

"Caring Confrontation" in Experiential Psychotherapy\*

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ABSTRACT

"Caring confrontation" is defined as a method for presenting clients with ways of looking at themselves of which they may not yet be aware, without losing the respect for each person's inner experience which is essential to a client-centered/experiential approach to therapy.

Confrontation with therapist perceptions is combined with experiential listening as the client's reaction to this new input is explored. The role of confrontation in deepening experiencing level, when reflection of feelings and focusing instructions have not been sufficient, is discussed. Several case studies are presented to exemplify the technique.

Having been raised as a client-centered/experiential psychotherapist (Gendlin, 1974) and having struggled guiltily with the question of "confrontation" within this "non-directive" context, I would like to share my sense of the need for "confrontation" with others who may face this question of "directiveness" within a client-centered framework.

"Confrontation" means presenting clients with a way of looking at themselves of which they are not yet aware, a reflecting back of ways that I as therapist see clients acting which seem to insure that they will not get their needs met, a pointing to patterns of their behavior which seem to function to keep them from becoming aware of their present experiencing.

"Confrontations" in experiential psychotherapy are offered lovingly and tentatively and are followed by a quick return to experiential listening as the therapist hears about the client's reaction to the therapist's input. The following are some examples of "caring confrontation":

1. I have been with a client for several sessions, using all manner of reflection of feelings and invitations to go deeper through focusing in an attempt to deepen her experiencing level. Still, each time I invite this kind of slowing down of her rapid-fire, highly intellectualized style of talking, she immediately pops back up to this speedy way of being. Finally, I point this out, gently and out of some knowledge that we have already established warm connection, that she has already received my client-centered message of loving and accepting her no matter how she is being. I offer my analysis tentatively:

"I have a sense that, every time I invite you to go quietly inside, you run away as fast as can be, never staying quiet for more than a split second, then returning to a fast-as-can-be way of talking. I'm thinking that this is a way that you have learned of avoiding feelings, of staying away from the hurt and anger, and I'm wanting you to know that I believe that getting 'better' means going **through** these feelings, not jumping away from them. Does this make any sense to you?" and then I respond in a listening way (through reflection) to whatever impact this sharing has had upon her.

2. To another person:

"I have a sense that every time I ask you to feel into a feeling, you start to twirl your hair and look out of the window, as though you are doing everything possible to distract yourself away from the feeling, and I'm wanting you to be able to feel the feelings and find out that they are okay. Does this make any sense to you?"

3. A third example:

"Sally, I notice that every time you talk about sad things, you start to laugh, and I think that this laughing keeps you away from feeling the sadness that is there" and I want to be there with you in that sadness. Does that mean anything to you?"

Gendlin, Beebe, Cassens, Klein, & Oberlander (1968) found that psychotherapy, much of it done by therapists with a client-centered orientation, did not raise the experiencing level of clients--if a client started out low in experiencing (highly externalized and objective, with little reference to

personal feelings and inner meanings), psychotherapy was not successful. Experiential psychotherapists continue their work with this knowledge--if therapy is to be successful with low experiencing clients, ways of increasing experiencing level must be found and incorporated into therapy. Gendlin has placed major emphasis upon increasing experiencing level by teaching clients his Focusing technique (1969).

I feel that "caring confrontation" is another way of increasing experiencing level. I see "low experiencing" as actually being a variety of behavior patterns learned by the person as child as ways of avoiding feeling feelings, or experiencing. "Caring confrontation" enables the person to step around these learnings and right down into experiencing, or the feelings that are there. Rogers, in his emphasis upon simple non-directive reflection as sufficient for allowing the self-actualizing person to grow forward, did not contend with the sense that, in therapy, I often feel that I am actually dealing with **two** persons. One is the inner child-person whose growing got stopped long ago by conditional positive regard; the other is an outer crust of behavior patterns, sometimes called the "persona," which is right now "running" the inner person, keeping her away from experiencing. "Caring confrontation" sides with the inner growing child-person, when needed, and tries to give this part of the client the help needed to come forward.

A major help lies in pointing out to this inner person these outer, learned behavior patterns. "Caring confrontation," as I have used it, has often been for the client the first thing which has allowed the inner person to be present, the first experience of being able to touch down into the feelings that are present here and now. The precedent for "caring confrontation" lies in Gendlin's (1970) article on "Existentialism and Experiential Psychotherapy." Here Gendlin describes the power of therapist "authenticity" and therapist-client "relationship."

The client in therapy can move forward into new ways of being only if he is related to more "authentically" than in his past relationships. One way in which the therapist is more authentic than other people in the client's life is that the therapist is not afraid to give the person negative feedback--to use his own feelings when being around the client as an indicator of how other people may feel around the client and to let the client have this information about himself in a way that can be taken in, even if that taking-in is momentarily painful. **This** is an honest relationship: "When you're being that particular way with me, I feel hurt (or angry or frustrated) inside, and like going away from you. If other people on the outside react to you in this way, too, then you need to know about this, so that you can choose to change that way of being and get people to want to stay, not to go away."

If the client has been able to hear the "confronting" information and has agreed with me that the behavior pattern is keeping him away from what he is most wanting to get, then we can continue to work on the behavior pattern in a loving way within the therapy hours--I can gently remind him if I feel that it is coming up again, and he can have repeated experiences of recognizing it when it is happening and immediately choosing to side-step it and to allow himself to feel the present feelings that the pattern was designed to avoid.

For example, if the pattern was learned as a way of avoiding feeling warm, loving feelings, I can help the person to have the experience of letting the warmth in and finding out that it can feel good, not bad; if the pattern works to cover over angry feelings, I can help the person to express her

anger instead and to find that anger, too, is okay and a way of increasing, not decreasing, connectedness with other people.

Being a "caring confronter" is not easy for the therapist. I, too, have lived in our culture and have learned my own behavior patterns around avoiding feelings and intimacy, e.g., I may get very sleepy whenever a client is being indirectly angry at me, and I will have to become aware of and work through this pattern of mine before I am able to become aware of it when it is happening and to use this information therapeutically: "Oh, I'm getting sleepy. What's going on here? Oh, I think this person is being angry with me, and I need to find a way to let that anger be all right." Or, when people are being indirectly angry with me, my pattern may be to be angry right back: "You are the most boring client I have ever seen"! This is **not** "caring confrontation," as I am defining it, but me reacting unawares out of my own learned pattern.

Gendlin describes the optimal therapist activity here (Gendlin, 1967, pp. 390-391): I notice my anger. Instead of reacting from it, I focus inward and take several steps inside: "Oh, this is how I feel when someone is being indirectly angry toward me--what I'm really feeling, underneath my pattern, is hurt and rejection. It is this that I will express lovingly to the client—my wanting to be liked by him." Only then am I able to respond with "caring confrontation": "When you 'Yes, but...' every suggestion that I make, I find myself wanting to get into an angry argument with you, but, really, underneath that anger, I'm feeling hurt and rejected and afraid that you don't like me, and I want you to like me." Then, the client may also be able to step around the pattern and to say "I do like you--but when you push on me this way, you remind me of my nagging mother--and I loved her, too, but mostly all I could ever show her was this angry pushing away."

In order to reach the kind of clarity and awareness of self needed for "caring confrontation," I, as the therapist, **need to be listened to** a whole lot on my own behavior patterns that get in the way of my being authentically there.

"Caring confrontation" does not always produce deep steps of experiencing in the client. Sometimes, the person ignores my input and goes on as before. If this happens, I return to "listening" as a baseline (Gendlin, 1974). I reflect these next words and continue in a listening way for several steps. However, if the "stopped interaction" feeling keeps coming up in me, I may try the "confrontation" again at a later time and in a different way.

Sometimes, the client stops for a moment to sense into my words, and then says, "No, that doesn't make sense to me" or "No, that doesn't seem right about me" or "I hear what you're saying, but I don't know what to do with it right now," and, here, we again go back to the last thing she was saying and continue on from there in a listening way. But, often, this sharing of mine is followed by the person's dropping down to a new and deeper level of experiencing, of feeling the feeling that was there underneath that pattern of behavior. It is the power of this experience which makes me want to describe "caring confrontation" to other experiential psychotherapists.

I resort to "confrontation" specifically when it seems to me that the relationship between me and the other person is going stale, or going on without getting to a deeper level of experiencing and warm sharing. I am not likely to use it when the person is actively processing through a lot of feeling places in a deeply experiential way. I also do not "confront" the person with all of the

possible sensings of her which I have at any one time but use "confrontation" only when I sense that this particular piece of information about what I see and how I respond to it is related to her next step in going deeper into experiencing herself, is at the close edge of her awareness.

I also do not continue to force an interpretation upon the person when she does not seem to make any sense out of it--partly, because **I may be wrong** in my putting together of what I see; partly because the information, valid though it may be, is useless if it does not connect with the person's present ability to experience. However, I do use "confrontation" often and unhesitatingly because I have found it to produce powerful steps of growth, especially at those times when nothing therapeutic seems to be happening between us.

Here are some case histories of times when "caring confrontation" seems to have deeply transformed a stopped interactive process:

1. I have been seeing Ann for several weeks, starting with a lot of deep experiencing of pain and tears at the first session, but, since then, there has been no touching down into feeling, no matter how artfully I have tried to reflect and to teach her to focus into feelings. The issue we have been working on revolves around Ann's sense that she never gets anything from her friends, that she is always the strong one who is sought out for help but never gets anything in return. I find I am feeling frustrated with these several weeks of nothing deep happening, no matter how hard I try. Suddenly, as I hear her talk and watch her manner of being, awareness comes crashing down on me: "That's what **I'm** feeling--that, no matter what I try to do, nothing happens, and I feel like a frustrated failure--here I am a helping person, and I'm not being able to help her."

This sense shifts in me as I feel that somehow that message is coming from Ann. She rebuffs my attempts at deepening – everything about her says, "I'm strong, I can take care of myself, you can't help me." I share this information with her, even though a little fear in my belly tells me that it is going to "confront" her in a place where she has not seen herself and that this experience is probably going to be painful. I say, "Ann, I just got the most amazing sense that that is happening ~--here I am a therapist, whose whole effort is around helping you, and yet you keep telling me 'I don't suppose you can help me' and 'I'll work it out on my own.' It seems that it would be terribly **sad** if that's the message that you are giving your friends, too--that, right when you are most wanting helping, what you communicate is 'I'm strong, I can take care of myself.' No wonder you never get anything!"

She looks dumfounded, and then there is a coming of tears. We sit quietly, my hand on her knee, as she feels this feeling. Her next words are, "I think I'm ready to let you start helping me." From then on, we move forward in a helping relationship as Ann is able to take in more and more of my warm caring. As we work through reflective listening, we find the root of this strong way of coping: when Ann's father died when she was young, her mother was very much falling apart, and Ann decided to take care of herself, and had not been able to find a way of letting herself feel wanting to be taken care of by her mother without thinking that was being unfair to her mother, and bad.

2. I have been seeing Paul for about five weeks. We have been working well on some heavy

issues of his, but, peripherally, I have been noticing this continual “grumpiness” in his way of being -- his voice tone, his constant complaining, his twisted facial expression. During the sixth session, he is talking about how he feels like the guys in his dorm don't want to be around him. We explore this feeling in a listening way for a while, but come up with nothing which seems to release it. I feel a great deal of warmth and caring for Paul, feeling that we have struggled through some hard places.

I hazard my "confrontation" to him, sensing that it will hurt to hear it but feeling that he will be hurting more, in the long run, if this “grumpiness” continues to push people away from him. I put my hand on his knee and say very caringly, “You know, there is a certain way that you often come across very grumpily, like everything in the world is going terribly, and there's this complaining tone in your voice. I'm wanting you to know that, because I care about you, and I'm afraid that it may be pushing people away from you.”

At first he says, “Who me, grumpy!” and looks offended. But, after a minute (perhaps from hearing his “grumpy” tone of voice right **then**) he says (grumpily): “Yeh. I think I know what you mean.” So, I go back to experiential listening and focusing, very caringly because I know that he is in a very fragile place, and ask him to sense into that grumpy place, and we spend the rest of the session, going through many steps of explicating from this “grumpy” place until it shifts to the sadness and hurt that is there. Eventually, Paul says (with tears): “Sure I feel grumpy, because I never get anything,” and we go with these tears through many places of childhood deprivation. From then on, in sessions, we work on Paul's being able to get something **now**, by taking in the warmth which people, including me, are offering, instead of pushing away all positive statements with a grumpy self-deprecation.

2. I have been seeing Ginny for several sessions. I have found myself, almost every time after she leaves, having all of these terrible feelings--like "God, I don't think she's ever going to come back" or “Boy, I'm really afraid that she's going to go off and commit suicide" or "God, what a bitch!"

When I focus upon these feelings in me, I find mainly that there is some way that I feel like she is telling me that I'm not helping her, that I am wrong in what I say and a fool, and I am feeling frustrated, like "I don't want to be with her with all of my good things and constantly have them rejected,” and I realize, "Oh, I'm feeling rejected." As I stay with that feeling, it seems to connect up with the way that I often try to share warm feelings with Ginny toward the end of our sessions (like "I really liked doing that" or "I'd like to give you a hug before you go" or "I'm feeling really warmly toward you in your hard place,” accompanied by some kind of warm touching), and it seems like it's right then that she says, "I don't think you can ever help me!" or “Therapy is really stupid" or “What's the difference if I share my feelings with you or not?" and runs out of the door. So I think, "Hm. Maybe there's something about my warm feelings that makes her uncomfortable. I'd like to hear more about how that is for her."

So, the next time I see her, I try to share this, as honestly and as carefully and as much as my own feeling and not some “fact" about her as I can. I say: "I'm finding that, after you leave, I have all kinds of frustrated and hurt feelings, like feeling like you don't like me--and

I feel real rejected and, sort of angry, too, like ‘Well, I don't need this hassle. I'm just not going to be around her anymore.’ But then I also feel that I do like what we're doing together, and I have some feelings that you like it, too, so I get real confused. And it seems like it has something to do with when I share my warm feelings--like right then I experience you as turning all cold and distant and leaving really quickly. So I'm wanting us to look at that, and to hear any thoughts you have about that--I'd like to hear if that makes any sense to you or what is going on for you then?"

She says, "I hope you know that I don't mean to be pushing you away." I say, "I think that I know that, and I keep coming back to struggle through it with you, but I'm afraid that most people on the outside are not going to be as persistent as me, and that they really are going to go away, thinking that you don't like them." We now work on this interaction openly, Ginny sharing her fears that I only say warm things about her because it's my job as a therapist, and I think it would be healthy for her, and not because they are true, me sharing my investment in being with her real-ly and not ever deceiving her, her sharing her fear that any expressions of warmth by her will be inappropriate.

We struggle for several weeks, me not feeling that she has really quite believed me yet, her wondering why she keeps coming back. We have to face termination because I am leaving the mental health center with the end of the school year. I fear that she is going to manage to not come to our last session so that she can avoid feeling the warm, sad feelings of parting. But she does come and expresses some acknowledgment of the importance of our time to her, then asking, "Was that appropriate for me to say that?" (I am getting teary with warmth for her vulnerability as I reread this in 2006, almost thirty years later!)

I assure her that it felt wonderful to me. I express wanting to hug her, and we get into an intellectual discussion of the merits of that. I finally say, "Let's just do it," take her hand, and stand up to hug her. We hug, and I am surprised at the warmth of her hugging. She whispers: "I'm glad that I had the chance to know you." I say, "I'm really glad to have had the chance to know you, too," and we part, with a warm goodbye.

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As I scan and reformat this article on computer disk, almost thirty years later, I realize that, at the time, I was a client-centered/experiential-focusing-trained beginning therapist trying to come to grips with my need to interact with clients in what I could call now more of a psychodynamic way, interpreting projections, transference and counter-transference interactions. Yet, I am making these "interpretations," not out of theory, but out of my wish and need to be in true, authentic relationship with the client, to remove the barriers to intimacy between us. I am making interpretations in an experiential way, "confrontation" in Martin Buber's sense of the "I-Thou" rather than "I-It" relationship, doing therapy "by the seat of my pants, on the edge of my chair," being fully present, completely "authentic," without theory standing in the way, as Rollo May describes doing existential therapy. This is far from the objective, distant flavor of interpretations which I picked up from the psychoanalytic literature of those days and which turned me away from the psychoanalytic model.



So, here we have this third new thing, offering “interpretations” of the co-created therapeutic space, the here-and-now relationship, in a client-centered/experiential, or focusing-oriented way. The therapist uses Gendlin’s focusing process to sort through her own reactions and underlying “felt sense” of the relationship, then finds a way to share this with the client. This “interpretation” is also only hazarded at a time and in a way when the therapist thinks there is a chance of meeting the client at the edge of consciousness, the “bodily felt edge” where this interpretation might have a chance of being taken in. The therapist then asks the client to use the focusing process to articulate his or her own experiential “reaction” to the “interpretation” and returns to using reflective listening and experiential focusing invitations to facilitate articulation.

For the client-centered therapist, the concern would be forcing one’s own interpretation upon the client, instead of letting the client’s own emergent experiencing be the only guide in the session. In fact, the client-centered therapist would not be able to say “I am right, the client is wrong,” because the client is always “right” – the client’s emergent experience is always the path toward the unique unfolding of this client. The therapist would be horrified at the idea of forcing his own interpretation upon the client’s experiencing.

But, if the client rejects the interpretation, saying it doesn’t resonate in any way, then the therapist goes back to reflective listening: “So here is where we were before...you were saying, ‘...’” At this point, it really doesn’t matter if the therapist’s “interpretation” is objectively “correct” or not, because the information is not experientially useful to the client at this point -- so, the client’s process is “right” in terms of possible next steps for this client at this time....

The therapist might try the “experiential interpretation” or “caring confrontation” again at another point when that “interactional moment” is alive in the room. But, again, if the client is unable to “hear” or take in the interpretation, then the interpretation is not “correct” -- for this moment of the client’s experiencing.

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