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Stories of "Self". Ideology in action.

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Abstract

Theory about "self" is political. It immediately situates a person's problems within an individual, and/or within wider social systems. This paper encourages therapists to be curious about their stories of "self" and about the ideologies that produce them. By taking responsibility for one's preferred stories (theories) of "self", we can understand and take responsibility for therapeutic theory and practice as cultural products, products which create social consequences. Many therapeutic theories frame the problems that people have as indicators of personal inadequacy. These theories are at work within the therapeutic relationship, a relationship of unequal power. The storying of people and their struggles by professionals is frequently a one-sided imposition of theory and values by one party (the professional) on another (the client). In this sense, therapeutic relationships have the potential to colonise. This is particularly worrying given many people look to therapy to support their journey in overcoming experiences of being colonised in other contexts.

A table shows a sample of psychotherapeutic modalities. It contrasts the different ideologies and the stories of self they produce. Different levels of context (Afuape, 2012; Oliver, 1996; Pearce, 2002; Pearce and Cronen, 1980) show how different ideologies play out in therapeutic practice, and how therapy maintains or disrupts social change. Beyond the table, there are questions at each level of context for therapists to explore how their own subscription to specific ideologies has implications for their therapeutic practice, supervision and training The paper ends with a reflection on how *theorethical* reflexivity could move the levels of context into a fluidly reflexive process which involves being prepared to change an ideology so that theories of self are contextually responsive and intentionally decolonising (Afuape, 2012; Reynolds, 2010).

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Storying "self"

Stories of a "self" have been created by humans over time and across social contexts, and these theories influence not only the practice of therapy but wider social discourses (Afuape, 2012; Burr, 1995; Du Bois, 1897; Simon, 1998, 2012a; Wynter, 1981). Because theory cannot be created outside of social and political contexts, it is important in this decolonising era to question what counts as knowledge and who counts as knowledge creators (Mignolo and Walsh, 2018; Hipplewith, 2023; Lugones, 2010; White, 1990; Wynter, 2003).

Theory about the self of the client is at the heart of each therapeutic modality. The individual is the basis of the referral, the subject for diagnosis and, outside of systemic therapy, for treatment. The individual is the name on the case file, and they become a countable statistic of the individual unit. How come western influenced health services are based on this model of the individual as a site for treatment? And what are the implications for treatment and for society that we treat people with mental health issues as having illness within them? Systemic therapists understand that working with one person may result in movement for that person *and* for their significant others, the systems within which a person lives (Hedges, 2005). How we understand the person in psychotherapy or social work or psychology or psychiatry can and will influence how we understand their problems, their relationships, ways of treating the problem and what counts as success. Theories about individuals, relationships or communities act as cultural lenses which make some things more visible and other things less visible so obscuring therapeutic and ideological intentionality. There are no theories which are not situated within an ideology and therefore influenced by it.

During the 1990s, I taught a broad range of counselling theories across counselling, psychotherapy and psychology courses. They often involved a whistlestop tour across all the modalities. It felt like a marketplace for students to see which theories appealed to them. But they were not all the same *in consequence* for different communities. Some modalities value normative theories of *what counts as* culturally appropriate, neurotypical or gender conformative behaviour. Such modalities subscribe to theories that pathologise people and their communities, and which served to exclude some population groups from training in psychotherapy. In this way, theories of the self or individual can act as gatekeepers and influence the development of a whole profession.

Trainees and people coming for therapy can find themselves in a bind: if they don't agree with their therapist's or training institute's theory, their disagreement can be interpreted as "resistance" to change, as part of some underlying difficulties which needed confronting, perhaps being seen as unsuitable for therapy or the profession. From a different perspective, such "resistance" may be an act of self-protection to keep themselves safe from persecuting, inaccurate or irrelevant professional narratives while continuing with their therapy or their training.

I have been concerned not simply to teach the different modalities but invite critical thinking from trainees so they could understand the impact of theory on their various selves, on their relationships, and on their communities. Learning became a twofold process: the first order learning of content: what the theories propose; and second order learning of critical thinking: when and how were these theories created, by whom, about whom and to what ends? Committing to critical thinking about the relationship between theory and human diversity requires that I stay mindful of how theories might insert themselves between me and another person, and avoid hidden values within theories colouring what I (think I) am seeing,

To supplement the existing training materials, and to a large extent for my own learning, I created a visual map of stories of self, a large diagram which showed how a therapeutic modality enacted its underpinning beliefs and values – in effect, its ideology. I mapped out different levels of context for many of the main therapeutic modalities showing them side by side to highlight differences in their theoretical propositions, methods, techniques, aims, outcomes. The diagram was so large, there wasn't room for showing relational influence or, one might say, reflexivity in action. This was technically too difficult to show in an already information-rich overview though I have done this within specific models (Simon, 2012b, 2023). But it enabled me to talk with students and colleagues from across different modalities. For example, I could contrast the psychoanalytic English School with the psychoanalytic Continental School; a humanistic approach with a theological approach; a systemic approach with a cognitive behavioural approach and a narrative approach etc.

Most therapeutic modalities borrowed or drew on normative developmental theories to generate explanations about why some people are gay or lesbian or transgender. Many people, including therapists, focus on lineal causality, "Why are they trans?" for example, instead of focusing on the relational context and its impact, such as, "How come their parents continue to misgender their child knowing that it makes them deeply unhappy?". The *why* question takes therapists and clients down a maze of rabbit holes in search of a story of causation in order to correct the direction of travel and administer a "cure"; whereas the latter everyone-in-relation approach explores how culturally situated, power-laden narratives play out in relationships and impact on wellbeing.

My experiences as a sometimes privileged, sometimes at risk, lesbian, feminist, enwhitened European Jewish woman have influenced how I watch for unanticipated consequences of theory for people, their relationships, and communities. So many terms and concepts from psychotherapeutic discourse, mainly negative, have leaked into everyday parlance as descriptors of self or others, as if they are everyday truths. Psychotherapeutic theories and their hidden values travel and they can influence a community's sense of itself.

When I came to working in the lesbian, gay, bisexual, trans, intersex, queer and Jewish communities in the 1980s, I was shocked to realise how widely theories that negatively interpret experience and promote pathologising ideas had infiltrated everyday speech and stories about self and community culture. And had gained so much credibility in already pathologised communities. Sometimes as a therapist, I had to check my sense of reality when confronted with queer or Jewish people describing themselves or their community with textbook pathologising narratives. The theory sounded plausible because there had been no space for documenting queer life, for example, in a safe, just world; because there was no description of the impact of socio-political-economic contexts on oppressed peoples in the textbooks – just stories of the decontextualised self. Theory stood in competition with community produced knowledge. There was a massive separation between professional knowledge creation practices and community storytelling and sensemaking. I'm talking about the 1970s, 80s and 90s. I still advise people to read queer literature, to go into Gays The Word bookshop and immerse themselves in a community of life stories. This is true for therapists too who all too often prioritise theory which has been developed about them outside of their own community over community narratives. But we have an ethical obligation as therapists to consider not only "what works for whom" but where therapeutic theory has come from and with impact on different community members.

Knowing your different selves

It's probably safe to say that the individual is the most common unit for treatment in psychotherapy in westernised societies at present. Stories of "self" have not come into being with the advent of the counselling and psychotherapy professions. The stories about “self” which we draw on come from a range of sources: philosophy, psychiatry, psychology, counselling and psychotherapy, social sciences, medicine, religion, family, our cultural backgrounds, the media, the time in which we live - to name a few. And while stories about individuals have always existed in communities, they may not have been as foregrounded as they have been in some eras or cultures. Stories of self change over time influenced by economics, law, policy and politics; supremacist ideology; religious and spiritual ideas; power relations; war; disease; resources; survival and so on.

Most therapeutic approaches have developed theories specifically about the nature of the individual, how problems are constituted and how they manifest, so when working therapeutically with people, we draw on all kinds of ideas about what a person is, how they function and how they can recover a sense of wellbeing.

We have many selves, and we have many stories about what a “self” is but there is little documented about how our different selves coordinate with each other and not much on how context affects which self we bring to the fore or what gets backgrounded. People coming for therapy and trainees are choosing which selves to bring and which to leave behind, often to do with trust that others will understand and value the cultural context for those selves.

A key ethical expectation of therapists is that they will explore their bias and how it might play out in therapy. The first thing we need to do is erase the myth that there is a separation of theory and personal bias. Theory cannot be neutral. We made it up. Well, someone did. It arises out the ideological influences of particular communities, cultures, and power relations over different eras (Afuape, 2012; McNamee and Gergen, 1992).

Therapeutic narratives usually ask the question, “how, as human beings can we account for the social world?” Leppington asks a different question from a social constructionist perspective, "how, in a social world, to account for culturally specific notions of the individual?" (1991, p. 57). She tugs on the rug out from under our culturally grounded feet of what we take for granted about “self” in our own worlds.

From Theoretical Attachment Disorder to “theorethical” choices

What counselling, psychotherapy, psychology and psychiatry have done is to generate a notion of being able to theorise the "self". Many concepts of “self” exist across different modalities. But concepts of self also vary across cultures, across diverse communities. Some concepts of “self” are defined within colonial frameworks with inequality of power affecting right to life, freedom of movement, access to food, clean water, safety and wellbeing.

Counselling and psychotherapy trainings that expect an allegiance to the host modality over the culture of origin or community memberships of trainees, tutors and service users promote a form of colonisation. It requires participants to hide who they are, put aside their community belonging and histories in order to succeed in accessing resources to feel better or pass their course or earn a living.

Psychotherapeutic schools have their own culture made up of stories (theories), activities (therapy, supervision, training), a professional membership, ethics boards, complaints policies, rules and rituals and so on. Achieving a qualification to practice is mediated through one of many registered institutions which require differing degrees of loyalty from their members, whose policies, values and expectations control limited amounts of aberration from core ideas. How will psychotherapy trainings embed a commitment to emergent and evolving reflexivity about its culturally bound professional narratives and practices? If psychotherapists don't use critical thinking to consider the social impact of how ideology operates through method and practice, we suffer from T.A.D. - Theoretical Attachment Disorder - in which the allegiance to inherited or familiar narratives risks *othering-by-theorising* people from outside of their communities and by excluding social, economic, cultural context.

The move towards decolonising and depathologising our relationships with people, theory, society and the planet requires a letting go of attachments to stories of how we are expected to be, think, and act towards ourselves and others. Theoretical activity needs to be ethically driven, which is why I have used the term "theorethical" to show the need to integrate and account for our choice of theoretical allegiance. "In a systemic practice context, theory and ethics merge to suggest the word *theorethical* which may be useful in highlighting the integrated and reflexive relationship between theory and ethics." (Simon, 2014, p. 16).

A couple of important turns have prompted a review of my earlier work on stories of self. The new materialist turn (Lettow, 2017), the decolonising turn (Moosavi, 2023), with increasing appreciation of Indigenous knowledges, climate crisis, technological developments, and advanced capitalism induced crises, have shown the importance of us humans needing to reflect on our taken-for-granted narratives and act differently to avoid participating in social and climate injustice. These weren't included in my earlier mappings of modalities.

When exploring the table below, it is probably helpful to take a step back and treat this an attempt to theorise theory with relational ethics in mind and ask, "Who is impacted by the ideological premises and theoretical propositions to which I subscribe?" Some further questions below open up possibilities for a reflexive dialogue. There also follows a discussion of what else could have been included and how the table could be developed.

A visual overview of ideologies

The intention in the table below is to draw attention to there being many theories of "self" and show the relationship between an ideology and its theory of "self". A key feature of this table is the opening up of different therapeutic models to reveal additional layers which are not usually acknowledged. The table is not intended as a definitive, inclusive or competitive mapping of therapeutic approaches so much as offering a way of studying and contrasting a sample of modalities to show how different stories of "self" play out in practice.

Here is a glossary-for-now of the different levels of context included in the table.

The levels of context

- *Ideologies and their premises about "self"* show the most deeply held cultural assumptions – what might count as "obvious", "common sense", "normal", "healthy" or "right" within that

ideological paradigm. They are so embedded that we are often not aware of them.

- *Theoretical Approaches* arise out of ideological assumptions as schools of thought for working with people therapeutically. They are coherent with the ideology.
- *Stories of Self* identify some key words describing "self" within that theoretical approach.
- *Stories of Problem* identify key concepts of how a person's problem is understood within the theoretical approach.
- *Theoretical Propositions* are explanations of why people have difficulties influenced by stories of self and problem arising out of the ideological context.
- *Stories of Change* arise out of the theories of what problems are, how they arise for individuals and understanding how change happens.
- *Treatment Methods* are activities, strategies and techniques used to make changes which are theoretically underpinned by all of the above.
- *Outcomes* for individuals are the "end" product; the description of what you "find" is influenced by all other levels and are coherent with the ideological context.

In exposing the relationship between different levels, we can then ask that useful practice or research question: "Does what we find depend on what we are looking for?" In other words, are we using our findings to reinforce or confirm our theories or methods, or do we use them to *investigate* our own thoughts and practices?

Please see my reflections on the limitations of this table in the final section of this paper.

Stories of Self – How ideologies influence the theory and practice of psychotherapy

IDEOLOGY	THE DIVINE	MODERN SCIENCE			LIBERAL HUMANISM		SOCIAL CONSTRUCTION		TRANSMATERIAL WORLDING	
IDEOLOGICAL PREMISE	Humans and the world are made by God	Man is a biological entity			A person is essentially good and healthy		The self is socially constructed		Humans are part of a transmaterial ecology	
THEORETICAL APPROACH	**Religious Counselling**	**Biology Medicine Psychiatry**	**Cognitive Behavioural**	**Psychoanalysis (Freudian)**	**Psychoanalysis (English School)**	**Person-Centred Humanistic**	**Narrative**	**Systemic**	**Systemic 2**	**Indigenous**
KEY STORIES OF SELF	Believer Observant Religious Soul Disciple Follower God fearing	Embodied Biological Nature Normal Objective Determined Measurable	Cognitive Discriminating Learning Capable of change and objectivity	Instinctual Driven Jealous Unconscious Sexual	Intra-psychic Independent Developmental Interpretive Aware Relational Envious	Authentic Expressive Experiential Inner	Emergent Meaning-Making Discursive Cognitive Intra-Psychic	Many selves Contextual Responsive Fractured Transient Meaning-making Discursive Subjective	Community -member Co-inhabitant Intersectional Interdependent Technohuman Embodied Material-discursive	Spiritual Co-inhabitant Mutual Transgenerational Collaborative
STORIES OF PROBLEM	Possessed by evil Alienation Misguided, lost Untruths	Organic disturbance	Misguided cognitions/ behaviours	Neurosis	Inappropriate development	Inauthentic self	Dominant , oppressive narratives	Conflicting stories of problem in systems	Anthropocentrism, Othering, Binaries, Decontextualising, Inequality	Disconnection Displacement Colonisation Power imbalance
THEORETICAL PROPOSITIONS	1. God understands that humans will socially construct their worlds and need guidance from God to keep them protected, sensible and connected to each other. 2. God's will is at work and will influence all aspects of life. 3. God gave "man" freewill to develop learning of God's intent.	1. Individuals are born with personality / genetic predisposition which can be more or less problematic. 2. A person can be understood, helped or cured through science.	1. Human beings are able to perceive distinctions between the objective world and the subjective world. Helpful and unhelpful cognitions influence feelings and a choice of behaviours. 2. Understanding of cognitions can lead to a more helpful cognition.	1. The person is made up of three parts: id, ego and superego. A person is driven by powerful instincts which must be both controlled and satisfied to avoid neurosis and antisocial behaviour. 2. Psychological ill health can be cured through interesting unconscious fantasies.	1. Early experiences in relationships influence a person's internal objects hence their interpretation of the external world. 2. Unresolved conflicts from the past can be resolved by re-experiencing a satisfactory therapeutic relationship and so develop a more objective view of the external world.	1. A person is essentially good and content. 2. Humans need to rediscover their authentic self to experience contentment.	1. People are recruited into particular stories about themselves which are more or less helpful. 2. People can be helped to find stories about themselves which are preferable to them.	1. People have many selves which are fluid, created in relationships through language and the stories available to them. 2. Problematic stories emerge in relationships where stories are limited /limiting	1. Localised problems are symptoms of wider system collapse. 2. Supremacist beliefs and actions dominate, dehumanising some peoples and devaluing those peoples and all planetary materialities. 3. Removing inequality between peoples, and between people and all lifeforms is necessary for a sustainable future.	1. Wellbeing of an individual is inseparable from wellbeing of the whole. Western powers see indigenous theory of wellbeing as not serious. 2. Colonisation results in loss of life, health, land, culture, connection to spiritual world, and grounded knowing. 3. Materiality, language, spiritual and contextual knowing evolve together
STORIES OF CHANGE	(Re)connecting with God. Finding true religious path	Neurological or medical correction	Formulation / Conceptualisation	Maturation Working through dilemmas Rendering unconscious conscious.		Facilitation Trustworthy relationship Affirmation	Recognition Reconstruction Affirmation	Systemic formulation in local human systems. Local reflexivity	Systemic formulation in local & global transmaterial systems. Local-global reflexivity	Intergenerational healing Witnessing Reconnecting Support
TREATMENT METHODS	Prayer/Worship Reframing Interpretation of bible Guidance Repentance	Prescription/ Medication	Behaviour and thought analysis of episodes.	Interpretation Transference. Talking / Play		Unconditional positive regard Congruence Empathic understanding	Tracing narrative Deconstruction Reconstruction Witnessing	Systemic questions about contextual impact Feedback systems Reflexivity Co-construction	Transmaterial, transcontextual activities within local and wider systems. Rewilding.	Reconnection with spirits, ancestors, land Storytelling Shamanic rituals Community support.
OUTCOMES FOR INDIVIDUALS	Transformed views of God, self and others. Inner peace. Afterlife.	Decrease in individual's symptoms. Personality. Information on medication.	Symptom relief. Personal behavioural / cognition change. Understanding & control over self.	Decrease in individual psychopathology. Healthier social life.		Own experience of real inner self	Alternative or preferred story of self	Emergent descriptions of self, problem context etc.	Improvement in wellbeing of self and local/wider ecology	Resilience. Reconnection with community history, ancestors & spirits.

Gail Simon, 2024

The Reflexive Self of the Therapist: Questions on relationships between levels of context

Questions are an important way of provoking reflexivity. Reflexivity is how we orientate ourselves ethically and get beyond superficial or rigid adherence to theory and its ideological influences (Hedges, 2010; Leppington, 1991; White, 1992). We use reflexive questions to explore to what degree, or in which areas we are open to our ideas, our beliefs and most fundamental values being changed by the process of therapy, by the feedback from clients (Simon, 1998, 2012b; White, 1988, 1990). When I say *feedback*, I mean taking at face value what people coming to therapy tell us and not interpreting their behaviour for them. Questions open possibilities for upward and outward facing implications of the therapy. How individuals are understood within wider systems will impact on stories of self within professional discourses and communities.

Imagine now that the modalities have downward and upwards movements. The modalities are not lists but animated reflexive loops in constant change, influencing all levels of context. “In this era, we may understand breaking out of a reflexive loop as necessary work in the move to decolonise ourselves, our practice, our institutions, theories and communities.” (Simon, 2023, p. 64).

After going through the table, it might be useful to engage with these reflexive questions personally or in a training group so you can explore which contexts, values, beliefs, theories and ideas are in play for you and impacting your practice, and how these different contexts or influences work together, and in whose interest.

Ideological Context

- Which of these or other ideologies are in play in your life?
    - Is there more than one?
    - If so, what is their relationship with each other?
    - When is one more dominant than another? How would you know?
    - How do you manage these tensions?
- How would you describe your main ideological premise as an individual or community member in the world?
    - How does that sit alongside the ideological premise of your therapeutic modality?
    - When are they complimentary? How or where does that show?
    - When are they in conflict? How or where does that show?
- How do your ideological premises influence your ideas about “self” and your choice of method or approach?
    - How does that show itself in your practice?
    - How does that show itself in your inner dialogue?
- How do ideological premises from your cultural heritage(s) sit alongside the professional ideological premises?

- Which have overt or covert influence?
- Do your colleagues or tutors or managers know you have different ideologies in play?
- What would you need to be in place for it to feel safe to explore this?

Theoretical Approach

- Which terms do you use to describe your theoretical approach?
- Are there different schools of thought within your theoretical approach?
  - If so, explore if they have different ideological premises and how they work together.
- What was the era in which your theoretical approach(es) emerged?
  - Describe what you know about the culture of that country, society, politics, relationship with science that gave rise to these theories.
  - What was happening in scientific discourse of that era?
  - How has your own cultural heritage played a role in developing this theoretical approach?
- How do you conceive of a theoretical approach? What metaphors comes to mind to describe them?
- What image comes to mind to describe your chosen theoretical approach? Explore how the imagery works across the different levels of context.

Key Stories of Self

- Which stories of self arise in your theoretical orientation?
- Which other stories of self do you subscribe to?
  - How are these integrated into your practice?
  - How do you allow or prevent these ideas in influencing your practice if they are not written into your theoretical propositions or run counter to them?
- How do stories of self from your cultural heritage(s) sit alongside the professional stories of self?
  - How do you work these into your practice?
  - Do you exclude any of them as unprofessional or running counter to your other beliefs?

Theoretical Propositions

- With which client groups is there likely to be a tension between the theoretical propositions arising out of the ideological premise?

- How honest have you been able to be about any conflicts with your supervisor or on your course?
- How were the theoretical propositions in keeping with aspects of the culture at the time or running counter to it?
- How do the values of that time reflect or run counter to those in contemporary society?
- Have there been times when you have disagreed with your theoretical orientation on its stories of problem? With whom did you share this? How did it play out publicly or privately?

Key Stories of Problem

- What stories of problem are core concepts in your theoretical orientation?
    - Do all these concepts see problems as residing in individuals?
    - What is the relationship between self and other contexts in resolving difficulties?
- How does the story of self in your theoretical orientation influence the story of problem?
- How does the story of problem that you subscribe to affect how you see the person(s) with whom you are working?
- How do you organise your inquiry around these ideas of i) what a problem is, ii) how it arises, iii) where it is located, iv) how it is maintained?
- Have there been times when you have disagreed with your theoretical orientation on its stories of personhood? With whom did you share this? How did it play out publicly or privately?
- How do stories of problem from across your ideologies complement or contradict each other?

Stories of Change

- Describe the differences in stories of how people change from
    - within your family
    - from your culture
    - from your theoretical orientation
- How have stories of change from within your own community or cultural heritage(s) been present in your work?
    - Which do you privilege in your work? How consistent is this?
    - How safe do you feel to bring them into your practice or discuss them as something you include in your professional practice?
- Are any stories of change in conflict with each other?
    - How do you manage that conflict in yourself?

    - Do you discuss these differences of opinion with colleagues, tutors or supervisors?
- How do your stories of change impact on where you focus?
- When looking across the modalities, which stories of change make sense to you? What do you do with that?
- How are clients involved in considering which stories of change might be useful?

Treatment Methods

- Who gets to decide which treatment methods are used?
- How are clients given a choice about which methods are available or can be used?
- How is transparency about the thinking behind treatment methods shared with clients?
- Which treatment methods would you or your model be most and least open to including?
- How likely are your treatment methods to reinforce the overall ideological premises or challenge them?
- How have you developed your methods of working to be more coherent with your ethics?
    - Do these actions imply a break from any other levels of context?
    - Are their risks to your professional status if you change or challenge the modality's methods based on client feedback or your own community experience?

Outcomes

- How would you know if what you find is what your theoretical filters highlight?
- How is your language about outcomes organised by the modality? Does is change as a result of client language?
- How often have you reviewed the theory to explain unexpected outcomes?
- How do outcomes change other levels of context?
- Which levels of context are you more open to changing as a result of client feedback and which are you closed to changing?

Finally, some additional questions on power relations

- What influence do the governing objectives of an ideological premise have on therapist openness to client's own definitions and interpretations of causality?
- Who decides on the definition of the problem?
- Who decides on which theories and activities are going to be used?
- How transparent is the therapist in sharing their theories and planning with the client?

- Who or what is considered to hold what kinds of expertise in the therapeutic relationship?
- How much does the therapist rely on the idea that therapy is more effective if clients are not educated in therapeutic process?
- Which levels of context would be more or less likely to change in response to
    - a call to decolonise practice
    - feedback from different communities
    - user led ways of working
    - critique from other discourses
    - the need for social and material equality
    - research into effectiveness
    - economic pressures
- How do you explain which influences would be more likely to effect change within your modality?
- Which population groups would you feel you have to help to change despite their reluctance?
    - Would any of these biases be considered unethical within your profession?
    - With whom can you discuss this honestly?
    - What are the consequences for your professional membership?
- How do you describe any hierarchical relationship between unchanging beliefs about what is best to provide for people in therapy, and what people want from their therapy?

Storying theories of "self" as an ongoing project

By looking at stories about "self", this article and its diagram attempt to put therapeutic theory and practice into a framework in which ideological influences can be acknowledged and therefore challenged. It also encourages therapists and counsellors to take a more reflexive position about their relationship with stories about "self" and about therapeutic theory more generally. It provides an opportunity for modalities to keep developing in theoretically responsive ways to see individuals as community members, in many cases as members of minority and/or oppressed groups.

Writing and creating images is always a "for now" storying, a sense-making exercise, a stepping-stone for others to elaborate on to respond to social and professional developments.

Tables with categories are inevitably a failure to show all that could be represented. If you like, this is simply a table of contrasts that I made for particular purposes. For example, the table doesn't include existential and phenomenological psychotherapeutic approaches which would have been interesting because in these approaches, "the Self is seen as not stable, steady or fixed, but constantly evolving with the person in a constant process of becoming. Much like in social constructionism, there is no essential Self" (Markovic, 2024). Markovic continues, "Jungian theory of Self is also interesting, rather unique really; his holism, including collective unconscious and Self as a main archetype offers profoundly different philosophical, ethical, spiritual and cultural perspectives". And to name just a few

more, there is Winnicottian True or False Self, Jungian Persona, Existential authenticity/inauthenticity; Gestalt approaches and Transactional Analysis have their own theories of Self. There are the many schools of psychoanalysis theorising "self" and its development. Stories of "self" arising out of different religions or forms of spirituality are valuable to study and contrast. Different cultures, communities and families have stories of "self" which might well be unknown to therapists and could offer a significant contribution to professional stories of "self". It would also be interesting for more experienced psychotherapists and counsellors to try mapping key words from their own practice on to such a diagram, perhaps using some different or additional headings and to explore the relationship between those levels or modalities. This would be particularly relevant for people describing their approach as integrative or eclectic.

Many Black and Global Majority theorists have written elaborately on theories of self yet have been overlooked by the therapeutic and caring professions (for example, Du Bois, 1897; Dillard, 2000; Fanon, 1952; Lugones, 2010; Wynter, 1981, 1994, 2003) and excluded from most training programmes. Black and Global majority theorists are important to study as they critically situate stories of "self" within colonial constructs, discursive and material, of who counts as human. They show how categories of human were created and embedded in social, political, economic and professional structures, and how these play out in everyday social relations through imbalances of power.

In updating the table, I experienced discomfort with adding a category of Indigenous ideology. Firstly, it neither makes sense nor honouring of Indigenous diversity to reduce the wide variation in Indigenous people's knowledges and cultures in a single modality. Indigenous life is not a modality! Yet to not map Indigenous ideologies could constitute another act of colonial erasure. The knowledge of Indigenous peoples about self-in-context precedes psychotherapeutic theory and the more recent attempts of feminist new materialism to theorise relationships between humans, and between human and beyond-human materialities (Rosiek, Snyder and Pratt, 2019; Richardson/Kinewesquao, 2021).

So while this is an imperfect and limited representation, the aim is to spark critical thinking about stories of "self" and their social consequences. It is also an invitation to humility, to listen out for our bias, our unaccounted for allegiances, our own sense of coherence and incoherence; to think of ourselves as culturally situated, culturally created selves; and to create our maps with our own modalities contrasting and connecting and changing them across levels of context.

To conclude this paper, I offer some ideas for developing this work. Trainees are well-placed to take the profession further being immersed as they are in producing contemporary practice and research writing.

- The ideas in this table and paper are punctuations from within a western academic context and it is an exercise in compromise and reduction. How might Indigenous and Global Majority stories of self be represented in this or a different type of visual presentation?
- There are many different schools within some modalities. Example one: there are many systemic therapies which could be identified, analysed and discussed. Example two: within religious counselling, this could be an important project to map and describe differences across religions or between liberal and observant communities.
- It could be important to research how safe people feel bringing their "home" ideology to

work with them. This is especially important for members of marginalised communities where social acceptance, appreciation and safety are not guaranteed.

- Transmaterial worlding (Simon and Salter, 2019) is offered as a material-discursive ideology for contemporary systemic practice in a decolonising era. How could this be developed in other modalities.
- The table currently shows only downward influence. Reflexivity involves upwards influence too. How could that be mapped to show responsivity to feedback to recognise and challenge colonising ideologies and ways of being which maintain imbalances of power (Simon, 2023).
- You could contrast your own ideological map with those of clients as a way of understanding coordination and power relations in the work. This would need to be a collaborative process.
- You could use or adapt this table as a research tool to find out how other therapists work and think or explore developments in your own practice.
- It could be an interesting CPD for therapists to map key words from their own practice on to such a table, perhaps using some different or additional headings and to explore the relationship between those levels. This would be particularly interesting for integrative or eclectic therapists.
- What other structures might show different modalities in relation to each other to show influence, change, tension, compatibility, social reach?
- How could the table show how modalities are understood, elaborated and critiqued across culture and geography?
- It would be interesting to explore what counts as evidence across modalities and what counts as evidence gathering.
- Perhaps it is important to ask if there are other *meta-ideologies* - like social construction is a theory of theorising as well as offering stories of "self". Most ideologies don't understand theory as social construct, as a social product.
- It could be interesting to conduct research into how therapists integrate or not different ideological premises in their work, and who they discuss this with.
- It may be important to enquire how different components of ideological models are situated within economic systems, and with what ideological intent and how that influences practice.

So these and just a few ideas. Papers like this are like passing the baton in a relay race. A lot depends on what people do with it next.

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