

# REVEAL THE GREAT THERAPIST WITHIN

A course to discover the unconscious reasons that make you want to be a therapist and how to reveal the best version of yourself for a fulfilling and successful career.

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4-DAY INTENSIVE COURSE with Christian FLECHE

December 1-4, 2022

***“FIND YOUR STYLE AND KEEP YOUR IDENTITY  
WHILE HELPING OTHERS “***



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## ***Why aspire to be a therapist ?***

Why aspire to be a therapist ?

Why want to transform what no longer exists to what does not yet exist ?

Where does your desire come from?

Which abyss, which mountain top does it stem from?

A round-trip in time,

A journey into the virtual,

with unidentified persons as invisible companions

and the illusion of words as a background

which amplifies the unspoken secrets in the unbearable silence.

To find in yesterday what damaged today

- because the psyche can only conjugate the past in the present tense-

To witness the slow deflagration of something that is not, and makes any being track harmfulness,

To hear what's never been heard,

To extinguish the fire of anger,

To heat to wintry weather of solitude,

To give a taste for life and to value what does not need it,

To free from disillusion and illusions,

To find self-identity and let the vagaries drown

And then to ask oneself

How far to go

and when to stop... ?

That is my job.

## Protocol

### **Neurotic MOTIVATIONS and NEW motivation**

1. Set up a timeline ; define a direction → past and future
2. Find an experienced moment of healing, in dissociation first and then associated ; anchor visually : “if it was a color, which one would it be?”
3. Associated, find the moment of the conscious decision to be a therapist, to want to help others, ... = **T decision**
4. Still dissociated : what was your motivation ?
  - a. future objective,
  - b. past cause?
5. Associated :
  - a. your motivations (unconscious),
  - b. your emotions,
  - c. your values
  - d. your beliefs?
6. How would it be a problem not to be a psycho-bio-therapist, a care giver, helping others ?
7. What do you feel ? what’s unpleasant ?
8. If nothing, then the exercise ends here.
9. If there is a negative feeling : reimplanting, go back to the origin of this sensation = **T origin**.
10. Once the event is clearly identified, dissociate from the time line.
11. And send the color of the anchorage.
12. Associate again but this time with the color.
13. Verify.
14. If positive feeling, move forward to the present.
15. Verify : if you could never be a therapist, what’s the sensation ? on **T decision**
16. If nothing : then find a new drive, chose a new motivation, and put it at the time of making the decision, or heal this event. **T origin**.
17. Go back to today : what’s the new sensation, the new beliefs ?
18. Bridge to the future : are you still a therapist ? in the same way ?

## ***Protocol : “Even though... still”***

### **Tree of criteria**

**DYAD IN SILENCE, FOR 5 MINUTES : - Why do you want to be a therapist ?**

- To A (be useful)
- Having A (being useful outside of your professional activity) what would make you still choose to be a therapist ?
- To B (be loved)
- Lacking of being (A) in your life, what would make you **not** be a therapist despite everything ?
- To avoid C (the constraint of too much paperwork)
- Having C (constraint) what would still make you choose to be a therapist ?
- D (lack of money)
- With D (having no money) what would make you decide to not be a therapist ?
- E (fear of defamation)
- Having E (defamation) what would make you still be a therapist ?
- Etc.

**DYAD IN SILENCE, FOR 5 MINUTES : - Why do you want to be a therapist ?**

## *Grievance: Mr., Ms.,*

I find that training people in various therapeutic techniques without requiring a minimum of basic knowledge inevitably leads to an ethical slippery slope. A relative of mine and myself were the victims of dangerous psychotherapists. I'm a social worker and through my work, my experience and various trainings, I have acquired skills to help people. But I would NEVER have the impudence to consider myself as a psychotherapist.

I have experienced seminars in which trainers will offer tools as powerful as NLP to whomever is willing and able to pay, even absurd amounts of money. I know what I'm talking about since I myself did the FULL training in NLP, and more than just a few workshops such as Transactional analysis, family constellations, kinesiology and many other modalities. I believe that giving tools to anyone without evaluation or follow-up is extremely detrimental to potential patients (clients). We risk the possibility of exerting power over the client instead of offering help.

Anyone can train in anything as long as they have money to pay! How can one (trainers) be so unconscious or irresponsible? Deviant people get trained and use these tools to manipulate weak people and to "use" them as they see fit! You might say that the patient has his free will. Yet I would reply that there is no free will when there is manipulation and that the weak person is no longer able to put things into perspective!

What does one want : to help others or to make money by any means? Sometimes I ask myself this question...

Also, as the current regulation in force in my country (Belgium) seems to be a bit timid in defending consumers, there is no protection against all sorts of abuses. I'm thinking about sectarian drifts and the likes.

You, as a training structure, you have an important role to play by not accepting everybody without distinction and by providing trainings worthy of the name.

I don't know if I will be heard and understood but know that it's also my distress that talks to you because we are a few people who are very worried about the future of one of our close relatives who got caught up in the claws of brief therapies for over four years now. This person is in the hands of some kind of guru who mixes kabalistic magic, telepathy, kinesiology, reiki and so forth.

I'll let you ponder this and wish you great success in your business.

## ***Many medicines, but a single medical duty***

**Ethic Commission of the Departmental Medical Order of Côte d'Or (France)  
January 2007 bulletin.**

The ethic commission of the Order of Medical Physicians (Ordre des Médecins) has opened again this often engaging debate to better determine the duties and limits of each players in light of the deontology that is imposed on everyone.

There are instances where different medicines get more and more a positive response in the public opinion and our institution finds itself in an uncomfortable position between respecting the patient's freedom of choice and our mission to draw boundaries with esoterism. The Medical Order has the priority duty to protect patients from dangerous practices whether they come from licensed physicians or non physicians. This just shows that one must pay attention to the caregiver's consciousness without damaging the patient's trust.

To practice medicine, the practitioner relies on its knowledge and convictions (which is normal) ; but convictions are respectable as long as they aim for the patient's gain. It's in everybody's best interest to expose transgressors.

How do things stand practically ? We all start with the same training which is also a conformation. Conventional medicine has become a science based on proofs at the end of comparative analyses. It's its way of evolving, it's its way of improving, and this approach reassures our western culture.

Other medicines lack of these quasi mathematical references but are reinforced by emotional and historical references, and by the human experience. We all know about ill people who reported successes from colleagues practicing a medicine foreign to our pre-requisites. Rejecting what is foreign to us brings up discrimination. It's not acceptable. An ethical attitude consists of either accessing enough knowledge on the instructions determining the other medicine or adopting an attitude of tolerance towards principles that we don't know about. In both cases, we agree not to destabilize the patient who has his own references and must benefit from it.

This duty of tolerance applies to everyone. The indispensable faith in what we do should not turn into sectarism. Let's remember that our deontology imposes us to call upon a colleague when our means seem insufficient or unsuitable. Stubbornness and relentlessness don't serve the patient's interest ; we don't own our patients.

Under these circumstances, how to uncover dream merchants, thaumaturges, charlatans who deserve our disapproval ? Maybe by learning to know each other better, by recognizing

the caregivers instead of the practice. Our references, in the absence of being technical, should be human meaning moral. No one has the monopoly of honesty.

For the debate not to be passionate, should be reasoned and centered on the patient's interest. His adhesion in a therapeutic process, whichever it is, should not disqualify him.

During Maurice Mességué's trial (a renowned French herbalist), a lawyer said : " we reproach healers not to be physicians, I reproach physicians not to be healers !". A reflection we should ponder on.

As a conclusion, let's avoid the term alternative medicine. This designation suggests an exclusivity that is quite the opposite of ethic and common sense. Tolerance toward the other has the advantage to consider it complementary. This allows preserving a contact that is useful and beneficial to all without causing a rupture between practitioners and imposing on the patient to hide his alternative processes.



## *Update about biological decoding of disease*

*There are three approaches that are historically connected but which today have nothing in common anymore in form and in practice: German New Medicine, Total Biology and Biological Decoding.*

In 1981, the father of German New Medicine, Doctor Hamer, spoke for the very first time of biological conflicts preceding each disease. He openly criticized allopathic and homeopathic medicine, as well as any type of psychotherapy. He presented his method as the only possibility to truly treat disease. The treatments that he proposed to treat a symptom were to find the emotional shock and a concrete solution. He got convicted for failure to assist a person in danger and for illegal practice of medicine. He did one year in prison on two occasions. He criticized people who diverted his work, particularly Total Biology, biological decoding and psycho-genealogy.

In 1993, I decided to use a part of Dr Hamer's propositions and to reject some of them. For this reason I changed the name of my practice from New Medicine (which does not suit me) to Biological Decoding. Dr Hamer's lack of therapeutic awareness caused me to complete my therapeutic sessions with the work of Dr Erickson, NLP, hypnosis, the biological cycles of Marc Fréchet and psychogenealogy.

In 1994, Dr. Sabbah began his trainings and only several years later he gave it the name of Total Biology. But before he betowed that name, during the seminars he spoke about biological decoding, which caused a lot of confusion.

Total Biology talks about *certainty*, the New Medicine of Dr Hamer about *laws* and Biodecoding talks about *hypothesis* that complete the work of allopathic medicine. Total Biology does not use any psychotherapeutic techniques ; only awareness suffices. The attitude of the therapists in Total Biology is often forceful.

I don't mean to compare those three approaches but just point out the many differences that outweigh the similarities.

The training in Biodecoding comprises 3 Levels and leads to a validation of the competencies. Each Biodecoding practitioner must accept the code of deontology and sign the charter of respect for the patient and medicine.

## **GUIDE FOR DISCERNMENT**

*addressed to the patients wishing to work  
with a Biodecoding® therapist*

It is your right before any engagement or appointment with your future Biodecoding therapist to ask the following questions :

- How long was your training in Biodecoding ? (3 years being a minimum.)
- Who was **your teacher** ? : only the Biodecoding School of Christian Flèche can provide this certification.
- **Have you ever been in therapy** ? As surprising as it is, some people who use the title 'Biodecoding therapist' have never done any work on themselves.
- Are you **supervised** ? : This element is crucial to not fall prey to the games of counter-transference, interpretation, delirium.
- Have you had a **validation** of your competencies : the only validation to this day is the one of psycho-bio therapist.
- How is your relationship with **western medicine and psychologists** ? Biodecoding is not an alternative medicine but rather a complementary approach which recognizes the value of official medicine and psychologists. It offers a way of listening to the body to complete their work.

# *PSYCHO BIO THERAPISTS'*

## *CHART OF VALUES AND BEHAVIORS*

### **HUMILITY**

Our role is to trust in the potential of each person, to help them reveal it and to guide them in their process of re-appropriation. We are only catalysts. We respect the person's manner and pace of evolution.

### **AUTONOMY**

Our mission is to guide, accompany individuals in taking over their own destiny. For that, we give them the means to be and feel 100% responsible for their growth process.

### **ACCEPTANCE**

We work with people in a non-judgmental approach of their reality and accept each of them as they are. This implies that the therapist will help them recognize and accept their challenges as much as their accomplishments as a source of learning. The intention is always positive.

### **RESPECT**

We respect each individual's journey, their convictions and their own pace needed to master their required skills. In this perspective, we make sure as therapists that we also respect ourselves through our needs, imperfections and weaknesses.

### **OPENNESS**

We always maintain an attitude of openness and reciprocity with our colleagues from different disciplines because we are aware of our limits in our approach and the necessity of a multidisciplinary complementarity.

### **TRANSPARENCY**

We can work correctly and efficiently only in an attitude of relational transparency. We agree to face the problems and tensions, welcoming confrontations as opportunities for growth.

## **COHERENCE AND CONGRUENCY**

Nous nous engageons à nous remettre en question en permanence, à n'enseigner que ce que nous expérimentons et vivons, et à accompagner l'autre jusqu'à son point d'évolution accessible, écologique, souhaité par lui-même, ainsi qu'au point de conscience où nous sommes nous-mêmes parvenus.

We commit to always question and to teach only what we have experienced at our own level of consciousness and to guide the person on her evolutionary journey to the extent that she is willing and able to access with respect to her own ecology.

## **COMMITMENT**

We commit to respect the rules of security, meaning :

- Professional confidentiality
- Individual responsibility
- Willingness to engage in supervision and report any relevant information, issues and incoherences.
- The therapist is under no obligation to obtain an outcome (healing) but has a duty of consciousness (working on herself, acknowledgement of her motivations, identifications and counter-transference).

## **FIRST AND LAST NAMES :**

Signed On : .../.../20...

Signature :

## *Information for the patients*

Mr./Ms. X is a certified Psycho-bio therapist from the Biodecoding School of Christian Fleche.

S/he commits to be supervised regularly and engage in his/her professional activity within the appropriate legal framework.

Sessions provided by Mr./Ms. X do not replace any medical treatments or diagnosis from a physician, psychiatrist or psychologist. They are complementary and can help with any kind of physical, emotional or behavioral problems with the exception of psychiatric disorders.

By law we cannot ask the therapist

- To provide a medical diagnosis or assessment
- To prescribe or ask for a prescription of drugs
- To write a medical attestation
- To stop a medical treatment

Only a licensed physician is authorized to do so.

During the initial session, the therapist will ask for the name and phone number of your General Practitioner to be able to communicate with him/her about your health, with your authorization.

Upon request, the therapist can provide a confirmation of attendance and/or an invoice.

## Guide : BECOMING A THERAPIST

**OBJECTIVE:** *to move towards a profesionalization of the way we listen*

### 1/ **OBSERVE**, OBSERVE, AND OBSERVE EVEN MORE

#### 2/ **LISTEN** to his inner silence :

- without any project, or personal objective.
- without any projection, do not know for the other.
- without emotional stakes, be a professional.
- without false modesty either : to be aware of our role that is used by the patient to go back into his shock, to repair and transfer. We are involved and used by the other person.
- without hidden game of power.
- without fear, go along with the person all the way,
- be clear about your certainties and ignorance : ‘I know that I don’t know this !’.
- Be new : from time to time go do a therapy with a colleague. Make an appointment, wait for the day, etc...
- without judgement : like a white screen on which confidences, secrets, treasures, violence are projected,
- Looking at bacon and eggs, be like the hens : be concerned but don’t throw yourself into it.

#### 3/ **PROPOSE** a way of reading it, be flexible

- create a space of trust,
- be a warm mirror,
- have the certainty that the person has her own resources within,
- Search, understand, hear the positive function, the usefulness (at a given time) of the symptoms and the resistances.
- know how to manage information.

#### 4/ **NON VERBAL ATTITUDE** : A + A + A P + P + P

- neutral,
- respectful,
- open,
- caring,
- forget yourself,
- confident in the relationship therapist-patient,
- verify the internal states like the process of trying on clothes
- empathetic.

*“Trying to be what we used to be prevents us from becoming who we are.”*

## ***Steps of a bio-psycho therapy session***

- **Welcome**
- **Relational quality :**
  - Centered on the patient
  - Listening : 1<sup>st</sup> sentence, predicates, non verbal body language.
  - Reformulation
- Suppleness, flexibility, capable of changing depending on what happens during the session : wet eyes, omissions, dot dot dot, unfinished sentences, physical sensations during the session, ...
- **Create a space of**
  - Trust
  - Security
  - Permission
- **Set up a framework of**
  - Time
  - Location (true therapeutic space)
  - Theme (general)
  - Objective for the session (must be specific)
  - Exchange
- **Rules**
- **Take all the information necessary to define the issue, meaning**
  - Detail of the issue
  - Clinical information : symptoms
    - Date of the 1st symptom
    - Which one : details in the body, what time during the day/night (ex : nausea upon waking up on Monday morning)
    - What situation has been discovered, diagnosed ?

- What relieves or worsens the symptom ? etc.
- **Social and biological information, biological cellular cycles and transgenerational information**
  - Right or left handed, hormonal treatment, profession, family situation, ....
  - Age of autonomy, sequences and cycles, order of birth, family tree, dead, first names, dates of birth, only if needed to achieve the objective of the session.
- **Search for the coherence of the symptom** : Link between the problem and the conflictual story discovered during the session
- **Therapeutic protocol**
  - Relevance of the choice of the protocol according to the specific problem and the psychic structure of the patient
  - Presentation of the protocol and explanation
  - Management of the protocol
- **End of the session**
  - Verify the gain the patient got from the session according to the initial objective : change, awareness...
  - Prescription of symbolic acts, excercises of integration, writing down the session, take note of dreams, write a commitment made during the session, ...
- **THROUGHOUT THE SESSION**
  - Be focused on the patient, his feeling and objective
  - Be self-centered (and what is greater than self), in our identity as a therapist
  - Discernment between thoughts, emotions and bio-feelings (Bio-target)



- Avoid any excess in the previous points, and optimize them during the practice
- Don't be too passive : empathetic listening, soft...
- Don't be too active either : not listening to the patient, knowing for him, thinking for him...
- Be "bio", avoid to be "psy" : favor the feeling rather than the talk.
- Work with real life experiences and not from analyzed opinions or abstract situations.

A A A

P P P P

Reformulate at the same pace as the client

Use different tones of voice

Stay connected with the objective at all times

Fine-tune each sensation

The emotion is like a door opening on a different time-space

Listen internally and externally at the same time

Maintain overarching *and* specific vision at each instant

Be like a dog with a bone

Verify with relation to the symptom

Check the beliefs regarding change

## *Note pad*

A note pad allows writing the important elements of a session during the session : sentences, questions, etc.

The advantage is to help you stay on track during the session.

The inconvenience is maybe diverting your attention from the patient.

This requires some practice.

After a few hours of practice you can do both easily.

It is recommended to staple your notes with the intake form.

## *Intake form*

First name.....

Last name.....

Session # .....

Date of the session : ...../...../.....

Date of birth : .....

Date of autonomy : .....

Biological laterality : .....

### **Session report**

1st sentence : ....

Predicates : .....

Objective of the session : symptom, conscious and unconscious requests that showed up during the session.

Asked questions, proposed techniques (hypnosis, NLP, ...), tools used (time line, objects, etc.)

Proceedings of the session (recap)

Results, achieved objectives : comments and what the patient discovered

What the therapist learned about the therapy

## SESSION OUTLINE

### 1. INFO = spontaneous

Non verbal, attitude...

1<sup>st</sup> sentences

Therapist's inner experience : what is happening inside the Therapist ? Therapist's subconscious related to the Patient's subconscious

### 2. Patient's motivation = Drive

If he comes to please someone, his wife, etc. : tell him "very well, you can leave !  
Next time send me your wife.

If the patient has no motivation, the Therapist cannot have any for him.

The therapist can ask the patient : "how much longer are you going to keep your problem ? When are you going to take care of you ?

### 3. Precise clinical signs :

Circumstances of appearance

Numbers/figures

Go into the sensation as precisely as possible

Variability of appearance

Ask if there is a counter example : 1 day or more when he did not have the symptom.

One word corresponds to each symptom

Put Biodecoding in the service of the Patient who must adapt it according to his framework of reference : social, family...

### 4. Custom-made therapy : adapted to the structure of each person :

1. Awareness, understanding : by reading a book, talking... => educational

2. emotional release : When P can connect his symptom with what happened at that time : tears.

3. stimulate inner resources/visualisation : problems are not at the same place as the solutions : Einstein "nails are not stored in the same place as the hammer".

4. external resources = professional relational quality of the therapist

When P lacks a deep structure during childhood, P needs his cells to experience the possibility of moving towards autonomy at least once in his lifetime.

Minimalistic consultation : with the minimum elements gathered get the maximum effect.

### 5. The last sentence : what did you learn, understand, become aware of during the session ? : trust in the relationship

## SEQUENCE OF A SESSION

**Set up the framework: space, location, address of the therapist, time, age of the person**

Theme : objective of the session

Exchange of skills for money (ask for something otherwise there is a debt).

Depends on the diagnosis; the session is always complementary to the work of the licensed physician.

Practice within the legal framework of your country.

**1. Welcoming** : let the person come in, observe, let the person talk first, have no initiative, do not induce anything.

**2. Reason for the consultation**: semi-closed question.

Clinical signs : pivotal point

Symptomatology : triggering

**3. Objective of the session in a general way**: what is the most appropriate protocol according to the behavioral structure of the person?

**4. Listening** : words, hesitations, silences, key words, unfinished sentences. Biological calibration = observation according to what we know.

**5. Hands-on situation. Incarnation.** Bio-target, bio-feeling, triggering event.

Protocol :

- Find the programming event
- Find the belief
- Identity – Anchorage

Diagnosis / therapy

Needs

**6. Test.**

**7. Educational aspect** (sometimes at the beginning of the session)

**8. Set up acts.** Prolong the therapy with a psycho-magic act.

The last sentence can give a clue for the next session: focus on the future, on the space of life. Guide in a caring manner: everything you have learned here...

Ask the patient to reformulate, to synthesize: “Then let’s *recap...*”. The person will say unsaid things, she will transform things (=distortions).

Give the responsibility to the patient.

**9. Personal assessment of the session:** What did I learn? (intellectually) How have I been touched by what the person said? (counter-transference). This and that jostled me – it can sponging off/leeching off the therapist.

# FEED-BACK ON THE THERAPIST'S SKILL LEVEL

(at the moment) By Annie Roux-Bonnefoy

## Basic Communication/Relational skills

Name of the student

Name of the observer

date

	Needs significant Improvement	Needs minor Improvement	Satisfactory	Good	Excellent
Establishes and maintains the rapport (synchronization, etc.)					
Asks pertinent questions Doesn't provide advice					
Listens and reformulates regularly : use of the 9 reformulations					
Calibration : pays attention to the non verbal language and the predicates					
Gets precisions when appropriate (Meta-model questions)					
Uses behavioral flexibility					
Stops digressions, reframes, synthesizes					
Keeps track of time					
Brings back focus to the objective and is oriented towards the solution					
Gives a feedback based on facts and observations					
Concludes and finishes with a bridge to the future					

## CENTRAL SKILLS 2

Student's name :

Name of the observer

date

	Needs significant improvement	Needs minor improvement	Satisfactory	Good	Excellent
Respects the other's model of the world					
Displays educational skills, gives examples					
Pays attention to the ecology					
Points out limiting beliefs					
Proposes helpful reframing					
Makes use of the body, sensations, emotions, feelings					
Uses humor, confrontation					
Uses the space, perceptual positions, role plays					
Anchorage of resource-states when they happen					
Shares feelings or impressions when it's appropriate					
Proposes techniques of change in a natural and conversational manner					
Preccribes a task to do at the end					
TOTAL					



## ADVANCED SKILLS 3

Student's name

Name of the observer

date

We agree that these skills are used when useful and are not automatic.

	Needs significant improvement	Needs minor improvement	OK	Good	Excellent
Develops an excellent rapport					
Uses clear, simple and direct language					
Asks questions that surprise and dynamize the client					
Proposes role plays, simulations					
Uses pace, contrasts					
Arouses motivation, impulses energy					
Takes the client at his words, proposes commitments					
Challenges and vigourously confronts					
Lets moments of silence take place					
Radiates a quality of presence					
Remains in a lower position. ? Uses awareness and intuition					
Seems professional					
TOTAL					



## *Reflections*

For you, what is therapy ?  
What is a therapist ?  
Why become a therapist ?  
How to remain a therapist ?

## *Answer from Dr Jean-Marc Mantel*

Beyond the surface, both the therapist and the patient are driven by the same and single quest.

The therapist is led to fine tune his art of listening.

Listening, when increased, leads to the dissolution of Self. It's no longer the person who listens but silence itself.

The patient is locked in his own projections. That's why he feels fear and sorrow.

If the therapist's mind is sufficiently unoccupied, free of any concepts, then the presence that emanates from him awakens the same sense of presence in the person he interacts with.

There is no mental remedy to suffering. When suffering is accepted, a change of perspective takes place. The emphasis is no longer put on suffering itself but on the consciousness that welcomes it. It's a radical transformation of the perspective.

The drive to become a therapist is an expression of love, deformed by egotistic needs which will materialize in the form of belief : 'I'm a therapist'.

This belief can be considered as a crutch. But a crutch held too long becomes a weight. The belief of being a therapist will be questioned through the investigation, which underlines the omnipresence of the concept of 'self' which is at the origin of the suffering. The observation of the concept of 'self' leads to its disappearance.

The gaze that perceives it is outside of any concept.

It is a non-conceptual consciousness.

To remain a therapist means to die in the sense of giving up all identification patterns, with the exception of consciousness, which remains because it's the reality that reveals itself when projections stop.

The release from the mental influence, which is secretly desired by both the therapist and the patient, is what is at stake behind the so-called therapeutic interactions.

The sole disease is to take one's self for what one is not: a conceptual thought, a physical sensation. Although thought and sensation are both the extensions of our true nature, they are not 'you' in the ultimate sense because they are fleeting, unenduring.

What is enduring refers to what remains, what is never born.

## ***“Transference” and “counter-transference”?***

The notion of transference is linked to separation.

Because I believe that I am an independent entity, I project the content of my hopes and deceits on the other, the therapist or the teacher, for example.

This way, the other becomes the mirror of myself, though without being recognized as such.

If the one upon which the transference is projected takes himself as an independent entity, he will react according to the content of his memory, through attraction or aversion.

If the person upon which the transference is projected does not take himself for an independent entity, the vacuum inside will echo the love that he reflects.

Whether it's transference or counter-transference, both are the expression of love searching for itself.

They derive their strength from impersonal love which reabsorbs it as well.

The person intervenes only to get this energy flux, and assert “this is mine”, “that's me”.

Regarding love itself, there is no transference, no counter-transference, as love is both the subject and the object, the source of all manifestations which extend out and are absorbed at its heart.