

Challenge – as an intervention in therapy.

I have recently been in discussion with my therapist peers regarding ‘challenging’ interventions in therapy, and what exactly is meant by ‘challenge’ in this context. In consideration of the humanistic positioning of our therapies, Gestalt and Integrative, there are a number of exclusions from the varied meanings found in the Oxford Dictionary of English. What I have done here is filtered the definitions to those that fit a therapeutic intervention for a humanistic, relational, experiential, phenomenological, existential, person and present centre approach.

challenge /'tʃælɪn(d)ʒ/	Challenge
I. noun	No / Maybe
1. a call to someone to participate in a competitive situation or fight to decide who is superior in terms of ability or strength. • he accepted the challenge.	No
2. a task or situation that tests someone's abilities • the traverse of the ridge is a challenge for experienced climbers • he took up the challenge of organizing a sports afternoon.	No
3. an attempt to win a contest or championship in a sport. • he is desperate for a third world title challenge.	No
4. a call to prove or justify something • a challenge to the legality of the banning order.	Projection
5. a guard's call for a password or other proof of identity . • I heard the challenge ‘Who goes there?’.	No
6. [Law] an objection regarding the eligibility or suitability of a jury member.	No
7. [mass noun] — [Medicine] exposure of the immune system to pathogenic organisms or antigens • recently vaccinated calves should be protected from challenge.	No
II. verb — [with obj.]	
1. dispute the truth or validity of • it is possible to challenge the report's assumptions.	Projection, or Introject
2. [Law] object to (a jury member) • a certain number of jurors may be challenged.	No
3. (of a guard) order (someone) to prove their identity . • the watchman did not challenge him.	No
4. invite (someone) to engage in a contest • he challenged one of my men to a duel • organizations challenged the government in by-elections.	No
5. enter into competition with or opposition against.	No
6. make a rival claim to or threaten someone's hold on (a position) • they were challenging his leadership.	No
7. [with obj. and infinitive] — invite (someone) to do or say something that one thinks will be difficult or impossible • I challenge the Minister to deny these accusations.	Introject, Script Belief
8. make demands on; prove testing to • a new way of life that would challenge them.	No
9. [Medicine] expose (the immune system) to pathogenic organisms or antigens.	No

Stevenson, Angus. Oxford Dictionary of English (Kindle Locations 93328-93372). Oxford University Press - A. Kindle Edition.

So, the challenging intervention in therapy is to:

“dispute the truth or validity” expressed, or in other ways demonstrated, by the client, i.e., Projection;

There is often a grain of truth in a projection but frequently, when people project, they are paying very selective attention to the environment, disregarding information that might challenge the projection and experiencing themselves as powerless to change the situation.

Clarkson, Petruska; Cavicchia, Simon. *Gestalt Counselling in Action* (Counselling in Action series) . SAGE Publications. Kindle Edition.

An example from Erskine et al:

Nell has been evading and defending for some time. In spite of the therapist’s understanding the function of these behaviors, she is beginning to feel frustrated. She [therapist] cares about Nell, and because she cares she is vulnerable to this sense of frustration: she wants to help; she wants to see Nell break through the old patterns, and Nell is not doing so. Rather than pretend an acceptance that she does not (at this moment) experience, the therapist challenges Nell:

Therapist: Why, Nell, I don’t believe what you just said. And if you want to change your life, then You’re going to have to take some risks with me.

Nell: I thought I just did.

Therapist: I don’t experience you taking risks with me. I experience you wanting to do with me the same pattern you do with everybody else. You just got done quoting yourself: “I’m going to do with you what I do with my mother.” Now, if you want to change your inner life, You’re going to have to take some risks with me and treat me differently than Mama. Are you willing to be different with me?

This example is particularly interesting in that it leaves open the question of whether the therapist’s challenge was motivated more by her own level of frustration or by what she thought would be most helpful for the client. However, by posing that question we set up an artificial dichotomy. The therapist’s expression of her own feelings, her own vulnerability, is most helpful for the client.

Erskine, Richard; Moursund, Janet; Trautmann, Rebecca. *Beyond Empathy: A Therapy of Contact-in Relationships* (pp. 103-104). Taylor and Francis. Kindle Edition.

Or the intervention is to:

“invite (someone) to do or say something that one thinks will be difficult or impossible”.

Script Belief and/or Introjection;

A counsellor might challenge and support the client in actually telephoning her father to tell him that she loved him. Someone shy who is recalling the thrill of a childhood circus visit might be encouraged to transform the consulting room, either in his imagination or with certain props,

and to become the ringmaster with voice, body and actions to match. For someone else who was never allowed to be critical of his parents, merely acknowledging disagreement with the counsellor may be a major and important experiment. These and similar experiments offer opportunities for clients to experience themselves directly in new and different ways.

Clarkson, Petruska; Cavicchia, Simon. Gestalt Counselling in Action (Counselling in Action series) . SAGE Publications. Kindle Edition.

The other definitions of challenge are contrary to a humanistic approach to therapy.

Fundamental in this work is to respect the client's process, or more accurately, their unfolding process. The client will unfold at their own pace that is determined by safety and trust – by the strength of the therapeutic alliance. The unfolding process is challenged without breaking through a client's defences because such defences are there for a strategic and necessary purpose, albeit mostly archaic, but not completely. The humanistic approach recognises the client unfolds when the conditions – the situation – allows. Cutting through, or pushing too hard and too soon is detrimental for many clients – it is not relational, and it is not respectful

In doing this work it is vital that the counsellor finds the delicate balance (which in any case may shift from moment to moment) between challenge and support. Gestalt requires that the counsellor respects the client's personal integrity. This integrity consists of the wholeness of that person, her body, her patterns of movement, her rhythms of living, her 'symptoms', her so-called 'resistances' and her vocabulary. Establishing full contact with this whole person means that the counsellor expects that at that precise moment the person represents the highest level of creative adjustment that is possible for that person at that time. No matter how dysfunctional in context her behaviour patterns may appear, and no matter how simple it may seem to the observer

Clarkson, Petruska; Cavicchia, Simon. Gestalt Counselling in Action (Counselling in Action series) . SAGE Publications. Kindle Edition.

Gestalt Therapy

The Gestalt approach to counselling can embrace a wide variety of diverse but specific techniques within a holistic frame of reference which integrates mind and body, action and introspection within an appropriately supportive, challenging and attuned relationship between client and counsellor.

Clarkson, Petruska; Cavicchia, Simon. Gestalt Counselling in Action (Counselling in Action series) . SAGE Publications. Kindle Edition.

And

The reorganising of the personality consists of both disintegrating and integrating processes, and should be balanced so that only such amount of dissociated material should be set free

as the patient is capable of assimilating. Otherwise his social or even biological function may be dangerously upset. (Perls, 1979: 21)

It is the in depth psychotherapy training through programmes under the umbrella of UKCP (at least) ensure challenges are considered and measured:

The counsellor provides for each individual client a 'safe emergency'. Too much support can deprive the client of the opportunity to grow through frustration. Too much challenge can be invasive and sadistic. Allowing the client to repeat in counselling endlessly the processes she habitually uses to substitute for genuine feeling, experience and action can also be ultimately destructive. Yet at any one time with any one client provocative challenge, nurturing support or laissez-faire neutrality may be the modality of choice.

Clarkson, Petruska; Cavicchia, Simon. Gestalt Counselling in Action (Counselling in Action series) . SAGE Publications. Kindle Edition.

The "bad stuff," the part of self that felt so lonely or frightened or angry or devastated, is tucked away where it is immune to the kinds of normal integration and updating that occur as a part of growing up. It resides, an undigested lump, with the affect and understandings of the developmental stage(s) the person was in at the times the traumas occurred (Federn, 1953; Weiss, 1950; Berne, 1961). Beliefs and expectations that are split off in this way cannot be questioned or challenged because they are out of conscious awareness; needs and feelings remain unrecognized and unresolved. The split cannot be healed until full contact, with self and with others, is restored.

... these defenses serve to maintain stability, reduce awareness of discomfort, and allow the person to disengage from the pain of their needs not met and get on with the business of living. As a way of coping, such defense mechanisms are useful and perhaps even necessary processes. But they have a cost,

... as the therapeutic relationship begins to hit the bumps and snags that signal reactivation of old patterns, the focus may sometimes shift to the relationship itself, to "what is happening between us." The therapist may share his or her own personal experiences and reactions, and the client's ability to make full contact-with-other begins to be challenged and to grow in the relative safety of the therapeutic session.

Erskine, Richard; Moursund, Janet; Trautmann, Rebecca. Beyond Empathy: A Therapy of Contact-in Relationships (p. 7). Taylor and Francis. Kindle Edition.

Disruption of contact with self and with others usually involves some sort of decision, conclusion, or survival reaction. Rarely a part of our conscious awareness, these decisions and reactions trace back to early experiences that have taught us some survival strategy

(Greenwald, 1971, 1973; Goulding & Goulding, 1979; Berne, 1972). The problem is that such strategies then tend to be applied—and misapplied—to current situations. Because the conclusion or decision is often either out of awareness, or is experienced as a natural and inevitable response, it cannot be challenged or updated ...; Asking a client about decisions and conclusions helps to bring these responses back into awareness, where they can be re-examined from the perspective of an adult's knowledge and experience.

Erskine, Richard; Moursund, Janet; Trautmann, Rebecca. *Beyond Empathy: A Therapy of Contact-in Relationships* (p. 40). Taylor and Francis. Kindle Edition.

A ... consequence of attunement is the challenge to the self-protective belief system that the client has been maintaining (Erskine & Moursund, 1988/1997; Erskine & Zalcmán, 1979). Old beliefs and expectations, once useful but now self-defeating, are continually contradicted as the attuned therapist recognizes them, acknowledges their historical significance, and validates their current psychological function. As the client, too, begins to recognize those old coping strategies and to both value them (as serving an important purpose) and question them (as perhaps no longer the best way to serve that purpose), he or she becomes more and more able to risk trying out new ways of being, not only with the therapist, but with himself or herself, and even with others outside the therapeutic setting.

Erskine, Richard; Moursund, Janet; Trautmann, Rebecca. *Beyond Empathy: A Therapy of Contact-in Relationships* (p. 81). Taylor and Francis. Kindle Edition.