CHAPTER 23

The Client–Therapist Relationship

INTERPERSONAL INTERACTION IS the most important therapeutic avenue. Its quality affects all the other avenues, because they all happen *within* the interaction. This has been evident throughout this book. Now let us take up the therapeutic interaction in its own right.

Interaction is a therapeutic avenue in two different senses: In the primary sense it is always concretely going on. In a narrower sense it is an avenue when we work on the interaction as such. Some clients criticize the therapist, become angry, doubt that they are cared about, complain that the therapist is not genuine, miss sessions, resent paying, react to the therapist with hurt feelings, impute certain feelings to the therapist, make difficult requests; or they have overly positive feelings for the therapist, want to meet outside of therapy, raise sexual issues, and so on. With such clients therapy may consist largely of such interactive events.

Other clients hardly ever do these things, and rarely speak about the relationship. They speak about themselves. Only occasionally do they relate overtly to the therapist.

Simply because an aspect of therapy is essential for some clients, this does not mean that it should be imposed on all clients all the time. As with the other avenues, it is an error to try to turn every hour of therapy into a discussion of relational events. We need only respond overtly to issues of the interaction when they arise.

Later in this chapter I will discuss specific ways of working overtly with relational events. First I will consider the interaction that is always going on, whether it is spoken of or not.

THE ONGOING INTERACTION: WHETHER AN ISSUE OR NOT

Everything we do in therapy is interaction. Therefore we must ask about anything we do: *What kind of interaction is happening?*

The therapeutic effect of each procedure discussed in this book has relied not only on the procedure as such, but also on the implicit interaction that it is.

For example, if the therapist pushes the client into doing role play, the client may be passive in the implicitly ongoing interaction. This is not always the case, but it certainly can be. Perhaps the therapist says, "Put yourself into it, exaggerate it, be active," and in saying this makes the client passive. Then the ongoing interaction negates the one being talked about. Sometimes this cannot be helped, but the therapist should be conscious of the kind of concrete interaction at work.

Here is an example of a positive implicit interaction: During reflective listening the implicit interaction is one in which the client determines what the therapist takes in; the client corrects the therapist, and the client's autistic, long-stopped feelings flow into the concrete interaction. Many pathologies and negative patterns can be thought of as stopped interactions between the client and other people. If the concrete living process that is halted in such a pattern can be made to continue in therapy beyond the point it has always been stopped and turned in, therapeutic change happens. The therapist reflects back, "You feel so lonely and isolated," but the implicit interaction is one in which the client has reached another person and is being kept company. Or the therapist reflects back, "Talking feels useless." But the implicit interaction experienced by the client's body is that the client has just affected someone (the exact opposite of the verbal statement). The therapist reflects, "You're saying that no one would like you if you really showed yourself," but the concrete implicit interaction is one of being liked while really showing oneself. In reflective listening the concrete interaction is positive even though the verbal content is still negative.

But it can be the reverse: If I were to tell the client, "Look here, just now when I said this back to you, you were not isolated. Your feeling reached me, and when I responded you felt my company"—what kind of concrete interaction would that be? Of course it would depend on the client, and on the context of the moment and the tone, but probably it would be an interaction of catching the client in a contradiction, winning a point, being the one who saw it first, putting the client in the position of having to take my point in, having to admit something, having to learn from me, having to make room for what I say, perhaps pushing back the lonely part that had just been speaking. The concrete interaction might be the opposite of the things I would be saying.

The experienced relationship is bodily and concrete; it is not what is said about the relationship. Neither is it how the two people perceive or think of each other. The relationship is each time the concretely ongoing interaction.

THE MOST COMMON UNTHERAPEUTIC INTERACTION

If the therapist interprets the relationship for the client, the actual relationship may be that the therapist tells and the client is told. Or, if the therapist asks about the relationship, the actual relating may be one of interrogation, with the patient having to answer.

Whether this happens or not depends chiefly on whether therapist and client share an old-fashioned set of ideas about authority. If they both understand that authority resides in the client's process, then it may not matter so much just what is done at some moments. Or it may.

Even when I only tell the client, "We can be silent for a while," it may be an interaction of client-being-told-how-to-feel. The anxious client may think: "He wants me to feel a way I don't feel" or "We can be silent is easy for *you* to say." The interaction consists of client-being-told (what we can and cannot do here).

But since I am the therapist, can I avoid saying what we can and cannot do here? Of course I do it at times. But it does repeat the being-told interaction, which everyone has experienced throughout childhood, and since. This cannot be the new kind of interaction we need, the kind in which the client changes.

Of course we sometimes ask questions. But then we can notice whether the client moves into active self-expressive steps, or is forced into self-defense. If we are aware of the concrete interaction, we can judge what to do, and how often.

In therapy the interaction should not too often duplicate the common childhood type in which someone defines reality for the client, and the client is supposed to listen. Everyone has had that kind of interaction with parents, teachers, experts, overweening friends, perhaps also with unskilled therapists.

In such an interaction *the other person* is active, animated, perceiving clearly, explaining clearly, taking up space, defining the world, moving ahead—just the interactional modes that the client needs to discover. Meanwhile the client is passive, is impinged upon, is expected to listen and put away the thoughts and feelings that are already there, pushing them back, crowding everything in further so as to make room for what is being expressed, then to wait till the other comes to the point, follow the other's reasoning, and see the other's good sense.

This is the most common type of concrete interaction that should be avoided most of the time in therapy. Little new will happen in it, however valuable what we say may be. Such times should be brief and rare, and they should stop if arguing ensues.

But what if we are already expounding or arguing by the time we notice it? We can shift instantly by changing over to reflective listening. We can say: "Now I want to grasp what *you* really mean. Let me see now, you were saying . . ."

Then it is well to listen *purely* for a while. It does not help to mix listening and arguing.

Problems do not get resolved in interactions that duplicate the kind in which the problem was generated. On the concrete level they generate the problem

all over again. We need a new kind of interaction, one in which the client actually lives in a new way beyond the old stoppage. The more forward and more intricate experiencing will have new implicit edges that will bring change.

CONCEPTS PERTAINING TO THE OVERALL INTERACTION

"Putting Nothing Between"

The first constant relational "procedure" I want to discuss is what I call "putting nothing between."

When I expect a client, I put my own feelings and concerns to one side. I don't put them far, because I need to sense when something registers there. I also put aside theories and procedures, all that I have discussed so far in this book. All that is on the side. In front of me the space is free, ready for the other person.

Let me explain the difference this makes. For example, right now I am in a certain mood from my private struggles. I am also preoccupied with rewriting this chapter. If you suddenly walked into my office, there would be a third cluster: social guidelines for greeting someone properly. I would respond to you drawing on those. Or if you were an old friend, I would respond from something that draws on our familiarity. If you then wanted to relate more personally, it would take me a minute to put our usual ways of relating aside, to put my concerns about this chapter away, and to roll my mood over so that I am no longer inside it. Then I would be there with nothing between. But it would be much easier for me to remain behind all that.

To be with a client, I keep nothing in front of me. Of course I know I can defend myself. I can also work according to guidelines for responding. For example, I can always reflect a client's feelings, however I might feel. But I do not want the attitude of being ready to respond *between* me and the client. Because I keep nothing between, the client can look into my eyes and find me. Many clients do not look, of course. For a long time some of them cannot. But if they do, I won't hide. Then the client may see a very insufficient person. I could not allow this, if it took a special kind of human being to be a therapist, a wise or good one with pure motivations, one who lives life really well, or who is an untroubled person. But fortunately no particular kind of person is required, just *a* person. This fact makes a thick peacefulness. I need only be here so that I can be found.

Putting nothing between is the first constantly applicable relational "procedure" I want to specify.

"The Person in There"

Now I want to describe my sense of the client. I relate to what I call "the person in there."

In my student days, one of the most useful things anyone told me was: "There is always a person in there." In infants and senile people, seemingly worthless people and seemingly stupid children, there is someone in there. Usually it is an embattled person struggling to live somehow with (or in spite of) all the inner and the outer content.

A few years later I worked with hospitalized patients who sat bent over, staring at the floor between their knees. I thought: There is somebody in there! I would sit next to such a patient, and explain what I was doing. I would say: "I am keeping you company." Every few minutes I would say something. The patient might never move or speak. But I found another thing to say, and another. The nurses gave me funny looks. They found it amusing that I kept on talking. Saying all those things put me far out on a limb. Yet months later the patient would become verbal. Then one patient asked me: "Why did you say so little? Don't you know it helps people when you talk?" (See Gendlin, 1972.)

I have frequently discussed with other therapists Rogers' three "necessary conditions" for therapy. *Empathy* is understood, but many people wonder: How can one be *genuine* and feel *unconditional positive regard* at the same time? There is often so much unlovely stuff in a client, which cannot genuinely be regarded positively. But I see no contradiction because, as I formulate it, unconditional positive regard is for the embattled person in there, not for the stuff. The person in there is up against that same stuff, struggling to live with or in spite of it, all the time. I do not mean that it is always easy to feel for every person struggling inside, only that there is no contradiction here.

Many people look at a person and see someone smart, or a jerk, a neurotic, a shy person, a Ukrainian, a psychologist, or a salesman. People are these things, of course, but much more importantly, people are the one that is in there.

There are various ways to think about this. We can elevate the person as a spiritual essence, or reduce the person to an absurd bit of temporary flotsam. But either way the person is in there, struggling, trying to live. When we meet someone's glance, someone is there, looking back. That might feel good or make us nervous, but someone is there.

Who looks back is not the person's traits or experiences, not the felt sense either. A person is not a felt sense; a person *has* a felt sense. The person looking at you is none of the content. Content does not look at you.

Whether the client looks or not, someone is in there. The basic interactional framework in which I practice therapy consists of putting nothing between, and sitting down with the person in there.

A Deeper Continuity

I know that every person has a deeper continuity even if at present it seems to be missing. The client who looks out at me may feel thin and helpless. The deeper

continuity may be lost or covered over, silenced, shut away since early childhood. But I know it is still there.

Instead of living from themselves, many people can only select what seems the best way one *might* feel. Then they try to believe that they feel that. In spite of this, there may still be a lot of anger, bitterness, and fear, a shakiness and no continuity, deep down.

Clients sometimes report a loss of self: "I feel empty inside" or "I don't think I have any real self." The person looking at me reports the loss or lack of a deeper self.

Such clients value the moments during therapy when they come inwardly alive. In an earlier chapter I mentioned a client who suddenly felt that *she* was present at a moment when she spontaneously disagreed with me.

When a client reports having no self, being dead or absent inside, I say: "I know there is a *you* way under there, and we won't stop till we find it.

I say it briefly and I never argue about it. I affirm it quietly once or twice, without any expectation of agreement. Something inside may hear. The client need not believe it at all. Although seemingly lost or dead, the deeper one *is* there somewhere, always still.

It is like a person lost beneath the ruins of a gutted building. As we walk through we might hear a tapping from far down. Surely we would not walk by just because it is slight.

Sometimes the client *says*, "I died." Or, from the felt sense something may say, "I died." There it is, speaking! But we also need to know that it is true that this part died. It is always still there, but it *did* die, if it says it did. A child who was abused may very well have been unable to breathe and was actually near death. The child experienced dying. The child part that "died" may have been lost or closed off.

In focusing, one client came in contact with a long-lost childhood part. She spoke as an "I" from it, reporting feelings and events step by step, for half an hour. Then suddenly at the next step, she told me:

C: And then I went out.

T: (*Silence*) What did you mean? Did you go outside?

C: No, I went *out*, like a candle. After that I wasn't there anymore.

When vital parts of a person stop, the client feels thin and ungrounded. But the part-selves are not the deeper self. The deeper one is a kind of continuity from far down, and it is often found only after the part-selves are found. Without the deeper one, the person's directly felt *wanting* is also missing. The person wants what others want, or what seems appropriate, but has no inner energy to reach for something.

One man I know got so weary with never really wanting anything that he borrowed some money and stopped doing anything. He sat in his room every

day for more than a month, stubbornly and desperately waiting for some impulse to do something that would feel real. At last he wanted to go outside, but by then it was snowing. He had no overcoat and found to his great relief, that he *wanted* one. It was a great step. He went out and bought an overcoat.

In the example of the woman who would not arrange any time for herself, suppose we ask her what she would do in such a situation? She would probably say that she does not know. But if she arranged some weekly hours just for herself, she would be relating to that deeper person in her, which has always been pushed aside. Eventually a wanting would come.

A therapist I know had an acquaintance (not her client) who always spoke of himself in a kind of jest. She asked him: "When you say things like that, are you joking or serious?" He thought for a while and then said, "I don't know," and smiled. "There," she said, "you're doing it again." Later he came back and said, "Thank you." She said, "You mean because I went looking for you?" He said, "Yes."

One client often said: "If I didn't hold on to this [old painful stuff], I would be nothing." But after a while there was a feeling that "I *could* be different." Still there was the problem: "But if I am free to be different, then who am I?" This disconcerting gap may be where one's deeper sense of self can come. Late in therapy it is often as if the client's old ways of being are lying about, fallen away, but by then there is no scary emptiness. Instead, the client feels much more alive. Everything looks vivid, as when the windows were just washed. One client says: "Most of the time, now, whatever I'm doing, *I*'m doing it."

Providing Safety

It will be evident from the above that I consider therapy a plain real relationship between the two people. This reality is not diminished by the fact that psychotherapy has a distinct well-known "frame," which provides a certain safety. Every relationship has its frame, and the frame is always part of its reality.

The client needs to be free and safe to express all feelings. The safety requires that the therapist will not *act* in response to a client's feelings of sexual attraction, or a client's report of unlawful behavior. These things will not lead therapists to act as they usually would. To keep this safety unshakable is part of the reality of a therapy relationship. The world offers many sexual opportunities, and there are also a great many police; the therapy relationship is rare and has another purpose. This makes it narrower in acceptable conduct, but deeper than most other relationships.

The safety of the person in there supersedes all procedures, theories, diagnoses, interpretations, all thoughts and contents. The one who says "I" is the one with whom we are dealing, and the one who should be safe with us.

The safety can be lost when we put the fascinating activity of psychotherapy ahead of the person. We try to push the person to do what the activity requires. This is understandable but when we catch ourselves, we can recall that the per-

son in there matters more than our wish to make something happen right at this moment.

I may forget this when some process I wish the client to try seems very promising to me. Or, some insight or content may seem terribly important. I may be attending *only* to what my client *said*. But suddenly I see her there again, perhaps oddly small and tense, pushed back into her chair, nevertheless *someone there*, looking at me. How could I have lost track? What else matters? Just my recalling her is enough to let us meet for a moment. Our contact is restored. She is more important than what she said, and what I will say.

Whether our eyes meet or not, there is contact without my doing anything to bring it about. Perhaps my voice and posture convey my sense of the presence of the person, but I do not need to think about that. I only need to recall that the person is in there.

Now I want to mention some examples of specific therapist responses:

Often, when we are stuck or the client is in pain, or when our relationship is off and I don't know what to do, I simply say, *"Hello!"* (as if the client had just arrived). This is not an interruption; it gives the process a better chance with whatever is to be worked on.

I have already said that therapists should not usually interrupt silences. But does the client feel my presence in a silence? If I have the impression that the client feels alone, I might cough or shift in my chair. I want my presence to be part of the client's inner process.

One client, who had an abusive experience as a child, could imagine no way she could ever heal, except to make it "unhappen." Eventually she said she would have been all right in those years if there had been someone to talk to about it. Nothing could have made it unhappen, of course, but she and the person could have "sat on a log together." I am here in such a way that a client can sit on a log with me.

This means that we do not need to have an answer to the client's stuck places. Sometimes there are real answers. However, usually we have answers because we have not yet understood the problem. When we reach the stage where we have no answer either, then we have really understood.

Sometimes I offer answers to help the process go further, where the client is stopped. I know so many procedures. I am never without something further that we can try. But we can try it later. We must not miss the real and thick process that happens in those moments when the client and I sit *on a log*.

In our society people find it hard to sit together in silence. If I think the silence makes the client uncomfortable, I might say, "Here we are, you and I, and for the moment we don't have a way with this." Or, "You are feeling the pain of this, and for the moment there is nothing to say." Or I might just say, "pain."

Such statements indicate that we need not hunt desperately for something to say. I might add: "We can just be here for a while." In words or, more usually,

in silence I indicate that our being together *is* something real that we are doing, even if there is nothing to say.

In the Interaction We Are Still Separate People

Contact is not merger; quite the contrary: It is the keen sense of the reality of the other person's presence as another being. In merger we feel as if the other person consisted of our sense of that person. When we discover that the person is just now feeling something utterly different than we had thought, merger breaks, but contact is heightened.

With one client whose trouble with separateness gradually made her an expert on the subject, I had this exchange:

C: You have to hear this: I am so glad you are the way you are!

T: I will try to take that in.

C: You just have to hear it. Whether you take it in is your business.

Contact involves the fresh impact of the other's otherness and separateness. We can welcome and enjoy the moments of surprise. Such moments dispel projections and show that one is in touch with the actual other person.

OVERTLY INTERACTIONAL RESPONSES

Let me now turn to the narrower meaning of "interaction," the occasional difficulties that are also opportunities for therapy.

How Interactional Trouble Can Become a Therapeutic Interaction

Therapists who do not work consciously on the interactional avenue may think of interactional conflicts merely as difficulties. But these are opportunities for therapy. The approach to such difficulties in classical psychoanalysis would have been to interpret them. This was done in terms of the client's resistance, interpersonal dynamics, projection, and transference, a repetition of the client's past.

More recently many therapists have learned how to turn the interaction into a therapeutic opportunity. The general principle is this: clients are not stopped, nor are they just tolerated, but are responded to so as to continue the present interaction in a way that goes beyond their old pattern. This enables clients to discover themselves living in new ways. As therapists we need to be on the lookout for such opportunities.

Here are some examples:

When Something Covert Is a Trouble between Us

If something is out of kilter in the relationship it must be straightened out before any other therapeutic means can be expected to have good effects.

The troubled aspect of the interaction *needs* to be verbalized, and it has immediate priority over other avenues. We may already be in a conflicted interaction and are pretending not to be. When we are darkly struggling while pretending nothing has happened, then it is necessary and freeing for the therapist to allude to the difficulty. We may both even feel a distinct zest when the therapist brings things like the following into the open.

I may say:

"I know we don't agree about this."

Here are other examples:

"Thank you for agreeing to my having changed your appointment, but I know you might still have some feelings about it."
"Maybe you're still mad about that stupid thing I said last time?"
"I think you're trying to say that you feel we aren't getting anywhere."

The client may be afraid to express a reaction to the therapist directly and so may hint at it. For example:

C: I'm mad at everybody.

T: You're mad at everybody, probably me included.

THE THERAPIST'S INTERNAL REACTIONS AS A WAY OF REGISTERING INTERACTIONAL PROBLEMS

Personal feelings about a client should not be allowed to build up in us to the point where they explode and we dump them on the client. (The same is true of interpretations that seem to come to mind over and over again.)

The client is not here for our needs or to understand and satisfy us. Therefore most of a therapist's personal reactions fall away, or these issues need to be worked on in our own terms, away from the client. However, we must say or do something if our feelings indicate that the therapeutic interaction is going wrong.

I have said that I welcome it when a shy client tells me to keep quiet, or directs me in some other way. But don't some clients need exactly the opposite, to run into limits, to cope with the reality of another person? What about clients who are overbearing and impose on everyone until they are justly rejected? In ordinary social situations I might find it easy to ignore a behavior, but in therapy it is my responsibility to speak up, to meet the attempt to impose on me, and do it in a manner that will help the client.

When I reflect a client's anger at me, I firmly stand my ground very solidly, so that the client's anger can come out more. I don't want the client to pull back in guilt for fear of hurting me. I am vividly undamaged when I reflect: "I think I did all right, but *you* feel I did . . ." In the implicit concrete interaction we are *both* solid and undefeated.

As a therapist I may be glad the anger came out more. But before I *say*, "I am glad your anger can come out more," I have to consider what interaction this would be. Some clients might experience such a statement as patronizing, that somehow I am out of reach of their anger. I could say this to other clients who share a reflective level with me. I might say it also to a client who feels that by getting angry she will lose me.

"You and I are now like this," I sometimes say, bumping my fists together. "I don't think you're right, but I know *you* feel . . ." I want the implicit interaction to be one in which there is equality and room for conflict.

The Negative Can Be Considered a Stopped but Positive Process

Another way to respond to negative and self-defeating ways of relating is to think of them as positive ways that are as yet incomplete, stopped, or twisted back on themselves. Therapists might ask themselves: What life-forward direction might conceivably be implicit here? The client may *already* be going in that direction but it is inhibited, partial, or turned in. The therapist can respond to that right intention, as if it were obviously there. Whatever the actual life-forward direction is, it may then emerge.

For example, the client may tell of real or imagined mistreatment (by others or the therapist), resent it, but always end up going along. A stronger person would firmly call a halt. Now we can imagine that the client *is doing that*, only not far enough. We can try responding: "You are *calling a halt* to that. And I can see why, if that is what you felt he (or I) was doing." This could help the client move forward more strongly: "Yes, and you (he) shouldn't be doing that."

Even if such a response from the therapist is wrong, it invites the client to come out with whatever the positive direction is. Perhaps the client says, "No, I'm not calling a halt to anything. But I feel you don't care about me." Then we can welcome that. "You feel you should be cared about and that I should care.

Yes, you should be cared about. I think I care a lot, but you want to feel it and you don't."

The troubles clients talk about may manifest themselves in their relation to their therapists. Sometimes I make this overt and say, "Good. Now *we* have the problem you spoke about, so it's alive and we can work on it. I'm glad it's here." That can change it from a discouraging hiatus to an exciting agenda. "Well, what are we going to do with it?" the client may ask. "We don't know yet," I answer, "but we've got it here, now."

ISSUES OF TRANSFERENCE

Clients sometimes know that something we would characterize as transference is involved in the interaction. For example, a client may say: "I'm mad at you! Well, not really you, uh, only partly you . . . uh, it's confused . . ." I respond so as to keep both the present and the past open: "You are saying (both at me and at someone else here), that you are really mad at me."

Sometimes the client feels a quick alternation or merger between past and present, which can be painful. A therapist's easy understanding of this phenomenon helps. I say, "I know I am both myself and this other person, just now."

I represent simultaneously myself and someone from the client's past. This client is aware of the duality. Clients who are not aware of the duality also need to be responded to in both ways. Insofar as the anger is directed at me I am ready to meet it as I said above. Insofar as it is directed at the person in the past, I am ready to let it come out at me but I will not respond to it as myself. If I nod and reflect, I am implicitly and concretely responding so that both levels can be here.

In classical psychoanalysis all relational moves and feelings about the analyst were interpreted as really being directed at people in the past. Currently some analysts reverse this. They insist on interpreting patients' feelings about their parents as really being directed at the analyst. Of course there is an aspect of the present relationship in every moment of therapy. And the past is involved in every present moment. Why decide which of the two it "really" is? Both are generally involved, and both can be dealt with.

It is now well understood that there is never a pure transference; it is never *only* issues from the past. The issue is usually raised by something that has just happened. Sometimes it is easier for the client to sense and work on the past if what the client expresses about the present is first acknowledged. In Chapter 10 we often saw that the therapist responded to *both* past and present, usually first reflecting what the client said about the present, then inviting the client to sense whether something from the past is involved *as well*.

Similarly, when clients speak of the past, it should first be reflected, even when a verbal response to the present relationship is needed *as well*.

When a Therapist's Self-Expression Is Needed

In interactional difficulties with a client I assume that I am often part of the problem. It does not surprise me when this is the case.

When there is a relational problem, there are four directions that can be pursued: the present and the past from both the client's and the therapist's sides. All four are always involved, but rarely must all four be worked with.

Sometimes expressing something from the therapist's experience may be utterly necessary for some clients. Others badly need the therapist *not* to do that. A tentative amount of expression of the therapist's side can reveal this about a client. Some lose track of their own process and are prevented from working their projection through. Such clients may say: "I need to ask you a question, but—please don't answer it."

Other clients are stopped if what happened for the therapist cannot be opened, so that they can experience it. For example, one of my clients says: "I saw your reaction just then. What was it?" I become aware that a painful reaction crossed my inner space and must have shown on my face.

If something showed on my face I am not going to insist that nothing was there. It never helps to deny something real. But because the client needs room to express and explore what happened to her, and my answer might stop her, I reflect and let her go first. Or I say: "I *can* go into that if you need me to, but *you* felt interrupted, criticized, something like that?" The client might say, "I felt I did something bad to you" and move on into her side. Then she may not need my side.

But if she asks again, I will probably go into it. A whole texture will be implicit in my own felt sense. I will say only what matters now. At rare times clients have needed me to explore further.

Perhaps if she insists, I will go into my side before she explores hers. Afterwards I will surely invite her to enter into her felt sense, perhaps both in respect to the present interaction and her own past.

Suppose what showed was something private that occurred to me. If she asks again, I can say that it was unrelated to her. If that isn't enough, I might share a bit of it, and how I came into it.

If my reaction belongs in our interaction, I express it if requested to do so, or I might decide to volunteer it.

Without truth and acknowledgment of reality, the interaction can be stopped and blocked, and can reinstance earlier stoppages and projections. In the past the client's perceptions were often denied. The client sensed something in the other person, but was not allowed to reach it. The interaction stopped; the client was left alone in autistic space. We do not want to duplicate this kind of stoppage.

But it may be enough simply to acknowledge, "Yes, I did that. I know what you are referring to. I *can* go inside myself and see what it came from. What did it mean to you? What is your felt sense of it?"

Inside myself I will enter into my own reactions regardless. If I feel something troubling, I need to ask what it is: Annoyance? Impatience? Anger? It need not have a label. More importantly: "What is *in* this feeling?" "What does it say to me about what is happening between myself and my client?"

My reactions contain information about the ongoing therapy. I am an instrument on which the client registers. Since my personal complications are familiar to me, I can usually recognize what I sense in the client. Then I can find a therapeutic way to respond *to the client*. This may or may not be a verbal statement about the relationship. Whatever it is verbally, it will be something that might enable the concrete *implicit* interaction to become unblocked where it had been stopped, turned, and autistic.

Therapy cannot happen meaningfully when the past is explored in an interaction in such a way that it only reinstances that past. We may find the causes of the client's troubles but be at a loss as to how to change anything. We need the finding out to happen in the context of a wider process in which the client is changed and moved beyond what is being found out. We need the very process of exploring the past to be simultaneously a further development.

Two Ways to Move beyond Mere Repetition in Transference

(1) What comes from a felt sense has uniqueness and specificity. If I express something from my own felt sense it will be unique and specific. It lets my client *experience* that what I say has my particular quality. This is likely to dissolve transferences and projections. The therapist's being present and sometimes expressing unique experience is one way of doing this.

(2) Exactly reflecting the client's feelings is a second way to move beyond (and thereby resolve) transferences. Even if verbal content is only about the past, reflecting provides a new interactional context. An exception is clients whose parents were indecisive and made them long for structure and models and to encounter limits and the reality of others. Then reflecting can seem to reinstance how their past was for them. Reflecting is *concretely* the opposite of nearly all harmful interactions. Therefore it usually undoes the transference repetition. Furthermore it does so by *continuing* the client's impetus at the point where past interactions typically became blocked. If a really present person listens and reflects, the positive impetus which is implicit in all repetitive patterns can re-emerge and flow into an interactive completion.

Carl Rogers was quite right to posit "genuineness" as one of his three conditions of therapy (along with "empathy" and "unconditional positive regard").

He was not quite right when he added that the client must "perceive" these three attitudes in the therapist. What I think he should have said is that these attitudes ought not to remain private; they need to be manifested so that they can have an impact, a concrete effect. Human bodies experience their situations *immediately* and *directly*, and not only through the interpretive screen of what they *perceive* or *think* is happening. Many clients begin quite far from being able to *perceive* that anyone understands or cares about them. They cannot even form the thought that someone possibly could. In spite of this lack of perception the concrete interaction will have its effects. The organismic process will move forward and change the person. After enough concrete change, the perceptions of those attitudes can form.

Rogers' method led many therapists to reflect feelings in such a way that they did not actually take them in, or sense them. When Rogers found that his method was being used only verbally, he reacted by going to the opposite extreme: he said (1961) that *only* the therapist's actual attitudes mattered. He said that one need not reflect back what the client says. Reflecting was only one of many ways to manifest the attitude of "empathy."

I feature reflective listening much more centrally than Rogers did. Other ways of expressing empathy might fail to engender the inwardly arising therapeutic process. Without reflecting, bit by bit, neither therapist nor client can easily discover what really is meant and felt, let alone what might come further at the inner edge that opens once a message has been fully received. But Rogers was completely right that the relational conditions are primary in therapy. Listening, focusing, and all other procedures are effective only within a safe, genuine, and trustworthy interpersonal relationship. Everything else is something being tried out by two people who are always more important and more real than any procedure.

In therapy the relationship (the person in there) is of first importance, listening is second, and focusing instructions come only third. If something is wrong in the relationship, it must be dealt with as soon as possible, and all else must wait. And without listening one is not really in continuing touch with a person.

Focusing is not an "intrapsychic process" to be contrasted with interpersonal relating. Such a distinction misses the fact that we are alive in our situations and relationships with others, and that we live bodily in our relations. What do we find when we focus? Isn't it how we are living in the world right then? One can focus alone, but if one does it with another person present, it is deeper and better, *if* that relationship makes for a deeper and better bodily ongoing process. If not, then focusing is limited by the context of that relationship. Whatever is going wrong in the relationship will affect the whole inner quality of the focusing.

Long ago I wrote that focusing is "the motor of therapy." Have I revised that and am I now saying that it comes only third? No, what I mean is that focusing

instructions come third. All therapy requires making inward touch with the edge of what is concretely there, and focusing makes that specific and deliberate, so that therapy is much more effective.

Focusing does involve certain attitudes toward whatever comes up from inside. These are relational attitudes toward oneself. Focusing employs those attitudes, and also helps one to discover them, if one did not already have them.

In the second half of this book, I have tried to show how all other avenues of psychotherapy become experiential when they are integrated in relation to focusing rather than remaining separate contents.

In conclusion I need to say that this has been only one therapist's ways of modifying the many methods to fit them with focusing and the inwardly arising process. Others are arriving at more ways to do this. As the years go by, we are acquiring richer and better ways.