

The relational movement

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Received 23 January 2013

Abstract: The author calls for a reconsideration of the core values on which the Gestalt paradigm is based and discusses implications for training Gestalt practitioners. These values are gathered into four assumptions: (1) Health can only be defined relationally and holistically; (2) Embodied experience should be included in important decision making; (3) Diversity is essential to all development; and (4) Sustainability depends on sharing leadership. The article also proposes a set of competencies, developed from these values and built into the training curriculum at The Relational Center in the US, that can help practitioners lead individuals, groups, and communities along pathways toward compassionate, democratic, and sustainable relationships.

Key words: relational, social movement, leadership, Gestalt values, ethics, cultural context.

Introduction

I am a Gestalt trainer and organiser. Gary Yontef and Lynne Jacobs were my first teachers. I have also been deeply influenced by Gordon Wheeler's thinking, support, and friendship. In my work as a Gestalt practitioner and trainer, I have focused on group and community development. My perspective is relational and I see myself as one of several who have extended the boundary of a relational paradigm in psychotherapy, education, and community organising. Other practice communities identifying as relational in their approach have influenced my work, primarily social neuroscientists, philosophers/theologians, artists, community organisers/activists, and urban planners.

In addition to my career as a Gestalt therapist and trainer, I am a social worker by profession, with an emphasis in health services and community building. My work during the AIDS crisis in the 1990s exposed me to several scenarios in which I observed the experience of solidarity having transformative and healing effects on groups of people joined by a common struggle to survive. That observation eventually led me to draw some important conclusions about the role of interdependency in making human beings healthy. I began to see how social movements – with their strong emphasis on coordination of effort and their demands for contextual/systemic thinking – not only keep people engaged in a common goal but also, and more importantly, embed them in health-stimulating networks of affirming, lasting relationships. So I became very interested in studying how to cultivate

the conditions that give rise to these interdependent arrangements, hopefully without the catastrophes that often spark them (see Rebecca Solnit's inspiring 2009 work on the correlations between wellness and catastrophe). From there I became interested in designing communication and organising strategies that both agitate people to an awareness of the crisis human beings face when we are not in solidarity and inspire people to build and sustain interdependent social arrangements. Put simply, I want to improve communities and strengthen the relationships that constitute them.

My early experience of belonging to a tightly networked and interdependent Sicilian family undoubtedly laid the ground for my convictions about community. Interestingly, research has shown a remarkable correlation between Southern Italian culture and health/longevity (Putnam et al., 1994). But in my case a sense of 'belonging' in my family also came at the expense of my unique needs and individuality. There was unfortunately no room in my loyal family for a queer boy. This made me wary of tribal conformism. As fate would have it, I also faced constant brutal bullying in middle school and high school, which further reinforced my need to flee overly homogenous groups. All these experiences ultimately heightened my sensitivity to the plight of marginalised people and to the dynamics of power in subcultures that alienate those who are different.

Gestalt: a critique of psychology

As a Gestalt trainer, my central concern has been to support mental health practitioners to understand Gestalt therapy as a critique of psychology, one of the developments out of the wider countercultural Gestalt experiment grounded in post-WWII radical ecology (Stoehr, 1997). In my teaching experience, I have noticed that Gestalt practitioners find it helpful to be grounded in the history of that movement because it helps them identify the core values central to the Gestalt paradigm:

1. Health can only be defined relationally and holistically.
2. Embodied experience should be included in important decision making.
3. Diversity is essential to all development.
4. Sustainability depends on sharing leadership.

Gestalt therapists have been spreading these values since the founding of their method in the mid-twentieth century. At its onset, Gestalt's ecological and relational theories of self and change radicalised psychology, leading to the formulation of a new orientation to psychotherapy. I believe Gestalt practitioners have been using therapeutic activities as a vehicle for spreading these radical attitudes and inspiring their clients to embrace their wider implications for society. And I believe practitioners have engaged in this kind of culture spreading even if they have not always been aware of doing it.

Yet as the practice of psychotherapy became more professionalised, Gestalt practitioners would have felt increasing pressure to contend with other values and assumptions in line with the dominant (generally positivist and individualistic) culture of clinical psychology. The challenge of fitting in with other professional mental health providers would naturally complicate the commitment to a values-driven, countercultural perspective. Most of the complication has to do with navigating the pervasive consumerism and materialism of contemporary culture, a culture that pulls mental health care inevitably into a consumer (in many cases luxury) service/exchange framework.

In the face of these market conditions, Gestalt practitioners are confronted with a choice about how explicitly to communicate the principles of their historical movement in their work. What complicates that choice further is the pressure to meet a commonly perceived standard that mental health care should be values-neutral. Many psychotherapy supervisors urge their students to be careful not to 'impose' their values on their clients, claiming that service users should be left to make 'their own' decisions about how to live their lives.

I think this position is untenable to a Gestalt practi-

tioner, because (1) it runs counter to the movement that gave rise to Gestalt practice, and (2) it is absurd to try to take up a politically neutral position in any context, but particularly where there is a clear objective to restore 'health', a condition presumed to be better (literally, of higher value) than 'disease'. So my question is not how to avoid operating from within a values-driven framework, but rather what values we must name explicitly so that we are clearly communicating our assumptions about health, wellbeing and change.

Not surprisingly, I did not succeed in spreading the values of the Gestalt paradigm in the course of providing services. So I have redirected my attention to developing a broad-based public education curriculum that promotes the movement's values. It is clear how influential psychotherapy has been in social development in the last century through the exploration of values, attitudes and behaviours within human systems. I have spent many years training and supervising new mental health providers to appreciate that they are well positioned to use that influence to shape the broader culture. But doing so rides on the provision of tertiary care to people who are already in high states of distress. In other words, I have spent much of my time worrying about how to subtly disperse a culture of relational values while bandaging up the emotional wounds sustained as a consequence of living in an individualistic culture. It is time to turn my attention to preventing that harm and promoting a healthy culture, and from my perspective, the way to do that is to confront the myth of independence and develop alternative, sustainable arrangements in social, economic and environmental systems.

Social engagement keeps us healthy

Evidence from many domains of research now suggests that we are evolved to be healthiest and happiest when we are striving together – actually in close contact – and depending on each other to meet our needs. Harvard political scientist Robert Putnam's bestselling analysis of growing isolation in American life, *Bowling Alone* (2000), offers sobering statistics correlating social capital with a variety of conditions widely associated with health and wellbeing, including increased immune function, longer life expectancy, more economic stability, and safer neighbourhoods. Putnam's research confirms that people who are embedded in highly participatory communities – an array of civic associations, voluntary organisations, and informal networks of mutual care – enjoy healthier, happier lives.

Social capital derives its value from the trust we come to place on those in our networks cooperating with us to create sustainable benefit. In her account of the evolution of breeding and childrearing practices, the cele-

brated anthropologist Sarah Blather Hrdy (2009) underscores the important role that cooperation played historically in ensuring the sustainability of the human species. Hrdy traces the origins of human cooperation to new skills for mutual understanding and emotional resonance that evolved during an age when various recurring dilemmas, such as sporadic food supplies and unpredictable climate changes, demanded explicit practices that would distribute responsibility for ensuring the survival of offspring through to weaning and self-feeding. The Pleistocene human child had no hope of surviving if his mother could not rely on her community to collaborate in caring for him. The demand to cooperate called forth the development of mind-reading skills, sophisticated capabilities for reading and evaluating others' intentions. Even now, this human ability continues to sustain us by facilitating the process in which caregivers and infants engage to form the secure attachments that foster our prosocial sensibilities.

In the field of psychology, John Bowlby's notion of attachment (1969) gets at the important role this kind of mutual understanding plays in ensuring mother and infant can work adequately well together, creating a context of care that exerts a shaping influence on the infant's character well into adulthood. Bowlby's theory, which has become a cornerstone in human development models, was most notably supplemented by Mary Ainsworth in the 1970s (Ainsworth et al., 1979) and by Main and Solomon a decade later (1986). Neuroscience entered the argument in the mid-1990s, positing mirror neurons as one physical medium by which attachment dynamics most likely take place (e.g. Gallese et al., 1996; but see also Gallese, 2001, and Fogassi et al., 2005, for more recent applications to empathy studies). Psychiatrist Daniel J. Siegel's work synthesises all these important contributions into a framework for understanding the influence the caregiving surround exerts on the human brain in early childhood in ways that influence us profoundly throughout our adult lives (Siegel, 1999; 2009).

Much of this research, however, assumes the point of entry into this health- and growth-promoting attunement is the mother/child dyad, particularly in the traditions of attachment theory and interpersonal neurobiology. Taking issue with this assumption, Sarah Hrdy argues for a wider, more systemic focus that accounts for the important role that *allopresents* (literally, others nearby who parent) have played historically in providing a community of care for children. Hrdy emphasises that historically it has been the village community not only complementing but actually enabling adequate mothering.

Hrdy shows that infants are wired to read others' intentions – not just mothers' – and when those inten-

tions promise investment in their wellbeing, infants feel hope and reach for care. Clearly something like this scanning for investment continues into adulthood, as mothers sense when their families, clans, or tribes intend to share in caring for their newborns. In foraging cultures, when that investment is missing, mothers are known to abandon their infants. Hrdy wonders whether a similar kind of resignation may be operating in the contemporary correlations found between postpartum depression and a new mother's perception that she receives low social support. Perhaps most depression is a despairing response to signals that in some way we will not have the support of our social environment. Putnam's statistics would seem to lend weight to this position, linking all sorts of problems – emotional, intellectual, medical, and economic – with social disengagement.

Restating the position more emphatically, putting our capacities for cooperation and mutual understanding to use by organising our lives in collaborative ways activates a two-million-year-old potential for strength and resiliency. Attempts at collaboration often go awry, however, as they surely must have gone again and again in the last two million years, inspiring frustration or even dread precisely because those attempts can deliver us into sheer chaos or deep disappointment.

However, we are isolating more and more

Certainly, the inclination to think of ourselves as isolated, bounded beings reaches back for millennia (Wheeler, 2000; Taylor, 1992), but Putnam illustrates how habits of enacting isolation ballooned particularly in the US somewhere around the mid-twentieth century, and offers some tentative explanations. Demographic changes have increased the complexity of our collective life, making critical tasks like planning and coordinating action with others more difficult (Putnam and Goss, 2002). Generational succession (from the civic participants born in the 1920s and 1930s to the baby boomers born from the 1940s through the 1960s) is another significant factor, according to Putnam, with the advancement of virtual technologies and increases in viewing or spectator leisure activities introducing a menu of alternatives to the community engagement associated with the civic generation. In fact, Putnam apports the greatest part of the blame to this generational drift, underscoring how this gradual replacement has ushered in different values and beliefs that tap deeper into the vein of rugged individualism flowing within American culture.

Underlying all of the factors Putnam highlights are the themes of change and difference, two constants in

life that nevertheless can unsettle or even terrify us when they happen too quickly or too drastically. Our changing cultural situation, for example, has thrown us all into close proximity with many different human varieties – ethnicities, colours, sexualities, cultures, etc. What once was remote or even unheard of is now right at our doorsteps. It is no surprise that many of the communities to which we can point as models of a well-coordinated and harmonious collective are also noticeably homogeneous. While we do have an evolved capacity for reading others' intentions, we have never before been forced to use it in such complex contexts. If we cannot read the people who live in our village, then how can we trust the village to be invested in our wellbeing? There is an important connection between the difficulties we have reading each other and our recoil from communal forms of life.

Still another issue stands as a barrier to social engagement, particularly for disenfranchised groups such as those living in poverty, people of colour, sexual minorities, and the chronically disabled. Robert Wuthnow (2002) speculates on the declines in civic participation outlined in Putnam's work, reminding us that social capital is capital, after all, and therefore may be said to function in an exclusionary way, 'causing some segments of the population to feel unwelcome and to cease participating, or failing to provide the resources that people need to engage in civic activities' (p. 79). The bonds of trust that tie individuals to each other and to their tribe are bonds that exclude as sure as they include, and exclusion is the operative signal that we have been left behind.

But if we do not have the village, we must take care of ourselves. Self-reliance, more than a mere coping strategy, is a virtue in American culture and the very essence of the rugged individual. We are proud of our independence, yet we can see how impossible it is to avoid depending on support. Our options are not to be dependent or independent; our options lie in the things on which we can depend. Mostly, we feel more secure when we have immediate access to the things we need and we feel most worried when that access is blocked. If we cannot count on others to participate in ensuring our needs are met, then naturally we need to have control over the resources on which we rely.

Settling on control as a means for security, however, introduces an interesting polarity. We feel dread when we are not in control, precisely because we are likely to be mishandled or even annihilated at the mercy of those who cannot read our needs and longings and whose intentions we also cannot read. To complicate matters, those 'unfortunates' who have very little control over the resources they need also inspire our dread (by proxy), so we work to distance ourselves from 'them'. As all this unfolds, the dreading transforms into hunger,

the desire to be taken care of (e.g. pampered, tended to, catered to). Within this dense web of meaning, the only acceptable arrangement – which must reconcile our need for control with our need to be cared for – leads us to our now infamous penchant for purchasing services. Of course, we tend to think of our ability to access what we need as 'independence', distracting us from the core issue of control (Fairfield and O'Shea, 2008). We cannot tolerate surrendering to the mercy of others but we also cannot tolerate foregoing the feeling of being cared for. So instead we assume a compromised position of spectator: we see the possibilities of care and somehow want to keep them in our line of vision, but only at a distance, usually across a shop counter.

With humanising interdependency out of our reach, we are left to our limited options for coping. The need to find a substitute for the care and attention of others – something we know instinctively will make us feel more secure – compels us to produce endless stimulating and soothing products and activities that mimic social engagement. The list is infinite: video games, unlimited satellite channels, slot machines, virtual reality and simulation games, avatars, twittering, social networking, and especially the interactions we crave with skilled sales people who delight with us in our consumption habits.

We have many ways to fend off our worries about being misunderstood, disappointed, hurt, dropped – left behind. We have medications we can take to transport us momentarily from our dread. We have endless diversions to superimpose on our loneliness. We can shop. We can dine. We can drink. We can play. But nothing we do on our own will dispel the curse of isolation. Even when we are most amused, our human neurobiology is taking stock of how dense or meagre are our social networks, calculating the costs and benefits for each of us to take up space in the world and breathe the air so many others need. We are constantly responding to the quality of our relationship with our context.

How therapy interventions can perpetuate the problem

In the West, we place responsibility for wellness squarely on the individual, but holding an individual responsible for what has been culturally constructed creates suffering by leaving us each to wrestle with a problem we could never have created on our own. Help is available, but only if it comes out of recognition of where the problem began and only if it offers strategies to address the conditions creating and maintaining it. In our current cultural situation, this requires a paradigm shift toward holistic thinking and integrative solutions.

Interventions that prioritise withdrawal from the environment in lieu of social engagement do not achieve this kind of help. The following example illustrates how this happens.

How Jan became self-reliant

Jan is a forty-three-year-old, single, obese woman who lives alone and is anxious most of the time. Her support network is meagre. She is terrified of social situations because she assumes she stands out in crowds, an object of disgust and derision. When she has to go out in public, she frets for days trying to find some way to avoid her inevitable shame. She cannot sleep without medication. Jan's doctor informs her that he will no longer renew her sedative prescription until she agrees to see a psychotherapist. She reluctantly consents.

Bob is Jan's new therapist. Each week he faithfully listens to her difficulties, even though each week the listening overwhelms and burdens him. He becomes anxious when Jan pleads with him for help. It feels like more responsibility than he can carry, as if she is putting her whole weight against him, crying out, 'I cannot support myself at all, so you do it for me'. But Bob says none of this to Jan, showing her only positive regard and at least the appearance of interest. He will not share his feelings with Jan because such self-disclosure is avoided in his profession.

After several sessions, Bob finds himself focusing on helping Jan get to the bottom of her anxiety. He suggests a workbook she can buy that will help her track her thoughts to identify distorted perceptions and self-defeating beliefs, the widely accepted source of anxiety. This process repeatedly invites Jan to consider the result of a lack of care from others as the product of her habits of thought.

Bob wants to instill hope and stimulate more creativity by offering alternative storylines that leverage a different logic that had not occurred to Jan. While these are more optimistic threads to weave into Jan's plot, they seem to Jan to come out of nowhere. Or, she comes to think, perhaps we all merely invent the threads of our lives. The thread Bob weaves into Jan's story reminds her that, in fact, this is a story after all, and one that she creates in her own mind. When she looks to others for answers, she misses her opportunity to create a different reality.

Eventually Jan starts to notice a sparkle in the thread Bob has offered her. She takes to the idea that she might have more power than she realises. If only she could focus less on how the world treats her and concentrate more on what she wants for herself. So she tries to persuade herself that if other people are unreliable, she doesn't actually need them. She starts to spin a new story of self-reliance.

Inspired by Jan's newfound motivation to change,

Bob points to some additional resources she could access. He suggests she join a meditation group. Despite her apprehension, Jan starts attending the group regularly.

Surprisingly, within a few weeks Jan actually feels some relief from her anxiety. She is sleeping better, feeling more relaxed, and more comfortable in her body. Jan can see how with time and more practice she will have a greater capacity to regulate herself. Of course, she will still come unravelled when confronted by contempt like that displayed by a member of the meditation group when he discovers she has claimed his spot on the floor. She will still be horrified when the woman nearby glares at her as she accidentally brushes her big toe. But she will soon be able to acknowledge these troubles and then let them go. She is learning not to attach and react. This feels far less frustrating and much more comforting.

Jan has found a resource to lean on when she feels afraid and ashamed. It requires pulling back and going within. And that's okay – she is used to solitude. And she cannot really count on anyone else anyway. But at the end of the day, she can count on herself.

The problem with self-reliance

With increased self-reliance, Jan was able to calm herself over time and tolerate the persistent anxiety signals. That was progress. But without interdependency, she did not have the information she needed to make sense of those signals. With more self-reliance, Jan became more competent to dissociate from her dread. That was helpful. But without interdependency, her latent capabilities for mutual understanding and cooperation would not emerge to help her discern what was actually toxic about her world. With increased self-reliance, Jan could create a private sanctuary and feel safe. Safety was crucial. But without interdependency, she did not belong to a community that would look after her safety perpetually.

Our emotional states reflect our social context in profound ways. Reading them as individual, personal experiences not only misreads the context but also cuts us off dangerously from what makes emotions intelligible and useful – like the grief we feel when something integral to our stable identities has gone away and we are forever changed. Still, whether or not we understand how it is socially constructed, despair makes us feel sick, sending us in the direction of seeking a cure. If we turn to psychotherapy, we hear a familiar call to self-discovery – the cure within.

The central concern among psychologists for roughly the last fifty years has been to develop strategies to change the way we feel, even if our situations are grim. This approach, loosely referred to as Cognitive Behavioral Therapy, has dominated the scientific literature,

while simultaneously working its way into the popular psychology and self-help markets. The titles alone of popular books of the last decade say it all: *How to refuse to make yourself miserable about anything: Yes anything!* (Ellis, 2003a); *Thoughts & feelings: Taking control of your moods and your life (Workbook)* (McKay, Davis and Fanning, 2007); and *Feeling good: The new mood therapy* (Burns, 2000). The goal is to feel good, regardless of our condition. It fits perfectly with our desperate need to be in control.

Spirituality has been invoked for similar purposes. We borrow faith practices that come from deeply engaged, collective societies and then use them for the purpose of enhancing retreat. Certainly mindfulness can help us to stay engaged with environments that trouble us, but our attitudes about social engagement continue to constrain our interest in relying on mindfulness to that end. Instead, we are using meditation to insulate ourselves from each other.

The neurobiological evidence, however, demonstrates how our emotions are regulated and revised in relationship. Neuroscientists Lewis, Amini and Lannon (2001) describe how mutual resonance serves to keep human beings well supported through a process they call *limbic regulation* where

the first person regulates the physiology of the second, even as he himself is regulated. Neither is a functioning whole on his own; each has open loops that only somebody else can complete. Together they create a stable, properly balanced pair of organisms. And the two trade their complementary data through the open channel their limbic connection provides. (pp. 85–86)

Study after study shows how social networks have a direct positive impact on our health (e.g. House, Landis and Umberson, 1988; Schwarzer and Leppin, 1991; Berkman, 1995; Seeman, 1996). We only need to review Putnam's statistics to see the converse: we are sicker, poorer and dumber the more disengaged we are from each other.

While solitude has its place in human experience and certainly can help quiet us when we are beside ourselves with rage, pain or terror, it does not touch our despair, that cavernous feeling that looms when we see no human connection in sight. When solitude is temporary, it is a balm to the soul, a respite from the struggle, a chance to recover so that we can return to life. But when it sprawls for miles upon miles, solitude offers no hope other than a quiet place to hide, sleep, and eventually die.

We need help, but not the kind that turns us back upon ourselves and sends us away to pull it together. We need skill, but not the kind that makes us experts at not needing anyone. We need opportunities for participation, but not the kinds that overburden us. If

interdependency is such a crucial ingredient in solving problems, then we must work together to reduce our isolation. So what will catalyse us to form enduring commitments of mutual support and mutual care?

How mental health practitioners can help

In my conversations with practically anyone who will listen, I focus on agitating about the disengagement promoted in our culture. I remind people of what our feelings tell us about the situations that produce them. I warn how 'help' comes in forms that sometimes distract us from the good reasons why we feel what we feel. And I invite people to reverse this trend by working together to spread a culture of engagement.

When the audience is a group of mental health professionals, I recommend engaging in prevention at least as much as treatment. If we route distress through a mental health service delivery system, we fail to prevent the conditions that lead to that distress. Treatment encourages individuals to change their attitudes and behaviours, whereas prevention invites us to modify the systems that organise our experience. If we want a culture that guarantees people health and abundance, then we all have to change how we invest our time and resources. This takes collective strategy and coordination.

Psychotherapists can have a role in such a coordinated effort. Their skills lie in engaging people in conversations that lead to thinking and behaving differently, which is how psychotherapy has contributed significantly to social development in the last century. But I am worried that its contribution may be leading society into a deeper state of 'soothed disengagement' rather than the coordinated cultural reorganisation we so desperately need for our sustainability. So how can psychotherapists help to catalyse a culture that supports sustainable, diverse, healthy community?

Why we need mental health competencies

In fact, the skills and knowledge mental health professionals possess resemble the competencies needed to manage the demands of an increasingly diverse, mobile, and technologically advanced society. Mental health sensibilities are essential, but the activities of psychotherapy may be less so. Unless therapy activities can be modified so that they catalyse greater civic engagement, what may accompany the aimed-for capacity for self-soothing is an alarming ability to screen out the disturbing information that distresses clients in the first place. Once we are able to ignore what disturbs us, we are indeed one step closer to our own annihilation.

We need mental health savvy so we can better understand our experience and what it means, so we can

better read one another's intentions and muster compassion, and so we can manage the complexities of competing needs in a diverse society. But we must also feel the motivation that comes with being disturbed! We should become agitated in situations which are unjust, including those whose conditions lead to injustice and suffering among droves of invisible, exploited people.

Even so, psychotherapists' opportunities to inspire greater social engagement are constrained by the private service market that sets the public's perceptions of therapy as a form of personal, individualised attention. It is a reality. Changing that market will be impossible as long as it is itself embedded in a broader culture of individualism – the fuel for consumerism. It will most often be the situation in which therapists will have any influence. So how can mental health providers take advantage of psychotherapy to engage their clients in shifting the culture?

A shift toward leadership development

Helping people to recognise their distress as a relational signal (rather than a malfunctioning nervous system or character deficit) sets the course for a different culture. Thinking about how we develop in relation to our social context prepares us to be change agents. What if psychotherapy could be reimaged as a form of leadership development? Is it possible that therapists are potential capacity builders for social movements?

I argue that psychotherapists are organising their clients all the time by inviting them to consider alternative ways of thinking. Psychotherapy is a powerful communication channel for social and political values. The kinds of conversations people have with their therapists are seldom replicated anywhere else. Trained community organisers salivate at the opportunity to influence social development at this level.

So, what values are communicated in psychotherapy? Some therapists are pitching the value of self-actualisation and discovery; others a 'healthy' way of thinking; still others the benefit of 'working through' lingering conflicts that interfere with new possibilities. I argued earlier that the Gestalt movement sought to spread radical ecological values, with a deep conviction that whatever we strive for cannot be for individuals alone but must be considered in terms of what is viable, thriving and sustainable for the whole ecology.

Whatever the discourse, psychotherapists inevitably recruit their clients. If you do not believe me, I encourage you to spend a workday trying not to influence what your clients value. Even if you manage to communicate some kind of neutrality about their choices, have you not then constructed a framework in which clients realise they should be able to make whatever decision they want? And is that not a political position

of pluralism, grounded in a value of the human right of self-determination? What I propose is that the ideology and intent to recruit be made more explicit, told as a clear, coherent narrative about why human beings are turning to psychotherapy at this point in our evolution and what can be accomplished for the whole ecology through psychotherapeutic means.

Once mental health providers 'come out' as proponents of a particular value system, we can see more plainly how they are leaders. My hope is that therapists will lead social change, so I am interested in reforming mental health service delivery to include interventions that catalyse community building, social action, and leadership development. The mental health providers in such a paradigm would then have the support to focus on developing change agents in the communities and neighbourhoods with which they work. In such a capacity, they could step out and model what others might need some encouragement to try. They could offer commentary on what they are learning in the process. They could trigger courageous acts all around them. Most of all, they could refuse to participate in discourses that ultimately propel people away from one another and into the pursuit of some unattainable state of independence.

Some contemporary psychotherapy approaches have taken a step in the 'coming out' direction. They name their values system 'dialogue' (e.g. Gergen, 2009; Hycner and Jacobs, 1996; Shotter, 1993). But there is so much more to be done if we are serious about creating sustained systemic change.

The Relational Center: a demonstration project

I founded The Relational Center in 2007 with a vision for catalysing wide-scale, systemic shifts toward a culture of interdependency based on mutual support and collective empathy. The focus was to reverse the harms of social isolation by spreading a culture of community that values solidarity *and* diversity and to rebuild a viable social infrastructure to sustain that culture. The organisation delivers three core products: 1) a mental health project; 2) a community action initiative; and 3) an institute for public dialogue. All three provide training to helping professionals and community organisers and capacity building support to other non-profit organisations and community groups.

The Relational Center's mental health project serves residents of Greater Los Angeles with a diverse demographic. Over 50% are minorities and close to 70% have incomes under \$20,000 per year. Its public dialogue institute focuses on increasing civic participation city-wide, though with a commitment to supporting grassroots nonprofit organisations or coalitions to build

their organising capacity. Its community action initiatives target socially marginalised or excluded individuals and groups, offering training in community organising, distributed leadership, strategy development, and group building.

Its institutional structure creates ongoing roles and functions that build and maintain momentum for a broader relational movement. The movement strategy relies centrally on a public education initiative that maps to our so-called ‘Pathways to Engagement’ – the resources human beings are naturally equipped with for mutual understanding and cooperation. All of The Relational Center’s work aims to move communities along these pathways toward compassionate, democratic, and sustainable relationships.

Following a weekend intensive introduction to the relational movement, a public education curriculum rolls out in three modules: (1) empathic mutual attunement; (2) radical inclusion; and (3) sustainable movement building. At the conclusion of this series, participants are given a movement kit (‘movement-in-a-box’) with recommendations for principles, practices, strategies, and a decentralised structure to support the development of self-contained community action networks (CANs). Those networks in turn provide an ongoing context for the further cultivation of the movement’s values. Those who are willing are then encouraged to take a role in The Relational Center’s institutional structure based on matched skills, professional/ personal objectives and interests.

As specialised professionals in training, The Relational Center’s mental health practitioners are taught concentrated strategies that aim to restore their clients’ health while simultaneously developing their clients as change agents in the movement. This training is essentially an ‘upgrade’ to the public education curriculum, with an emphasis on preparing practitioners to support their clients through a version of the public education experience and eventually bridge them into a CAN. Of course, depending on where they are in their relational recovery, some of the time clients will require a more intensive therapeutic course in parallel with peer support. Our curriculum is designed to equip practitioners to use these resources simultaneously.

The next section lays out The Relational Center’s core curriculum which is referred to as ‘Pathways to Engagement’. The ‘pathways’ merely underscore the capacities human beings are always already using, albeit in ways that reflect accessible supports. Ironically, because support for healthy community has eroded so profoundly, we tend to move along these engagement pathways in a coordinated routine of social isolation and exclusion, qualities we now understand to be the culprits responsible for so much suffering. The proposed curriculum encourages people of all system sizes to develop the

skills and access the supports they need in order to stay organised around relational values and commitments.

The dissemination of this curriculum is one of the key components of what has evolved into a *relational movement* – coordinated, widespread mobilisation to build an enduring culture of community that promotes belonging and diversity and a viable social infrastructure to sustain that culture. The further integration of the curriculum into organisational life is taken up in another part of the movement strategy which involves workforce training and organisation development activities. In this work, we coordinate closely with partner organisations, such as ‘Relational Change’ in the UK/Northern Europe, sharing values and practices of leadership development.

In the following description, micropractices are recommended for mental health providers who wish to expand their understanding of their work as leadership in this social movement.

Cultivating empathy: harnessing our compassion

As a consequence of the social neuroscience research of the past two decades, we now understand that human beings are innately capable of reading, regulating and revising each other’s neurobiology. Of course, that capability becomes more constrained as we move into more isolating and segregating social arrangements. We must remember that the threats to our social bonds have grown primarily out of the problems we created in our many efforts to minimise our interdependency, so to address those problems we have to find solutions that support us instead to manage this inevitable condition of being tangled up in all our complex social worlds. Why not start by tapping into the resources we are already wired with?

Sensing refers simply to our human capacities for sensitivity as a function of being organisms inextricably engaged with our environments. We have in our very bodies critical access to what is happening to and around us, and we can hone our abilities for looking, listening, and feeling in greater degrees of subtlety and complexity. A deep commitment to that kind of skill will look similar to what monastics have been doing for centuries. Some have called it reflection, others meditation, others contemplation. The study of it happens in phenomenology; its strategic implementation can be found in Nonviolent Communication.

Good psychotherapists, especially well-trained Gestalt therapists, will tend to travel the sensing pathway artfully. The Relational Center trains therapists to make use of sensing through focusing and mindfulness practices, such as the following:

- *Feeling* expands our capacity to identify with experience more deeply and to distinguish sense percep-

tions from the thoughts, ideas, and explanations we attribute to them. This is different from *reacting*, which results when we conflate these dimensions.

- *Reflection* gradually adds more complexity to our experience by developing a parallel process of noticing what flows from our feelings, especially arousing, distracting, or distressing sensations. This is different from *dissociating*, which results when we remove ourselves completely from embodied experience.
- *Acceptance* helps us hold *feeling* and *reflecting* in continual balance, neither falling into reactivity nor slipping into dissociation.

Resonating is the pathway to our response to what others are sensing. As we develop our ability to balance feeling and reflecting, we can also turn this supported focus intentionally toward others. The more we aim to see, hear, and feel what others see, hear, and feel, the more information we can get about our shared and differing motivations and values. Cross-cultural challenges mostly relate to difficulties tracking unfamiliar or unexpected signals. Attuning to others' experiences, especially the narratives they tell about them, help us transcend what is unfamiliar and build more shared ground.

Again, the best of all psychotherapy is good precisely because it capitalises on attunement to what comes via this resonating pathway. So the clinical skills to practice include the following:

- *Turning* focuses sensed experience on what emerges in proximity to others with whom we share neural connections (e.g. mammals). This practice increases our access to information that can help us make sense of and affect others' feelings, needs, concerns, and values.
- *Pausing* before drawing conclusions makes room to notice the assumptions, prejudices, and misunderstandings that shape how we make sense of our experience. This cultivates richer understandings the more we practise it.
- *Attunement* takes advantage of our mirror neurons (the neurobiological tools we use to relate to and shape the experience of others) by synchronising our regulation actions with one another, especially the pace of our breathing, the direction of our gaze, and the volume/tone of our voice.

Moving along these pathways in the direction of socially complex arrangements requires practices that distribute responsibility for awareness to relationships rather than to individuals. In other words, we have to think and behave in ways that assume our perceptions and feelings are coordinated relational events. This is a departure from Nonviolent Communication in which

we would identify our individual needs prior to negotiating them (nonviolently of course). A relational reframe helps to encourage the assumption that perceptions and feelings are constructed out of a web of corresponding, interpenetrating conditions (i.e. the field). At some level, all experience is co-action, so we need a reorientation to understanding perception as something we are doing together.

How do these practices show up in psychotherapy? Our therapists contribute to an empathic culture when they agitate us to notice the difference between a world of desensitisation and a world of compassion. We feel that agitation most when we notice our patterns of attending and ignoring. Focusing our attention repeatedly on insulating pursuits will produce narrower bands of awareness that reduce our sensitivity to systemic interconnections and remove us from the social complexities in which we are wired to thrive. The discipline of putting our sensing and resonating capacities into the service of complex awareness interrupts that divestment and lays the groundwork for more successfully coordinated interdependence.

Here is an example: when we say, 'Now I'm really frustrated!' we would benefit from hearing back, 'I wonder how we are doing this frustration together?'. Granted it's an odd statement to make in a culture that assumes frustration is something that happens to people whose brains are built to process information in that way. Indeed, as long as we insist on thinking of human beings as machines, we will never escape that orientation. But if we see human beings as organic processes, we would recognise how our experience is fluid and dynamic and integrative.

In a psychotherapy encounter, instead of being asked 'What are you frustrated about?' we need to hear, 'While you're feeling frustrated I'm feeling uneasy. I wonder how these things fit together?'. If we tune in to what resonates about each other's experience, our embodied sense (which is not actually mine or yours but really ours) informs everyone involved. All these felt experiences inflect various facets of our shared context and help us make sense of our responsibilities to the systems that sustain us. I need others to register when I feel frustration, because that feeling points to thwarting conditions that others are involved in maintaining. If I can engage you in caring about my wellbeing enough that you reevaluate your habits and values to include my needs, you now have my loyalty. We are building up our shared social capital in every moment we accept how our needs and feelings are interconnected.

Our faithful witnesses can provoke us to notice how we are constructing experience together. Most often what we feel reflects what other people are feeling who are near us. Truly, we are most likely to have experiences of mutual 'recognition' because that is what we need in

order to manage our human condition – and that is what our mirror neurons give us the ability to do. The realisation of a basic, given relatedness helps us to navigate sometimes complicated social scenarios, which we must do if we want to coordinate a culture that values the sustainability of thriving, diverse life.

Radical inclusion: going it together

The more we tune in, the more we notice the through-lines that bind us together, but also the varieties of our human experience. In a global and technologically sophisticated world, we are increasingly exposed to greater degrees of diversity. The more we discover what is ‘other’, the more we are confronted with our own perspectives as exactly that – angles or frames that affect how we each see the world in different ways. With this comes the end of any notion that perspectives are universal, but as we apprehend that other people see the world differently, we also tend to judge the ‘intelligence’ of those perspectives. So finding out what is intelligent about others’ perspectives is a key practice of cultural humility, one that makes wise use of our human capacities for *exploring* and *appreciating*.

Exploring is the pathway to our attraction to novelty and diversity. Contrast and surprise drive our development to integrate. When we follow our curiosity by wondering and questioning, we get information that sharpens the blurry shapes we think we see through our mirror neurons, shapes we organise based on shared assumptions. Short of acute suffering, outrage, or ecstasy, most of the nuances of how people feel can only be understood by knowing more about their stories, including their cultural narratives. So our capacity for engagement is expanded by strategies for exploring further what is not immediately obvious: it could be called field or systems thinking, critical theory, or postmodern epistemology. All of these discourses point to the same conclusion: we know less than we think we do.

Hopefully, psychotherapists are listening carefully for the big stories that give meaning to their clients’ feelings, needs, and values. The inquiry skills to practice include the following:

- *Scanning* makes use of our human sensitivity and mobility, resources we have as the result of our need to detect from all directions the conditions that affect us.
- *Questions* grant us the opportunity to consider our assumptions in light of new information, which supports our flexibility to adjust ideas and beliefs.
- *Deliberation* helps us consider possibilities in depth as we begin to narrow down the important factors relevant to a particular line of inquiry.

In a culture of inclusion we would involve each other

in the ways we think and speak and make room for divergence. Practitioners have the opportunity to generate that kind of culture. One example worth mentioning is the use of transparency. Consider the different impact when you imagine hearing these paired statements: ‘This is part of your pattern of avoiding intimacy’ vs. ‘I am noticing something I don’t yet understand. I feel like I cannot connect with you right now . . . something I’ve felt before in our relationship. But I don’t yet know how to make sense of it.’ Psychotherapists are often tempted to proclaim a wise conclusion and deliver it in polished form to their clients. Aside from the obvious possibility that their conclusion might be wrong, such a pat delivery communicates the value: ‘I’ll do this bit of work for you. That’s my job. I know better so I won’t be needing your help.’

Appreciating takes the inquiry to another level. Beyond mere understanding – which is an accomplishment on its own – recognising the intelligence and wisdom of others’ experiences serves as the cornerstone for a radically inclusive culture. It is not enough just to tolerate one another. If we are going to transcend the tribal boundaries that interfere with our sense of belonging to a wider human community, we must discover what is beautiful and strong about the many varieties of the human condition. Appreciative inquiry takes exploring to this deeper place by leading with the assumption of others’ resilience.

This skill is where we often start to see psychotherapists opt out of a countercultural project. Much of the education psychotherapists receive is ‘problem-saturated’, meaning they are trained to look for deficits and pathology and aim to interrupt them. Gestalt therapists are more likely to assume their clients are always moving toward growth rather than illness, but the appreciative emphasis pushes this further. When we take huge risks – e.g. drug injection, frequent unprotected sex with multiple anonymous partners, the choice to stay in violent relationships – our care providers often try to stop us because they have a fixed idea of what is healthy. But health is context dependent, so how do psychotherapists come to appreciate what seems like an obvious ‘self-destructive’ behaviour pattern?

Our safest bet is that everybody is drawing conclusions about us – and about our contexts – without our consent. We therefore need a practice that ensures we have the chance to influence those decisions, especially when they affect our access to resources (like diagnoses, for example). We need to know what our ‘helpers’ are thinking about us, so in the spirit of appreciation, mental health providers need to practise these important skills:

- *Transparency* invites others to notice and acknow-

ledge what we are feeling and thinking, granting them access to our motivations and needs so they can share in our concerns and make decisions with us. Decisions include thoughts, ideas, opinions, and conclusions.

- *Divergence* encourages others to bring their potentially divergent views or unfamiliar experiences into the conversation, even when it might rock the boat. We need diversity to ensure our decisions are adequate to the needs and concerns of the widest sphere.
- *Shuttling* helps us develop both breadth and depth in the themes that emerge in complex conversations, especially in groups or communities. This skill is critical for competent group facilitation.

When we appear to need help, and especially when we exhibit signs of distress, it seems we get a flood of offers even from people who have never before aimed an ounce of care in our direction. Chalk it up to mirror neurons. But the problem is that most of the time what people offer us doesn't really scratch the itch. It is nearly always because they have not practised exploring and appreciating with us, so their questions are not grounded in curiosity and appreciation for the reasonableness of the dilemmas in which we find ourselves. Until people really get why something makes utter sense, they are of little help when the time comes for change.

Also, because the change we want is something we hope will stay changed, we really need a village to maintain the change with us continually. So we do need help, often lots of help, but people cannot collaborate with us effectively when they are not including our perspectives and needs. So we have to stop ourselves (and each other!) from interrogations and interventions that come prior to an adequate period of deep appreciation.

We all know what it feels like to reach for understanding or empathy and instead get rapid fire questions and premature advice. Even so, we can all fall into doing that with others, even though we know how unsatisfying it is to receive it. Driving the whole pattern is empathy – we feel one another's distress and want to act *now* to end it. But of course, while that can bring temporary relief, it seldom leads to any kind of real, lasting change.

On the other hand, empathy without action can fall quite flat. The bridge between feeling compassion for others' suffering and joining them to attack the causes is the process of radical inclusion. People become excellent resources with brilliant ideas and plenty of helpful energy when they see our dilemmas as we see them and feel their impact as we feel them. Until then, helpers are often little more than reassuring nuisances.

How do these practices show up in psychotherapy? Our therapists are in a position to catalyse a helping culture for us, one that offers compassion for suffering and invites shared responsibility and creative innovation. Anyone who has assumed a helping role knows from experience how compelling is the call to action when it is voiced from a place of distress. The best support offers something we couldn't access before, but also stimulates the creation of a new pattern of support-building that taps into a wider base and prevents overburdening only a few sources. The all-too-familiar plea for help to relieve an unbearable feeling is a real, strong signal that someone has become overly responsible for carrying what should be a shared responsibility. To inspire us to spread that responsibility around to more people, our therapists can provoke us to notice more than one person who helps us 'tolerate' our suffering. The solution is to reorganise the situation, recruiting additional support from sources that can reasonably be expected to contribute to change over the long term.

But postponing heroism can be very challenging in the face of urgency. Someone you care for may plead with you, 'Stop me from taking all the pills! I just want to end it now.' Of course, in that very moment, an intervention is paramount. But what if those moments recur? What if they happen every day? The need stretches beyond an understanding response from one person, even one very competent and devoted person. So the answer may have to be more of a question, 'Who are all the people we would need to involve if we were to make your distress more tolerable?' And then of course comes the complex coordination of resources that no amount of soothing or insight can ever replace.

We need a balance between support to endure whatever is already emerging and a nudge or a reach that helps us trigger a chain of events to bring about sustainable change. We need both empathy and partnership. The practices of exploring and appreciating together form a bridge that takes us into effective collaboration for lasting change.

Movement building: relational leadership

We need to make relationships work, even when they are daunting, so we can maintain the connections that keep us healthy, but for that we need skills to negotiate the conditions of relating across complex differences, and we need opportunities to put those skills into practice in coordinated collective efforts. If you are doing your own thing and I am doing mine, we can certainly benefit from each other's presence – assuming we are both in good moods – but until we are working on the same project we are not finding solutions together.

Collaborating is people working together. It does, in fact, take a village – an actively engaged community – to

activate all the health benefits Putnam diligently inventories. But psychotherapists usually struggle with collaboration, mostly because they are taught to take the role of a caregiver, assuming a quasiparental responsibility for clients. Real collaboration means therapists have to need their clients as much as their clients need them, and for that to happen, therapists and clients have to find roles that allow them to share responsibilities with one another to bring about benefits that affect everyone. In short, they would have to move from a service provision paradigm to an organising paradigm.

Because they are working not only as care providers but also as leaders in a social movement, The Relational Center's mental health practitioners are equipped to build these collaborative skills:

- *Coordination* supports us to set goals that incorporate the hopes and longings of those involved into one collaborative plan.
- *Distribution* involves spreading responsibility among all members of a work team to create more manageable and sustainable arrangements.
- *Protection* helps us minimise harm by pooling risk, watching out for each other's best interests, and redefining wellness in terms relevant to our shared vision.

Assigning the task of care to an 'expert' (which is not the usual human arrangement) promotes an unsustainable leadership culture in which we come to depend too heavily on heroism while ironically perpetuating the opposite myth that mature human beings learn to get their needs met on their own.

For example, when we compare ourselves to our therapists, saying 'I want to be like you – sturdy, put together, wise', we need their response to be, 'Whatever I muster when you see me as 'sturdy', I assure you it comes from many people in my life working together to support me . . . I am only as 'put together' as the community that holds me'.

What we need – and what has worked to preserve our species for millennia – is an ongoing situation of shared responsibility. But that requires trust. In expert service-delivery we replace trust-building with entitlement – the right to proper care that comes with a contract requiring experts to be trustworthy at risk of losing their credentials.

On the other hand, when we cannot compel others to provide us with the quality of care we need, trust will probably not come any more easily. This is especially the case when we do not appreciate the wisdom of others' perspectives.

Cultivating is about locating renewable sources of support and distributing risk and responsibility. Those conditions often result from the work of skilled community organisers who inspire cooperation and inter-

dependency. Psychotherapists who have not been trained in group-building of this nature – which includes the ability to recruit others into and facilitate collective action – are likely to create fewer lasting benefits for their clients, especially for those who are isolated and segregated. Sustainable change is cultivated through well-organised group effort.

The Relational Center's mental health practitioners are trained in group-building strategies that agitate and inspire clients to create continuous, renewable sources of life-affirming support. They build these cultivating skills:

- *Visioning* a shared picture supports well-coordinated efforts to implement our values.
- *Organizing* involves enacting our shared vision through daily practices that model our priorities and commitments.
- *Sustaining* makes our shared vision a permanent reality by attaching it to enduring, renewable structures and resources.

Engagement that is organised – with a rationale for membership, terms of purpose, and acknowledged rules for participation – serves a key function in sustaining community life and therefore individual health. We feel the most disengaged from groups when we believe we do not need them, but when groups are doing something that meet an important need, a need we could not meet through private effort, we have the motivation to join.

In those few states in the US scoring high on Putnam's social capital index we find communities collaborating in droves. But in these communities we also find plenty of built-in opportunities that support collective action, including parent teacher associations, neighbourhood associations, social clubs, and voluntary organisations. The key elements these opportunities share in common are (1) structured activities, (2) regular meetings, and (3) shared need. These seem so basic and simple that it is difficult to imagine they would make much difference to our health, but on closer inspection, it becomes more evident how these elements transform our isolated worlds by cultivating the continuous conditions that maintain change.

Parent teacher associations illustrate this well. Studies show that students at schools with active PTAs score considerably higher on standardised test scores than students at other schools. Parents who know this get active in the local PTA. Whether or not they enjoy the specific activities at regular meetings, or would rather be doing something else, or are feeling pulled by other demands, parents show up at PTA meetings because they need to participate in shaping the quality of education for their children. They know they cannot

have an influence without joining, attending meetings, and participating in decision-making.

Human beings need continuity. While a formal structure itself creates something substantial, a regular diet of partaking in it creates the continuity. Whatever the context, relationships are more successful the more consistently we tend to them. Though flexibility is important, especially in relation to diverse needs, too much flexibility can feel like transience. Continuity signals that we are part of something that does not leave us behind. Times change. People come and go. We have learned we are supposed to accept this, but an environment where too many ties are dissolving is unacceptable – literally, neurobiologically, we do not tolerate the discontinuity. It is the source of trauma.

How do these practices show up in psychotherapy? Mental health interventions are effective at encouraging collaboration when they inspire us to think more carefully about how we coordinate our relationship networks. For example, when we say to our therapists, ‘I’ve been more depressed lately,’ we need to be recruited back into what we once knew: that depression is a relational event signifying an impoverished or consistently thwarting social field. A sure way for a therapist to restore that awareness would be to ask, ‘Who do you do your depression with?’

Once we recover our temporarily forgotten memories of the significant figures coordinating our emotional experiences with us – partners, friends, neighbours, co-workers, etc. – we can bring them into our conversations with our therapists, something we should be invited to do routinely. We need others in there with us as we try to understand the struggles and longings that rightly occupy our attention, and we need a portion of the leadership responsibility. Contributing to the conditions of our own health is a critical stimulant for growth and resilience. Wherever there are professional habits that discourage psychotherapists from cultivating these conditions, a reexamination is in order.

The quest for wellbeing

The problem with interdependency is not that it makes us weak. On the contrary, dependence on a diverse range of solid supports may well be the definition of strength. While it will take some adjustments to confront the myth of independence and work through the deep shame we have come to feel about needing help, the greater difficulty lies in the dread that we feel when we cannot tolerate the very people with whom our wellbeing is entangled. While we need each other profoundly, the familiar story of personal happiness casts our dependency on one another as a temporary evil that must be overcome. Ironically, psychotherapists are mostly trained to lead us away from that evil.

On our way to therapy we are very likely leaving our communities behind, not simply because we believe we should be able to go it alone, but because we have little confidence in a community’s capacity to handle our unique interests and needs. Our shame about having needs of course complicates matters by making us feel that our vulnerabilities are burdens to the community, masking that the bigger problem lies in our fear of being mishandled and dropped. We can see this dilemma intensify when we have ideas, feelings, or values that put us in conflict with the collective (e.g. those of us who do not identify as heterosexual). In that case, if we want our feelings and needs respected we must leave the village and either found one of our own or build a fort somewhere far away from the people who do not understand us.

But we do this always together. If I leave, you let me go. If you misunderstand me, I give up on understanding you. If we hurt each other, we agree to avoid each other. Always in the ground of our social worlds is the capacity to coordinate action, even if what we are coordinating is avoidance and withdrawal.

Our isolation is orchestrated. I am tuning my instrument always to yours as we rehearse together our best attempts at sustaining ourselves. Sometimes we play the music of isolation. But our very success at keeping each other at bay has required this coordinated action, evidence that we can collaborate. It is our nature to work together. So it appears that we have the opportunity to use our natural ability to live in concert, respecting the rich variety of our expressions of human experience and realising our potential for strength and health in community.

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