MEANING-FULLNESS

Developmental Psychotherapy and the Pursuit of Mental Health

Jan Resnick

With a foreword by

Nancy McWilliams

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This book is dedicated to the memory of

John M. Heaton

and

R. D. Laing

with respect, admiration, and love

My immeasurable debt of learning
can only be paid forward

"Step by step I progressed,
until I again became a human being."

Viktor Frankl in *Man's Search for Meaning*
on the time following his release
from the concentration camp (2014, p. 84)

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Foreword

Nancy McWilliams

It is my pleasure to introduce readers to the fertile mind of Jan Resnick, whom I met in the mid-1990s, when he invited me to Perth, Australia, to do a workshop for therapists in the psychotherapy training programme he had founded there. Over the years since that visit, he has come to be a trusted colleague and friend. Dr Resnick has a prodigious intellect and a big heart; to me, he exemplifies the best in the psychoanalytic clinical tradition. In this foreword, I introduce readers to his sensibility and his knack for passing on psychoanalytic wisdom.

Whatever your level of sophistication about psychotherapy, you will learn a lot from this book and, even better, you can expect to enjoy reading it. Written without jargon, self-inflation, or pretension, it explores—in accessible and even entertaining language—ideas that often come across as dense and complicated. Clinical vignettes, offered candidly and with the author's description of his own emotional involvement in the patient's story as it unfolds in each session, illuminate the developmental concepts that have inspired the book.

There was a time when Dr Resnick's phrase "developmental psychotherapy" would not have been necessary to specify what a mental health professional does in the role of therapist. But the social construction of psychotherapy itself has changed over the last couple of decades. Up until fairly recently, therapy was widely understood, in both professional and nonprofessional cultures, as in its essence a maturational process that requires a relationship of sufficient emotional safety to invite the evolving expression, exploration, and eventual transcendence of painful and shameful aspects of self. In recent times, the term "psychotherapy" has been used much more promiscuously to designate any intervention designed to make someone feel better or provide a quick fix for the person's most disabling symptoms.

Our original construct of psychotherapy, rooted in evolving theory, accumulated clinical experience, and research (on personality, psychological development, affect, defence, therapy

process, and other areas relevant to treatment) assumed that clinicians pay attention to the ways each person's emotional maturation got somehow stalled or misdirected, and that we work with clients collaboratively to reduce impediments to the resumption of their growth. In other words, we help people who have been knocked off the rails by stressful or traumatic life experiences to get back on track. We foster a process in which they can find the courage to change what can be changed and to grieve and move on from what cannot be changed. In this book, one witnesses Dr Resnick's appreciation not only of his patients' developmental arrests but also their developmental accomplishments, often achieved in the face of formidable obstacles. He understands that their ways of being in the world and with themselves represent the best adaptation they could make to their developmental challenges. Together, he and his clients build on their health-seeking propensities to meet life's current challenges.

In recent years, for numerous intersecting reasons that amount to a perfect storm, psychotherapy has been conceptualised much less developmentally. This happened originally in the United States but quickly spread to Dr Resnick's Australia and other countries. Assumptions about a complex and ultimately unpredictable interactive process have devolved into the prototype of a knowledgeable expert applying proven technical procedures that reduce measurable symptoms. The causes of this desiccation of what most therapists consider their sacred calling are complex and multifarious, but they surely include the following: (1) the interests of pharmaceutical companies in framing psychological treatments in terms of simple symptom-reduction (so that they can market drugs for those symptoms); (2) the interests of insurance companies and government bureaucrats in believing that meaningful change can happen much faster than is usually realistic (so that their financial outlays are reduced); (3) the interests of some academic researchers, especially those who conduct time-limited studies of manualised interventions.

With respect to the last influence, we have seen a limited research paradigm replace a complex clinical one. I have rarely met a therapist who thinks research is unimportant; most of us believe that treatment should be based not only on what admired mentors have recommended but also on what science has demonstrated. But a commitment to *basing* psychotherapy on empirical studies is a very different matter from assuming that the therapy process itself should *resemble* a certain kind of limited outcome research. The philosophers whose work influenced Dr Resnick's writing might refer to the latter as a category error, the intrusion of a paradigm that serves one discipline or objective into an area it doesn't fit.

In much outcome research, one selects patient volunteers without comorbidities, takes measures of symptoms at the onset of the study, uses graduate students as the therapists, requires them to follow manuals, delimits the length of the study, and assesses improvement by changes in measured symptoms. In actual practice, in contrast, most therapists do not screen patients to select those with one DSM disorder not comorbid with any other, or take baseline measurements or manualise what we do. Where possible, we leave length of treatment up to the patient, and we judge improvement in terms of overall life satisfactions rather than specific symptom reduction. Research on patient satisfaction suggests that when people feel their therapist is

following a protocol rather than responding to their individuality, they tend to devalue the therapy.

This conflation between concepts that apply to research and concepts that characterise psychotherapy may derive from the fact that most contemporary academic psychologists, even those who teach abnormal or clinical psychology, have scant experience of psychotherapy as it happens outside the psychology laboratory. It would probably amount to professional suicide for a contemporary academic to become immersed in clinical training at the expense of time to pursue grants and conduct research. And realistically, it has become so difficult in universities to attain tenure and/or promotion that professors understandably prefer their curriculum vitae to show a long list of publications of short studies rather than a short list of in-depth research on topics of the complexity seen in actual clinical practice. In addition, it is no longer common for academic psychologists to have had their own therapy. Given the demands on their time, they may not see the point of it unless they are suffering from incapacitating symptoms.

One result of changes in university culture is that academic psychologists often misunderstand and devalue psychotherapists—they resent our not always practising in line with how they interpret their research, and they tend to misperceive the nature of our work. Because the "patients" they study are often student volunteers who claim to have one disorder "not comorbid with anything else", their experience can be quite distant from working with the complexly troubled people that clinicians typically see. (I can't remember the last time I saw a patient with a symptomatic problem that was unrelated to a personality issue, a post-traumatic condition, a substance-use problem, a situational challenge, or some other complication). As a result of their relative isolation from clinical work, academic psychologists often misunderstand our theories and how we apply them to practice. Most contemporary academics, for example, seem to think that today's psychoanalysts are ideologically wedded to Freud's earliest ideas—perhaps because that may be all they have read about the long psychoanalytic clinical tradition.

Some of this revision of our shared understanding of the nature of therapy reflects from long-ago decisions to construe psychological problems as categorical and descriptive diagnoses rather than as dimensional and inferential problems in living. By categorical, I mean that one either has or does not have a disorder, in contrast to the dimensional assumption that psychopathology is largely a matter of the *degree* to which a particular mental tendency, one with which many of us can identify, is causing trouble. By descriptive, I mean that what is externally observable or readily measurable is preferred to inferences about the *meaning* of symptoms. In the DSM, there is no concept of mental health, only descriptions of deviations from it. In specifying all the "disorders" that can arise in individuals, it lacks a focus on the origins of common difficulties in normal developmental processes that become somehow undermined or traumatically interrupted.

It is in this area that Dr Resnick's book is most passionate and critical. His distress about what has happened to his beloved profession is doubtless why he foregrounded meaning in the title. He insists, like any psychoanalytic therapist and most therapists of other orientations as well, that symptoms have meaning. Two people with identical DSM diagnoses of depression

can have significantly different subjective experiences: one woman's low mood expresses her deep belief that she is internally corrupt, evil, and guilty, while another's reflects an internal world that is empty, lonely, and meaningless. Individuals with identical anxiety symptoms can feel radically different subjectively: one man is terrified of being destroyed; another dreads abandonment; another fears criticism; another expects a childhood sexual trauma to recur at any moment; another feels a sexual temptation and fears he will behave contrary to his moral beliefs. It is the therapist's job not simply to get rid of the depression or anxiety but to understand the symptom and address the psychology that gave rise to it. If, in general medicine, doctors classified physical suffering on the basis of what is externally observable and measurable (for example, "fever disorders", "skin rash disorders", and "limp disorders") and defined good medical care as the reduction of those symptoms without concern for their causes, we would be alarmed. But in the field of psychotherapy, we seem all too willing to accept this insult to common sense.

Every person is unique. Few therapists with any clinical experience expect to understand any client's mental suffering from lists of present-versus-absent diagnostic criteria. In fact, we don't expect *ever* to understand any client completely, even if we can comprehend enough of the person's story to help the narrative to change over time. A profound respect for each individual's capacity to chart an idiosyncratic course towards loving better, working better, and playing better underlies all our clinical work. Changes in these directions require the nourishing of a sense of self-respect and personal agency, qualities that are often absent or damaged in clients when they begin treatment. Everyone's timetable for accomplishing meaningful change is different and not predictable at the beginning of a therapeutic relationship. Each person's way of formulating and resolving their problems has to be discovered, not prescribed.

As a Winnicott scholar, Dr Resnick is keenly interested in the impoverishment of play. In fact, the playfulness of his writing style itself exemplifies what it describes. So many of our current patients are unable to play; some of them are unacquainted with even the idea of playfulness as a core part of health and growth. His book takes readers thoughtfully through Winnicott's thinking about play as the basis for creativity and the development of the capacity for meaning. Not only does an ability to play ultimately soften life's hard knocks, but we also know now empirically that all young mammals have a strong need for play and that without it, certain other mental capacities fail to develop. We should be paying attention to these findings.

With the current, well-documented explosion of mental health problems, especially in young people, including increases in serious mental illness, despair, and suicide that have accompanied the Covid-19 pandemic and will doubtless persist in its aftermath, it is vitally important that we not rely on a "psychotherapy" defined by the interests of businesspeople and bureaucrats who want us to apply formulas and check boxes. Therapists in this moment have a pressing obligation to help people restore their capacity to play. We should be bearing meaningful witness to all instances of suffering, whether or not the DSM captures that suffering in the definition of a "disorder" category. We should be able to offer help to those whom the recent plague has sidelined or isolated or bereaved or prevented from moving through the

maturational milestones and rites of passage they had every reason to see as in their immediate future before the virus upended their expectations. It is hard enough to attain a sense of confident adulthood in a mass culture, in which one inevitably feels profoundly insignificant, without the ordeals created by the pandemic and all its attendant uncertainty, controversy, and polarisation.

This book is in the tradition of psychoanalytic phenomenology that seeks to understand rather than predict and control. It belongs to the hypothesis-generating rather than the hypothesis-testing tradition in science, in which the observer cannot claim separation from what is observed. Influenced by R. D. Laing, John M. Heaton, D. W. Winnicott, and others loosely affiliated with the British "Middle Group" of object-relations theorists, Jan Resnick commits to a subjective understanding of suffering and to the search for meaning as he shares the insights he has gleaned over a career that spans decades of working with widely diverse clients.

Meaning-Fullness is a pun, an expression of Winnicottian play, a serious exploration of the deeper meaning of words, and most meaning-full to me, a *cri de coeur* for a field that Dr Resnick loves, which he fears is being slowly destroyed by commercial, bureaucratic, paint-by-numbers notions of "psychotherapy". The writing flows, with a distinctive personal style marked by wit, self-irony, passion, and compassion. You may not agree with everything Dr Resnick says, but you will be stimulated by engaging with his mind, and you will learn a lot about what psychotherapy looks like in the hands of a wise elder.

Preface

Meaning-fullness is fullness of meaning: when you *feel* full, there is nothing missing from your experience of living. To understand this properly, first consider the opposite: the absence of meaning-fullness brings a sense of emptiness and nameless dread. In his landmark book *Man's Search for Meaning*, Viktor Frankl calls this "the existential vacuum". He says the feeling of meaninglessness arises when people have enough to live by, but nothing to live for:

> they have the means but not the meaning. (2014, p. 132)

These days, more and more people have neither. Ordinary living has become more expensive and it's getting worse. Without doubt, financial stress and pressure, and consequent busyness, leaves little room for questions of the meaning of living. But it isn't only that; there are a range of underlying reasons. Over more than forty years of psychotherapy practice, I have found the existential vacuum is a dominant feature of mental disorders and other psychological conditions. It does not feature in the DSM or bio-medical approaches.

My purpose in this book is to show why current mental health practices are falling short in the ever-growing need for effective responses to the epidemic of mental unwellness. The critique of current practices is only to put in context an alternative view of how to understand mental disorders differently from the prevailing medical and psychology perspectives and to offer an alternative vision of therapy that makes a meaningful difference.

This book places the existential vacuum in the forefront of the undergirding influences of mental unwellness in the endeavour to address the question: *What makes life worth living?* It is a question that is absent from most current mental health approaches that view psychological disorders as a medical pathology, a radical mistake.

This question invites exploration of some themes that Winnicott developed, most notably in his last published work *Playing and Reality* (1971). I elaborate his ideas on play and creativity, develop them further, and introduce the essential role of "language" in understanding and treating mental/emotional suffering.

A "developmental psychotherapy", as I am calling it, is one that takes the above themes into account in the service both of relieving mental suffering and promoting emotional and personal growth. The glib memes of social media on low self-esteem, forgiveness, gratitude, and acceptance hold traces of wisdom but rarely meet the profound needs of those in mental/emotional pain. A therapeutic process built on recognition, understanding, and an evolving professional relationship creates conditions for development, while addressing the painful issues that matter. I have set out to show how this can be done in the hope that mental health professionals reconsider their underlying suppositions and the current practices built on them.

A few practical points about the text: I use the terms "patient" and "client" interchangeably. I use the plural "they" or "them" grammatically incorrectly instead of using he and she or her and him, to avoid limiting, binary, gender stereotypes.

Lastly, I've tried to make the text readable, though it may be difficult in parts. If you find it too difficult, don't get bogged down. Better to skip over those passages and just move on. The book is written for people at different levels of understanding and experience in the mental health field but is not exclusively for mental health professionals. This work should be of value to anyone concerned with issues of mental health and well-being, personal development, and creating a meaning-full way of living.

Jan Resnick
Perth, Western Australia

INTRODUCTION

Making your life worth living

What makes life worth living? I raise this question because I believe it is central to creating a sound foundation for mental health. For some, this question never arises. For others, it is so elusive as to be a constant mystery, or a source of puzzlement, disturbance, grief, and a drive to search for an answer.

The way the question is put expresses a sense that life *should* have a worth, it should *mean something*. Where does this "worth" come from? How does it arise? And what does it mean for mental health if there is no sense of worth in living?

As noted in the Preface, Viktor Frankl used the term "the existential vacuum" to describe how emptiness produces a sense of a life *not* worth living. Well before Frankl, Carl Jung said:

> About a third of my cases are suffering from no clinically definable neurosis, but from the senselessness and emptiness of their lives. This can be defined as the general neurosis of our times. (1933, p. 61)

Both Frankl and Jung saw the consequences of the existential vacuum that was growing to epidemic proportions. We are there now, living in that epidemic, made worse by the Covid-19 pandemic. It is one of the most urgent and pervasive socio-cultural issues of our time. Currently, many social ills are, to some extent, a direct expression of it. They include poverty, unemployment, violence and crime, relationship breakdown, addictions and substance abuse, self-harm, and a great deal of mental illness and psychosomatic disorders. Add worsening suicide statistics to the mix and you have a society in crisis.

As a therapist, I encounter this crisis constantly. I am struck by how many patients have difficulty finding or making meaning anywhere in their lives and how this relates to anxiety,

depression, and other mental health conditions. Again, helping them with this is not easy but there is enormous merit in an approach that recognises the significance of *meaning*.

Meaning is a huge subject about which much has been written. My approach is inspired by the work of Donald Winnicott, R. D. Laing, and John M. Heaton, with a focus upon Winnicott's last published work *Playing and Reality* (1971). This book stands out for me as one of the most important in the corpus of psychoanalytic literature. Why? Partly because it raises the question of what makes life worth living as central to the therapeutic endeavour.

Winnicott shows how the capacity for meaning-making originates for babies and young children and, by extension, how meaning can be found or made by adults. Many people do raise the question: *Is anything inherently meaningful?* Some wake up at a certain point and wonder *Why am I doing this? I'm not happy. Nothing means that much to me. Why am I living like this? Why am I living?* Such questions arise early for some and much later for others—though they can arise at any time.

Winnicott is important to me for personal reasons, too. Winnicott supervised R. D. Laing when Laing trained as a psychoanalyst. And Laing supervised me when I trained as a psychotherapist. Laing became the most widely read psychiatrist/psychoanalyst in the world from the 1960s, through the 1980s, and left an indelible mark on how we understand and work with mental unwellness. Arguably, the Laingian shift from the analysis of a patient's mind to a focus on the therapeutic relationship spawned what later became the contemporary movement of relational psychoanalysis and psychotherapy. Now, despite vast differences in practice modalities, mental health professionals usually agree on the centrality of the professional relationship—as countless empirical studies now show—and its essential role as an agent of healing and growth.

I worked with John Heaton over sixteen years and never tired of engaging in often dense philosophical texts and considering their application to the clinical work of psychotherapy. In his later work, Heaton published important works on Wittgenstein, the role of language, and psychotherapy. Heaton's influence on my thinking and practice is immeasurable. Philosophy is the love of wisdom and nowhere is wisdom needed more than now to meet the growing epidemic of mental suffering.

I never met Winnicott, but I feel he is in my DNA, professionally speaking. DNA is the molecule that carries genetic instruction for growth, development, and the functioning of all living organisms; this describes how I view my professional lineage. It is no guarantee of anything, certainly not of being a "good therapist" or knowing what I'm talking about; I just like the idea. Of course, literal DNA does not necessarily guarantee how any individual's life turns out either, what may be achieved, or what your destiny turns out to be. Important as it is, there is more to life than biology. Your life depends on what you make it, at least in part, and on what it makes you.

> Your life is what you make it, and what it makes you.

The problem of meaninglessness can at least be mitigated. Winnicott's ideas, somewhat obscure in the original, are profoundly helpful when rendered more intelligible and elaborated.

After completing the manuscript of *Meaning-fullness*, I mentioned this project to a friend and colleague in London. She responded: "I studied *Playing and Reality* chapter by chapter with Winnicott's wife Clare Winnicott who said Donald was unhappy with the language he had employed there, he felt he was still pandering too much to Melanie Klein." I indulged in the fantasy that Donald Winnicott was endorsing this enterprise, albeit posthumously.

The above led me to a now famous letter from Winnicott to Melanie Klein in which he acknowledges annoying her by stating his own ideas in his own way and confronts her by saying that he will not stifle his own creative gesture because of her agenda to foreclose language in psychoanalytic meetings to a closed theoretical system, namely her own.

> This language must, however, be kept alive as there is nothing worse than a dead language. (Winnicott in Newman, 1995, p. 8)

This comment speaks to the endeavour here. By engaging critically with his thinking in *Playing and Reality*, and unpacking the ideas in clear, jargon-free, language, we can relate Winnicott's views to the contemporary scene with respect to mental health and, more generally, living.

The aim of our journey in this book is to light a path for making your life worth living through showing how to live meaningfully and how to get meaningful help when you can't find your way or find you're stumbling through the darkness—or worse, becoming mentally unwell.

My relationship to psychoanalysis

Winnicott started his professional life as a paediatrician and his own development took him to psychoanalysis. Early on, he was supervised by Melanie Klein and identified as a Freudian, though his work is an implicit criticism and departure from the thinking of Freud and of Klein. Both were concerned with unconscious forces, instincts, and phantasy (the *ph* refers to the unconscious). Winnicott, far from opposed to those issues, was more focused on child development and the influence of *actual* experience upon later development and, specifically, the sort of mental health conditions brought for treatment.

Laing started his professional life as a psychiatrist and then became a psychoanalyst. His ideas shifted the focus of therapy from the analysis of an individual mind to a foregrounding of the interpersonal professional relationship and how various mental disorders manifest themselves within the consulting situation. He was acutely aware of confusions in communications, meta-communications, and miscommunications as well as the over-medicalisation of psychopathology and its treatments. He regarded both the historical context of childhood experience and family dynamics, and the present context as indispensable for an understanding of mental unwellness.

The history of psychoanalysis later evolves through the work of Stephen A. Mitchell and colleagues into a movement called relational psychoanalysis and psychotherapy that has grown from its New-York-centric origins to an international group that has produced a significant body of literature on theory and practice.

In particular, the work of Donnel B. Stern (2003, 2010, 2019) traverses a somewhat similar territory as *Meaning-Fullness* does here, albeit with important differences. Over a trilogy of erudite works, he has developed a theory of mind that departs from the former psychoanalytic understanding of the unconscious. Instead of "the unconscious" as a noun that implies a container of unknown forces and meanings, for Stern meaning emerges through experience not-yet-formulated into an articulable language and hence remains unsymbolised. The professional relationship and therapy process elicits a ripening of the material, that becomes formed through the process of symbolisation. (This will be unpacked in greater detail later.)

Stern could also be called a philosophical hermeneuticist (focused on interpretation) and constructivist (how meaning is constructed)—and these have their own traditions for those interested—unlike the work of Jacques Lacan who draws more from structural linguistics and represents a more Euro-centric intellectual tradition. Both understand language to be the source of *all meaningfulness in human life* (Stern, 2019, p. 31)—a position shared here.

One essential difference is that I see psychotherapy as a craft, essentially a practice, that benefits from an emphasis upon ordinary human understanding and without a heavy reliance upon theory, such as psychoanalytic theory. To be fair, there are elements of psychoanalytic theory in this text, and one of the defining principles of the relational movement is precisely an aversion to excessive and dogmatic adherence to theory. For psychotherapy, it is better to resist theoretical identifications. My primary identification is as a clinician, a therapist. Accordingly, I am not a Freudian, Jungian, Winnicottian, Laingian, Sternian, logotherapist, or anything ending in *ian*.

I have tried to present a view of psychotherapy that is accessible, avoiding getting bogged down in a rarefied, intellectual discourse, while still being informed by philosophy—especially phenomenology and existentialism—and the collective clinical wisdom of psychoanalysis and psychotherapy. The aim is to make psychotherapy more readily understandable and a more effective response to the mental health crisis of our time.

The structure of the book

The book is in four parts.

Part I critiques the current state of mainstream mental health attitudes and approaches and their relationship to empirical research using randomised controlled trials of techniques applied to specific "disorders" as the undergirding source of knowledge. I discuss how such terms as "evidence", "science", and "research" have been bastardised in the service of the self-interest of some mental health professions and that of other corporate agendas. This is intended

to contextualise the subsequent discussion of meaning and its relationship to mental health, and early childhood development as the original source of capacities for meaning-making.

Part I continues with a discussion of the existential vacuum illustrated through vignettes extracted from a case of psychotherapy. I go on to explore how the capacity to make meaning originates in early childhood experience. A discussion of language follows, illustrating how children become initiated into using language and come to express their sense of meaning. Initiation into language is no less an initiation into the local culture of the family in which a child grows, and by extension the broader community and, ultimately, global culture. The implications for a discussion of meaning in adult experience are profound and contribute to a foundation for mental health.

Part II focuses on play and creativity: the role of play in early childhood development and its value for the development of capacities for creativity in a broader sense. Meaning has to be found or made, and both require a capacity for creativity, a term employed luxuriously throughout. What is it? My use of "creativity" here refers to the formation of something new and valuable. The process is both internal (that is, mental), and external or practical. This includes gestation: something that cannot be seen yet involves growth and development. When it comes to therapy, creativity refers to a person's evolution into a more authentic sense of self, the formation of identity in the sense of the total personality. In this context, Winnicott uses the term "creativity" as a colouring of a person's "whole attitude to external reality" (1971, p. 65).

Part III extends the ideas of Parts I and II. It includes a critique of Winnicott and a further elaboration of his ideas. This leads to a philosophical analysis of the function of play with reference to the work of Hans-Georg Gadamer in his landmark book *Truth and Method*. Then, the importance of the professional relationship in developmental psychotherapy is illustrated through clinical examples.

Part IV synthesises and integrates the many ideas covered in the previous parts through a long clinical case that has challenged me for many years. I set out to demonstrate why spending time on one case over many years of a *developmental psychotherapy* works better than the quick-fix attitudes of the manualised approaches, now sometimes called "therapy". The whole book points in a different direction: how mental health therapies could be more effective and lasting.

* * *

While psychotherapy admittedly can take a long time, there is a false economy in treating people quickly, imagining them "better", only to see them return a short while later. This becomes a pattern that repeats, as many mental health professionals testify. I have heard countless accounts of the revolving door of mental health treatments for patients with files like encyclopaedias. This circularity could be called *a misery-go-round* and constitutes the epidemic of mental ill-health.

A developmental psychotherapy promotes finding and creating meaning through a certain quality of professional relationship, a relationship that simultaneously draws you out of yourself

and puts you more in touch with yourself. Indeed, it is through relationship that meaning comes into being in the first place—whether with objects, activities, or another person, or any combination. I will show how this approach applies to specific mental health conditions such as anxiety and depression. When I speak of a developmental psychotherapy, it is with adults in mind and as distinct from what has been termed "Dyadic Developmental Psychotherapy"[1] which focuses on children with emotional disorders, complex trauma, and attachment issues. There, the dyad (the twosome) is the therapist and child-patient, whereas my work is primarily, though not exclusively, with adults.

At the same time, this book integrates early childhood experience, adult experience, and psychotherapy experience, moving fluidly through these domains. Each has a reference and a relevance to the other. Childhood experience is formative and defining for adult experience, expressed in therapy as memories or re-enactments. Adult experience affects how you remember and regard childhood experience; the actuality of what happened to you in the past cannot change, though how you have been affected by it *can*. In turn, psychotherapeutic experience informs adult experience, ultimately changing the way you experience yourself and what happens in your life. *The way you experience* is the basis of everything. What you make of what happens and how it affects you is the focus of a developmental psychotherapy.

When worked at, therapy engenders an enhanced capacity to find and create meaning. If that hasn't happened *early*, or early enough, it may not be too late. It still needs to happen later. Further development requires work. And the question of what makes life worth living is answered in a way personal to you. It's not the same for everyone but every person who can work in psychotherapy can build their capacity for meaning-fullness—it is an inborn potential—requiring development at the earliest possible opportunity to achieve a life worth living.

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[1] DDP is attributed to Arthur Becker-Weidman and Daniel Hughes and is largely based on Bowlby's attachment theory though it combines other approaches in its treatment methods. There is some overlap as DDP is influenced by thinkers such as Daniel Stern and Alan Schore, as am I.