Leijssen, M. (2007). **Making space for the inner guide.** Theme issue: How Do You Do Experiential Psychotherapy? American Journal of psychotherapy. 61 (3), 255-270.

Abstract

The therapeutic relationship is described as a curative factor in its own right as well as facilitative for other tasks. Experiential tasks which facilitate working on the intrapsychic, interpersonal and existential domains are distinguished. Focusing is an intrapsychic task of paying attention to one's bodily felt experience. Clearing space helps clients finding a right distance for exploring their experience when they are too close or too distanced from their emotions. Interpersonal work takes the lead when maladaptive interactional patterns are hindering the relational life of the client. Metacommunicative feedback and interpersonal experiences in the therapeutic encounter act as an invitation to develop new ways of communicating. Existential processes are challenged when the client struggles with the givens of life. Finally the 'inner guide' found in accessing experiencing may involve an awareness of a transcendent dimension that leads one to spiritual growth. Vignettes from short term psychotherapy illustrate how this approach is established in practice.

Keywords

Focusing

Bodily felt experience

Interpersonal

Existential

Spiritual

Making space for the inner guide

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INTRODUCTION

My first training as therapist was in the humanistic tradition of Carl Rogers (1961). Here I learned that the relationship between client and therapist is the living space in which the client's developmental process can occur. I compare the *therapeutic relationship* with 'good mothering and fathering'. It offers the client a new chance to experience what is essential in life, to recover from wounds and bad experiences, to construct new meaning and to find an authentic way of healthy functioning. I became aware that even the best therapeutic methods are limited by the context of that relationship. So my first concern in every therapeutic encounter is the quality of the relationship. This means that I'm fully present and attune myself to the client in an empathic and nonjudgmental way. I see an authentic relationship as a crucial curative factor in its own right as well as facilitative for other tasks. I have incorporated a variety of experiential tasks which facilitate working on the more intrapsychic domain, more interpersonal problems and more existential issues.

In the *intrapsychic* domain I was influenced mostly by Gendlin (1973, 1981, 1996). Gendlin discovered that successful clients in psychotherapy attend to their direct bodily felt experience. Gendlin developed 'focusing' as a way of helping clients access their experience. To this end the therapist can lead the client through different processes from clearing a space, to attending to and symbolizing the bodily felt sense. Gendlin describes focusing as a method of methods, which can be practised within different orientations and with many kinds of techniques and diagnoses.

The *interpersonal* work attracts me at times as a method of challenging clients when their difficulties are expressed in their relationships and their interactional style is instrumental in

perpetuating problems. The client-therapist relationship can function as an open arena in which the client shows his or her typical way of relating to others. It takes a shift in attention and more courage from the therapist to explicitly work through the client's interactional style in the here-and-now relationship. Honest feedback and metacommunication can confront the client with his or her preferred interactional style. For treatment procedures by which the interpersonal perspective is given shape, I have drawn heavily upon the insights of Kiesler (1988).

The *existential* wing inspires me because it is concerned with people realizing their full potential. Not only does it confront clients with the givens of existence and the concerns that define the human condition, it also helps to develop more satisfying strategies for living. Drawing from the existential body of knowledge (Yalom, 1980; Schneider & May, 1995) and from various religious traditions (Walsh, 1999) I became more aware not only of my own intuitive knowledge but also of myself as an embodied spiritual being.

My eagerness to learn brought me in contact with a wide variety of approaches, which I have integrated in my way of working as an experiential psychotherapist. The experienced usefulness of different models underpins my preference to integrate different approaches on an experiential rather than a theoretical level. Especially being a client myself in different forms of bodywork was a rich experience. The discovery that the body contains a huge wisdom and opens spaces to new awareness, new experiences and new energy belongs to the best part of my life.

In this article I'll show more in depth the practice of my integrative experiential approach by dividing the journey of psychotherapy in four stages. 1. Establishing a productive working alliance; bringing the narrative to life. 2. Accessing the ongoing bodily experiencing; developing a healthy intrapsychic relationship. 3. Interactional feedback; changing maladaptive interpersonal patterns. 4. Dealing with existential issues; bringing back the 'spirit' in life. This division into phases is in practice not that clear; different elements from each stage are present from the

beginning to the end. Moreover in fact, internal and interpersonal and existential processes are not separate entities, but different aspects of one process. I will use several vignettes from a short term psychotherapy as a concrete example of how this approach is established in practice. I have chosen this client[1] because being subject of a case study she indicated in her post-therapy interview (Schnellbacher, 2005) that the most helpful event of her therapy was paying attention to her bodily felt sense.

STAGE 1. ESTABLISHING A PRODUCTIVE WORKING ALLIANCE; BRINGING THE NARRATIVE TO LIFE

During the first encounter with a client I always start by actively trying to build a good working relationship. The welcoming space I offer right from the beginning has the quality of '*good mothering*'. This means: being present in a warm-hearted, friendly and affectionate way and receiving empathically what the client tries to express. The accent lies here on the supporting relationship as the central instrument to facilitate the client's life narrative. Many clients got stuck in the story they construct in order to understand their life. Their ways of self-narratizing can be too narrow, or they live with incomplete, disjointed stories. Empathic responding and exploratory questions generally suffice to help the client in constructing a renewed, more complete or coherent life narrative during the therapeutic dialogue. "The communication of empathy tends to facilitate change because it generates a particular sense of experiential recognition within the other person. This is a value in itself as a form of human connection and it also tends to shift one's relation to implicit, bodily felt, non-conscious aspects of experience, opening these to awareness and change" (Warner 1996, p.130).

[1] I thank the client for giving permission for publication. Non-relevant data have been changed or left out to guarantee the client's anonymity.

The nonverbal communication is complementary to the narrative. I take time to synchronise with the client's body to get the sense of the client's embodied whole, to develop and maintain rapport and to create a 'holding environment'. I try to bring the client's bodily knowledge back into the spotlight and into the client's awareness by valuing nonverbal expressions. So I am actually responding as much to the face, voice, gestures that accompany the story, as to the content. I can give a verbal reflection on the nonverbal behavior of the client, or I can also choose a nonverbal way to direct the client's attention to the not yet labeled emotions. By means of these interventions I focus the client's attention on 'something' that is already present but to what the client doesn't pay full attention or of which the client isn't aware (Leijssen, 2006).

In order to build a good working relationship I also offer '*good fathering*', which means that structure emerges from chaos, that reality will be faced and that there is authentic communication. Inadequate fathering - which is always the case when the fatherly role was not rightly embodied by someone in the client's life - leaves the client somehow incapable of setting limits and of using clear verbal expressions to conceptualize what is going on. A therapy can suffer from inadequate fathering as well when the therapist endlessly gives in to the client's feelings and needs. A therapist who shrinks away from structuring and 'getting down to business' can cause therapy to become an unproductive and formless process with much unnecessary waste of time. The therapist will endeavour to restore meaning by offering a form-providing, limit-setting interaction. "All feelings are welcomed, but possible actions are highly restricted. That keeps therapy from becoming like other relationships. The limits on actions make depth possible" (Gendlin 1996, p.303).

In order to build a good working alliance I also try to find an agreement with the client on the issues we can work on together in a given *time* frame. I make explicit agreements about the length and the number of therapeutic sessions we are going to work together. For treatments

where it is difficult to estimate how long will be needed, I find it useful to work within shorter time frames: evaluations can be set for every 5 or 10 sessions, each time involving an exploration of how the treatment is going and what further is needed. Working with clear time frames has the function of making conscious use of time and maintaining awareness of progress and quality of therapy. Right from the start I try to give the client some felt experience of my therapeutic approach. The following case makes the establishing of the working alliance more concrete.

Case study

A 40-year old woman comes to see me, saying that she has already been in therapy 3 times and that all these previous therapies 'failed'. The first was with a nondirective therapist; the client decided after 6 sessions that "the conversations were not helping her". The second was with a behavioural therapist, whom she fled after 3 sessions because she said he pushed her very hard, even though she did not feeling safe with him. The third was with a psychiatrist who gave her medication to reduce her fears. She got confused and stopped seeing him after a series of sessions because there were boundary violations and sexual advances.

In terms of her history, situation and presenting problems, her father was an alcoholic who abused her, while at the same time he was respected by others for his high level of professional functioning. The family had to keep up appearances, even while she was being traumatized. She is married to a partner who also abuses her and their children; she cannot control his aggression. Her partner has pressured her to give up her career. She wants to have therapy because she cannot control her restlessness and feelings of fear, and because she feels overwhelmed by scary reminiscences from the past.

She talks about all this during the first session, in which I mainly confine myself to being attentively present, giving supportive empathic reflections, and from time to time asking for clarification or concrete examples. In this way the narrative construction of her identity comes to

life. Her narrative shows that the acute problems for which she is seeking help now predominantly belong to the intrapsychic and interpersonal domains. While she is talking, her tight mouth, narrowed eyes, constriction in her voice 'leak' emotions that she tries to hide as they occur. At the same time, I become aware that I am intimidated by her perfect appearance. I experience how she can give people the wrong impression. I do not talk about this interactional element yet, but I keep it in the back of my head. Because her long story takes up the entire first session, we do not get to the point of discussing a working contract. I propose to look at that during a second exploratory session.

She enters the second session in very agitated state. Because she is panicking, I suggest we try a calming exercise from the experiential repertoire. I facilitate her to make contact with her body and to name elements of her painful past, without going back to those traumas. At the end of the session she says that today's approach appeals to her. She has the feeling that 'her wounds are being bandaged' and that there is someone who understands her and brings her to safety. The client has just had her first experience with 'clearing a space', a microprocess from the focusing approach. I offer to work mainly with focusing during the beginning stage of therapy because she feels helped by this experiential approach. I explain that this approach can help her to deal differently with everything that scares her and makes her restless. I also let her know that the problems she has with her violent partner will not be solved during an individual therapy. Because her partner wants nothing to do with therapy, we agree that we will need to look for a way in which she can deal differently with his aggression. Based on her history with boundary-crossing behavior, her perfectionism, and her strange resilience, I suspect it will be good for her to have a clearly marked space for exploration. I propose a working contract of 20 sessions.

The client was also asked to participate in a study. During the interview with the researcher the client expresses that she appreciates the fact that everything was clearly explained from the

beginning; that she knew what to expect and how we would work during therapy. She said that the first contact gave her hope for improvement. We can conclude from this evidence that the working alliance has been adequately established during these 2 sessions: there is a positive affective bond between the client and the therapist; and they have reached agreement about their goals and the way they will be working during therapy.

STAGE 2. ACCESSING THE ONGOING BODILY EXPERIENCING; DEVELOPING A HEALTY INTRAPSYCHIC RELATIONSHIP

The experiential approach uses several methods to actualize the experiencing process and to help the client develop a renewed intrapsychic relationship (Mahrer, 1996/2004; Elliott, Watson, Goldman, Greenberg, 2004). Specific process signals from the client tell the therapist when to introduce a specific process-task, which the therapist encourages in an active way in the context of providing a safe and supporting relation. The *focusing* process as it was introduced by Gendlin (1981, 1996) is a special way of paying attention to one's felt experience in the body. By carefully dwelling on which is quite vague at first, one can get in touch with the whole felt sense of an issue, problem or situation. Through interaction with symbols, the felt experience can become more precise, it can move and change, a felt shift can be achieved: the experience of a real change. The inclusion of the simple invitation to pay attention to the body as sensed from inside can facilitate the focusing process. So when the client says something important, the therapist can ask: "If you put your attention in the middle of your body, what comes in your body about this?" Or an invitation such as: "Wait a moment, can you check inside what you are feeling there?" If this bodily source is not too strange for the client, the symbols arrive right from that place. However, the inner object of attention can only let itself be known when it is approached in a specific way. It requires an attitude of quietly and friendly remaining present with the not yet

speakable, being receptive to the not yet formed. This attitude presupposes tolerance for uncertainty and an ability to give up control. This way of giving attention inwardly, is unusual in an outward-directed society, and many clients offer resistance because they experience this inner process as threatening. Not knowing exactly what is going to emerge is frightening to people who have been used to keeping emotions down. It is obvious that a person will only dare to adopt such an attitude if there is already a good deal of interpersonal security.

Gendlin (1981) described six focusing movements: clearing a space; getting a felt sense; finding a handle; resonating handle and felt sense; asking; receiving. I use these steps as *microprocesses* at various moments in therapy for facilitating particular kinds of self-explorations (Leijssen, 1998). This requires a process diagnosis, in which the therapist recognizes the signals heralding the emergence of a microprocess in need of facilitation.

At the *start* of a therapy session I ask the client (and myself): "What is calling for attention right now?" The verbal interventions with which I invite the experiencing body to take the lead are normally rather short. But some clients might need more guidance and practice to learn how to access a bodily felt sense. To facilitate this it may make sense to begin with the microprocess of *clearing space* in order to grant the body openly the time to reveal what it brings along. Attention is first turned to the body by noticing what's there. The client asks inside: "How am I right now? What am I bringing along with me at this moment?" The therapist can also ask the client to close his or her eyes for a moment and see how different areas in the body feel. Breathing and sensations in the throat, chest, stomach and abdomen receive full attention. Every perception, physical sensation, topic or feeling coming to the fore is acknowledged. It is briefly touched upon and given a place without its content being dealt with as yet. One can go on with this until one feels sure all worries have been acknowledged and temporarily put down. After all problems have thus been given a suitable place, clients may experience enhanced presence and a

feeling of peace and being centered. As a therapist I find it useful to go briefly through the clearing space step myself at the start of a therapy session. Chances of mixing up my own topics with those of the client are thus decreased. It also helps me to put my worries aside so as not to be preoccupied by them when I should be giving my full attention to my client. Clearing space may thus be a form of centering, mindfulness and 'mental hygiene' for the therapist as well.

The phase of clearing space being completed, the client may be invited to choose one issue to work with. Focusing works best when the client can be *with* the feelings, not *in* them (Weiser Cornell, 1996). Some distance between oneself and one's problem is needed. At the '*right distance*' the client can access the problem without coinciding with it. Often the client remains too far from the experience thus feeling nothing and being out of touch, or else the client is too close and flooded by the problems so that no 'self' remains to relate to what is felt. It is not even unusual to see a client switch round from too far to too close. The therapeutic interventions are different according to whether the client is too far or too close in relation to the problems.

In a *too far* process sometimes clients do not know the body as an internal authority. Introducing an approach addressed to the body is often a necessary step in bringing such clients in contact with a new source of knowledge. Also non-verbal approaches like music, movement, drawing, etcetera can be very facilitative in these cases (Leijssen 2006). Should the therapist choose to let the client start with some form of relaxation, one should see to it that the relaxation does not become too deep; indeed, focusing demands full concentration and keen receptivity. Relaxation is too deep when the body no longer 'talks back'.

In a *too close* process clients can be overwhelmed by too many feelings and sensations. Markers that the therapist's help is needed in creating more distance are: clients show aversion for what emerges, or feel anxiety and tension, or they may totally identify with the experience. When dealing with a too close way of relating the therapist calls upon man's natural capacity to

'split', and on the enormous power which may be contained in one's imagination. The most usual way of creating distance, is to ask the client to assign the problem a place outside of oneself. This process of creating distance may be helped along even further at fantasy level by using various metaphors. Should the problem be very threatening or frightening one may have to put up a 'fence' between it and the client, or the client may draw something and stick the drawing on the outside of the therapy room window. However when the client is overwhelmed by something '*childlike*' in quality or which is very dear, then other metaphors may have to be called upon to create the proper distance. The place assigned should be 'outside' while it should also be taking care of the sensitivity of the issue. Thus one may ask: "Could you take that wounded child on your knee?" Whichever way one chooses, it is never identical with 'forgetting the problem' or 'repressing it'. It is rather a friendly search for a good spot for it in consultation with the client's feelings and images. It is an attempt at establishing a better intrapsychic relationship. This process is in itself a healing one; it creates the experience of a 'new me', capable of finding a better way of relating to one's problems from its position as observing self. The case study illustrates the power of finding the right distance.

Case study

The all-consuming fear, caused by the client's traumatic past and the aggression of her current partner, was always at the surface for the client during the first stage of the therapy. We worked with the image of the 'hurt child' that has been through a lot but does not dare to talk about it. Because the 'hurt child' often stops functioning and because it is often overwhelmed with fear, the client gladly accepts the proposal that 'the hurt child can stay at the house of the therapist during the week'. She feels herself growing with this idea and she notices during the following week that she is not so much thrown off her balance.

In session 6 she feels ‘a lot of tears’, even though she does not cry. When I ask her what she needs most now, she answers: “to get rid of the scaring images from the past.” I realize we have to proceed carefully here because she has previously warned me of her inclination to flee. I ask her which images from the past she wants to get rid of. She describes two very scaring images. I can feel how these terrible experiences are unbearable for a child, as they would be for most adults. Almost unnoticeable to her I direct the images like a film which she is watching with me from a safe distance, instead of allowing her to coincide with the abused child and drown in the traumatic experience. At the end of this session I propose she ‘puts the tape with the film of the horrible images in the closet in my therapy room’.

In session 7 she says she felt a lot calmer and safer during the week, but that the ‘tapes with the film have been in the back of her head the whole time’. When I ask her what is so important on those tapes that she needs to keep with her, she answers: “My child is in there, everything I am right now is connected to it.” I suggest we together carefully watch the film again and that she stays in contact with her body when it expresses its needs. She expresses immediately that she needs to protect her child in the film. I ask her to take the child in her lap and watch the film with me and the child in her lap. This immediately gives her a warm feeling and the film shrivels up. She now describes how the child in her lap has an endless fear, pain and sadness, and it needs never ending consolation. This image of the child leaning against her shoulder stays very strong while she recounts parts of what the child has been through. “But”, she says, “it does not have to explain all that, it is enough that it feels comforted and that this comforting will continue as long as it is needed.” It does not surprise me when at the end of this session she ‘no longer needs to leave the hurt child behind with the therapist’, because she feels how she can comfort and protect it. Related to that she recounts how her mother was never there to protect and comfort her. Meanwhile ‘her child has fallen asleep leaning against her shoulder’. She tells how exhausting

everything has been for the child while she herself was never allowed any rest, she always had to stay alert for approaching danger. She leaves the session ‘holding the sleeping child’.

She starts the next session by recounting she had ‘a week full of love’. ‘The sleeping child’ stayed with her the whole time. The horrible images from the past have not come back and her fear has disappeared. It feels good to her to give this child - next to her real children - a place in her life. She leaves on vacation for 3 weeks. The family vacation went really well. For the first time in her life, she has ‘to get used to moments of feeling happy’.

Session 10 is an evaluation of the therapeutic process. “Where are we now?” The crucial change after session 7 stays stable: the horrible images from the past have not come back. The client found it very helpful that she was taught a method to point her attention to her bodily felt sense without being overwhelmed. She still makes herself dependent in relationships and she is afraid of the physical violence of her partner. She wants to be able to handle men that dominate her. This announces the next stage of the therapy.

STAGE 3. INTERACTIONAL FEEDBACK; CHANGING MALADAPTIVE INTERPERSONAL PATTERNS

When the complaints of clients have mostly to do with problematic relationships in their life, the interpersonal domain becomes a priority. The interpersonal attitude of the client is now challenged as an entrance to the client’s issues. As a therapist I focus on the interaction with the client and I ask myself: “What is this client doing to me? What do I experience during the contact with this client?” I rely on my bodily orienting sense - some might call this:‘somatic countertransference’ - as a clue and feedback for the correctness of the interaction. The genuineness of the therapist now becomes a stepping stone to change. Genuineness means here that I have to be aware of my own reactions, because they are diagnostic instruments by means of

which I register what the client elicits in me. The feedback through which I put my own observations and feelings into words is concrete: I describe what behavior leads to what kind of reaction. I switch to metacommunication and explicitly express what catches me in the interaction. This is often a dialogue about the relationship and there are more self-revealing and confronting interventions from the side of the therapist.

In this way clients can become aware of their own part in the interpersonal difficulties they experiences in their life, the differentiation and flexibility in style and patterns they use in contact with other people. The metacommunicative feedback and the interpersonal experiences in the interaction with the therapist act as an invitation to the client to develop new ways of communicating and to renew interpersonal relationships.

Case study

In session 11 it very much catches my eye that the client sits cross-legged, feet off the ground, while she talks about a fight with her husband. I experience how easy it would be to push her so she would fall back. I bring up this behavioral feedback and ask the client to experience how she is presenting herself in this interaction. The client - to her own surprise - acknowledges that in most fights with her husband, she sits cross-legged and that she without much protest is pushed and then beaten by him.

In session 13 I give emotional feedback by being honest about the way the client presents herself and looks at me: it makes me sometimes feel like I'm not well enough dressed. The client admits her husband often reproaches her that she is looking down on him and that stimulates him to humiliate her even more. She learned from her family to never show vulnerability and to always act as if everything is under control.

During session 14 the client describes how she puts much energy into keeping her house in order so she will not be criticized. She never criticizes her partner, because she is afraid this will

invoke his aggression. Because my house is somewhat messy, I ask the client what she thinks when she comes here. At first the client says everything looks fine. But I think the client does not sound very sincere and I urge her to give her honest opinion. The client says the garden is not very trim. Later, during the interview with the researcher, the client says she has learned a lot from this interaction. She realizes that her perfectionism causes a lot of unnecessary problems for herself. She found that she can criticize someone without making them angry.

Unexpected events can also bring about relevant interactional starting points. After session 15 I was unexpectedly taken into the hospital, so I couldn't keep my appointment with the client. My husband contacted the client by telephone to let her know the session was cancelled. After this, the client sent me an e-mail to express her confusion. During the next therapy session I gave explanation about my medical condition and about a possible return to hospital. It came out that the client had interpreted the cancelled appointment as a 'punishment' because she would be too much of a hassle. Later, during the interview with the researcher, the client said: "the clear and honest communication of the therapist had a very important modeling function. To me she is a reference point of how one can build a relationship".

The 18th session is an evaluation in the perspective of the working contract of 20 sessions. The client has become much stronger and authentic in several situations, except with her husband. She has never been herself in her marriage and does everything 'in service' of him. She has never dared to put boundaries on him, because she is very much afraid to be abandoned. She wants to take more responsibility for what she will be doing with her life.

A new phase has presented itself in the therapy. It is not realistic that the client can fulfill the changes she is thinking about during the 2 sessions that we have left. I also think it would be irresponsible to stop the therapy right at the moment the client is loosening herself from her partner. I make sure that respecting the time limit does not lead to so much pressure that it ends

up paralyzing us.We decide there will be 5 more sessions, with more time between the sessions. The idea is that during this last phase of the therapy the client starts envisioning a clear design of her 'new life'.

STAGE 4. DEALING WITH EXISTENTIAL ISSUES; BRINGING BACK THE 'SPIRIT' IN LIFE

During the last stage of therapy I join the client with my authenticity, caring and empathy in facing the difficult, inescapable facts of human existence. At the end of therapy the relationship becomes more mutual. Sometimes I share a little bit of my own wisdom or explain a specific philosophy of life. A deeper layer of experience is touched upon by looking more closely at the meaning of the difficult experiences that clients face in relating themselves to the givens of *human existence*, such as loneliness, responsibility, meaninglessness, sexuality, death. The client's specific way of dealing with existential themes and life questions is challenged. Crises intervening in life and making beliefs unstable are explored for their existential meaning. The therapist encourages the client to make choices and to find their 'inner guide' or the bodily felt meaning of existence.

When finally the right symbols and actions that fit the experience are found, clients can feel a satisfying sense of rightness, a bodily felt resolution or a '*felt shift*'. It is a sign that what the bodily knowing has been implying has been accurately carried forward. On the continuum of intensities at the low end there are small shifts which may be minimal or subtle, at the high end the shift is intense and obvious (Friedman, 1995). There are different kinds of shifts: sometimes the client feels a release or a relief in the body; sometimes it is a sharpening of some vague experience (e.g. a general feeling of confusion becomes a clear feeling of anger); sometimes the client feels something moving from one location in the body to another place in the body (e.g. a

choking sensation in the throat becomes a warm feeling around the heart); sometimes it is an experience of more aliveness, excitement, enthusiasm, new life awakening and stirring in the body; at other times it's feeling more peace, clarity, groundedness, well-being. When what is felt in the body becomes more and more accurately symbolised, one is achieving congruence, which seems to bring back the 'spirit' in life.

Sooner or later, the therapist has to disappear from the client's life and then the client has to be capable of taking over. The task is to replace the therapist by an observing, reflecting, experiencing self which gives careful attention to the inner experience in order for the inner knowledge to go on revealing its meanings. With this attitude the person enters into an inner relationship which can open an extraordinary doorway into the realm of *spiritual* awareness. The 'inner guide' found in the bodily awareness may involve a transcendent dimension. "This involves moving beyond one's own unhealthy egocentricity, duality, and exclusively towards more healthy egocentricity, inclusively, unity and capacity to love" (Hinterkopf, 1996, p.10). Thus a person may feel carried along in an exciting inner adventure which may contain an inexhaustible source of caring for oneself and the world, which may lead to increased self-confidence and confidence in the 'mystery of life' which refers to 'more' than our human thoughts can encompass.

Case study

During the 19th session we explore the tension between her need for belonging with her husband versus her need for developing her own identity. During a guided fantasy about her marriage she creates the image of a tree that is grafted upon another tree. She experiences how she has completely become a part of her husband and how frightening it is to let go of that bond. She also sees the immense loneliness she experienced and how she tried to put that behind her during puberty by offering her body to every man approaching her. Being wanted in a sexual way

was her source of self-confidence and intimacy. We continue working with the image of the trees where she visualizes herself as the young cutting, ready to grow roots herself. We try to find out what would be good soil for her to develop in and what she would need to grow.

We spend a complete session on exploring the values that bring direction and sense to her life. The care for her children is sacred. Furthermore she wants a life in which there is 'truth and goodness'. These words bring a warm spacious feeling around her heart. Continuing on the image of the tree that needs good soil to grow in, she decides to first clean the soil of her marriage from all dirt and poison.

She talks about the many lies in her marriage. In the mean time, she 'confessed' her own betrayal to her husband. She confronted him with the truths she has known for a long time, but didn't dare to bring up before because she was afraid of his reaction. She has made her choice: she no longer wants to live with a man that cheats on her and beats her. She wants to go her own way if he does not choose for an honest and loving relationship.

She can now think of several positive sides of 'being alone'. She redefines the problems with her husband as chances to grow stronger herself and to discover her 'real self'. She tries to find realistic steps in the process of loosening herself from him. She takes up classes that she can combine with a part-time job. She asks me if I believe that praying for good solutions for her and the children can be helpful? We have a dialogue on what praying means to each of us, how we make contact with higher energy and embrace the divine in our life.

After 23 sessions we agree that the client is well on her way to a more authentic way of life and that she lives more in agreement with her own values and beliefs. She has made some choices that make her feel she is no longer dust in the wind of outside powers. She knows the battle with her husband is not over yet, and that she is still vulnerable for violations of the

borders. We see that in this phase of the problems, she is more in need of a good lawyer than of a psychotherapist. We plan to end the therapy after 2 more follow-up sessions.

The client cancels the 24th session (1st follow-up after 1 month) by leaving a message on my answering device. I contact the client to ask what the cancelled session was about. The client judged everything was going fine and she didn't 'feel like' going to a session. When we explore this, she admits she wanted to run away from the therapist before it would turn out that the therapist 'would never want to see her anymore'. She wants to prevent her image of the therapist as a caring person to change into a vision of someone who does not care for her. During the interview with the researcher she says she found it very special that she wasn't punished for this dishonest action. She learned from this that small incidents are also meaningful and worth discussing.

During the last session (2nd follow-up after 3 months) she recounts how her newly acquired freedom is sometimes enriching and sometimes scaring. The conflicts with her meantime ex-husband are not finished either. But she does have the feeling of having enough baggage to face her future with more openness and hope. She also practices a 10 minutes clearing space each evening to find rest before going to bed and to feel the contact with some 'inner presence'.

CONCLUDING REMARKS

Accessing and allowing experiencing may be totally consistent with the way many therapists are already working, or it may represent somewhat of a shift in attitude and language. Validating the bodily felt sense can be helpful in any stage of the therapy because it will immediately invoke the actual and deepen the process. Experiential work is not dependent on which theory one chooses, nor on whether one uses verbal, body, or interactional techniques, or even all of them,

but on *how* one uses these (Leijssen, 2004). The process of integration can be natural and fluid if clients are invited to recognize whether what they are saying matches what they are experiencing.

The body seems to know more than can be expressed or explained. Gendlin (1981) points to this when he writes: “Your physically felt body is in fact part of a gigantic system of here and other spaces, now and other times, you and other people - in fact the whole universe. This sense of being bodily alive in a vast system is the body as it is felt from inside” (p.77). The awareness of subtle but concrete bodily feelings can become a self-transcendent, spiritual way of knowing.

An increase in internalization should not be seen as selfishly contemplating one's navel. On the contrary, it is a powerful source from which a person, purified and healed, may emerge feeling genuine concern about what others really need. When a person starts from an inner centre, reaching out to others becomes more meaningful.

Clients can practice accessing experiencing on their own: being directed by the ‘inner guide’ they can become more and more their ‘own therapist’. Finally the therapist-client relationship is not the therapeutic goal; the intention is rather to have the client develop a relationship with him or herself capable of processing life events, of discovering meaning and of generating symbols and actions beneficial to both, the client and the environment.

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