

## *Therapy and the Teachings of Solitude*

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*Oh blessed aloneness, the only bliss!* - Francis of Assisi

Last July, in the course of PCE 2008 (the 8<sup>th</sup> World Conference for Person-Centred and Experiential Psychotherapy and Counselling at the University of East Anglia), I attended a seminar by Chris Walton (1), in which he related his research on the relationship between humans and the natural world. Chris applied Carl Rogers's six conditions for therapeutic change (2) to the non-human sphere, or the environment, perceived as a place where we can undergo a shift, a change of heart. He told participants of his work at the Eco Study centre, where children are being introduced to nature and the wilderness, to the 'teachings of solitude'. Children and facilitators, during their excursions and experiences in the natural world, find the 'magic spot' where a child can learn the 'teachings of solitude'. (1)

Some of these accounts felt very moving: after one of these experiences in nature, a young girl, who had never wanted to write anything before, wrote two full pages recording her wonder at the site of a starry sky at night. For Chris, we humans are the clients – incongruent, distressed – and the earth the healer. I found the work inspiring for two reasons: first of all the inclusion of the wider sphere of the natural world in therapy, in itself refreshing for it opens up the confines of the therapy room. And secondly, such positive emphasis on solitude seems slightly at variance, and refreshingly so, with the current leaning in favour of the relational and the dialogical in therapy.

**The Longing for Union and the Longing for Autonomy**

Relatedness is of course a given (Spinelli, 2006). We are in relation even when we find ourselves alone. In existential therapy at least, there is no solid, separate self but instead a being-in-the-world. As individuals, we operate at all times within a rich and complex web of relations, as we are, each of us, facets of the great diamond. Could it be, however, that by understanding in therapy the relational domain solely as dialogue and encounter we miss out on the value of solitude?

There appear to be two fundamental longings in human beings: the first one is the yearning for union, the desire to bring back the lost bliss *of oneness*; the second longing is for space and autonomy, the desire to satisfy our equally powerful need for *separateness* and individuality. For Louise Kaplan (2) – as for Margaret Mahler (3) – all human love and dialogue is an attempt to reconcile these two longings. Kaplan calls this very attempt to reconcile these two polarities ‘constancy’.

Such reconciliation is crucial at a psychological level, for constancy represents the ability to unite love and anger, attraction and aversion, the ability to go on respecting someone even though they might no longer provide us with the happiness and approval we crave. It is also crucial at a more general level, for constancy stands for the integration of our longing for the sublime (awakening, insight, wisdom) with the equally important need to attend to the down-to-earth affairs of everyday existence. This second aspect too can be easily overlooked, as I have learned over 28 years of experience within Zen Buddhist and other spiritual communities. It is all too easy, caught up by the heady pursuit of ‘spiritual enlightenment’, to neglect the groceries and the gas bills, as well as the very basic tenets of human interaction, all part of the fabric of the everyday (4). One-sided attachment to the *oneness* of spiritual experience, however wonderful, is an imbalanced state, the spindrift gaze unto heaven. And

the same might apply to a bias towards the dialogical in therapy at the expense of autonomy and solitude.

At present, most therapeutic orientations seem to agree on the fact that the relationship is the key factor in therapy. Recognising the importance of the therapeutic relationship has been pivotal in making the profession of counselling and psychotherapy more democratic, more in tune with the times. We have come a long way from an initial attitude founded on the “father principle”- (5) an essentially authoritarian, patriarchal mode that conceived of the therapist as the ‘expert’ - gradually moving towards the maternal domain (where the therapist played the role of midwife), and finally to our current era of “the siblings, in which ... there is a fundamental symmetry between patient and therapist.” (5)

Such outcome was long-awaited, desirable, and inevitable: the therapist has been stripped down of her authority and has gone to meet her clients face-to-face, equally. Empathy, congruence, mutual trust and *being-with* have rightly become all-important. Relatedness is all. However, relatedness is made up the two elements of oneness *and* separateness. Why is it that terms such as self-reliance, individuation, and solitude seem to have lost currency in contemporary therapeutic discourse?

Of course the relationship is important. But we need to honour both its two components – oneness and separateness. Within *dialogical therapy*, however (a term I use in order to identify the current trend in therapeutic thinking and practice), the human need for autonomy risks to be ignored.

Even Martin Buber, posthumously (and unwittingly) designated as champion of dialogical therapy, had something to say in favour of autonomy and solitude or, as he calls it, of ‘inner-worldly monastery’: “A man – he writes in an appreciative and critical appraisal of Kierkegaard – must let himself be helped from time to time by an ‘inner-worldly monastery’”.

(7). And he adds: 'Our relations to creatures incessantly threaten to get encapsulated'. He stresses the importance of 'loneliness in the midst of life' of finding 'hostelries' which would "help us to prevent the connection between the conditioned bonds and the one unconditioned bond from slackening" (6).

What Buber sees as the danger of being 'encapsulated', the pioneering child-psychologist Margaret Mahler saw as 'symbiotic psychosis', the term she used to identify the pathology of some of her young clients - as troubling and painful a phenomenon as the opposite tendency towards isolation. Van Kolmthout (8) has highlighted how recent developments in psychopathology seem to stress the importance of these two polarities: the pathologies of fusion and distance, of oneness and separateness. Healing in the individual points towards a balance of these two polarities for neither symbiosis nor isolation are desirable conditions. "A balanced theory of personality change – van Kolmthout writes – should recognise both our need for autonomy and our need for belongingness" (8). The same perhaps could be applied to therapy as a whole, seen in this context as an organismic and cultural entity that – as any organism, sways this way and that in its struggle towards equilibrium. Could therapy culture be suffering at present from a compulsion towards symbiosis? Could it be that we need to redress the balance in favour of autonomy and individuality?

### **The Courage to be an Individual**

The idea of a *person* is crucial in Rogers's thinking, although he used it mainly as a protest "against the ... dehumanization of education, of a lot of religion, of military life, of many aspects of business" (9). Some understand 'person' in its somewhat negative meaning of 'persona' or mask. I understand 'person' as 'individual', one endowed with 'individuality'. Individuality is not individualism (the allegedly self-sufficient, defensive and cocksure

personality a-la John Wayne). There is another meaning to individuality: to become an individual means *to depart*. The word 'individual' is etymologically related to the word 'widow', both words deriving from the Latin *videre*, to part (10, 11). Another symbol for individuality is that of becoming an orphan, an exile, of breaking parental and tribal influences, something that requires tremendous courage and self-determination. For Augustine, "to be a widow or orphan relates one to God" (10, 11). This often means a painful breaking away from conformity, convention, the cherished traditions and superstitions of one's 'tribe' of origin, and finding what Rogers calls one's 'internal locus of evaluation' (12).

### **Respecting the Autonomy of the Client**

The other important implication of individuality is its essential *otherness* (13), the sheer unfamiliarity of another person, who can never be truly known, who will always remain a mystery. The client is forever unknowable, forever other, and forever separate. Such separation constitutes her dignity and humanity. Of all delusions, thinking that I have "understood" my client is perhaps the most insidious. Many would agree, I believe, that seeing the client as an 'object' of study (whether as a bundle of drives, a carrier of symptoms and problems to be solved, or one to be behaviourally and cognitively re-programmed) would equal to an inappropriate use of power. Wanting to "know the client", however (because he or she is somehow 'similar to me') might also be a form of dominance, albeit relational and well-intentioned. And the same would apply to that other doubtful aspiration, of wanting to 'become one with the client' through 'love' or 'spirituality'.

In order to provide genuine therapeutic support, the space between self and other needs to be maintained and even cultivated, and the autonomy of the client - her ability to find a path towards healing and self-determination – respected and honoured.

## References

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