

Psychology and Ethics

Interview with Les Kertay

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By Bill Harvey

Bill Harvey So you're a clinical psychologist as well as a Rolfer?

Les Kertay Yes.

BH Do you just break it up half and half timewise? Or do your practices overlap?

LK Well, the answer to that question is still forming. I do some fairly straightforward Rolfing®, probably between 30 and 40 percent of my practice. The rest of my practice is a general psychology practice. I do some fairly straightforward psychotherapy, some psychological assessment and neuropsychological screening, and some consulting work at several local nursing homes. Mostly I think of these aspects of my work as parallel practices. Transitioning back and forth between formal psychotherapy and Rolfing is really hard, if not impossible. I think they are extremely different relationships.

BH So you don't do both types of work on the same person.

LK Well, here's where it gets interesting and where I think that it gets into the question of personal development, boundaries, and ethics. There are dynamic issues that happen between Rolfer and client, and they are not all that different than what happens between psychotherapist and client. Except that it's compressed and you've got a kind of instant, intimate connection in the touch of body work. Here's the way that I do it. If somebody comes in to

see me primarily as a psychotherapy client, I do not do Rolfing on them later. I will refer at some point if I think bodywork will be helpful, because the transition from psychotherapy to Rolfing doesn't work very well. I think the dynamics of that are just too sticky. Here we are, doing psychotherapy, and all of a sudden I'm more dressed than you are and I'm hurting you for your own good. That's a setup for an ethical and technical nightmare. It's just too hard for me to manage and I think it's too hard for clients to manage.

On the other hand I've had experience where people have come in for Rolfing and ended up doing psychotherapy afterwards. Oddly enough that transition seems to be easier. I have also had a few people, and this is something I'm very interested in, that come in and from the beginning it's clear to me that this is very much a combined sort of work. So we will spend a lot of up-front time processing how are we going to do this work. And I do bodywork in the context of a psychotherapy relationship. It tends to be a longer term relationship than a standard series of Rolfing. This is rare in my practice right now, and something I think about very carefully before attempting it.

I think I should also say that, even though I'm talking about the actual work of verbal psychotherapy and hands-on bodywork as separate, I

think they're always happening together in every contact with a client. When I do psychotherapy I pay attention to the client's body language, movement, breathing. And when I do Rolfing I pay attention to the relationship and to their psychological dynamics. It's not a question of separating them theoretically. It's a question of which kind of work I'm emphasizing and how I'm going to get into the system.

BH Which career came first, the psychotherapy or the Rolfing?

LK Rolfing.

BH So you were a Rolfer first and then you went back to school to become a psychologist.

LK Yeah. I was really headed down the path to being a psychologist. I was working in a drug abuse crisis center when I received Rolfing. I got the work from a guy who traveled to Michigan from California. He's not a Rolfer anymore, so I guess I can say that he was a better Gestalt therapist than he was a Rolfer, and he wasn't all that good a Gestalt therapist. But he changed my life, and for that I'm very grateful.

BH And since he's not a Rolfer anymore he won't read this.

LK No. The thing is he really wasn't what I would these days consider to be very good at either thing. But he changed my life. He turned me on to a kind of work that I was very

interested in. He got me very interested in mind/body relationships. At some point in the process I just saw that I really wanted to do this more physical work.

BH And you've been Rolfig about what 15, 18 years?

LK Let's see, it was 19 years in December. I spent the first five or six years in my practice doing mostly orthopedic work. Looking back on it I think it took me that long to begin to learn my way around a body.

BH When you say orthopedic do you mean fix-it work?

LK Fixing bad backs, bum knees, in the context of Rolfig. People were coming primarily for those reasons. The usual mix of emotional issues would come up during Rolfig, and I would help people facilitate that, but emotional work got to be a secondary interest for awhile. And then I got to a place where I was really interested in doing more psychologically-oriented work, and I quickly realized I was going to get in over my head. Well, that and I really liked school, so I went back.

BH So did you get a MSW?

LK No, I got a Ph.D. in Clinical Psychology.

BH What was your thesis topic?

LK Temperament, Personality, and the Body: Exploring the Embodied Mind. It was fun. Essentially, I took a look at the way that most research has been done on the relationship between body structure and personality variables, and there were a couple of common themes that I thought were problematic. So I devised a method that would compensate for those methodological problems. What I found was that the relationship between structure and personality variables was statistically significant and made sense, but that it

was really a very small part of the variance. It was one of those things that was significant statistically but not very meaningful on a practical level.

This doesn't mean that I don't think there's a relationship. I think that bodies have a tremendous amount of impact on our psychological experience. But there is so much variability in psychological experience that you can't point to a body and say, "Oh, you have pain in the tip of your left shoulder blade so that means you are mad at your mother from when you were nine." It just doesn't work like that. I think people kept looking for those kinds of maps, and I don't think that works. The theoretical piece of my dissertation was saying this way of thinking about things doesn't work.

BH Well, that's cool.

LK Yeah, it was kind of fun. Now I can say it's fun. But it was awful at the time. The weird thing for me was that it was almost two years before I could read professionally again. It was a year before I could read anything more intense than the front page of the sports section in the newspaper. I just couldn't do it.

I think the biggest thing in my psychology training that made a difference in my Rolfig was in the way that I learned to think about the dynamics of the relationship between myself and my clients. That's where ethics comes in. To me ethics flows from the dynamics of the relationship, from thinking about the relationship all the time. Ethics is not a set of rules or strictures, it's a way of thinking, and that's something that I learned during my training.

Even though their nature is different, I really see the relationship dynamics played out in Rolfig, just as much as in psychotherapy. Most of the trouble we get into happens when we ignore

those dynamics — when we are not paying attention to something in the relationship. This was something I learned along the way. Once, I got into a situation where a client was really, really angry with me about some work that we did. It felt awful. I mean she called me up and by the time she was done with me I was ready to retire from Rolfig. I had been Rolfig about five years I guess, maybe a bit more. I just felt horrible. So I called Peter Melchior, and I tried to describe the situation, and he said, "Well, I wasn't in the room, but it doesn't sound like you did anything technically wrong. The real question is, where were you while this was happening?" And I realized he was right. That was the central question, and I hadn't been paying attention to our working relationship.

This woman felt that I had injured her back in a sixth session. Nothing that I tried to do could make it right. Here's an interesting thing about this experience. About this same time I had another client whom I had seen for quite some time and that I had a good relationship with, and a similar thing happened. He had had a hip replacement years before, and after one session that we did he ended up in some pain that was very similar to this woman's pain. But with him, he called me up and he said essentially, "Look, this is happening — what do you think?" And I said, "Well, I'm not sure, but why don't you come in and we'll take a look." He did, we did some work, and fixed it. The key difference in those two situations wasn't what I had done, it was in the relationship. That experience was really important to me in terms of thinking about when and how we get into trouble with clients.

It also is always the case for me that when I've made an exception for somebody, and I mean every time I can think of, I've gotten into some

kind of trouble. You know, those times you say "Yes, I'll see you on Sunday," even though you don't normally work on Sunday. It's always turned out badly for me when I do something like that. I think that's because it's not a good container: I don't really want to be there, and so it doesn't work out well. This is a part of thinking about the relationship that I got out of psychology, and it makes a big difference in my Rolfing practice. So I'd like to bring some of that into the Institute.

BH That's interesting. So as far as you are concerned, what you bring to being the new Chairperson of the Ethics Committee is a real understanding of boundaries.

LK I hope so. That's what I would like to bring, anyway. I think that I have worked really hard to develop an understanding and I'm constantly working at refining it. I think that's how I'd say it — it's about attending to boundaries and dynamics. I hesitate to say that I have a real understanding of it. Because as soon as I say that, something is going to happen to challenge me, I almost guarantee it.

BH OK, how about a real sensitivity to boundaries?

LK Yeah, there you go. I like that. I think that's true. There are two aspects I see with the Ethics Committee. One is handling complaints, and that's already a defined process. The other, although I want to talk to the Board about it first, is that I would like the Ethics Committee to be proactive — to do trainings and consultations and try to help people begin to think in ways that will minimize the chances of us ever having to have an ethics hearing at all.

BH So you are going to request an afternoon in the trainings? Or a day?

LK Well, yes maybe, but we need

more than that. I haven't really thought about it enough but maybe in terms of training it might make more sense to do some workshops, or to combine them with other six-days, working together with teachers. It could also mean going around to regional meetings and taking a day or a half-day with the people in the regions. I haven't really worked out the details but I think that being proactive is very important.

BH How is the ethics process set up?

LK Any complaint that comes into the Institute has to be in writing, and it goes through the offices in Boulder or Munich or Sao Paulo. It then comes first to me, or whoever is the Chair. My job is to get whatever information I can from both the person making the complaint and the Rolfer. The Rolfer gets a copy of the complaint and is asked to make a written response. I take those things and try to get as much information as I can. I try to solve it at that level if it's a business dispute or something like that, and I can work it out with consultation.

Another action I can take at that point is to dismiss the complaint for lack of merit, or I can pass it on to a review panel whose job it is to investigate it further. If I pass it to a review panel then my job is done, except to coordinate the process. I'm no longer involved in decision making once it goes to a review panel. If the review panel investigates the complaint they also have some options: they can try to solve it at that level, they can dismiss it, or they can pass it on to a hearing panel. The hearing panel is more like a formal proceeding, complete with a court reporter and a protocol for interviewing everyone involved.

It's set up in layers and hopefully things don't get this far without some resolution. But if it does the hearing

panel can make the recommendations about what should happen to the Rolfer. That might be nothing, or it might be recommending to the Board that the person's membership be terminated, and several options in between. The hearing panel makes recommendations to the Board and they make the final decisions.

That's the mechanics of the process, but hopefully it's going to be more about problem solving than it is about punishment. At least that's what I want it to be.

BH I understand that you've put together a website to help professionals like Rolfers in dealing with these kinds of issues?

LK That's one of the hopes that I have for the site, yes.

BH Tell me what the concept is with your website.

LK Basically, it's an expression of the soapbox that I have been on for 20 years: we don't talk to one another. Rolfers don't tend to talk to each other, much less to orthopedists, physical therapists, massage therapists, acupuncturists, whoever. It's not just Rolfers; across the health care profession, people don't talk, and we tend to think in our isolation that we have to compete. I genuinely believe that we'll all be busier, and certainly happier, if we work together for the benefit of clients.

So with that image of cooperation and communication, I've had a number of profound experiences over the years that the Internet has the potential to be an incredibly powerful communication medium. I think it's partly because the Internet is so public, while at the same time you can be as anonymous as you want to be. The great thing about communicating over the Internet is you can "lie like a rug," or you can be brutally honest — because in either case

you're not likely to see the person. What I really hope is that using these things the site can be a gathering place where people in health care can talk to one another about their work with clients and with each other. I don't know if that will actually happen, but that's what I want it to be.

BH Well, how is it going to be set up so that there're people who actually would be talking?

LK As I have set it up right now, there are public areas of the site and there are areas that are for professionals only. There are public and private forums on the bulletin boards, and there are public and private "chat" rooms or conference rooms. There are some other features like pages where people can post up links that they've found interesting, and I'll be adding other resources as time goes on and people have more input. But mainly it's centered around bulletin boards and conference rooms. So they are meeting places.

Right now the site is set up pretty generically. What I hope will happen is that as people begin to come there and make input that it will grow into its ultimate form from that input. I hope to also have scheduled events, like where we set up a conference room and invite Peter Levine or someone else interesting to talk to people and answer questions or start a discussion. Some will be scheduled events and some of it will just be opportunities for people to talk to one another.

BH How is the word about this going to get around to other types of professionals beyond the Rolfers who are on Rolf Forum?

LK Well, I have put out some announcements to some psychology lists that I belong to. I will be posting to news groups. A lot of it is going to be word of mouth. I've registered

with search engines, and at every opportunity that I get I link with a similar site. There is, for example, a site that's kind of similar to this specifically for mental health professionals, which is great. But what I'm more interested in is psychology and other forms of health care coming together, truly complementary or integrated health care approaches. I want everybody to have this place to come and look for ways to work together.

BH So in the short term what it means for our community is that if any Rolfer has an issue that he or she needs help with, such as psychological issues with their clients, they can post a question on your website and it will be answered or responded to by not only you but professionals who are not Rolfers as well.

LK Right, there is the potential to talk to people who are Rolfers or people who aren't. In the professional areas you have to have at least minimal professional credentials to get access. This is because I wanted an area where people can post questions relatively freely without having to worry about somebody deciding that maybe we're all horribly unethical because somebody is asking a question that is a sensitive issue such as sexual feelings for clients, or aggressive feelings toward them. And we need places to talk about those issues because the question isn't whether to feel these things or not, but what do you do in response to them? For that kind of dialogue there has to be a certain amount of freedom and safety, and I'm hoping to be able to create some of that at the site.

And again, this kind of communication is something that I don't see us doing. My experience of psychology and the community of psychologists is that we all really expect to consult with one another and talk about

difficult clients with one another, and difficult experiences that we are having. That's built into the profession of psychology, but it's not built into the Rolfering community, for example. It is also not built into massage therapy, it is not built into medicine for the most part. And ideally, what I would really like this site to be about is a place where we can do that for one another, across the spectrum of health care. If we can at least get people to experience it on the site then maybe they'll seek out consultation with one another in person.

BH And what's the web address?

LK www.wellscape.com Also, now that I've got a majordomo list server up and running, I'm starting a list serve called Somatic Psychology — which to my surprise has not been done as far as I can tell — and another called Professional Ethics for discussions of the kinds of issues we've addressed here today.

BH Well, it certainly is an idea that's in the universe. So it should fly.

LK I hope so. For me that's what the Internet is all about, and it's what ethics is all about, and it's what thinking about the therapeutic relationship is about. Basically, I think that if you have this kind of cross-communication within a profession then you're less likely to get into ethical trouble.

I had a supervisor who once told me that "if there is anything about a client that you do not want to tell me, that's probably the thing you should tell me first." That's great advice. I think it's true of Rolfers too, that we should be talking about the tough issues with one another. It's time we brought that into the community. □