

Therapeutic Fads — What's Popular? vs What's True?

Paul Rebillot

Over the last 25 years of my working as a therapist I have seen a variety of therapeutic fads emerge. One fad is popular for a period of time; then it declines and goes out of favour and another is born. What is the source of these fads?

When an effective system of therapy comes into being, the people who generate it generally know its dimensions and also its limitations; they know where it needs to go and how it needs to develop. For example, Wilhelm Reich called attention to the fact that the muscular armouring of the body is related to the emotional armouring of the personality. He showed us how important it is to dissolve the body armour through emotional expression. A series of expressive therapies were generated by this revelation. They are very important because when emotions are locked in the body and are not expressed, people not only lack vitality and involvement in life, but they become physically ill, and they impose this illness on the world around them in the form of repressive social and political ideologies and structures.

However, when a therapeutic system like this emerges, imitators soon follow. They tend to take one small portion of the system and augment it until what was a

complete therapeutic process is reduced to a fad, an emotional cliché. For example, people are encouraged simply to scream and beat on cushions, as if that will solve all their problems.

Then somebody comes along and says, 'Expressing so much emotion is just a way of opening old wounds or wallowing in suffering.' I heard this comment recently, particularly connected with memories of childhood sexual abuse. One of the present theories is that the emotional recall of the experience should be avoided in order not to restimulate these feelings. The problem here is the old pendulum-swing back toward non-feeling. It's true, re-experiencing suffering without doing anything about it — without healing it — is nothing more than opening old wounds. Regression just for the sake of regression is meaningless; it simply creates dependency on the therapist. Primal scream becomes just another chance to complain about mommy and daddy with a therapist's encouragement. But something was lost in the childhood event — a sense of power, a sense of confidence, what might be called the 'original innocence' — and this sense of wholeness must be recovered and brought back so that it can heal the here and now.

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It is important to question therapeutic systems from time to time, but it is also important not to lose sight of their essential values. When we reduce a complex therapeutic system to a fad — the magic bullet that will blow away all the problems — we lose respect for the richness and the uniqueness of the human being. And in this diminished state we are easily swept away by what Estella Welldon has referred to as the therapeutic 'flavour of the day' — the bandwagon everyone wants to get on — whether it be healing the inner child, overcoming co-dependency, or recovering abusive memories. Around each of these a psycho-lingo develops that identifies the members of the 'club'.

This is dangerous. People are getting lost in what's popular rather than discovering what's true. In our sound-byte civilisation, we have a tendency to limit ourselves to simplistic solutions, reducing everything to the simplest common denominator. But human beings are not sound-bytes. Each one is an uncharted territory with his or her own path that needs to be discovered and travelled. Note the operative word 'discovered'; not defined, but discovered. When a person is *defined* by one of the 'flavours of the day,' he or she is reduced to that problem. Then therapist and client begin to heal what they have defined, rather than discover that person's wholeness. This tendency to filter people through definitions is, I believe, very destructive of the individuation process.

I think that the search for answers comes from the feeling of helplessness in the face of pain. No one goes into a helping profession who does not wish to relieve the suffering of others. However, the ten-

dency is to want to do something to take the pain away, and that may not be possible. The only possibility may be to sit there and be present. To try to take the pain away with some currently popular formula is a false solution; it's just going to defer it to another day, when it must be consciously experienced if true healing is to happen.

I remember when Stanford, my partner, was dying. He had done a long and difficult piece of gestalt work around the issues of his death, and then fallen asleep. The next morning, I went to his room to awaken him and asked him how he felt. He said, 'I realise that with all the work I did yesterday the one thing I didn't touch on is how afraid I am to die.' His eyes were huge as he said this. I felt suddenly overwhelmed with my own feelings. I wanted to reassure him in some way, to take his fear on my own shoulders. I said to him, 'I would do anything to take away the fear; I would die in your place! But all I can do is be here with you while you experience it.'

He confronted that fear for about half an hour, and experienced it completely. There was no dramatic screaming, no pounding of pillows, he simply sat there in the midst of it. And I sat with him. After that half hour, I never saw any more fear in him.

I learned something at that point. I realised that there wasn't anything I could do but be with him, and that being with him was enough. I think this is something all therapists must learn — how to be with others in their pain without trying to fix it — trusting that presence is in itself a gift.

There are no simple answers to complex beings.