
CANCER AND PSYCHOTHERAPY

RON KURTZ

RON KURTZ IS FOUNDER AND DIRECTOR OF THE HAKOMI INSTITUTE. HE HAS HAD A LONG STANDING INTEREST IN THE ISSUE OF HOW PSYCHOLOGICAL, STRUCTURAL, METABOLIC, AND ENVIRONMENTAL FACTORS INTERACT IN DISEASE PROCESSES AND HOW THEY CAN BE ADDRESSED HOLISTICALLY IN TREATMENT PROCESSES. HE WELCOMES DIALOGUE ON THIS AND OTHER ISSUES AND CAN BE CONTACTED THROUGH THE INSTITUTE ADDRESS IN BOULDER, OR AT HIS ADDRESS IN ASHLAND (745 IOWA STREET, ASHLAND, OREGON 97520 - 503/482-2049), WHERE HE IS LIVING, PRACTICING, AND OFFERING INDIVIDUAL TUTORIALS FOR INTERESTED STUDENTS.

The causes of cancer are not easily defined. Metabolic theory holds that cancer results from the collapse and overload of such normal functions of the body as surveillance, digestion and elimination. When the body cannot detect and clean up runaway cells as fast as they are forming, cancer is happening. Either the systems which detect and clean up cancer cells are weak or the need to clean is exceedingly high, or both. All this can occur with little or no psychological content. Emotional problems are not always part of the situation. Where emotional problems are part of the situation, they both weaken defense and are a burden to the systems which clean.

There are several attitudes, beliefs and emotional habits which can contribute to the worsening of a cancer situation. "There's nothing I can do about it." Such an attitude undermines the treatment. The commonly held notion that cancer is always fatal or the use of such a word as "terminal" is devastating to people with this attitude. It begins in childhood and has been called, "learned helplessness." Any effort to "fight for your life" is seen as futile. Hope gives way to frustration, anger and pain. Since energy and determination are important parts of any long-lasting, successful treatment, this attitude must be brought to light and changed.

"I don't deserve it." "Other people are more important and better than I am." These go a little deeper and also undermine treatment. Such attitudes make it difficult to take care of oneself. When others count more, there is discomfort and anxiety about

being good to oneself, even about spending the money and making the effort to get well. The person feels, "I'm not worth it." Combine this attitude with, "there's nothing I can do about it," and you've got formidable obstacles to therapy.

There are more beliefs which affect treatment. "I can't be myself and still be loved." "It's too painful to reach out for help or comfort or love." "I won't get what I want." "I am alone." "I have to please everyone else." These beliefs are learned. They almost certainly held some truth for the child who learned them. All these beliefs affect the treatment of a life-threatening disease like cancer.

It is also true that certain habits of feeling and belief directly affect our physical well being. For example, self-hate or the holding back of anger cause physical wear and tear on the body. Emotional conflict and blocked expression leave toxic wastes which the system has to eliminate. For weak, overloaded systems, wastes are a very significant factor. On the other hand, satisfying emotional expression can be "cleansing." It relaxes and can allow a sympathetically dominant state to move towards parasympathetic, just as a pleasant state of rest follows work. Conflict is effort. And, since it's unsatisfying, it presses for more effort.

A feeling common among cancer patients is a sense of loss and a backlog of unexpressed grief over this loss. Again, when unexpressed, those feelings cause wear and tear. They contribute to a bleak outlook

and an "it's not worth it" attitude. The loss can be that of a loved one or even a dream for something better. Whatever loss it is, it is a loss of something held dearly, coloring any hope for the future, creating apathy and depression. Physically, unexpressed grief suppresses both breathing and movement, further depressing those systems which clean and nourish the body.

It can be the case that these factors have been present all along, contributing to the development of the disease. In that case, they would be strong, central factors in the personality. It can also be true that they are minor factors in the personality and are precipitated by the knowledge that one has cancer. Both cases are possible and both happen.

MIND/BODY SPLIT

The intact complete self is experienced as feelingful, alive and physically real. There is a tangibility and substantiality to experience itself. Such substantiality is natural. It remains with us unless seriously interfered with. In a person prone to serious diseases this interference is most likely a central aspect of his or her early training.

In this early training, love, affection, attention, contact -- all the experiences which lead to security, pleasure and satisfaction in our relating to others -- are made conditional upon strict behavior requirements. The child has to make itself lovable. And to do that, the child goes against its natural inclinations.

The child faced with the conflict between being loved and being itself takes one or the other of two main courses open to it. It either tries to "be good" and we have the beginnings of the conforming and exceedingly nice, "goody-goody" person often seen as a cancer patient. Or it rebels and we have the "I don't need anyone" attitude and the fleeing from one's need for others. In both cases, an important aspect of the complete self is abandoned. In one case, it is the aspect that feels and acts on self-directed needs and impulses. In the other, it is the need for love and closeness that is pushed

aside. Both contain the seeds of self-destruction.

It well may be that those with a para-sympathetic developmental type will be prone to choose a strategy in which they will make themselves lovable at the expense of self-determination, while those with a sympathetic dominant type will tend to be more assertive and independent at the sacrifice of ever loving or being loved in a total way.

It is as if the child decides, "I cannot be myself and still be loved." One type acquiesces, the other fights. Both lose the aliveness, solidity and feeling that come from living fully and truthfully. This loss of self is later echoed as the loss of the dream or the significant other. And, conversely, the recovery of self makes all other losses less devastating.

When the self splits, certain thoughts, ideas, opinions, etc., become alien. The body itself is partially disowned. Sensitivity is dulled and attention is focussed away from bodily experience. The body is split from the mind and the self is no longer felt as substantial, real, alive or whole.

At this level of split, the feeling mechanisms which guide eating, resting and the other bodily functions become dull or suppressed. In this numbed state, we have to be guided by ideas about food, rest, etc. We are much more susceptible to false notions of what's right for us. We are much less able to listen to our inner voices and more dependent on outside guidance. We lose our sense of taste and our ability to reject what is truly alien to us, like the chemicals in processed foods. This dullness, this lost contact with the life of the body, sets the stage for all the self-poisoning that's done in the name of convenience, pleasure, expedience, success or whatever. And this same mechanism dulls us to what is truly good for us, so we miss what nourishment there is.

From all of this, it's easy to see what's needed. Most generally, the recovery of self, the healing of the splits of body and mind. A return to wholeness is needed. And on the level of belief in particular, we have to learn that we can be ourselves and be

loved for it (by someone). We have to accept our need for that love and for closeness to others. We need to be open to our feelings and willing to express them, especially anger, grief and the need for love. We need to become sensitive to our bodies and what experience can teach us. And, we need time--time, a safe place and the support of others to bring these changes about.

The therapeutic method outlined below was designed around the notion of the mind/body split. It works to achieve that basic healing. It seems, therefore, to be particularly appropriate for those with debilitating, life-threatening disease.

THE METHOD

An accepting, non-forceful attitude is the first essential. Non-acceptance is the client's worst habit. To find non-acceptance in therapy would be disastrous. And the acceptance one finds must be genuine. The therapy is a constant act of love. The therapist must be willing to know and accept the other. The best ground for that is accepting oneself. So, the therapist takes his or her own journey within, which when complete, leaves one blessed with self-acceptance and the love of others.

The therapist's acceptance sets an example for the client to do likewise. To look within is painful and requires support the client cannot give him or herself. The client's non-acceptance of self is a habit. Clients level many punishing judgments upon themselves, judgments which maintain the habits of "being nice" or "not needing anyone." A statement like, "I shouldn't be so selfish," is typical. It is easy to see how it could keep one from acting in one's own interest. The "nice guy" style is always purchased at the price of self. A genuine giving of self, born of abundance, is entirely different.

The therapist's job is to provide a strong contrast to these negative judgments, creating a safe, supportive atmosphere. This allows the client to go inside and contact painful feelings, thoughts and memories. These early experiences are the roots of self

and the path to the healing of the self. The goal is to go back to one's source and to emerge from it with the self intact. The caring and support of the therapist helps make this possible. Acceptance, then, is the first ingredient.

So the goal is reaching the full experience of self. On the path to that fullness lie all the painful feelings and memories we have shunted from consciousness. By asking questions, by focussing awareness, the therapist guides the patient inward towards these lost experiences and towards the fullness of experience itself. We emphasize experience, not theories, past history or explanations. It is in this reliving of the past that we realign the present. We go back and get what was lost, accepting it, embracing it as our own -- our love, need, power, hopes and our ability to live fully. Our willingness and willfulness, our softness; we get it all back. It is voluntary, an act of courage. We have to go gently. Force arouses resistance, defenses, new splits. We don't try to defeat the client's defense system. We help the client drop his or her defenses voluntarily. Then it is something accomplished, not done to them, a genuine achievement. As such, it leaves the patient stronger and more confident.

Speed also hinders the process. To interact quickly is to revert to habit and reflex, not awareness and learning. A slow, gentle pace will arrive much more quickly at the goal than speed, force or great effort. So, the therapist works in a slow, gentle way. Plenty of time is allowed for the client to explore their own experience. The client is encouraged to take time and savor sensations and feelings. It is a meditative approach. Just staying with an experience brings it into sharp focus, revealing its roots and meaning. No fancy techniques are needed, only patience and the courage to stand and not run.

At that important crossroads where we either stand or run, the old habits are geared for shutting down the pain and looking elsewhere. We look away from the real needs and the feelings within. We put on an "adult" face and turn to the world outside

ourselves. This is our usual habit, done without our noticing it. Therapy brings awareness to this choice. It helps the client feel and understand and accept the pushed-out parts of being. It helps the client nourish, support and love that starved, unhappy soul within. Without that contact, without a change of heart that accepts all that once was and can be again, therapy is incomplete. By retrieving and embracing these deepest parts of ourselves real healing takes place.

Two factors central to a life-threatening disease like cancer, the need to be loved just for one's self, one's whole real self, and the need to express one's feelings freely, usually emerge spontaneously in therapy. The following transcript demonstrates this and the techniques that help it happen.

This is a transcript of a therapy session I did in Boulder, Colorado in October, 1979. I am assisted by one of my then students, now trainer, Pat Ogden. The client, K., is a thirty-three year old woman who has Hodgkin's disease. She has been on the Kelly program for two years and has done well but has a persistent tumor in the left side of her neck. Her medical doctor, Dwight McKee, M.D., is also present and assisting. I have annotated the transcript with my comments on the process and techniques.

R: Ron Kurtz, therapist
K: the client
D: Dwight McKee, M.D.,
K's medical doctor
P: Pat Ogden, assisting

R: So, let's go to work. You flew in from California?

K: Two days ago. Still experiencing a little jet lag.

R: Could you see out the window?

This simple question, asked in that special voice we use with children, evoked something of the child in K. She responded with an immediate delight in the memory of her trip.

K: Yes, it was great!

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R: Why don't you stand up, K, I'll have a look. Hmm. Oh! Far out! I'm going to ask you a few things, okay?

One of the ways I sometimes begin working with a new client is by having the person stand in a comfortable posture while I see what their body tells me about who they are and what's going on with them. The body directly expresses the emotional history of the client. Focussing on it this way is a direct route to some of the more deep-seated aspects of personality.

K: Umhmm.

R: But first I want you to get nice and comfortable, a comfortable standing posture. Oh, dear. Oh, dear. Would you take a step this way! Yeah, this way. Yeah. (sigh) Whew! Umhmm. I'll tell you something. Can I talk to them (Dwight and Pat) a little bit? You, too! (to everyone). Those hands don't fit the body at all, the lower arm and hand. Maybe the whole arm doesn't fit the body. That would tend to tell me that there's a problem with reaching out and taking in. When the hands are relatively small and the arm's like that (to K.). So, it's like you disowned your arms at some point. Maybe, the left one. See that? Unconsciously answering me, "this one, this one"...

(K's right arm moved slightly, spontaneously, opening and showing the palm a bit.)

Another thing is, you're leaning over to that side, huh? So, let's see what happens. Those are the things I am thinking about working with at the moment. (to K.) Do you have anything in mind to work with at all?

K: I noticed yesterday when I was working with Lorne that, as I would release, as things would come up, my voice would almost disappear. Like instead of being able to get a sound out, it's like,

ahhh... (making a choking sound).

R: Right. One of the things that tumor does, I guess, is it affects that, too!

K: Umhm.

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K: Well, what I experience is that it would just disappear. Everything disappears.

R: Everything disappears?

Often, when I hear a word like 'everything,' I start asking for specifics. This time it proved fruitful.

K: (whispers) Felt like it.

R: What else disappeared?

K: Who...my...you know...who I am. As my voice went, I went.

R: Uh huh. When your voice comes back, who comes back? Do you know? Do you have any idea of who you are when you come back? No? Yes?

K: Yeah, well, it feels more like a, um, a fighting me.

R: Right. Your fight comes back.

My saying, "right" confirms that the fight came back and that I saw it in K's posture and facial expression.

K: Right.

R: Even a change of posture, to get tougher. It's just like tapping. Ask a question, the unconscious answers, if you're looking for it. Why don't you go into that. The you who came back. Yeah. You don't have to exaggerate. You can just...

K's posture changed very slightly into an angry stance, just as she focused on who she was when she came back. Following what her body is saying, I try to stay in constant dialog with her physical experience. Also, at this

point, we are switching from remembering and describing something that happened the day before to something that is going on physically, right now.

K: What, that stance?

R: Yeah!

K: Also, it's really apparent in my jaw. It always is. But in the session, yesterday...

R: The jaw; what happens? When you come back, your jaw...?

K: Comes out.

R: Comes out. And you get tough.

K: Grrrrr!

R: Do that arm! See what happens with that arm!

While growling, K's arm turned outwards. So, again I am focusing on bodily expression. Repeating the movement and doing it in slow motion helps to concentrate awareness and to see how the body participates in K's emotional expression.

K: Like that?

R: Again, a few times. Do it a few times. Do it in slow motion once.

K: It's a real...

R: Opens up?

K: No, it's a constriction.

R: Tightens there?

K: My shoulder. Everything gets tight, in here.

R: So, your pec minors tighten.

K: Umhmm. (laughs) Whew!

Information is piling up for K.

R: So, do it a few times in slow motion! And let yourself get a feeling like...add more and more, like...uh...did you ever see a picture come into focus very slowly, or just adding pieces to it till it becomes a whole? Okay. Do that a few times! Like a jigsaw puzzlie.

Still guiding awareness, building on the experience. All this helps K. stay turned inward on her physical process. The open-ended and somewhat vague suggestions allow K. to find her own way through the process, calling forth her creative energies.

K: Also what happens...I expell me...my breath goes out of my chest, and I hold it out.

R: Then go back, many times! Get every piece of the experience! See what happens in your heel! See what happens in your belly!

K: It's aggressive. I move forward. My weight comes forward.

R: Comes forward. Uhum. Keep going! (K. sighs.) Good! Yeah! That's it. Now rest a bit, then come do it again! See what else shows up!...Alright. Good!

K: (whispers) Getting tight here.

R: Head turning. Head turns a little bit. Keep going! You're doing fine. Check what happens to your shoulders when you do it.

At the same time we are exploring this once spontaneous movement, K is doing more and more of it voluntarily. We are searching for the meaning of this bodily mobilization. Such events are almost overlooked in the flow of words or are handled outside awareness. By staying with these physical events, we stay open to all the possibilities inherent in the nonverbal world of pure experience, the deeper memories, feelings and beliefs that words can so easily mask.

K: Now there's a resistance to doing that.

R: You don't want to do it any more?

K: (laughs) Enough of that one.

R: Okay. Help her resist, Pat! Pat's going to stop you from doing it. So..

K: From doing what?

R: What you were already doing. So, she'll resist for you and you can keep doing it.

In what follows, Pat holds K. and tries to keep her from turning and moving the way she had just been doing. Since K. is now feeling resistance to this movement, Pat 'takes over' the resistance, literally. Since Pat is protecting K. from going too far, K. can get even deeper into the movement and, therefore, its meaning. There are many instances of this kind of 'taking over' in this session. It is one of the main techniques of the therapy, basically supporting the defense system. It allows the patient to give up the defense system without a struggle and at his or her own pace.

K: Alright. Let me relax and do it again, okay? (sighs)

R: Right. Fine. Okay, let's stay with that. Something emotional happens. A little flash of emotion happens.

K: Felt similar to what was happening when this was being opened up. I would turn and my jaw would come out. It was a real resistance.

R: To....?

K: Having to open up.

R: Right. Yeah. Okay. Sit on the stool! Pat, just handle the hand itself, okay! Keep her from doing that. I'll have to get permission for that because, literally, your body already told us, "enough of that." There's something about doing this that you don't like but I want to get a little more information. So, just see if it's okay to do just part of it, just the hand turning. See if it

feels good to you to try to turn your hand against Pat's resistance.

I switched here to having Pat resist only the hand movement. I was concerned that we were forcing things and would lose K's feelings of being an equal partner in the therapy. If she just started following orders, we would lose her awareness, excitement and, at some level, cooperation. At that point, therapy is failing. So, I reduce the 'experiment' to just one of its important components, the hand turning and direct attention to how that feels. If it feels good, that's a signal that we're on the right track and we have permission to continue.

K: Umm. Some...a part of it feels good, because I'm active, you know. It's a...a..a.... It's something aggressive. It's a feeling that feels good.

R: Okay, work with that! Make it feel better, even more pleasurable!

Here again, I'm engaging K. in the process, this time in the search for an even more satisfying way of struggling with Pat.

K: Well, it's not pleasurable if I can't move it. It's just dead ended.

R: Uhuh. So, let it move a little bit, okay!

K: Yeah, there's some....yeah.

R: Yea, what? (general laughter)

K: Always feels good if I can get somewhere with it. If I'm just clamped down, it's nowhere, there's no satisfaction in that one. But, if the strength and aggression get me something, then it's worth doing.

This interaction has yielded what may be one of a central system of beliefs. It has the sound of an important attitude. It is surely related to the "not taking" we suspected earlier.

At this point, I have noticed a habit

of K's which is disrupting the process. I discuss it with her and following that, she changes.

R: Okay. So.... There are two things that are important to me at the moment. One is that you do a little bit and come back out and watch me, or, you come back out and talk to me. It's like you don't stay with your experience very much. You go and get it and you come back and present it to me as if...what?...as it...

K: Okay, now what?

R: "Okay, now what?" Like you're in a hurry.

K: Oh! Always. "Let's get on with it!"

R: Well, the only way to get on with it is to get into it. You have to go inside. The hurrying blocks any possibility of getting very deep. Every time you come back out, you've lost the experience.

K: It's safer though.

R: It may seem safer that way, safer for you to throw the ball to me and say, "now what? now what? now what?" So; let me tell you one little thing about this. If you can contact and stay with your experience without creating words immediately, without analyzing it, without making it explicit immediately...Do you know about this? If you make it explicit immediately, it's like...just like a recognition system. If you're walking down the street and you say, "who the hell is that?" "Oh, that's Charlie." As soon as you think, "that's Charlie," it's never gonna be anyone else. And it may not be Charlie. As soon as you decide who that is, as soon as you label your experience, you cut out all the rest of the possibilities. And, it's in the rest of the possibilities that the change lies, because you're going to do your habitual recognizing anyway. You are going, "oh, that's what that is," instead of, "wait a minute. A little mystery here, let's wait and see what else is there." Like a little fog. Like a Chi-

nese painting. Okay, let's go again. If you want to... I don't want to force you at all. You're half way, huh? Menz a menz.

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K: Yeah. Because on the other side of the aggression is a little girl.

The appearance of 'the child' and the feeling of being a child, a specific child, at a particular time and place, clearly experienced, happens spontaneously in almost all sessions where the process of turning inward is successful. It is one of the surest signs of accessing the unconscious and is the most important therapeutic opportunity.

R: Right. Right. You can feel her now?

K: Yeah.

My saying, "right" and my asking about feeling the child now are the result of observing changes in K's face and posture. Tracking the body this way yields a great deal of valuable information about states of consciousness. K's head is resting in her hands.

R: Almost always, this posture is a child.

K: (softly, thoughtfully) Holding...It's holding.

I now ask Pat to take over the holding that K. is doing, to take the effort out of supporting the head with the hands. Also, K's head leaned a little toward her own shoulder, so I asked her to lean on Pat.

R: Help her do that, Pat! Why don't you sit down too. Let's sit down. That child is the one who can change. That's the part that can change its mind. Yeah. So, you do it first, right, and then you (Pat) just help her do that somehow! Get behind her and support her a little bit! You (K.) see how much of the effort you can give to Pat. You want to even hold her back up a little bit, Pat! Yeah.

Right. Beautiful. Good.

This taking the effort out is central to the therapy. It accomplishes several things: it is a way of touching, with all that that means; it is a message about support, namely, "I will help you do what you feel you need to do," and it gives the person an opportunity to drop some of the tension which is stopping full feeling and to drop it at their own pace, while maintaining the position of the body. In releasing their tension, the person becomes more sensitive to the finer signals arising from the mood and memories present. This is the most important factor in the change of state of consciousness.

And stay with that experience of the little girl until...yeah...good...you let yourself into it now, huh? Right. Stay with that experience and that little girl until you know who she is and what she's feeling, and what she wants, and what just happened. Right. Right. If you can, just kind of keep an eye on her; almost keep a part of you just watching her.

This watching of the child is a substitute for complete regression into the child state. Complete regression happens and is valuable, too. In this case, I felt that K's contact with the child wasn't strong enough to get the regressive state. Watching has the additional quality of developing the witness, another important aspect of the therapy, akin to meditation.

Yeah. And anything that comes up out of that experience that's kind of a surprise for you or new or informative, then you tell me that if you can. Good.

K: (soft, childlike) She wants to be taken care of and...uh...

R: Yeah. Good. Take the support! Yeah. She'll (Pat) take care of you a little bit.

K: Umm...uhh...scared.

R: Umhmm. Okay, let's ask her; let's talk to her. You see if you can make her available to me or if you can't, then I'll ask you and you ask her, okay? So, let me tell her first that I hear that you're afraid and I hear that you're scared of something and I want to know if there's anything I can do to make you feel safer. If there anything anybody can do or anything you can do for yourself to make you feel safer?

I'm asking K., as little girl, to look into her experience for what's needed. So having directed awareness inward and found a fearful child, we now direct the search for what is needed to correct the situation. In many cases the main strategy of most people at this point in their process, is to avoid the fear and pain by turning awareness away or by shutting the feelings off with tension. Redirecting the search for nourishment at such critical junctures is another facet of the therapy.

K: Well, something that I felt a lot...

R: Yeah. You want to come out and tell me, huh?

Here, I have spotted the old tendency of K's to leave her experience and come back to report on it. It was this she had been doing through the first part of the session. I redirect her inward again.

K: Yeah.

R: See if you can tell me from there. Just try it once!

Very often this is a novel experience for the person. They are not used to staying with their feelings and reporting on them at the same time.

K: Well, if I'm rocked and loved, what happens is I...it feels like that's what I want, but it doesn't make me feel safer.

R: Umhm. Okay, so you want something and then you get afraid when you get it. Is that right? Like you want to be rocked and loved but somehow it's scary to you.

K: Oh! Yeah!

R: So, Pat, try these words, okay? We're going to do a little experiment, alright? The words will be...you let the words go in and see what goes on, right? Just see how that little girl responds to these words, but wait til Pat says them, alright? I'm saying them to her (Pat), but you wait till Pat says it! Pat, you say, "I'm staying right here with you."

P: See what happens when I say...."I'm staying right here with you."

I've called this technique a "probe." It has the form of asking the person to witness any automatic reactions to something the therapist does or says. Anything that does happen automatically is especially convincing and almost always interesting. It also has the nice quality of giving the person the vantage point of being somehow outside of the reaction rather than being caught in it. It requires that the therapist hear the possible underlying feelings and beliefs and come up with a statement which will set off the automatic reaction. It also requires that the patient be relaxed and turned inward. I try to use only potentially nourishing probes. With this probe, I have guessed that what is scary for K. is that people will go away just when she's getting what she wants. K. holds a slightly stiff position after the probe.

R: So, you don't quite accept that, huh?

K: Right. It's too good to be true.

R: See, the breathing doesn't change. You didn't let it in. You went...(I show K. how she got stiff.)...you know?

When a probe is taken it, it is usually followed by a sigh of relief.

K: Yeah.

R: It's too good to be true. Okay. We'll take that over, too. Pat will say that. Pat will say her words and I'll say, "It's too good to be true." And you can just listen to it, alright? You can just listen to the two of us talking and see how that little girl responds to the two of us doing that. (To Dwight, about Pat) She needs some support. (Then, asking Pat) Is that right?

P: No. I just had to change positions. I'm okay.

R: Okay. You can see what happens. So, you start, Pat!

P: I'm staying right here with you.

R: It's too good to be true.

P: I'm staying right here with you.

R: It's too good to be true.

P: I'm staying right here with you.

This is another example of "taking over." Here, we're taking over the words in K's head. As we did this, K's head started shaking from side to side.

R: Okay, shake your head!

K: "Bullshit!" (This is said in a normal tone of voice and with feeling.)

R: "Bullshit!" You're angry and sad both, huh?

(The sadness was in her face, the anger in her voice.)

K: Yeah.

R: Come out! Say it!

K: (Yelling) This is bullshit! I don't believe any of it.

R: Great. Great. Good Stay with it! Yeah. Good. Sample it! Savor it!

Again, I'm encouraging K. to stay with her experience. Also, I'm giving my approval to her expression of anger. In many cases of people with cancer, anger is not easily expressed in a satisfying way.

K: (Sighs. Then, whispering and tearful.) It's like having a carrot I can never get.

This may be the central feeling/belief: the frustration and pain of a child who sees what she wants and needs and also sees that chasing it just moves it further away. This might be a parent that wants to be left alone. A parent that gets cold when the child approaches for comfort and attention.

R: Right.... (To Pat) Try, "I'll stay with you a little while." See if that's acceptable!

P: I'll stay with you for a little while.

This probe is less intense and so, possibly more believable. The attempt here is to get some kind of nourishment accepted, thus starting the process of letting in what's needed. This of course will be a major change in the way K. handles this need. K. sighs right here which, as I've mentioned, is a sign that the probe was taken in and that some tension has been released. It's that kind of sigh.

R: Possible, huh? Good. So, savor that! Okay? So, savor somebody being with you for a little while. No? Shook that off too, huh?

K's demeanor changed and I interpreted that. This "dialog with the body" is central to the client's feeling the presence of the therapist.

K: It's not enough, then. It's not enough.

R: (Laughs) So, if it's not enough, you don't want it either.

D: Catch 22.

K: Right.

R: Yeah. So, there's a deep part of you, this child part, a deep part that says, "I don't believe anybody's there to help me. No support."

K: (Softly, sad) Yeah.

R: Unless that child can change her mind and take some support, you're going to be in this pattern forever. So, you'd better talk to her. Say, "Hey, take a little bit anyway, just go ahead to see how it feels to take a little bit of support."

K: (sighs.)

R: Let's see what it does to the pectoral minors. Oh, yeah, you got something on your mind. What?

K: I...my little...uh...girl...it's just real unacceptable, but when I get in who I am now...

R: ...it is acceptable.

K: Well...yeah...it begins to be.

R: That's good enough.

K: Then I can accept...

R: That's good enough. Let's see with that little girl, if we can make it acceptable to her, too. Very important for you to be in harmony.

K. sighs again. All these sighs are part of K's indecision and struggle with her feelings.

Very important that she accepts it. Let's see what her objections are. You remember when she came up out of that..."Bullshit!...Grrrr!"

K: Umhm.

R: What is she angry about? Let's ask her. What are you angry about? Yeah. Let's ask her.

K: I ask her?

R: No, no. You were asking that little girl part. You want to go back into that pattern. See if you can contact her again?

K: Yeah. Alright.

R: Good. (To Dwight) I'd like you to support that leg there, Doctor. Oh, that's okay. Whichever way you want it. Let's put some pillows under it. It feels a little better slightly closed, I think. Is that right?

K: Then I have to lean on her more.

R: That's good. That's okay. It's okay. Tell her it's okay, Pat.

All this was in connection with getting K's position back to where it had been before, with her leaning on Pat.

P: It's okay.

R: Okay. Now we'll go to that little girl, alright? We'll try the same sentence, "I'll be with you for a little while."

P: I'll be with you for a little while.

R: Yeah..."and I'll try to make you feel better."

P: ..."and I'll try to make you feel better."

K: (Whispers.) No...It's like, if I believe it...

R: ...you open yourself up to being hurt.

K: Right. It's vulnerable and...uh...it's not worth it.

K. is at a choice point about opening up. She has come back to it. Perhaps she hasn't felt it since she was the child she's experiencing. It is at such choice points relived that therapy and change take place.

R: (Gently.) So, how can I not hurt you?

K: Has to do with my belief. There's nothing you can do. I don't think. I don't know.

R: If you're opening yourself to hurt, you're imagining something's going to happen. What's going to happen?

K: You won't be there.

R: Yeah. So (nodding to Pat), you say, "I will be there..."

P: I will be there.

R: You won't be there.

Pat and I are taking over the struggle with K.

P: I'll stay right here with you.

R: No, you're not. You're gonna leave me.

P: I'm not gonna leave. I'm staying right here with you.

R: No. You're not gonna stay. You're gonna leave. I know you're gonna leave me.

P: I'll be right here.

R: You won't be there.

P: I'm not leaving.

That's about a ten-second pause here. With such "arguments" it's a good idea to allow the more positive voice to have the last word.

R: (To K.) Just for a moment or two, stay in your body, and see which muscles participate.

K: My jaw's real tight.

R: Right. Something that keeps it out. Okay. So, what you want to do is relax your jaw a little bit and try to let it stay relaxed. Okay. See if you can inhibit the impulse to tighten your jaw...good. (To Pat) Now say, "I'll stay right here with you for a while."

I'm asking that K. inhibit her habitual response to open up. In doing that, she makes earlier responses available to the process. The energy has to go somewhere.

P: I'll stay right here with you for a while...

R: (softly) and I won't go away suddenly...

P: I won't go away suddenly...

R: I won't leave while you're sleeping...

P: I won't leave while you're sleeping...

K: (emotionally) I don't believe it.

R: Just don't tighten the jaw okay! (K. moans.) So, let's get it clear, okay? In the past, the kind of things we're saying didn't happen. We just want to make them possible in the future....So... (to Pat) "I'll stay right here with you."

The first thing we had to do here was to help K. differentiate between the voices as representative of the past and possibilities for the future. We're at the very edge of change.

P: (slowly and softly) I'll stay right here with you. I won't leave suddenly. I won't leave while you're sleeping.

R: (whispering) Great. Yeah, great. I'll be right here when you wake up.

There's a relaxing in K., a letting down, and a sadness that's present.

P: I'll be right here when you wake up.

K: (tearful) I just flashed on a time...the only time I can remember that that was true.

R: The only time that was true...

K: I had my tonsils out and my mother spent the night with me in the hospital.

Here's a powerful, specific memory. The kind that shapes lifetime beliefs.

R: Oh. Only once...had your tonsils out.

D: While you had an operation on your throat.

Dwight has made a connection between the operation to have the tonsils out and the tumor of the neck. K. makes it also.

K: That's right. In the hospital. Uhghh!

R: Well, just say this...(at this point, K. starts crying)...we'll wait till you're available...till your phone lines are open.

There's a long pause here while K cries. Pat is holding her.

K: My phone lines are open.

R: Great. You don't have to have your tonsils out for me to be with you. You don't have to have an operation for me to be with you. (K. sighs deeply.) Great.

K: A friend said...a friend said to me recently, "You don't have to get any sicker."

R: Right. "You don't have to get any sicker." You don't even have to stay sick. (K. sighs. Then, to Pat...) Try that one!

P: You don't have to get any sicker for me to be with you. You don't have to stay sick. (K. sighs again.)

For me, all these sighs are signs that the nourishing statements Pat and I are making are being taken in.

R: Good. Let's try it upright. Come up with the back! That's it. Try it from here. "You don't have to stay sick.

I've had K. change her posture to a more upright one. This is a move away from the posture of sadness and immobility and into one which can more easily absorb these new ideas.

P: You don't have to stay sick. (K. inhales and holds her breath.)

R: That's iffy...borderline.

K: Yeah.

R: What's the little voice say. What's the little part say?

K: I'm not sure I believe it. (This is said in a bright voice, as if the excitement and happiness that should come with these beliefs were about to burst through.) Even...(K. sighs) it's like a, you know, in fishing, a weight, a sinker dragging a line down...

R: like a sinker, huh?

K: I hear it and I almost believe it and then there's this ughhh!

R: We've got to attend to that part. That part protected you, kept your mother around. It did nice things for you. Got your mother to stay there all night one time. So, let's talk to it. Hey, you have other ways to do this. Don't worry! We'll make sure you'll have company when you're well.(To Pat.) Try this one, try, "I'm not your mother, and I like you better well."

P: I'm not your mother, and I like you better well.

K: That's great. (a long, deep sigh.)

R: Finally!

Apparently, we hit the right probe. We needed to differentiate ourselves from K's mother. Often you have to do this.

K: 'Cause that unhooks me. But, see, that's not the little girl anymore.

R: Oh, yeah, she's around. I'm sure she's around. Do it again! Do it again! In fact (to Pat), why don't you say the same thing while you hold her. (To K.) Let her hold you!

K: As the little girl?

R: Yeah.

P: I'm not your mother and I like you better well.

R: (To Dwight.) You say it too! "I'm not your father..."

D: K, I'm not your father and I like you better well.

K: Um...(tearfully) that's great.

R: K, I'm just Ron Kurtz and I like you better well. (K. cries softly.) Don't run from that! Let that come! Especially pay attention to the jaw and pec minors! See if they soften!

K: They do.

R: They soften? That's good. That's good.

K: Yeah...'cause it frees me.

R: I'll tell you what I want...oh, stay right there! Let me see in this position. You don't hve to force anything; (to Pat) just keep a hand somewhere. She's already leaning. She's leaning in space. So, just tell her..."it's okay to lean. It's okay." (Pat takes K. in her arms.) Yeah. I'm sorry. I missed what you were saying. I was thinking. What did you say?

D: "It frees me."

I was busy watching K. and getting ready for more nourishment and I missed a key statement. Luckily, Dwight had it.

R: Oh, "it frees me." Yeah. "It frees me."

K: Umm. (The sound of relief.)

R: Frees you from the strategy, that plan...that way of doing things.

K: Right.

R: So, I want you to close your eyes and you can stay like that and I want you to start to reach out into space with that hand. Yeah....

As K. reaches out with her eyes closed, I put my hand out also and, towards the end of her reaching, her hand touches

and comes to rest in mine. Here, I am creating the physical statement, "reach out and I'll be there." K's in a very sensitive state and very much in touch with her feelings about reaching out.

See...that's another way.

K: My jaw's tight.

R: Okay. Let's do it again.

K: Don't quite believe it.

R: Yeah, I know. See if you can inhibit the tightening of the jaw. (K. sighs deeply.) Great...and reach....Don't let that jaw get tight, alright.

K: (deep breath) Ahhhhh...was it...my first feeling...was it really there...is there really a hand there and then...uh...kinda spaced out.

R: Spaced out...that's good. Spaced out is good.

K: ...withdraw from...

R: Sometimes spacing out is like you're going through a process of changing, you know. Like you get a little confusion at first, like toxins coming out, kinda confused. Then it settles down in a new place, sometimes. They're all strategies of avoiding the pain of people leaving...getting people to stay with, that strategy, and avoiding the pain of people leaving. Tighten up against what you're going to feel like when it happens.

I'm planting some suggestions here, a la Erickson.

So, let me put another one in there... just...(I start commenting a little abstractly on myself here.) I'm such a perfectionist...do a clean job...don't leave the scissors in or anything, you know. (Laughs.) So, I want you to be very careful to watch what happens when I say this, okay? First of all, I want you to listen to my voice very carefully, to what it sounds like, okay?. "You're not six years old anymore."

This probe is designed to free K. from the limitations of her child, who like any child, is dependent on her mother. I'm telling K. in effect that she can reach out to people other than her mother. Directing her to my voice was to avoid the possible pushing away connections one could make to such a statement.

K: (Curiosity) Yeah?

R: You want to hear more...

K: Yeah.

R: Is that what that, "yeah" was about...you got curious about that. "You're not six years old anymore" means, even though you need people, you don't need your mother anymore. (K. sighs.) Great. (Laughter.)

K: Thank the lord. Ahh! (K. blows nose.) Yeah. There's a difference.

R: Good.

There seems to be great relief at this point.

Well, I think we can sew this one up. (Laughter.) That's enough work for today. That's fine.

McKee is a surgeon. I am moving very quickly away from the emotionally open state K. is in, by laughing and by a change in tone of voice and, of course, with the words I'm saying. I want to leave the work we've just done "untouched" for a while. Even a minute or two is good. This allows it to "set." I don't want all those nice things we've accomplished to be messed with for a while. The stuff that follows allows K. to come back to normal, everyday consciousness. I'm skipping most of it. It took about two or three minutes.

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D: Seems like you have a lot more choices and options and awareness than you had.

K: Yeah. Umhm.

R: Yeah. Let me talk to them a little bit, okay. (To Pat and Dwight.) That was meaning practice we started with. You notice that? You know, like what is the meaning of all these things you're doing. We just started with a little movement of the arm. Access through meaning, that's nice.

So, the session ends with a moment of teaching. The whole thing took about an hour.

BUT WE CAN GO NO FURTHER IF IT IS NOT APPRECIATED THAT THERE IS SOME KIND OF ENERGY FIELD OR ORGANIZING PROCESS--CALL IT CONSCIOUSNESS--THAT IS OPERATING BEYOND THE REALITY WE ORDINARILY PERCEIVE.

RICHARD MOSS, M.D.
"THE I THAT IS WE"

THE STILLNESS IN STILLNESS IS NOT THE REAL STILLNESS. ONLY WHEN THERE IS STILLNESS IN MOVEMENT CAN THE SPIRITUAL RHYTHM APPEAR WHICH PERVADES HEAVEN AND EARTH.

TAOIST TEXT