

Cultivating presence

Learning how to be with a client is as important as knowing what to do and has deep philosophical and psychotherapeutic roots, writes *Manu Bazzano*

Learning how to be with a client – how to best tune the therapist’s self so that we can be more effective – is as important in counselling and psychotherapy trainings as learning what to do – ie how to best respond to a particular form of distress in a client.

Recent research¹ shows that developing therapeutic presence enhances the wellbeing of the therapist, makes her more attuned and receptive, and increases spontaneity and creativity in the therapy room. In other words, cultivating presence coincides with both self-care and therapeutic effectiveness.

What is presence?

Daniel Stern² captured the zeitgeist a few years back when he wrote about the present moment in therapy and in everyday life. He and his colleagues in the Process of Change Group in Boston wrote of ‘moments-of-meeting’ as having greatly facilitated therapeutic change. Therapist and client, they wrote, ‘are meeting as persons relatively unhidden by their usual therapeutic roles, for that moment’.³ Inspired by the phenomenology of Husserl and Merleau-Ponty, Stern emphasised the difficulty of grasping the present: its nature is fleeting and dynamic, its manifestation unpredictable, and it becomes lost in our attempts to explain it.

Presenting a view in tune with the humanistic approach, Geller and Greenberg define therapeutic presence as ‘the state of having one’s whole self in the encounter with a client by being completely in the moment on a multiplicity of levels – physically, emotionally, cognitively, and spiritually’.⁴ In her account of working with childhood trauma, psychoanalyst Monica Lanyado stresses the creative value of the capacity to be alone in someone’s presence,³ and the importance of peacefulness and stillness in the therapist.

Every therapist will have their own way of fostering care of self and of finding greater attunement. My favourite method is *zazen*, or Zen meditation, which I have practised for more than

30 years. What I find particularly helpful is that in Zen the ‘now-ness’ experienced through sitting silently, although appreciated, is not elevated to a special or mystical status but is processed as part and parcel of our everyday existence. Our day-to-day existence is pretty amazing if we cultivate awareness and a different ways of seeing; ‘ordinary’ interaction with our clients can disclose a world of insights. The other useful pointer from the Zen tradition is that one practises meditation for no reason at all: not to achieve a desired state of mind or to get rid of an unwanted one. When various ‘mindfulness’ practices are increasingly used as techniques aimed at correcting pathological behaviour, the Zen perspective inscribes meditation practice in the dimension of non-utilitarian play – doing something with no gain in mind is one of the definitions of playing. Winnicott had much to say on the healing power of this dimension and equated play itself with presence, healing and therapeutic change.⁵

Care of the self

Practising self-care is a commitment to continue to work on ourselves, to prevent the possibility of burnout and avoid the emotional exhaustion and stress that go with listening to the depth of our clients’ troubles and dilemmas.

Inspired by the ancient Greek philosophers, Foucault^{6,7} regarded ‘care of the self’ as *askesis* – an ongoing practice of mind and body aimed at nurturing our freedom and dignity as individuals yet also directly linked to ethics, to relating better to others. Much more than eating healthily, resting and avoiding stress, care of the self is geared towards greater self-awareness, which for the Greeks was vital for participation in social and political life.⁸ Foucault translates this as: ‘the formation of the self through techniques of living, not of repression through prohibition and law.’⁷ In other words, the person who practises care of the self will adhere to an inner, perhaps deeper ethical code even before abiding by the rules of her profession.

Foucault maintains that the two dimensions of ethics, inner and outer, the letter and the spirit of the law, may not or may coincide, depending on whether the rules and regulations of a given society are geared towards the emancipation or normalisation of individuals.

Crucially, the person who practises care of the self will not be able to deliberately exercise power over another human being, and the therapist will be acutely aware of the power imbalance implicit in the therapeutic relationship. ‘If you take proper care of yourself,’ Foucault writes; ‘if you know what you are and... what you are capable of; if you know what it means for you to be a citizen of a city... if you know what things you should and should not fear, if you know what you can reasonably hope for and, on the other hand, what things should not matter to you; if you know, finally, that you should not be afraid of death – if you know all this, you cannot abuse your power over others.’⁷

It is remarkable that in the end Foucault openly links our propensity to exert power over our fellows with our fear of death. The poignant and profound lesson inherited from the Greek philosophers of antiquity – and one that uncannily coincides with the teachings of the Buddha – is that ethics is dependent on our awareness of mortality and the impermanence of all living things.

Care of the self for the therapist could today mean maintaining an ongoing practice of mind/body awareness that also allows for a down-to-earth sense of one’s own environment: an internal/external awareness, a form of ‘introspection’ that is also open to the ethical dimension and our dealings with others and the world.

A therapeutic practice that has care of the self at its core emphasises the fact that theoretical knowledge and technique proficiency are not enough in the difficult and rewarding practice of being a therapist. The therapist’s very self is the fine instrument conveying, above all, presence.

Integrative approach

It is debatable to which therapeutic orientation the notion of presence belongs. It seemed to have been already there with Freud's stress on the 'evenly suspended attention'⁹ of the analyst, in his recommendation that the physician 'must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient'.

The analyst, he added 'must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone'.¹⁰

Later the humanistic tradition emphasised presence as crucial to therapeutic change, as a factor a great deal more important than the acquisition of academic knowledge or the mastery of a particular set of skills. Rogers famously wrote: 'I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me... then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other.'¹¹

A way of being

The practice of the phenomenological reduction – also known as epoché or 'bracketing' – putting aside any assumption so as to meet our clients more directly – is a reminder of how the therapist can become more open to presence in the therapy room. Its first advocate was a Greek philosopher called Pyrrho (365–270BC), for whom it represented a strategy to overcome dogmatism, which one of his followers, Sextus Empiricus, defined as 'metaphysical entities, transcendental realities, in order... to... "explain" [our lived experience]. All of these realities are... unverifiable'.¹² Many centuries later Merleau-Ponty¹³ was to extend the practice of bracketing to scientific and psychological theories, no matter how great or well established they might be, so as to free us from the Promethean desire to master the fundamental uncertainties of life.

Several questions still remain, however: having accepted the validity

of bracketing, how do I do it? Do I just push away and suppress any unwanted thought, feeling and emotion? What do other therapists do to cultivate presence and put aside assumptions that get in the way of a genuine encounter? How can I be with the intersubjective process in the room? 'Being with', for me, provides the key, and my temporary, empirical answer is meditation. For meditation is essentially, in my understanding, being with whatever arises, without judgment and with no attachment.

Contemporary Buddhist teacher Stephen Batchelor writes that in 1979, as a 25-year-old recently ordained monk in the Geluk school of Tibetan Buddhism, he went to a lecture on Husserl by the renowned phenomenologist Emmanuel Levinas. During the lecture, Levinas mentioned the phenomenological practice of 'bracketing' (epoché): putting aside concepts, assumptions and opinions so as to meet reality more directly. How do we achieve bracketing? Batchelor asked, but Levinas had no answer. Can meditation help a person be more aware of his own assumptions and so become more open to experience? The question was to no avail: 'The notion that one might require a rigorous meditative discipline to achieve such bracketing was an entirely alien idea,' Batchelor writes.¹⁴

There are of course specific ways in which we can increase therapeutic effectiveness. They include preparing to be with a client, bracketing, letting go of self-concerns and issues, being congruent and having a clear intention to be present in the interaction. There are detailed exercises and practices that can help us be more fully present. It might be useful at first to consider our habitual way of approaching the therapy session and how we go to meet the next client: do we go with a sense of stillness and receptivity?⁴

Conclusion

Cultivating presence is an ongoing practice. It is a way of being rather than the acquisition of a set of techniques, yet there are methods we can use to invite

more presence in the therapy room and so be more helpful to our clients. It is a discipline, yet inspired by the dimension of play. It prepares the therapist to meet the unknown, the 'pre-cognitive' and 'pre-reflexive',¹⁵ the genuinely new. ■

Manu Bazzano is a psychotherapist, trainer and writer. His latest book is Spectre of the Stranger: towards a phenomenology of hospitality. www.manubazzano.com

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