

## **Notes for Weekend 2, Year 1.**

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### **Introduction to integrative counselling psychotherapy: constructs and methods of listening**

Integrative psychotherapy has evolved from different traditions of medicine, science and therapy beginning with Freud and is used today in many different contexts and for different applications. The modality of integrative psychotherapy includes theoretical frameworks drawn from many of these traditions and the integrative therapist may use any of these at any one time

The term 'integrative' has a number of meanings. It can refer to the integration of the personality – meaning the recovering and bringing together of various parts of the psyche which may have become lost, disowned or unresolved which remain hidden in the personality, and that restrict the growth and well-being of an individual. It can also refer to the integration of theory from the different psychotherapeutic modalities: psychodynamic, client-centred, behaviourist, family, Gestalt, neo-Reichian, object relations, psychoanalytic, self psychology and transactional analysis ( Erskine, 2015). It also refers to the integration of experience and theoretical frameworks within the individual therapist.

For the purposes of this weekend, I shall draw on Erskine's model of integrative counselling and psychotherapy, but throughout the course you will come across other models, and eventually elaborate a model for yourself. Erskine identifies five dimensions of inquiry within the integrative framework: affective, cognitive, behavioural, physiological and relational system. Each of these areas of functioning are interrelated, but any or all of these areas may be blocked or restricted to a greater or lesser extent in the early development of an individual – through a rupture in the early relational field. This rupture occurs when the needs of the child are not met. If this need is not naturally met, then there is an artificial closure of the organism. Once this happens, then physiological survival mechanisms accompanied by certain 'fixed views' of how the world is, develop. This happens through a denial of the affect, habitual behaviour patterns, neurological inhibitions and the development of a set of beliefs that limit behaviour and sets up defences in relationship. It is these that are the focus of inquiry in integrative psychotherapy. Active listening means bringing awareness to any of these different areas at any one time, and following a particular line of inquiry.

These different lines of inquiry are deeply interconnected, and can be considered to be separate 'ways' in of understanding where the individual has become blocked in the past. Each of the different psychotherapeutic modalities may focus on one or other of these areas, and each may use different methods of inquiry and different constructs to aid in the counselling process. Cognitive approaches focus on the 'why' question and attempt to find 'why' a particular individual

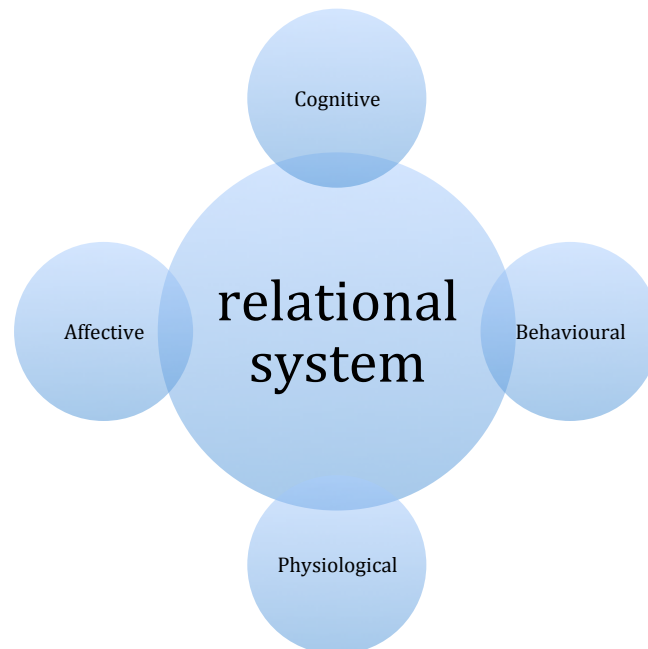
behaves in a particular way, with the assumption that an intellectual understanding is sufficient for these more destructive patterns to dissolve. Behavioural therapists focus on the behaviours and attempts to identify and reinforce positive behaviours.

Affective therapy concentrates on the 'feeling' of the client and a frequent question here will be 'how' is the client feeling. The understanding here is that the client is out of contact with their feelings, and the therapy is directing to helping reconnect with that through the therapeutic process.

Finally, a more recent approach understands that the rupture in relationship can lead to physiological dysfunction that impacts on the affective, cognitive, and behavioural system, which in turn builds in further dysfunction in the body ( for a description of the neuroscientific and physiological effects of this early rupture, see Rees, 2015).

Erskine draws this up as a model called the 'self-in-relationship' system. The individual acts within the relationship system, and is both affected by, and affects that system. Integrative psychotherapy concentrates at any one time on any of these dimensions, and inquires into whether or how each of these different dimensions is open to contact, or closed, and seeks to integrate aspects that may have shut down or disappeared in different ways.

Figure 1: The self-in-relationship system according to Erskine ( 2015)



## **CENTRAL CONSTRUCTS ACCORDING TO ERSKINE (2015)**

### **1 Contact in relationship**

Basic to integrative psychotherapy is an understanding that most problems are caused by an early, and often chronic, rupture in relationship. This understanding has arisen from much of the work on the early development of the human being, which track through developmental stages how this rupture leads to constriction in either the affective, cognitive, behavioural and physiological dimensions of the personality. Thus the therapeutic work consists of repairing this rupture, and building up a new foundation to recover lost parts of the ego structure – this theoretical understanding has implications for the methods used in recovering or regaining these lost parts.

This will be true for clients wishing to work with current material where these old patterns will be hampering growth and development. It is also true where someone is presenting with traumatic symptoms, as the effect of the current trauma may trigger older patterns and become coupled with them.

### **2 Ego states and transference**

Berne's original concept of ego states provides an overarching construct that unifies many theoretical ideas (Erskine, 2015), and which appears in various different formulations in the different therapeutic traditions.

He divided the ego into three parts – the Child ego, the Parent Ego, and the Adult ego. Child ego states are archaic aspects of the ego that are fixed at early development stages, when a rupture has taken place as a result of needs not being met. When the Child ego takes over, then the person sees the world from the perspective of how they were at an early developmental stage, with the same thought processes, feelings and behaviours of this stage.

The Parent ego states are the manifestations of the introjections of the actual caretakers of the child. Through disavowal, denial or repression, the child internalises the parent with whom there is conflict or abandonment. This is a defence mechanism in which the conflict is experienced internally so that the child can maintain the illusion that the care-giver is safe and will meet the needs of the child. This comes with a subsequent loss of self. These can be introjected at any time, and if not assimilated, or not integrated remain as an alien part of the personality, experienced as if they were one's own, and which may act on the Child part of the ego. This could lead, for example to self-punishment, or negative self-view.

The Adult ego consists of current balanced emotional, cognitive and behavioural states that are available for authentic relationship. The Adult ego integrates and can reflect upon current experience and also in therapy or meditation can integrate the lost parts of the ego, through such practices as inner child work.

Such a theory can be understood within object relations theories of attachment, regression and internalised object, with psychoanalytic self psychology concept

of selfobject function and the Gestalt concept of defensive interruptions to contact.

This also accounts for the phenomena of transference, first identified by Freud. In a therapeutic situation, the client will often transfer their fixed feelings onto the therapist, behaving towards her as if they were a parent. In this case the client has regressed to Child ego. Or they may judge or criticise the therapist, which could be sign of the client moving in the Parent state. The point of inquiry in the therapy at this time will be to explore and understand the nature of this state, what was happening at the time, and find ways of recognising, acknowledging, witnessing and thereby integrating the experience into the Adult ego.

### **3 Life scripts**

The concept of life scripts can be a unifying construct for many modalities. The term refers to the expectations and reactions that define our world, and who we are. This becomes imprinted in the body tissues and biochemical processes – and emotionally and cognitively in beliefs attitudes and values. These form the blueprint for our lives (Erskine 2015). This pattern has been recognised in the different modalities – and can be known as life script ( Perls), life style (Adler), schemata (Arlow), self system , complexes ( Jung) or volitional tendencies( Sills).

According to Erskine, these can be divided into three components:

*1 Script beliefs* – these are beliefs about the self, about others, and about the quality of life. They are maintained in order to avoid meeting the situation in which needs were not met, and to provide a predictive model of how the universe is, and thus provide safety. It does provide homeostasis and internal psychological balance, but may well be destructive later in life.

*2 Script manifestation* – when under stress or when current needs are not met, then behaviours will arise that verify the script beliefs. This will include behaviours that are direct displays of underlying beliefs – such as ‘I always do things wrong’ – manifesting as a statement ‘I can’t do that’ or he may work overly hard to excel to defy a belief that ‘I am incompetent’ and in so doing ruin his health. Physiological symptoms may well accompany these behaviours – such as tense solar plexus, headaches – all of which are very useful areas of inquiry.

*3 Reinforcing experiences* – paradoxically, script displays tend to result in a reinforcing experience, which ‘proves’ that the perspective of the script is correct. Thus ‘stories’ are repeated of events that have resulted in reinforcing those beliefs. The script is an egocentric way of behaving that is not able to negotiate relationship– individuals have to deny that there are any choices – this is the ‘only’ way they could behave.

This is a reinforcing loop of script beliefs/displays and reinforcing experiences , leaving a person apparently without any choice.

### **INTENT OF THERAPY**

With these understandings as a basic framework we can begin to explore a little more deeply into the intent in the therapeutic inquiry, and the best method of achieving it.

The basic intent of integrative counselling psychotherapy is not simply to allow functioning in the present, to provide temporary relief, but is intended to somehow alter and transform the life script and break the recycling loop. Looking back to the four functions that we outlined above – any of these dimensions, affective, behavioural, cognitive and physiological may provide entry points, for breaking this cycle. However, in integrative work, we will be working on all four dimensions, or levels at any one time. The cognitive element will be a relationship of adult ego to therapist, and will include such elements as contracting change, planning strategies, exploring patterns and insights, and consolidation work. Behavioural work may also include the cognitive as it aims to change the reinforcing behaviours, and finding ways of managing affect in order to do so. Affective work can move from the present to the past, and involve the archaic patterns. Clients may well move back to these very early states, which will give insights into how and why the defensive structures have arisen in the first place. The fourth dimension is that of the physical, and the therapist can work with the actual body structure – the sensations or tensions in the body in which the archaic patterns are stored. This will include working with the breath, with energetic patterns, and inviting mobilisation of old emotions.

The intent of the therapy is to facilitate and support the Adult ego in surfacing, witnessing and integrating or releasing the old life scripts through building a relationship of trust with the client safe enough for the client to let go of these patterns.

### **The evolution of the integrative model from core concepts in psychodynamic and person-centred approaches**

Carl Rogers is considered one of the founders of person- or client-centred therapy, which arose in the 1950s in contrast to psychoanalytic and psychodynamic approaches. The former considered the relationship between client and therapist to be of the greatest importance, whilst the latter has a more neutral approach of therapist to client, and focusing on the transference patterns in the relationship.

In person-centred approaches, the focus lies on what is arising between the client and therapist as a means of building relationship and trust, rather than on inquiring into the nature of the transference directly as a developmental issue. In person-centred approaches, the therapist is providing a different model of 'holding' that focuses primarily on building trust so that the client feels safe to understand that the therapist will stay in contact, and not repeat the rupture of the earlier relationship.

Thus in the psychodynamic and psychoanalytic approaches the therapist stance is neutral and transference and counter-transference are used to increase the therapist's

understanding of the client; while the purpose of person and client-centred approaches is to offer the client the chance to make use of the experience of the therapist if it is useful and meaningful. This crucial difference is in emphasis and the locus of power. In person-centred approaches, it is far more important that the client learns to understand themselves, rather than the therapist understanding the client. The therapist's job is to facilitate self-awareness for the client.

However, this does not mean that transference, projection and counter-transference are not important in client or person-centred approaches. The client-centred approach requires the therapist not to present himself as a white screen, but – apart from, and in addition to, his empathic interventions – to deal in a transparent way, at the right moment, with what lives in the interaction between the two of them, and hereby to express his version of the interaction. In order to perform this interactional work properly, a therapist should pay special attention to what happens between him and his client, to the relationship aspect of the communication; and he should keep in touch with what the client 'does to him'. In Yalom's words, the here-and-now feeling of the experienced therapist is of the same use as a microscope is to the microbiologist (1975, p. 490). In client-centred approaches use of the transference is a sub-process which may be an important part of the therapy.

In articulating his approach, Rogers identified three basic core conditions required from the therapist: congruence, empathy and unconditional positive acceptance.

We will explore one of these facets here.

### **Empathy**

Empathy is very different from sympathy and will find its expression differently for different people. At its base, this deep empathy is 'listening with the third ear' in which the therapist is able to connect with their own deeper feeling, and using imagination to imagine what one would feel in a similar situation. This can be a bodily resonance, an emotional response, and this may in itself become a focus of inquiry.

It is not a process of 'merging' – of feeling sorry for client, so it requires the therapist to be congruent. This means a deep level of self-awareness that can hold the suffering of the client. Thus the types of questions that will be held by therapist are:

- How much of this suffering am I prepared to be with?
- What is out of my awareness?

In order to achieve this therapists will need to ask some tough questions of themselves:

How can I have empathy for myself?

How can I raise the courage to meet my most uncomfortable feelings authentically and sustainably?

Can I continually generate the positive intention towards my role in the therapeutic relationship, despite the doubts I have that I am of no use?

Can I be honest with myself about how I feel?

Can I humbly accept the cold reality that I am simply out of my depth?

The second aspect of this in terms of therapy will then be how to express this in a way that will facilitate and not overwhelm the client. So how one manages to communicate that you know what the client is feeling without being overwhelmed oneself is an important skill. This may be done in explicit or implicit ways. If a client understands that you are able to be with them in their suffering, then a level of trust begins to develop, since the levels of suffering have arisen and been maintained through an initial rupture, and sense of isolation, which is the characteristic of early and chronic trauma. Not to be congruent at this moment of time, will be perceived as a real act of betrayal and runs the risk of re-traumatising the client.

If the therapist feels out of his depth, then it will require a depth of congruence to find a way of authentically being with this, and yet not abandoning the client. In order to maintain congruence, then the therapist will need to be able to 'own' what is happening. The therapist will need to find a way of indicating that he is the source of the experience and try to communicate the feeling rather than any evaluative statement about client. This is to avoid suggesting that the client is somehow to blame for what is arising in the moment. It is then important that this is consciously worked into what happens in the next moment – thus will require tuning into the client's experiential track and continuing from there. This means that any revelation is constructive, and in clear line with the intent of the session. It is not acting out but can be called 'conscious spontaneity'.

Some of the ways in which this may be addressed are as follows:

- I am asking the question because
- I wonder if...
- This is just a hypothesis but...
- This may seem a strange thing to say...
- Can you stay with those feelings?...
- Would you be happy to try this?
- There seems to be an energy present – can you feel it?

### **Beyond empathy: attunement**

Attunement can be said to be the active movement of empathy. Empathy is about understanding the client by finding something akin to the client's responses within oneself. Attunement involves using both conscious and out-of-awareness synchronising of client and therapist process. It is more than simply feeling what the client feels – it is about recognising what the client is feeling, and moving cognitively, affectively and physically to complement that experience in a contact-enhancing way. It can be said to be a process of communion and unity of interpersonal contact – it starts with empathy, and with communicating that sensitivity to that person – but is a kinaesthetic and emotional sensing of the other – knowing the rhythm and affect – and creating a reciprocal affect and resonating response. This is leading by following – they direct attention to what client knows but perhaps has not yet realised.

This can also be said to a process of 'dual awareness' – awareness of client process, and also of your own process, and switching between the two. It is an invitation to go on a journey together.

Attunement involves curiosity, reflection, and respect

Affective attunement means entering the client's internal world, and meeting the affect in the place in which it is experienced. It can be broken down into three parts:

- recognition of the client's affect
- an internal reaction to the client's affect
- a communication of that to the client – whether by words, displaying her own response, or simply by sitting silently.

There is a balance to be struck between attuning with the emotion, and listening to the content of the client's story – if the balance is missed then the affect can easily go to ground – and the therapist runs the risk of losing the client's trust – as most defences will ensure that the person defends against their feelings. To elicit affect, and not meet the affect appropriately, can result in the client shutting down as they would have done as a child.

Each general class of affect calls for a particular type of response – sadness usually meets with compassion – not sentiment. Anger requires being taken seriously and therapist must allow herself to be impacted by the anger. If there is fear, then a protective response is appropriate – and this means finding the most appropriate response to this. And finally joy needs for the therapist also to resonate with that joy – and the dangers of missing this mean that an opportunity will have been missed to rejoice in the client's well-being – something that may well have been missed in earlier years. The consequences of missing it in the therapy session could mean that this affect goes back into the unconscious once again.

Cognitive attunement means really borrowing how the client learns to make meaning – it means tuning into how a person makes sense of their world – the inner landscape of their minds – it means paying attention to how the effect of their thoughts affects the emotions and vice versa – following the dual arising of emotion and thought. We need to begin to understand how the client views the world, her perceptions – find out what it feels like to respond in certain ways – to see how her thoughts open, or shut down the world in which she lives, and how this affects her behaviour, and how she responds to arising affect. What is not helpful is to try and find solutions to problems, though it may be possible to help the client expand their own boundaries of experience by consolidating a session cognitively.

Questions such as:

'Could you consider this?'

Or

'Would it be possible if...'



Or

“I have a hypothesis that ...

Development attunement is crucial in therapy if we are to meet the situation appropriately – sometimes a client may be overwhelmed by emotions that are archaic ego states – or which have been triggered by something in the present. Sometimes a regression may be spontaneous, and if there is an overwhelm then attunement here would be to help the client self-regulate using various trauma techniques, but if the client can still ‘bear witness’ to what is happening then some very useful work can be carried out.

Questions such as:

How old are you now?

What does this remind you of?

Where are you now?

can often elicit the client’s remembering memories that have been long buried.

If they are in a young place, then finding the appropriate response is critical. Often, the client may revert to a very early pre-verbal space, so are unable even to articulate it – so attunement here could mean speaking very gently, or soothing, or letting the client know they are ok – most importantly not abandoning the client in whatever place they may have gone too. The therapist may talk to the client as if they were 6, thus providing an alternative set of images/memories that the client can begin to internalise. Often the offer of a blanket, or some type of physical contact ( if one is trained in body psychotherapy) is an appropriate response. Or the therapist may need to resonate with playfulness, or encourage and invite the regressed young child into the room. There may be a real need to meet and be with the client’s anger from this space – as it may be the first time they have contacted this affect for themselves.

Finally, rhythmic, or energetic attunement is also vital. It is critical that the therapist follow the client in their own process. Is the process of the client fast, jumping from idea to idea, from image to image, from story to story – or are there just long pauses – is this to collect thoughts, or has the client ‘disappeared’. The therapist needs to know their own patterns – is the therapist working too fast? Are the interventions directing and somehow shutting down the client. Timing here is of the essence – questions such as

Are you still here?

Or ‘Where have you gone?’

Or ‘Are you aware that I am here?’

may help ensure that the client has not dissociated, or is an invitation to move into what could be a violent, isolated and frightening place.

It takes time to help put into words, the wordless, and this may be in the form of an image, sound, movement – but what the therapist is trying to do is help process whatever forgotten memory has entered the therapeutic space. This is usually very fragile, and so requires the most delicate of approaches, as it may be the first time in decades that this has been invited to be present. Each client differs in the time they take to ‘warm up’ and come into connection. Here silence can be of the utmost importance, as it takes time for the client’s body to adjust to, and take in new information.

Attunement is really about following the process of the client as closely as possible, and letting the client know that you are willing to accompany them, and go into the spaces that have been hidden either from the client. I consider this like offering up a light into the dark areas, and gently finding your way through the client’s defences – it takes time, conscious effort and self-awareness.

### **Beyond core conditions: presence**

Just as Rogers articulated new elements in the therapy relationship, so these ideas have been expanded as therapy has evolved over time. One of the most important of these is the idea of ‘presence’ much of which has come from mindfulness and transcendental modalities – though the experience and practice is universal to all traditions. So, according to Rogers: ‘When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present (Rogers, 1980, p.129).

Geller and Greenberg (2001) propose that ‘presence’ is a faculty that presupposes the core conditions of congruence, empathy and unconditional positive acceptance:

‘The self of the therapist is brought to the encounter with the client with a willingness to experience all that the encounter entails. She is receptive and sensitive to the fullness of the client’s experience. This direct and immediate encounter with the depth of the client’s experience and with a deep trust that what is emerging is important and helpful in the process, is the very essence of therapeutic presence. It is the sensitivity to the moment and grounding in oneself that allows the therapist to know how to be with the other in the therapeutic encounter — when to be transparent with experience or when to purely resonate with the client’s pain.

Therapeutic presence is an essential precondition for congruence, particularly to allow the type of receptivity and intimacy with the moment that will promote a true meeting of client and therapist and the healing that occurs through this type of meeting. Therapeutic presence is also a larger experience that contains congruence and allows it to be more completely facilitative and genuine.’ (Geller and Greenberg, 2001, p. 165)

The qualities of presence then can be said to precede and be a ground for the emergence of congruence and empathy. Notably, ‘presence’ has perhaps been emerged from more spiritual traditions which require a degree of ‘submission’ to what is happening – a willingness to be receptive and open to the mystery of deeper knowing. It marks perhaps the emergence of what we might call the ‘transpersonal’ within the therapeutic encounter. Alongside this, different therapeutic modalities may use this understanding as a greater context for exploration including mindfulness-based therapies such as core process, or explicitly transpersonal therapies such as psychosynthesis. The ways of achieving presence will differ from one to the other, depending on context and origin, but there are pathways that can foster this. For example, in Mindfulness-based Core Process psychotherapy, body awareness and meditation practices are integral to the training.

### **Developing presence in the therapy session as a prelude to attunement**

Presence allows us to be receptive the client’s story in a unified and spacious manner. We need to be able both to appreciate the client’s suffering, and also their inherent health. However, our own ability to be present is also clouded, by our conditioning, and by the constructs of our own personality. Presence has soft quality to it, yet also a fire, a clarity. In our culture, we are not encouraged to have this soft presence, but are taught to divide, to reduce experience to parts, and narrow our perceptions and our outlook.

The first step in learning to become more present is to become aware of ourselves, to begin to learn how we come into and out of relationship. The perception of a sense of self must be rooted in the body and its sensations, and a lot of our work is just about learning about this. We learn this in individual meditation, and through working in groups. We notice what happens when we become in contact with other people energetically, psychically or physically.

Using the natural motion of the breath to settle and ground

#### ***Exercise 1***

*Sitting comfortably, let the breath move through the body. How far can the breath extend? What happens to the different sensations in the body.*

*Look at the quality of the breath. Is it easier to inhale or exhale? Are there areas of the body which do not receive this breath?*

*Now follow the breath in, and notice the sensations in the body. Are there areas of pain or distress? Are there any emotional tones or feelings?*

*After following the awareness of sensation, let that go. See if you can simply sit with yourself, noticing anything that arises. You may notice feeling tones, thoughts, images, sounds etc. Can you have an open relationship to them? Can you notice what arises, and let it pass away ?*

*Now extend your attention to include your body and the field around it. Soften your attention and see if your mind settles into a simple space of listening. What do you notice? Does your mind still?*

This increases the potential for inner awareness and space as part of your life.

### **The relational field , silence and resonance in the therapy session**

The therapy ritual is one of connection and mirroring. It is through relationship that we learn who we are. The therapy relationship provides a spacious mirror of how the client 'does' him or herself in relationship, and, if we are allowed to drop below the surface of conditioned thoughts and processes, then we can contact the core of our being that may have become lost through trauma or shaming processes. The more present we can be both to ourselves, our arising process, the more we can 'hold' the suffering of our clients, and help them learn to be with their own difficulties. If the therapist can deepen into listening that is not judgemental, interpretative or defended in any other way, then a process of resonance occurs – perhaps a deep vibration as both client and therapist enter more deeply into the present of now – where time and future, which pulls away from the present fails to take up so much importance.

The therapist needs to learn to listen without fear or judgement to what is being said, and at the heart of this is the ability to be still – and within this stillness is a felt sense of interconnectedness, and communication takes place on many different levels.

This is a state of presence and unified perceptual field which allows resonance both with the inner core of a person and the conditions presented from the client's process, however difficult these may be. Suffering is allowed to enter the field, as will the unique personality, defensive needs, patterns of experience, disturbance and distress of that particular person. Within the resonance arise compassion, deep mutuality, and clarity.

Working with clients is about establishing a relational field that contains these levels of trust. As the relationship becomes established, something in the client's mind-body system settles, and processes slow down or become more settled. Depending on the client, this can take a few sessions, weeks, or even months. A deeper sense of interconnection is established, and the personal and the universal begin to arise in the therapy room. The mind-body system of the client seems to let go of something – of the usual ways of holding themselves. It is in the field of stillness, or balance sensed, that something happens, an emotion gets expressed, and spaciousness and clarity begin to enter the field.

This is not a linear process, more that of a spiral. Any early interpretations, judgements interventions, mental constructs will simply get in the way of the innate progress

## **Exercise 2 : First fulcrum: establishing an inner stillness**

*First establish presence by moving into an inner stillness ( follow instruction above) Sense into the body space with the breath. Now see what takes you away from the breath. Gently acknowledge this, and return to the breath. Now see if you can bring equal attention to the breath, and on what takes you away from the breath. Now notice the coming back to your breath, and the being taken away from the breath. You may notice thoughts, or images, or sensation, or external inputs such as sounds. Notice them, and then notice your intention to return to the breath. Then let your attention float between the two poles. See if you can find a state of balance between the two.*

*This is a state of balance between the coming and going of your attention, and intention. Allow your mind to float between these two until it naturally enters stillness. This will be a still centre within your sense of self. Your mind will settle into a state of balance between coming and going. This is an important therapeutic skill.*

## **Exercise 3: establishing connection with earth**

*Second fulcrum: establishing a midline and earth fulcrum*

*1 Place your attention inwardly within your body. See if you can imagine, or even better sense, a quality of an internal midline that descends from the top of your head to the centre of your pelvic floor. Rotate and rock your body gently to see if you can sense a relationship to this sensed midline. Once you have a felt sense of it, or an imagined sense, extend this midline into the earth. Allow your visualisation to extend as deeply into the earth as you feel appropriate. This point in the earth will be one of the fulcrums you are establishing. Sense how far this needs to go for you to feel grounded.*

*2 In this you are establishing your relationship to the earth as you work and relate to the client. After you establish this fulcrum, experiment with it. Lean forward and backward. As you lean forward, your midline axis shifts and your earth fulcrum will move with it. As you lean backwards, it will move backwards. This is a shifting point of reference, not a fixed rigid place.*

*You can also extend this to the sky, so that you have a centering fulcrum that grounds you to the earth, and orients you to the space above you.*

*Sensing both fulcrums*

*Spend some time visualising both these fulcrums. As you listen to the story, notice how you may lose a sense of the relationship to the field and boundaries. You also lose these fulcrums. These reference points can re-establish the sense of groundedness and the sense of space in relationship to the client's process. This may help maintain a sense of the boundary and space between you and the client. This is of critical importance in a profession where the relationship between client and therapist is so intimate and the boundaries are so subtle.*

## **Exercise 4: Establishing contact with client**

### *Step 1*

*Checking in. The first step is to make contact with and appreciate your own inner state. You need to find your way into the feeling tones in your own body space. Follow the breath into the body, right into the belly. Or alternatively, breathe in through your feet, as though they were nostrils. Is there anything that is holding me back from connection here? Is there anything between me and the client. What do you need to acknowledge? Can you hold this space?*

### *Step 2 Moving towards and negotiating contact and attention*

*Now you can move your attention towards the client. This must be a negotiated process. It is about establishing a conscious relational field. Slowing down is important. Generate your own intention to orient towards the client. Verbally let them know that you are doing this. Let your attention move gently, and try to sense your client's energetic boundaries. Practise moving your attention towards and away from the client. Try to keep as wide a perceptual field as possible. Do they sense that your attention is too close, or too distant? Negotiate a sense of distance that feels right for both of you. There may be a sense of meeting and contact within your perceptual field. You can play with this.*

### *Step 3 Establishing a field of listening.*

*The challenge here is not to narrow your perceptual field down as you listen to the client's story. Try and create a space which provides a context for communication, listening with all your senses, allow the information to come in and wash over you*

These boundaries establish your physical and psychic relationship to the client. They are very practical. Some therapists may concentrate too hard on what they are hearing, and thus are intrusive, and interfere with the client's process, and the information and communications channels will not be clear. Clients may withdraw from the relationship by psychically or energetically shutting you out. This is a subtle process, you may sense you are in deep relationship to the client, when you are really invading the boundaries. If you lose yourself in the client's story, you may feel mentally foggy and unclear, and will have lost your sense of presence.

Active listening, then is multi-levelled – at any time, you will be making choices as to what to pay attention to, and the appropriate way to pay attention to it. At deeper levels, it is the most natural process in the world – it is what we have lost, not what we need to learn! Learning to trust in the naturalness of the process, and that it has its own dynamic is a key to 'letting go' to holding too tightly to frameworks, stories and beliefs. This way, what is wanting to emerge and be heard can arise, and the process becomes much simpler, driven by its own inherent dynamic, and the mind/body's innate intelligence and compassion.

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