Moments of Movement: Carrying Forward Structure-Bound Processes in Work with Clients Suffering from Chronic Pain

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Abstract:
When working with clients whose inner experiencing process seems to go round in never-ending circles or is blocked, the inner resonance of the therapists is at risk of doing the same. As their experiential responses stagnate or become stereotyped too, the intersubjective field, to which both contribute, is no longer an environment, which carries the client's process forward.

This article offers some ideas about a relational understanding of process-blocking patterns and their possible dissolving using examples from clinical work with clients suffering from chronic pain.

These clients, normally labelled as "difficult", benefit not only from careful verbal work at the edge of understanding, but particularly from including the bodily presence of both, therapist and client.

Keywords: movement, carrying forward, experiencing, structure-bound, body, chronic pain

I. About movement and stoppage

> "*Every bit of human experience has a further step of movement implicit in it." (Gene Gendlin)*

Whenever a person changes, whenever there is something new, we can find a quality of "movement" during this process. Something inside a person moves a little bit, or something moves from the background to the foreground, or the "I" steps back a little bit to watch and feel the whole (the classical entry into a Focusing process). These can be little steps or a completely new emergence of understanding. Sometimes it also can be a movement between us, a movement within our relationship that allows new changes to come. And sometimes even our bodies have to move in a new way to make change possible.

The term "moments of movement" stems from Carl R. Rogers, cited in Purton (2004). Rogers says:

"*There are so often moments when the client is trying to find ways of expressing what they are experiencing…. There is an attempt to articulate, to find a form for, the feeling. And when the form is found, there is a sense of release – yes, that's what it is! –followed perhaps by a slightly deeper breath, or a sigh… ". (p.5)*

Purton continues:

This is what Rogers (1956, 1961, p. 130) calls a "moment of movement", and Gendlin (1996, p. 20) a "shift" or "change-step". In such moments, something physically shifts a little, and in some sense the person "moves on". (p.5)

Later Gene Gendlin (1964) elaborates this "moving on: Something, he says, is "carried forward", when the right word, the right picture, the right gesture is found. In his "Process Model" (1979) he speaks of something that was "implied" and now "occurs", thus changing the implying, so that the ongoing experiencing process moves on in a different, more complete way and transforms the whole interactional context.

Sometimes clients feel something important inside which stays unclear or does not find an expression for a long time. They try different ways of symbolizing this "something", but nothing fits, there always remains a sort of unresolved, not answered question, a "something not happening", a not carrying forward. Gendlin would say: An implying (for something to happen, for the next step) has not found an adequate "occurring" yet. He calls this a blocking, a "stoppage" of the process, which influences the whole being of the person in her environment. There is frustration, bodily discomfort, and a dead end. This is exactly the point where clients often decide to ask for help. During our work together we explore the nature of these stopped processes and how they could be resumed or could be set into a forward movement again.

Questions could be:

- Where and how and what sort of process precisely is stopped?
- What is implied?
- What sort of impulses does the process need to go on and carry the experiencing forward?
- Can the person learn to relate on the detailed intricacy of the present moment and to unfold it into various explicit modalities so that choices will be available?
- Can the person trust in the process between us, in this "togetherness".
- What is our role as therapists, what sort of movements within our interaction turn out to be helpful?

And, an important question:

- Is every kind of movement helpful for therapeutic change?

In an earlier article Gendlin (1964) called one version of such stopped processes "structure bound":

My experience is structure-bound in manner, when I experience only this bare outline and feel only this bare set of emotions, lacking the myriad of fresh details of the present…
We often speak of contents or „experiences" as if they were set, shaped units with their own set structure. But this is the case only to the extent that my experience is structure bound in its manner…. it does not implicitly function …Rather, in this regard, my experience is a „frozen whole" and will not give up its structure. … it repeats itself in many situations without ever changing. …structure-bound aspects are not in process.

The term “structure bound” is a neutral one; it is about form rather than content. It says nothing about illness or disorder, but something about one-sidedness, about not being in process. Using this term, we can talk about “normality”, not about pathology.

Gendlin (1996) says, *According to my theory a „pathological content“ is nothing but the lack of a certain further experiencing (p. 38).*

The concept describes a dysfunction in the process of relating, of being with. It allows us to distinguish different patterns of “frozenness” without pathologising people.

All of us have special aspects and ways of relating that are one-sided. When we get stuck, parts of us do not answer to fresh and new inputs; we meet life with stereotypical reactions and cannot get to that inner experiencing place from which new meaning could arise. Sometimes the process-blocking patterns are so strong and stereotyped that almost no forward movement at all seems to be possible. The inner experiencing is going round in circles; the frozen wholes (that is: the frozen manner of experiencing!) remain the same, and sometimes they have become a lifestyle, a habit, a way of being.

So in terms of movement it is absolutely vital to distinguish between two movements in therapy: the cyclic movement which carries our experiencing further (implying-occurring-implying…) and the turning around in never-ending circles while we are stuck in a stopped process, a structure-bound pattern.

A structure-bound pattern is often characterized by strong opposite poles: yes/no, good/bad, always/never – and the world in between has disappeared. It needs something like the work of a detective to discover that such patterns limit our view, that not all people look at the world through our glasses, and, importantly: that there is an active part in ourselves that stabilizes this structure- bound feeling and thinking every day anew.

A little exercise will help get the feel of our own process in relation to how we usually start and end our day:

What precisely do we do first in the morning after waking up? What do we think? What do we feel? What is our body doing? Are we near to our implicit living process? Or are there well-known explicit concepts in the foreground? If we listen to our inner sentences, look at our inner pictures: What comes up? Do we recognize a pattern? Is there something that we always do or think or feel?
It is like tuning our instrument for the day – it is very interesting to find out how we do it. Do we create a narrow world with one or two themes that are our well-known music for the day? Or do we open up to the richness of life?

We can try the same thing in the evening before we go to sleep*: how do we „remember” our day? Of all the hundreds of events and issues that happened: which ones do we choose to be with us again, to colour our memory*?

It is important to learn to step back and recognize one’s own activity, which sustains a habit, and to be aware of how our own way of being influences our inner world and the world around us. (Geiser, 2007)

Those patterns are always both: talents and limitations, strengths and weaknesses.

I think that we should learn from each other and from our clients about all the different ways people can get structure-bound. To be present with a client fresh at any given moment does not exclude knowledge about these phenomena. My knowledge and the knowledge of my client are part of our "situational bodies", as Gendlin would name it, and my professional knowledge about differences in the process of relating is an intrinsic part of my trying to realize the therapeutic conditions.

II. Structure bound patterns in psychotherapy – a relational understanding

For our clients it takes time and trust gradually to get to know structure-bound patterns and their role in life. Sometimes it is a long process to find alternatives, new movements instead of the frozen ones, because there has been much identity building around those patterns.

I think we have to leave behind the old belief system that there is a patient with a disorder inside, that there is something living or missing inside him, like a little entity, and that he only has to repair that something to get better. All that is "in us" is always part of a relational situation and always has been. Experiencing is basically interactional. And to go one step further: it is not only an interaction, it is an "interaffecting":

Interaffecting is an interaction process in which the elements in the process are what they are through being in interaction with the other elements. … We are who we are in and through our interactions with others. Psychotherapy can be seen as an interaction between client and therapist in which both participants are changed .(Purton 2004, p. 182f.)

Even more: I believe that a living new "process-entity" comes into being which includes us both, therapist and client, a "me with you", "*a new us",* as Lynn Preston puts it (2005). This "new us" can move in a new way, and carry the whole intricacy of the process forward.

So, we as therapists also have to be aware of when and how we lose our ability to relax into the experiential field and become structure-bound ourselves. With us becoming one-sided too, the togetherness, the experiential whole, is in danger of freezing, of getting structure-bound as well.

I guess we all know something about those "stoppages" between our clients and us, in the relationship. Our fresh "experiential responses" seem to stagnate; our answers become structure-bound in manner too and thus tend to intensify the stuck place where the client struggles. We know from experience that if in a dialogue one person narrows his being in a structure-bound manner, there is a tendency for the other person to become narrow too, that we both come to respond from our own stuck places and not from experiencing in the present moment.

This freezing of the relational, interactional whole is an important and interesting phenomenon. If we can see it as a clue to understand more about the missing relational wholeness in us, in the client's life and in our interaction, we can learn to modify our interactions and experiment with what sort of movement is needed to carry forward the process of experiencing in our relationship.

"If this newly different interaction process won't happen here and now – where an when will it?" Gendlin (1968) asks.

III. Clients with chronic somatic symptoms

To illustrate these thoughts, I will use examples out of my work with people who suffer from chronic somatic symptoms, above all those dealing with chronic pain. It is possible to translate theses thoughts into the work with all sorts of chronic states, not only somatic ones.

I will start with some examples, which may help to get a feel for the world of these clients.

- From time to time I teach focusing to people who suffer from severe forms of rheumatism and fibromyalgia. I guide them slowly through the important steps of the Focusing process so that they can follow inwardly in their own way. When, at the end of this process, they report their inner experience, I am struck each time by a specific one-sidedness: all of them, having been asked how they feel in their bodies right now, answer exclusively with a long list of bodily symptoms and detailed complaints about pain, stiffness, immobility. Apparently they understood the word "body" in a very special way.

- When I give breathing exercises to a group of trainees or patients, I sometimes ask: find three places which feel comfortable in your body right now! Most people can find those places without difficulty and describe them as "warm", "relaxed" and so on. But people with chronic pain syndrome can only find a place which hurts or, at least, places which hurt normally, but today are not so bad or which feel sort of "neutral". But "comfortable"? No words, no feeling, no idea.

- I myself know chronic pain; I have suffered from migraine headaches since I was a little child. Even today, if someone asks, "how are you?" the first spontaneous inner checking would be: "fine, there is no headache today!" Of course you can say that this is an intelligent answer for someone who suffers from headache a great deal. But the one-sidedness is that for a long time in my life I have not known how to answer the "how am I?" question other than: there is a headache – or: there is no headache. Remember the bipolar structure of frozen wholes: there is – there is not. Pain – no pain. Feeling bad – feeling fine. Nothing in between.

What is similar in all these examples?

We seem to meet a special one-sidedness with clients who suffer from chronic pain: understandably their whole awareness is directed to the body, but it is not the living body including feelings and thoughts and movements, and it is certainly not the "body-in-situation" which we address in focusing. It's sort of a "pain-body", the (usually painful) sensations spring into their mind without hesitation - data ready to recall; experiences, not experiencing.

Seemingly those persons are accustomed to being very aware of every single perception in their bodies. But if you look closer, this is not true: their awareness is narrowed and only goes to symptoms, to those places in the body which hurt or are tense or stiff or might become so if

they do something wrong or just by chance. They seem to collect sensations, normally hurtful ones or embarrassing ones which might lead to new pain. So this indeed is a movement, a "search movement"– but it is one of the "impasse-movements" mentioned above, a frozen whole, a stoppage.

In terms of Antonovsky`s thinking about Salutogenese, "comprehensibility" is a decisive factor for health (Antonowsky 1987, p. 19). Many people, particularly those with somatic troubles they do not understand, long for explanations. So they create a whole network of assumptions, of "if" and "because": "Because I have been sitting in the wind outside - on the cold stone - because I have been walking too long, not long enough, - because I have been eating or drinking too much, to little, too late… because of all this my stomach aches, my shoulders hurt, my back pain starts again. " Thus they are connecting the past to the present. They are also specialists in designing the future in this narrow way, using sentences like: "If I can not go to sleep early tonight, or cannot eat something immediately, or do not take these pills in time, or sit on the wrong chair… I will be ill tomorrow or things will be worse…". This is what Gendlin (1978) calls: "re-arranging already cut pieces" in contrast to the emerging of something new from experiencing.

This wide network of thoughts and memories and plans and "ifs" and "don'ts" is a desperate attempt to arrange facts and pain and the events of everyday life so that at least there is some chance of understanding. Remember that these are often people who are labelled by their doctors and therapists as having "nothing organic," that their complaints are "subjective", that they have often been given up on because " nothing changes". They have heard more than once the sentence "we cannot help you anymore". So they build their own network of causalities and associations, highly sophisticated and very private, which at least for themselves makes sense and may give a little hope that perhaps some day they will find something they can do or avoid doing in order to get better. This may serve as a helpful interior monologue – but they often use it in contact with others and start each conversation with a long explanation about their state of health. This is understandable, but as a way of way of relating to others is often very difficult to understand from the outside. So it isolates them from others and from parts of themselves. We as therapists, listening, often feel helpless, impatient, heavy, angry, bored. In literature you can find all sorts of variations of people getting stuck together.

So we meet a person in our therapy room, who has been living for a long time with pain and inhibition and all sorts of symptoms. There is no more space between her and her symptoms; she has become identified with them and this mode of living. Certainly she has done all she could, alone and with helpers, to rid herself of this. Perhaps she is desperate and lonely. She is incredibly courageous in living her life despite all this. She has learned a very special and carefully-constructed way of relating to symptoms in the way I tried to describe above, and this way of relating has become chronic, like the symptoms themselves. And she has a characteristic way of relating to others.

I as therapist have my own my personal background concerning the handling of illness, pain and suffering in acute and chronic mode. What have been my own experiences of being sick, of suffering from pain? What sort of belief system does my family have about these issues? How do I remember being treated by doctors, by significant others during times of illness? What is my reaction to the suffering of others?

When we meet clients with chronic pain and tune in to our "new us", our intersubjective field, we both can feel a specific atmosphere: a little distance is in the room and between us, sort of: please ask me – please don't ask further – yes there is something –but please don't come too near. Issues like being moved, being touched, sadness and hope fill the atmosphere, and above all, a deeply felt loneliness.

So, how can we introduce or re-establish the principle of movement here?

IV. Moments of movement in therapy

Of course we spend most of the time of our therapy-sessions with the ongoing "moment-to-moment empathy", as Germain Lietaer called it. (Lietaer 2002). But after having entered the world of our clients with respect and carefulness, and having been there long enough in order to understand, we can remember Rogers' words:

*This is not so say, however, that the client-centred therapist responds only to the obvious in the phenomenal world of his client. If that were so, it is doubtful that any **movement** would ensue in therapy. Indeed, there would be no therapy. Instead, the client-centred therapist aims to dip from the pool of implicit meanings just **at the edge** of the client's awareness. (in :van Balen 1990, p. 72)*

So, by and by, we can explore together the missing links, the missing "occurring", we can make small suggestions, thus responding to the whole world "at the edge", the silent landscape behind the frozen symbolization. Here the clients need our help, they need questions and responses that may carry their stopped experiencing a little further.

1. **Body awareness:**

   First we could try to open up a broader field of body awareness. The body of clients with chronic pain is both highly charged with energy and yet, other than pain, nothing can be sensed. While bodily issues are always in the foreground, there is a strange disembodied feeling around them. So we can encourage them to be aware of sensations in the body, which do **not** belong to the bipolar pattern "hurting – not hurting". Whole areas of the body are often abandoned, without awareness, without language, without a life of their own. Patients can learn how to direct their attention – not an easy task, but an important movement! – and leave the usual places where they are in contact with their pain and go to these "non-hurting" places, be aware of their quality, and find language or images for them – private ones, filled with their own meaning instead of a medical description!

2. **Modalities**

   Recognising the lack of modalities (Geiser 2003, 2004) except for painful body-sensations we can ask for new ones, for instance, pictures, melodies, colours, sentences, atmospheres etc. that belong to their life-situations, not only to their pain-history. Thus we rely on the capacity of our clients to knit parts together (this is an ability they are trained in!) and transfer their skill into other areas. Thereby their inner world by and by gets a little bit richer and broader, language becomes more colourful, and a sensing of unknown qualities can emerge.

3. Emotions

Often one of the qualities we often miss in working with clients suffering from chronic pain is that of feelings, of emotions. "I feel so little. I want to explore what I feel", a client says (Carla van der Molen 2002). We have sensitively to ask for feelings, and we have to do it with a mixture of gentleness and steadiness (Geiser 2008): "But how do you feel about all this? What does it feel like to live with pain every day?" Typical answers come quickly, without hesitation: "Oh, I am accustomed to it - the years before were worse - oh, I know that there is nothing I can do, so I just bear it….." Then we have to be gentle and insistent and ask again, full of compassion, because they really are not accustomed to listening to feelings and being asked for them. And then, by and by, emotions emerge, are felt, expressed, heard and answered (Geiser 2008).

5. Little movements

Normally people with pain syndromes don't move their bodies out of fear that the symptoms will get worse. So we can introduce the world of moving again, and propose playful tiny **little movements** that can begin to enrich their world. They can learn to literally move forward, to move away from something and towards something other; they begin to get to know their breathing; they learn to stand with their feet on the ground. These are real life experiences that they can embody as a reference to remember and return to.

4. "Bodying forward"

I like this term very much and borrowed it (with his permission!) from a Belgium colleague named George Wollant. He writes (in a personal message) "*I use this term for the intersubjective body processing of clients and therapists. … As a comprehending and responding body, understanding the other through my body, I am able to body forth and to body forward, the client's implicit*."

In my experience (as a client and as a therapist) it is in many cases not enough to talk about the body, to let it come into awareness or to let the client make movements alone. I think that only when bodily accompanied, can new movements be embodied by the client and grow in him.

Imagine a body stiffened in pain, all joints bent, a pulling back in the shoulders, a contracting in the chest– and at the same time there is a longing in the arms, a desperate wish to reach out, to stretch. This results in a very difficult dead-end, going forward and pulling back in the same motion, all muscles cramped, a stuck state: a typical pattern in the body of clients with pain. You often find the same pattern in the emotional field as well, in thinking, in acting. And you may also find it in our relationship, in my wish to come nearer and help to "unfold", to open a movement – and at the same time I am shy and do not dare to do so.

"Some therapeutic circles harbour the illusion that the organism knows what is best for it. But that is often not true. An organism only knows what is best for it in a field of responsiveness" (Kelemann 1986)

No one would dare to make a movement like reaching out for support into just the empty space with no one being there! "*Certain cycles urgently need another responding body to resume, to occur*." (Schlünder 2003) If there is a hand waiting for the hand of our client in the very moment he tries to open his shoulders and to stretch his arms, there can be an encounter, which is bodily felt, embodied. We can explore the field between reaching out

and pulling back together when our hands meet: we can push against, pull away, draw nearer, lean against, let loose, give up the tension, make the inward movement complete or concentrate solely on the outward movement. We can try out soft movements and strong movements. Our bodies can respond, ask, make suggestions, be at each other's disposal. Going with the movement, we find meaning. Cycles of emotional communication can be completed. With this body-dialogue between us, the "new us" is literally moving.

We need each other's body to try out these different forms of encounter; we need touch. I do not mean a medical touch to examine, to medicate, to ease the pain. I mean the touch of another human being, asking, exploring, answering… maybe for the first time this will be a touch which feels "right", which allows the person not only to be a patient, but an embodied human being.

5. The body from inside

And perhaps after a long time of being unconnected to various topics of their life, it will be possible for our clients to do this important movement we learn from Focusing: to step back a little and ask "And what is all this about?" So finally they are able to ask the body from inside, including the sense of the past, the presence and the future, the interaction with their environment - and see or touch or feel the whole, "all this", their situation, their living as a whole. Maybe there are life-issues that need attention, not only the symptoms? Slowly, through the felt sense unfolding, new meaning can arise.

So even these clients, living so very much imprisoned in their bodies, can move and be moved again through being in contact with their own body and with us, another living body.

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