

Letter from Germany: Experiences

Jürgen Hargens

I had a hard time around the turn of the year. I do not want to bore you with my story. It has been a frightening *and* an exciting experience — an experience which also has impact on my clinical ideas — because I have been a patient myself for quite a time.

It started with an organic ‘disease’ of my right eye. I had to undergo two operations not knowing what the result would be. It took about two months till I could go back to work. And these weeks made me think a lot about my way of living, working, and about everything.

I sat on the sofa in my living room, unable to read because there was gas in my eye. I was forced to ‘stand still’; to misquote a Tom Petty song, ‘The waiting is the hardest part’.¹

All of a sudden I had been thrown out of a very busy life in which I travelled, read, wrote, and met people. All gone. I couldn’t do any of these activities for quite a time. Sitting on my sofa, thinking what might be of help, I naturally turned to ideas from my therapeutic work.

‘Focusing on resources’, ‘looking for exceptions’, ‘searching for little steps towards my goal’ — I simply couldn’t do these because I would find at once that my eye didn’t work. Well, okay, I could make a little progress — but I still couldn’t see. My eye always slipped into the centre of my attention. Whatever I tried to talk to myself, my eye took over. I realised what I needed: someone simply to come and sympathise with all my pain and my anxiety, someone who really could appreciate what I was feeling, and someone who also could ask for tiny little differences. I couldn’t succeed in doing that all by myself.

From that I learned two lessons: the first is about the importance of relationships. Someone who really understands my trouble. The second is about shifting the focus. The problem — as a bodily sensation — always grabbed hold of my feelings and placed itself at the centre of my attention.

Though I call the clients who come to see me ‘KundIn’ — experts on their own lives — I realised the importance of also being able to be patient, that is, having the ability (the competency and strength) to *behave patiently*, which is totally different from *being a patient*.

I learned another lesson, too. I learned a lot about experts. I appreciate the competency of the doctors and I am grateful that they saved my eye. But — and this has been the difference for me — it is not enough to be in the hands of a competent doctor. No matter how competent s/he is, I was preoccupied with my fearfulness, my anxiety. No doctor ever addressed this. On the contrary, they spoke about ‘good prognosis’ and left me alone with all my fears.

Bill O’Hanlon put it succinctly when he named ‘the essence of good therapy, to be able to descend with people into

their Hell and yet keep one foot in possibility-land’ (2003: 15). Yes, you may say ‘Well that’s not new’ and I would totally agree. Why should ideas always be new? For me the difference is that I have been ‘on the other side’ myself.

Of course, I also tried to give my eye some kind of ‘psychological explanation’, e.g. maybe I did not want to ‘see’ how badly I had treated myself and my body, so not ‘seeing’ any more was just a consequence of that attitude. Ideas like this helped me to find some kind of ‘spiritual’ cause — I realised that I was looking for ‘simple lineal causes’, totally different from those ideas I have when doing therapy. What really helped was finding a ‘good’ reason. A ‘good’ reason is one I can believe in and one which helps me to go on: ‘Keep your feet moving’, as the old saying goes.

Paul Dell made this quite obvious when he said that experience, description and explanation are quite different domains, and experience is basically ‘instructive or lineal’ (1986: 112). He suggests that experience ‘hits’ and it is only in the meta-domain of epistemological explanation that experience cannot be lineal but rather an active result of our interaction with the medium in which we exist.

Thus, I learned that it is not only ‘theoretically correct’ to look for lineal causes but that it has also been a tool for surviving troubles — a human and an effective tool. And there has been a wonderful (but hard to tolerate) side effect: I experienced many things and events totally out of my (male) control! Now I am back to work and I hope that these experiences will be of some help when meeting my next KundIn.

Yours peacefully,

Jürgen Hargens

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Endnote

- 1 The original line goes: ‘The way it is, is the hardest part’

References

- Dell, Paul F., 1986. Zur Verteidigung ‘linealer Kausalität’ (In Defense of ‘Lineal Causality’). In Paul F. Dell (1986) *Klinische Erkenntnis. Zu den Grundlagen systemischer Therapie. (Clinical Epistemology. About Basics of Systemic Therapy)*, Dortmund, Modernes Lernen.
- O’Hanlon, Bill, 2003. *A Guide to Inclusive Therapy. 26 Methods of Respectful Resistance-Dissolving Therapy*, NY, London, Norton.