


A month ago, while teaching abroad, I received a text from Ali saying ‘Can we talk? I’ll call you tomorrow, what time?’ It was unusual for us to have contact between sessions except for updates on side effects to his treatment so we could plan our schedule. The tone of the text caused me to remember our last session when he had broached the subject of his own death. I texted back that I was away until Monday, ‘Hi Ali. Very good to hear from you. I’m in Lisbon lecturing at the moment but I’m back in London on Monday. I hope we can connect then? I’ve been thinking about you. Best wishes, Greg’. Monday came and went but no word from Ali. Not too unusual, I assumed he was struggling with the side effects and would get in touch when he was feeling a bit better. Tuesday I texted again inviting him to make contact, wondering if he had taken offence that I was not available over the weekend.

I waited till Thursday, our usual session day, and texted again, this time more insistent that I wanted to hear from him. Around 4pm I got a reply, but from his sister Ruby. I was shocked to hear the news that I had been dreading: Ali had died Tuesday night in a London hospital. I let the news sink in slowly, in little waves between the last clients of the day. Later I texted Ruby, could I call her at the end of the day? She agreed. I had never had any contact with Ali’s family and I wondered about the protocol for a therapist to speak to the family of a deceased client. All I knew was that I needed to know more about Ali’s last days, to make it real. Ruby told me that Ali was asking for morphine at the end. He was terrified of pain. He was trying to protect his family, be a good son, so there was no open discussion about him dying. I was the only one he would have spoken to, and I was not there.

During the call we both broke down. Ruby said the family were very appreciative of my work with Ali. When I got off the phone I cried some more. The next day with my supervisor I broke down again and couldn’t speak. As I write this, many months after Ali’s death, my throat still restricts. Am I supposed to make our relationship into a ‘case’? Distance myself enough to present some professional account of our connection? I have tried.

This chapter is written despite the despair that erupts in me when mortality senselessly rips apart the veneer of life and practicing therapy seems like a tawdry distraction. Sunday night after Ali died I awoke around 3am with a question clearly typed across my mind’s eye, like a ticker tape: ‘HOW MUCH LONGER DO I WANT TO LIVE?’ The question rang like a gong through my whole body. A genuine question - what is the point of continuing to live? What is going to happen between now and my death that will make the next couple decades (presumably), meaningful? All I know is that I am learning something about my own life from accompanying Ali. Somehow we were good for each other.

References


are getting married, buying houses, and having a normal life while his life is so uncertain and preoccupied by illness.

In the midst of all the uncertainty, Ali consistently believed that he would recover completely, but one session he turned up feeling particularly dark and sad. He started many topics but did not finish any of them. I asked him if it would be helpful to tune into his body a little, something he knew was helpful but like all of us, something he often forgot to do. He closed his eyes and became quiet. I suggested he start by noticing his feet and then just allowing himself to feel whatever was happening in his body, he didn’t have to think anything for a few minutes. After about 5 minutes I could see his chest expanding as his breath deepened. In my own body I felt more settled in my stomach area, open, warm, almost a pregnant feeling, like something was coming. Ali’s chest began to heave and he suddenly burst into crying. He was overtaken by deep sobbing for a few minutes. It subsided briefly and then he erupted in even deeper sobs, like all the grief and fear and sadness finally was allowed to move through him. Oddly it seemed fine for this to happen, though in a way he was overtaken, he did not seem overwhelmed. I was grateful his eyes were closed as it also allowed me to feel unselfconscious about the tears running down my cheeks. Gradually his body settled. As Ali opened his eyes, he said

Ali: I have no idea what all that was... That is the first time I have ever allowed myself to cry in front of another person..... or in front of myself. It feels like a cut in my stomach is starting to heal. (a few minutes passed in silence as the shift integrated in him …)

Ali: I feel much better. My whole body is relaxed. When I came in I didn’t feel like I was even a part of the world any more, and now I’m back. I can feel I am here again.

He was very emotional for a couple days after this session. He looked different, more open, more handsome. I said it seems that he has let go of ‘the image’ and now values the reality of his life. He nodded. We spoke about how he hates goodbyes and would want to die instantly. I made a note that we should go back to that.

THE END

Ali struggled with cancer for all the three years I’d known him. Each chemotherapy treatment left him more emaciated and weak yet he remained positive that eventually he would overcome the disease that kept recurring, and the normal trajectory of his young life would resume: He planned to marry his young girlfriend and to settle down in the country far from the concentration of radio waves and mobile signals that he thought might have contributed to his condition. Ali was obsessed with understanding why he contracted such a rare form of cancer.

Ali had suffered a series of indignities that no one, and certainly not a 27-year-old who prized personal perfection, should have to endure. Though he had lost weight and muscle, he still bounded with bravado into our sessions, typically still a few minutes late. The only sessions he ever missed were the ones immediately after commencing a new chemotherapy treatment when he was initially too sick to leave home. Otherwise he attended with interest and enthusiasm.
Greg: OK, so just let yourself feel that a bit. Don't try to solve the problem... with a big breath see if it’s OK just to let that whole concern, and how it feels inside of you, to lift out of your body and settle next to us here in the room so you’re no longer cramped up from carrying it ‘inside’.

I thought Ali might ridicule this approach but he was willing and able to try it. We followed the same procedure with each concern he felt, until his current concerns were named and he felt pretty spacious inside his body.

Ali: Now I can feel it right where they operated. It’s like a scar in me, a place that feels really alone, I feel afraid to be alone.

Greg: Let me say that back to you Ali, slowly, so you can see if it feels right. (Ali nods) You can really feel this place in your stomach, right where the tumour is, and it feels really alone in there, and afraid. Can we just acknowledge that this is how it feels, this is reality for this part of you ...

Ali: (after a minute, Ali opens his eyes and looks directly at me) That’s amazing, It’s relaxed and feels calm inside now (quiet for another minute). This feels so important, why don’t we have a manual at birth telling us how to do this?

By integrating Focusing moments (Gendlin, 1982) Ali developed a relationship with more aspects of his own experience and slowly he began to express his feelings to others, and to notice when he falls back behind the image of ‘perfect Ali’. In subsequent sessions he spoke about saying ‘hello’ to feelings in his body and was almost embarrassed that it made a difference experientially. He always thought he was just one thing and now he is realising its not true, he is a community of many strands, different ‘parts’ moving and changing the more he relates to his concrete experience.

THE UNCERTAINTY OF LIVING

Ali is now wearing a wig and cap. I think it looks odd but he is convinced it looks normal. Ali is in shock. He got bad news from a scan last night and texted me immediately. For the first time he feels some peace from accepting that he can’t control the situation, and he accepts that a part of him would like to. The small tumour can’t be operated on. Ali allowed himself to be silent and at times he was too shaken to speak. Me too. He kept asking me about my experience with cancer patients, what should he be feeling? I said people respond very differently to this news and there is no right way to feel, can we check how he actually does feel? He said he felt conscious, and grateful for our sessions. He said he wants to do good in the world. His tumour comes in the same place in his stomach where his felt sense of tension comes. He feels there is a connection and slowly he is beginning to care for that part of himself.

Ali is beginning to speak about the likelihood that he won’t survive and how much time he might have left and wanting to leave a mark in the world. In the uncertainty about his prognosis he scrambles to find some meaning - the proverbial question ‘why has this happened to me?’ seems to have no answer in his case. Ali feels envious of other young people who
My rapport with Ali grew in personal warmth as our guardedness with each other began to soften. He was able to begin to notice how his demeanour shifted moment-by-moment during our conversations, and indeed we also explored a lot about me and my experience as a foreigner, my experience in academia, Ali’s impression of me, and we shared our perspectives about the meaning of life. I began to feel more free to express myself with Ali, to pause in a session and wait for the right way to say something to come from my bodily feeling into words. He learned to wait for me, though at first he constantly interrupted. Eventually Ali started to pause too, to speak from his experience.

I felt free to present my reality because Ali could forcefully disagree with me, sometimes scoffing with a hard exhale of breath to indicate how ridiculous my point of view was. But usually through discussion his initial rejection softened and we often arrived in the middle, appreciating each others’ respective quirks. Eventually, rather than the ‘wall of words’ I initially encountered, Ali became more conversational. There were silent pauses in the dialogue. He gave himself time to check if what I said resonated for him. He gave me time to express myself. I took this as a sign that something had really shifted in his experiencing as he worked to include more and more of his feeling life and the feelings of others.

By referring directly to his felt experience, Ali discovered that experientially his world is much more nuanced than the ‘image’ and the gross dichotomy of ‘right/wrong’ that had restricted his living and his relationships. One session while feeling the tension in his stomach, Ali got an image of a man tied in rope sitting in a dark shed and this touched him. For a moment he felt real compassion for this part of himself that was suffering from the way he treated it.

About halfway into our relationship, when his health was again quite good and he had developed his conversational skills, Ali met a young woman and they developed a truly loving connection which Ali allowed himself to trust; the first time in his life. During a brief unexpected hospital admission, Ali asked me to visit and he was genuinely grateful and moved that I came. At the beginning and end of that session Ali hugged me tightly and I was surprised and grateful that he would do that.

THE EMERGING DEMOCRACY OF BEING

Ali: I feel tense today, as usual. It’s the place in my chest and my stomach, where the cancer is. It feels like there is so much going on.

Greg: Maybe it would help to just name what you’re tense about and see if you can get a bit of space from each concern?

Ali: You know, there’s the PhD, trying to buy my flat... (he was naming these things off cognitively, making a mental list).

Greg: Hold on Ali, can we take it more slowly? First there is the PhD, let yourself feel how you carry that inside, what is that concern doing to your body?

Ali: It makes my stomach tight.
Ali: I want to be seen as perfect, in control. If they knew I had cancer they would pity me or see me as inferior.

Greg: So, for you cancer is like a failure or flaw or something… But Ali, I know you have cancer. How do you think I see you?

Ali: Yeah - I want to know, how do you see me? (Ali occasionally asked directly for my opinion, advice, or response)

Greg: Good question Ali, I’m glad you asked. Give me a minute. (surprisingly he did, and I let my focus drop down to my chest and stomach to sense ‘how do I see this young man?’, after a full minute…) I kind of object to the question...

Ali: Oh, come on Greg, you’re just dodging it, you don’t want to say.

Greg: It sounds like a dodge. But I feel we’re getting to know each other and I want to be as honest as I can. I really see you as a young man who unexpectedly is having to face a very scary situation, and I think you’re needing to trust someone so you can begin to show how you really feel inside. (I find that the body usually responds more clearly to short statements. Longer interventions and questions tend to engage the person’s thinking mind and take the interaction away from what is experientially alive.)

Ali: (unusually silent for a minute, he looked at me and I felt uneasy. I was not sure if the look was maybe anger…) I think you are right. I can trust you because you’re a professional, you and my family but I don’t want to burden them.

I felt something had shifted in our exchange despite Ali’s response emphasising my professional status. I felt a slight easing in my own body, as if Ali recognised that he did trust me, at least a bit, but he could not admit that to me yet.

Ali had never had a relationship where he could talk about what was happening moment-by-moment in the interaction. He became intrigued and started regularly asking me "how do you see me?" I always paused and waited for an honest answer to come from my bodily experience of him in that moment, then I presented this in a way that felt consistent with the feeling of our relationship. In this way we gradually became more real to each other, increasingly open in a mutual way. We could begin to feel and see the impact we had on each other.

After Ali’s chemotherapy, his six-month checkup showed the tumour had shrunk to a negligible speck and our conversations switched to other topics, his conflicts with fellow students, his strong desire for a girlfriend, and his dreams. However before long Ali began to feel some pain in his back and an investigation confirmed that the cancer had returned. This time, though, he told people. First his closest friends then his academic supervisor, and we both appreciated that in his struggle with this disease, which he remained certain he would recover from, he could accept more of his inner life; he was proud of this change.

THE FELT RELATIONSHIP
Greg: as Ali friend, Greg: hiding prized gesting one Over up, touch that some being mutated Much took frustrated ness swirl, told that some doctors all that they were aware that some cancers were malignant. They were confident they removed all the cancerous cells and again gave Ali the option of chemotherapy, just to reassure him that it would not recur. Ali wanted the certainty, which I later discovered was characteristic of him, so in a few weeks he would start intensive chemotherapy. He was angry and embarrassed that he, a privileged young man with everything going for him, should have this weakness, a disease, an imperfection that had to be hidden from the world. Ali had told no one he was ill, except his family, and now me.

In that first meeting I let my attention drop down into the trunk area of my body to notice my bodily responses as I listened to Ali. He spoke quickly and my body was in a kind of swirl, trying to take in what he was saying and feel the meaning in it. I felt an urge to reflect back certain words, to emphasise facts that I felt were not fully acknowledged, or to ask a question or clarify a detail, but it was very difficult to break into his flow. I noticed a tightness in my stomach and realised that this was the strain of trying to interact while being frustrated by Ali’s refusal to pause and allow me to respond verbally. Rather than persist, I took a step back, experientially, and by acknowledging my urge, my bodily tension eased, allowing space for both Ali’s and my own experience. It felt right to just be quiet and listen closely to his story, without attempting to intervene.

Much of that first meeting consisted of detail about his medical condition and especially the injustice that such an illness should ‘happen to’ him. I also learned that fifteen-year-old Ali migrated alone from his hometown in northern Turkey to the UK, initially to study English and then proceed to a university course in programming. As I relaxed into the feeling of our being together, I noticed a growing warmth for this young man. I cared about him. I felt some connection to the person behind the ‘impression management', behind the ‘persona’ that he identified with, and I began to sense the loneliness of not allowing anyone to see or touch his vulnerability during that migration and now his illness. When our 50 minutes was up, he smiled nervously and seemed almost on the verge of tears as our eyes met.

Over the next sessions Ali began to speak openly about the need to be seen as perfect, always right, confident and without weakness. He would frequently argue with me, or take up one of my ideas and say it back to me as if he had thought of it, sometimes with a smirk suggesting he was aware of what he was doing. This performance of perfection was highly prized while in his stomach, where the cancer was, he felt almost constant tension. He was hiding his illness from all his friends, yet paradoxically had high expectations of support from these friends who were unaware of his need. His body was holding the conflict of trying to appear differently than he knew he really was. After the first few sessions it began to feel like our growing relationship might allow an intervention to be received …

Greg: Ali, Ali, let's slow it down a bit here. Tell me, what would be so wrong with your best friend, Luke, knowing that you've been struggling with this disease?

Ali: It's embarrassing, it shows me as weak, I don't want to be seen as having a disease or as being a cancer patient, I don't want to be seen that way!

Greg: (I was feeling my body sense of what Ali was saying and I wanted to find a way to reflect back the core of it to him) You're worried that if anyone knew you were ill then that is all they would see in you?
Once you find what I am describing, you can explicate it using any theory or philosophical system, or many. Focusing literature and the work of the existential philosopher Eugene Gendlin offers one understanding of this process of implicit experiencing (see Madison & Gendlin, 2011).

In summary, experiential-existential therapy invites a constant phenomenological awareness of the feeling process ‘in’ the client and in the interactive flow between client and therapist, noticing how each person becomes bodily different because the other person is present. This approach accepts a radically intersubjective stance - client and therapist bodies as ‘inter-affecting’ environmental processes, not skinned objects with a gap in-between (see Gendlin, 1997). Diffuse verbs, not discrete nouns. Therefore, the therapist is personally (not just professionally) implicated because the therapist’s unique being is unavoidably affecting the client’s flow, with the ease of movement depending on the therapist’s openness as much as the client’s, and equally in both directions. While this is consistent with much in existential philosophies, many existential therapists have struggled to translate philosophical insight into therapeutic practice, so the experiential-existential approach offers those therapists an actual practice consistent with the philosophy.

Of course it is contradictory to begin a chapter about this approach that puts experience first, by first laying out all these conceptual principles as if they landed from heaven. And the principles above purposely emphasise the ‘experiential’ aspect of this model because it is perhaps less known amongst existential practitioners. However there is also the ‘existential’ side of this hyphenated approach. This aspect of the approach, while founded on and consistent with the usual existential philosophers who inspire existential practice, is explicitly informed by the work of psychologists from the British School of existential-phenomenological therapy (for eg, Spinelli, 2014; Van Deurzen, 2012). This ‘continental’ influence serves to balance what to me is an unnecessary positive bias in contemporary Focusing-oriented therapy (see Madison, 2014a).

Hopefully the statements above offer enough detail to assess whether you want to read more and if so, the papers and chapters listed in the references tie the practice to the principles. What follows here is a ‘case study’, a story of meeting, hopefully illustrating something of the spirit of an experiential-existential approach.

MEETING ALI

It was the end of January three years ago when Ali, a slim 26-year-old graduate student from Turkey, swaggered into my London office. He was fashionable, with his expensive jeans swung low on his hips, designer jacket, trendy glasses, curly black hair, a handsome face and intense gaze. Ali had called me a week before. Now that we are face-to-face he smiles and starts, ‘I recognise you, you bought a computer from me’. I remembered him, he sold me a laptop six months earlier. He had made an impression on me in the shop; inquisitive, asking me questions that were almost intrusive but somehow pulled off as naive and charming.

But today Ali seems on edge. He told me how in November he had felt a strange itch in his stomach. He went to his GP who referred him to a specialist. They found a harmless benign cyst but gave Ali the option of having it removed. He wanted it out and after the surgery the
THE UNFINISHED SELF: EXPERIENTIAL-EXISTENTIAL THERAPY

Greg Madison

INTRODUCTION

The experiential-existential approach to therapy intends to prioritise bodily-felt experiencing. Human experience in this sense is not a concept. Experiencing is bodily felt, more fundamental than explicitly formed concepts. From concrete experiencing, implicit meanings generate insights, new understandings of what we are living through, how we are living it, about living itself. ‘In the body’ is misleading, as if first there was an interior and exterior. Even the term ‘the body’ in its usual sense, obscures the phenomenologically-derived body-environment process that, upon reflection, we know from our own living.

What is a ‘body’? What is ‘living’? It seems ironic to me that as existential therapists we often go to the library to answer these questions; all the while we actually are the answer but we rarely pause reflexively and phenomenologically look at what we are; what ‘living’ is because I am an instance of it, what ‘being embodied’ is because I am that … Rarely are existential therapists offered a practice to directly encounter their ‘self’ as the concrete instance that explanations about the body can only point to. Experiential-existential therapy is a ‘pointing’ practice. It does not obsess about pinning down explicit understandings. The assumption is that any understanding is incomplete because any living person is unfinished. Understanding should elaborate itself the more a person lives. Many answers may come, but no conclusions.

Moment-by-moment experience changes who and what we are. In existential therapy this statement is often a philosophical stance. In experiential-existential therapy it is an actual discovery. Human being is radically open. In therapy, client and therapist experience can be understood as a mutual body-environmental process. Therefore, each person’s bodily responses inter-act as one process (this is ‘the session’). Anything ‘that happens’ explicitly in the session; reflections, statements, interventions, emotional expression, can resonate as a feeling in the body where this implicit level offers verification, more refinement, and further living. This is a claim that can be easily verified in your own practice; you do not need to just accept it conceptually.

It is not difficult to begin to notice which interventions have an experiential resonance and which don’t. If what you offer to your client resonates, you can then turn to the bodily feeling it evokes in them and follow that path rather than just the next conceptual or logical step. This is rarely done in ‘conventional’ existential therapy which relies primarily on clarifying concepts and verbal interaction. The therapist’s own body also offers a guide to this process of implicit felt meanings in the session.