

Create Space for the Client through Body-Consciousness

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Preamble

In this presentation I will share my experience of working with clients not only using words but also physical presence including touch. I could call it physical listening or presence, person centred bodywork or body presence. But all these expressions are not satisfying at all.

I would have liked to englobe this presentation into more theory reference and to discuss it more precisely. But two actualities (conditions) make it impossible for me at this moment of my life:

- a) I am not a theoretician, neither in reading/learning nor in writing/talking.
- b) Even more, I need(ed) to stay away from theory and other psychotherapy bodywork approaches in order to discover and develop what I really do, want to do or think I am doing. I was always afraid – and my experience showed me that it often occurs – to give in to - or copy - existing thoughts, procedures and theories as soon as I hear about them.

That does also NOT mean that I do not think about what I do or that I do not confront it. Permanent supervision and exchange with colleagues as well as presentation of my activity on conferences have hopefully contributed to guarantee the professionalism of my work.

How did I come to PCA bodywork?

- a) **My experience of what is psychotherapy** – or how to be present
As far as I can remember, I never desired to deal with a disease, solve a problem nor **understand** more of the person than the clients themselves. I remember well reading and learning about what was in my time the only well-known psychological therapeutic work: Freud's Psychanalysis. My reaction was always: "very interesting, I like to live or work in that field, but will never be able or willing to analyse, dig and be so intellectual or intelligent". But when in my early studies I discovered Carl Rogers, I had the immediate feeling of: "YES, that is what I want and can do: accompany, be present to how other people discover themselves, become more themselves!"
There have surely been moments when I fell into the trap of wanting to DO something during therapy. I always found them not helpful and non-congruent with my deeply felt helping attitude, only congruent with my superficial, ego-

based desire to show off... Surprisingly, my consciousness of this difference developed a lot during my Focusing training. Having a tool, a technique at my disposal, frequently opened that trap where I could mix up technical DOING instead of accompanying a “letting out” of the felt sense. The more I progressed in Focusing training and supervision, the more I became non-directive and really person-centred. That is probably the reason why I never applied for a certification in Focusing in the end of my learning process. Focusing became for me simply a means of more attention to the person and to be **non-directive**, and did not want to use Focusing as a specific method to use.

- b) Another consciousness which I developed during my practice was the discovery of **how little I understand of the world**, process and experience **of the clients**. Although I was eager to understand, I always saw that I **rarely** fully understood the essential experience and even changes or outcome for the clients. But, they clearly got something out of the therapy. Change always happens inside them, letting out only a tip of the iceberg. That consciousness brought me to the understanding that a person-centred therapist proposes – through presence, which is for practical understanding explained by the three attitudes of the therapist – a **space** where the clients can be more and more themselves...if they want. I was pushed to work on this letting-go of control as I worked a lot online. Often colleagues, journalists or other observers asked how I deal with my responsibility of the clients: know when they are lying, deal with suicidal behaviour when the session is finished. In other words: have some control of what happens to the clients. My answer was and is: I do not have **control**, the clients have it. They share a part of who they are, what they think and feel, are received, welcomed with that part and then continue their own process. How do we as PCA therapists offer this presence? The essential part is defined by the three attitudes. There are also some visible landmarks expressing the humanistic understanding of two individuals meeting: calling the client a client and not a patient; having similar seats and not one comfortable throne for the therapist and a workout stool for the client; be attentive not only to what is said but how it is said, including attention to the body-language; be attentive to our own non-verbal language helping us to verify our authenticity; there is especially our expressed and immanent attitude expressing that we respect the clients as they are and that we trust the Actualising Tendency.
- c) All this brought me to another point of how I (and others) express presence and understanding: by **physical expression including physical contact**. On one side our non-verbal expression often goes deeper than words: a glimpse in the eyes, changing the physical position, facial expressions. They are, when really genuine, expressing more acceptance than any word could do. You can find a very clear and detailed book about those implications in Ernst Kern, *Personzentrierte Psychotherapie*. On the other side, there are also intentional, active physical expressions. I **remember a man in an encounter group, suddenly talking and talking and saying “nothing”. I found no other way for being with him but standing up, take him into**

my arms like saying: I am here, with you, I hear that you exist and want to be received.

Most of therapists do that when it seems ok for everyone. That is not new. What is essential for me in this example is the fact that the principal understanding and accompanying went through physical contact, not through words, and that I often like to base my empathy on that. In that situation I had the experience and conviction that no words could express my “being-with-the-person” better.

This is one of the experiences that led me to the idea that in psychotherapy physical care including touch could make sense for me with at least some clients.

How did I develop my experience?

- a) With colleagues or professionals or very body-work experienced people with whom I was not in a therapeutic relationship. *Massage exchanges and groups, Biodanza, colleagues wanting to discover what I am developing or having a specific issue they wanted to deal with in a single PCA bodywork environment.*
- b) With a few clients specially motivated in bodywork, experienced in it and able to reflect together about the experience, knowing that I am developing this type of work. *I would especially refer to one client, herself trained in PCA therapy, wanting to do specifically bodywork including metacommunication about it. We have worked together for 2 years.*
- c) With regular clients as a part of the therapeutic process when they were interested in this type of being accompanied.

Description of what physical contact in therapy can look like.

- a) Description of the setting for the client.
 - a. Like Focusing: Creating space. Explain, then approach, let the person feel what happens when physical contact seems imaginable (agreement of trying bodywork) including especially the possibility of NOT having physical contact.
 - b. Underline the fact that the readiness or non-readiness of contact can change permanently and rapidly, that they can base on their own perception of that readiness.
 1. Sexual contact and relationship are excluded.
 2. There is no physical, medical or energetic “treatment”
- b) Try to get tuned with the person in proximity or with touch, – essentially by touching with my hands -.
- c) If possible, take contact with the whole person/body in order not to focus on some problem or initial idea. *For example a client had described in forehand a bad feeling in the tummy. I touched the tummy in order to acknowledge what was said, but would also touch legs and arms and come back to the tummy if it is still actual. You*

might see here a directive way of working. But I think that as I am at that moment mostly the only one moving actively, I need to make it clear that I am not focus on a problem described but on the whole person.

- d) Accompany with physical presence whatever is going on: either expressed verbally, shown or signaled by the client, or felt by intuition or physically by me.
 - i. Pay attention if the contact is still accepted, helpful, possible, enough or too much.
 - ii. Finish the contact within the time frame and in agreement with the client.
 - iii. Give space for talking now or in the next session.
- e) **Care, attention, respect, ethics**
 - i. Physical contact is much **more direct and involving** than verbal contact. That is why I need to be extremely **careful** and attentive, go slowly and also ask the client permanently to check if the contact is right. Asking as well **expressis verbis** as with attention to what I can **perceive**. If there is any doubt about the rightness or what the client can bare, my reaction is always to **step back**, wait, give space for more verification. It is also important to consider that in the situation the agreement of the client can go further than the client would do it with more distance. I take generally several sessions in order to establish the therapeutic contract before using bodywork. The clients would almost always go deeper into the contact than they can finally, with more distance, assume. *In the beginning of my bodywork experience I often had clients who were amazed about the deep and constructive experience but never came back to this type of work.*

The bodywork stays centred on the **therapeutic process**, instead of wellness, relaxation, or sensual pleasure. That is easy to say,... it talks about my intention and the intention arising in the client through the therapeutic contract. In the reality, I always come back to what is happening to the clients, how this experience is for them and if they are on the way they want to take. This is done verbally or by the attention to the whole organism. By not only following the rhythm of relaxation for example.

I make it very clear since the beginning that any sexual intention has no place in this work. If any desire appears, it can be take into account, but must be put aside. Like in the famous example of Gloria expressing that she would like Rogers as a father, and he agrees that it seems a nice idea but is not realisable. *As soon as I feel that some sensual pleasure is awakening in the client or in my, I go to less intensive contact and can also give verbally space to express eventually how the client feels. I want to add that sensuality is more connected to the perception and sensibility of the person than only to*

specific sensual zones of the body. For example, hand or foot contact can often be too sensual for some person.

f) **Who is able to accompany in that way, which skills are needed?**

Basically everybody, but it needs a lot of training, experience and personal clarification in order to build and guarantee the setting.

- i. I mean that **no specific intuition or energy-feeling-skill** is needed. In groups with PCA students and therapists, when I propose bodywork labs, the general experience is the surprise how easily any listener can accompany another person simply by physical presence or touch. The difference between the labs and therapeutic work is that for the ability to build and hold the frame in a therapeutic relationship.

Observed outcome for clients

Talking and thinking often gives grips for mentalizing to interfere in the process, this little voice of the critic preventing from healthy thinking and feeling. Listening to the body clearly can help to disarm the critic. So some moment of body-work can help the clients to go deeper into contact with themselves.

Nevertheless, the inner critic is easily ready to intervene when the body is considered. But the direct contact helps to get over it, by not mentalizing but keeping linked to the reality of the person and the relation. *For example, Mary, experiencing herself as too fat and being angry about that, could simply experience her body, face it openly and get into calmer relation to it.*

As the body is linked to many taboos, these taboos are like a wall hiding the real experience. Fear, apprehension, phantasy, projection hold back our real experience. A body-oriented listening invites to the direct experience. And as there is no guidance, judgement or analysis, trust in the inner process can grow rapidly. *For example, a person saying "it is difficult for me to be touched" I consider the fact and ask how it is now. Might be interesting to be touched. Try to touch. It is ok. Than the client can work with the experience how it is to be touched (or not touched) now, instead of the idea about it.*

The distinction between somatic and psychosomatic problems is reduced; it is easier to check which problems are linked to emotions, thoughts or medical issues (*Kathleen's back, Madeleine's eyes, Sandras eyes*).

Anxiety can easier be reduced because the clients do not need to "hold" all what they are. They can focus on one part of the issue, suffering, experience more easily. Go deeper into the reality of the concrete feeling, wideness of the anxiety, not obliged to fight against it and feeling that there is not only fear in the organism but also other emotions.

Body-listening also helps not to focalise on a physical symptom, but to feel connections to other parts of the being.

Like in Focusing, permanent verbal verification is necessary in order to check if the client I feeling ready to explore that anxiety so that they are in connection with the ability to stop the exploration, feel other emotions or body-sensations and keep aware of the situation.

Observed outcome for therapists

Greater self-awareness

Being experienced in meeting clients on a physical level obliges the therapist to explore himself to be aware of the inscriptions in his own being. The experience of the therapist's self is completed by the experience of the physical inscriptions. Self-awareness is indispensable in order to guarantee full presence. For example, a therapist can spontaneously have a tendency to be very close (or very distant) to clients. By body-work, he can organismically get more aware of it, check if his attitude is congruent with himself and work on it if he wants to.

Accompany

As far as I am concerned, this work helps me to stick to providing a climate, not to DO things, but to touch and hold with open hands. I am aware that this is valid for me as a person, probably some other therapists could get the same benefit, but others could be trapped in the desire to act, to do, and to intervene. That is why in my view a profound experiential training is necessary to apply body listening. But when I succeed in doing so, I get a strong impression of the strength of the actualising tendency in the client. That helps me to discover even more the uniqueness of each person and creative ways they find to face who they are and whom they need to become. It helps me to consider the client in a more complete way, or at least from a new perspective.

Ethical questions

Sexuality

An essential issue in bodywork is without doubt the question of sexuality. I make it clear in any therapeutic relationship that no sexual behaviour is possible: it cannot be the aim to search sexual satisfaction, excitement, relaxation or treatment (in the sense of working in therapy on physical sexual functions). This intention has to be clearly expressed and verified before during every relationship. It also means that intimate parts are not touched. On the other side, any topic, thought, emotion or physical effect can be expressed and clarified.

Power

Another essential point is the location of the power in physical contact. In verbal therapy we all have the experience that clients can easily hand over the power, knowledge, direction to the therapist and we permanently work on this part of the relationship. In bodywork, especially including touch, this point is even more sensitive. In my experience clients can easily give in to – allow - some touch experience which they cannot agree to any more with more distance. My task is to prevent this giving up of power and self-determination by attracting permanently to the consciousness of what is right, being rather over-careful than trusting on a superficial level. The aim is rather to help the clients to increase in trusting and paying attention more and more into their perceptions, doubts, hesitations. [It happened](#)

several times that clients would like to lay down for bodywork. When doing so, they realised that it was a too passive and exposing position. When they did not tell it of if I did not perceive and formulate it, so that we could change the positioning, some clients stopped any further bodywork for that reason.

Another example is the experience of freedom to be close or not.

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