

LIFE SPACE MAPPING

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Introductory remarks.

The context for this work is counselling, therapy, and transformational learning endeavours in which I have been engaged for over 30 years. My interest in objects and maps as means to enrich therapeutic process began in about 1960 with a specific incident. I was working as a psychologist in a community mental health clinic. I had been assigned a family to work with which included a fundamentalist religion father, a quiet, submissive mother, and a five year-old daughter. The family had been referred to the clinic because the child refused to speak, either to parents or at nursery school. She had spoken fluently until about a year earlier. The parents both refused to enter therapy, either as a family or individually so I was left to work with the little girl.

She was a silent, attractive 5 year-old who was brought to the clinic twice a week by her mother. She was reluctant to engage in any way with me to begin with but slowly she permitted me to play games with her in the play therapy room. Almost three months went by without speech. Then one day she came to the session and as soon as her mother left she approached me with her fist clenched. She reached out to me, took one of my hands and opened it. Then with her other hand she put a small object in my hand and closed my fingers around it. We looked at each other. I opened my fist and found the object to be

a small agate rock from the beach. I examined it and then said to her: "This is beautiful— why are you putting it in my hand?" She looked up at me and in clear speech said, "Because you are my friend".

With the act of giving me the rock and expressing the meaning conveyed by the act, she and I thereafter became fluent conversationalists. Within a few weeks, report came from the school that she was talking in school. And shortly thereafter her mother told me that she and her daughter were having conversations for the first time in almost two years. In therapy, the child and I had many conversations about "what the rock has to say". We listened to stories father, about mother and father, about fear and nightmares, and about joys in life. Unfortunately, I do not know the ending of this story for the family then moved to a distant city where the father had a new pastorate.

What I realized from this experience was the power of objects to evoke voices from people—voices which might never be heard through purely verbal means. This what I have come to call "object-mediated discourse" and since this originary event I have developed a family of procedures for using objects in therapeutic discourse.

More recently I have developed a strong interest in the use of "life space mapping" in the counselling context and that is what I will describe in the rest of the paper. I believe that both object-mediated discourse and mapping are largely metaphorical activities and they have several features in common. Both:

- 1) are metaphorical
- 2) have externalising effects
- 3) explicate life-experience
- 4) evoke multiple voices, and
- 5) are redolent with personal meanings.

My interest in life space mapping arose from two sources. First, I was counselling with a young woman who suffered from mild anxiety attacks and chronic colitis. She had "rumbling" in her stomach so severe that she did not like to sit close to people since she was certain they could "hear" her stomach. She had been under medication for both the colitis and anxiety but her symptoms persisted. She was referred to me by the University physician for "therapy".

In the course of counselling I was employing Eugene Gendlin's¹ focusing procedure with the client. In a relaxed state she began describing a "feeling" in her chest(inner space) which she depicted as "like a lot of rubber bands pulling in all different directions". However, she was unable to explicate the meaning of this metaphorical description further. Acting on impulse, I asked her to take a pencil and draw a picture on a paper of the rubber bands and we began to draw and talk about what she was depicting.

To make a long story short, what she was able to articulate was the following. About one year earlier she had been visiting her parents. Her mother was out of the house. She heard some strange noises from her parents suite. She found her father bleeding profusely on the bathroom floor. He was in the midst

of a stroke. She held him in her arms where he died. She suffered partial amnesia of the event and had not been able to describe either the details of the event or the conflicting guilt (for not doing more), nor the fright and sorrow which she had experienced. As she drew, details became available to her and she was able to reconstruct most of the death scene and her subsequent feelings. Two weeks later she reported to me that she was no longer having stomach grumblings, her colitis was greatly diminished and she no longer felt anxious. I received a letter from her a year later and she said that she was "fully healthy" again. Now I have incorporated life space mapping as a pivotal procedure in my version of "constructivist counselling"².

Theoretical Comments.

I first encountered the concept of life space when I read Kurt Lewin's books in the early 1950's. He asserted that there is "social space" in the same sense that there is physical space and that social groups are the determinants of the individual's life space³. Later on I encountered the concept of "life world" as used by Alfred Schutz⁴. Schutz's descriptions of his concept of the life-world gave me the understanding that each individual is located in a (projected) life space which is not, and can never be, at hand in the sense that a physical world is at hand. Rather, it is the product of metaphorical thinking. The life space of an individual is built up largely intersubjectively, but eventually allows the person to anchor self historically in the evolving flux of social life. Language is the tool which is used to objectify this metaphorical, projected "personal" reality.

Of course words tend to be ephemeral and the discourse of counselling and therapy often "flies out the window". Taking language one step further from verbal articulation to graphical form as a "map" helps to anchor meanings and words in more solid ground. In my own thinking the individual life space began to take on characteristics such as:

1. It is metaphorical.
2. It is an organised meaning configuration which is the "ground" for practice, choice, and subjective sense of self.
3. One's life space arises out of group membership(as Lewin thought), out of imagined or projected interpretations(Schutz), and has many layers(the hermeneutic nature of life space).

I also discovered the way in which Habermas uses the term "lifeworld". For him a lifeworld "consists of individual skills, the intuitive knowledge of *how* one deals with a situation; and from socially acquired practices, the intuitive knowledge of what one can rely on in a situation, not less than, in a trivial sense, the underlying convictions."⁵

For Habermas our very constitution as persons or individuals derives solely from the fact that we grow into a particular language community in an intersubjectively divided lifeworld. Human existence requires both a subject and the other. As individuals evolve(assuming that they do) they at once become more finely differentiated as a subjectivity and at the same time more intricately

embedded in a myriad of social life relations as well as increased engagement with the world of things and technology.

In EuroAmerican forms of counselling and therapy, a serious mis-emphasis has developed over the past fifty years. That is, the tendency to place excessive meaning and reliance on the psychology of the individual (resulting in a form of narcissistically-accented therapeutic practice) and too little emphasis upon the intersubjectivity or interrelatedness of the client with his or her surrounding life world/life space. Within the process of counselling and therapy, mapping is a specific procedure which helps to balance the considerations of self and other. A life space (discussed later) is a dynamic, aesthetic, holistic equilibrium of parts when well-functioning, and an unstable or chaotic system when fragmented or featuring disparate parts.

Another concept which I believe is very close to the idea of life space is that of "habitus" as used by Pierre Bourdieu⁶. Although habitus is not strictly individual nor is it fully determinative of action, it is a structuring mechanism which operates within agents. It is a strategy or system of lasting and transposable dispositions enabling individuals to cope with ever-changing and unforeseen situations. It integrates past experiences, functions constantly as a focal point of perceptions, appreciations and actions, and makes possible the achievement of a wide range of tasks. Habitus is inventive, creative and yet it operates in a web of relations – communicative and practice – which is

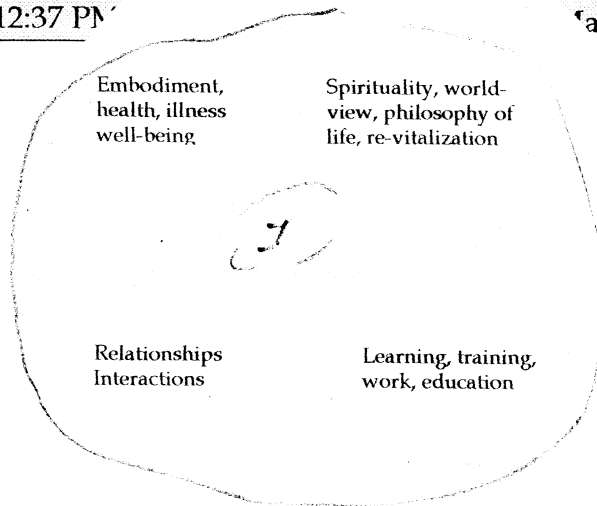
transcendent to the individual and always anchored in a web of others. We might even think of habitus as a social art of improvisation in practical living. I will now explain how this is so. As Bourdieu sees it, the individual and the world surrounding mutually possess one another, or have a relation of ontological complicity. Habitus(read life space;) is sensitivity to a sensitive world. The concept of life space has a kind of fuzzy logic, and is polymorphic, supple, plastic, adaptable and imprecise rather than being defined, calibrated, and formulaic. To conclude this section, I emphasise that I have been aided in my development of the concept of life space by the work of Lewin on social space, the work of Habermas on lifeworld, and the work of Bourdieu on habitus.

How the concept of life space adds value to the practice of counselling.

Some years ago I conducted research into the areas of life which people spend time thinking about as they go about their practical, daily social life. My co-researchers wore timer watches and entered a notation of what topics they were thinking about every hour on three separate days. In examining the data, I found that most topics of thought fell into domains as shown in display 1 below:

1) embodiment, health, physical illness and well-being; 2) work, learning, training; 3) relationships; and 4) spirituality, philosophy of life, world-view.

Display 1. Domains of life space



My understanding is that every agent is surrounded by a metaphorical space which includes all other phenomena to which the agent feels connected or which the agent perceives itself to be in an ontological complicity of mutual possession.

When an individual is asked to place a small circle(which is a symbol of self) on a page(which represents their life space) and then asked to place other people, events, experiences(present and past) as well as imagined futures within that life space, it enables the therapist and the client to move toward an understanding of such abstract features as:

1. The expansiveness or extentionality of the self and relata,
2. Unification vs fragmentation(index of coherence)
3. Personalised vs depersonalized or commodified experience
4. Range of uncertainties vs certainty
5. Degree of powerlessness vs appropriation
6. Temporalization of the life space

Such dimensions as those listed above are abstract and may be more of a research interest than a practical therapeutic interest.

From a practical point of view, life space mapping adds value to the counselling process by:

1. Making the self visible,
2. Providing an opportunity for counsellor and client to work together cooperatively in the task of mapping,
3. Activating both therapist and client,
4. Producing a tangible project from the therapy session,
5. Engaging the client in the explication of meaningful life experiences,
6. Identifying patterns of interaction in the life space,
7. Identifying key features or focus for the client's concern,
8. Identifying obstacles to movement, sources of strength, and areas of need,
9. Evokes voices of the present self, remembered selves and projected, possible selves.

In a counselling session, virtually anything that comes up for discussion can be mapped: concerns, life space, relationships, conflicts, problems, family dynamics, career plan, roles and so on. The counsellor guides the mapping process, and the client contributes his or her life experience. Thus both contribute to the mapping.

I have used mapping in various processes: counselling and therapy; clinical supervision; teaching; and collegial discussions. I will now show some

overhead transparencies which show examples of mapping. Perhaps we can have a discussion which will explicate the meaning of mapping and enable us to consider its valuable features as well as some shortcomings.

REFERENCES AND NOTES

¹ Gendlin, E.(1978). *Focusing*. New York: Everest House.

² Peavy, R.(1997). *SocioDynamic Counselling: A Constructivist Perspective for the Practice of Counselling in the 21st Century*. Victoria: Trafford Publishers.

³ Lewin, K.(1948). *Resolving Social Conflicts*. New York: Harper & Brothers, pp. 84-85.

⁴ Schutz, A., & Luckmann, T. (1983/1989). *The Structures of the Life-World, Vol. II*. (trans. R. Zaner & D. Parent). Evanston, Ill: Northwestern University Press.

⁵ quoted in D. Horster(1992). *Habermas: An Introduction*. (trans. H. Thompson). Philadelphia: Pennbridge Books. p. 21.

⁶ Bourdieu, P.(1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press. pp. 72, 95.