development
9. Sociotherapy

Transpersonal Relationship:
10. Gifts of the archetypes
11. The eternal now
12. Saying goodbye

Step 1. Contact and Commitment

Twelve step psychotherapy holds the pragmatic working assumption that nothing happens by chance alone. Therapist and client were meant to meet and do this work together in a manner that will only become clear by actually undertaking the journey. The working alliance attends explicitly to its limits and reality constraints. Time, money and energy are all precious and limited resources. Therapist and client may have as little as 12 fifty-minute hours in which to accomplish something intended to be transformative. Homework between sessions will be expected and can help to build resources and provide a positive warm-up to each face-to-face session.

Step one solicits the client's narrative summary of how things are "these days". This might include anything of contemporary relevance, whatever significantly touches the client's life at the present time. Paying close attention to the client's narrative of their life in the present is essential. Near the end of the first session, the therapist is expected to

accurately summarise the client's present-day experience as representing a "crossroads moment" in their life. Specific, detailed reasons are needed about how and why the client is facing into certain crossroads decisions in which there is much at stake.

Both therapist and client need to arrive fully in the room. Step one explicitly aims at the experience of co-presence, a unity of body, mind, heart and soul in both therapist and client. This here and now relational connection brightens and brings nearer other relational connections as well. Many clients arrive in therapy with the characteristic ambivalence that pervades other parts of their lives, but can be actively coached to become more present to themselves and the therapist. Ambivalence can be identified and re-framed as a basic emotional truth that is welcome on the journey, but will not be given license to distract or dominate.

Towards the close of the first session, following the crossroads summary, a moment is sought in which to make as positive and as powerful an emotional connection as possible. Co-experiencing a moment of deep emotional connection facilitates an initial commitment to undertake a journey of self-discovery, shared exploration and understanding. This connection is more likely to occur in a context of drawing near. It may involve sitting together in a moment of silence, attempting mental telepathy, eye gazing, even a brief moment of holding hands can be helpful to some clients, although not others. Asking clients to turn on their self-awareness and brighten the light of their insight can also be useful. What would they most want their therapist to understand about them? About what would they feel most disappointed if that understanding were missing?

At the close of step one, the therapist briefly outlines the 12 step, client-centred collaborative journey of enquiry and provides a one-page handout. Client questions about what they might expect in this process are welcome. The therapist answers directly and strives for clarity. Expected outcomes can be made explicit, such as greater recognition of client areas of strength and resilience as well as problems and areas of difficulty, enhanced feelings of wellbeing, competence and self-esteem, expanded self-awareness and self-understanding, and a sense of anticipatory excitement as well as anxiety about the future.

Step 2. Biographical Timeline

Homework is assigned between step one and two to construct a biographical timeline of personal history: domestic, geographical, social, vocational, recreational, spiritual highs and traumatic lows. On the largest piece of plain paper available, or a series of smaller pages, draw a midline and demarcate every year of your life. Start before your birth on the left-hand margin. Leave some room for the future on the right-hand margin. Below the midline, detail your domestic history, every home you have ever lived in. Below these homes, list all the people with whom you've lived in those households. Keyword your relationship with each of them, your family history. Below each home, identify the natural and cultural setting, your geographical history. Above the midline list the important people in your life with whom you did not share a home, keyword your relationship with them, your social history. Above that follow the path of all your schools, and later your workplaces, your vocational history. Keyword significant people associated with school and work, and above that recreational history, forms of play and playmates at each age and stage of life. Above that, travel history, important "away" experiences. Spiritual highs, break-throughs, peak experiences and

epiphanies positioned along the very top. Significant adverse and traumatic experiences positioned along the very bottom. Top to bottom should line up chronologically. Note what was going on at each particular age. Do gaps in history correspond to gaps in memory? Look for missing pieces.

In step two, therapist and client discuss and enrich the biographical timeline, co-creating a rich, capsule summary of the client's personal history. Additions and annotations will be expected later in therapy. A basic genogram of two generations (grandparents) or three generations (great-grandparents) back complement and extend this history. Questions about the future frame the right-hand margin.

Step 3. Pattern Recognition and Positive Mirroring

Step three offers a dynamic formulation that is empirical rather than speculative, based on specific historical information. The biographical timeline helps to identify the client's primary issues and zones of concern: causes of suffering, relations between psyche and soma, micro- and macro-cultures of the self, attachment history, and relations with others. Love, work and play are considered, and hypotheses about conscious and unconscious experience formulated. Information is gathered about the intrapsychic world of the private self, interpersonal world of primary relationships, multiple collective identities of wider social and cultural identifications, and transpersonal identifications that constitute an overall "at home-ness" or "homelessness" in the world.

Where is the client's life energy bound up or freely available? Are attachments trustful and hopeful or mistrustful and fearful? Is spontaneity healthy or pathological? Are expressions of autonomy willing or wilful? Clients might be hesitant or fearful, plagued by guilt or crippled by shame and doubt, compliant or defiant, defended or undefended, avoidant or able to approach, gritty and determined or creative and initiating. All of these qualities and characteristics are related to the frame of historical life experiences in which they fit and make sense. These can be positively mirrored back to the client as valid responses, adaptations or survival-level defences that have worked thus far but at a cost. Despite considerable distress and accompanying demoralisation, clients may be surprised to entertain the idea that they are in pretty good shape for the shape they're in.

Client self-assessment can be helpful in replacing diagnostic preoccupations with a focus on realistically achievable positive outcomes. These motivate a desire for personal growth and help to develop therapy as a working partnership. For example, the FOCUS 50 (Fay Outcome Criteria of Underlying Self-Capacities, 2016) is a client self-report measure that develops an inventory of personal strengths and weaknesses by asking specific questions about clients' ability to love, work, belong, bear difficulty, be oneself, and grow spiritually.

Step 4. The Journey of Loss and Grief

Step four moves to an explicitly reparative focus with a guided journey of loss and grief, letting go and falling into the experience that is feared, structured by the metaphor of a seasonal death and re-birth from autumn through winter into spring. Elizabeth Kubler-Ross outlined the transitional states and stages of this journey in her 1969 book *On Death and Dying:* denial, anger, bargaining, depression, and acceptance. Acceptance includes two conceptually separate moments of mourning and reconciliation that may occur concurrently.

Mourning is "good depression," the late winter letting go that heralds the death of winter. Reconciliation signals the renewal of life that occurs at the beginning of spring.

Step 5. Strengthening Attachment

Fifty years on from the pioneering work of John Bowlby and Mary Ainsworth (1965), the basic paradigm of alternate attachment styles is still a 2 x 2 gradient of positive vs. negative caregiver experiences (x-axis) and predictable vs. unpredictable caregiver experiences (y-axis). Secure attachment results from mostly positive and predictable caregiver experiences. Anxious attachment result from mostly positive but unpredictable caregiver experiences. Avoidant attachment results from mostly predictable but often negative caregiver experiences. Disorganised attachment results from caregiver experiences that are both negative and unpredictable. In step five, strengthening attachment consists of a number of reparative moments that can be undertaken sequentially or concurrently: raising awareness of old attachments, working with feelings, developing insight, and experimenting with new behaviours. Raising awareness consists of recognising adaptive and maladaptive responses to historical attachment figures. This requires learning about one's own attachment history and the self-protective stratagems that were woven into that history. Working with feelings helps to clear the relational space, such as learning to manage feelings of guilt and shame associated with old, failed attachment patterns. Insight allows maladaptive security operations to be more effectively countered or set aside so that new, healthier attachment patterns have space to develop and grow. More satisfying attachments can be planned for, practised and performed once old and unsatisfying object choices are relinquished. Many more attachment opportunities exist in the present than are typically engaged.

Step 6. Inviting Transference

Freud's (1900) pioneering investigations revealed unconscious memories of personal history inaccessible to our conscious mind. Jung (1958) extended this field to include collective experiences of humankind to which we gain access in altered states of awareness such as dreams and premonitions and express through art and symbol. The new science of ecology has grown awareness of our intimate kinship and connection with other species and the Earth herself, perhaps recovering an ancient wisdom known to indigenous cultures. Human consciousness and unconscious awareness are open to the history of sentience itself, laid down in a series of time-sensitive layers, handed down genetically and genealogically. Archetypal experience is a cornucopia of human, animal, vegetal, and elemental identifications and meanings beyond anything psychoanalysis ever dreamed. It represents our creative ability to recognise kinship, the thematic connections that tie together and make meaning of our genetic and genealogical heritage, phylogenetic as well as ontogenetic, relating the individual to the collective, and the human to the wider world of which we are a small part, including all the animal, vegetal, and elemental aspects of the world that infuse our being at biological, psychological, and spiritual levels.

Transference jumps the gap between self and other, instantaneously apprehending how the other "fits" in our world, and finding our place by bringing new and unfamiliar relations into the familiar, close connection of old relations. In expressing as well as attempting to

make sense of ambiguity, transference allows us to continue processing unfinished business from the past. As in the children's game of sardines, while seeking the other, transference stumbles upon ourselves, waiting to be found. States of transference may defy conscious control. Love and hate, dominance and submission appear malleable, fluid rather than fixed, changing places and morphing into one another. Powerful attachments and passionate investments such as these can be frightening, but also exciting. Step six invites clients to woo transference experimentally. This is a collaborative project, designed to access the spontaneous ability of the unconscious mind to employ non-linear, non-rational pathways to instantaneously imagine and create a multiplicity of relational patterns. In transference we discover ourselves as pluralists, escaping the narrow confines of normative role relationships. The therapist begins by orienting the client to step six, providing a clear and coherent account of how transference is relevant to the future as well as the past. Transference can help clients escape the cul-de-sac of their distressing present, going back in time in order to go forward in life, vivifying and clarifying patterns of old love in order to set free the capacity for new love. Fantasy figures come in all shapes and sizes. In time-limited therapy, clients are asked to "make their therapist up" as father, mother, sibling, grandparent or other family member, partner, lover, teacher, and boss, and then explore these connections. Clients may demure at first, but an opportunity to experience fantasy relations in full colour is too precious to inhibit for the sake of propriety. Transference affords a freedom that only fantasy can provide; everything is permitted in a strictly as-if mode. Offering permission to our client to trust themselves and follow their curiosity, we might enquire, "Nothing respectable enough for our ears?", the better to explore who else our client might be and how else they might relate to significant others in their world.

Step 7. Transference Enacted

Long-term psychodynamic psychotherapy tests the boundaries of the therapist and the client's capacity for coupling as well as pairing. In this asymmetrical partnership, transference is brought to life in the therapy setting and once engaged, takes on a life of its own in search of emotional resolution. Whether passionate exchanges based on complementary differences become a pathway to growth and lasting change depends in part on the therapist's ability to locate the wellsprings of passion and decipher the hidden signs of a life yet to be lived. In 12 step therapy, the energy of transference can be set loose and followed, but only for a brief time. In step seven, therapist and client collaboratively evaluate the resonances of step six experiments and then decide what to prioritise, exploring relational energies between them such as dependency, sex, or aggression, seeking relational configurations likely to produce an experience of emotional liberation that is safe and life-affirming.

Step 8. Lifespan Development

Step eight makes the transition to a person-to-person, authentic relationship by shifting the focus of therapy from the presenting past of transference, in which therapist and client meet as complements and opposites, to the presenting future of a life span developmental process in which they meet in symmetry and similarity. Therapist and client alike hold their place in the journey of life, having completed some ages and stages, and not others, moving among the primary zones of love, play, work, and worship as the vicissitudes of life require.

These four summarise something of the width of human concern and human investment. Love includes the attachment track central to infancy and childhood, the intimacy track central to adolescent and adult life, and the generativity and care track central to adult parents and older adult grandparents. Play engages spontaneity and creativity, synthesising individual initiative and group participation. Work provides opportunities for competence, achievement, knowledge and skills, protection and safety, the provision and management of the resources needed to flourish. Worship includes appreciation, celebration, reverence, and gratitude for life. In each of these arenas, integration and balance is needed between the physical body, the mental and emotional mind, the relational heart, and the soulful apprehension of the sentient nature and spiritual oneness of the cosmos and of life itself.

Erik Erikson's famous epigenetic chart of human lifespan development identified a staircase of eight ages and stages of mankind, running diagonally through an otherwise blank 8 x 8 diagram: trust vs. mistrust, autonomy vs. shame/doubt, initiative vs. guilt, industry vs. inferiority, identity vs. identity diffusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair. In a footnote in the first edition of *Childhood and Society* (1950), Erikson suggested his Harvard graduate students might fill in the other 56 cells. Amazingly none did, so my augmented version of his psychosocial 8 x 8 shows all the vertices, 64 couples dancing, as each of the eight developmental ages crosses eight zones of primary human concern. Along the y-axis, eight developmental epochs rise upward vertically as we age. Human infancy begins in the lap of the motherworld, her breast and face our home base. It progresses to the toddler's self world, opens to the young child's family world, finds its peer-group in the older child's school world, grows up into the adolescent's nascent sense of identity within a wider society, becomes the partner world of the young adult, the parent world of the middle adult, and finally extends in the life of the older adult to include creation as a whole. Eight zones of concern span the width of the x-axis from attachment, to autonomy, to play, work, personal identity, love and intimacy, care and generativity, and last to a concern with integration and balance, spiritual wisdom and ethical integrity. These are all ongoing concerns from the very start of life, preliminary first drafts already present in the unconscious of the infant, waiting to flower in developmental time.

Step 9. Sociotherapy

We are carriers of culture. In contrast to what lies within or between us, what surrounds us is a rich tapestry of cultural experiences and participation in circles of group life beyond face-to-face social relations. The social world consists of the lives of peoples as well as people, the wider world of social formations, organisations and institutions, political and economic powers, culturally determined factors and forces. Sociotherapy tracks the effects of socio-cultural realities on personal lives and uses this understanding to empower people and improve the quality of their life. This is an "outside in" or "big to little" approach that contrasts with the traditional "inside out" psychotherapy perspective. All of us are members of multiple reference groups, a composite of multiple cultural identities. The singular pillar of identity we refer to as "I" hides our pluralistic identity as a complex set of "me's." We hold a particular position that identifies us as belonging or not belonging to the dominant culture on virtually every demographic variable; white people or people of colour, male, female or other, straight, gay or other, older or younger, richer or poorer than others. Who

we identify as our referent group affects our sense of self. If we compare ourselves exclusively to rich people, we feel poor. Majority identities are considered "normal" or normative, closely associated with the dominant culture and often relatively invisible to its majority membership. Minority identities, with which people are often more passionately identified, demand our attention. The world does not allow us to forget ways and places in which we are deemed non-normal and non-normative, viewed as different or "other". A minority/majority dance exists within us as well as between us, as we attempt to align the multiple aspects of ourselves. Step nine seeks to assist the client to come more fully into their positive identity as being many things and belonging to many groups. This process is particularly crucial for clients who identify themselves as minority but have yet to experience empowerment in this identity. Empowerment therapy requires the therapist's cultural humility, personal loyalty and non-impinging support as they seek to understand and validate client identities with which they may be much less familiar than with their own.

Step 10. Gifts of the Archetypes

Step 10 is based on archetypal psychology, a friendly and accessible framework that frequently finds immediate resonance with psychotherapy clients. Archetypal work is useful for working with a client's personal development in a nonthreatening, meta-personal frame that captures universal aspects of human experience and links clients' personal journeys to the wider context and larger drama of the evolutionary, unfolding journey of human consciousness itself. My approach to archetypal work is influenced by the work of Carol Pearson (1991), but uniquely my own in its structure and organisation: six pairs of complementary oppositions that describe a dialectical progression, an archetypal journey from naiveté to knowing and powerlessness to power that proceed along multiple pathways through a series of relatively invariant stages. As the journey progresses, our capacity to respond and become responsible expands. The children of the human family begin as innocents and orphans, but grow up to become seekers and lovers, rebels and explorers, warrior protectors and cooperative caregivers, movers and shakers, scholars and makers, leaders and elders, heroes and wise fools, finally graduating to identification with the archetypal parents themselves, mother earth and father sky. The archetypal journey begins with a "fall" that is also the requirement to come to terms with an imperfect world. Grace and innocence face betrayal and disappointment. Harsh experience and disillusionment signal the descent into the underworld. The relatively innocent and uncomplicated state of childhood gives way to the burdened existence of the orphan; captive, powerless and lonely. Innocent and Orphan are the youngest couple, contrasting optimism and pessimism, gratitude for life and legitimate protest at its many injustices. The story of the fall from grace and loss of innocence can be found across many cultures. In ancient as in contemporary indigenous cultures, time is experienced as cyclical rather than linear, and the interdependence of the social and natural world is a central organising principle. The death and re-birth of the fall is often linked to the story of the seasons. An archetypal journey of loss and grief finds resolution in the capacity to live life on its own terms and respond creatively to the insistent claim to individuality. The Seeker and the Lover are located at opposite poles on the continuum of autonomy and intimacy, responding to the call to become an autonomous self, or alternatively, to bed down and respond to the call and claim

of the other. A third couple represent conflict and consensus, war and peace. The Warrior's job is to protect the perimeter and manage conflict, whether by negotiation, mediation, arbitration, restorative justice, or in extreme cases, unilateral retribution. The Caregiver nourishes the tender centre with peaceful strategies: collaboration, cooperation, consensus, membership and belonging. The tension between war and peace can also be found in the home, and more specifically in the bedroom, where gender differences are conjoined in love and war and come out to play in states of collision and conjunction.

Knowledge and power are embodied in a fourth couple, humanity's experts: the Sage or scholar, introverted and contemplative, the specialist, and the Mage or magician, extraverted and pragmatic, mover and shaker, charismatic leader, politician. Also located at opposite ends of the action and awareness continuum are a fifth couple, the archetypes of the Hero, direct and action-oriented, and the Wise Fool, life's ironic observer and commentator. Lastly we encounter the parents of all the others, Mother Earth and Father Sky, archetypal rulers of the domain of immanence below, and transcendence above. We begin life as children of the universe. We end as parents of that same universe, with all the rights and responsibilities that being a grown-up entails.

Step 11. Living in the Eternal Now

The growing popularity of mindfulness meditation and the degree to which it is highly aligned to the work of psychotherapy is striking. Clients can free themselves from and/or master their negative mental states by recognising that this is what they really are, projections without objective reality. This recognition allows us to more effectively self-soothe and calm down, recovering spaciousness and equanimity. But the benefits of meditative states of awareness extend far beyond anxiety management. Meditation helps to reveal the dimension of breadth in the universe, affirming the complex unity of all being. As human beings, we reflect the essential nature of the holistic and integrated universe of which we are a part. We are bio-psycho-social-spiritual beings, and this same bio-psycho-social-spiritual unity is manifest in being itself, at every size scale. This living universe includes physical mass and energy, chemical action and reaction, biological cellular and species life, psychological consciousness and self-consciousness, the intimacy and community of social relationships, and our appreciation of the living universe as something we are able to apprehend without comprehending the totality that includes us and in which we participate.

In step 11, the recognition of a larger, wider, higher, deeper and more connected self can alter our relationship to time. The anxiety of our certain death seems less potent. Like everything else in the living, unfolding, evolving cosmos, we make our appearance and play our part, stepping forward to live our life and then in dying, stepping back into the totality of all sentience, the backdrop that has been there all along. In this frame of understanding, the past and the future are both present, contained within an eternal now. We the living, the present generation, are the link between past and future. Our ancestors are always with us, and our descendants as well. We are therefore, much more than ourselves. The burden of our individuality is as illusory as it is real. We can at any moment mindfully take refuge in the eternal now and apprehend something of its peace and security. It is always there, always available. Only our forgetfulness, our mental chatter and our insecure clinging to ego, stands between us and the vastness that is upholding us, a cosmic body providing buoyancy, rest

and ease. We have heard this same message in countless forms from countless sources. We have only to open our heart and soul and welcome it in.

Step 12. Saying Goodbye

When we come to step 12, the moment of completion and saying goodbye in time-limited psychotherapy, we encounter a rich texture of experiences, thoughts and feelings: a little death, a little grief, joy in what has been achieved, regret that so much remains undone, relief that regardless, the work is done for now, affection for the person whose intimate life we have been privileged to share, and gratitude for the rare means afforded to us to be able to earn a more than adequate living by offering our better self to other human beings. The small death of ending therapy offers much the same opportunity as does the end of life itself; a last chance to consolidate and cherish the achievements of the past, reconcile to the limitations of the present, accept the dread of knowing we will eventually have to lose all that we love best, and anticipate a bright future beyond all knowing.

The end of longer-term therapy is reminiscent of the time when a child, now grown, prepares to leave home. The tenderness with which certain clients who know us well hold us as a parent they still love but no longer need can be quite moving. The end of time-limited therapy has a somewhat different quality. The client tends to be more focussed on reassuring themselves and us that they do now have what they need and that this will be sufficient to face the challenges of the immediate future. Thumbing through the catalogue of goals achieved and gains made, as well as reviewing the checklist of still-to-do's, the client may convey their sense of now being more like a peer, on a par with us with their newfound sense of expertise about themselves and their life. This makes sense in the context of the more overtly educational aspect of shorter-term therapy and is cause for optimism. And in those instances when time has run out and the client remains confused and uncertain, then we face with them the pain of not yet having had enough time, enough love, enough opportunity to access their own depth. This is a good moment to be reminded that therapy is only one path among many, merely a means to an end more important than itself. Therapy can serve to prepare the ground, creating conditions favourable to future growth. There is life after therapy, and life continues to offer us multiple opportunities for a fruitful and fulfilling existence.

Conclusion

Here is a brief indication of what clients might hope to gain from an intensive, well-structured process of psychotherapy lasting for only 12 to 24 weekly sessions:

1. Cognitively: less confusion and rumination oriented to self-diagnosis and self-deficit, more curiosity, self-awareness and self-understanding.
2. Emotionally: fewer experiences of being alone and overwhelmed by life, more experiences of being seen and understood.
3. Motivationally: less apathy, more energy for developing resilience in the face of life's challenges.
4. Imaginatively: less inability to remember a good past or believe in a good future, more ability to recall positive memories and conceive of a positive future.

5. Interpersonally: less dysfunctional compliance and/or opposition to an impersonal and indifferent world, more autonomous decision-making and active collaboration with others.

6. Intrapsychically: fewer negative comparisons of self with others, more desire to find a life path by which their own unique self can be expressed.

These are researchable outcomes that can be effectively measured through a combination of before and after client self-report and therapist and other involved clinician evaluations.

In summary, time-limited depth therapy is an experiment well worth making, and a significant step towards realising the hope of a cost-effective, universally available psychotherapy. On the basis of my own practice, I know it to be a realistic and effective method of practice. It remains to be seen whether this method can be learned or taught and so achieve some general applicability and use.

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