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Taking the risk of being fully alive - personal comments on working and training on the small edge between doing and being

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Abstract

After being a client-centred therapist in a private office for nearly 20 years and after training young therapists in our training institute for nearly 15 years, I am going to close my office for a sabbatical year - time to make a stop, to pass and reflect, looking back and ahead.

Among the German speaking colleagues, our training institute sometimes had a tough job. Although "the time of the don'ts" (Gendlin) has passed, we again and again had to answer critical questions by the representatives of pure lore, such as: you are working with the body? You really touch people? Yes, we do. You teach techniques, and you use discipline and exercises? Yes, that's right. You developed a character-typology and a theory of bonding-styles- so you make yourself experts, such

as Rogers expressly declined? No, I don't think so. And if you recommend your students to think in the lines of radical constructivism, you are encouraging randomness, a sort of "anything goes"? No, I don't think we do. And you really find it useful to talk about therapy being sometimes a spiritual and at the same time an eminently political work? Yes, of course.

And then the unavoidable question: And you consider all this being "genuinely client-centred"???

Yes, I am deeply convinced of it. To make it more clear: after all these years I feel more client-centred than ever.

My passionate interest in questions of growth led me to a paradox: on one hand being a therapist who is knowing, active, fully present and responsible, that is: doing - and, on the other hand, a therapist who is fully committed to the process, the formative tendency, and in interdependent co-existence with others, passive and waiting - just being. The fascinating question is, when in the course of a therapy what form of relation enables both of us to feel more and more fully alive, and what areas I am an expert in - and where not.

When I wrote the abstract of this paper in the spring time of this year, there did not exist a written lecture to summarize yet. There was nothing but a feeling. A feeling that I wanted to say something, something personally important and meaningful, and there was a protest against something and a passionate pleading for something else in my heart and in my mind. In the course of time things became clearer and fell into place, and I dimly began to sense what the point was. So this will be a very personal lecture, a risk taking too, concentrating on this mystery of being present in a

relationship you all know and you all chose as a profession, and on the healing qualities it has- for the client and, if I want to be honest, in a deep sense for me too. It will be a lecture not only about practicing as a therapist, but about teaching these qualities to participants of our training. And I will talk about what it means teaching these qualities in a bodily way: a choice of mine not to exclude the body, which would be a short- sighted interpretation of Rogers´ concept, and which has been cemented by the German translation "Gesprächspsychotherapie".

Two remarks before I start:

As you can hear it: English is not my mother tongue. I wrote this text in a mixture of long gone school English and German, and a friend of mine kindly enough helped. So please remember, if we start to discuss later on that I understand fully what you say but that I am a bit clumsy and unsure in using this language in a spontaneous dialogue.

Second and important: very much of the courage to talk within the frame of an International Conference in such a personal way I owe to Brian Thorne, whose books and articles and whose presence during the days I met him personally deeply encouraged me. Sometimes I had the strange feeling to read my own thoughts: an embarrassing and moving experience. His incredible trust in the relationship, his honesty, his risk-taking and, important for my work as a client-centred body-psychotherapist and teacher, his willingness to respond bodily to his clients, supported me more than I can express. Over and above that I felt encouraged for the first time in my life to think about my work in terms of spirituality, and to find my own way in it.

Two Views of the Person-Centred Approach:

I'd like to start this lecture by looking at two views of the person-centred approach which irritate me deeply:

First there exists an approach which I will call "too wide": "but naturally the relationship is the most important tool in therapy: we all think so" ... "being empathic and understanding: no therapy can do without this" ... "of course we have to accept the client as he is" ... You will know these sentences uttered by colleagues from other areas in the professional context, mostly accompanied by a slight frown so that you feel ridiculed and made a fool of. This especially happens to young colleagues when they first start applying their newly acquired knowledge in a professional dialogue. During a body-psychotherapy congress which recently took place in Switzerland, there was great excitement about "the new paradigm in psychotherapy", which was named "relationship" ... The fact that many of Rogers´ theoretical concepts have been adapted in everyday language has enfeebled the radicalism of this approach and has led to the basic misunderstanding that client-centred therapy is what everyone does at the beginning of a therapeutic relationship, and that the "real therapy" has to come afterwards. If, with these colleagues, you get to a deeper discussion with mutual understanding, it will soon become clear what the difference really is. But this short-cut criticism adds randomness to the concept, which makes me angry and sometimes helpless.

On the other hand there is a rather narrow understanding within the so called "purist section" which admonishes each and every broadening of the approach (don't introduce skills and strategies from other traditions!) such as working with the body, using "techniques" such as focusing, and which sees this as leaving the common ground. I well remember the beginning of my own training, in which sometimes the "Don'ts" even prevented us from asking our clients a question.... As you could read in the abstract, our institute often had to respond to such reproaches. Some of these accusations were rather embarrassing for me and our training team and led to the double-bind situation of social isolation within the group of German-speaking colleagues who for example visited our body-orientated training, but afterwards, seemingly with the inner attitude of a side-swerve, returned to their "real" client-centred family, as if working with the body were something strange or immoral. Or did we never describe our work clearly enough?

What is it, the Client-Centred Approach?

Recently, after reading the last publications on body-psychotherapy by Peter Schmid, an Austrian colleague, whom I usually appreciate very much, I again had these feelings of anger and confusion about not being understood on a basic level, and of disappointment: I don't want the person-centred approach becoming narrow-hearted and excluding. But instead of immediately writing another speech of justification and explanation I suddenly realised that I myself, as a teacher and supervisor, use sentences and remarks such as, "No, I don't think that this is client-centred" or, "yes, that sounds or looks like a client-centred intervention, but I wonder if it really is one". So, my attention shifted to the question: are there distinctive criteria that can be identified to distinguish client-centred and not client-centred work, independent of the kind of intervention? What makes the difference? What makes me feel so sure on a deep level? What is it I cannot do without? That cannot be replaced? And which presence or absence makes the difference? There seems to be a clear cut when I leave this place, this attitude of client-centred thinking, as if I left some sort of creed (conviction) or a way of being, and I think we all - being trained - realise quite exactly when this happens. A special felt sense, as Gendlin would call it.

The Theoretical Side

So, if we just for a minute have a look at the theoretical side, I find it very helpful to remember what D. Höger (1989) points out: that we have to look at the precise level of abstraction if we relate to the question whether someone or something is client-centred or not. Rogers himself formulated his theory on a rather abstract level. He was mostly concerned with the level of "conditions", not with the level of "procedures" or techniques. This differentiation avoids a misunderstanding: we are not concerned with the learning and perfecting of relationship techniques, this does not guarantee that the overlying level is fulfilled, that is: the realisation of attitudes within a given relationship. In a report on client-centred research in the USA Bozarth (1983, in: Eckert 1994, p. 128f.) states that there could not be found any connection between using interpersonal skills and the outcome of therapeutical effectiveness, there only seemed to be an effect when the therapists were themselves grounded fully in the client-centred philosophy.

What does this mean? I quote Brian Thorne. "The core conditions become established not because of what the therapist does but as a result of the attitudes the therapist holds towards his/her client." (1992, p. 45) This is a very important sentence for all of us who work with other techniques than Rogers did. And he goes on: "Client-centred therapists may differ widely in therapeutic style despite the fact that they all subscribe to the same beliefs about human beings and the desirable characteristics of a therapeutic relationship" (Thorne 1992, p. 44). And Jochen Eckert narrows down the issue by emphasizing the difference between concept and procedure/technique: "Focusing and body-psychotherapy are thus not an enlargement of the procedure, but an application of the client-centred concept." (Eckert 1994, p. 126.) After having read this statement, I felt an increasing relief: Although for some of our colleagues we seemingly belong to the "heretics", I feel back home.

Training

There seem to be rather few things written down about the theme of training prospective therapists. I would like to talk about this issue in some detail. To learn this way of being rather than learning therapeutic skills is, as we all know, a challenge and a life-long adventure. As Brian Thorne puts it: "Although the essential ideas of the PCA are without complexity, implementation of those ideas can be challenging in the extreme." (Thorne 1992, p. 58)

Our trainees ask at the beginning of their training: how can we do this? What on a concrete level have I got to do, to say, what sorts of verbal or non-verbal interventions are the right ones? So this leads to a question, which J. Kriz puts in a humorous way: "Observers find that lovers often smile happily. This does not, however, imply that the training of «smiling happily» leads to the experience of love or improves the ability of loving. Does it make sense to drill the core conditions (Basisvariablen) in a therapeutic training?" (Kriz 1989, p. 202)

So from the beginning we as teachers are in the dilemma to teach a paradox: there are things we can learn, things we can do, we are responsible of, we can become experts in, we can learn a sort of craft, we can learn a lot about the conditions of growth. But there are areas in which we are only successful and effective if we do nothing, that is: we let go all sorts of ideas, we are committed fully to the process, the spontaneous emerging flow in the relationship, we wait, simply being there: for me this is the demanding paradox of doing and being.

Both qualities, I think, are connected to my whole organism, and I find it very helpful to distinguish between doing and being and, on the other hand, to remember long-neglected modes of relating which have to do with our physical and biological bodily being, not only with our feelings and our thinking.

The body is not really left out in the client-centred concept, you can find sentences in Roger's books like "the organism as a whole", "the fluid and changing self", "organismic trusting", "the being in touch with what is felt at an experiential or visceral level", and, above all, "that the therapist has to embody and convey the attitudes towards the client".

If we tell our students, that they "only" have to embody the attitudes and then find a way to convey them in a way so that different clients with different shapes of their organism could perceive them - then we have to show and to teach them how to do this. A willingness to do so is not yet an ability to do so. Learning of acceptant and empathic behaviour is not the only way, behaviour is powerless to effect change if it does not come out of a deep conviction about the therapeutic process. Congruence demands willingness and an ability to express and to be any persistent feeling that exists in the relationship. So, how can I learn to be congruent? How can I learn all this not only on a cognitive level, but also on an experiential one? Where else than in my body? The body is the resonance-instrument we all have at our disposal, and we have to relate to and get to know it in order to embody an attitude.

So, our trainees in the first years of their five-year-long training learn to get to know their bodies, to build up a strong interest in their own organismic world and that of others. Interest here means: how do I breathe? How is my body shaped, how does it move, what did I learn during my socialisation about movement, touch, posture, health, beauty, sexuality? Can I be aware of tensions and flows in my body? How does my body react when I am angry? How do I recognise that I feel close to s.o. or that I draw back inwardly? This is what congruence means before all: to maintain a high level of self-awareness, and I believe that this does not only mean awareness of thoughts and feelings, but also of all these subtle or distinctive reactions in my body. And when I do this, I of course begin to notice all these feelings, thoughts, criticisms that prevent me from really trusting my experience. And this is another point in congruence: can I be open to whatever comes up, including those aspects of experience which are painful, embarrassing or disturbing - and thus reach the area of self-empathy and self-acceptance. Can I really trust myself? Can I really be bodily alive, accept all my weaknesses and strengths, just my bodily being, can I trust the flow (or relearn it at least) of the organism in a deep way?

Perhaps you begin to grasp what I mean talking about being an expert? I don't believe that Rogers really saw the therapist as a non-expert. I think that he wanted to distinguish the precise nature of this expertise. Being an expert for my whole being, for my individual form of living in my body, feeling my feeling, thinking my thoughts including all sorts of bias, of limitations, to know myself exactly: all this enables me to be a person on the other side, not an alter ego, not to lean on my client, but to be a "companion in the search", offering to my client a real dialogue. Our trainees spend a lot of time with exercise: breathing-exercises, every morning half an hour. Sitting still for another half hour to find out how they cope with doing nothing but breathing, without movement. They give massages to each other. They dance and sense how they move. They live in a group-body for several days, observing their role and place within. Doing this, they again and again train this special focusing movement from implicit to explicit meaning. This is self-awareness, refining the instrument.

In our culture, I think there is another point of importance. Brian Thorne calls it "to befriend our body". That means that we can get beyond shame, criticism and inhibition, that we can get responsive to impulses of our biological being, that we can begin to feel comfortable with our bodies, learning about how it is to touch and be touched by men and women without the obsession to have sex, to learn or at least relearn our sensual world: needs and capacities, holding, touching, physical responsiveness. All these themes must be part of training, I think, talking about them,

training our self-awareness, exercise, if necessary, and get accustomed to touch and to the bodily living together in a group and between individuals. It takes a long time to deepen these experiences, and we do it again and again. Each time a group meets after a break, we have to establish this channel and this body-world anew, and each time it takes a little effort, but then there always emerges this special sense of relief: oh yes, there it is, this world has not disappeared in the meantime, although perhaps in my everyday life I didn't manage to cultivate it enough.

About Empathy

What does it mean to be interested in the world of my clients in a bodily way? As to the willingness and ability to cultivate empathy, on a bodily level, what does it mean to enter the private perceptual world of the client? And how do I recognise empathy in my own organism? Besides being interested in the way clients view themselves and the world and me, I want to know how this person lives in his or her body, not in the sense of only collecting information about his or her inner life, but to deeply understand and be able to accept. So people in our training group learn to look, to touch, to ask: tell me, show me, yes, now I can feel it, describe it from within, make this movement again, I didn't get the meaning in your inner world, I'll tell you what I see and what sort of echo comes up in my body, show me your way of breathing, I'll try it out (we call this bodily mirroring), ah, if I breathe this way I feel so and so... you see what I mean? And they can try different forms of breathing, of posture, of movement to get in touch "as-if" with the different worlds people live in.

I am sure you know this saying by Rogers "there are as many «real worlds» as there are people"? So I try to understand the world my client perceives, and I think it helps my understanding if I have the opportunity to get to know as many various forms of being as possible during my training so that I can try to slip into the world of another person as well as possible, not only into their way of thinking and behaving, but also into the ways of living in their bodies.

Being interested in the inner world of the other person in such an empathic and accepting way often causes interest on the side of the client too. It encourages the experiencing-process, which takes place within the client, who then can begin to look at his or her world with new eyes and thus discover new meanings.

About Acceptance

Only if I understand, can I accept. Accepting doesn't mean agreeing. But it means this specific non-possessive caring which is absolutely not influenced by judgement or evaluation, Rogers, I believe, in one place calls it "gullible". This requires of me a capacity from deep within myself to accept people as they are and not as I wish them to be. For me this is not an easy task. Sometimes people come into my office with such an amount of "real" (whatever this means) or self-created suffering that I can hardly bear it. I immediately want to push them into another behaviour, another way of thinking to stop the obvious pain and distress. When I look at someone who hardly breathes, who has cold hands, a pale face, who cramps his muscles, his chest not moving, his diaphragm making only tiny little movements, just to survive - then sometimes all my being wants to rush forward to help the person to think or feel in

another way which does not hurt so much, or wants to reach out and warm these cold hands, hold the cramped body, correct the hardly breathing chest, touch, help - that is: I want him or her to be different from what he or she is. Robert Kegan (1986, p. 383) reminds us to "protect the clients from the hope of the therapist". In working with the body too the first step is acceptance: tell me, show me, let me share your inner world as well as possible, so that I can understand why you breathe this way, why you think that way, and what it means to you. Just stay where you are. Nothing at all is wrong; nothing has to be changed at the beginning. You had good reasons to shape your body in this way. We will try to understand.

For me as a body psychotherapist, this is the most distinctive difference to other schools of body-orientated psychotherapy, which are rooted, in a psychoanalytical background. In these orientations you look at the body as masked, armoured, ill, you have to free the energy, to loosen the blocks (because you as therapist are an expert who knows for example what a block in the shoulder segment means...), it's you who have to sometimes push the client into another state of being. This means being an expert in the sense of the term as Rogers deeply declined it. That is why we can never just adopt techniques like a special way of touch or massage etc. from another orientation without proving whether it is compatible with my inner conviction about relationship.

But how long do I have to be accepting? Our young students ask. Difficult question. Sure, we have to try it again and again and examine carefully our inner reaction if we do not succeed. In my understanding of acceptance, there are two limitations. One is an ethical question and has to do with my own congruence, as I understand it. Rogers writes 1951: "Is the therapist willing to give the client the full freedom as to outcomes? Is he genuinely willing for the client to organise and direct his life? Is he willing for him to choose goals that are social or anti-social, moral or immoral? ... Even more difficult: is he willing for the client to choose regression rather than growth or maturity? To choose neuroticism rather than mental health? To choose to reject help rather than accept it? To choose death rather than life?"

I answer to our students: yes, but... Sometimes, if a client again and again repeats a life disturbing pattern or a belief system or if he remains in a position, which is only determined by habit, although choices have been established, I decide not to play another round. This decision derives from my own congruence, my own ethical "zero-level", as Marianne Krüll (1987) puts it, behind which I cannot go back to. Besides my deep conviction that there is an equalness in all constructions of one's life-plans and that there isn't one better than the other, there are values that I have chosen and that I embody. At least I sometimes choose to express them to my clients. And again I find a companion in Brian Thorne, who writes in his lecture "Ethical confrontation in Counselling: «Not only must I feel the deepest possible respect for and acceptance of my clients freedom and autonomy, but I must experience also the deepest desire to be fully present in the relationship, and that includes my ethical self with all its passion and yearning" (Thorne 1991, p. 124) So the client and I have to bear this paradox ... No randomness at all, no ethical emptiness, no "I don't care" - not because of the client, but because of me! I was very relieved to find out that it is not a question of imposing my values on the client, but of not suppressing a deep inner conviction, which I rely on.

The other question has to do with my deep trust into the resources for development clients have within themselves and that the client has the capacity and the right for self-direction - but on the other hand the actualising tendency doesn't develop just all by itself.

Stanley Keleman writes in a book about somatic bonding(1986): "Some therapeutic circles harbour the illusion that the organism knows what is best for it. But that is often not true. An organism only knows what is best for it in a field of responsiveness". Or, as Rogers puts it: "This is not to say, however, that the client-centred therapist responds only to the obvious in the phenomenal world of his client. If that were so, it is doubtful that any movement would ensue in therapy. Indeed, there would be no therapy. Instead, the client-centred therapist aims to dip from the pool of implicit meanings just at the edge of the client's awareness." In practical work, that can mean that sometimes I make suggestions to widen his or her perception. I ask: do you realize that you breathe in this or that way while you are speaking? What would it be to breathe another way? Or I can offer small movements just besides the usual, "just try-does it feel different? How would it be looking from this side?" And then I wait and see, whether the client can pick up the suggestion (for that aim it has to be near the usual and nevertheless new enough) or not, whether apprehensions arise just as: "but if I try this, it might look silly" or: "if I breathe this way I'll burst into tears and can never stop it". Or he tries it carefully and explores the new field and tries it again and again, and in the course of time alternatives establish, choices can become possible. So although I suggest something new, I rely on the client for the direction of the therapeutic movement.

Climate or Mutual Growth?

With the training going on, participants learn in the course of time to acquire experiential knowledge via this special way, and to become experts for the process, for their own resonance, not experts for the contents of their client or even for solutions or treatments. They learn to have a dialogue with their whole organism. They learn that there are different structure bound behaviours, not only in the way people think and feel, but also in the way they use their bodies, and they learn that there are different inner ages and phases of development in which people try to relate, to bond to others, and that it needs very different ways to speak and to look and to touch to transport empathy from moment to moment. Together we try to give order and clarification to these phenomena, to make sense - that is: to create an order, which seems reasonable, not to find one, which is already given. (This would be another interesting discussion about a client-centred creation of theories, e.g. about "transference" or development-stages!) They learn while reading texts by representatives of the "radical constructivism" that they can only give an impulse, and that the system of the client decides how to cope with it. Each of them during the training has to find his or her unique way to translate the attitudes into a communicable form.

For most people, the sheer presence of another human being who listens, doesn't value, tries to understand in a verbal dialogue, is a strong impulse. Others need forms of empathy which sometimes are beyond words. Brian Thorne, after experiencing this deeply with a client, writes "I have come to think that, as therapists,

we do ourselves and our clients a great disservice if we remain fixed in certain modes of relating in the mistaken belief that these alone are «therapeutic». (1991, p. 97)" Rogers often speaks of a "climate". The trainees - once they have understood that they can't "do" anything for the client in the traditional sense of helping or solving his/her problems and that it is no good learning still more techniques of intervention, do their best to create this climate, to establish this complex relation, and to offer it to the client.

And at this point, I think, they have to stop short once more, one more attempt of understanding is needed to grasp what is meant. Rogers mentioned that the first condition for listening is courage and that we will be changed by this experience. "Only if I admit being changed by the client, do I as a therapist have a chance to make change possible for the client" (Biermann-Ratjen, Eckert, Schwartz 1979/1995, p. 47). Pfeiffer has always warned (1989) of a monological exegesis of the application of the core conditions and spoken in favour of a dialogue. Only at the end of his life did Rogers - as you may know - speak of "presence", that strange supra-personal force or formative tendency which is present in the universe and of which we partake if we are present and alive in this special way. The word "climate" may seduce us to think of a thermostat which has been set up somewhere in the room being in charge of a well-balanced and agreeable climatic condition in which its inhabitants feel at ease. But living systems are not only considered as self-regulating. As Höger writes (1989), they are self-evolving systems, and that means that we, in interdependence with our environment, not only are able to maintain our structure but to organize ourselves in a new unpredictable way. We influence each other. It remains open how we change each other, how growth happens, and before all: I as a therapist must not remain unchanged.

This mutual resonance, this new quest from moment to moment is what matters. "In order to understand life, you have to participate", Victor von Weizsäcker says. A mother who watches her child make her first uncertain steps will be different from the mother she was a moment ago, and her radiance and being moved will itself relate to the child and change it- back and forth, a mutual change process. Actually this is the case with everything, everything is dependent on everything. This is where the spiritual part begins and also the political implications of this kind of conviction and encounter, and this is where the end is of expertise, the end of being active.

With regard to the conditions of growth I as a therapist am in a deep way responsible for my being totally present, breathing, aware, here and now, trying again and again to embody and convey the core conditions towards my client. But then there is a point where there is nothing to do anymore. Simultaneous with my strongest yield to do my best I know that in a deeper sense I have to let go, to commit myself to the belief that we both are parts of a bigger realm. When and how growth happens is not for us to determine; Christians perhaps call it "grace", in the natural sciences we call it "emergence", something that emerges spontaneously within certain conditions and without prediction and which is always more than the sum total of its parts. I think this is it what Brian Thorne calls "tenderness" and the late Rogers meant by "presence": "Our experiences, it is clear, involve the transcendent, the indescribable, the spiritual. I am impelled to believe that I, like many others, have underestimated the importance of this mystical, spiritual dimension." (Rogers 1980).

We cannot learn to feel tenderness. We cannot simulate "presence". Sometimes there are these "holy" moments, moments of intuition, of great presence, when we are close together, touching our souls and spirits, and, if you are accustomed to working with the body, touching our bodies, just two bodies in harmony, breathing, holding, being together, just mutual presence, just being, just love. "In those rare moments", Rogers says, "where a deep realness in one meets a realness in the other, a memorable «I-Thou-Relationship», as Martin Buber would call it, occurs. Such a deep mutual personal encounter does not happen very often, but I am convinced that unless it happens occasionally, we are not living as human beings." (Rogers 1980, p.19) You never forget these moments of presence; they remain in our cells and heal on a deep level- both of us.

For me, this aspect of mutual growth is the most difficult and the most important part to learn and to teach and one, which even after long years is still a challenge and something that through its radicalism distinguishes our proceeding from others. It is an interesting question whether trainees can "learn" or deepen a conviction. Perhaps this is a life-long journey, It may help being together with children, working in a garden, swim and sense that the water is holding us, breathing with full consciousness, singing in a choir, thinking about ecology, forming an opinion in political and spiritual questions...

Personal Remarks

I want to close this paper with a personal remark. Looking back 20 years I think that I was attracted to the PCA because I had a habit of over-emphasizing and was used to an over-all acceptance. When at the beginning of my training we for the first time talked about the core conditions, I immediately knew what would be the most difficult part for me to learn: the attitude of congruence. Being fully aware of myself and trusting this experience was challenging enough, but to maintain this self-awareness in the presence of another person seemed impossible in the beginning. But I stuck to it, and so I gradually learned it, and it was before all a bodily learning, the presence and the touch of my therapist and my colleagues that allowed me by and by to be there, in my body, my feelings, my thoughts, really me.

When I then entered the profession of a therapist, I at the same time, as Brian Thorne puts it, had "the permission and the constant obligation to be the person I truly wish to be", and during all these years this process allowed me to live more in depth, in touch with myself and with others.

And it was only in the last years, growing older perhaps and deeply influenced by Buddhist thinking and practising, that I have realized that "being a person" means to be totally present at this only moment in my own individual form, and that this at the same time means that we are together, not really different from each other, both being integrated on a no-more-personal level.

I am very grateful to be able to live and work in such a deeply satisfying way.

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