COPING WITH FEAR IN SHORT TERM EXPERIENTIAL PSYCHOTHERAPY

Mia Leijssen

INTRODUCTION

My first concern in every therapeutic encounter is the quality of the interpersonal relationship because the interaction between client and therapist is the living space in which the client's healing process can occur. Even the best therapeutic methods are limited by the context of that relationship. This means that I'm fully present and that I attune myself to the client in an empathic and non-judgemental way (Rogers, 1961). I see an authentic encounter as a crucial curative factor in its own right as well as facilitative for other tasks. Gendlin (1981, 1996) developed the intrapsychic task '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. When a client is overwhelmed with fear, it is crucial that the client learns to form a new intrapsychic relationship with the fear, so that traumatic memories can transform. In this article I will demonstrate a way of working with trauma and overwhelming fear that does not necessarily involve going over and over memories and flashbacks, but rather might be a short-term way of working that really frees the person to heal oneself and go forward in a different way in one's life. I will use several vignettes from short term experiential psychotherapy as an illustration of how the Focusing-oriented approach can be established in practice with an anxious and overwhelmed client[1] dealing with difficult life events. Being subject of a case study she indicated in her post-therapy interview with the researcher[2] that the most helpful event of her therapy was paying attention to her bodily felt sense.

The therapeutic effect of Focusing has relied not only on the procedure as such, but also on the relationship. Therefore I will first describe the necessary conditions for establishing a productive working alliance. After having 'set the base' I will go into the details of working with the overwhelming fear and facilitating a healthy intrapsychic relationship.

ESTABLISHING THE NECESSARY WORKING ALLIANCE

During the first encounter with a client I always start by actively trying to build a good working relationship. In order to facilitate a fast developing working relationship, it is important that the client can experience the therapist as competent, caring and empathic. 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 listening empathically to what the client tries to express. The accent lies here on the supporting and exploring relationship as the central instrument to facilitate the client's life narrative. Many clients get 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 limiting, incomplete, disjointed stories. In addressing such difficulties, the therapist guides the process mainly by means of empathic reflections and exploratory questions. Empathy generally suffices to enable the therapist to understand the complex reality of the client and to help the client in constructing a more complete or coherent life narrative during the therapeutic dialogue. At the level of empathic responding the therapist offers a first elementary remedial response:

> "Empathic understanding plays a particularly crucial role in therapy with clients who have suffered empathic failure in childhood to the point that their ability to hold and process experience has been severely compromised. … The ongoing presence of a soothing, empathic person is often essential to the person's ability to stay connected without feeling overwhelmed. ... 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.140, p.130).

To develop and maintain rapport and relatedness and to get the sense of the client's embodied whole, I take time to synchronise with the client's body. The nonverbal communication is complementary to the narrative. The body of the client is speaking, but the client doesn't hear its message. I try to sense what the client is experiencing by observing his/her body language and 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 of 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 emotion, as there are mirroring postures or movements. By means of these interventions I focus the client's attention on 'something' that is already present — but 'something' that the client has not paid full attention to — or something about which the client is not yet away aware. (Leijssen, 2006).

Building a good working relationship also implies offering '*good fathering*', meaning that experiences get named, that structure emerges from chaos, that reality will be faced, and that there is authentic communication. Inadequate fathering — which is always the case with clients who are victims of incest, or when the fatherly role was not rightly embodied by someone in the client's life — leaves the client somehow incapable of using clear verbal expressions to conceptualize what is going on inside and outside, and of setting limits. Further, the therapy can suffer from inadequate fathering when the therapist does not set limits and endlessly gives in to the client's feelings and needs, without stimulating the client to conceptualize the experiencing process. If the therapist waits in a non-directive attitude, clients can lose themselves in rather vague talking, without really coming to the point. A therapist who shrinks away from 'getting down to business' and structuring the therapeutic happening, 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.

> "The structure and limits protect the client. The therapist carries certain responsibilities… 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. Limiting the relationship in breadth, fencing it off on the left and right, defines a central channel between client and therapist in which they can relate more deeply and in a more real way than we usually do in our needful and twisted personal relationships" (Gendlin 1996, p.303).

Life narratives are fundamentally organized within and across *time*. So I make time explicitly part of the therapeutic process and use time therapeutically by making 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 (Jaison, 2002). The working with clear time frames has the function of maintaining awareness of progress and quality of therapy, thus preventing it from falling into endless talking or stagnation. Working with time limits requires realism and being strong enough to deal with disappointment, frustration and even anger in a constructive way. Furthermore it is important to keep in mind that clients often find the early steps of the change process enough for their needs. It is much more often the therapist who finds the result unsatisfying, because the therapist is still painfully aware of the unreclaimed, raw problem areas and the unrealized further possibilities for growth. To respect the limits of time implies that many problems do not have to be solved; however, it does mean that clients have to be able to mobilize enough means to continue with the change process they have started in therapy. In order to build a good working alliance I try to find an agreement with the client on the issues we can work on together in a given time frame and I give some explanation — and even more important: already some experience — of my therapeutic approach.

Case study sessions 1-2

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 non-directive 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 "he pushed her very hard," and she did not "feel 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.

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, and now she is financially dependent on him. 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, during the first session, the narrative construction of her identity comes to life. Her narrative shows that she has already thought and talked a lot about her life, and that the acute problems for which she is seeking help now predominantly belong to the intrapsychic and interpersonal domains. Because her long story takes up the entire first session, we do not get to the point of discussing a working contract. I propose that we look at this 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 making 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 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 that she has with her violent partner will not be solved during these individual therapy sessions. 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 behaviour, her perfectionism, and her strange resilience, I suspect it will be good for her to have a clearly marked space for exploration. I propose to start with a working contract of 10 sessions.

DEVELOPING A HEALTHY INTRAPSYCHIC RELATIONSHIP

The therapist-client relationship is never the therapeutic goal; the intention is rather to have the client develop a relationship with him or her self, and be capable of processing life events, of discovering meaning, and of generating symbols and actions beneficial to both the client and the environment. Experiential therapy is restoring contact with the meaning-feeling body in which existence manifests itself. The vague bodily felt sense, the unformed, the unspeakable can only let itself be known when it is approached in a specific way. Dealing with this inner object of attention requires an attitude of remaining friendly and quietly present with the not- yet-speakable, being receptive to the not-yet-formed (Iberg, 1981). However, 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. This attitude presupposes tolerance for uncertainty, and an ability to give up control. Not knowing exactly what is going to emerge is very 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. While the relational conditions con-

tinue to have a decisive role, specific tasks and procedures can be applied in a different way based on the client's issues.

The experiential approach uses several methods to actualize the experiencing process and to help the client develop a renewed intrapsychic relationship (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, always in the context of providing a safe and supporting interpersonal 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 what 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, it can achieve a felt shift: the experience of real change or bodily resolution of the issue. The inclusion of the simple invitation to pay attention to the body as sensed from the 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 and sense what you are feeling there?" If this bodily source is not too strange for the client, the symbols arrive right from that place, and the therapy will immediately deepen. Once the client is attuned to sensing his or her body from inside, the recognition that situations and affect are carried and reflected in the body can start, and the felt sense process can develop.

In order to teach Focusing systematically, Gendlin described a model which involves six process steps, with many details grouped under each: 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, not for the purpose of teaching Focusing, but in order to establish the working conditions that are optimal for facilitating particular kinds of self-explorations. The various microprocesses require several skills on the part of the client. The difficulties which clients may encounter can be described as follows: 1) the client is unable to find the right distance or a proper relationship with the felt sense; 2) the client remains stuck in one of the components of the felt sense (body sensations, emotions, symbols, life situations) instead of allowing the full felt sense with its four components to emerge; 3) the client is led astray by interfering ways of reacting (inner critic, superego) which prevent the client from fully receiving the felt sense. The therapist will have to intervene differently as a function of the specific difficulties in the client process (for details and illustrations see: Leijssen, 1998; Stinckens, Lietaer & Leijssen, 2002).

So at the start of a therapy session, I have the implicit or explicit question for the client — and for 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 let a bodily felt sense come in relation to their life experience. To facilitate this, it may make sense to begin with the microprocess of '*clearing a space*', in order to openly grant the body the time to reveal what it brings along. Attention is first turned to the body by following one's breathing and noticing what's there in each part of the body. The client asks inside: "How am I right now? What am I bringing along with me at this moment? What comes to my 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. This may be done, for example, by naming it out loud, or by writing some aspect of it down — as one would on a shopping list — without doing the actual shopping yet. The client may thus put into words those issues that preoccupy him or her, and the therapist reflects them briefly.

One can go on with this until one feels sure all worries have been acknowledged and temporarily put down. After all problems have been given a suitable place, clients may experience a feeling of peace, life energy, and being centered. When I guide this process for the client, I find it useful to go briefly through this clearing space step myself: this brings me in touch with the various experiences that live in me during my work. 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 clients. The Clearing A Space microprocess may thus be a form of centering and 'mental hygiene' for the therapist as well. The Focusing step of 'Clearing A Space' is comparable to certain techniques of meditation or mindfulness. Attention is shifted from outside to inside, from speaking to silence, from thinking to experiencing, and the body is given the opportunity to bring to the surface what it (often unwittingly) carries along. Everything that comes up is briefly given attention, but nothing is dealt with. Then everything is put down, the person extricates him or her self from the problems, thus creating room for an influx of positive energy and lightness. This process is in itself a healing one; it creates the experience of a 'new me', untouched by difficulties, but capable of finding a better way of relating to one's problems from its position as observing self.

The phase of 'clearing space' being completed, the client may be invited to choose one issue to work with in the session. Focusing works best when the client can be *with* the feelings, not *in* them. Some distance between oneself and one's problem is needed to make an inner relationship possible. As the therapist, I'm attentive and noticing that the client can stay at the '*right distance*', which means: making contact with the problem without coinciding with it. "In fact, real progress seems to involve maintaining a part of oneself that is apart from the intensity, and supporting that part as one explores the intense emotion" (Iberg 1996, p.24).

Finding and keeping a proper way of relating is an important therapeutic skill which may be applied in different contexts, for example; at the start of a therapy session, during the therapeutic process, in crisis situations. Often the client's difficulties have to do with a wrong distance between him or her self and the experience. Either the distance is too large and the client remains too far from the experience, thus feeling nothing and being out of touch, or else the distance is too small and 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 around from too far to too close. The therapist will intervene differently according to whether the client is too far or too close in relation to the problems (for illustrations see Leijssen, 1998).

In a *too far* process sometimes clients do not know the body as an internal authority; they look for meaning 'outside', such as other authorities (including the therapist), theories or books. They concentrate on intellectual processes and speak from there; they explain and rationalize a lot. Introducing an approach addressed to the body is often a necessary step in bringing such clients in contact with a new source of knowledge: their own inner bodily felt

authority. In order to learn to sense the body from inside it is sometimes sufficient to use a simple invitation such as: "Take your time to feel how you are inside your body... Follow your breathing for a moment, simply breathing in and out, without wanting to change anything to it...What strikes you when your attention scans your body?" 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. Also non-verbal approaches like music, movement, drawing, can be very facilitative in these cases (Leijssen 1992). 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. During deep relaxation there is no felt sense. Relaxation is too deep when the body no longer 'talks back'.

At the other end of the continuum is the *too close* process. Clients can be overwhelmed by too many feelings and sensations. These clients show, verbally or non-verbally, that too much is coming their way or that their experiences are too intense. Markers that the therapist's help is needed in creating more distance are: the client shows aversion for what emerges, or feels anxiety or tension, or feels flooded by something in which one drowns or loses oneself, or else the client may totally identify with the experience. When dealing with a too close way of relating the therapist calls upon the human's natural capacity to 'split', and on the enormous power which may be contained in one's imagination. The therapist encourages the client to distinguish 'parts' in oneself over which one can develop a certain amount of control, or to which one can give special care. There are several ways of helping a client find the right distance. The most usual way of creating distance when the client's way of relating is too close, is to ask the client to assign a place for the problem, outside of oneself. This process of creating distance may be helped along even further at a fantasy level by using various metaphors. Should the problem be very threatening or frightening, it may not be enough to put it at some distance but one may have to put up a 'fence' between it and the client. Thus the client who is overwhelmed by anxiety when trying to speak about her aggressive father, may imagine not only that father is put away in the most remote corner of the therapy room, but also that a 'cage' has been built around him, as is sometimes done in court with dangerous criminals. Or the client may draw something which he or she finds very threatening 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. Thus it would hardly be compassionate towards the client who coincides with wounds received in childhood, to just put these away somewhere in the therapy room. Indeed, the place assigned should be 'outside' while it should also be taking care of that part of the client. Thus one may ask: "Could you take that wounded child on your knee", thus introducing distance while still respecting the sensitivity of the issue.

In brief, the request to put away at some distance what is too close can never be stereotyped. It will always imply a search — in interaction with the client's reaction — for a form adapted to the client's needs, while firmly and inventively promoting a distance between the client and the problem. Whichever way one chooses to create a distance, in no event is creating a distance the same as 'putting the problem away', 'forgetting it' 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, whereby the client

gets space to look at problems instead of coinciding with them and whereby the energy and healing power of the observing self becomes free to face the problems and get a hold of the situation.

Case study sessions 3-10

In this therapy, from session 3 on, at the start of each session attention is paid to: "What is calling for attention right now?" and "What do we select from all that to work on?" For this client, the all-consuming fear, caused by her traumatic past and the aggression of her current partner, is always at the surface during the first phase of the therapy. That is why we mostly start by Clearing A Space, so we can look at the problem from a safe distance.

We work with the image of the "hurt child" who has been through a lot, but does not dare to talk about it. Because this hurt child often stops functioning and 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 beginning to feel better as a result of this idea and notices during the following week that she is not so much thrown off her balance while fighting with her aggressive partner.

In the sixth session she feels "a lot of tears" during the Focusing exercise, even though she does not cry. When I ask her what she needs most now, she answers, "To get rid of the scary 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 lose. She describes two frightening images. I can feel how these terrible experiences would be unbearable for a child, as they would also be for most adults. Almost unnoticeably to her, I guide her to attend to the images as though they are in a film she is watching with me, and from a safe distance; this is instead of allowing her to identify with the abused child and to drown in the traumatic experience. The only thing I do, is carefully observe her expressions and verbally communicate my strong presence. During her narrative of these past traumas, I am witnessing as the therapist, how the little girl was being abused and experienced unbearable fear and pain. I feel her strong appeal to me for consolation. But from my felt sense I also feel it would not be right to touch her right now. At that moment, I do not know exactly why I feel this way. Later, however, I become aware of my understanding that if I were to meet her need for consolation with my physical presence, I would make her too dependent on me as a person, and I would also be taking something from her. 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". It touches me that she says the child wants to feel consolation! Above all the child wants to recount a lot more without being responsible for others. She needs acknowledgement of the sadness she was never allowed to express. Again I only allow myself to give her warm verbal support reflecting my openness to what she has to tell.

In the next session she says she has 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 says 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 alongside me. Doing that immediately gives her a warm feeling and she says: "the film shrivels up". She now describes how the child in her lap has endless fear, pain, and sadness, and how 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."

Seeing and hearing her say this makes me realize that this self-comforting is much more powerful than anything my physical touch could have offered in this therapy session. It does not surprise me when at the end of the session she says she "no longer needs to leave the hurt child behind with the therapist", because she is now aware of how she can comfort and protect it. Related to this, she recounts how her mother was never there to protect and comfort her. This makes her sigh, because it is a relief to be able to express these forbidden feelings about her deceased mother. I think I can say that the interactional message is that she does have a place here that offers enough support, safety and protection, to let the horrible things from the past come to the surface, without allowing them have bad consequences for her — and the people around 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 to rest; she always had to stay alert for approaching danger. She leaves the session "holding the sleeping child".

She starts session eight by recounting that 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 — alongside her real children — a place in her life.

Returning after a vacation of 3 weeks, she recounts in session nine how glad she is that the family vacation went really well. For the first time in her life, she sees that she has "to get used to moments of feeling happy".

Session 10 is a previously-arranged evaluation of the therapeutic process. "Where are we now?" The crucial change in the client after session 7 has remained 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. Later, in the follow-up session when she is being interviewed by the researcher, she points to session 6 and 7 as the crucial phase in which she learned "once and for all to point my attention to what my body has to say, and that I experience that as very helpful and making me stronger".

CONCLUDING REMARKS

This way of working with a client with childhood trauma can be applied in other healing contexts. The model can also be very helpful to people who are experiencing other kinds of trauma, like recent witnessing of war crimes, or environmental trauma, or current oppression from hostile governments, etc. Having these kinds of problems, clients often encouter one of two intrapsychic difficulties: either they are *too close* to the problem, thus

being overwhelmed by fear, sadness, agression…, or they are *too distant* from the problem, usually by intellectualizing about it, or by becoming apathetic, or by developing physical symptoms that they can no longer link to a deeper meaning. *Too close/too distant* processes are the client's dimensions cutting across diagnostic categories of disorders (Gendlin, 1996). In this article I described clearing a space and finding the right distance, as remedies for clients that either fuse with overwhelming experiences or else feel nothing. These clients also usually need a therapeutic interaction in order to learn the necessary skills to make positive changes in their lives. The therapist interacts with the client in an attitude of acceptance and empathy. Gradually, in this corrective therapeutic milieu, the client learns to adopt a Focusing Attitude by interacting with the bodily felt experience (the client's inside) in a friendly and listening way. The therapist models the Focusing Attitude, honouring and trusting the wisdom that speaks through the client's body, stimulating the client to find the right symbolizations in which the bodily experience can move further into meaning. Finally, clients can practice Focusing on their own and become more and more their 'own therapist' by using this vital technique of self-exploration and self-discovery (Weiser Cornell, 1996).

Focusing-oriented work can complement each other method, because experiential understanding is more powerful and effective in achieving therapeutic results than working only on 'gut feelings' or 'intellectualizing'. Steps of actual change are to be found neither in mere emotional intensity nor in mere verbal discussion. 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. This results in an increased awareness of self and an enhanced experiential understanding of the constellation of cognitive patterns and disorders that relate to particular problems. Adding Focusing suggestions may be totally consistent with the way many therapists are already working, or it may represent somewhat of a shift in attitude and language. The method is not dependent on which theory one chooses, nor on whether one uses verbal, body, imagery or interactional techniques, or even all of them, but on *how* one uses these (Leijssen, 2004).

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, and it may provide the vital force needed to devote oneself with increased dedication to one's fellow human beings. "The felt sense is implicitly contextual. It takes other people and the environment into account. It leads to larger and larger wholes." (Hinterkopf, 2005, p. 219). When a person starts from an inner centre, reaching out to others becomes more meaningful. Thanks to this inner anchorage others are no longer needed for security and to reduce fear, thus room becomes available for more healthy interpersonal relationships.

REFERENCES

Elliott, R, Watson, J.C., Goldman, R.N. & Greenberg, L.S. (2004). *Learning emotion-focused therapy. The process-experiential approach to change.* Washington, D.C.: American Psychological Association.

Gendlin, E. T. (1981). *Focusing* (Rev. ed.). New York: Bantam Books.

Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method.* New York: Guilford Press.

Hinterkopf, E. (2005). The experiential focusing approach. In Sperry & Shafranske (Eds.) *Spiritually Oriented Psychotherapy*. (pp. 207-233). Washington, DC: American Psychological Association.

Iberg, J. R. (1981). Focusing. In R. J. Corsini, *Handbook of innovative psychotherapies* (pp. 344-361). New York: Wiley.

Iberg, J. R. (1996). Finding the body's next step: ingredients and hindrances. *The Folio: A Journal for Focusing and Experiential Therapy.* 15 (1), 13-42.

Jaison, B. (2002). *Integrating Experiential and Brief Therapy. How to do Deep Therapy Briefly and How to do Brief Therapy Deeply. A Tool-Book for Therapists and Counsellors.* Toronto: Focusing For Creative Living.

Leijssen, M. (1992). Experiential focusing through drawing. *The Focusing Folio*, 11(2), 3540.

Leijssen, M. (1998). Focusing processes. In L.S. Greenberg, G. Lietaer, & J. Watson (Eds.), *Handbook of* e*xperiential psychotherapy* (pp.121-154). New York: Guilford.

Leijssen, M. (2004). Focusing-oriented dream work. In R. I. Rosner, W. J. Lyddon, & A. Freeman (Eds.), *Cognitive therapy and dreams* (pp. 137-160). New York: Springer Publishing Company.

Leijssen, M. (2006). Validation of the body in psychotherapy. *Journal of Humanistic Psychology.* 46, 2, 126-146.

Stinckens, N., Lietaer, G. & Leijssen, M. (2002). The inner critic on the move: Analysis of the change process in a case of short-term client-centred/experiential therapy. *Counselling and Psychotherapy Research, 2*(1), 40-54.

Rogers, C. R. (1961). *On becoming a person.* Boston: Houghton Mifflin.

Schnellbacher, J. (2005). *De echtheid van de therapeut in de communicatie met de cliënt. Een empirisch onderzoek.* Niet-gepubliceerde licentiaatsverhandeling, Katholieke Universteit Leuven.

Warner, M.S. (1996). How does Empathy Cure ? : A theoretical Consideration of Empathy, Processing and Personal Narrative. In R. Hutterer, G. Pawlowsky, P.F. Schmid & R. Stipsits (Eds.), *Client-Centered and Experiential Psychotherapy: A Paradigm in Motion* (pp.127-144). Wien:.Peter Lang.

Weiser Cornell, A. (1996). *The power of focusing*. Oakland. New Harbinger Publications.

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.

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