Making Space for the Inner Guide

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The therapeutic relationship is described as a curative factor in its own right as well as facilitative for other tasks. Experiential tasks that 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.

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 the therapeutic 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

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tasks that 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), who discovered that successful clients in psychotherapy attend to their direct bodily felt experience. Gendlin developed "focusing" as a way of helping clients access their experiences. To this end, the therapist may lead the client through different processes, from clearing a space, to attending to, and symbolizing the bodily felt sense. Gendlin described 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 for challenging clients when their difficulties are expressed in their relationships and their interactional styles are 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 work explicitly 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 them develop more satisfying strategies for living. Drawing from the existential body of knowledge (Yalom, 1980; Schneider & May, 1995) and 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 integrated into my 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. 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. changing maladaptive interpersonal patterns; interactional feedback;
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, 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 concrete examples 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–narrating can be too narrow, or they live with incomplete, disjointed stories. Empathic responding and exploratory questioning generally suffices 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 omitted 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. Therefore, 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 which the client does not pay full attention or of which the client is not aware (Leijssen, 2006).

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 taking place. 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" may cause therapy to become an unproductive and formless process with much 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 in which we are going to work together. For treatments where estimating the length of time needed is difficult, I find it useful to work within shorter time frames: an evaluation can be set for every five or 10 sessions, each one 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 three times and that all these previous therapies "failed". The first try was with a nondirective therapist; the client decided after six sessions that "the conversations were not helping her". The second was with a behavioural therapist, whom she fled after three sessions because she said he pushed her very hard, even though she did not feel safe with him. The third was with a psychiatrist who gave her medication to reduce her fears. She became confused from the medications and stopped seeing him after a series of sessions because there were boundary violations and sexual advances.

Her history, situation, and presenting problems follow: her father was an alcoholic who abused her; at the same time, he was respected by others for his high level of professional functioning. The family "kept up appearances", even while she was being traumatized. She is married to a partner who verbally, physically, and sexually abuses her and their children; she cannot control his aggression, and he 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 frightening reminiscences from the past.

She talks about all this during the first session, during 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, and 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 others may mistakenly perceive her as being a strong and controlled person. I do not yet talk about this interactional element, but I keep it in the back of my head. Because her long story takes up the entire first session, we do not discuss a working contract. I propose to look at that during a second exploratory session.

She enters the second session in very agitated state. She is panicking, and I suggest we try a calming exercise from the experiential repertoire. I facilitate the client in making contact with her body and naming elements from 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 says 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 with everything that scares her and makes her restless in a way that is different from the way she has in the past. I also let her know that the problems she has with her violent partner will not be solved during individual therapy. Because her partner wants nothing to do with therapy, we agree to look for a way in which she can deal 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 expressed her appreciation for everything about the therapy process being explained clearly from the beginning, so 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 was adequately established during these two 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 that 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 that 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 keeping an attitude of quiet and friendliness, 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 are resistant because they experience this inner process as threatening. Not knowing exactly what is going to emerge from this inward searching is frightening to people who are 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 during which the therapist recognizes signals from the client heralding the emergence of a microprocess that needs facilitation.

At the start of a therapy session, I ask the client (and myself): "What is calling for attention right now?" The verbal interventions I use to 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. It may make sense to begin with the microprocess of *clearing space,* which openly grants the body the time to reveal what it brings along. Attention is first turned to the body by noticing what's there. The client asks: "How am I right now? What am I bringing along with me at this moment"? The therapist may ask the client to close his or her eyes for a moment and assess 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 by the client. Each perception is touched upon briefly and given a place, but its content is not yet explored. This can go on until one feels sure all worries have been acknowledged and temporarily addressed and/or made notes on. After all problems have thus been given a suitable place, clients may experience enhanced presence and a feeling of

peace and of 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 with which to work. 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, et cetera can be very facilitative in these cases (Leijssen, 2006). Should the therapist choose to let the client start with some form of relaxation exercise, the therapist 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 distance are: clients show aversion for what emerges, or feel anxiety and tension, or totally identify with the experience. When dealing with a too–close way of relating, the therapist calls upon the natural capacity to "split", and on the enormous power that may be contained in the imagination. The usual way of creating distance is to ask the client to assign the problem a place outside of him– or herself. This process of creating distance may be furthered at the fantasy level by using metaphors. Should the problem be very threatening or frightening, the therapist may have to put a "fence" between it and the client, for example, the client may draw something and place the drawing outside the therapy room window. However, when the client is overwhelmed by something "childlike" in

quality or by something that is very dear, then other metaphors may have to be called upon to create the proper distance. The place assigned should be "outside", while also 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 reviewing the problem 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; for the client it creates the experience of a "new me", who is capable of finding a better way of relating to problems from its position as observing self. The case study illustrates the power of finding the right distance.

CASE STUDY

During the first stage of the therapy, 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. We worked with the image of the "hurt child" who does not dare to talk about her traumas. Because the "hurt child" often stops functioning and is often overwhelmed with fear, the client gladly accepted the proposal that the "hurt child" can "stay at the house of the therapist during the week". The client felt herself growing stronger with this idea, and she noticed during the following week that she was not so much thrown off balance. She noticed during the session the following week that she was not as consumed by the fears of the "hurt child".

In session six, she says she feels "a lot of tears", 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 because she has warned me of her inclination to flee. I ask her of which images from the past she wants to be rid. 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). Instead of allowing her to coincide with the abused child and drown in the traumatic experience, almost umoticeable to her, I direct the images, as if they are a film that she can watch with me from a safe distance. At the end of this session, I propose she "put the tape with the film of the horrible images in the closet in my therapy room".

In session seven she says she felt much 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 about tapes that she needs to keep them with her, she answers: "My child is in there, everything

I am right now is connected to it." I suggest we carefully watch the film again and that she stay in contact with her body when it expresses needs. She immediately tells me she needs to protect her "child" in the film. I ask her to place the "child" in her lap and watch the film with me. This immediately gives her a warm feeling, and the film shrivels up. She describes how the child in her lap has endless fear, pain, and sadness, and it needs never–ending consolation. This image of the child, leaning against her shoulder, stays very strong as she recounts parts of what the child experienced. "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." I am not surprised when, at the end of this session, she tells me she "no longer needs to leave the hurt child behind with the therapist", because she feels how she can comfort and protect it. She recounts how her mother never was there to protect and comfort her. Meanwhile, "her child has fallen asleep leaning against her shoulder". The client tells how exhausting everything has been for the child when she herself (the child and the adult) was never allowed any rest. She always had to stay alert for approaching danger. She leaves the session "holding the sleeping child".

She begins 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 had not returned and her fear disappeared. It felt good to her to give this child—next to her real children—a place in her life. She left for a three-week family vacation that went really well. For the first time in her life, she had "to get used to moments of feeling happy".

Session 10 was an evaluation of the therapeutic process. "Where are we now?" The crucial change after session seven remained stable: the horrible images from the past have not come back. The client found the method to point her attention to her bodily felt sense without being overwhelmed very helpful. However, she still made herself dependent in relationships and she remains afraid of the physical violence of her partner. She says she wants to be able to handle men who dominate her. This announces the next stage of the therapy.

STAGE 3. INTERACTIONAL FEEDBACK; CHANGING MALADAPTIVE INTERPERSONAL PATTERNS

When clients' complaints have mostly to do with problematic relationships, the interpersonal domain becomes a priority. The client's interpersonal attitude is challenged as an entrance to client issues. 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 cue and feedback for the correctness of the interaction. The genuineness of the therapist becomes a stepping stone to change. Genuineness means that I must be aware of my own reactions because they are the diagnostic instruments by 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 which behavior leads to which kind of reaction. I switch to metacommunication and explicitly express what catches me in the interaction. Often, this is a dialogue about the relationship, and there are more self–revealing and confronting interventions from the therapist.

In this way, clients may become aware of their part in the interpersonal difficulties they experience in their lives, including the differentiation and flexibility in style and patterns they use in contact with other people. The metacommunicative feedback and interpersonal interactions with the therapist act as an invitation for the client to develop new ways of communicating and renewing interpersonal relationships.

CASE STUDY

In session 11, I notice the client sits cross–legged, feet off the ground, as she talks about a fight with her hnsband. I experience how easy it would be to push her so that she would fall backward. I offer 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 beaten by him.

In session 13, I give emotional feedback offering the client my unvarnished perception 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 never to show vulnerability and always to act as if everything were under control.

During session 14, the client described how much energy she put into keeping her house in order to avoid criticism. She never criticizes her partner, because she is afraid this will invoke his aggression. Because my house is somewhat messy, I asked the client what she thought when she comes here. At first, she says everything looks fine. But she did not sound very sintere, and I urged 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 learned a lot from this interaction. She realizes that her perfectionism causes a lot of unnecessary problems for her. 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 that I couldn't keep my appointment with the client. My husband contacted the client by telephone to advise 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. She revealed she 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 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 two sessions that we have left. I also think it would be irresponsible to stop the therapy 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 five 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 the inner guide or the bodily felt meaning of existence.

When, finally, the correct symbols and actions to fit the experience are found, clients feel a satisfying sense of rightness, a bodily felt resolution or a *"felt shift"*. It signals that what bodily knowing has implied is carried forward accurately. On the continuum of intensities, there are small, subtle shifts at the low end; 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 vitality, excitement, enthusiasm, new life awakening, and stirring in the body; at other times it is feeling more peace, clarity, "groundedness", and well–being. When what is felt in the body becomes increasingly, accurately symbolised, one is achieving congruence, which seems to bring back the spirit in life.

Eventually, 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 so that inner knowledge may continue to reveal its meanings. With this attitude, the person enters into an inner relationship that can open an extraordinary doorway into the realm of *spiritual* awareness. The inner guide found in 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 that 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 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 completely she has 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 continued working with the image of the trees in which she visualizes herself as the young cutting, ready to grow roots herself. We try to find out what type of soil would be good for her to develop in and what she would need to grow.

We spend an entire session exploring the values that bring direction and sense to her life. Care for her children is sacred. Furthermore, she wants a life in which there is "truth and goodness". These words bring a warm feeling around her heart. Continuing with image of the tree needing good soil for growth, she decides first to clean all poison from the soil of her marriage.

She talks about the many lies in her marriage. She confessed her own betrayal to her husband. She confronted him with truths she has known, but did not dare to bring up because she feared his reaction. She made her choice: she no longer wants to live with a man who cheats on her and beats her. She will go her own way if he will not choose an honest and loving relationship.

She thinks of several positive sides of "being alone". She redefines the problems with her husband as opportunities to grow stronger and discover her real self. She tries to find realistic steps in the process of loosening herself from him. She takes classes that she can combine with a part–time job. She asks if I believe praying for good solutions for her and the children might be helpful. We dialogue on what prayer 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 she is well on her way to a more authentic way of life, and that she lives in more agreement with her values and beliefs. She has made some choices that make her feel she no longer is dust in the wind. She knows the battle with her husband is not over and that she is still vulnerable. We see that in this phase (problem solution) she is more in need of a good lawyer than of a psychotherapist. We plan to end the therapy after two more follow–up sessions.

The client cancels the 24th session (which is the first follow up after a one–month break) by leaving a message on my answering device. I contact the client to ask why she cancelled the session. She judged everything as going fine, and she did not "feel like" going to a session. When we explore

this, she admits wanting to run away from the therapist before the therapist "would never want to see me anymore". She wants to prevent her image of the therapist as a caring person from changing into one of someone who does not care for her. During the interview with the researcher, she says she found it very special that she was not punished for this dishonest action. From this she learned that small incidents are meaningful and worth discussing.

During the last session (the second follow up, after a three–month hiatus), she recounts how her newly acquired freedom is sometimes enriching and sometimes frightening. The conflicts with her ex–husband are unfinished. She has the feeling of having enough fortitude to face her future with openness and hope. Each evening before going to bed, she practices for 10 minutes, creating clearing space to find rest and to feel the contact with some "inner presence".

CONCLUDING REMARKS

Accessing and allowing experiencing may be completely consistent with the way many therapists are already working, or it may represent a shift in attitude and language. Validating the bodily felt sense can be helpful in any stage of therapy because it immediately invokes the actual and deepens the process. Experiential work is not dependent a theory, nor does it depend on whether one uses verbal, body, or interactional techniques (even all of them), but focuses on *how* one uses these (Leijssen, 2004). The process of integration can be natural and fluid if clients are invited to recognize if what they are saying matches what they are experiencing.

The body seems to know more than can be expressed or explained. Gendlin 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" (1981, 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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