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HEALING PRESENCE: AN INTUITIVE INQUIRY INTO THE PRESENCE OF THE

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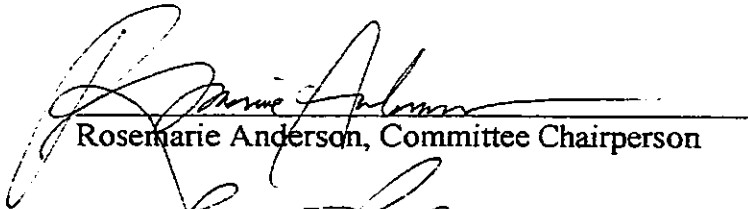
by

Cortney Reynolds Phelon

A dissertation submitted

in partial fulfillment of the requirements

for the degree of Doctor of Philosophy

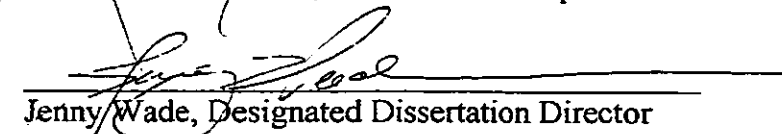in Transpersonal Psychology

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Abstract

Healing Presence: An Intuitive Inquiry into the Presence of the Psychotherapist

by

Cortney Reynolds Phelon

This study explored the presence of the psychotherapist by distilling common themes, words, and qualities across multi-disciplinary writings concerning presence, which were then reviewed by a group of advanced psychotherapists for accuracy. At the start of the study, presence was defined as a collection of qualities of the therapist's way of being. The hermeneutically informed method of intuitive inquiry was used to shape successive cycles of interpretation, from choosing the topic through the interpretation of data. The distilled description and model of presence was reviewed by an exemplar group of 5 male and 7 female European-American advanced clinicians who ranged in age from 48 to 70, and had experienced presence as clients in psychotherapy. Participants used the principle of sympathetic resonance to identify accurate elements of presence and to suggest revisions to the initial distillation. The original distillation elements receiving the most support were: (a) Alignment with the Client, (b) Attentional Ability, (c) Integration and Congruence (d) Inner Awareness, (e) Spiritual Practice and Belief, and (f) Receptivity. Strong emergent themes were: (a) Commitment to Personal Growth, (b) Kinesthetic Aspects of Presence, and (c) Seasoning. Numerous elements received low to no support and were omitted from the Final Distillation. The results suggest that this constellation of qualities refer to a highly specific type of presence, and the recommendation is made to call it "healing presence." Final distilled elements were placed into 3 groupings: (a) development and growth, (b) attentional qualities, and (c) therapeutic alliance. This three-

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fold grouping was discussed in light of training therapists and the implications for transpersonal psychology.

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"A bit of fragrance always clings to the hand that gives you roses."—Chinese

proverb.

As I sit to write the words that will acknowledge all of the love and support that I

received while working on this project, I realize that this short section will be more

difficult to write than this entire dissertation. Let me preface the forthcoming statements

by expressing how profoundly grateful I am to all who helped me through this process.

Your love and support was, at times, a complement to my own energy, and at other times,

was the sole energy moving me through this process. To feel that level of support has

changed my life for the better. Thank you.

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on, a shoulder to lean on, and gave me an occasional, gentle, but authoritative shove with

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CHAPTER ONE: INTRODUCTION

"We convince by our presence."—Walt Whitman

Early in my studies in psychology a professor quoted Walt Whitman in response to questions asked about which psychotherapeutic technique was most effective. He said: "We convince by our presence" (Whitman, 1983, p. 124). Instantly I knew the statement to be true. Whitman's words felt true because they touched the experience I had with my own therapist. Whitman wrote about presence and healing based on his experiences with nurses during the Civil War. According to Whitman, the nurse with presence had "the magnetic touch of hands, the expressive features of the mother, the silent soothing of her presence, her words, her knowledge and privileges arrived at only through having had children" (in Reynolds, 1995, p. 261). His words seem an apt introduction to the current topic.

This dissertation focused on the presence of the therapist. The term presence is frequently used in the literature to distinguish between a therapist's way of being and the application of a learned technique (Bugental, 1987; Jung, 1933; May, 1958; Moustakas, 1966; Rogers, 1961). Psychological research in the past decade has focused on assessing the effectiveness of technique and has bypassed consideration of the therapist. Bergin (1997) called attention to the overwhelming amount of psychotherapy outcome research that measured the effectiveness of a particular technique rather than the personal qualities of the therapist. His article was published in an issue of the *Journal of Clinical Psychology Science and Practice*, which was entirely devoted to discussing the current

state of psychotherapy effectiveness research. The central message of articles in that issue suggested that future research focus on "humanistic, phenomenological, agentive, and postmodern perspectives as opposed to the present overemphasis on mechanistic/naturalistic conceptions of causality and therapeutic change processes" (Bergin, 1997, p. 83).

Researchers in caregiving fields such as psychology, nursing, and pastoral care have begun to document experiences of presence. Working in different fields and often writing at the same time, researchers and authors have labored in relative isolation, which has encouraged a certain amount of repetition in efforts to define presence. The current study followed the method outlined by intuitive inquiry (Anderson, 1998, 2000) to distill writings by advanced clinicians and researchers into one description of presence, and to collect original data from a resonance panel of advanced clinician-clients to confirm accurate statements and revise inaccurate statements in the distillation. What follows is a brief definition of presence, a description of related literature, rationale for the current study, an overview of the research design, and an explanation of my personal interest in presence.

Definition of Presence

The primary goal of this study was to distill many writings on the subject of presence into one rich and comprehensive definition of presence. Therefore, the initial definition of presence given here will be brief with an in-depth exploration forthcoming in the review of related literature.

Rollo May, an advanced clinician and influential theorist, wrote quite extensively about empathy and presence. He described presence in terms of the distinction between the human qualities of the therapist and technique.

> The therapist being not a shadowy reflector but an alive human being who happens, at that hour to be concerned not with his own problems, but with understanding and experiencing so far as possible the being of the patient. (1958, p. 80)

The idea of therapist as a "shadowy reflector" refers directly to the psychoanalytic tradition, which views the therapist as a blank screen available for the client's projections. May's definition of the therapist's presence as an "alive human being" reveals a bold contrast between the humanistic and psychoanalytic schools of technique. The therapist is present as a person and is available to experience the very "being of the patient." Nancy Alexander (1997) wrote about the importance of balancing theory with mindfulness in the practice of psychotherapy. She described presence as "how psychotherapists experience, attend and respond to their patients" (p. 10). Posed in terms of "how" a psychotherapist attends and responds also suggests that presence is linked to a caregiver's being. Continuing in the same theoretical vein, Charles Fraelich (1989) described presence as "the being of the therapist--the fundamental manner in which the psychotherapist comports or extends him/herself as one human being to another" (p. 10). These few examples call attention to certain qualities so integral to the therapist's way of being that they are typically overlooked. Further exploration arrayed a vast number of qualities realized by researchers and clinicians in their attempts to define presence.

Related Research and Rationale for Study

The presence of the therapist is not a new topic of inquiry; a number of therapist-authors have written extensively about presence in texts that describe the process of

psychotherapy (Bugental, 1978; Jung, 1933; May, 1958; Moustakas, 1966; Rogers, 1961). For one example, Rollo May wrote:

> The therapist's situation is like that of the artist who has spent many years of disciplined study learning technique; but he knows that if specific thoughts of technique preoccupy him when he actually is in the process of painting, he has at that moment lost his vision; the creative process, which should absorb him, transcending the subject-object split, has become temporarily broken; he is now dealing with objects and himself as a manipulator of objects. (1958, p. 85)

May's comparison of artist and therapist aptly portrays the consequence of preoccupation with technique. Connection with the client can be lost and then the therapist becomes a "manipulator of objects." The therapist experiences a fullness of technique but a lack of connection to, or awareness of, the client.

May's quote is one example of presence described by an advanced clinician. He and other therapist-authors (e.g., Bugental, 1978; Jung, 1933; Spiegelman, 1996) wrote about presence with the intent to educate novice therapists about the power of personal presence in the psychotherapeutic relationship. These writings by therapist-authors often refer to larger theoretical systems that support acknowledgement of the therapist's presence such as the existential and humanistic philosophies. Texts written by therapist-authors were reviewed for the distillation process as they provided rich and unsolicited descriptions of the therapist's presence.

Recent research has made use of the emerging development and acceptance of qualitative research methods. These methods have allowed for in-depth explorations of complex topics such as presence. Doctoral studies in psychology, nursing, and pastoral counseling, all employing qualitative methods, have indicated an interest in identifying and describing the elusive experience of presence (Fraelich, 1989; Gilje, 1993; Hardy,

1992; Monkhern, 1992; Parker, 1992; Pemberton, 1976). Researchers have focused on defining presence, its attributes, and outcomes. They have examined presence from different perspectives (client, caregiver) and by using different methods. These studies have generated descriptively thick definitions of presence, which will be included as texts in the distilled definition of presence.

Despite the numerous writings on presence, writers have not yet created a common language. Each author has developed his own language and phrasing to explain presence without referring to previously published descriptions of presence. Due to the difficulty of locating writings on presence, most authors and researchers have worked in relative isolation. As a result, the body of literature documents numerous "first attempts" to quantify the experience of presence. This situation has, in my opinion, kept the research on presence scattered and undeveloped. The current study was structured to gather data from empirical studies and writings by advanced clinicians into a distilled definition of presence. I was able to read across texts and pull together the excellent work that had already been done in order to identify areas of agreement and disagreement, with the aim of creating some common understanding of the concept of presence. In addition, my own data, which was gathered from a resonance group of advanced clinician-clients, lent consensual validity to the final distilled description of presence.

<div align="center">Overview of Current Study</div>

This dissertation followed the interpretive cycles outlined by intuitive inquiry (Anderson, 1998, 2000) to extract the essential features of presence from texts that have been written on the topic. Texts considered for inclusion in this study ranged from dissertations in varied fields of study to writings by advanced clinicians. The body of

research on presence had increased in the last decade (since 1989), and displayed great similarity among results. It became a particular interest of mine to examine across fields and across research studies for common themes. The following research question was formulated to guide the distillation process: What are the common words, themes, and qualities found in definitions of presence?

The distillation was tested for consensual validity and accuracy by a resonance group of advanced clinician-clients who claimed to have experienced presence as a powerful healing agent in their own therapy and who acknowledged presence as a significant factor in their own therapeutic work. The resonators made use of sympathetic resonance as described by Anderson (1998, 2000). Resonance in qualitative research is used to test the accuracy of described human experience. If the description is accurate, the resonator senses an immediate recognition of that same experience within himself or herself. In other words, there is a resonance between the description and the perceiver of the description (Anderson, 2000). This study asked panel members to revise the distillation in order to increase the frequency and/or degree of resonance, and therefore the accuracy of the description of presence. Final data consists of the panel-revised distillation.

<div align="center">Personal Interest</div>

Part of my interest in this topic came from an exceptional therapeutic relationship. Having been a client with several therapists, I had the opportunity to question why my work with one therapist was so much more effective than the work I had done with other therapists. The answer seemed clear. She had something special, a quality of presence, that the others had not had. While the question emerged so clearly, the answer did not materialize as easily. Readings on presence suggested a number of different

conceptualizations of presence: one that maintained presence as solely a function of the therapist, another that attributed presence to God, and yet another that placed presence within the context of human relationship. While the answer remained unclear, my respect for the question persisted, and was what propelled me through the work of this study.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

"Who you are speaks so loudly I can't hear what you're saying."—Ralph Waldo
Emerson

This literature review examined many different writings that have addressed
presence. Fields as seemingly unrelated as existential philosophy and empirical research
in psychotherapy, nursing and pastoral counseling each contributed to understanding the
multi-faceted phenomenon of presence. Beginning with existential philosophy, the
contributions of Martin Heidegger and Maurice Merleau-Ponty lent a deeper
understanding of existence and how it must proceed any discussion of presence. The
spiritual traditions of Dzogchen and Zen Buddhism were considered in terms of the
spiritual dimensions of presence. Theoretical and empirical writings on presence in
psychotherapy were explored for those qualities of presence that were unique to the
psychotherapist's work. Finally, recent empirical work on presence in the fields of
nursing and pastoral counseling was reviewed for similarities and differences to other
models of presence.

Existential Philosophy

Existential philosophers have long explored questions of being. In the course of their
explorations, both Martin Heidegger and Maurice Merleau-Ponty articulated profound
aspects of human existence that have not often been considered. Each philosophical
explication revealed dimensions of human existence that share some remarkable
similarities with the language and vision of spiritual traditions.

Martin Heidegger

Martin Heidegger was a pervasively influential German existential philosopher. His philosophical masterpiece, *Being and Time* (1996), questioned the meaning of Being, or existence. His exploration of Being was shaped in response to the long history of philosophical thought that linked existence to an object, such as Plato's forms, or Descartes' mind. Heidegger fundamentally challenged the entire history of metaphysics by placing the question of human existence within the context of human existence. He invented a new language and style of writing to release concepts from words that had become overused and burdened with limited meaning, resulting in writings that reflected a deep inner shift in the perception of Being. A reading of Heidegger requires a transformation of perception and understanding in the reader.

Heidegger's (1996) method of exploration was at once phenomenological, in that it looked to the essence of Being, and hermeneutical, because it examined the meanings created by a subjective frame of reference. His term for the fundamental hermeneutic was "*Da-sein*" (translated as "to be"), which observed an inherent contradiction: It is from within the very experience of being that humans inquire about the meaning of their existence. The concept of *Da-sein* acknowledged the circularity, hence the subjectivity, of the relationship between the questioner of existence and the question of existence. It radically uprooted all previous dialog about existence that had failed to begin the exploration of existence with the unexplained and mysterious fact of existence. Heidegger's identification of *Da-sein* served to boggle the Cartesian mind, to scramble understanding, and to radically identify the profound nature of the question of existence.

Heidegger recognized that Being is connected to time, and · therefore redefined time as the horizon against which Being became possible. He wrote: "BBeing means: presencing, letting-be-present: presence" (1972, p. 10). He suggested that hauman beings receive the gift of the unconcealing that continually occurs in the space of · the present moment. He wrote: "Presence means: the constant abiding that approaches rman, reaches him, is extended to him" (p. 12). The future, that which comes toward · us, offers presencing. Past, that which is no longer present, through its absence offers presence in what has been. Past and future become dimensions of the present, they approach an·d extend, interacting to expand the present moment.

Heidegger insisted that the historical understanding of time as a series of successive nows could not be applied to "presencing" and instead he spokee of time as an opening called "time-space" (1972, p. 14). His term "time-space" realizeed "the openness which opens up in the mutual self-extending of futural approach, past ;and present. This openness exclusively and primarily provides the space in whicha space as we usually know it can unfold" (p. 14). Past, present, and future simultaneously interact to open the time-space in which *Da-sein* is presencing. "True time is the nearness of presencing out of present, past, and future—the nearness that unifies time's threeefold extending" (p. 16).

Heidegger determined that *Da-sein* is essentially openness aand that possibilities of existence helped define *Da-sein*'s way of being. However, he theorized that the intrinsic tendency of *Da-sein* is toward concealment, and is therefore sus;ceptible to the pervasive influence of "the they" (1996, p. 118). The they encourage "everrydayness" (p. 119). In his own words:

> We enjoy ourselves and have fun the way *they* enjoy themmselves. We read,
> see, and judge literature and art the way *they* see and judgge. But also we

> withdraw from the "great mass" the way *they* withdraw, we find "shocking"
> what *they* find shocking. The *they*, which is nothing definite and which all are,
> though not as a sum, prescribes the kind of being of everydayness. (p. 119;
> emphasis in the original)

Heidegger highlighted the ways in which *Da-sein* is molded by what might today be called mass culture or even community. *Da-sein* is driven by the desire to emulate and relate to other *Da-sein*. The everydayness of *Da-sein* is a necessary, albeit inauthentic way of being, it is "an essential tendency of Da-sein, which we call the *levelling down* of all possibilities of being" (p. 119; emphasis in the original).

In order to find an authentic way of being, *Da-sein* must be called out of the grip of an inauthentic way of being. Heidegger offered the idea of "resoluteness" as a way for *Da-sein* to break this grip.

> As the they-self, Da-sein is "lived" by the commonsense ambiguity of
> publicness in which no one resolves, but which has always already made its
> decision. Resoluteness means letting oneself be summoned out of one's
> lostness in the they. The irresoluteness of the they nevertheless remains in
> dominance, but it cannot attack resolute existence. (1999, p. 275)

A resolute *Da-sein* can withstand the influence of the they, which will always exist. The authentic self reclaims a connection to the world that is untainted by everydayness. *Da-sein* uncovers authenticity in discovering the truth of its finite openness.

> The self of everyday Da-sein is the *they-self* which we distinguish from the
> *authentic self*, the self which has explicitly grasped itself. As the they self, Da-
> sein is *dispersed* in the they and must first find itself. ... If Da-sein explicitly
> discovers the world and brings it near, if it discloses its authentic being to
> itself, this discovering of "world" and disclosing of Da-sein always comes
> about by clearing away coverings and obscurities, by breaking up the
> disguises with which Da-sein cuts itself off from itself. (p. 121; emphasis in
> the original)

Da-sein's authentic self, then, is uncovered and resides beneath the inauthenticity of the they-self. While no method is offered for "bringing the world near," Heidegger made

clear the notion that authenticity involved undoing and breaking up. He also implied that in the process of uncovering, *Da-sein* becomes more connected to itself.

Heidegger's writing reveals a fundamental reverence for the exploration that he undertook. He was meticulous about keeping his explorations within the frame of *Da-sein*. While his work was largely a dialog with the history of philosophy, as made evident in the structure of his arguments and his use of language, his insights into Being have much to offer the field of presence. Authentic and inauthentic modes of being translate almost directly into psychological language, as psychology itself observes the authentic self and the false self. Heidegger's discussion of *Da-sein* as presencing has elements of writings on meditation and advanced meditative practice. The idea of a continual presence, or presencing, also fits with forthcoming descriptions of the therapist's presence and with advanced stages of spiritual practice. Many clinician/authors have highlighted the authentic self of the therapist and the ability to stay in the present moment as central to presence. Heidegger might have called this resoluteness and presencing. The difference in language is simply a superficial one, as the described experiences have a remarkable similarity.

Maurice Merleau-Ponty

Maurice Merleau-Ponty situated the center of all perception in the body. The senses feed the body continually, and the body continually assimilates and uses the information received from the world. Through this reciprocal relationship the body creates meaning. The primordial unity of experience that Merleau-Ponty described collapsed the detached Cartesian mind, and the Husserlian Transcendental Ego, into one incarnate subject. Dualistic thought can, of course, be entertained, as long as we realize that it, and all

objective thought, is based upon the single foundation of the pre-reflective and ever-present conversation between body and world. From the stance of the body, Merleau-Ponty re-experienced and then reinterpreted the understanding of perception.

Merleau-Ponty's major work, *Phenomenology of Perception* (1962), undertook the task of redefining our understanding of perception. Descartes' separation of mind and body had become so pervasive that thinkers had forgotten the primacy of perception. Because Cartesian thinking was so influential, Merleau-Ponty's dialog always referred back to the restrictive views set in motion by that philosophy, which separated an objective mind from the world and the body. From this safe and "objective" vantagepoint, theories of perception were generated that did not accurately describe the actual human experience of perception.

> Perception is not a science of the world, it is not even an act, a deliberate taking up of a position; it is the background from which all acts stand out, and is presupposed by them. The world is not an object such that I have in my possession the law of its making; it is the natural setting of, and field for, all my thoughts and all my explicit perceptions. Truth does not "inhabit" only "the inner man", or more accurately, there is no inner man, man is in the world, and only in the world does he know himself. When I return to myself from an excursion into the realm of dogmatic common sense or of science, I find, not a source of intrinsic truth, but a subject destined to be in the world. (p. xi)

Because the body had come to be seen as an object, Merleau-Ponty took care to distinguish body and object. He emphasized that the body is always experienced, and never not experienced. It cannot be regarded as an object, as something separate from the mind. He stated that "it is particularly true that an object is an object only in so far as it can be moved away from me, and ultimately disappear from my field of vision" (p. 90). By contrast, my body is always "*with* me." With a very experiential language, Merleau-Ponty described perceiving the world from the perspective of the body: "I observe

external objects with my body, I handle them, examine them, walk round them, but my body itself is a thing which I do not observe" (p. 91). If the body is not an object, but perceives objects, then:

> The presence and absence of external objects are only variations within a field of primordial presence, a perceptual domain over which my body exercises power... the presentation of objects cannot be understood except through the resistance of my body to all variation of perspective. (p. 92)

Perception is inextricably tied to the perspective of the body. Merleau-Ponty redefined the body as "the horizon latent in all our experience and itself ever-present and anterior to every determining thought" (p. 92). This living and attentive body was named the "body-subject" (p. 104).

Merleau-Ponty's insights have a direct bearing to psychology. In fact, much of his discussion referred to psychological theories and research, which echoed the Cartesian dualism separating mind from body. In the following passage, Merleau-Ponty granted the field of psychology a solution to the problems caused when mind and body were understood as separate. He offered the possibility of a renewed relationship of "being with" rather than "being beside."

> To be a consciousness or rather *to be an experience* is to hold inner communication with the world, the body and other people, to be with them instead of being beside them. To concern oneself with psychology is necessarily to encounter, beneath objective thought which moves among ready-made things, a first opening upon things without which there would be no objective knowledge. (1962, p. 96; emphasis in the original)

Forthcoming literature in this review will at times refer to presence as a way of "being with." Merleau-Ponty's work helps facilitate that understanding by grounding perception in the body and therefore unifying experience in the embodied subject.

Merleau-Ponty directed attention to the fact that body and the world are in a constantly reciprocal relationship. "Our own body is in the world as the heart is in the organism: it keeps the spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system" (1962, p. 203). The image of the beating heart sustaining the body precisely captures the role of the body in the world: the body pulses and moves within the world. The rhythmic motion of the heart, which circulates blood within its chambers, is echoed in the body's circulating of sensation provided by the world. In fact, it is this very circular closeness of world, body, and experience that inform our very being. "Sensation as it is brought to use by experience is no longer some inert substance or abstract moment, but one of our surfaces of contact with being, a structure of consciousness" (p. 221).

At times, Merleau-Ponty's descriptions of the connection between the body and the world are almost magical and indicate by their very tone, his own immersion in the experience of perception.

> The relations of sentient to sensible are comparable with those of the sleeper to his slumber: sleep comes when a certain voluntary attitude suddenly receives from outside the confirmation for which it was waiting. *I* am breathing deeply and slowly in order to summon sleep, and suddenly it is as if my mouth were connected to some great lung outside myself which alternately calls forth and forces back my breath. A certain rhythm of respiration, which a moment ago I voluntarily maintained, now becomes my very being, and sleep, until now aimed at as a significance, suddenly becomes a situation. In the same way I give ear, or look, in the expectation of a sensation, and suddenly the sensible takes possession of my ear or my gaze, and I surrender a part of my body, even my whole body.... (1962, p. 212; emphasis in the original)

Rhythmic breathing can be at one moment intentional, and at another the intention is surrendered to the body's care. The shifting between the "*I*" and the body happens in any interchange with the environment or with others; it is what is always happening whether

or not consciously perceived. Merleau-Ponty further suggested that all sensation is intentional because when the sensible world beckons, the body follows the invitation. The world offers so much to engage with, that we must make choices and this makes our act of engaging with the world intentional.

> Sensation is intentional because I find that in the sensible a certain rhythm of existence is put forward—abduction or adduction—and that, following the hint, and stealing into the form of existence which is thus suggested to me, I am brought into relation with an external being, whether it be in order to open myself to it or to shut myself off from it. If the qualities radiate around them a certain mode of existence, if they have the power to cast a spell and what we called just now a sacramental value, this is because the sentient subject does not posit them as objects, but enters into a sympathetic relationship with them, makes them his own and finds in them his momentary law. (1962, pp. 214-215)

Merleau-Ponty's sympathetic relationship allowed him to be enchanted by the sensuous world and he was brought into being, into his own existence through the reciprocity. This discussion has highlighted the power of the body to unify experience. Merleau-Ponty himself worked throughout his career to further this discussion and in his final and unfinished work, *The Visible and the Invisible* (1948), he introduced a radical new concept which he called "the flesh" (p. 139).

Merleau-Ponty (1948) called for the creation of a new term, one that had never before been used in Western philosophy. He defined the flesh in the following way:

> The flesh is not matter, is not mind, is not substance. To designate it, we should need the old term "element," in the sense that it was used to speak of water, air, earth, and fire, that is, in the sense of a *general thing*, midway between the spatio-temporal individual and the idea, a sort of incarnate principle that brings a style of being wherever there is a fragment of being. (p. 139; emphasis in the original)

If the flesh is the elemental substance from which everything is made, the dualism which Merleau-Ponty worked so hard to collapse in *Phenomenology of Perception*,

becomes even further collapsed. David Abram, a contemporary ecological philosopher described the concept of "the flesh" in the following way:

> The Flesh is the mysterious tissue or matrix that underlies and gives rise to both the perceiver and the perceived as interdependent aspects of its own spontaneous activity. It is the reciprocal presence of the sentient in the sensible and the sensible in the sentient, a mystery of which we have always, at least tacitly, been aware, since we have never been able to affirm one of these phenomena, the perceivable world or the perceiving self, without implicitly affirming the existence of the other. (p. 66)

By casting perceiver and perceived from the same material, the closeness between body and world is yet a step closer. If we could say that the unity of body and world, so articulated in *Phenomenology of Perception*, becomes more unified, we might grasp the converging of sensible and sentient into one. The flesh as a uniting concept, or element of being, deepened Merleau-Ponty's exploration of interconnection and intersubjectivity to a profound level, the likes of which we might normally hear in discussions of spiritual traditions.

While Merleau-Ponty did not speak of psychotherapy, or presence, it is possible to read his work with an ear tuned to the quality of presence. Merleau-Ponty's vision of the body's immersed participation in the world, of an existence that coheres closely with what is sensed, and of a willing interchange between the sensed and the sensible, indicates a profound presence. Presence in therapy is quite similar to the description given by Merleau-Ponty as many authors and researchers have identified the bodily element of therapy. Therapists describe using the "self as sensor" and "kinesthetic intuition" to guide therapeutic interventions. The interconnectedness described by Merleau-Ponty is demonstrated in those therapists who receive bodily information directly through connection with the client. In addition, the depth of Merleau-Ponty's

insights echoes ideas of many spiritual traditions. He described a different type of experience and a different way of knowing that many spiritual traditions have understood and taught for centuries.

Spiritual Traditions

Dzogchen

Dzogchen is a body of teachings that guides the practitioner to the "self-perfected" state of presence. Master teacher Chogyal Namkhai Norbu wrote:

> The Dzogchen teachings are neither a philosophy, nor a religious doctrine, nor a cultural tradition. Understanding the message of the teachings means discovering one's own true condition, stripped of all the self-deceptions and falsifications which the mind creates. The very meaning of the Tibetan term Dzogchen, "Great Perfection," refers to the true primordial state of every individual and not to any transcendent reality. (1996, p. 24)

This description suggests that releasing any self-delusions will reveal one's true condition. The teachings of Dzogchen are not seen as a religion, although teachers within the Tibetan Buddhist and Bon traditions have long spread them. Instead Dzogchen is understood as "a complete way of knowledge of the individual's state of being, beyond the limits of either religious beliefs or culture" (p. 13).

This view requires that the practitioner begin with self-observation, and self-discovery, in order to see "who we believe we are, and what our attitude is toward others and to life" (Norbu, 1996, p. 24). Norbu wrote that it is our dualistic vision, the split between self and experience, and our conditioning that cause us to limit ourselves with passions, pride, jealousy, and attachment. These self-imposed limitations can be overcome when one awakens to the primordial state of being, which is always occurring just below them. Daily life provides many opportunities to witness our limitations and to practice opening to a state of presence. "The teachings must become a living knowledge

in all one's daily activities" (p. 25). Norbu challenged a spiritual practice that is separated from daily life, such as a sitting meditation, in which practitioners learn to have a clear mind at a certain time and under certain conditions.

Dzogchen identifies three states of mind that one encounters on the path to attaining this complete self-knowledge: the calm state, the state of movement, and the state of presence. In the calm state, no thoughts arise. The example given of the calm state is the silent space that occurs between thoughts. The state of movement is defined by the flow of thoughts, while "presence is the pure recognition without judgment, of either the calm state or the movement" (Norbu, 1996, p. 56). Presence is the integration of the states of calm and of movement. Practicing presence within the context of daily life is the main focus of Dzogchen.

The state of presence has some powerful effects on the practitioner. "In the state of presence, which remains the same in relation to thousands of different experiences, whatever arises liberates itself automatically. This is what is meant by 'self-liberation'" (Norbu, 1996, p. 59). Self-liberation occurs in the state of presence, when feelings or attachments arise, and without any attempts to block or transform them, they move through. Norbu described the inner process in the following way:

> When one maintains a state of presence, any thought or movement whatever can be compared to a cloud as big as an egg, which gets bigger little by little until it becomes as big as a mountain, and finally, in the same way that it arose, gets smaller and smaller again until it disappears altogether. (p. 60)

In maintaining the state of presence one "meditates without meditating" as each moment of daily life is allowed to approach, arrive, and then leave.

Norbu (1996) highlighted the importance in Dzogchen of transmission from a teacher. Transmission takes three forms: oral, symbolic, and direct. The oral form offers

explanations and methods of practice. The symbolic form is offered through actual objects, such as mirrors, or crystals, and through stories and riddles. Direct transmission occurs when there is a "unification of the state of the master with that of the disciple" (p. 63). The Dzogchen "master is himself or herself the path" (p. 64) and it is through direct transmission that the disciple can gain access to that path. Norbu offered a metaphor for the relationship between the disciple and master.

> A practitioner who is just beginning to try to find the state of presence among the confusion of all of his or her thoughts is like a blind person trying to push a thread through the eye of a needle. The master is like someone who sees and helps that person to get his or her hands closer to where they have to be. When the blind person succeeds in threading the needle, it is as if their sight had returned to them. This is how it is the moment one recognizes and enters into the primordial state by means of the transmission. (p. 72)

Norbu left the reader with a final image, that "when all of our obstacles have been overcome, and we find ourselves in a state of total presence, the wisdom of enlightenment manifests spontaneously without limits, just like the infinite rays of the sun" (p. 73).

The teachings of Dzogchen describe a different type of presence, as they discuss the path of self-liberation, placing attention and responsibility on the practitioner. It is a spiritual practice, yet it touches on aspects of psychology and healing. The blend of psychological and spiritual awareness taught in the teachings of Dzogchen suggest one way in which the two fields might work together to facilitate growth in each. In the next section, Presence in Psychotherapy, the subject of Dzogchen will reappear in the work of John Welwood.

Zen Buddhism

Zen Buddhism derives its main teachings from the "Buddha's Flower sermon" (Nhat Hanh, 1995, p. 45). In one famous scene, the Buddha simply raised a lotus blossom for all to see. One disciple, Mahakasyapa, smiled in response to the gesture, a response which demonstrated the moment of his enlightenment. This short story illustrates one of the central tenets of the Zen tradition, the importance of direct experience.

Zen philosophy professes a manner of existence in which the world can be experienced directly, free from thoughts or judgments about that experience. The Buddha realized that we tend to dwell in thoughts, opinions, or judgments about our experience. When we split experience into "good" and "bad," we are subject to the rapid fluctuations of our opinions about our experience. Buddhists would call this dualistic thinking and have identified it as the cause of all suffering. The end of suffering can be attained by:

> ...seeing into one's own nature. When one has reached this enlightenment, one sees all wrong views dissolve within oneself. A new vision that produces deep peace, great tranquility, and a spiritual strength characterized by the absence of fear is born. *Seeing into one's own nature* is the goal of Zen. (Nhat Hanh, 1995, pp. 33-34; emphasis in the original)

Seeing into one's own nature means experiencing the world directly, without thought, without opinion, and without attachment. Meditation is one of several structured practices used by Zen teachers to help awaken true nature. It allows the student to practice experiencing the world directly. Nhat Hanh referred to direct experience as wisdom: "This wisdom is the fruit of meditation. It is a direct and perfect knowledge of reality, a form of understanding in which one does not distinguish between subject and object" (p. 43).

With continued practice, direct experience is brought into all arenas of the practitioner's life. Zen Master Shunryu Suzuki's book *Zen Mind Beginner's Mind* (1993) is the written record of a number of talks he gave about Zen meditation and practice. In describing the teachings of Dogen, who stressed the importance of integrating meditation and practice, Suzuki wrote:

> To cook is not just to prepare food for someone or for yourself; it is to express your sincerity. So when you cook you should express yourself in your activity in the kitchen. You should always allow yourself plenty of time; you should work on it with nothing in your mind, and without expecting anything. You should just cook! That is also an expression of our sincerity. It is necessary to sit in zazen, in this way, but sitting is not our only way. Whatever you do, it should be an expression of the same deep activity. (pp. 53-54)

Liberation from suffering occurs when meditation, or direct experience, is the continual state of the practitioner. When connected to true nature, or direct experience, one no longer suffers the fluctuations of mind that judge existence as good or bad. The artificial separations imposed by a dualistic and conceptual mind are overcome, and the practitioner feels at one with the world.

Vietnamese Zen teacher, Thich Nhat Hanh, expressed one facet of direct experience as a profound sense of "interbeing" (1995, p. 93) in which one experiences the interconnectedness of all things. He gave the example of someone looking at a table and thinking "table." This perception is limited by a conceptual mind and simply names the object. The awakened mind, however, might see the table as the tree that grew in the rich forest soil, the sunlight and rain that nourished it, as well as the lumberjack, saw, hammer, and carpenter. Interbeing recognizes interdependence and keeps one connected to "the complete manifestation of reality" (p. 41) that occurs in all things at all times.

Nhat Hanh (1995) explained that the experience o•f interbeing depends on the concept of "not-self" (pp. 38-41). The concept of not-self rejeœcts traditional notions of identity which state that A is A, and B is B, and that A cannoï: be B. Zen Buddhists would suggest that "everything is in a state of perpetual change" (p. 39) and because things are in a constant state of change, the notion of identity cannot be true. In describing the relation between not-self and interbeing, Nhat Hanh wrote:

> The doctrine of not-self aims at bringing to light the *interbeing nature of things*, and, at the same time, demonstrates to ¬us that the concept we have of things do not reflect and cannot convey reality¬. The world of concepts is not the world of reality. Conceptual truth is not the perfect instrument for studying truth. Words are inadequate to express the truth of ultimate reality. (p. 41; emphasis in the original)

While words are inadequate to describe the enlightened experience, Zen teachers have mastered the art of working with language, and through a dualistic mind, to help students reach a state of awakening.

Zen teachings describe ways of existing and perceiving that sound identical to the states of existence that Heidegger and Merleau-Ponty · described in their philosophies. Suzuki's (1993) understanding of the present moment ·as an eternal now resembles Heidegger's (1972, 1996) presencing in which the present moment opens into infinite possibility. Nhat Hanh's (1995) experience of interbeing correlates with Merleau-Ponty's (1962) sensation-saturated cognizance that inheres him in his environment and drops barriers between the sensible and the sentient. In the type of experience described by Zen teachers, facets of the therapist's presence begin to emerge. A therapist's presence is communicated first and foremost in the fact of being present. Attentiveness and openness are also described by advanced clinician/authors who emphasize presence over theory and technique (e.g., Alexander, 1997; Breggin, 1997; Bugental, 1987, May, 1939;

Welwood, 1996). The fluid quality of experience and perception described by Zen masters also correlates with the therapist's ability to attend to the changing flow of the therapeutic relationship. There are many commonalties between descriptions of a liberated state and of presence. While not all therapists are Zen masters, they seem to have adopted some of the qualities of the state of meditation.

Presence in Psychotherapy

Sigmund Freud

Throughout his career, Freud wrote various papers on the techniques of psychoanalysis. In a paper called *Recommendations for Physicians on the Psycho-Analytic Method of Treatment* (Freud, 1912/1991), he situated his advice within the context of his years of practice and the experimentation that caused him to renounce certain methods in favor others. He offered the advice freely to other analysts in what was then a newly emerging field, meaning that he invited physicians with other styles of working to consider his method but to find whatever method was best suited to their own person.

Freud (1912/1991) made his first recommendation to the physician who saw many patients in one day and was overwhelmed by the task of "keeping in mind all the innumerable names, dates, detailed reminiscences, associations, and effects of the disease" (p. 154). He had developed a technique called "evenly hovering attention" which "simply consists in making no effort to concentrate the attention on anything in particular, and in maintaining in regard to all that one hears the same measure of calm, quiet attentiveness" (p. 154). He furthered his case by contrasting an even attention with that of a selective attention, which causes one to indulge his own interests, or prejudices,

with regard to the client's subconscious workings. The request that the analyst listen with

an evenly hovering attention mirrors the process in which the patient is asked to engage,

that of free association. Freud summarized his technique in this way:

> For the physician the rule may be expressed thus: All conscious exertion is to
> be withheld from the capacity for attention, and one's "unconscious memory"
> is to be given full play; or to express it in terms of technique, pure and simple:
> One has simply to listen and not to trouble to keep in mind anything in
> particular. (p. 155)

Freud recommended against note taking during a session, even if the analyst

eventually planned to publish a case study. He suggested that the activity of note taking

would necessarily impose a selective attention, even more true if the analyst was holding

a parallel consideration about publishing a case study in which certain features of the

disorder and key points in treatment were to be highlighted. Freud contended that these

mental stances encouraged the analyst to form a theory about the patient and to sever the

much more important connection with the larger picture of a patient's unconscious

processes.

Next Freud turned his attention to the emotional state of the analyst, who he believed

should not harbor any "therapeutic ambition" (1912/1991, p. 158) with regard to the

patient's progress. While Freud's translators have chosen the word "coldness" to describe

the emotional tone recommended by Freud (which may be an unfortunate choice of

words), the point that analysts must not structure the progress or direction of the therapy

seems most important.

All of these recommendations were formulated into what Freud called "a complement

to the 'fundamental rule of psychoanalysis' for the patient" (1912/1991, p. 158). He wrote:

> Just as the patient must relate all that self-observation can detect, and must
> restrain all the logical and affective objections which would urge him to

select, so the physician must put himself in a position to use all that is told him for the purposes of interpretation and recognition of what is hidden in the unconscious, without substituting a censorship of his own for the selection which the patient forgoes. (p. 159)

In a delightful use of metaphor, Freud urged the physician to:

...bend his own unconscious like a receptive organ towards the emerging unconscious of the patient, be as the receiver of the telephone to the disc. As the receiver transmutes the electric vibrations induced by the sound-waves back again into sound-waves, so is the physician's unconscious mind able to reconstruct the patient's unconscious, which has directed his associations, from the communications derived from it. (p. 159)

Here we read that the analyst's own unconscious mind becomes part of the treatment,

and Freud quickly points out that this requires clarity in the unconscious of the analyst.

He may tolerate no resistances in himself which withhold from his consciousness what is perceived by his unconscious, otherwise he would introduce to the analysis a new form of selection and distortion which would be far more injurious than that resulting from the concentration of conscious attention. (p. 159)

He furthered his recommendation by stating that just being normal is not sufficient to

qualify one for the role of an analyst. It is critical that the analyst himself be analyzed "by

a competent person" (p. 160). Freud rightly indicated that one must have explored and

experienced the process of analysis in order to assist another in the process. While Freud

did not speak in terms of "presence," he did describe a way of being with patients that

gives openness and attention to all that they bring. Presumably the analyst who has

undergone his own analysis would have experienced the evenly hovering attention and

the openness with which he was heard in sessions. He would have followed the emerging

themes in his own free-associations, and might therefore bring a freedom and openness to

his own listening ability. This type of presence is a style, a way of being with a client that

has an element of technique, but does more to guide attention than intervention, and is

therefore a useful beginning from which to explore other discussions of the therapist's presence.

<p align="center">*Carl Jung*</p>

Carl Jung documented his life meticulously through artwork, architectural work, and experiential and theoretical writings. He was a striking example of one who practiced what he espoused, as much of the focus in his own life centered around self-exploration. Throughout his writings, and within the format of his training programs, he stressed the importance of analysis for the analyst. His "demand," as he called it, for analysis stemmed from his experience of the analyst's influence in the analytic relationship. Jung wrote:

> The fact of mutual influence and all that goes with it underlies that stage of transformation. More than a quarter of a century of wide practical experience was needed for clear recognition of these manifestations. Freud himself has admitted their importance and has therefore seconded my demand that the analyst himself be analysed. (1933, p. 50)

The following quote clearly addresses the reason Jung emphasized analysis for the analyst.

> For twist and turn the matter as we may, the relation between physician and patient remains personal within the frame of the impersonal, professional treatment. We cannot by any device bring it about that the treatment is not the outcome of a mutual influence in which the whole being of the patient as well as that of the doctor plays its part. Two primary factors come together in the treatment—that is, two persons, neither of whom is a fixed and determinable magnitude. Their fields of consciousness may be quite clearly defined, but they bring with them besides an indefinitely extended sphere of unconsciousness. For this reason the personalities of the doctor and patient have often more to do with the outcome of the treatment than what the doctor says or thinks—although we must not undervalue this latter factor as a disturbing or healing one. The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed. We should expect the doctor to have an influence on the patient in every effective psychic treatment: but this influence can only take place when he too is affected by the patient. You can exert no influence if you are not susceptible

to influence. It is futile for the doctor to shield himself from the influence of the patient and to surround himself with a smoke-screen of fatherly and professional authority. (1933, p. 49)

In this Jung was clear: the personality of the therapist is an influential factor in analysis. This assertion falls into the current discussion of presence. Personality is the traditional or technical word for the therapist's way of being, or presence. The word presence tends to suggest something more than mere personality, it suggests the personality in motion, or action and as it is sensed by another.

Following from his assertion that the personality of the analyst is extremely influential in analysis, Jung asserted that the analyst be analyzed in order to ensure that his personality (or presence) is healing. Jung wrote:

The physician, then, is called upon himself to face that task which he wishes the patient to face. If it is a question of becoming socially adapted, he himself must become so—or, in the reverse case, appropriately non-adapted. There are of course a thousand different aspects of this requirement in therapy, according to the situation in a given case. One doctor believes in overcoming infantilism—and therefore he must have overcome his own infantilism. Another believes in the abreaction of all emotion—and so he must have abreacted all his own emotions. A third believes in complete consciousness—so that he must have reached an advanced state of consciousness himself. At all events the doctor must consistently try to meet his own therapeutic demands if he wishes to assure himself of a proper influence on his patient. All these guiding principles in therapy confront the doctor with important ethical duties which can be summed up in the single rule: be the man through whom you wish to influence others. Mere talk has always been considered hollow, and there is no trick, however cunning, by which one can evade this simple rule for long. The fact of being convinced, and not the subject-matter of conviction—it is this which has always carried weight. (1933, pp. 50-51)

Jung's writing unequivocally placed responsibility on the analyst. The analyst must lead the way with her own personal work if she hopes for her clients to heal. In summary, Jung wrote: "What was formerly a method of medical treatment now becomes a method of self-education, and therewith the horizon of our modern psychology is immeasurably

widened. The medical diploma is no longer the crucial thing, but human quality instead"

(p. 53). The "human quality," or presence, is indicated as a major factor in healing and

the importance of training is de-emphasized. All anecdotal accounts of Jung highlight the

strength of his person, and the emanating quality of his presence. According to his own

advice, this way of being is something to discover through self-education and through

analysis. Jung's student and colleague Marie Louise von Franz also wrote about the

power of presence.

Marie Louise von Franz

Marie-Louise von Franz worked with Jung for 28 years, was a founder of the Jung

Institute in Zurich, and is considered to be one of the foremost authors and analysts

within the Jungian tradition. In her book *Psychotherapy* (1993), von Franz addressed the

intermingled issues of therapist analysis and therapist presence, and added the question of

"suitability" for the profession of analyst. She wrote:

> One of the most difficult questions in the training of future analysts is that
> concerning their suitability for this profession. Even the most comprehensive
> training program that is limited to the purveyance of the indispensable
> knowledge, as necessary as this doubtless is, cannot convey to people that
> "something" which creates in a person a healing emanation. It is true that
> moral integrity and the will to help are indispensable, but they alone cannot
> produce the result in question. In my experience, every person who has
> devoted effort over a long period of time in his analysis to the conscious
> recognition of his own problems has become more attractive to the people
> around him. The others sense that he possesses something that draws them to
> him. (p. 266)

Von Franz used the terms "something," and "healing emanation," to identify the

elusive quality of therapist presence. She, too, relied upon "the indispensable knowledge"

as counterpoint to presence. It is interesting to note that von Franz placed the issue of

suitability with presence and training. She suggested that the potential analyst must have

an alignment of numerous factors: moral integrity, the will to help, training in the indispensable knowledge, and a history of successful analysis. Somehow, these factors, and undoubtedly others not identified by von Franz, blend together to create presence.

Rollo May

Rollo May explored the idea of counseling as an art form, in which the counselor used his or her self, empathy, and ultimately love in effectively working with clients. May did not use the word presence, but he touched upon the very qualities that have been termed presence by other authors and researchers. His curiosity about the healing relationship began with a question and an answer about how people affect each other.

> Having discussed the nature of personality, we are now confronted by the subsequent question of how personality functions. More precisely, how does one personality meet and react upon another? The answer lies in the concept of *empathy*, the general term for the contact, influence, and interaction of personalities. (1939, p. 75; emphasis in the original)

He wrote that the word empathy originated in the German word "einfuhlung," which translates as "feeling into." He continued to expand the definition of empathy as "the feeling, or the thinking, of one personality into another until some state of identification is achieved. In this identification real understanding between people can take place; without it, in fact, no understanding is possible" (p. 77). The counselor and counselee join in an empathic experience, and each is affected by the other. May relied on Jung's work to describe the psychological process of "merging" illustrated by the metaphor of a chemical process, where, upon contact both substances are transformed.

May (1939) wrote that the circularity of the counseling relationship required the counselor to be accessible to the client and open to his influence. May called for participation in the relationship rather than scientific analysis or empirical observation. In

this type of interaction, where empathy is achieved through participation and merging, he

discovered love for his clients and called it the greatest force in healing.

> In other words, it is impossible to know another person without being, broadly
> speaking, in love with him. But this state means that both persons will be
> changed by the identification which the love brings about. Thus it is literally
> true that love works a change in the personalities of both the lover and the
> loved. It may tend to make them become more alike, or it may draw the loved
> one up toward the ideal in the lover's mind. Love therefore carries tremendous
> psychological power. It is the greatest force available in the influencing and
> transforming of personality. (p. 81)

May wrote from his clinical experience, and his account was quite compelling. As a

witness to the healing process his statements informed his emphasis on empathy and love.

These are not techniques learned and practiced, but are necessarily a part of the therapist's

very way of being in relationship with the client. His summary indicates that it is the self

of the therapist that does the healing.

> The counselor can work only through himself, and it is therefore essential that
> this self be an effective instrument. All the therapists, and certainly the
> previous arguments of this book, would support Adler's statement, "The
> technique of treatment must be in yourself." (1939, p. 165)

Carl Rogers

Carl Rogers, developer of client-centered therapy and prolific author on the subject of

the practice of psychotherapy, wrote extensively about qualities necessary to becoming a

therapist and about therapeutic technique. In his book *On Becoming a Person* (1961), he

reflected upon his change from a focus on technique to a focus on the quality of the

relationship between therapist and client.

> One brief way of describing the change which has taken place in me is to say
> that in my early professional years I was asking the question, How can I treat,
> or cure, or change this person? Now I would phrase the question in this way:
> How can I provide a relationship which this person may use for his own
> personal growth. (p. 33)

Rogers asked this question of himself, and it created a shift from seeing the patient as a problem to be worked out, to a way in which he could meet the client in the most healing relationship. Rogers' shift is evident in his writing, as his words move from narrow to broad, from calculating to generous, from self-involved to compassionate and accommodating.

Rogers (1961) further described and defined the attitude of the therapist and the therapeutic relationship.

> I have found that the more genuine I can be in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my own words and my behavior, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have *reality*, and reality seems deeply important as a first condition. It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him. (p. 33; emphasis in the original)

Rogers believed that if he could maintain a deep connection and authenticity with himself, then the client could more easily discover his own connection with self and authenticity. He summarized his hypothesis of effective psychotherapeutic treatment in the following list:

> If I can create a relationship characterized on my part:
>   by a genuineness and transparency, in which I am my real feelings;
>   by a warm acceptance of and prizing of the other person as a separate individual;
>   by a sensitive ability to see his world and himself as he sees them;
> Then the other individual in the relationship:
>   will experience and understand aspects of himself which previously he has repressed;
>   will find himself becoming better integrated, more able to function effectively;
>   will become more similar to the person he would like to be;
>   will be more self-directing and self-confident;
>   will become more of a person, more unique and more self-expressive;

will be more understanding, and more acceptant of others;
will be more able to cope with the problems of life more adequately and
more comfortably. (pp. 37-38)

In a passage of rare beauty, Rogers wrote about the "deepest moments" in

psychotherapy:

> The essence of some of the deepest parts of therapy seems to be a unity of
> experiencing. The client is freely able to experience his feeling in its complete
> intensity, as a "pure culture," without intellectual inhibitions or cautions,
> without having it bounded by knowledge of contradictory feelings; and I am
> able with equal freedom to experience my understanding of this feeling,
> without any conscious thought about it, without any apprehension or concern
> as to where this will lead, without any type of diagnostic or analytic thinking,
> without any cognitive or emotional barriers to a complete "letting go" in
> understanding. When there is this complete unity, singleness, fullness of
> experiencing in the relationship, then it acquires the "out-of-this-world"
> quality which many therapists have remarked upon, a sort of trance-like
> feeling in the relationship from which both the client and I emerge at the end
> of the hour, as if from a deep well or tunnel. In these moments there is, to
> borrow Buber's phrase, a real "I-Thou" relationship, a timeless living in the
> experience which is *between* the client and me. It is at the opposite pole from
> seeing the client, or myself, as an object. It is the height of personal
> subjectivity. (p. 202; emphasis in the original)

Rogers used the phrase, "out of this world," alluding to an aspect of therapy that

defied explanation.

> It is as though both I and the client, often fearfully, let ourselves slip into the
> stream of becoming, a stream or process which carries us along. It is the fact
> that the therapist has let himself float in this stream of experience of life
> previously, and found it rewarding, that makes him each time less fearful of
> taking the plunge. It is my confidence that makes it easier for the client to
> embark also, a little bit at a time. (pp. 202-203)

While presence is an issue for both client and therapist, the responsibility of

confidence and familiarity in working within this type of relationship lies with the

therapist.

James Bugental

James Bugental is a senior clinician who practices and writes within the school of

humanistic psychology. In *The Art of the Psychotherapist* (1987), Bugental described the

most critical elements of a successful therapeutic relationship as they applied to both

client and therapist. In contrast to most other writers on the subject of presence, Bugental

began by discussing the presence of the client. He also considered, although in less detail,

the presence of the therapist and the attitudes and beliefs that create obstacles to presence.

Bugental's (1987) conception of presence and its role in psychotherapy is necessarily

circular. The client's level of presence is monitored in therapeutic dialog, and the

therapist works toward furthering the client's ability to be present. However, the therapist

must be present and have much experience with presence in order to correctly identify

presence in the client. Bugental began his discussion of presence with the client, and the

reader must infer from his discussion that the therapist must also be or have presence in

order to observe the client's level of presence. Bugental's discussion of therapist presence

follows his discussion of client presence. The circularity of Bugental's conception of

presence is clearly articulated in the following quote:

> The effective psychotherapist is sensitized to note how genuinely his client is
> present, and he is prepared to devote significant efforts to aiding that client to
> increased involvement in the work. This focus on presence is a major
> cornerstone of the therapeutic art. (p. 26)

Bugental's (1987) definition of presence developed in complexity as he recounted

dialog from therapy sessions, and incorporated new discoveries. What follows is an early

definition of presence:

> *Presence* is a name for the quality of being in a situation or relationship in
> which one intends at a deep level to participate as fully as she is able.
> Presence is expressed through mobilization of one's sensitivity—both inner (to

the subjective) and outer (to the situation and the other person(s) in it)—and through bringing into action one's capacity for response.

We will recognize two facets of presence: accessibility and expressiveness. As we define them, it will be evident that they overlap; yet there is value in recognizing them both. Oftentimes one or the other will be more manifest, and attention then needs to be directed to the less available part.

Accessibility designates the extent to which one intends that what happens in a situation will matter, will have an effect on her. This calls for a reduction of our usual defenses against being influenced by others; thus, it involves a measure of commitment. Opening oneself to another's influence is significantly investing in that relationship.

Expressiveness has to do with the extent to which one intends to let oneself be truly known by the other(s) in a situation. This involves disclosing without disguise some of one's subjective experiencing, and it requires a willingness to put forth some effort.

Presence and its subsets, accessibility and expressiveness, are all ranges, not either/or processes. They vary continually in relation to the persons involved, the situation and its purpose, the material being discussed, and many other influences.

The degree to which the client is genuinely *in* the interview, ready to be affected and willing to make herself known is one of the most influential factors determining whether a genuinely therapeutic impact will result from the work. (p. 27; emphasis in the original)

Bugental (1987) further delineated several continua which help the therapist determine the degree to which a client is present. Bugental observed that as a client becomes more present his or her language shifts: (a) from distant to immediate, (b) from concern about how the therapist will see him or her to focus on expressing what is going on within herself, (c) from replays of familiar material to self-discovery for him or herself, and (d) from detached reporting to emotional concern about his or her experiences (p. 48).

As the client speaks more fully from an internal experience of self as opposed to an external description of self, he or she is considered more present. If this is true for the client, then it must also be true for the therapist. Bugental wrote: "Thus, the therapist's own presence is needed continually to develop· an effective therapeutic alliance" (1987, p. 49). He revealed that only by matching the client's level of presence can the therapist hope to be effective.

> The therapeutic alliance is the powerfull joining of forces which energizes and supports the long, difficult, and frequenatly painful work of life-changing psychotherapy. The conception of the tlherapist here is not of a disinterested observer-technician but of a fully alive ⸱ human companion for the client. In this regard my view is in marked contraast to the traditional notion of the therapist as a skilled but objective director of therapeutic processes. (p. 49)

Bugental referred again to the continuum from external to internal, emphasizing by contrast, that presence occurs when the therapist maintains an internal aliveness as opposed to the attitude of an external "director.'" The "fully alive human companion" connotes a person with presence, one who is available and accessible to the client as a fellow human traveler.

John Welwood

John Welwood (1996), in his article *Reflectrion and Presence: The Dialectic of Self-Knowledge*, incorporated his experience as a student of Buddhism and as a psychologist into an exploration of the ways that these two paths of self-knowledge create a dialog. He posed his position in the following way:

> I had done both psychological and meditative inner work, and had experienced powerful impacts from both. Yet I remained uncertain about the relative efficacy of, as well as the relation between, these two different ways of relating to one's experience. (p. 108)

His psychological training had introduced him to the technique and theory of focusing

developed by Eugene Gendlin (1964, 1981, 1996) and his spiritual practice was informed

by the teachings of the Dzogchen tradition historically taught within Tibetan Buddhism.

Each set of theories and practices offered methods for self-transformation, but Welwood

noticed that the "direct opening" to experience afforded by the meditative method "could

lead to more sudden, on-the-spot kinds of revelation" (p. 108). Welwood pondered the

limitations and benefits of each mode of inquiry:

> While psychotherapy and meditation both led to a freeing of fixated mind and
> feeling-states, the meditative approach struck me as the more compelling of
> the two, because it was more direct, more radical, more faithful to the
> essential nature of awareness as an open presence intrinsically free of
> grasping, strategizing, and the subject-object split altogether. At the same
> time, the reflective dialogical process of psychotherapy provided a more
> effective and accessible way to work on the issues, concerns, and problems of
> personal and worldly life—which many meditators tended to avoid dealing
> with. Yet I had doubts about the ultimate merits of an approach that did not
> address, and was not designed to overcome, the subject-object struggle that
> lay at the root of all human suffering. (p. 108)

Welwood (1996) described the way in which therapeutic technique often encourages

a split between an "observing adult" and an observed "child" in order to teach clients to

resolve their own inner feelings of hurt, anger, or other painful or overwhelming emotion.

While he found the technique effective, he also observed that it led clients into feeling

"split" (p. 109). He saw that split as "the root of all human suffering" (p. 109). He also

used a technique taught in focusing called "finding the right distance from a feeling," (p.

109) which while effective, also encouraged this split. He wrote that "the further I went

with meditation, the less satisfied I was only drawing on reflective methods that

maintained this inner division" (p. 109). His spiritual experiences and training taught him

that the division caused suffering. "Suffering is nothing more than the observer judging,

resisting, struggling with, and attempting to control experiences that are painful, scary, or threatening to it" (p. 109). Where therapy left off, he found that spiritual traditions picked up and offered practices and teachings to continue to advance personal growth.

Welwood (1996) defined two modes of consciousness: divided and undivided (p. 109). Psychotherapy is traditionally practiced within the realm of divided consciousness, supporting the division between subject and object, or experiencer and experience as illustrated above. In contrast, undivided consciousness, described by the great spiritual teachers, is the mode of consciousness which absorbs divided consciousness into "a different kind of knowing, ... free from the constraints of conceptual or dualistic fixation" (p. 110). When undivided consciousness is applied to the self, "it becomes what is called in Zen 'directly seeing into one's own nature'" (p. 110).

Welwood (1996) developed a therapeutic approach based on his observations of the relationship between psychotherapy and spiritual practice which he called "presence centered psychotherapy" (p. 112). He referred to this approach as an "intermediate step" between traditional psychotherapy and traditional spiritual teachings. Prereflective identification is seen as the main concern of psychotherapy. Identification, or identity, is the "way in which consciousness objectifies itself" (p. 112) and he gave the example of someone who, when looking in the mirror, takes the reflection to be himself, thereby losing sight of the living experience of being himself. He wrote that "we become an object in our own eyes" (p. 112). The beginning of the solution to this limited view of ourselves is to reflect on our identifications, to become conscious of the "total field of awareness and presence in which these thought-forms are arising" (p. 112).

Welwood (1996) offered three methods of reflection: conceptual reflection, phenomenological reflection, and reflective witnessing. Conceptual reflection is a mental process that offers clients a way to think about their experience and relies on the concepts and theories of psychology to expand understanding. It offers clients the opportunity to see themselves from a different vantage point, and facilitates self-analysis. Welwood pointed out that the drawback to this approach is that one could "substitute the theory for the reality that it merely points to" (p. 114).

In phenomenological reflection the client is guided to attend to experience as it happens. "The observing consciousness pays close attention to felt experience, inquiring into it gently, and waiting patiently for responses and insights to come directly from there, rather than from some cognitive schema" (Welwood, 1996, pp. 114-115).

Reflective witnessing offers an "even subtler kind of reflection... where one is simply attentive to the ongoing flux of experiencing...without concern about particular contents of experience that arise" (Welwood, 1996, p. 115) This witnessing is not concerned with "operating on the mindstream in any way—through understanding, unfolding, articulation, or moving toward any release or resolution." Reflective witnessing is close to the practice of mindfulness meditation. Welwood wrote:

> As thinking itself becomes an object of mindful attention, we can begin to notice the experiential difference between thought and awareness—the contents of consciousness, which are like clouds passing through the sky, and pure consciousness, which is like the wide open sky itself. (p. 115)

This inner process of stepping back and observing, while subtle and helpful, is still viewed as a type of divided consciousness.

The teachings of Dzogchen describe a "nondual awareness" (Welwood, 1996, p. 116) and help the meditator "learn to rest in open presence" (p. 116). Welwood wrote that "one

simply rests in the clarity of wide open, wakeful awareness, without any attempt to alter or fabricate one's experience" (p. 116). He called this "pure presence" (p. 117) and stated that it is a "being without being *something*" (p. 117; emphasis in the original). This corresponds with the Buddhist term "emptiness."

Welwood (1996) furthered the exploration into the psychological healing that is made possible by states of consciousness developed through meditation. He found that a "subtle pitfall of psychological work is that it can reinforce the inherent tendency of the conditioned personality to react and contract against what is, and to continually look for 'something better'" (p. 119). While he advocated a spiritually informed way of working in psychotherapy, he reminded the reader that

> There is a time for actively trying to penetrate experiential obstacles, and a time for allowing one's experience to be as it is. If we are unable or unwilling to actively engage with our personal life issues, then letting-be could become a stance of avoidance, and a dead-end. Yet if we are unable to let our experience be, or to open to it just as it is, then our psychological work may reinforce the habitual contraction of the conditioned personality. (p. 120)

At this point, Welwood outlined a way for therapists to be with their clients which he called "unconditional presence" (p. 120). He wrote: "The more I trained therapists, the clearer I became that the most important quality in a therapist was the capacity for unconditional presence—which oddly enough is rarely mentioned or taught in graduate school." Unconditional presence has a quality of "nondoing" (p. 121) and is offered as a therapeutic approach, as well as a method to be taught to the client. Welwood wrote of the different stages of developing an unconditional presence. When giving unconditional presence to a client, or to an inner state, the practitioner first cultivates a "*willingness to inquire*" (p. 121; emphasis in the original). Next he must "*acknowledge*" (p. 121; emphasis in the original) what is there, and then allow it "to be there as it is" (p. 121).

Once we can allow the feeling, "we can then let ourselves *open* to it more fully" (p. 121; emphasis in the original) and ultimately become one with it. According to Welwood this subtle inner process is transformational because "when we no longer maintain any distance from a feeling, it cannot persist in its old form" (p. 121). This practice encourages a shift from the "realm of personality into the larger space of being" (p. 122) where we "discover inner resources and wisdom hidden within" (p. 122) our state of presence.

Welwood's discussion of reflection (psychotherapy), and presence (spiritual practice) outlined the ways that these two methods of self-awareness can interact and support ongoing growth within each sphere of experience. Unconditional presence is an ideal state which quite possibly requires many years of spiritual practice and psychological work to attain, yet Welwood's case for the healing potential of this state seems compelling. His work provides a welcome overview and synthesis of psychological and spiritual concepts.

Bruce Pemberton

As early as 1976, presence was named as a subject worthy of research. In the dissertation *The Presence of the Therapist*, Pemberton (1976) observed that presence was an emergent term in the literature on psychotherapy effectiveness. His main concern was that the term presence had gained popularity in usage without the necessary clarity of definition. Hence the purpose for his study to: "(a) achieve an operational definition of presence, (b) study five therapists generally assumed to have presence in order to identify common factors in their lives, and (c) develop a model of how presence is achieved, maintained and lost" (p. i; underlining in the original). The five therapists Pemberton

worked with were Virginia Satir, Erving and Miriam Polster, and Bob and Mary Goulding.

Pemberton (1976) chose the therapists based upon "recommendations of faculty, therapists, and references to their effectiveness from psychological literature" (p. i). He then arranged to train with each therapist or pair of therapists for "a minimum of two weeks and a maximum of two months" (p. i). Pemberton documented his reflections and observations in a personal journal in addition to making "recordings of all therapy sessions, lectures, demonstrations, and supervision" (p. ii).

Pemberton (1976) used 9 separate questioning strategies, which he called modules, to elicit data during the interviews: (a) a Modified Transactional Analysis Life Script Questionnaire, (b) a Modified Adlerian Life Style Questionnaire, (c) Marriage and Family Dynamics, (d) Professional Mentors, (e) Influential People, (f) Decision Points and States in Life, (g) Rebirth Points, (h) Personal Life Process, and (i) Therapy Inventory (pp. 43-47).

Pemberton (1976) formulated four broad categories in which to classify commonalties among therapists: (a) significant relationships, (b) personal view of self: state of being, (c) personal understanding of growth and development, and (d) therapy views (pp. 48-49). He determined that if four of the five therapists interviewed expressed similar views in any of the categories, a trend was indicated and it was coded as a finding. Trends identified in the interview data were supported with data from the researcher's journal and his personal observations. Unstructured interview data and journal entries were used in the conclusion section of the dissertation to add confirmation to results derived from the interviews.

Pemberton found the following to be true of the five therapists:

> Regardless of personal backgrounds, these therapists had in common a
> continual commitment to develop their skills, competence, and individual
> styles even at the time of the study. Similarities in the process by which they
> conducted therapy were numerous. They all reached a point of self-awareness,
> self-acceptance, and self-appreciation for their strengths and limitations. . . .
> The therapists' main contribution to the model developed was an
> understanding that presence is not an interpersonal process, as the author had
> originally assumed, but rather that presence is an intrapersonal process of the
> therapist maintaining his/her own authenticity, centeredness, clarity, purpose
> and autonomy in the therapeutic endeavor. (1976, p. ii; underlining in the
> original)

Pemberton's data indicated that presence was generated intrapersonally, and that

presence radiated from the inner being of the therapist. The responsibility to create

presence belongs to the therapist. What follows is a further development of Pemberton's

findings on how presence is generated.

From the interview data, Pemberton (1976) developed a model of presence founded

upon the theory of "oneness" (p. 91). He defined oneness as occurring within three

realms: individuational, relational, and spiritual. Attaining oneness in each realm

manifested different qualities. Within the individuational realm, oneness occurred within

the self and manifested presence.

> The individuational realm is the domain of the self and all the intrapersonal
> processes. Presence is the state of knowing the totality of the self and requires
> one to open up to the natural laws of the psychec [sic]: the presence of the I.
> The healing outcomes of presence result in a deep sense of authentication,
> centeredness, purpose, clarity, and autonomy. (p. 91; underlining in the
> original)

This was precisely the realization that caused Pemberton to shift his hypothesis from

suggesting that presence occurred in the relational realm to believing that presence

occurred in the individuational realm. It seems logical to assume, as Pemberton did, that a

phenomenon such as presence, which clearly affects the people involved, would result

from a relational dynamic. Therefore, Pemberton's finding that presence was generated on an intrapersonal level was quite revolutionary. In the relational (interpersonal) realm oneness generated quite different qualities.

Pemberton (1976) stated that within the relational realm, oneness occurred between two, person to person, or person to surroundings. That form of oneness was called "meeting" (p. 91) and required that all parties involved be present, meaning, experiencing oneness in the individuational realm. It was "the presence of the You" (p. 91) that distinguished the relational realm from the individuational realm. "The healing outcomes of meeting result in a deep sense of validation, connectiveness, direction, insight, and intimacy" (p. 91). The main requirement of meeting was that both people be present in order to meet. This might have implications for the therapeutic relationship suggesting that both client and therapist must be present in order to meet. The issue of client presence, therefore, emerged as a significant factor in therapy. Advanced clinician-authors have consistently described the importance and influence of client presence (e.g., Bugental, 1987; Jung, 1933; May, 1939).

Pemberton (1976) described "fusion" (p. 91) as the manifestation of oneness in the spiritual realm. It was the "state of knowing the totality of the cosmos and requires one to open up to the natural laws of the universe" (p. 91). Fusion occurred in the "presence of the All" (p. 91). Welwood's (1996) article describing reflection and presence might be considered a contemporary vision of how spirituality and psychotherapy work together to effect healing. The healing outcomes for one who experiences fusion were "confirmation, reciprocity, meaning, understanding, and unity" (p. 93). Experiences in this realm referred to strong spiritual experiences that had a healing effect.

Pemberton (1976) envisioned presence in all realms, but concluded that the realm in which the presence of the therapist occurred was the individuational realm through oneness with self. He therefore defined presence as "knowing the totality of the self at the moment" (p. 93). He added one caveat: "There is no clear path which leads toward presence. There will always exist an unknown force, a mysterious factor, which means presence will always be partly obscured from human definition" (p. 93; underlining in the original). In addition to the element of mystery, his data indicated one "stance" and three "generating forces" (pp. 94-97) which were displayed by all therapists in his study.

Pemberton (1976) found that the essential and primary stance critical to creating presence was commitment. The therapist must commit to becoming one with self and with surroundings. Once the therapist was totally present to self, he or she could then be present to other. Being present then allowed the therapist to focus.

Pemberton named the first generating force "focusing," and identified it as the ability to "clear one's mind and prepare for whatever might happen" (1976, p. 95). Pemberton used the example of meditative practices that teach centering within the self.

> In gaining one's center one transcends the need to focus; the mystics say one
> is pure focus at this point. So too with the presence of the therapist. Focusing
> enables one to manifest presence, but once presence is manifested, focusing is
> a natural essence of the process by which presence is maintained. (p. 95;
> underlining in the original)

Presence contained the spiritual state of focus and was likened to the spiritual practice of meditation; this will be a common theme throughout the reviewed literature. Researchers often refer to spiritual states or practices to explain the phenomenon of presence.

According to Pemberton (1976), the second generating force was "enfolding." He

wrote: "Enfolding is the ultimate act of receptivity. Coupled with focusing it means that

one actively brings the other (thing, self) into one's being. . . . and would encompass all

the skills of empathy, understanding, unconditional acceptance, etc." (p. 96). This force

allowed the therapist to know the other more deeply and to see the world from the client's

perspective.

The third generating force was called "extending" and was described as "the process

by which a therapist actively extends his boundaries out to the other (surroundings)"

(Pemberton, 1976, p. 97). Pemberton wrote: "All five [therapists] had a way of 'going out'

to the client and thereby creating an atmosphere of safety, permission, support, and

excitement" (p. 97). The method by which a therapist "extends" or "goes out" was not

discussed; it was simply identified as something that occurred.

In his summary, Pemberton (1976) continued to expand upon the conceptualization of

presence. He wrote that it was "the integration and transcendence of the subjective and

the objective into the personal" (p. 99; underlining in the original), and that "it is a

transcendent state beyond the limits of subject/object duality" (p. 99). Additionally,

presence was described as a "transcendent moment when one is totally consumed in the

present" (p. 100; underlining in the original). Pemberton reiterated that presence was a

process, an ever-present process of "unfolding, change, and circumstance" (p. 101). He

pulled these concepts together in his final paragraph:

> So, too, presence is an intricate, fluid state of being personal. and present that
> is interwoven with the equally fluid states of being subjective/objective and
> past/future. Presence is meant to be gained, maintained, and lost in a
> continuous state of awareness, acceptance, and action. (p. 102; underlining in
> the original)

It is interesting to note that Pemberton identified presence, which is experienced in relationship, as solely the function of intrapersonal processes. Merleau-Ponty's (1962) understanding of existence as a reciprocal encounter between sentient and sensible suggests that it is not possible to resist the pervasive and constant influence of other beings and things.

Pemberton succeeded in meeting the goals he set for his research study. He created an operational definition of presence, worked with five therapists, each well known for their personal presence, and developed a model of how presence was achieved, maintained, and lost. It is important to keep in mind that all of the therapists in Pemberton's study were of Caucasian descent and probably lived at least a middle class lifestyle. This research, and most research on presence, is limited by a lack of diverse perspective and therefore refers only to a very small population of therapists.

Pemberton developed a model that placed the cultivation of presence on the individuational level, specifically in the state of oneness in which one "knows the totality of the self" (1976, p. 93). Presence, he contended, was solely an intrapersonal process. Pemberton may have stopped short in his placement of presence in the intrapersonal realm of oneness. Marvin Spiegelman (1996) authored a book called *Psychotherapy as a Mutual Process* in which he explored advanced levels of psychotherapeutic work. The work he described corresponds with Pemberton's "meeting" which is the way oneness occurs on the relational level. In meeting, both client and therapist are fully present as individuals, in the sense of "knowing the totality of the self" (Pemberton. 1976. p. 91). Therapeutic work on the level of meeting moves into the realm of deeper relationship

between therapist and client, where honesty and openness are elevated to match the level of trust and depth that has developed.

Charles Fraelich

Charles Fraelich was also a psychology graduate student at the time he conducted his research study. He researched presence from the point of view of the therapist, the same perspective as Pemberton. Fraelich searched for the psychological structures within the therapist that created presence.

In the dissertation entitled *A Phenomenological Investigation of the Psychotherapist's Experience of Presence,* Fraelich (1989) sought to uncover the lived experience of the therapists' presence. He oriented the reader by describing the phenomenon of presence as "how and in what manner" (p. 2) the therapist meets the client. Fraelich's working definition of presence emphasized the qualities of awareness and participation. He sought to capture the qualities of the lived experience of therapists and to determine "what it meant to be 'all there' as a psychotherapist" (p. 8). He designed a "hermeneutically informed phenomenological psychological research study" (p. 62) to answer his research question: "What is the psychotherapist's experience of presence?" (p. 6).

Fraelich (1989) recruited six psychotherapists ranging in age from 31 to 45, each with a minimum of a master's degree, selected from among a clinic staff known to him. Psychotherapists included in the study had been trained in different methods; the only schools intentionally excluded were psychoanalysis and behavioral therapy, as those techniques openly discourage the presence of the therapist. Fraelich did not provide any other demographic information about his co-researchers. Data were gathered in personal interviews with special attention paid to environmental setting and interpersonal

relationship in order to manifest more fully the phenomenon of presence. Sessions were tape-recorded and transcribed.

Fraelich (1989) coded transcripts into phenomenological meaning units that answered his research question (p. 76). For the purpose of illustration, one transcript was presented in the dissertation with the researcher's accompanying notes: "It should also be noted that only those meaning units which I [Fraelich] judged as directly relevant or revelatory of presence were directly demarcated on the actual text itself." While coding, Fraelich actively composed his attitude for reflection by calling awareness to his own process of handling the data. He intentionally acted as "a messenger for the participant researcher" (p. 80). The task of deriving meaning units from the data entailed determining "what elements or structures are necessary in order for the phenomenon to exist as it does" (p. 82). The data were analyzed progressively from details of presence to more thematic and categorical conceptions of presence in the search for general truths depicting the "meaning and nature of this phenomenon" (p. 132). Fraelich's intent was "to give a full and rich psychological accounting of what it means to be present as a therapist" (p. 132).

Fraelich (1989) found 16 psychological structures that created the phenomenon of presence. While he acknowledged that the phenomenon of presence was more complex than these structures, he found that these 16 structures were present in all of the therapists interviewed. He identified four central structures around which the other structures clustered: "presence as spontaneous occurrence, immersion in the moment, openness of being, and living on the cutting edge" (p. 133; underlining in the original).

"Presence as spontaneous occurrence" provided evidence that presence "cannot be forced or coerced" (Fraelich, 1989, p. 133). Fraelich's group confirmed that presence

occurred spontaneously, although, "it can have a volitional directional quality brought to it by the therapist" (p. 133). Volition mainly affected presence in this way: if the therapist became aware of the desire to be present, he could identify internal obstacles to presence and then remove those blocks. As presence occurred, a shift in consciousness called immersion in the moment occurred simultaneously.

"Immersion in the moment" occurs when "the therapist invests and commits his/her entire being to the moment. This condensed experience of the world serves to heighten the intensity with which the phenomenon of presence is experienced in general" (Fraelich, 1989, p. 134). Fraelich further identified immersion in the moment as a timeless moment in which the past and future fade to reveal a heightened awareness of the present.

In order for the therapist to be available to the client in this way, there must be "openness of being" (Fraelich, 1989, p. 136). This term refers to a shift in consciousness in which "the therapist becomes fully receptive and open" (p. 136). This openness indicates an absence of the normal defenses and barriers to perception. Pre-conceptions about the client are dropped and "a clearness of sight is restored" (p. 136). The openness of being of the therapist allows a clearer perception of the client.

The last major psychological structure defined was "living on the cutting edge" (Fraelich, 1989, p. 147). Living on the cutting edge describes the experience "of being fully alive and awakened to what life has to offer. There is energy and vitality" (p. 147). The therapists in Fraelich's study experienced this as "living life to the fullest extent possible in the moment" (p. 147). The cutting edge on which the therapist lives is the "edge of his/her own emergence as a person" (p. 147).

Fraelich (1989) identified 10 other structures as component parts of the central structures mentioned above. They were: self-sacrifice, interest, psychotherapist as expression of self, immersed participation in the client's world, being genuine with self and others, connected relationship with client, care, unconditional regard and valued acceptance, completeness and definition of self, and presence as trust (pp. 135-146). These structures were defined as follows:

1. Self-sacrifice was related to immersion in the moment. Fraelich found that therapists could not immerse themselves in the moment unless they were willing to set their own concerns aside in order to be fully present for the client. "The therapist sets aside past personal concerns and future aspirations and plunges into the moment with the client's well-being in mind" (p. 135).

2. Interest was closely linked with openness of being, because, lacking interest, the therapist would not be attentive to the being of the client. "Without interest the therapist would be open and receptive but not fully engaged in what he or she was being open to" (p. 138).

3. Psychotherapist as expression of self goes beyond the traditional role of the therapist. "This identity is not merely a role that is acted out by the therapist. Instead, it is a true expression of self" (p. 139). The therapist is able to experience self-actualization within the therapeutic relationship.

4. Immersed participation in the client's world occurs when the therapist "intentionally attempts to experience the experience of the client" (p. 139). Immersed participation means "the therapist is not a passive receptor but a real person who stands before the client with a willingness to really know and help the client" (p. 140).

5. Genuine and authentic with self and others indicates that the therapist "allows him/herself to be fully who he/she is without pretense" (p. 141). One hallmark of this way of being is described by the term congruence, which means that the way one feels on the inside is matched by his or her outer expression.

6. Connected relationship with client points to the genuineness of expression between patient and client. In this way, the therapist feels bonded to the client. "There is a great deal of positive personal and interpersonal energy experienced at these times" (p. 142).

7. Care goes beyond self-sacrifice and concern; "it expresses a commitment to the client which is born out of human compassion, affection, and at its deepest levels, love. It allows the therapist to set aside personal concern and marshal all of his or her energies toward a productive and growth-producing relationship with the client" (p. 143).

8. Unconditional regard and valued acceptance was the least defined of all the psychological structures. However, key words used to describe the structure were "reverence," "awe," "accepting," and "appreciating" (p. 144).

9. Completeness and definition of self referred to the therapist's experience of "interaction with the client at the moment. His/her own existence stands out in clear relief against the existence of another" (p. 145). Fraelich stated that the therapist "becoming more fully aware may open hidden doors to the therapist's self, which is often the case. When this happens the therapist does not turn away" (p. 145). The therapist has opportunities to see him/herself more fully as a result of the therapeutic relationship. The therapist who embraces this vision can be said to have completeness and definition of self.

10. Presence as trust is best described by Fraelich's words: "The therapist ultimately trusts in himself/herself, the client, and the moment-to-moment existence that he or she has given himself/herself over to" (p. 146).

In total Fraelich (1989) identified 16 structures, all of which combined with each other to create the total experience of presence for the therapist. The presentation of these structures in list form could be somewhat misleading to the reader. In reality, these structures continually revolve and constellate around the particulars of the situation, the therapist, and the client. However, all 16 psychological structures were found in each of the six participants' descriptions of presence. Fraelich compared his findings with the theoretical writings cited in the literature review. He found that his study confirmed, albeit in a more specific way, the writings of May, Rogers, and Bugental. Fraelich, like Pemberton (1976), found presence to be an intrapersonal function, though he conceptualized presence as the internal psychological structures of the therapist rather than Pemberton's intrapersonal "oneness."

Fraelich (1989) worked with six therapists for whom he offered no demographic information. Without this information, the reader is left with questions about how well Fraelich's findings might apply outside of his sample of therapists. While presence is a highly individual experience, research has begun to show that there are some overlaps in study findings and it would help to keep track of the different populations in which these overlaps occur. Suffice it to say that therapists of different genders, or different ethnic backgrounds might offer different perspectives on presence and it is imperative that this type of information be included in the reporting of results.

Fraelich (1989) stated in the beginning of his dissertation that no other studies on presence had been reported in the last 15 years. In fact, Pemberton's (1976) was published within the period of time that Fraelich claims to have searched and was listed in Dissertation Abstracts International. In addition, there were numerous nursing studies on presence published in the 15 years prior to Fraelich's search for literature. It is understandable that Fraelich chose only to review writings within his field, yet it seems that in a field of research that is still developing, one might take an interest in what others have found even if they had worked in a different discipline. However, the omission of Pemberton's study was unfortunate, because it was the first published study on presence and was an excellent example of qualitative research.

Presence in Nursing

The literature on presence shifts from the field of psychology to the field of nursing quite easily. Nurses as caregivers rely on presence in order to work effectively with clients. While the distress that nursing clients feel has a strong physical origin, nurses have recognized and researched the relationship between physical distress and psychological stress. The nurse must be capable of attending to the physical and psychological needs of the client if she is to be judged effective.

The first dissertation reviewed, written by Susan Monkhern (1992), identified and defined the antecedents, attributes, and consequences of presence. With that as backdrop, the work of Fredericka Gilje (1992, 1993) on the phenomenological experience of the nurse's presence will be discussed. Marilyn Parker (1992) focused on the way in which artistic expression helped nurses generate and maintain presence.

Susan Monkhern

Monkhern's (1992) study with 15 nurses focused on presence from the nurses' perspective. She first conducted a concept analysis of the term presence as it related to nurses and the practice of nursing. Using the conceptual framework derived from her analysis she designed a study in which she interviewed 15 nurses, all of whom had been identified as possessing the quality of presence. Monkhern recruited several nurses among her colleagues who used presence in their nursing interventions, those nurses then referred other nurses who also used presence as an intervention. All nurses were female and had been practicing for more than four and fewer than 26 years. Nurses ranged from 26 to 50 years of age. Thirteen of the 15 nurses identified themselves as Caucasian, one identified herself as Asian, and one identified herself as "other."

Data were gathered in guided interviews (Monkhern, 1992, p. 85). Questions generally followed the conceptual framework mentioned above. The transcribed data were then analyzed for latent content following the method of Field and Morse to "identify and code the major thrust or intent of the section and the significant meanings within the passage" (Field & Morse, 1985, p. 102). With this method, Monkhern was able to define the antecedents, defining attributes, and consequences of presence as perceived by nurses possessing the quality of presence.

Antecedents to presence were divided into two categories: those derived from the patient and those derived from the nurse (Monkhern, 1992, pp. 122-125). Beginning with patient antecedents, Monkhern's nurses consistently identified that patients needed their life processes facilitated, a condition which predisposed them connect with their care giver (p. 123). The second patient antecedent was that the patient developed trust in the

nurse, which Monkhern often illustrated with stories of patients who looked to the nurse for reassurance when difficult decisions needed to be made (p. 124). Seven nurse antecedents were found: (a) a sense of mission, (b) a desire to help and altruism, (c) an affinity for patients and their strengths, (d) personal instinct, insight, and intuition, (e) the will and strength to be vulnerable to patients experiences, 6) self-confidence and maturity, and (f) use of self as reference point in care decisions (pp. 126-129). The nurse antecedent "sense of mission" was the clear definition of nursing as a "calling," and was based upon nurse statements that identified their profession as a "ministry" or a spiritual practice (p. 126).

If these antecedents to presence existed, then the defining attributes of presence could emerge. Monkhern identified seven defining attributes of presence (1992, pp. 130-135). Here, as in the nurse antecedents to presence, she identified spiritual dimensions of the relationship that have presence. Phrases like "metaphysical connection" and "energy exchange" point to types of communication that expand beyond the conventional understanding of the word presence. The seven attributes were as follows: (a) physical closeness between nurse and patient, (b) metaphysical connection between nurse and patient, (c) exchange of energy between nurse and patient, (d) nurse entered the experience of the patient's needs as companion, (e) range of skills used by nurses to facilitate the patient's experience varied greatly, (f) creation of a significant effect on the patient, and (g) characteristics of experiences vary greatly (pp. 132-135). These seven characteristics comprised the bulk of the nurses' experience of presence.

Monkhern's (1992) data then indicated that the experience of presence had consequences or lasting effects for both the nurse and the patient. The consequences of

presence were judged to have strong positive effects for the patient, while the consequences for the nurse had both positive and negative effects. Monkhem's nurses observed three areas in which their presence created positive change in the patient: (a) improved psycho-social-spiritual-emotional functioning, (b) patient progresses physically—improved functioning or death, and (c) patient desires more contact with the nurse and the nurse's availability continues (pp. 138-140).

Monkhem (1992) identified six consequences, some positive and some negative, for the nurse (pp. 136-145). They were: (a) "nurse functions as a surrogate for the patient and family," (b) "nurse experiences significant emotion — both draining and energizing," (c) "nurse gains knowledge about the patient," (d) "nurse's personal and professional development promoted," (e) "nurse experiences affirmation of her role and manner of practice," and (f) "nurse may experience criticism of her manner of practice" (pp. 142-145).

Monkhem (1992) is the first to consider possible negative effects for the caregiver. This finding suggested that there are some important parameters for caregivers to consider when practicing the art of creating and using presence. The findings of this study gave insight into the many facets of the phenomenon of presence. What stands out as exemplary are the areas in which Monkhem highlighted a spiritual component to care-giving. As will become evident in the next study, nurse researchers easily identified spirituality as a necessary ingredient of presence.

Fredericka Gilje

Fredericka Gilje is an advanced nurse clinician who conducted a conceptual analysis of the term presence while in the process of completing her dissertation on the phenomenological experience of the nurse's presence.

Gilje (1992) began her concept analysis by suggesting that presence was a universal element in relationship. Her purpose was (a) to clarify the concept of presence as a nursing phenomenon, and (b) to begin to identify implications this concept has for nursing practice, education, research, and theory building" (p. 53).

Gilje's (1992) concept analysis examined seven definitions of presence in common usage. The first definition explored was "presence as being," which identified being as "the very personal, individual, unique attribute, quality, or spirit which makes one human" (p. 55). The next exploration led her to the more concrete definition of "presence as being here and not elsewhere" (p. 55). However, she also alluded to a psychological presence which can "be here," or can "be elsewhere" (pp. 55-56). The next definition of presence as "being there" and "being with" elaborated upon the concept of psychological presence (pp. 56-58). Stemming from the dictionary definition that identified "closeness" with presence as being there and being with, Gilje opened her discussion to the physical and psychological realms of presence (p. 56). Gilje stated that the physical realm of "being there" was easily grasped as a "spatial-temporal relationship" (p. 56). She therefore spent more time articulating the more complex psychological experience of "being with." Her description draws heavily from another nursing theorist Watson. Gilje (1992) wrote:

> For Watson (1985), the psychological component of *presence* includes the
> psychological, social, emotional, ethical, and spiritual realms which directly

impact the caring process. Watson described the art of nursing as a human activity which involves a union of feelings. For Watson, this unity of feelings encompasses a transmission of the soul through full use of self. Conditions of this process include the nurse's use of spirituality, individuality, and sincerity. (pp. 56-57; emphasis in the original)

The next aspect of presence explored related to "presence as influence," a view which acknowledged the power of presence to effect change (p. 57). "Presence as feeling or believing" (pp. 58-59) documents a shift in her exploration of presence, from the one giving presence to the one experiencing presence. This concept had a decidedly religious, or spiritual tone, as it explored the ways in which people can experience the presence of something greater than themselves. "Presence as caring" (p. 60) was seen as a newer contribution to the concept of presence. She reviewed several studies in nursing that had identified presence as a component of caring. Overwhelmingly, the studies found that patients identified presence as a critical component of caring.

Gilje (1992) sought to further illuminate the concept of presence by examining the definition of its opposite, absence. She began by asserting that "one's presence can be absent not only in the physical realm but also in the psychological, emotional, and spiritual realms" (p. 60). She furthered the definition by recalling that presence exists primarily in relationship, and that absence of presence can also be seen as absence of relationship. "Absence of presence as absence of relationship is manifest in a myriad of social and emotional problems such as substance abuse, violence, and some mental illnesses" (p. 60). This finding is in direct contrast with Fraelich (1989) and Pemberton (1976) who defined presence as an intrapersonal phenomenon.

In her final discussion, Gilje (1992) summarized across all definitions to create a more comprehensive view of the concept of presence. She found that "*being with* was the

most consistently used definition of the word *presence*" (p. 61; emphasis in the original).

She proposed a theoretical definition based on her concept analysis. Presence is:

> An intersubjective and intrasubjective energy exchange with a person, place, object, thought, feeling, or belief that transforms sensory stimuli, imagination, memory, or intuition into a perceived meaningful experience. This definition embodies and requires congruence of body, mind, and spirit. Integral to this definition is the inclusion of a reflective state of consciousness as a key element. In this regard, valuing being and knowing are essential processes for understanding the concept and applying it to human experiences. (p. 61)

The definition proposed by Gilje highlighted the holistic quality of presence or, in other words, the way in which presence was created and experienced by the whole of a person. She also included the critical elements of the process of presence and its effects. The concept of presence grew out of the existential philosophies which emphasized being: "*presence* is part of a holistic caring approach which involves integration of mind, body, and spirit. This somewhat invisible and indivisible process results in transpersonal caring" (p. 63; emphasis in the original).

Gilje's concept analysis (1992) provided the foundation for her dissertation research (1993) in which she used a phenomenological method to investigate patients' lived experiences of the nurse's presence in contrast to previous studies. Participants were 16 patients in a mental health facility.

Gilje (1993) selected participants from both inpatient and outpatient populations to research the question: "What is the structure of the meaning of the lived experience of the nurse's presence?" (p. 4). Using interview for the extraction-synthesis phase she culled the essential features of each participant's description of presence, then organized the features into core concepts, and finally created a structure of meaning of the lived experience of the nurse's presence. Gilje employed a heuristic interpretation to arrive at

the meanings of the patients experiences that could be used to generate a novel theoretical structure.

Gilje's (1993) results were given as a set of core concepts that were considered hallmarks of the experience of the nurse's presence: (a) enveloping comfort in the midst of discomfort affirms worth, (b) heeding the call and inviting connection surface through the wellspring of love and authentic being, and (c) glimpsing new possibilities is transforming, transcending time and space (p. 129).

Gilje's two studies (1992; 1993) brought detail and clarity to the subject of presence without losing some of the intangible properties of the phenomenon. The language she chose illustrates again how this phenomenon is both familiar and unfamiliar and is often difficult to communicate. Gilje firmly grounds the phenomenon in spiritual terms. Enveloping comfort connotes an intangible sensory experience, very different from a physical enveloping. To feel enveloped without the aid of touch indicates some other mechanism, perhaps energetic, that performs the enveloping. Gilje's participants also likened a nurse's presence to the feeling of "being with a pastor" (1993, p. 129). Again, the reader senses that the actual experience of presence is difficult to translate into exact language. Instead, participants use metaphor and poetic word combinations to point to the lived experience. Gilje's "wellspring of love," "authentic being," and "loving center" are further examples of poetic language that lacks precise definition.

The phenomenon of presence seems to float elusively beyond words. It is close enough that participants were able to point to the experience and sustain some discussion of it, but far enough away that presence has yet to be precisely defined. What does serve to identify and define presence is the unmistakable experience of it. The following study

by Marilyn Parker (1992) shifts the perspective from the patients' experience of presence to the question of how nurses create and sustain an inner reservoir of caring that feeds their presence. Her particular study examined the role that artistic expression played in a nurse artist's ability to give presence.

Marilyn E. Parker

Parker (1992) questioned how the practice of art contributed to the practice of nursing. She linked the studies of aesthetics, art, and nursing in order to support the connections between the nurse artist and the practice of nursing. In addition, she related the common belief that nursing is an art to the concept of being an artist.

Parker (1992) used a hermeneutically informed method to work with text generated by five participants. She asked: "What is the meaning of the practice of art to the practice of nursing of the nurse artist?" (p. 25). All participants had nursing experience, although actual years of practice were not stated. Three nurses were in undergraduate or graduate nursing programs and two nurses were practicing. The five nurse artists generated text using the Progoff (1980, 1985) journal writing technique. Specific questions and statements were formulated for the nurse artists to use as they wrote about their experiences first as artist, second as nurse, and finally as nurse artist. The goal was to define clearly and deeply each practice. Parker encouraged each nurse to "reflect and write about the meaning of her practice of art to her practice of nursing" (p. 29).

Parker (1992) used her own journal writings to help identify relevant lenses through which data would be interpreted. She provided a step-by-step description of each stage of analysis; a general outline of this will be given here. Parker read all responses "to obtain a sense of the whole" (p. 31) and then documented her impressions. She worked through

each of the sections by reading, reflecting, then identifying themes and categorizing them. To check validity, Parker reviewed each interpretation that she made with the nurse author.

Parker (1992) found that the practice of art served to support the nurse artist in seeking, creating, and maintaining wholeness. From a place of wholeness the nurse artist was better able to provide and sustain her presence for patients. She wrote: "The practice of art for the nurse leads to wholeness and fulfillment" (p. 34). Art was seen as a way for the nurse to explore and express her experiences and feelings. She was able to foster her own growth and feelings of wholeness which then translated into her work with patients (pp. 34-35).

Parker (1992) presented a new way of achieving and/or sustaining presence. She found that as the nurse was supported by her practice of art, so her nursing practice became fuller, or more full of presence. Conversely, issues that arose in nursing practice could often be resolved or responded to within the nurse's practice of art. Parker's work identified the need for nurses to have some method of self-support and self-development in order to create and maintain presence. The ideas that presence "just happens" or is a quality someone is gifted with, diminish in credibility based on Parker's work. These nurse artists worked on themselves and supported their own internal atmosphere. In taking care of themselves, they became better able to care for others.

The findings cited in the nursing studies (Monkhern, 1992; Gilje, 1992, 1993; Parker, 1992) frequently suggest a spiritual component. Patients described feeling like they were with a pastor or possessed a spontaneous flow of love, hope, healing, and renewal. Monkhern (1992) and Gilje (1993) both lean toward a spiritual language that points to

something more than ordinary communication and Parker (1992) refers to prayer. The next section will present the results of one dissertation on presence in pastoral counseling.

Presence in Pastoral Counseling

Bruce Hardy

Hardy (1992), writing in the field of pastoral-psychotherapy, undertook the task of constructing a new paradigm, which he called the theological-psychological paradigm of presence. This new paradigm was developed as a way in which to counsel psychotherapy clients. His approach was to gather information from Jürgen Moltmann's theological theory of presence, Heinz Kohut's self-psychology, and from a clinical case study. A combination of "literary, case study and phenomenological methods" (p. 10) were used to structure the theological-psychological paradigm. Hardy stated that "this interface has attempted to conceptualize the trialogue in pastoral psychotherapy between the presence of a pastoral psychotherapist, the presence of the counselee, and the presence of God" (p. 17). Phenomenological method was used to assist the researcher in deriving the essential elements of each position in the trialogue. "This dissertation has attempted to explore the 'point of view' of the three contributors thereby formulating a paradigm of presence" (p. 20).

Each of the three voices presented in the trialogue will be briefly recounted here. Hardy first worked with the writings of Moltmann, a contemporary theologian whose hallmark theory centered on eschatology. Hardy explains Moltmann's particular eschatological perspective:

> The hope of the resurrection of humanity emerged from the resurrection of Jesus Christ. The raised body of Christ functioned as an "embodied promise for the whole creation. . . the prototype of the glorified body".... The raised

body of Christ has been wholly and entirely permeated by the life-giving
Spirit. (1992, p. 58)

The symbol and promise that Christ holds for Christians imbue human existence with

the Presence of God. This is a central tenet of Hardy's paradigm that humans, through the

promise of the raised body of Christ, become sources of Divine Presence. According to

Hardy, Divine Presence is mediated by human presence, and the vehicle that

communicates Divine Presence is empathy. Empathy allows Divine Presence to flow

from one person to another.

Empathy served as the conduit through which God's presence is brought into daily

life. Hardy (1992) used Kohut's definition of empathy: "The best definition of empathy...

is that it is the capacity to think and feel oneself into the inner life of another person"

(Kohut, 1984, p. 82). Empathy is the name for the particular ability to bring forth, to

"present," the presence of God. Hardy hypothesized that the counselor communicated the

presence of God to the client through empathy.

The third voice in the trialogue was that of the client (Hardy, 1992). Hardy illustrated

the multiple relationships, outside of the counseling relationship, which served to sustain

the presence of God in Kay's life. Kay was a 31-year-old Caucasian woman who had

been continually involved with a religious community that included her friends and

family. She was a member of the church to which her family had belonged for three

generations. When she began therapy she had been married for nine years and was the

mother of two sons. Early in her marriage she had decided to be a full-time parent to her

children, leaving her job as a secretary. She was referred to counseling by her family

physician for issues with depression and panic attacks.

Hardy's (1992) clinical opinion was that relationship with others (including the counselor) provided Kay with presence. The relational aspect of presence was, therefore, a major factor in the therapy. Healing in Kay's therapy came from human relationship, which served as both spiritual and psychological supports to Kay's development. Empathy in relationship, the therapeutic relationship, and other relationships was the key to providing both the psychological and spiritual support.

Hardy's (1992) paradigm was formulated around the three major concepts of eschatology, empathy, and presence: eschatology derived from Moltmann's theology, empathy from Kohut's self-psychology, and presence from the case study. The theory transposes quite naturally from its origin to describe each member of the trialogue in pastoral counseling, God, the counselor, and the client. In describing the paradigm of theological-psychological presence Hardy wrote:

> More than a technique of therapy, presence has been described as a way of life. Rather than reductionistic or fragmented in scope, this paradigm of presence has attempted to view presence from the holistic perspective of multiple relationships. The highly relational quality of presence was noted between the counselor, counselee, and the presence of God. Yet, the paradigm has acknowledged a larger community consisting of the multiple relationships inherent with each member of the trialogue. (p. 235)

Hardy's paradigm (1992) acknowledges the effects of presence from multiple sources and the dynamic quality of relationship.

Each author cited in this literature review has in some way discussed the effect of presence in care-giving. Studies in psychology have thus far concerned themselves with the therapist's experience of presence and with the therapist's perceived impact on clients (Fraelich, 1989; Pemberton, 1976). Research in nursing has examined presence from both the nurse's and the patient's perspective (Monkhem, 1992; Gilje, 1992, 1993; Parker,

1992), and Hardy (1992) has placed the effect of presence in a community of ever-expanding relationship. These studies illustrate some of the variety of accounts of presence that exist within a vast literature on caregiving and the practices of psychotherapy and pastoral counseling. The next chapter on research method will explain how the wealth of information available will be used to broaden the understanding of presence.

CHAPTER THREE: RESEARCH METHOD

"Method can not be isolated from meaning."—John Mergendoller

Research over the last decade has demonstrated a sustained interest in the presence of the caregiver. Researchers working in fields where presence is a significant facet of treatment, such as nursing and psychology, have sought to define and describe presence. They have designed studies to gather data from caregivers that have the quality of presence, or from patients who have experienced presence in a caregiver. A modest body of research literature now exists alongside the many theoretical writings by advanced clinicians in various fields of caregiving. What has not been developed is a common "keyword" language or common definition of presence.

The keyword has become a necessary part of literature reviews, as researchers often rely on computer-based search strategies. Using the word "presence" in a keyword search returns thousands of citations, only a few of which actually relate to presence defined as "way of being." The difficulty in locating studies on presence has resulted in a lack of awareness of other studies and has created a related challenge: the lack of a common definition of presence. Researchers working in this area have created their own unique definition of presence, keeping the body of literature centered on defining presence and preventing forward movement in research. Despite the lack of reciprocal awareness among researchers, their definitions of presence display remarkable similarity. These similarities were addressed within the method of this study. One such similarity among the many published definitions of presence was the identification of spiritual aspects of

presence. Interestingly, each researcher working on defining presence had identified

spirituality as a part of presence, yet presence was considered part of the humanistic

school of therapy. My own background in transpersonal psychology made me wonder

whether the subject of the therapist's presence might be well understood within a

transpersonal frame of reference.

This study employed the method of intuitive inquiry (Anderson, 1998, 2000) to shape

successive cycles of interpretation of texts that defined, described, or conveyed presence.

The following research question was been formulated: What are the common words,

themes, and qualities found in definitions of presence? The common words, themes, and

qualities were extracted from a variety of texts and were then distilled into one central

text on presence. Once distilled, the definition of presence was reviewed by a resonance

panel of advanced clinician-clients who claimed to have experienced the presence of a

therapist as a significant factor in their own psychotherapy. This chapter addresses the

theoretical underpinnings of the methods chosen for this study, the hermeneutical

perspective, intuitive inquiry, resonance, and describes the design of the study.

Hermeneutics

As researchers in psychology search for better ways to understand human experience,

qualitative research methods have emerged with greater frequency, especially in the last

two decades. Researchers in psychology have borrowed philosophical ideas from the

field of hermeneutics to justify and develop new methods of inquiry. The discipline of

hermeneutics has a long tradition of questioning *verstehen*, or understanding, as it is

derived from text (Dilthey, 1976; Heidegger, 1996; Gadamer, 1960). Over time,

hermeneutics has expanded into a thorough discussion of the way in which meaning is

derived from text. When attempting to answer the complex question "What is

hermeneutics?" author Gerald Bruns (1992) offered this answer:

> The simplest answer is that hermeneutics is a tradition of thinking or of
> philosophical reflection that tries to clarify the concept of *verstehen*, that is,
> understanding. What is it to make sense of anything, whether a poem, a legal
> text, a human action, a language, an alien culture, or oneself? (p. 1; emphasis
> in the original)

As a philosophy, hermeneutics inquires about the myriad elements that come together

within a person to create meaning from text: the lenses through which they see and

interpret text. Hermeneutics is fundamentally about the interpretation that has seeped into

our daily contact with text, yet escaped from view. By questioning the act of

interpretation, the hermeneutical researcher seeks to uncover hidden assumptions and

values that assist in the construction of meaning. No reader encounters a text free of

context—historical, personal, or otherwise. The hermeneutical researcher makes the

context explicit and brings the relationship between context and meaning into awareness.

Hermeneutical thought has only recently begun to inform research methods with

psychological topics. "Hermeneutics in psychological research gives credence to the

concept that as a being-in-the-world, the researcher is never free from interpretation and

cannot achieve a pre-suppositionless attitude with regard to the data" (Titelman, 1979, pp.

186-187). Therefore the researcher employs his presuppositions as lenses through which

to see the data. The identification of assumptions and biases eventually allows the

researcher to see beyond her limited understanding of the topic.

In hermeneutically informed research methods, there is no illusion that the researcher

encounters text without biases. The frame of reference of the researcher is examined as

closely as the traditional "data" gathered from participants. Language, culture, and time,

all of which affect and create meaning, are acknowledged, questioned, and accounted for within the inquiry (Bruns, 1992; Packer & Addison, 1989; Titelman, 1979). Therefore, the creation of meaning is an interpretive process. This hermeneutical truth requires the researcher to document and account for (insofar as it is possible) the factors that shape his interpretation.

Modern Hermeneutics in Psychology

The hermeneutic perspective has only recently been explored within the very practical and concrete realm of research methods. The following three studies give examples of researchers who have developed a hermeneutically informed method suited to their topic of inquiry.

Mergendoller's (1989) study of moral action in war resisters required that he develop such an interpretive method of analysis. He interviewed resisters and worked with transcribed interview texts to explore the substance of moral action in resisters of the Vietnam War. The following quote describes his interest in the relationship between moral thought and action:

> I set out to study the interpenetration of moral thought and action (Mergendoller, 1981). I wanted to understand the moral significance of the Vietnam War for those willing to risk and accept hardship and deprivation to live consistently with their moral beliefs. I believed the study of these individuals would enable me to generate a more complex and realistic theory about the relationships among moral thought and action, thereby propelling the psychological study of morality beyond the austerity of Kohlbergian structuralism. (pp. 120-121)

During this study, Mergendoller was required to revisit his ideas about participant selection many times. He settled on a two-stage sampling strategy.

In the first stage, Mergendoller (1989) sought participants who met certain pre-determined criteria of "sincere moral commitment" (p. 122). He realized that "sincere

moral commitment" was not easily defined or identified in the participant population. He wrote: "Finding participants whose lives reflected the thoughtful moral commitment I sought to understand was going to demand that I use my judgment, not an objective-appearing categorization scheme" (p. 122). Mergendoller shifted his strategy to interview "all those who called themselves resisters" (p. 122) and selected for participation those "men whose stories I found more compelling and indicative of their moral commitment" (p. 122). Men who had retained documentation of their resistance to the draft through letters, court papers, or diaries were of particular interest to Mergendoller. With selection criteria made explicit, his next task was to select an appropriate interview technique.

Mergendoller (1989) judged his first several interviews to be "thin and lacking in detail" (p. 123) which caused him to change his approach. For the remaining interviews he devised an interview procedure that followed that of the Selective Service System, which enabled participants to recall their experience in greater detail. The intention guiding his interview procedure was "to understand the general outlines of men's experiences with the Vietnam War and the draft as well as the sense they made of those experiences" (p. 123). He allowed participants great freedom in their responses and asked clarifying questions only when more detail was needed in a certain account. Five men were selected from the larger group of participants who had "acted upon a personal moral vision that was courageous and compelling" (p. 123).

These five men were selected for a procedure called "portraiture" (Mergendoller, 1989, p. 123). Portraits were distilled to 40 or 50 pages of essential statements and descriptions, plus Mergendoller's own clarifying comments. Participants reviewed their portraits for accuracy, corrections were made, and then the texts were analyzed for

similarities and differences with the goal of integrating the commonalties into a theoretical structure.

Mergendoller (1989) was able to distinguish between two types of morality: moral identity and moral tradition. Moral identity was so integral to the self of the resister that he could not conceive of complying with the requirement to participate in the war. Moral tradition was usually a familial lineage of moral action, which strengthened the resolve of men who knew they were connected historically to at least one other person who dissented or disobeyed based on a moral code. Mergendoller found that resisters could have either one or both types of morality. It took a major event, like war resistance, to fully illuminate the underlying structure of morality in each resister.

Each man was set apart by the realization that he could not participate in what was being asked of him; he was forced into a consideration of the reasonable options that were open to him. Mergendoller found that the men struggled with the question of "what to do," (p. 130) and with reconciling the parts of themselves that did not want to resist. This internal struggle pulled the moral strength of the man into relief where it was dimensional and visible. The act of affirming moral identity spoke to the self-affirmation of following one's own convictions. "All these excerpts suggest, the question, *What shall I do?*, was fused with, *What will I become if I do it?*" (p. 137; emphasis in the original).

Mergendoller's (1989) flexible method allowed him to extract the type of data necessary to respond to the complex questions he had posed. The hermeneutical perspective allowed him to function as a knowledgeable guide within the context of the research study, capable of fine-tuning, shifting, and articulating the processes by which he structured the method.

Shann Ferch (2000) constructed "a hermeneutic phenomenological inquiry" (p. 155) to explore the relationship between touch and forgiveness. He sought detailed information about "participants' subjective experience of touch in the context of forgiveness" (p. 159). Following the work of van Manen (1990), Ferch undertook "to construct an animating, evocative description (text) of human actions, behaviors, intentions, and experiences as we meet them in the lifeworld" (p. 159). Criterion sampling was used to select participants "who had experienced a forgiving touch" (p. 159). The resulting sample of five participants ranged in age from 22 to 53 years, and came from diverse socioeconomic backgrounds. Four participants were Caucasian and one was Native American. All identified themselves as Christian, but came from different traditions.

Ferch (2000) interviewed all participants at least twice. The first interview focused on "stories, anecdotes, and participants' memories of specific experiences" (p. 160), while the second interview was designed to allow the participant and researcher "to *reflect* on the lived experience presented" (p. 160; emphasis in the original). Three focusing questions were used to guide the open-ended interviews: (a) Have you had an experience of forgiving or being forgiven in which touch was involved? (b) What was the experience like—its nature, purpose, intensity, meaning, and result? (c) Please describe this experience in as much detail as possible (p. 160). Interviews were recorded and transcribed, and the transcripts reviewed for common experiences.

Ferch (2000) found five themes within each participant's story, although each tended to highlight one theme more than the others. The themes were: "restoration of a loving bond, restoration of character, lifting the burden of past relational pain, lifting the burden

of shame, and restoration of oneness" (p. 161). All themes fit within a larger frame of

"movement from relationship to distance to renewed relationship" (p. 167). Ferch

concluded that "touch was a part of the process that declared forgiveness had been chosen

and acted upon" (p. 167). The hermeneutic phenomenological method chosen by Ferch

(2000) allowed him to gather detailed information about a human experience—that of the

relationship between touch and forgiveness—and to then use interpretive analysis of the

data to discern five themes common to touch and forgiveness.

Intuitive Inquiry and Research Design

Intuitive inquiry is a research method developed by Anderson (1998, 2000) and is

closely informed by the hermeneutic perspective. Anderson describes intuitive inquiry as

an "approach to research that systematically incorporates both objective and subjective

knowledge through a step-by-step interpretive process—cycles of interpretation which

shape the ongoing inquiry" (2000, p. 32). Intuitive inquiry defines at least three cycles of

interpretation, which correspond to the forward and reverse arcs of the hermeneutical

circle. The circular movement of interpretation progresses as follows:

> At the outset of the research endeavor, the intuitive researcher initially
> identifies her or his values and assumptions through active and connected
> engagement with the experience studied and then uses these values and
> assumptions as hermeneutical lenses to explore and analyze similar
> experiences in others. This is called the hermeneutical circle. (2000, p. 32)

Anderson (2000) has named the iterative cycles of interpretation, Cycle One, Cycle

Two, and Cycle Three. Cycles One and Two are related to the projective forward arc of

the hermeneutical circle and Cycle Three relates to the evaluative return arc.

In this study, I moved through the cycles of intuitive inquiry to shape and document

the successive levels of interpretation while distilling excerpts from significant writings

and research studies concerned with the presence of a caregiver into a common language and definition. The distillation sought to highlight the similarities found among definitions of presence. Texts considered for inclusion ranged from recent research studies to writings by advanced clinicians to published experiential accounts. Three procedural lenses were developed to ensure sufficient depth and breadth in the Preliminary Distillation and guided selection of texts. The Preliminary Distillation was then submitted to resonance panels made up of advanced clinician-clients to be tested for consensual validity. This section describes each cycle of the study in detail.

Cycle One

Anderson (2000) writes that Cycle One is initiated by "the claim of the text" (p. 35) on the researcher and is concluded when a suitable research topic emerges. Once the researcher identifies a text that repeatedly claims his attention, he "enters the circle of interpretation by engaging with the 'text' daily and recording both objective and subjective impressions" (p. 36). This process of making regular contact with the text clarifies the focus of the study and generates research questions or intentions. Anderson writes: "By repeatedly engaging with a potential text in a process of observation, inward reflection, dialogue, and perhaps meditation, impressions and insights converge into a focused research topic" (p. 36). Suitable topics for intuitive inquiry are compelling, manageable, clear, focused, concrete, researchable, and promising. By the end of Cycle One the researcher has typically discovered a rough articulation of lenses to clarify the topic. The first cycle is judged complete when the topic meets these criteria.

Cycle Two

The second cycle of Anderson's (2000) method involves "developing the interpretive lenses" (p. 36). The researcher's frame of reference is made explicit through the following process:

> Having engaged with a specific text to focus the research question or topic, the intuitive researcher then re-engages the research topic through a different text (or set of texts) to identify the structure and accompanying values the researcher brings to the topic. The researcher's initial structure and accompanying values become the preliminary lenses of interpretation, requisite for engaging with the texts of others and interpreting their understanding of the topic. (p. 36)

Anderson describes the development of interpretive lenses as "easy and fast, more analogous to brainstorming" (p. 36). The researcher regularly engages with text(s) and makes lists of "consistent patterns or clusters of ideas in her or his understanding of the topic. Through a sometimes arduous process of combining, reorganizing, and identifying emerging patterns, the list shortens to between several clusters" (pp. 36-37). Presuppositions made explicit by this process will be challenged and expanded in Cycle Three.

Cycle Three

Anderson (2000) calls Cycle Three "engaging the claim of others" (p. 37). The researcher gathers "original textual data" (p. 37) in at least three stages. The researcher first identifies a target population of participants (or texts) most able to assist in expanding the researcher's understanding of the topic. Next, the researcher develops criteria for selecting among participants or texts for those who (which) most clearly address the research topic. In the final step "the researcher analyzes the new texts as a means for modifying, redefining, reorganizing, and expanding his or her understanding of

the research topic" (p. 37). The intuitive researcher is encouraged to attend to "intuitive breakthroughs" (p. 37) when "patterns seem to shape and reveal themselves with each fresh set of information" (p. 37). The researcher may conclude with Cycle Three or may continue with the formation of a resonance panel.

Results of Cycle One

In this study, the text that claimed my attention was the recollection of the presence of my psychotherapist. It was my curiosity about her presence that guided me to locate empirical studies documenting the therapist's presence (Gilje, 1993; Pemberton, 1976). What follows is a brief description of the way in which these two texts, my recalled experience and published research, came together to create a focused research topic.

Early in my doctoral studies a teacher quoted Walt Whitman to our class: "We convince by our presence" (Whitman, 1983). Whitman's statement touched my own experience of presence. Whenever I read those words my awareness moved inward to the place where I retain sensory memories of the presence of my therapist, memories of how it felt to be in her presence. I wanted to understand more about the experience that I had with her. My first task was to amplify that inward focus in order to articulate my experience. I found that an inner place, toward the center of my body, was activated when I read certain accounts of presence. This inward sense was an identifiable, visceral form of recognition and discernment. Throughout Cycle One, I attended to this inner place of visceral recognition to guide me to texts that portrayed experiences similar to my own.

In addition to my own internal exploration, I sought empirical studies to feed my intellectual curiosity: I wanted to understand presence in psychotherapy. As I read studies for intellectual understanding, I continued to monitor my inner experience for signs of

visceral confirmation, as described above. The frequent experience of a visceral recognition of presence, as it was described by others, encouraged me to believe that presence was an identifiable and describable experience. My intellectual explorations began to identify questions and issues about the studies and the field of presence. I noticed that the authors of these studies had not been aware of others' work, as evidenced by a lack of common citations and a lack of reference to others' work. Questions arose about what had caused this situation and how it had affected the research to date. Reviewing publication dates made it clear that several researchers were working at the same time and were therefore blind to others' work.

Another challenging factor in my search for relevant literature was the lack of a "keyword" language which would facilitate the location of research articles by computer search (as is now the custom). The lack of cohesion within this body of literature has resulted in the lack of a common definition. Each researcher has developed a unique language and definition of presence. While researchers may never agree on one definition of presence, it seems unnecessary for future researchers to create new definitions when so many good ones already exist.

Researchers documenting the qualities of presence frequently refer to spiritual dimensions of presence (Fraelich, 1989; Gilje, 1993; Monkhem, 1992; Pemberton, 1976). Without exception, authors of empirical studies at some point refer to something "mysterious," or "metaphysical," or "energetic," in their descriptions of presence. They sometimes refer to it as the thing they cannot quantify or put into words. As a result, most of these references were vague or apologetically offered. My own background in transpersonal psychology testifies to my interest in spiritual dimensions of human

experience and suggests why I have an interest in clarifying questions about any spiritual aspects of presence.

My work with the texts of experience and empirical research led me to believe that the field of presence would benefit from the ability to locate studies by keyword, and would benefit from a definition distilled from the variety of published writings on the topic. In turn, the definition of presence would be well served by a closer examination of the numerous references to spirituality. Attention was given to developing specific and descriptive language when discussing the spiritual aspects of presence. The emergence of these explicit needs and research intentions fit Anderson's criteria for a "focused research topic" (2000, p. 36), and they were the outcome of Cycle One. A clear and focused research question emerged: What are the common words, themes, and qualities found in definitions of presence? The next chapter will document the method and results for Cycle Two, the Preliminary Distillation of texts.

CHAPTER FOUR: METHODS AND RESULTS FOR THE PRELIMINARY

DISTILLATION

An in-depth description of intuitive inquiry (Anderson, 1998, 2000) was given in the

Review of Literature, and a brief overview of the cycles will be given here. The step-by-

step methods of intuitive inquiry give a supportive structure to the process of designing

and pursuing a hermeneutically informed study. Anderson (2000) suggests a minimum of

three cycles that can be tailored or expanded to suit the purposes of the study being

designed. In Cycle One, the researcher identifies a research topic and formulates a

question that is focused and manageable. Cycle Two guides the researcher to document

presuppositions about the topic being studied through an in-depth textual analysis and

Cycle Three encourages the collection of empirical data in the form of interview, review

of additional texts, or some other type of contact with participants, to evaluate and

expand upon the researcher's understanding of the topic.

Cycle Two

In this study, the work of Cycle Two, documenting my presuppositions, took the form

of a distillation of texts that described or defined presence. I used the recollection of my

experience of my therapist's presence to guide me in text selection and in excerpting

quotes for the Preliminary Distillation. What follows is a description of the procedures

that I followed in order to create the Preliminary Distillation and a presentation and

explanation of the Preliminary Distillation.

Cycle Two began while I was in the process of reading empirical studies as part of the

review of literature. Reading and reflection on the topic of presence allowed me to

develop a list of the qualities of presence that resonated with my own experience. That list, which identified potential lenses through which to view presence, began with 32 entries. As I studied the list I realized that some of the entries described qualities unique to my therapist's personality, and I wondered if those qualities were in fact general to presence. Other questions emerged about how words were defined and how well those words fit my experience. I also began to question whether presence was created by the caregiver alone, or if the client shared in the creation of presence. For example, I wondered what other factors such as the client's openness or state of need, might influence the therapist's presence. Working with the list and trying to make sense of it heightened my state of confusion about presence. The following table lists the original 32 lenses through which I viewed the experience of presence. The words and phrases tend to describe the therapist from the client's point of view.

Table 1

Initial Lenses

Communicates with a knowing look or a smile

Sees beyond the surface level

Inhabits her own body

Is an ally for me—at times stronger than I can be for myself

Is an expert at taking care of herself

Knows her boundaries

Gives clear interpretations

Has impeccable timing

Is skillful—has been practicing for some time

Has done her own inner work and continues to do so

Holds a vision of me as a whole person

Has a spiritual practice

Accepts me as I am

Encourages connection (feels like the sun)

Extends into the world and into others

Teaches how to maintain contact

Steady

Solid

Versatile

Real

Present

Open

Vulnerable

Human

Genuine

Warm

Unwavering attention

Fully aware

Wise

Available

Generous

Funny

After a long day of writing and struggling over how to express my ideas about

presence, I had a breakthrough. A preliminary model of the therapist's presence emerged

in full form. That model is composed of three layers. The first layer is the therapist's

meditative full presence or attending to the present with full awareness and attention. Full

presence is then *directed* or channeled into relationship and generates the foundation of

presence. This second layer involves the will and intention of the therapist to apply or

direct her presence toward connection or relationship. The third layer, which overlays

directed full presence, is composed of the *unique qualities* of the individual therapist, such as a sense of humor, keen perception, or warm receptivity.

As Cycle Two progressed I discovered an unexpected abundance of literature on the topic of presence that necessitated a refinement of the study design. Questions arose about how to accurately define the population of texts among so many varied sources and how to select among them. These questions opened a deeper exploration into the structure of this study. My attention was first placed on identifying the population of texts on presence from which I would choose a representative sample.

Population of Texts

Texts on presence were discovered through several methods. Professors, clinicians, and authors familiar with writings and research on psychotherapy were asked to recommend titles. Dissertations on presence provided excellent literature reviews and citations were used to locate texts on presence. Psychological and medical databases were searched by keyword for articles on presence. These three sources helped locate a long list of authors and texts. The texts on this list were easily catalogued as one of three types: experiential, empirical, and theoretical.

Clients wrote experiential accounts about their relationship with their therapists. The writing style of these texts tended to be personal, akin to journal or diary writing. Stories were given as testament to the power of the therapist, or the power of a strong connection in therapy. These accounts were all found by chance, when I was reading more generally about psychotherapy and clinical practice, and typically appeared in books not related specifically to the topic of presence.

Empirical accounts were research-based writings and came mainly from dissertation research. These research accounts were framed within a specific method and theoretical construct, and were always reported as part of a study. They often included quoted material from clients or therapists and the researcher's own interpretive comments, models, and conclusions.

Theoretical writings tended to include elements of both experiential and empirical writings. These texts were written by advanced clinicians who had formed their opinions from years of observations in clinical work. The writing style had an experiential feel in that the authors used their own observations as the basis for theory or models of psychotherapy.

Selection of Texts

The following procedural lenses were developed to guide text selection in order to ensure that the selection of texts was sufficiently diverse, inclusive and appropriate to the study.

> 1. The first lens is of *novel perspective*. Each text views presence from a perspective: client or caregiver, student or advanced clinician. Texts that document a novel perspective will be included in the analysis. Conversely, texts that repeat an existing perspective may be excluded from the analysis.
>
> 2. The second lens requires that the text *communicate presence clearly*. This criterion ensures that presence is discussed directly, so that it is not necessary to make elaborate explanations or guesses about the author's views on presence.
>
> 3. The third lens seeks a *variety* of texts. Authors have written about presence in many different ways. Some authors write within the context of research, others write theoretically, and others write experientially. The researcher hopes to capture the robust quality of presence by including texts that communicate presence in a variety of ways. The criteria of variety will help ensure that the final list of texts to be analyzed will be well rounded and dimensional.

Creating the Preliminary Distillation

The process of distillation describes "the extraction of the spirit, essence, ... of any substance by the evaporation and condensation of its liquid solution..." (Oxford English Dictionary, 1989). The intent to distill a definition of presence involved expanding my then-current conception of presence, by reviewing a variety of writings on the subject and then clarifying and concentrating the essential features of the experience described within the texts. Texts selected for distillation were read with attention to common words, themes, and qualities used to describe the therapist's presence. Reading was comprehensive, as the intent of this process was to incorporate the views of many writers into one condensed version. The distillation was considered complete when the data were saturated. Saturation was judged to have occurred when specific words, themes, or qualities become repetitive, and no new information emerged over the course of three additional texts.

As I read each text, I first read for overall content and perspective. Some writers described presence as a theoretical construct, others described the experience of presence, and still others described the effects of presence as they perceived them. Next I read for the major themes and definitions of presence. In addition, words that were commonly used to describe or define presence were tracked throughout different texts. The results of these various readings were kept organized in a table that allowed me to compare the common words, themes, and qualities of presence.

I was a particularly interested to note any discrepant conceptions of presence that took place during Cycle Two. For example, almost all writings I had read focused on the importance of the presence of the therapist. However, James Bugental (1987), a well-

known existential psychotherapist, wrote at length about the presence of the client. At first, his perspective did not make sense to me because I had become so accustomed to thinking about the presence of the therapist. Bugental's discrepant perspective was unique among writings on presence. His way of seeing presence in the client aroused my curiosity and awakened me to new ways of viewing presence. My conception of presence became more dimensional and full. Instead of imagining presence as solely emanating from the therapist I began to wonder more about how the client might affect presence, or how the therapist might be monitoring the client's presence. Bugental's perspective offered me a new lens through which to view presence. Attending to discrepancy became a reading strategy throughout Cycle Two to help ensure that a rich and full distillation of presence was generated as I went along.

The process of distilling began when I gathered together all texts that I had collected on the topic of presence (For a list of titles see Appendix F). I read them with special attention to "resonant experiences" within myself that responded to key quotes. Resonant experiences occurred when my body gave a kinesthetic "yes" to a description of presence. I can describe the kinesthetic "yes" as a feeling of accuracy, of words that accurately fit with my memory of the experience of the presence of my therapist. Distilling also required that I look for the common words, themes, and qualities of presence as an answer to my research question. Those commonalties were fairly easy to identify. For example, the word "authentic" appeared repeatedly in the literature on presence. Quotes identified by resonant experiences were excerpted to a text table that tracked the quote, author, publication. The following table is given as a sample of the text table (for full

table see Appendix E). The columns from left to right indicate the author and source, the quote itself, and the identified themes.

Table 2

Sample of Distillation Text Table

Extracted Quote	Themes
Presence is a name for the quality of being in a situation or relationship in which one intends at a deep level to participate as fully as she is able. Presence is expressed through mobilization of one's sensitivity- both inner (to the subjective) and outer (to the situation and the other person(s) in it)- and through bringing into action one's capacity for response. (Bugental, 1987, p. 27)	• Intention, at a deep level, to participate as fully as he or she is able • Inner and outer awareness
So, when I sit down with someone, I take my troubles and feelings and I put them over here, on one side, close, because I might need them. I might want to go in there and see something. And I take all the things that I have learnt—client centered therapy, reflection, focusing, Gestalt, psycho-analytic concepts and everything else (I wish I had even more)—and I put them over here, on my other side, close. Then I am just here, with my eyes, and there is this other being. (Gendlin, 1991, p. 205)	• Meditative presence • Clearing the mind of self concerns and of "knowledge"

The process of reading text and excerpting quotes continued for about three weeks until the entries in the text table became "saturated." Data saturation occurred when no new concepts emerged. In this study, I set the criteria that if no new data emerged within a series of three texts I would end the distillation process. Determining the saturation point meant being extremely familiar with the data in the text table, and to that end, I reviewed the text table several times each day. These frequent reviews supported the next stage in the distillation, that of identifying larger categories or concepts within which to

incorporate the many elements of presence discovered in the extracting process described above.

During the frequent readings of the text table, I made notes about common themes, words, and qualities. I also used color coding to help me track common ideas within the table. The table ultimately contained 146 excerpted quotes, evidence that I was enamored of the process of reading and excerpting and could have stopped earlier than I did. Many common words emerged easily, such as "love." The word "love" occurred 17 times in the excerpted quotes and was therefore highlighted as a theme for inclusion in the distillation. Other times a theme emerged from among a number of words, such as "integrated, unified, and congruent." The theme I chose to incorporate all three words was "maturity." In the actual distillation, "maturity" was listed as the main element and was defined as "integrated, unified, or congruent." One risk in distilling was losing the specificity of certain words by absorbing them into larger concept areas. Wherever possible, the larger concept was supported by some of the more specific words or quotes that had inspired the larger concept.

With larger categories emerging, the next task became finding a structure that comfortably and accurately represented these different facets of presence and illustrated their relationship to one another. My process could best be described as a form of experimentation with pencil and paper. I made endless lists, and played with different groupings of words and concepts. I drew pictures, and diagrams, and got very frustrated as I tried to include all that had been excerpted. My original model of presence had three layers: a *meditative full presence* that is *directed* or channeled into relationship characterized by the *unique qualities* of the individual therapist. The simplicity of this

formulation seemed far away as I struggled to accommodate the many views and facets of presence.

The more that I shuffled ideas around and collapsed details into larger categories, the more I could see that my initial model required changes. In particular, the major omission I discovered in my original model was that of the *Foundations of Presence*. I had not considered what particular personal abilities and qualities might be necessary in order to generate a *Meditative Full Presence*. Quotes I had excerpted continually illuminated the self of the therapist as the central feature of presence. Different authors identified different aspects of the self of the therapist as more important than others. Nonetheless, I saw that acknowledging the self of the therapist as the ground, or foundation, which generates a therapist's presence was essential to the model's development.

The original three layers, *Meditative Full Presence, Directed into Relationship*, and *Individual Qualities*, contained the majority of concepts identified in the text table although they were greatly clarified and expanded by the quotes in the text table. The following table displays the preliminary version of the distillation and constitutes the result of Cycle Two.

Results of Cycle Two

Table 3

Preliminary Distillation

Layer One: *Foundations of Presence*—A blend of psychological and spiritual maturity and ongoing growth undergirds the creation of a healing presence. The authentic self of the therapist becomes a central resource and empathic "sensor" of what is occurring within the self of the client and in the relationship.

Major Theme: *Self of the Therapist*

Elements: *Maturity*—must be unified, integrated, or congruent.

Faiths—has faith that her or his liking, confidence, and understanding of

the patient's inner world will lead to a significant process of becoming.

Beliefs—recognizes the common humanity, assumes that the patient is someone to be understood, and that relationship is the healing agent.

Attitudes—is committed to spontaneous, flowing, human processes and potentialities that are sparked by a significant relationship.

Spiritual Practice and Belief—Spiritual practice or devotion (or lack thereof) deeply influences the core self and therefore all other levels of this model. Therapist sees the client as one of the bearers of his or her communion with the world, focuses on being fully present for the benefit of others, and has a devotion to humankind and to a higher power.

Skillful—is competent and has a continual commitment to develop skills.

Layer Two: *Full Meditative Presence*—The strength of this level is determined by those items listed as foundational to presence. These abilities are strongly connected to the spiritual practice of meditation, although not exclusive to that method.

Major Theme: *Attentional Qualities*

Elements: *Being Fully Present*—is able to attend fully.

Self-Aware—is fully and accurately aware of what she or he is experiencing in the moment.

Self-Knowledgeable—has a desire to know and continually discover his or her self. The therapist's depth of self-knowledge allows her or him to resonate energetically with client's experience.

Present Centered—work is focused in the here and now.

Unconditionally Present—places no conditions on who or "where" the client is.

Self-Accepting—embraces the "who" that he or she is, and simultaneously transcends that "who" to continually become more in relation to others and the world.

Self-Loving—are able to be truly present when they come from a loving center.

Layer Three: *Channeled into Connection*—The self of the therapist and the power of her or his attentional presence is focused or directed into connection with the client. This includes situations that call for the therapist to be a very light or open (as opposed to focused) presence.

Major Theme: *Alignment with Client*—relates to the client as one human being to another with a fundamental equality or symmetry.

Elements: *Open or Receptive*—is able to receive the client's presence and all that he or she brings.

Able to respond—is able to be affected by the client and therefore to reflect and respond to the client.

Appropriately expressive—is able to express her of himself in a thoughtful and appropriate way.

Layer Four: *Individual Qualities*—Therapists have a set of unique skills of traits.

Interested	Attentive
Committed	Comfortable with silence
Spirit of quietness	Listens intently
Transparent	Desire to help
Truthful	Affinity for client
Genuine	Invitation
Wise	Unobtrusively warm
Nurturing	Exudes compassion

The completion of the distillation signaled the completion of Cycle Two, that of fully documenting the researcher's presuppositions about the topic of study. This version was taken to participants in Cycle Three and is described in Chapter Five. My own biases had been made explicitly clear through the process of distilling many writings into one view of presence as appropriate to the hermeneutical process (Anderson, 2000). I felt excited and nervous to share my very biased view of presence with participants, yet felt assured that the continued exploration in Cycle Three would serve to expand my understanding and to improve the resulting Final Distillation.

CHAPTER FIVE: METHOD AND RESULTS FOR THE FINAL DISTILLATION

This chapter chronicles the process of working with two resonance groups and four

individual resonators to revise the Preliminary Distillation. This corresponds with Cycle

Three of intuitive inquiry (Anderson, 2000). In Cycle Three "the researcher analyzes the

new texts as a means for modifying, redefining, reorganizing, and expanding his or her

understanding of the research topic" (p. 37). To that end, intuitive researchers often

employ the use of a resonance panel to affirm or revise the topic as it was initially

conceived.

Cycle Three

In overview, Cycle Three focused on recruiting a group of exemplars chosen for their

experience both as clinicians and clients. Participants were asked to review and revise the

Preliminary Distillation according to their own experience of presence. They were guided

to use the principle of sympathetic resonance (Anderson, 1998, 2000) to identify those

aspects of the distillation that accurately represented their experience of presence and to

identify dissonance as an indicator that the distillation was not accurate. Resonance

meetings were tape recorded and transcribed. Excerpts of the transcript were then chosen

according to one of four categories, whether the clinician had supported, expanded upon,

questioned, or disagreed with the distillation element. The four types of excerpts affected

the element differently. Supporting excerpts simply confirmed the element and were

included as illustrative of a participant's practical understanding of that theme. More

importantly for the purpose of refining the Preliminary Distillation, expanding,

questioning, or disagreeing comments were used to revise or eliminate elements in the

Final Distillation. What follows is a description of the methods used and the study design

for Cycle Three.

Sympathetic Resonance

Anderson (1998, 2000) recently introduced resonance as a measure of validity.

Resonance can be explained by the theories of acoustical physics. Anderson provides the

following analogies to introduce the concept:

> If someone plucks the string of a cello on one side of a room, a string of a
> cello on the opposite side will begin to vibrate, too. Striking a tuning fork will
> vibrate another some distance away. The resonance communicates and
> connects directly and immediately without intermediaries except for air and
> space. (1998, p. 73)

When the principle of resonance is translated to human experience, it describes a

corresponding knowing: an experience described that directly touches the same

experience in another. When a resonant feeling occurs in another, there is confirmation of

the accuracy of the description. Research on human experience requires confirmation

from others with similar experiences as one of the most logical ways to validate findings.

Expanding on resonance as introduced by Anderson (1998), Braud (1998) states, "the

experiential description would have to be sufficiently accurate and complete

('descriptively thick') for it to evoke a response in a reader" (p. 225). The evoked

response confirms or negates the research findings. Braud discusses using resonance as a

validation procedure for qualitative research methods:

> A strong and full reaction in the reader of a research report can serve as a
> faithful (valid) indicator that the researcher . . . has accurately portrayed a
> particular signal experience well enough for the resonating reader to
> distinguish and affirm it as a faithfully recounted experience. (1998, p. 225)

Anderson (2000) continues the discussion of sympathetic resonance as a validation

procedure by suggesting that "research can function more like poetry in its capacity for

the immediate apprehension and recognition of an experience spoken by another and yet (surprisingly and refreshingly, perhaps) be true for oneself, as well" (p. 33). She suggests that the use of metaphors and symbols may immediately communicate the fullness of an experience in the way that poetry often does. "Immediate apprehension and recognition" (p. 33) can serve as one form of validity which could be measured by traditional objective measures. "The validity of findings is thus formed through consensus building that notes consonance, dissonance, or neutrality" (p. 33) across sub-populations.

Caryl Gopfert (1999) employed a resonance panel when checking the accuracy of her accounts of teacher betrayal in the Zen-Buddhist tradition. She gathered stories of betrayal from eight Zen meditators who had experienced betrayal. Stories were distilled and then reviewed by a resonance panel of Zen meditators and Zen teachers, some of whom had experienced betrayal. Panel members responded to the stories by writing a two-page reflection paper. Gopfert found that "these reflections revealed a strong sympathetic resonance, which indicates that my co-researchers and I have hit the mark in describing the betrayal experience" (p. 168). Resonance occurred between two different groups.

Becky Coleman (2000) used a resonance panel to lend consensual validity to the data generated in her study of the experience of "obesity... as an invitation and avenue for psycho-spiritual growth" (p. iii). She took a summary of her findings to a panel of five women who had a similar demographic background to the participants in her study. Results were presented as quotes and videotape from the original data-gathering retreat and the one year follow-up meeting. After presenting the summary of findings, she asked panel members to write a one-page reflection paper and then facilitated a group

discussion. Participants' experiences of resonance helped confirm Coleman's findings, and to assess which of the study outcomes were most relevant to women who had worked to transform their understanding and experience of obesity.

Recruiting participants.

Advanced clinician-clients were recruited through a networking procedure. My first contact was the therapist who inspired this study. She agreed to recommend other advanced clinicians who had the experience of presence in their own therapist. Potential participants were briefly interviewed to determine whether they were conversant about their experience of the presence of the psychotherapist.

Selecting participants.

The interview strategy for selecting participants among the therapists referred to me was discovered when I was describing this study to a person I had just met. She inquired about my dissertation research and I mentioned that it was about the presence of the psychotherapist. She instantly recognized the topic of inquiry and showed her understanding by spontaneously describing her experience of the presence of her therapist. As we continued talking she volunteered that she had been a practicing therapist for 18 years. She was also familiar with moments of presence as a therapist. Her instant recognition and ease in discussing the experience of presence demonstrated that she was well versed in the topic. There were other instances when I was asked about my dissertation work and had been met with a blank stare or questions about what I mean by "presence." These experiences led me to create a short list of qualities that participants would demonstrate: (a) recognition of the topic, (b) facility in discussing the topic, and (c) personal experience of a therapist's presence. Screening for these qualities helped me

determine whether a potential participant was appropriate for the study. The informal interview structure is documented in Appendix B.

Resonance Meetings.

The original design called for one resonance panel meeting with 10 to 12 advanced clinician-clients. In practice, it was not possible to schedule one meeting that 12 clinicians could attend and the design needed to be modified. Advanced clinicians tended to have full practice schedules, which resulted in limited availability and limited flexibility in scheduling. The design was refined to accommodate clinicians' busy schedules and resulted in two group meetings, each with four participants, and four meetings with individual participants. Accommodating clinicians' schedules was a very real logistical challenge to this study design.

The meetings began with brief introductions and an orientation to the principle of sympathetic resonance, as described by Anderson (1989, 2000). Once the experience of resonance had been identified, we briefly discussed the phenomenon of presence to ensure that we were focused on the topic of presence.

An overview of the Preliminary Distillation was given, highlighting the four layers: *Foundations of Presence, Full meditative Presence, Channeled into Connection,* and *Individual Qualities.* Once oriented to the general structure of the distillation, we read the detailed version of each layer and discussed each element. Our meeting was recorded and transcribed.

Working with Resonance Data

Meeting transcripts were used to identify quotes that were relevant to revising the distillation. I read through the transcript and identified comments as supporting,

expanding, questioning, or disagreeing, and then moved the excerpted quote to a data table which contained the original text from the Preliminary Distillation. Supporting comments reinforced an element of the distillation and were included as evidence of agreement and clarity of communication. The supporting quotes often displayed therapists' ability to communicate presence in a practical way. Expanding comments were supportive of the original element and added a new idea or clarification to be included in the revision. Questioning comments generally indicated an area of concern with the element of the distillation, but did not express outright disagreement. These comments typically served to suggest reconsideration and rewording of certain elements. Disagreeing elements were used to consider removing an element from the Final Distillation. Once all quotes had been extracted and organized by element, they were ranked according to the number of participants that commented upon an element. In other words, if five participants commented on element A, and four participants commented on element B, then element A was ranked higher than B. Revisions of Preliminary Distillation elements were made based upon participant suggestions.

Emergent themes were identified when four or more participants' quotes clustered around one idea. Participants often mentioned ideas that had not been included in the Preliminary Distillation, or they clarified a distillation element in a similar way. Excerpted quotes that highlighted a new idea or clarification were then grouped together, and an overall description of the new theme was created.

Results of Cycle Three

What follows is a presentation of all data gathered beginning with participants'

demographics, their initial concepts of presence, an overview of ranked elements, and a

presentation of emergent themes and revisions.

Demographic Profile of Participants

Resonators were a group of advanced clinician-client exemplars who had practiced

for more than 15 years and had experienced presence in their own psychotherapy. In fact,

participants had practiced psychotherapy for 15 to 45 years and had been clients in

psychotherapy from 3 to 45 years. All participants were European-Americans and

reported that they had, as clients, experienced the presence of a therapist. Most had also

experienced therapists without presence. Demographic data gathered from participants

included age, number of years in practice as a psychotherapist, number of years as a

client in psychotherapy, and theoretical orientation. Data are presented by pseudonym in

the following table:

Table 4

Demographic Data

Pseudonym	Age	Number of years as a Therapist	Number of years as a Client	Theoretical Orientation to Psychotherapy
Bob	70	45	45	Integrative
Ann	57	17	11	Jungian, Self-psychology
Joe	66	40	20+	Psychodynamic
Dave	70	40	30	Psychoanalytic
Lisa	61	15	7	Transpersonal, Cognitive-Behavioral, eclectic

Pseudonym	Age	Number of years as a Therapist	Number of years as a Client	Theoretical Orientation to Psychotherapy
Sam	53	26	5	Transpersonal
Frank	57	28	22	Analytic, Gestalt
Jill	55	18	4+	MFT—Bowenian, eclectic
Lynn	62	20	15	Integrative
Sarah	59	22	3	Pastoral Counseling, Feminist Therapy
Lily	48	27	16	Psychodynamic/Psychoanalytic
Debra	64	25	11	Buddhist psychology

Initial Concepts of Presence

Initial thoughts about the concept of presence were requested from participants in order to stimulate thinking before our resonance meetings, and to possibly reduce the amount to which my presentation of presence might influence participants' thoughts. These concepts are presented in Table 5 and indicate that each person had a different understanding of presence, and different ideas about what skills or processes were important to having or cultivating a presence.

Table 5

Initial Concepts of Presence

Name	Initial Concept of Presence
Bob	A new word for an old construct: Psychodynamic relationship. Carl Rogers' characteristics of a good therapist. Therapist's role in the process—what he or she brings to relationship/process—culture, ethnicity, philosophic presentation, life experience, language.
Ann	The "presence" of the psychotherapist is a complex and elusive

phenomenon, made up of intrinsic personality traits, personal or psychic energy, and a level of interest in and attention to the client. It has to do with the therapist's ability to be fully present and engaged with the client, willing and able to see things through his or her eyes. (so... if the therapist is anxious or distracted or sleepy, "presence" will be altered considerably).

The client plays a role, too, in the perceived and real presence of the therapist. Not only will the client project certain qualities upon the therapist, but the client's own personality and circumstances will evoke different aspects of the therapist.

Can it be learned? We never stop learning!

Joe Is "presence" a meta-term that is useful, or is it an abbreviation-distillation for other terms already in use? (no answer yet)

"Presence" connotes:
Attentiveness, focus, concentration, "being fully present," alert, aware.
An attitude of confidence and potency of having skill and/or knowledge.
Congruence (in the sense that Virginia Satir uses the word).

Dave In the psychotherapeutic setting, both therapist and client continue to exist in a full expression of their human existence. Although, the lion's share of the literature focuses on the physical and psychodynamics of the client. Nonetheless, the therapist's physical, emotional, and psychological processes are very much in action.

My many years of practice have underscored the uniqueness of the impact of my personal presence on the therapeutic process. I believe that the course of therapy is deeply affected by the individuality of the participating therapist.

Lisa Therapeutic presence is attention, confidence, empathy, ... It works by the client's perceiving the therapist's behavior. It affects the client by their positive response to being attended to, by their positive response to the therapist's empathy, and their confidence in the therapist.
Someone gets presence by their family's positive influence on their development.

Sam Therapeutic presence is much akin to self-remembering... it's an act of simultaneous splitting of ordinary attention into internal and external foci. This is an active practice, very tangible, not conceptual; and it occurs in the context of service to the particular client in that present moment. The function of it is to disrupt the personality structure and intellectualizations of the therapist—makes them increasingly available to subtle (actual, external) intuitive (internal) data regarding the client.

Frank   No answer written.

Jill   Presence of the therapist includes 1) presence of self; 2) awareness of one's place and movement within therapeutic time and space, the system of the clients; 3) an ability—which is partly intellectual and partly corporal—to take the emotional tone of the client, and know when to contain, when to help soothe, and when to increase anxiety in the expressed interest of the client. The worst clinical mistakes I have made are when I have become blind to myself or my therapeutic position. I think that one's presence is learned by experience, augmented by supervision, case consultation, and one's own therapy.

Lynn   Well, I have a lot of associations to the concept of presence. One of them is certainly the presence of the therapist as a fellow traveler or guide through a process, but there's also a sense of presence where I know the work doesn't come from me, but comes through me. It's not really the presence of God, or the Buddha, or someone other than self, but something that comes from some greater knowledge or greater wisdom than I could have accumulated on my own, and then I become a sort of channel for that presence and that's different. That is different. And then there is the presence of the synergy, or what it is we create together, not just mine, or what's come through me, but who you are and what you bring to what we're doing together, or who's coming through, are my helpers talking to your helpers kind of thing, so I think that it's, no wonder it's so untidy to sort of get it all together and package it and make it meaningful because I think it's multi-determined.

Sarah   Presence? Well, my association is just being with somebody. I guess the best example that I can think of, is like, when you are with someone who's dying you know, you can't change that, you can make them comfortable, but you can just be there for whatever comes up, that you don't have an agenda, you don't have a plan, you're in the moment, you know, and, often I say to my clients that I see myself as taking a journey with you, and even though I've taken many journeys with people, I've never taken a journey with you on your particular course, so that's what I think of as presence, in fact, sometimes, you know, I don't know where time goes when I'm doing my counseling because I shut everything else out, you know I'm not thinking of my shopping list or... and those times I tell my clients when I start with them that there may be times when I am going through something emotional and I may call and say "I can meet with you, but I won't be able to be there so I can't meet with you, I won't be able to be present. So that's one association I have with presence and I think the longer you are a therapist, the harder that is to do, is my observation, because you know where certain scenarios go for people. You want to, you know just like a mom and kids, you know, you want to say "I can prevent

you from making that mistake, just listen." So, I think it becomes, for me, it becomes harder to just stay with the person than with the scenario, and with the techniques and with the what you know are the consequences or whatever, so I find that I have to use a lot more discipline, because in the beginning, I am on a journey, I didn't even know where I was going, and now I know places I could go, but I don't want to get ahead of people.

Lily   What I immediately associate to that word is something that is very immediate, or something that feels immediate, that there's the presence in the room of something, of a particular feeling that we can both perhaps feel, like the presence of tension in the room, or excitement, or anger. I also start thinking about how present am I in the room and how present is the other and I know that we both create something by our presence together, so a sense of how connected I might feel with someone, or I feel their presence, feel, just the presence of their energy and who they are and what they brought that day even, that mood, or those thoughts.

Debra   I think of Thich Nhat Hanh. I don't have a personal relationship with him, I like to think of some of my friends that I think have an awesome amount of presence and I think that my experience of them is that they are 100% with me, they're listening, and they're attending, and maybe feeling with me, and when they respond it's without judgement, and their response seems thoughtful, and there's another word that I want but I'm thinking of the word wise, it's non-judgmental, it's thoughtful, it's wise, I think there's a better word for that but I can't think what it is, and clear, it's like I feel, "they got it and now I've got it because they've got it. Now I can understand because they understand. They're seeing something and they crystallize something for me that I didn't have crystallized until I listened to them."

Overview of Distillation Responses

The following table gives an overview of participants' responses to the Preliminary Distillation. The elements have been ranked according to the level of interest among participants. If an element received a combination of four or more comments, it was judged to have a high level of interest. A low level of interest was designated if the element received three or fewer comments. A new theme was identified if four or more excerpted quotes consistently described a new idea. Emergent themes added three new elements to the Final Distillation and were identified in the following table by an asterisk.

Table 6

Elements Ranked by Number of Sources

High Interest	Number of Sources
Alignment with the Client	9
Maturity	6
Self-Awareness	6
Spiritual Practice and Belief	6
Attentional Ability	5
Commitment to Personal Growth*	5
Kinesthetic Aspects of Presence*	5
Open or Receptive	4
Seasoning*	4
Low Interest	
Foundations of Presence	3
Individual Qualities	3
Self-Accepting	3
Beliefs	2
Channeled into Connection	2
Faiths	2
Present-Centered	2
Skillful	2
Self-Knowledgeable	2
Self-Loving	2
Unconditionally Present	2
Full Meditative Presence	1
Self of the Therapist	1
Attitudes	0
Able to Respond	0
Appropriately Expressive	0

Note. Asterisk indicates a new theme.

Resonance Data

Quotes excerpted from transcripts of resonance meetings are presemted here. For

some, the entire quotation is relevant, for others, however, only a porti•on refers to the

element in question. In those instances, only the relevant portions have≈ been underlined.

Numerous quotes related to several elements and have been used more · than once, with

relevant sections of the text italicized. Revised distillation elements were and expanded upon according to participants' comments and are presented first. Emergent themes are presented next. Definitions for emergent themes were created directly from participants' comments. Finally, elements receiving a low level of interest are briefly presented.

Revised Elements

These themes appeared in the Preliminary Distillation and were revised according to participants' comments. Data tables present the original description, the revised description, and the excerpted quotes.

Alignment with the client.

The element of *Alignment with the Client* received a total of 10 comments. Participants applied the idea of alignment to a number of different aspects of the therapeutic relationship including aligning with the client, aligning with the "real" parts of the client, aligning with the "language and imagery" of the client, and the importance of aligning and balancing self before attempting to align with the client.

This was the only element that displayed a pronounced sub-theme: "*There for Me.*" This sub-theme documented the client's perspective of alignment. So many participants shared personal experiences of a therapist's alignment with them, that it could have been considered an emergent theme. Because the only difference between *Alignment with the Client* and "*There for Me*" was a shift in perspective from therapist to client, it was made into a sub-theme, rather than a new theme. The four best examples of participants descriptions of feeling someone there for them, aligned with them, are included in the following table as a sub-theme.

Table 7

Alignment with the Client

Original Element: *Alignment with the Client*—relates to the client as one human being to another with a fundamental equality or symmetry.

Revised Element: The therapist's alignment and balance with his or her self is extended to the client as a fundamental equality or symmetry and can be demonstrated through the recognition of common human experience, understanding rather than interpretation, and by learning to work within the client's lexicon.

[Interviewer said] "Aligning with the client with equality or symmetry and the client gets a sense of, well this person is joining forces with me and helping me live a better life." Absolutely. (Lily)

I think part of my job is, when I have a relationship with a client, I don't need to be interpreting the inverse of their Oedipal conflicts, but *just letting them know that I understand.* (Dave)

I think the best person to articulate that has been the Dalai Lama, about *the importance of cognizant compassion, that is born out of our common human experience. It's really sort of bracketing, or putting into the background, all of the little personality things, or cultural, or behavioral and just getting to the essence, and the essence from the point of view of therapists in general is person to person.... First of all it's important to align your self, and balance your self, if you are not aligned and balanced and in harmony your self it's pretty difficult to be available and present and helpful to the person who is before you, and then aligning with them.* I think in terms of the highest good—that's more of an aspiration—that may whatever occurs in our time together be for the highest good of the client.... But there is that alignment in the sense of "Ah, I have the internal experience, sitting here with you, of what it was like for you to have been that child in that household at that time, or this adult struggling with this problem at this time." So, there's that alignment too. *When I think of alignment that's really what I think of, one as an aspiration, one as a real alignment.* (Lynn)

I was thinking of what you said earlier about being with a boring client, and so, to some degree what I'll try to do *is be present to the other part of them.* Like there is a part of them that is just throwing up a smoke screen and so I'll be respectful of that but what *I'll be really trying to tune in to is what's real over there, not smoke screen.* So, there's a smoke screen and I have it set over here because I'll be really frustrated and bored if I focus on it. I'm tuned in, *I'm trying to tune in to what they're feeling, what they're needing,* and so I'm looking over there not quite at the smoke screen and sometimes I'll find some words to try to fix that situation. (Joe)

Well, I go back to pastoral counseling for a little piece of this. One of the things we practiced in my pastoral counseling classes was *learning the language and the imagery of the person that you are with and absorbing that, so I think that's one part of the aligning for me.* I would not talk about feelings the same way with a cross-country bicycle racer, or an engineer, that I would with a widow of 65, because *each person,* as engineer-like as they may be, *has their own cosmology, and their own vocabulary, their lexicon, and imagery. If you listen to somebody long enough, they have images and those images are ways into the deeper level.* Then, conversely, ... you can feed them words that are missing in their lexicon that will enhance their process of learning presence, and the only way that I can think about that synergy right now is a synergy of language coming together. (Sarah)

Sub-theme: *"There for Me."* The therapist is able to be "there for the client" in a way that transcends the affectation of a professional role, or the application of a technique. The therapist is able to "hold" the client; to stay with the client's pace.

This person was there almost more in the Rogerian way in terms of just letting me talk and listen and was there for me. But the others, and some of them somewhat notable people in the community, I really felt cheated, you know, in terms of "I want something from you and you're being this powerful figure, and all that, but, I'm not getting what I want." A sense of something was missing for me. (Bob)

Well, the really brilliant ones [therapists], or the ones that meant the most, or had the most capacity, *they were really experts at being there, just really experts at hanging around with me.* ... It's like being held, the holding, the Winnicott holding thing, makes a lot of sense for me when I think about the therapists I've had that were good at this. *They were really there with me, and the concept of them being there for me it sounds so cliché, but they were with me.* A lot of times they couldn't do anything in a certain sense, and I knew that, and they knew that too. *It was just a great pleasure to be with somebody that was in the middle of my mess with me,* that was just as helpless as I was, but was significantly more aware at the time and less covered with snot and tears or whatever. And was not shocked and was not condemning and was not especially technically brilliant about what it all meant, or what an opportunity it was. (Sam)

Yeah, *it's very much like a holding environment, because if you can hold without even having to do anything about it, unless that's what's required, the suffering of another person,* Most people shut down to the suffering of others because they've shut down to their own suffering, and so, *to be able to hold it and be with that person in that moment,* a lot of people never experience that until they're close to death and then there are sometimes people around who can do that for them, but it's really too important to wait until you are close to death. (Lynn)

I had two very good personal therapies and one good relationship therapy and I also probably left several therapies somewhat abruptly, if I remember my history, before I was a therapist even. One of the things that all of the ones I left abruptly had in common were, they were not inexperienced therapists, they were all very caught up in technique and a school of thought that they were seeking in some ways to apply to me and to my situation and I felt "not gotten." Whereas, I could tell you in the good therapy I had, I could tell you the therapeutic orientation of the three experiences that really stand out in my mind and I know just as well or better what their therapeutic orientation was, but they were, somehow, *they were there, they "got me," they took me in* and reflected what we were doing together in a non-jargonistic way. ... Also, *they were not afraid of painful things, they didn't try to hurry me away from or through pain.* (Jill)

Maturity.

The theme of *Maturity* was renamed in response to participants' strong preference for the words *Integrated and Congruent*. Six participants' comments highlighted the terms "integration" and "congruence" over the term "maturity." Participants referred directly to the integration of theory, life experience, thoughts, feelings, and actions. They also considered the importance of congruence in terms of congruence between the parts of self, and congruence between life inside and outside of the therapy office. One participant commented on the importance of congruence between the therapist's abilities and the client's needs.

Table 8

Integration and Congruence

Original Element: *Maturity*—must be unified, integrated, or congruent.
Revised Element: *Integration and Congruence*—The therapist aligns and coordinates disparate aspects of self in order to promote a harmonious whole self. The therapist's internal experience and external expression match.

I think, right out of school what was important was to, and I think that this is true for most therapists that it's important to steep yourself in a paradigm, and even though there's lots to argue with and disagree about, to at least have one, if not more later, theoretical underpinnings out of which you think about human behavior and how it can change, I think that's really important, and then to let go of what parts of that don't fit and so, over time I think what happens or at least what has happened for me is that *my work has become not eclectic, but integrative... that I've been able to integrate and make mine*, sort of like eating, you know, the eating metaphor, I'm eating food and it's that and I'm me, but by the time it goes through the alimentary system and stuff is excreted out and waste and what's left? Who is that? Where is that? And so I think in many ways that describes the way of learning to be a therapist, making mistakes and learning from those mistakes, really important, knowing what risks to take and asking, "who is this in the service of?" when a question is asked or a disclosure is made, very important.... Is the therapist *congruent*? I think that's extremely important.... *I think that's really important that the therapist not be helping someone work through an issue that they themselves either don't believe in or have not resolved.* If I shoplift on my personal time, no matter how present and available I am to you, if I haven't worked that through, and you've got some kind of compulsive shoplifting thing going for you, I mean, how am I going to help you? (Lynn)

Well, again, it's I think a novice therapist is projecting a presence, you are talking about a seasoned therapist or a seasoned presence. *It's all presence, but there's just a quality of it perhaps in somebody who has lived a while and done their own work on integrating themselves. ... Also I notice that I tend to live a life that feels congruent with the work I do. Most of my friends are therapists, so we speak a similar language and can talk about things on similar levels, and resonate so easily, so I have a community of people around me who share that value. The qualities that make good presence in therapy I think make for good presence in life.* (Lily)

In psychodrama you are seeking to *integrate* your feelings, your thoughts, your actions, and your words. That's a very important aspect of psychodramatic theory, you want to get this *integration*, this *congruence*. Pain, emotional pain, physical pain, dis-ease, is caused by thinking one thing, doing another, feeling a third, living in that kind of conflict or disorganization, so, I was just reinforcing that, that's a place where I got that from. (Sarah)

I don't agree that maturity is a necessary pre-condition for presence. ... The things that I thought presence referred to was, I listed three things, one I called by several words, attentiveness, focus, concentration, being fully present, alert, aware, so that's all about attentiveness. Then an attitude of confidence and potency of having skill or knowledge, and then *congruence*, in the sense that Virginia Satir uses the word of all parts of you, each part being *congruent*. (Joe)

I personally have striven for maturity, I'm not going to say I got there. (Dave)

I certainly think that a person can be effective and present even if they have unresolved issues, and are not necessarily mature. There can be a marvelous presence in someone I know to be terrifically neurotic. (Ann)

Self-awareness.

The element of *Self-Awareness* received seven supporting or expanding comments and highlighted the importance of the therapist's direct and immediate experience of his or her self. One participant expanded his understanding to include an "awareness of awareness" and another suggested that self-awareness includes "shuttling between the *I* and *Thou*" and "differentiating" between personal experience and an experience of the client. This element was renamed *Inner Awareness* to allow for an inner-directed attention that was not necessarily restricted to the notion of a "self" and included awareness of experience and intuitively received information.

Table 9

Inner Awareness

Original Element: *Self- Awareness*—is fully and accurately aware of what she or he is experiencing in the moment.
Revised Element: *Inner Awareness*—The therapist has an awareness of her or his internal experience and is able to attend to and be informed by his or her own "resonance and resistance" in the session. The therapist's inner awareness also facilitates the process of differentiating between inner experience and an intuitive experience of the client.
You have to be able to still yourself and your anxieties and *be aware of what you are experiencing within*, but that has to take a back seat to being there and receptive—quietly receptive. (Joe)

There are certain times in a session where I am very aware that I am quite aware, awareness of awareness per se. Occasionally that evokes very extraordinary encounters with clients, not often, but often enough that I can say "boy wasn't that interesting" and "wasn't that much more meaningful or deeper or profound than what I would have imagined or what I could have accomplished if I'd have been

trying some technique." (Sam)

There is that level of emotion that certain clients bring up for the therapist that may be dormant when they see every other client, and with a good consulting group, you can sort through that and you can find out why you are always angry at this person before they ever speak. You can ask: "Who is that?" Then you can use that, because once you find out who that is for you and you get rid of your own stuff around it you have access to that person through your own experience of someone else and what you learned about how to, and how not to, relate to that person. Really you go deeper into a well there. So it's not all bad, *I think, when that comes up, it just has to be really carefully sorted and brought to your own consciousness.* That's magical synergy. (Sarah)

Well, to be aware of it [therapist's own reactions], maybe not even necessarily to take a back seat, but to even use that. It's using that awareness to receive or to interpret something. (Bob)

The first thing I thought about was the importance of the therapist's awareness of their own presence themselves, of both knowing yourself, and knowing where you are at a given point on a day in your own personal life, and then also your own resonance and resistance in the session. (Jill)

They also have know how to translate it, *who does this belong to?* Because there is a shuttling back and forth. I don't know if you've read any Martin Buber, the I and the Thou, *there's a shuttling back and forth between awareness of I and of Thou. Sometimes, I, as a therapist, am having an experience that is very aligned with your own, that is, I know what your internal experience is like now or was as a child, but if I haven't had my own therapy I can't differentiate that from* [participant thinks aloud] *"No this is my experience of you, now I know what your friends feel, now I know what your partner feels, now I know what your employer feels, because I am having that same reaction to you, but it's my reaction, it isn't your internal experience it's mine," and so to have sufficient knowledge of and acceptance of self to be able to differentiate.* Yeah, can I accept that right now I feel really irritated toward this person ... that's mine. (Lynn)

Spiritual practice and belief.

Spiritual Practice and Belief was a controversial element. The difference between an integrated and an un-integrated spirituality emerged as the strongest concern for participants. An ego-driven, or un-integrated spirituality in the therapist was portrayed as harmful to the client because the therapist may tend to inflict spiritual interpretations

upon the client. One participant suggested that the transpersonal, or spiritual element of therapy may be the context but never the content of the therapy. The revised description highlights the need for an integrated spirituality.

Table 10

Spiritual Practice and Belief

Original Element: *Spiritual Practice and Belief*—Spiritual practice or devotion (or lack thereof) deeply influences the core self and therefore all other levels of this model. Therapist sees the client as one of the bearers of his or her communion with the world, focuses on being fully present for the benefit of others, and has a devotion to humankind and to a higher power.
Revised Element: Integrated spiritual practice and belief may help provide a supportive context in which the therapist cultivates healing presence.
Yes [spiritual development is required], and my definition of spiritual development is quite broad and so that's the reason I can say yes. It's definitely not religious development. I think that therefore talking about development of the self, that that's a large part of spiritual development and the self here not being the ego. (Lisa)
Yes, yes, I think that the spiritual practice of the therapist, the practitioner, informs in many ways, how to proceed with the person and that sense of alignment with the client. ... The transpersonal dimension, I think that I hold that as context. ... I think of the transpersonal aspect or, as a Buddhist, it's the context of my work, it is not the content, unless the content is of some interest or benefit to the client. In that way you sort of transcend or go beyond the specific form of any religion or philosophy. ... I've seen certainly plenty of people who claim to have a spiritual practice and are terrible therapists, so it's not enough. *Sometimes you can have spiritual practice and it's not used as foundation because it's not integrated. Many people hide behind notions of spirituality and the transpersonal nature of the self to avoid the shadow, in order to avoid the stuff, the darkness, the stuff.* (Lynn)
I always learned it [being present] in a sacred tradition, so it's always a sacred act. ... I don't think that spiritual, as the word is usually used, is necessary simply because I have met a lot of people who were aware, who were present, who weren't terribly spiritual. (Sam)
Well, I kind of had that impression once, ego-inflation, and I knew it all and had all the answers and there wasn't anything anyone could teach me and life was kind of boring. [Interviewer said—How did you get where you are today?] Well, I had a really bad accident and I almost died right after that. ... [Interviewer said—I would just imagine that this is just a slow gradual, gentle, development, you know part of maturity and becoming wiser and it's very interesting to hear that in your case it

was really dramatic.] I was on a spiritual path, but I thought that I had all the answers, so that was the ego inflation part of it, and I was really into spiritual materialism and I thought that was it, you know, I was very happy, but I was also thinking, there's not much sense in sticking around here any longer because I know it all. Then I had to be shown that I didn't know so much after all. ...[Interviewer said—A lot of people in this study, who are very spiritual say that if spiritual practices and beliefs are not integrated, if it's an ego-based orientation to spirituality that it can be very unhelpful, if not harmful, in a therapeutic relationship. Not only are spiritual practices and beliefs not a requirement, but if someone has them, they don't become the content of the session.] I would agree with that. [Interviewer said—Well you were just talking about going through the process of integrating.] That's right. That's a good way to say it. I hadn't thought of it in those words. Yeah, well, for me, it was, the realization that what I thought I knew that was so big and vast was really [gesture for small] that much.
[Interviewer said—Now when you say that, do you mean that you thought you had big knowledge and then realized that it was only a small piece?] Not only small, minute. (Debra)

I guess, well, sometimes I am troubled by the spiritual, the spirituality aspect. Again it gets back to what we were talking about earlier. *Is the therapist's ego under control? Is the therapist aware of themselves? or Is their ego in the way?* I am pretty concerned about how, as managed care has grown on the one hand, therapists have become—a lot of therapists, I think—have become invested in becoming substitutes for clergy, for a secular clergy, and leading people on a spiritual path that's so eclectic as to be meaningless and too often I think that their ego is involved. It's a harsh criticism, but I feel that way. *If you mean by spiritual practice that the therapist, in my mind, is a connected person, connected,* they are not running a major oil refinery burning in Kuwait, or you know, *that they are coherent, and they can love, and be loved, and whether that's God, or other people, or nature, or the nature of their work, or whatever, then I think it's required,* but I am also cautious about spirituality as being too undefined, and again, the therapist's ego in relation to that. (Jill)

There are some things I would not want to include as foundations of presence and those are: spiritual beliefs and spiritual practices. I don't consider myself a very spiritual person, O. K. I don't require that of my clients and I don't require that of myself. (Bob)

Being fully present.

The element of *Being Fully Present* received nine comments. The name of this element was revised to avoid the confusing repetition of the word "present." Participants seemed to be indicating a *Attentional Ability* within presence that allowed them to be

aware of the flow of their attention. One participant suggested a method for intentionally cultivating *Attentional Ability* through a parallel curiosity that asks: "What is going on now?"

Table 11

Attentional Ability

Original Element: *Being fully Present*—is able to attend fully.

Revised Element: *Attentional Ability*—The therapist has the ability to be fully present, to give full attention to the client, and has found a personal method (curiosity, metaphor) to monitor fluctuations in attentional presence and thereby enhance or regain attention when necessary.

The things that I thought presence referred to was, I listed three things, one I called by several words, *attentiveness, focus, concentration, being fully present, alert, aware, so that's all about attentiveness*. Then an attitude of confidence and potency of having skill or knowledge. Then congruence, in the sense that Virginia Satir uses the word, of all parts of you each part being congruent. (Joe)

Concentration, *I had to be there*, if we were gonna make a list of things that you probably could never learn in school thing would be: *Being there*. If I did get feedback from clients it was "Well, once a week I come to be with somebody who really listens to what I have to say and this was very healing." .... I had a metaphor of being on stage with Beethoven or Mozart and an audience sitting there, and *I could not afford to let my mind wander*, even though, psychically, I might want to leave. (Dave)

I put down that one of my orientations is pastoral counseling and I think that was a very big influence because to me that expresses what ministry is. *You are just there with people. It put me in contact with people in various passages of their lives, you know at critical moments whether it was death, or a birth, or a wedding, or whatever, and being present in that moment*. That was, I think, a pretty big factor. A lot of my training was in psychodrama, and you really practice presence in psychodrama even though you might be playing a role with some protagonist from their past, *you have to be in the scene now, being who they need you to be, in the way that they need you to be there*, so I think that was another pretty big influence. And strangely enough, even though I've never attended AA, or Alanon, well, I've never been in the program, strangely enough this is one of the things that I learned from my clients, ... a lot about that program, and it's a lot of "*Be here now*" and that got me interested in Eastern philosophy, and while I'm not a Buddhist, or a Hindu, I have done a lot of reading, I practice meditation, and I believe that that also is very oriented to the moment. So some of it's learning, some of that learning gravitated to more along that path, and I guess that the last thing is that *my own experience in life*

is that when I can stay in the moment, I'm calmer, happier more empowered. I can let go of things I can't control, and I can you know, none of us can be there all the time, unfortunately, we don't live in a world that's very conducive to that, but when I find myself going off-center, that's where I try to come back to, so my own life experience, and relationships with people too, my primary relationship, and all my other relationships and kids are really good with that, I have all these grandchildren now, you can hardly not be in the moment, so they're good reinforcement. (Sarah)

Speaking of presence and self-confidence, I had a therapist when I was a post-doc. This woman, I had this feeling that I came in, this is my feeling, it's like a cartoon, she greets me, she shakes my hand, she pulls me in the room, she throws me up this wall, she throws me back that way, she bounces me around the room six or eight times, she changes my world view four times, and says, "Bye, see you next week." And I go and sleep for 36 hours to try to recuperate from the session, and live in a dread of the next session and I can't wait to get in the door again. *Because she is so there and so masterful and she's not doing it to look good, she's doing it to help me see.* (Jill)

Yes, and if I'm not [fully present], *to be curious about that,* how is it that as this person is talking all of the sudden I'm drawn to the sound of the chimes, or the sound of the air conditioner, or the light dappling through there, because if I'm not present, or if I'm present with something else, if I'm shuttling back and forth between some un-agreed place, then what is that? Is that a function of my inability to—Did I have too much coffee? Did I not meditate and not fully clear out? Am I still with the last person that I saw? Or is it that some function of what the person is doing or saying that habitually other people respond to them in this way, and can I give them that feedback or can I help them with inquiry about that? You know, if they never put a period at the end of their sentences, *so, there's something beyond presence, or something that's included in presence, I think, it's constant curiosity. What's going on now? What's going on now? What's going on now? ... Well, you actually don't lose it, it's just that you lose it with the client, we're always aware of something,* it's like people saying "behave yourself", well, you're always behaving, you are never not behaving, *well, you are never not present, you're always aware of something, but the contract is to be aware of what is in the best interest of the client, and if you can yield to that, maybe it is in the best interest of the client that suddenly I'm finding myself paying attention to all these other things—maybe the client needs to know that they are doing something that doesn't hold my interest. Or is it about me? It's important to be curious about that.* (Lynn)

Open or receptive.

The element of *Open or Receptive* received five supporting comments which served to expand the description. Participants tended to use the word "receptive" rather than open, and the layer name was changed to *Receptivity* to reflect that preference.

Table 12

Receptivity

Original Element: *Open or Receptive*—is able to receive the client's presence and all that he or she brings.
Revised Element: *Receptivity*—The therapist is able to receive the client's presence and all that he or she brings, which involves an inner sense of quietness, stillness, and the ability to "not do something."
It sounds like a *total receptivity*. (Ann)
What I have found myself having to learn how to do is to just be quiet and listen to people because they came in only to talk, they want somebody to listen to them, and I need to be comfortable with myself about not trying to do something else. (Bob)
You have to be able to still yourself and your anxieties and be aware of what you are experiencing within, but that has to take a back seat to being there and *receptive*—quietly *receptive*. (Joe)
Available…he was totally available during our sessions. (Lynn)

Emergent Themes

Commitment to personal growth.

An emergent element, called *Commitment to Personal Growth*, was emphasized by the number of quotes dedicated to the subject of the therapist's own personal growth work. This new theme emerged out of the original distillation element of *Maturity*. The word "maturity" tended to spark controversy, and in responding to that element, participants mentioned self-growth instead. Personal growth was often explained in terms of being in therapy, or as personal work with supervising or consulting groups that

facilitated personal and clinical insight. This element also emphhasized that the cultivation

of a healing presence extends well beyond the bounds of the theerapist's work day.

Table 13

Commitment to Personal Growth

Commitment to Personal Growth—The therapist has a lifelonsg commitment to personal growth. Individual and group therapy, supervision, armd close personal relationship can help the therapist "become a better instrumentt" for the therapeutic work.

I think it's that the match be good, not that the therapist be poerfect, but aware and *always working on themselves, I mean I do think that that's ⋅ a requirement, it's my own bias, it's a requirement you never stop working on your⁓self, never. ... That's one of the reasons why I think a therapist's best training is ⲛot spirituality, it's to be in therapy.* (Lynn)

But I think *I learned a lot of this in my own therapy and in ⲣny own in-depth and variety of supervision experiences. I think supervision, reallʸy good supervision, deals so much with the issue of what the heck you're doing Ⅰn the room, and who you are in that room, and, automatically, the deeper you go into the supervision includes the personal pieces as well.* (Jill)

I learned something about presence by being in an individuaɪl therapy setting and being in a group therapy setting in which presence was requɪired, presence was demonstrated, lack of presence was clear and pointed out. Sᴄ there are contrasts this is what it is, this is what it isn't, this is when we're connectedΗ, this is when we aren't, this is love, this isn't love, this is being kind, this is not kindꭑness even though it passed for kindness in your family. (Frank)

There is that level of emotion that certain clients bring up foⲛ the therapist that may be dormant when they see every other client, and with a gooᴀd consulting group, you can sort through that and you can find out why you are alwaɤys angry at this person before they ever speak. You can ask: "Who is that?" Then yᴄu can use that, because once you find out who that is for you and you get rid of your⁓ own stuff around it you have access to that person through your own experience of sᴏomeone else and what you learned about how to, and how not to, relate to that persᴏn. Really you go deeper into a well there. So it's not all bad, I think, when thatᴄ comes up. It just has to be really carefully sorted and brought to your own consciousᴛness. That's magical synergy. (Sarah)

I think we've named the most important foundation, which is therapy, and I've committed to that pretty much for most of my adult life. ... I place a value on its [maturity] importance and that *any therapist should commit to that growth in order to continue being a better instrument for the* work but that it just changes over time, deepens, and hopefully matures, but, it's, to me, if you are defining what therapeutic presence is, it doesn't equate with maturity. I mean that's an ideal. ... Yeah, but it [commitment to developing presence] doesn't just stop when I walk out of my therapy office. (Lily)

Kinesthetic aspects of presence.

The theme of *Kinesthetic Aspects of Presence* emerged spontaneously from

unsolicited participant comments. A number of therapists described their experience of

working with clients as a bodily experience, one in which they received information

about the client from their bodies, or used their bodies to receive, contain, reflect, or

channel client emotions. Not all therapists described their experience in this way, but the

seven quotes presented here form a compelling picture of the role of the body in the

therapist's presence.

Table 14

Kinesthetic Aspects of Presence

Kinesthetic Aspects of Presence—The therapist may have a bodily awareness (kinesthetic intuition) of the client's experience, and may use his or her body to receive, contain, reflect, or channel client emotions.

I guess what maybe distinguishes those great people [therapists] is that all of their senses were operating at all levels. (Bob)

It's all of my senses including sixth senses, so it's ears, *it's what my skin and body feel that I don't even consciously know, I want to say it's with my heart*, it gets down to something I want to call presence, that I'm present in, let's see I don't know how to say this, I want to say it's as available as I know how to be, but it is beyond my conscious words I have about, it's more than the five senses. (Joe)

*There's something about doing therapy that is in part intellectual and emotional
and another part is body. It's in the body. It's how you accept and receive the tone
and emotion of each person, of each client, and what you do with that, when do you
hold it, when do you soothe the person, and when do you amplify and turn back to
them their anxiety?* ... There's different therapeutic styles that at times are
differently important. One of the things for me is the experience of handling grief,
because how a therapist handles grief is, to me, one of the most important things. *I
think that's the most visceral, that's the most corporal of all therapeutic
experiences.* When you were talking about how therapeutic presence is defineable, *I
think there is a way when a therapist can be quiet with grief and contain in the
belly, in the gut, themselves and not become anxious* in the presence of another
person in terrible grief, ... To me, that's the essence of a therapist who's grounded:
they don't try to transform grief. ... Exactly, and *that is literally something they do
with their bodies and their breathing and the way they are with you. It's my
experience of when I'm there with a client, it's in my womb. ... It's very body-based.*
(Jill)

That they are not so disturbed by it [client emotion] themselves that they feel the
necessity to get you to change, quick, before they get to the point where they can't
stand it. ... *It's very body-based.* (Lisa)

*I'm aware sometimes when a client says something and I get a response of chills
going up and down my spine, and goose bumps all over, that's like my body
sensation is an affirmation that what they're saying is right on, and it's like there's a
part of me that knows, but it comes out as a body sensation.* ... I had the experience
once of a client who told me a terrible, terrible, torture experience that she had as a
child, it was one of many, and when she told me these stories she was totally
frozen, she had no affect at all, and one of these times I wasn't particularly feeling
any sadness and all of the sudden I started to sob, and I thought that it was kind of
strange, I was noticing that I hadn't been feeling sad, but all of the sudden I was
starting to sob, and she said to me, "This sounds like a strange thing to say, but
thank God somebody is finally crying about this." It was like, "Oh, I get it," *I was
channeling some kind of feeling that she couldn't express, some part of her knows
but couldn't express.* (Debra)

Seasoning.

The emergent theme of *Seasoning* identified some ideas about the development of a

healing presence, although one participant suggested that presence is "who you are" and

questioned whether presence could be "learned." Participant comments suggested that

therapists come to presence in different ways. Developmental influences mentioned

included life experience, study within a sacred tradition, personal therapy, and clinical

supervision. This theme closely relates to *Commitment to Personal Growth* and ties

between the two elements will be considered in Chapter Six.

Table 15

Seasoning

Seasoning—Healing presence emanates from the therapist's way of being. Therefore, anything that alters the therapist's being, such as life experience, professional experience, therapy, and spiritual work, will shape or refine individual qualities of presence.

I think right out of school what was important was to, and I think that this is true for most therapists, that it's important to steep yourself in a paradigm, and even though there's lots to argue with and disagree about, to at least have one, if not more later, theoretical underpinnings out of which you think about human behavior and how it can change. I think that's really important. Then to let go of the parts of that don't fit and so, over time, I think what happens or at least what has happened for me, is that my work has become integrative, that I've been able to integrate and make mine, sort of like eating, you know, the eating metaphor, I'm eating food and it's that and I'm me, but by the time it goes through the alimentary system and stuff is excreted out and waste and what's left? Who is that? Where is that? And so *I think in many ways that describes the way of learning to be a therapist, making mistakes and learning from those mistakes*, really important, knowing what risks to take and asking, "who is this in the service of?" when a question is asked or a disclosure is made, very important. ... I'm not sure that everyone can do it [have presence]. I'm really not. I think for some people it is what they do and I think for some people it is who they are and I think in Christianity they call that grace, there's just something that you just are fortunate enough to get and feel fortunate that you have it. (Lynn)

Well, again, it's I think a novice therapist is projecting a presence, *you are talking about a seasoned therapist or a seasoned presence, it's all presence but there's just a quality of it perhaps in somebody who has lived a while, and done their own work on integrating themselves*. (Lily)

But I think *I learned a lot of this in my own therapy and in my own in-depth and variety of supervision experiences. I think supervision, really good supervision, deals so much with the issue of what the heck you're doing in the room, and who you are in that room, and, automatically, the deeper you go into the supervision includes the personal pieces as well.* (Jill)

> I think it's [presence is] just something *you work on all your life to try to do more and more.* You just can't quite perfect it, or keep it, or maintain it all of the time, but *it's a life long sort of a goal.* (Sarah)

Elements Receiving Low Interest

Twelve elements of the original distillation and the four layer names, received little interest and were not included in the Final Distillation. Low interest level was determined if the element received three or fewer comments. For a listing of these elements in rank order refer to Table 6 (see pp. 103-104) and for full data tables see Appendix G. Considerations about why these elements might have received low interest are presented in Chapter Six.

Final Distillation

The Preliminary Distillation was significantly altered by the resonance meetings with participants. From the original 19 elements and 4 layer names, only 9 final elements emerged, three of which were new themes. What follows is the Final Distillation.

Table 16

Final Distillation

Alignment with the Client—The therapist's alignment and balance with his or her self is extended to the client as a fundamental equality or symmetry and can be demonstrated through the recognition of common human experience, understanding rather than interpretation, and by learning to work within the client's lexicon. *"There for me"*—The therapist is able to be "there for the client" in a way that transcends the assumption of a professional role, or the application of a technique. The therapist is able to "hold" the client; to stay with the client's pace.

Integration and Congruence—The therapist aligns and coordinates disparate aspects of self in order to promote a harmonious whole self. The therapist's internal experience and external expression match.

Inner Awareness—The therapist has an awareness of her or his internal experience and is able to attend to and be informed by his or her own "resonance and resistance" in the session. The therapist's inner awareness also facilitates the process of differentiating between inner experience and an intuitive experience of the client.

Spiritual Practice and Belief—Integrated spiritual practice and belief may help provide a supportive context in which the therapist cultivates healing presence.

Attentional Ability—The therapist has the ability to be fully present, to give full attention to the client, and has found a personal method (curiosity, metaphor) to monitor fluctuations in attentional presence and thereby enhance or regain attention when necessary.

Commitment to Personal Growth—The therapist has a lifelong commitment to personal growth. Individual and group therapy, supervision, and close personal relationships can help the therapist "become a better instrument" for the therapeutic work.

Kinesthetic Aspects of Presence—The therapist may have a bodily awareness (kinesthetic intuition) of the client's experience, and may use his or her body to receive, contain, reflect, or channel client emotions.

Receptivity—The therapist is able to receive the client's presence and all that he or she brings which involves an inner sense of quietness, stillness, and the ability to "not do."

Seasoning—The therapist's way of being changes over time in response to shaping influences such as life experience, professional experience, therapy, and spiritual work, that refine individual qualities of presence.

Summary of Results

Participant-resonators generated three emergent themes, revised six themes, and disconfirmed 16 of the 21 Preliminary Distillation elements. The resulting Final Distillation highlighted those themes to which the participants responded most directly and consistently. Original themes that received revision and clarification were: (a) *Alignment with the Client,* (b) *Attentional Ability,* (c) *Integration and Congruence,* (d) *Internal Awareness,* (e) *Spiritual Practice and Belief,* and (f) *Receptivity.* Emergent

themes were: (a) *Commitment to Personal Growth,* (b) *Kinesthetic Aspects of Presence,* and (c) *Seasoning.*

CHAPTER SIX: DISCUSSION

"Pay attention not only to the cultivation of knowledge but to the cultivation of qualities of the heart, so that at the end of education, not only will you be knowledgeable, but also you will be a warm-hearted and compassionate person."—The Dalai Lama.

Introductory Note

In this discussion I am consciously returning to a more hermeneutically informed style of writing. The analysis and presentation of results in the previous chapter conformed to a more traditional type of qualitative analysis which tended to obscure the subjective voice that I have wanted to honor throughout this study. From this point forward the writing will be more fully informed by my experience of having studied the presence of the psychotherapist, in-depth, for the past two years. A fuller discussion of the shifts in perspective that occurred throughout this project will be given in the forthcoming section: Challenges to Method and Design.

Four Ways to View the Final Distillation

Four different ways of seeing and configuring the results are offered as avenues for making sense of the final themes. They can be read in a linear way, as they emerged from the data analysis. A second method is to view them at the places where the elements overlap and interconnect. Placing the themes back into the original model, proposed at the end of Cycle Two, allows a third perspective. A fourth consideration is to engage the lens of negative space.

Linear View

The linear view is the first and most obvious way to understand the results. It remains faithful to the data analysis and simply sees each element as describing one theme

relating to the therapist's presence. In linear form, these 9 themes communicate the level of participants' interest and attention; in addition, they put words to some of the qualities and skills that therapists with presence possess. While the linear view may tend to suggest a ranking of importance based upon the number of responses each element received, it does not accurately reflect the power or pervasiveness of each element. For example, the element of *Spiritual Practice and Belief* received many responses because it was controversial. The revised description suggested that some therapists with presence may use an integrated spiritual practice as a supportive context for their therapeutic work. A straight count of sources placed this element fourth in the ranked list, but the statement of this element is very conditional and applies only to those therapists who have a spiritual practice or spiritual beliefs. The element could, and possibly should, be complemented by another statement that participants' quotes did not generate: the benefits and qualities developed in a spiritual practice can be cultivated in many other ways.

Conversely, the element of *Skillful* which described the therapist's commitment to developing therapeutic skillfulness as part of presence, was eliminated from the Final Distillation for lack of response. While this element is arguably an important aspect of the presence of the therapist, it did not draw as much attention as the other elements. From my perspective as the researcher, this element seemed too obvious to attract comments. The ranking of elements from high to low is problematic because the ranking seems to suggest a level of importance, when my own common sense suggests that elements low on the list that are more important, and elements higher on the list that play a less important role in describing presence.

Interconnected Elements

A number of the final elements overlap and interconnect. The four elements of *Commitment to Personal Growth, Seasoning, Integration and Congruence*, and *Spiritual Practice and Belief* all focus on aspects of development. *Commitment to Personal Growth*, an element that specifically refers to the therapist's own therapy and other forms of personal growth work, coheres closely with the more developmentally focused *Seasoning*. The element of *Seasoning* reveals the lifelong process of shaping and refining that a therapist experiences as a person who lives and develops according to the circumstances of his or her life. *Seasoning* is an element that is more comprehensive than *Commitment to Personal Growth*. In fact, one might determine that the more specific *Commitment to Personal Growth* is a sub-category of the more expanded developmental idea of *Seasoning*. Data from this study were not specific enough to make that claim, yet the two seem closely related. *Integration and Congruence* could be considered an outcome of *Commitment to Personal Work*, and might also be an outcome of *Spiritual Practice and Belief*.

A closer look at the three elements of *Attentional Ability, Inner Awareness*, and *Kinesthetic Aspects of Presence*, reveals that all three elements detail qualities of awareness. *Attentional Ability* described the therapist's level of attention and his or her ability to monitor and influence that attention. *Inner Awareness* and *Kinesthetic Aspects* are specific forms of attention, both directed inward, the first toward inner experience and the second toward body sensation. In combination, the three elements portray a mobile awareness that moves among different sources of information, that includes the ability to witness and adjust awareness.

Two final elements, *Alignment with the Client* and *Receptivity* work together. It is the therapist's receptivity to the client that allows and informs alignment. The therapist must first hear and understand the client in order to then align with his or her experience. The interactions between these elements are evident when they are considered practically, and lost when viewed linearly.

Grouped Elements

The interconnections between elements suggested groupings that were related back to the initial model presented in the Preliminary Distillation. The emergent and revised themes fit well into three of the original layers: (a) *Foundations of Presence*, (b) *Full Meditative Presence*, and (c) *Channeled into Connection*. Elements of *Seasoning, Commitment to Personal Growth, Congruent and Integrated,* and *Spiritual Practice and Belief* were placed in the *Foundations* layer. *Full Meditative Presence*, the layer that described attention, easily accommodated the elements of *Attentional Ability, Inner Awareness,* and *Kinesthetic Aspects of Presence*. Finally, the elements of *Alignment with the Client* and *Receptivity* corresponded to the third layer *Channeled into Connection*. These grouping were not suggested by participants, but they emerged as I considered the interconnections among final elements back, and how those related back to the original model proposed in the Preliminary Distillation.

Groupings were given new names that reflected the main themes of the final elements they contained. *Foundations of Presence* was renamed *Development and Growth of the Therapist. Full Meditative Presence* became *Qualities of Awareness*, and *Channeled into Connection* was changed to *Therapeutic Alliance*. The following table illustrates these suggested groupings.

Table 17

Suggested Element Groupings

Development and Growth

Seasoning—The therapist's way of being changes over time in response to shaping influences such as life experience, professional experience, therapy, and spiritual work, that refine individual qualities of presence.

Commitment to Personal Growth—The therapist has a lifelong commitment to personal growth. Individual and group therapy, supervision, and close personal relationships can help the therapist "become a better instrument" for the therapeutic work.

Integration and Congruence—The therapist aligns and coordinates disparate aspects of self in order to promote a harmonious whole self. The therapist's internal experience and external expression match.

Spiritual Practice and Belief—Integrated spiritual practice and belief may help provide a supportive context in which the therapist cultivates healing presence.

Qualities of Awareness

Attentional Ability—The therapist has the ability to be fully present, to give full attention to the client, and has found a personal method (curiosity, metaphor) to monitor fluctuations in attentional presence and thereby enhance or regain attention when necessary.

Inner Awareness—The therapist has an awareness of her or his internal experience and is able to attend to and be informed by his or her own "resonance and resistance" in the session. The therapist's inner awareness also facilitates the process of differentiating between inner experience and an intuitive experience of the client.

Kinesthetic Aspects of Presence—The therapist may have a bodily awareness (kinesthetic intuition) of the client's experience, and may use his or her body to receive, contain, reflect, or channel client emotions.

Therapeutic Alliance

Alignment with the Client—The therapist's alignment and balance with his or her self is extended to the client as a fundamental equality or symmetry and can be demonstrated through the recognition of common human experience, understanding rather than interpretation, and by learning to work within the client's lexicon.
"There for me"—The therapist is able to be "there for the client" in a way that transcends the assumption of a professional role, or the application of a technique. The therapist is able to "hold" the client; to stay with the client's pace.

Receptivity—The therapist is able to receive the client's presence and all that he or she brings which involves an inner sense of quietness, stillness, and the ability to "not do."

I have come to understand these groupings as a series of concentric rings. The *Development and Growth of the Therapist* occupies the center ring and energizes and informs all rings. The intermediate ring holds the elements of *Attentional Qualities* and modulates between an inner and an outer awareness. The outermost ring is the border at which the *Therapeutic Alliance* is cultivated. This model, as I see it, pulses outward with the knowledge and awareness gained in the innermost two rings, and pulses inward with gathered information about the client gained from the outermost ring. All rings are active, and the movement among them is very flexible. They work in a coordinated but not necessarily predictable or organized manner. This is an oversimplified explanation of the very complex interaction that must be occurring within the therapist as he or she works, however, I feel that it captures the essence of certain fundamental qualities of that process.

Engaging the Lens of Negative Space

In considering a work of art there is often a discussion of what is called the "negative space." Negative space is defined as "an enclosed empty space in architecture, sculpture or painting which makes an essential contribution to the composition" (Lucie-Smith, 1984, p. 128). The outcome of this study, the Final Distillation, has highlighted some central features of presence, and has illuminated several new themes. However, the resulting picture of presence remains incomplete. An investigation of the space surrounding the Final Distillation may reveal some components of presence equal in

importance to those identified in this study. For my own clarification, I experimented

with letting the Final Distillation fade into the background which helped to reveal a

number of missing elements, most of which related back to my experience of my

therapist's healing presence. These experiential qualities ranged from feeling loved, and

cherished, to an energetic sense of being held. At certain times in therapy, I felt the hairs

on my skin stand when a particularly powerful and accurate statement was made. Other

times, I felt massive shifts within my body as if some sort of internal plate tectonic

adjustment had occurred. These experiences are voiced from the client's perspective, but

if shifted to the therapist's perspective might be called *Loving, Cherishing, Energetic*

Holding, Powerful Moments, and *Witnessing Internal Shifts.* Engaging the findings of the

study as the foreground and then allowing the mind and body to reach into the

background will necessarily reveal personal and precious qualities of presence. These

aspects are as critical, if not more critical than, the 9 elements that received enough

interest to be included in the Final Distillation.

It is impossible for me to say how unique these qualities are to me, my own encounter

with my original therapist, or to my therapist herself. My experience may of course be

idiosyncratic. Nonetheless I wish to conclude this section with a cautionary remark to

remind future researchers to look carefully at what's missing from my hermeneutical

account.

<div align="center">Elements Receiving Low Interest</div>

Sixteen elements received little attention from participants and were therefore not

included in the Final Distillation. However, it is important to question the lack of

response. Five possible explanations for low response rate were considered: true

disagreement or lack of interest, sequence of data presentation, amount of information presented, ambiguous wording, and overlap. Data tables that present the original distillation element and the extracted quotes are included in Appendix G.

It is certain that a number of elements simply did not belong in the Preliminary Distillation. Accounts and understandings of presence tend to be highly idiosyncratic and there can be no question that my own experiences and preference for certain words made some elements unacceptable to a larger audience. The elements of *Unconditionally Present* and *Maturity* were directly challenged by several participants. Therapists do place conditions on the therapeutic relationship to ensure safety and comfort in the session. In fact, it seems obvious now that the therapist's own feelings of comfort and safety greatly influence his or her presence. The intended meaning of the element centered around the idea of accepting the client and not wishing him or her to be anyone or anything other than him or herself. Even when clarified, that element did not receive much attention from participants. The element of *Skillful* similarly received very little attention. While it seemed that participants agreed with the need for the therapist to be skillful, it did not generate much discussion.

One critique of presenting information to participants in the same sequence is that attention and energy are given to earlier portions of the presentation, which should skew response patterns in favor of whatever happens to be presented first. However, a quick scan of the ranked elements in this study shows that several elements that were presented at the end of the resonance meeting received many responses, and conversely, several elements that were presented early in the resonance meetings received only a few responses.

The Preliminary Distillation constituted a large amount of information. Participants were confronted with 21 different ideas, roughly placed into a model, within the space of an hour or two. We typically met within work day hours, sometimes between meetings with clients. Perhaps the reason that so many of the elements received low response rates was that there was not enough time, and possibly, attention, to consider and thoughtfully comment on all elements.

Word choice emerged as a central challenge in work with participants, as they understood words differently from each other, and from my intended meaning. This seems an inevitable aspect of human communication, and was a strong influence in this study. Admittedly, some of the terms I chose were quite broad and difficult to define in themselves, for example: *Maturity, Faiths, Beliefs, Attitudes, Self-Loving,* and *Self of the Therapist.* While those exact words did frequently occur in both theoretical and empirical writings on presence, participants in this study did not find much utility in them and instead chose others. For example, the element of *Maturity* generated some controversy, and what emerged consistently from participant comments was a preference for the words *Integration* and *Congruence.* Those words have a precedent in psychological literature and language and were more easily understood and accepted than the word "maturity."

A number of elements covered overlapping ideas such as *Self-Accepting, Self-Knowledgeable, Self-Loving,* and *Self of the Therapist.* There are undoubtedly differences among all four of these ideas but they were not well articulated in the Preliminary Distillation, which made it impossible for participants to respond adequately to those elements.

Healing Presence

One of the most important outcomes of this study did not emerge as a distillation element, as it was an issue raised by only one participant, but her observation illuminated a fundamental problem in the way I used the word "presence." Lily had understood the word correctly, meaning how a person's way of being extended into relationship, yet I was discussing a level of personal development that described a certain type of presence—a "seasoned" or "ideal" presence in her words. She pressed for clarity and asked if I were describing a quality of presence, or presence in general. She pointed out that as an advanced clinician, her presence was quite different from when she was a novice therapist, and she questioned whether I could use the general word "presence" to describe the highly specific presence that advanced clinicians had attained.

Her observation that the word "presence" refers to any type of presence underscored the importance of finding a descriptor for the type of presence described in this study and in so many previous studies. Words considered as descriptors were: (a) unconditional (Welwood, 1996), (b) therapeutic, (c) transpersonal, (d) curative, (e) seasoned, and (f) healing (Breggin, 1997).

The term "unconditional" refers specifically to Welwood's (1996) blend of spiritual practice and psychological work. While his model holds great appeal for the transpersonal researcher, it is more highly specialized than the type of presence described in this study. Similarly, the descriptor "transpersonal," defined as "relating to psychology especially concerned with esoteric mental experience (as mysticism and altered states of consciousness) beyond the usual limits of ego and personality" (Merriam-Webster, 2000, p. 1251), connotes a distinctly spiritual aspect of presence. Participants were clear in

stating that someone can have presence without having any interest in spirituality. While the type of presence explored in this study has spiritual components, to restrict the descriptor to a term that has only spiritual connotations would exclude therapists who have a wonderful presence but do not relate it to spirituality. Therefore, to call this study's type of presence "unconditional," or "transpersonal," would be misleading.

The words "curative" and "therapeutic" are defined in medical terms and relate to disease. Curative is defined as "relating to or used in the cure of diseases" (Merriam-Webster, 2000, p. 283) and therapeutic as "relating to the treatment of disease or disorders by remedial agents or methods" (Merriam-Webster, 2000, p. 1219). Using one of these words would imply that the client was a disease, and the therapist's presence the cure. Those implications did not adequately fit the dynamic of the therapist-client relationship.

Lily's term, "seasoned," was also considered. The definition of seasoned, "to make fit by experience" (Merriam-Webster, 2000, p. 1050) could easily be used to describe a person with a seasoned stage presence, or a seasoned political presence. The word tends to emphasize age, experience, and maturity, all of which undoubtedly affect the therapist's presence, but is too limiting for the type of presence described in this study.

The verb "to heal" offered a number of definitions, "to make sound or whole, to restore to health, and to restore to original purity or integrity" (Merriam-Webster, 2000, p. 534). Peter Breggin, a psychiatrist at Johns-Hopkins University, recently published a book called *The Heart of Being Helpful: Empathy and the Creation of a Healing Presence*, in which he defined healing presence as: "a way of being that by its very nature tends to reassure and encourage people, to lend them moral and spiritual strength, to

provide confidence that they can overcome suffering and continue to grow" (p. 6). He also outlined methods for cultivating a healing presence.

> The creation of a healing presence focuses on ourselves rather than on the person we are trying to heal of help. ... We find within ourselves the inner resources that speak directly to the other person's psychological and spiritual needs. (p. 5)

The dictionary definition of "to heal" and Breggin's conception of the therapist's healing presence fit most closely with the unique constellation of the qualities of the psychotherapist described in this study and by many others before it.

Writers and researchers have relied on the term "presence" for many years without acknowledging that they have in fact described a highly specific manifestation of presence. Because it has typically been discussed within the context of psychotherapy, nursing, or pastoral care, the word has been associated with the people working in that profession. However, outside of the caregiving fields the word presence can be correctly used to describe types of presence that would never be correlated with healing or caregiving. In addition, it is important to consider the keyword search, which has become a predominant method for discovering references to a given subject. Current keyword searches in computer databases for occurrences of the word "presence" literally return thousands of citations, most of which do not relate to the caregiver's presence. My own preference based upon the dictionary definition and Breggin's (1997) work, is to name this particular constellation of qualities, healing presence. The more specific term of "healing presence" indicates simultaneously that this is a specialized type of presence and that it is directed toward restoring health and wholeness.

Contributions to Theory

Three elements emerged in this study that have received little-to-no attention in the literature on presence: *Commitment to Personal Growth, Seasoning,* and *Kinesthetic Aspects of Presence.* None of these elements has been well-documented by previous research, which has documented what presence is, but has not included discussion of how it is gained. Pemberton (1976) mentioned personal growth, but did not include it as a central feature of the therapist with a healing presence. Parker's (1992) study explored the effects of artistic expression on the cultivation and maintenance of a healing presence in nursing. She found that the nurse-artist experienced art-making as supportive of her ability to create and maintain a healing presence. *Commitment to Personal Growth* outlines a more pervasive course of individual therapy, supervision, and close personal relationship; yet, both emphasize the need for the caregiver to be well cared for. The element of *Seasoning* has not been included as a theme in studies on healing presence. Although many writers mention anecdotally the ideas of experience, maturation, and development, they have not identified it as central to a healing presence. *Commitment to Personal Growth* and *Seasoning* firmly suggest that there are aspects to healing presence that can be developed over time, and that a healing presence will change with experience and development. Perhaps even more fundamentally, these elements suggest that the therapist with healing presence must be a healthy and whole person, and he or she must work at those two dimensions of their being throughout the span of his or her life.

Kinesthetic Aspects of Presence emerged as a completely new finding in the field of presence and confirms some of the philosophical observations made by Merleau-Ponty (1962) about the bodily nature of perception. Merleau-Ponty wrote convincingly about a

"sensate saturated cognizance" and therapists in this study made statements that reinforce his understanding of the role of the body in perception. The identification of the body's role in receiving and working with client emotion is especially novel and has not been discussed in any of the literature on presence. Participants did not offer much insight or description into this bodily skill, and so it is simply identified without an accompanying description.

In my opinion, this is the most exciting outcome of this study. It is quite possible that this is an aspect of healing presence that has been practiced for years, but has not been well identified or articulated. I wonder what it means to have a kinesthetic presence, and how one uses the body to work with client emotion. I wonder if this is something that the therapist unconsciously learns to do, or whether it is a natural component of human relating that has been clarified and heightened through the work of doing psychotherapy. This finding raises many questions and invites exploration.

Alignment with the Client was the most strongly supported element in the Final Distillation. Previous work has similarly highlighted this aspect of a healing presence (Fraelich, 1989; Gilje 1992, 1993; Pemberton, 1976). Participant data suggested that the element of alignment creates strong impressions and is important to both the clinician and client.

The final elements of *Attentional Ability* and *Inner Awareness* support two forms of awareness possessed by the therapist with a healing presence. Attentional abilities of the therapist have been explored in Alexander's (1997) work on mindfulness and presence. She suggested similarly that the therapist's attentional abilities are an essential component

of his or her healing presence. Welwood's (1996) work on reflection and presence is also supported by the confirmation of these two elements.

The body of literature on healing presence has reached a critical juncture where much data has been generated to confirm and support the initial descriptions and definitions of healing presence. Many of those initial ideas were highlighted in the Final Distillation. The time has come to extend research beyond the initial exploratory stage and to explore some of the new areas suggested by the many fine studies on this topic.

Contributions to the Field of Transpersonal Psychology

Transpersonal psychology concerns itself with the interface between psychology and spirituality. This study facilitated a special inquiry into the spiritual beliefs and practices of advanced clinicians who embody a healing presence and offers some new information about blending spirituality and psychotherapy. Participants gave honest insight into some of the benefits and drawbacks of naming spirituality as an integral part of the therapist's healing presence.

Participants in this study overwhelmingly agreed that spiritual practice and belief should not be considered foundational to a healing presence. An interesting paradox is that 10 out of the 12 therapists had a spiritual practice and believed that it enhanced their ability to be present. However, they gave several reasons for not including spiritual beliefs and practices as a foundation of healing presence. The first was that the word "spiritual" is hard to define. The second concern, voiced by almost all participants, was the belief that it is possible for a therapist to have a healing presence without the support of spiritual belief or practice. Participants consistently reiterated their belief that healing

presence can be developed in many ways and one participant even felt that healing presence was a natural gift that could not be learned.

One of the greater concerns about including spiritual beliefs and practices in the Final Distillation revolved around the distinction between an integrated and an un-integrated spirituality. The examples given by participants tended to highlight the negative aspects of a therapist with an un-integrated spirituality. The problems that could be created by a therapist with an un-integrated spirituality are several. One could be a tendency to impose his or her own spiritual views on the client. Another could be an inclination to allow his or her own spiritual belief system to color his or her view of the client. A third problem may be caused if the therapist uses transpersonal ideas to hide from disowned parts of self. Such a misuse of the transpersonal would put a therapist at risk of projecting those disowned parts of self onto the client. Any of these aspects of a misused spirituality could cause an alienation even greater than that of a therapist who simply fails to understand his or her client. Spirituality is often a very special and personal part of people's lives, and the risk of injuring a client through the irresponsible use of spiritual teachings, or language, is very real. The "professional authority" of the therapist often intimidates clients. If that professional authority is bound together with the inappropriate application of spiritual knowledge, the client may become even more intimidated and confused about the therapeutic relationship.

By contrast, the benefits associated with an integrated spirituality were great. Participants named a number of benefits which I will mention briefly, as we did not discuss them in detail. An integrated spiritual practice could enable the therapist first to align and balance self, and then to align with the client. Integrated spiritual practice was

also seen as a way to develop attentional. Participants suggested that an integrated spiritual practice could help the therapist keep ego out of the way, and release attachments to a certain outcome. Additionally, the witnessing consciousness developed in many meditative practices was also identified as a support to the therapist who may be better able to observe issues of countertransference as they occur. Finally, therapists identified an enhanced receptivity to alternate sources of information, such as intuition and a "greater wisdom," as the result of a spiritual practice.

An integrated spirituality is one that supports and sustains the therapist, and through the therapist, supports the client. However, it is an invisible part of the relationship. If the spirituality leads the way, or is showcased, or if the therapist introduces the spirituality, the therapist may be acting out of an un-integrated spirituality. The difference between the two may be as simple and dramatic as the difference between context and content. Integrated spirituality can provide a supportive context for the therapist, and help to keep him or her clear and focused in the therapeutic work. A therapist with an un-integrated spirituality may bring spirituality into the content of the sessions and at minimum create a fundamental disconnect between himself/herself and the client.

The uniqueness of the field of transpersonal psychology, a discipline that combines conventional psychological wisdom with that of ancient spiritual teachings, could bring an articulate depth to further discussions of the blended context within which some therapists cultivate a healing presence. In this way, the topic of healing presence offers transpersonal psychologists and researchers an opportunity to clarify the ways in which an integrated spiritual practice can support the work of the therapist.

Practical Significance

Bibliography. This study gathers together research and writing from many different disciplines. Writings in existential philosophy, spiritual teachings, psychology, and nursing have all contributed to our current understanding of healing presence, and must be considered when exploring this subject. One of the great difficulties that has hampered this area of research is that literature on healing presence is so difficult to locate. This study has begun to resolve some of that difficulty, yet there are undoubtedly more writings, and different perspectives to be discovered, and one of the tasks for researchers working in this field is to tap the vast wisdom that already exists, as well as to expand the field beyond its current stage of development. It is my great hope that future work will benefit from the bibliography provided here.

Healing Presence. With great thanks to participant Lily, I must recommend that this experience be given a more specific name than simply "presence." The qualities, skills, and abilities described in the Final Distillation are of a highly refined type of presence, which I propose to call "healing presence" in accord with Breggin's (1997) work, and with the dictionary definition of the verb "to heal.". This study, and those that have preceded it, have been about exploring a very specific type of presence that has a healing effect. It would help future research to name this quality of presence, healing presence, not only to differentiate it from the more general concept of presence, but to help facilitate the keyword search upon which so many of us rely.

Special Inquiry into Spiritual Practice and Belief. Participants were able to articulate some of the benefits and pitfalls of blending spirituality with psychotherapy. Techniques of meditation, self-remembering, and witnessing were offered as practices that enhanced

the therapist's ability to be present and to be self-aware. Spiritual practice was also seen as a way to learn how to fully align with another, how to shuttle attention in the midst of being present, and how to keep ego out of the way. My sense of their comments is that they were comfortable with a spirituality that supported the therapist, and did not intrude upon the client. Participants emphasized that only an integrated spirituality can offer those skills. They made this clear by describing therapists with an ego-inflated spirituality which placed them as guru and client as disciple, or which caused the therapist to proselytize, or to impose a spiritual interpretation on a non-spiritual client. One participant suggested that some therapists have attempted to replace clergy. She thought it more appropriate to have a separate religious counselor and psychotherapist. Participants' descriptions of the benefits and drawbacks to blending spirituality and psychotherapy open many questions for future transpersonal research.

Therapist and Technique. In response to the abundance of research on pure technique, this study shifts the focus to the person of the therapist. It is my opinion that much of the research on technique alone has missed the critical context from which technique is understood and generated, the healing presence of the therapist. Participants in this study indicated that developing a healing presence must be attended to with as much sincerity and focus as the learning of technique. Moreover, it must be attended to as a life-long commitment to personal growth because as the therapist grows and expands, so does his or her healing presence.

Recommendations for the Training of Clinicians

This discussion will focus on training future clinicians, who at the beginning of their careers may feel quite distant from the time when they will consider themselves

"seasoned" practitioners. Over the span of a career, the therapist will undoubtedly visit and revisit the elements of healing presence and gain new insight and growth. Ultimately, any clinician must be responsible for his or her own growth, so the advice given here simply offers some basic ideas about training and is not intended to limit any individual ideas about developing a healing presence.

Personal Therapy

Participants in this study unequivocally recommended personal therapy as the best training to become a therapist, as did Freud (1912/1991) and Jung (1933). Not only did participants speak about the importance of personal therapy, they modeled it. A look at the demographic data (see Table 4) indicates that most therapists' had spent half or more of their professional careers in therapy. They had spent from 4 to 45 years in therapy with an average of 16 years. That is a significant endorsement of the importance of therapy for the therapist. Many of the qualities and abilities described in the Final Distillation can be attained through the radical self-exploration facilitated in a good therapeutic relationship. For example, integration grows out of the discovery of disparate parts of self followed by the willingness to do the work of integrating. Congruence requires that one have the ability to witness self and to make the inner shifts necessary to bring oneself into congruence. The work of integrating and living congruently can range from very subtle inner shifts to a major restructuring of self, depending on the history and condition of the future clinician's self. No advice can be given about the specific course or length of therapy, as those will vary greatly from one person to the next. The best recommendation is that the future clinician find a competent guide who can serve as therapist and mentor.

Commitment to Personal Growth

Several participants stated that they had developed their own healing presence by holding themselves to the same standard whether in session or out of session. Participant Lily called this a "lifestyle commitment" and gave an example of practicing compassion with supportive friends. She described noticing when she had lost "the stance" and then taking a moment to recover it. Sarah said that when she could "stay in the moment" she felt calmer, happier, and more empowered. She said that she practices "being present" with her grandchildren because kids live so naturally in the present moment that they make good teachers. There are many ways to practice living in an integrated and congruent way with sufficient self-awareness.

Inner Awareness

An extension of the *Commitment to Personal Growth* is *Inner Awareness*. The participants in this study continually referred to their own inner relationship with themselves as a critical part of their healing presence. Participant Jill referred to it as attending to her own "resonance and resistance" in the session. The therapist's way of being is so central to a healing presence, it is important that the future clinician begin to practice this awareness while training. This is not a skill that is easily taught in a classroom; however, future clinicians can be made aware of the usefulness and importance of a strong inner awareness. Work to maintain and deepen *Inner Awareness* is an ongoing commitment.

Supervision: Who are you as a Therapist?

Participants recommended supervision as enthusiastically as they recommended personal therapy. The guidance of a supervisor, or supervision group, can offer

invaluable support to either the new or seasoned clinician. Participant Jill observed that budding clinicians understand little about "therapeutic time and space," but that under the tutelage of a supervisor those dimensions of the therapeutic relationship can be explored. Lynn stressed the importance of finding a good "match" with a supervisor so that any guidance given is congruent with the fledgling therapist's style of working. Both Jill and Sarah indicated that deeper levels of self work can be done with a supportive supervision group, where the focus is still trained on the development of the self of the therapist, but is more finely tuned to "who" and "how" one is as a therapist.

While working with participants I became aware that there are many aspects to healing presence that are clearly learned in the apprenticeship of novice therapist to advanced clinician. That type of learning reminded me of the transmission of sacred knowledge, in that it occurs in close personal relationship, between the devoted student and the experienced master. Of course, this is an idealized view of the supervisory relationship, however, there are important aspects of healing presence that are not discussed, save for the private teachings and experiences that occur out in the practical world of psychotherapy.

<div align="center">Spiritual Practice and Belief: Promises and Pitfalls</div>

Participants gave many warnings about pitfalls to including spiritual practice and belief in the Final Distillation. Yet 10 out of the 12 participants identified themselves as spiritual practitioners. They gave excellent advice about the importance of an integrated spiritual practice, which may help a therapist develop some of the attentional abilities that contribute to a healing presence. My observation is that spiritual traditions tend to have a comfortable language for describing attentional abilities and different states of being.

They also have practices for developing those abilities and states. Of course, it must feel congruent for someone to have a spiritual practice, so it is not listed as any kind of requirement. There are many ways to develop attentional abilities. Any activity that encourages a calm and focused demeanor would enhance the therapist's ability to attend fully to self and to client.

The consistent message that came from participants was "never stop working on yourself." There are many methods for pursuing self-growth. These recommendations are just a few to be considered. I imagine that individual innovations and preferences vary widely. Quite possibly, this last statement, "always work on yourself," is the best one to offer as a general recommendation for the new therapist.

<div align="center">Innovations in Method.</div>

Procedural lenses. Intuitive Inquiry is a subjective mode of research that allows the researcher great flexibility in structuring a study design. For that reason the researcher must find ways to contain and explain the process that he or she develops. I used the following three procedural lenses to ensure the selection of a sufficient variety of texts: novel perspective, communicates presence strongly, and variety. These lenses helped clarify the text selection process for me, and for the reader or researcher attempting to understand this work.

Blend of Group and Individual Resonators. The original design of this study called for one resonance panel meeting with about 10 to 12 participants. That design was shifted to accommodate the busy schedules of advanced clinicians. At first, I had hoped to schedule four groups of four resonators for a total of 16 participants. The first two groups came together, and after that, participants' schedules simply would not allow for any

more group meetings. Again, the design was shifted to accommodate schedules. The four remaining meetings were with individuals. My initial perception was that the study felt out of balance with the shift from small groups to individuals. The groups were more dynamic, and many opinions came together in the space of one meeting, yet some depth was lost in the groups as the conversation moved quickly and jumped from one subject to another. The work with individuals was less dynamic, but was much more detailed. Interesting comments could be explored in greater depth, with more opportunities to follow up on questions than was possible in the groups. In the final analysis, I really appreciated having both types of meetings and felt that they complemented each other well. Future researchers may consider capitalizing upon the different styles of data gathering, by alternating group meetings with individual meetings.

<center>Challenges to Method and Design</center>

Intuitive inquiry gives a soft structure to the entirely unstructured world of hermeneutically informed research in the human sciences. Allowing research method to be influenced by hermeneutical philosophy is a relatively new occurrence, and requires most researchers to do extensive work to create, and then explain, the processes by which they construct their method. The beauty of intuitive inquiry is that it suggests ways to bound the limitless possibilities offered by a hermeneutical exploration. Yet, in keeping with the hermeneutical spirit, intuitive inquiry leaves plenty of room for the researcher to tailor both design and method to his or her area of study.

The hermeneutical process generally follows what is traditionally called the hermeneutical circle. The circle describes the forward, projective arc, in which the researcher documents his or her presuppositions about the topic being examined. The

return arc, or evaluative phase, allows the researcher to check his or her presuppositions with an external source, with the strong hope that something new will be discovered through this contact. In the process of completing this study, the chair of my committee, Rosemarie Anderson, saw the necessity of articulating a third phase in the hermeneutical circle which she called an "integrative phase" (personal communication, May 14, 2001). She suggested that the hermeneutical circle might be expanded to acknowledge the phase in which the researcher integrates the information gained in the forward and return arcs. In an email describing her current thinking about an integrative arc, she wrote:

> A further refinement of intuitive inquiry necessitates a final integrative arc after completing the forward and return arcs. It is as though the intuitive researcher needs to stand back from the entire research process and take into consideration all aspects of the study anew, as though drawing a larger hermeneutical circle around the hermeneutical circle prescribed by the forward and return arcs of the study. In a conventional empirical study, the researcher always returns to the literature review and re-evaluates that literature in light of his or her results inclusive of research design limitations. The final integrative arc of intuitive inquiry is more demanding. Not only must the researcher re-evaluate the literature in light of the results of the study, but review the elements of the forward and return arc in order to evaluate both the efficacy of the hermeneutical process used and the topic of inquiry in light of that determined efficacy. In the end, the researcher must determine what's important and what's not so important and sort through the results of both the forward and return arc making sense of the data hermeneutically, that is subjectively. (personal communication, May 21, 2001)

I would like to move into a more detailed exploration of my journey around the hermeneutical circle, which I will organize as a three-phase process.

Phase One: Forward Arc

Intuitive inquiry conceives of the forward arc in two cycles. Cycle One brings attention to the initial process of being drawn to a topic, engaging with it, and emerging with a focused research purpose. Cycle Two further develops the exploration by

encouraging the researcher to engage more deeply with the topic and to draw his or her perceptions to the surface. Conscious awareness is employed to document the starting place, the lenses, that inform and limit the researcher's understanding.

In this study, a design modification was made to allow for an extension of Cycle Two in the form of a distillation of texts. The resulting Preliminary Distillation was an intricately detailed profile of the lenses through which I viewed presence. Cycle Two does not need to produce such an involved set of lenses. In looking back, I see that I spent a lot of time alone developing an exhaustive view of presence. Because I worked alone and my ideas developed in isolation from others and the Preliminary Distillation was necessarily idiosyncratic and enormous. The scope and size of the Preliminary Distillation hampered the presentation to participants and overwhelmed them with information. Other researchers may benefit from working alone and with texts, but they ought to consider how much time they spend in the forward arc, or consider developing a system of checks to keep them connected to the intent of their study. One method might be to develop several theories, or models of the experience being studied. While not an internal check, it might be helpful to work in partnership when working with texts, or to have an outside reviewer whose purpose is specifically to suggest alternate modes of understanding and to help the researcher visualize how participants will work the data.

Phase Two: Return Arc

Cycles Three and Four mark the path of the return, or evaluative arc of the hermeneutical circle. In the shift from projecting to evaluating, an appropriate outside source is engaged to counterbalance the researcher's conception of the topic. The application of expert knowledge modifies, expands, or clarifies the researcher's limited

perspective. Typically, the intuitive researcher interviews participants in Cycle Three, and confirms or revises findings with a resonance panel in Cycle Four.

The concept of sympathetic resonance, in its pure form, is used as a method for confirming or disconfirming the description of an experience. At its best, the experience of resonance indicates an immediate recognition in the listener, which offers a simple and honest way to validate the accuracy of a described experience. Said another way, sympathetic resonance offers an experiential "yes" or "no" vote. It is not intended for in-depth data gathering. In this study, I placed the resonance meetings in Cycle Three as the sole method for evaluating the Preliminary Distillation. In addition, I asked exemplars to resonate to a theoretical model, not descriptions of experience. Instead of purely resonating, participants were questioning my use of language, adding their own ideas, and disagreeing with ones I had presented. Meetings became a blend of resonance panel and unstructured interview. The choice to use resonance meetings was not equal to the task of evaluating the Preliminary Distillation. It seems to me now that resonance panels are best used for a very high-level refinement, after the work of challenging and expanding researcher presuppositions has been done. The focus group literature offers a flexible structure which might support the "rough" work of sorting through and questioning the researcher's understanding of the topic. It is important to give careful thought to the method of data gathering in Cycle Three, and to consider whether it allows participants to adequately evaluate and modify the researcher's vision.

A correlated observation came from working with two resonance groups and four individual resonators. I became very aware that I did not have the group facilitation skills necessary to gather clear and concise information from the groups. Resonance meetings

with individuals were far easier for me to handle and I felt that the interview transcripts were richer as a result. Future researchers might consider areas of personal strength and weakness when designing meetings with participants.

The Preliminary Distillation was subjected to only one round of modification by an outside source. In fact, the work of expanding and counterbalancing researcher presuppositions may need two stages of contact with exemplars. In the case of this study, the first round of contact would have ideally been used to make large scale revisions to the Preliminary Distillation, with the second round focusing on refinement. Other studies may need different types of input from outside sources, yet it seems safe to recommend that the researcher consider two stages of contact with an outside source.

Overall, the main concern is that the method used for gathering data in Cycles Three and Four be responsive to the information prepared in Cycles One and Two. In an email about balancing the arcs, Rosemarie Anderson wrote:

> Intuitive inquiry requires both a forward and return arc in order to complete the hermeneutical circle of interpretation. The arcs must be equally rigorous, assuring in the design structure of the study that the lenses generated by the intuitive researcher in the forward arc encounter, in the original data of the return arc, an equally compelling opposition (and agreement). The intuitive process itself tends to have an unfortunate air of certainty. Yet, intuitions are insights on a probability curve and not necessarily more or less sound than other ways of knowing. It's easy to be seduced into thinking that intuitions are more accurate or cogent than other sources of data. Therefore, careful attention must be given to assure that the design structure and procedures of the return arc allow for a rigorous confrontation of the interpretive lenses of initially generated by the forward arc. (personal communication, May 21, 2001)

A correlated issue is that of the weight given to the forward and return arcs of intuitive inquiry, such that the data gathered in the return arc be sufficiently powerful to counterbalance the views formed in the forward arc. The researcher is well advised to

avoid a skew in either direction, for example, that researcher lenses remain entrenched due to weak data in the return arc, or that exemplar data obliterate the researcher's voice.

Phase Three: Integrative Arc

As mentioned earlier, Rosemarie Anderson has put a name to a third process at work in the hermeneutical circle, that of integrating the information illuminated in the projective and evaluative arcs. I did not have the luxury of a vantage point from which to observe this phase, as I was embedded in the process of working and writing. However, once Rosemarie named it, I instantly understood that the tension I was feeling in expanding to incorporate the many different views of presence was in fact, the tension of integrating. There is a necessary tension between the researcher's and the participants' different perspectives and in expanding to incorporate them. The researcher must be willing to be transformed in the process of moving from personal vision, to exemplar vision, and then to integration. If the researcher does not feel any stress, or tension, while working to integrate his or her understanding with that of participants, then questions arise, such as: (a) has the researcher retained his or her own vision and excluded outside influence? (b) was the initial conception of the topic so basic that participants too easily agreed with it? or (c) were the study participants appropriate to the topic being studied?

In this study, the integrative arc consisted mainly of the analysis and presentation of data. The initial presentation of data in Chapter Five was narrative and process-oriented. It gave a picture of what I did, and what happened in meetings with participants, but the final results were very unclear. The report of results was quite lengthy because it documented the process of data gathering and included transcript excerpts. It was not possible to track nuance or detail over the lengthy report of results, nor was it possible to

compare participants' comments about a given distillation element. My committee suggested that I reorganize and analyze the data by element and rank the data by number of sources. This placed the resonance data into a more traditional style of presentation and analysis of qualitative data.

The shift in analysis and presentation of data made a significant impression on the outcome of this study. Participants' voices are now highlighted and can be compared with each other across elements. The level of clarity and rigor greatly improved. The analysis by element allowed me to present a clear view of participant data. These are all positive effects, yet I am also aware that something was lost in the analysis. The interpretive, hermeneutic voice faded, as I was unable to find a way to present both the narrative, process-oriented data and the excerpted quotes. As a result, excerpted quotes stand too far away from the context that generated them.

Having learned that an extended Cycle Two allowed me to generate far too much information, I would spend less time working alone, and probably would not work so heavily with texts at that early stage. Instead, I would allow a looser and more flexible set of lenses to emerge from Cycle Two. The movement into Cycle Three would shift from work with a resonance panel to an open-ended interview format guided by the initial lenses. In Cycle Four, I would read interview transcripts for aphorisms—statements of clinical wisdom about healing presence. They would then be grouped into emergent categories and related back to the initial lenses. In the final cycle, Cycle Five, I would employ a resonance panel of exemplars for a final polishing of the synthesized initial and emergent data. This design would alternate work with internal and external data sources. Invariably, new challenges would emerge in response to this new design and adjustments

would need to be made. However, it does seem a more balanced design and would respond to some of the challenges faced in the current study.

Consideration of these issues raised my awareness of another hermeneutic at work, the "graduate student hermeneutic" which blends excitement and interest with inexperience, and the ever-present awareness of the need for committee approval. In this study, defined as subjective from the beginning, my comfort level with subjectivity has wavered throughout. Theoretically, this research method aligns closely with my understanding of, and belief in, subjective research, yet as a graduate student, the need for comfort in "certainty" and "objectivity" frequently edged into my writings. I have found that this type of research takes great courage to undertake and sustain. The "graduate student hermeneutic" certainly has many permutations, and it adds another interpretive dimension to this type of research that might be unconsciously at work.

Limitations

Subjectivity lends the force of personal experience and simultaneously restricts the general applicability of this study. The Final Distillation necessarily portrays some of the personal biases with which I entered this exploration. The meetings with resonance panels and individual resonators served to expand my early conceptions, as did the review of multiple texts, yet this study was clearly bounded by my experience and understanding of presence.

Language significantly limited these findings. Talks with participants made me aware that we all used language differently, and that we had different understandings of words, even commonly used words like maturity. There was an inherent challenge to using the word "presence" in the course of trying to define the experience of presence. I often

wondered how we knew that we were talking about the same thing. Whenever words are used to describe experience, complications arise. This study raises well-known questions about whether language actually captures the fullness of experience, whether we use words in the same way, or understand them in the same way. My own belief, reinforced by this study, is that even though explorations of experience are limited by language, they should not be abandoned. As a researcher, my work with language has been frustrating and humbling as I have witnessed the dynamic experience of a healing presence recede when I focus on finding accurate words and organizational structures to describe it. Yet, at other times, words helped trigger a flood of experiential recall and I was filled with feelings of healing presence. With the awareness that language is as personal as experience, I encourage any reader to take what I have written as a rough map, and tailor it with the richness of personal experience.

Delimitations

The *research question* itself assumed that presence does exist and therefore delimited the scope of inquiry in this study. Framed in the positive, my research question did not allow for the possibility that there is no such thing as presence. This delimitation reveals my primary assumption about presence, that it exists, and secondarily, that it can be described.

The *participant pool* of exemplars was limited in number, age range, and in diversity of ethnic background. There were 12 participants, all of whom identified themselves as Caucasian and whose ages ranged from 48 to 70 years. Exemplars are necessarily a limited group, and the choice to work with exemplars was guided by the specificity of the subject of healing presence. However, there are some limitations particular to this group

that must be considered. The Final Distillation does not benefit from a diversity of cultural perspectives. I am certain that people of other cultures and other languages would relate different descriptions of a healing presence. It would also be quite interesting to hear from people who are not in any way informed about therapy or therapeutic language. The naïve perspective, as it is often called in research, could have the effect of freeing the concept of healing presence from a familiar and restrictive language. The Final Distillation may be seen as an articulation of the European-American experience of healing presence and is limited to the highly refined perspective of the advanced clinician-client.

Participants were offered very *limited access* to the Preliminary Distillation. The task of adequately evaluating it may have been too much to accomplish within the space of one meeting. It is quite possible that participants might have made more changes, or different types of changes, if they had had sustained access to the distillation. If the design of this study allowed for a working resonance panel that met several times and debated different structures and placement of elements within that structure, it is possible that the distillation would have been changed even more than it was. The one difficulty of suggesting a design with multiple meetings is the very real challenge of scheduling time with advanced clinicians who typically have full practice schedules.

Item by item data gathering and analysis necessarily deconstructed the model I set out to find. This became necessary because the original presentation did not give the level of discrimination needed to make statements about the hypothetical model. This delimiter was discussed more fully in the previous section titled: "Challenges to Method and Design."

Suggestions for Future Research

There are several recommendations that I can offer for future research topics. The first is fueled by my own interest in the ways that spiritual practices support or obstruct a healing presence. Meditative practices teach awareness. Sitting meditation offers many different methods for centering attention, developing a witnessing consciousness, and for releasing attachment to outcome: all skills that may help enhance a healing presence. Participants in this study emphasized integrated spirituality, and I wonder: How does one integrate spiritual practice? This subject area surely holds many questions, and I encourage further exploration.

Writing about the limitations of culture made me very curious about exploring healing presence in other cultures. I feel certain that there are stories, visions, and ideas about healing presence that would help to expand understanding. In fact, it may be true that other languages better communicate some of the experiential qualities of a healing presence. Further exploration might view healing presence through different cultural lenses to see how it changes from one to the other.

As I worked on this study, the question of whether healing presence is innate, a gift, or whether it is developed over time arose many times. My observation was that people tended to believe that one or the other was true. It might be interesting to explore whether healing presence is developed or if it is a gift, or if it is both.

Several authors and several participants suggested that the client learns healing presence from someone who exemplifies it. Bugental (1987) was quite explicit about how a client's way of being and speaking shifted over time to indicate that he or she was more

present. Future work might be dedicated to exploring the client's presence and how that affects their feelings of health and well-being.

The kinesthetic aspect of healing presence emerged as a completely new element. Participant descriptions were vague, yet they clearly agreed that the body plays an important role in working with client emotion. Future work might focus on defining this element more clearly, and in exploring exactly what occurs in this bodily, or possibly energetic, interchange. Questions of how this awareness is learned and developed might also fuel further inquiry.

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APPENDIX A: CONSENT FORM

To the Participant in This Research,

You are invited to participate in a research study that explores your experience of the presence of your psychotherapist. A s part of this study I will be analyzing texts that define, describe, or convey presence in a psychotherapeutic relationship. This process will allow me to create a distilled version of the essential features of presence. The distillation will then be reviewed by what is called a resonance group to determine the accuracy of my findings.

Your role as co-researcher will be to participate in the resonance meeting. We will meet one time and complete the following tasks. We will first orient ourselves to the task of "resonating" by discussing what resonance is and how resonance is identified. Then, the panel will orient themselves to the specific experience of presence within the therapeutic relationship. Finally, we will listen to, or read the distilled description of the therapist's presence and confirm or deny the statements in the distillation. Any suggestions for revision will be recorded and used to create a revised form of the distillation. The meeting is tentatively scheduled for [Summer 2000] and is expected to last for three to four hours with a short break at the mid-point. Group members who are willing will be asked to give a follow-up review of the revisions make to the distillation. This will help ensure that I have interpreted panel-member revisions accurately. This second review will be done through the mail or by telephone and will not involve another meeting.

For the protection of your privacy, all information received from you will be kept confidential through the use of pseudonyms. I take sole responsibility for the storage, use, and maintenance of any information gathered from the resonance panel. To that end, original tapes of our meeting will be kept in a locked file box. I will transcribe the tapes personally and replace any names with pseudonyms at that time. The transcripts may be included as an appendix to the dissertation, but all names will have been changed so that identities will not be revealed. The goal of the resonance panel is not only to confirm or deny the findings in the distillation, but also to gather additional experiential or descriptive data from you. Any quoted material will be also be kept confidential through the use of a pseudonym. You may withdraw your input from the resonance panel transcripts at any time without incurring any penalty or prejudice.

You may benefit from participating in this study by gaining deeper insight into your therapeutic relationships, both with clients and with your own therapist. My hope is that a frank and open discussion about the presence of your therapist will help feed your own therapeutic presence by identifying and articulating the myriad qualities housed within the term "presence." You may also discover new professional connections with some of the other study participants.

This study is designed to minimize potential risks to you. There are no known risks associated with this type of study. If for any reason, distressing personal material or issues arise, a supervising therapist will be made available to assist you. If at any time you have concerns or questions, I will make every effort to discuss them with you and inform you of options for resolving your concerns.

If you have any questions or concerns, you may call me collect at 000-000-0000, or my chairperson, Rosemarie Anderson, Ph. D. Dr. Anderson is also head of the Ethics Committee for Research at the Institute of Transpersonal Psychology, and can be reached at 650-493-4430. The Institute of Transpersonal Psychology assumes no responsibility for psychological or physical injury resulting from this research.

If you decide to participate in this research, you may withdraw your consent and discontinue your participation at any time during the conduct of the study and for any reason without prejudice.

You may request a summary of the research findings by providing your mailing address with your signature.

I attest that I have read and understood this form and had any questions about this research answered to my satisfaction. My participation in this research is entirely voluntary. My signature indicates my willingness to be a participant in this research.

_____   _____
Participant's Signature   Date

_____   _____
Researcher's Signature   Date

Mailing Address (if you want a summary of research findings):

_____

_____

_____   _____
Researcher's Signature   Date

APPENDIX B: INFORMAL INTERVIEW STRUCTURE

Recruitment interviews were conducted by telephone and followed this general outline: My name is Cortney Phelon and I am conducting a research study on the presence of the psychotherapist. You have been recommended for this study by (name of person referring), as someone who might understand the experience of the therapist's presence. If you are interested in participating, could we spend a few moments discussing the subject of this study? There are several questions I would like to ask you about your experience of presence: (a) How do you understand the term presence?, (b) Will you tell me about how you experienced the presence of your psychotherapist?, (c) How many years were you in therapy with this therapist?, (d) How long have you practiced as a psychotherapist?

APPENDIX C: PARTICIPANT CONTACT LETTER

A Study of the Presence of the Psychotherapist

November 13, 2000

Dear ,

Enclosed you will find two things that need your attention before we meet. The first is a demographic data sheet that asks for some general personal information and a brief description of your current understanding of the psychotherapist's presence. The second is a formal Letter of Consent that briefly outlines this study and your rights as a participant. I am available to answer any questions, should you have them.

Looking forward to meeting with you,

Cortney Phelon

APPENDIX D: DEMOGRAPHIC QUESTIONS

A Study of the Presence of the Psychotherapist

Demographic Information

Name: _____

Age: _____

Ethnicity: _____

Number of years in practice: _____

Number of years in psychotherapy: _____

Preferred theoretical orientation: _____

Please write a brief description of your understanding of the presence of the psychotherapist. Please feel free to structure your response in whatever way best communicates your personal view of presence. If you prefer to begin with a question here are several to consider: What is therapeutic presence? How does it work? How does it affect the client? How does someone get or learn presence?

APPENDIX E: DISTILLATION TEXT TABLE

Quote/Citation	Identified Themes
Mindfulness is most simply described as being fully awake in the world (Goleman, 1988; Kabat-Zinn, 1994; Nyanaponika, 1962). It is a state of lively focused attention and open awareness to the present moment. It is the opposite of relying on habitual or wrote ways of thinking and experiencing. When we are mindful we are interfacing with what is happening now with an expanded awareness, with the intention of embodying the best that we can an orientation of calmness and equanimity without forcing ourselves to be calm or relaxed. (Alexander, 1997, p. 124)	• Quality of attention • Now focused • Calm
It is a position of receptivity rather than reactivity. It allows for entering deeply into emotional experiences as well as the capacity to experience them with some detachment. (Alexander, 1997, p. 124)	• Receptive • Free to experience deeply • Some detachment
There can be no therapy when the therapist assumes an impassive role and allows little evidence of being a human himself, as the other participant in the relationship. The therapist who tries to maintain an "objective attitude" may become an automaton in a relationship with the child who needs the unobtrusive warmth of a friendly human being who possesses the skill and strength to help him come to grips with his emotional turmoil. Friendliness alone cannot help a child, nor can skill of itself be therapeutic. But when these two are combined in the person of the therapist, the setting is created that offers a more favorable medium for the child to find himself. (Allen, 1979, p. 261)	• Active • Be human • Unobtrusive warmth • Friendly and skillful
The central core of being within the therapist—his very sense of self—serves to communicate and maintain a centering and stabilizing force or power in the process. (Baldwin, 1987, p. 42)	• Core of being • Sense of self • Communicates and maintains center and stability
Quote from Carl Rogers: "When I am closest to my inner intuitive self—when perhaps I am somehow in touch with the unknown in me . . . whatever I do seems to be full of healing. Then simply my presence is releasing and helpful." (Baldwin, 1987, p. 50)	• Close to inner intuitive self • In touch with the unknown in me • My presence is releasing and helpful.

...a person-to-person kind of thing, just being *with* somebody, *really* communicating with people. And sometimes I just feel a closeness...somebody is frightened and just sitting down and listening to people, it's not that you have to say anything. (Benner, 1984, p. 57)	• Person to person • Being with • Really communicating • I just feel a closeness
I do not know if you have guessed at the hidden link between 'Lay Analysis' and 'illusion.' In the former I want to protect analysis from physicians, and in the latter from priests. I want to entrust it to a profession that doesn't yet exist, a profession of secular ministers of souls, who don't have to be physicians and must not be priests. (Freud: in Bettleheim, 1982, p. 35)	• Minister of the soul
To characterize the function of the analyst—someone who could greatly facilitate the emergence of a new personality, making the process of the change a safe one—Freud often used the simile of the midwife. As the midwife neither creates the child nor decides what he will be but only helps the mother to give birth to him safely, so the psychoanalyst can neither bring the new personality into being nor determine what it ought to be; only the person who is analyzing himself can make himself over. (Bettleheim, 1982, p. 36)	• Midwife facilitate, provide safety, leaves responsibility for direction of change with the patient)
What was needed was what Freud occasionally spoke of explicitly but much more often implicitly: a spontaneous sympathy of our unconscious with that of others, a feeling response of our soul to theirs. (Bettleheim, 1982, p. 5)	• Spontaneous sympathy of our unconscious • A feeling response of our soul to theirs
The therapist enters the interpersonal field as another human being with conflicts and limitations. No longer an objective, mostly detached figure, the therapist has a construction of reality (though presumably more adaptive and managed constructively) which operates as an active epistemological force in the relationship. Now, rather than merely interpreting, the interpersonally oriented therapist must align his/ her own reality with that of the patient in order to promote the latter's epistemological reconstructions. (Bopp, 1985, p. 293)	• Interpersonal field • Human being • Therapist construction of reality • Align with reality of the patient
Thus when a patient comes into my office for his first or her first session of psychotherapy, and before I have taken a life history, and before I have recorded a list of symptoms, or begun noting characteristic	• I am together with this patient in his or her way of being • The patient participates in

behavior, I am already together with this patient in his or her way of existing, and the patient already participates in my own manner of living. (Boss, 1963, p. 311)	my own manner of living
Out of the same understanding, a genuine healer also sees everything that happens in his patients as stemming from the same origin as his own life, constantly pervading it and actually constituting it. Therefore he is open to and capable of an acceptance of the Other that is unlimited because, from his viewpoint, there are no longer any barriers between an *I* and a *Thou* and the ultimate ground. (Boss, 1979, p. 190)	• Sees common ground (same origins) between patient and self • Open to and capable of acceptance of the other that is unlimited. • No barriers between *I* and *Thou*
There is no question that qualitative aspects of the therapist-patient relationship can greatly influence the course of therapy for good or bad. In general, if the patient's relationship to the therapist is characterized by the belief in the therapist's competence (knowledge, sophistication, and training) and if the patient regards the therapist as an honest, trustworthy, and decent human being with good social and ethical values (in his own scheme of things), the patient is more apt to invest himself in the therapy. Equally important is the quality and tone of the relationship he has with the therapist. That is, if he feels a trusting and warm towards the therapist, this generally will facilitate following the treatment regimen, will be associated with higher expectations of improvement, and other generally favorable factors. The feelings of the therapist toward the patient are also important. If the therapist feels that his patient is not a desirable person or a decent human being or simply does not like the patient for whatever reasons, he may not succeed in concealing these attitudes toward the patient, and in general they will have a deleterious effect. (Brady, 1980, pp. 285-286)	• Pt. has belief in therapist's competence, knowledge, sophistication, and training. • Pt. regards therapist, as honest, trustworthy, decent with good social and ethical values. • Pt. feels trusting and warm toward therapist. • Therapist negative feelings will have deleterious effect.
The creation of a healing presence focuses on ourselves rather than on the person we are trying to heal or help. In creating healing presence, we don't change the other person as much as we transform ourselves in response to the other person. We find within ourselves the inner resources that speak directly to the other person's psychological and spiritual needs. (Breggin, 1997, p. 5)	• Focus on ourselves • Don't change the other person • Find inner resources that speak to the other's psychological and spiritual needs.

To create healing presence, we fine-tune our inner experience to the inner state of the other person. We transform ourselves in response to the basic needs of the person we are trying to heal and to help. Ultimately we find within ourselves the psychological and spiritual resources required to nourish and to empower the other human being. (Breggin, 1997, p. 5)	• Tune our inner state to that of the other person
Healing presence is a way of being that by its very nature tends to reassure and encourage people, to lend them moral and spiritual strength, to provide confidence that they can overcome suffering and continue to grow. Ultimately, the goal is to help the individual develop his or her own healing presence. (Breggin, 1997, p. 6)	• Outcome- reassure, encourage, moral and spiritual strength, provides confidence to overcome suffering and grow, help the individual to develop his or her own healing presence.
The concept of healing presence has a spiritual aspect. Healing presence is generated by qualities we usually attribute to the soul, being, or self. These attributes include empathy, love, an awareness of values and ideals, and, depending on our views, devotion to humankind and to a higher power. (Breggin, 1997, p. 6)	• Spiritual aspects, empathy, love, and awareness of values and ideals, devotion to humankind and to a higher power.
It is a psychologically and spiritually positive ambience that envelops people or a place. (Breggin, 1997, p. 6)	• Psychologically and spiritually positive ambience
Healing presence is . . . learned in our relationships with other people, with animals, and with nature. It's about creating the human conditions that promote healing and growth. (Breggin, 1997, p. 10)	• Learned through relationship
A healing presence communicates love; it addresses the need to love and be loved. Through the creation of a loving aura, healing presence encourages the resolution of hateful inner conflicts within the other person. (Breggin, 1997, p. 31)	• Communicates love • Encourages resolution of inner conflicts.
being peace (Breggin, 1997, p. 54)	• Being peace
If we radiate a healing, peaceful, or loving presence, this in itself will usually reduce the amount of hostility and conflict that is generated around us. (Breggin, 1997, p. 54)	• Radiate a healing loving or peaceful presence
For a number of reasons, we may find ourselves unable to maintain a healing presence with another	• Presence is variable

person or to remain helpful to them. (Breggin, 1997, p. 80)	
The cultivation of empathic self-transformation is a profound aspect of soul and a partial solution to our spiritual emptiness and lack of control over life. Empathic self-transformation is not a narcissistic "me first" approach to life. It focuses on how to be fully present for the benefit of others and ourselves. It requires self-understanding and self-expression, but not self-indulgence. (Breggin, 1997, p. 131)	• Empathic self-transformation is a profound aspect of soul • It focuses on being fully present for the benefit of others and ourselves. • It requires self-understanding and self-expression, but not self-indulgence.
Empathic self-transformation requires that we find within ourselves our potential to understand and care about other human beings and life itself. (Breggin, 1997, p. 131)	• EST requires that we find within ourselves our potential to understand and care about others and life itself.
Empathic responsiveness requires a strong sense of self. Otherwise we feel controlled by the feelings of others and driven to react with them, even against our wishes or will. (Breggin, 1997, p. 131)	• Strong sense of self to decrease reactivity
...gratitude is a key to the creation of healing presence and healing aura. If our patients or clients or our children sense our gratitude at being given the opportunity to help them, from that alone they are likely to undergo a measure of healing and growth. (Breggin, 1997, p. 169)	• Gratitude is key, patients undergo a measure of healing when they feel our gratitude at being given the chance to help.
Gratitude for the opportunity to help is at the heart of healing presence. (Breggin, 1997, p. 171)	• Gratitude
Because this human being exists, therefore he must really be there, really facing the child, not merely in spirit. He may not let himself be represented by phantom.... He need possess none of the perfections which the child may dream he possesses; but he really must be there. In order to be there and to remain truly present to the child he must have gathered up the child's presence into his own store as one of the bearers of his communion with the world, one of his focuses of his responsibilities for the world.... If he has really gathered the child into his life then that subterranean dialogic, that steady potential presence of one to another is established and endures then there is reality between them, there is mutuality.	• Must really be there • Must have received the client's presence • Spiritual practice—client is one of the bearers of therapist's communion with the world • Subterranean dialogic • Mutuality

(Buber, 1965, p. 98)	
The present, and by that is meant not the point which indicates from time to time in our thought merely the conclusion of "finished" time, the mere appearance of a termination which is fixed and held, but the real, filled present, exist only in so far as actual presentness, meeting, and relation exist. The present arises in virtue of the fact that the Thou becomes present. The I of the primary word I-It, that is, the I faced by no Thou, but surrounded by a multitude of "contents" has no present, only the past. Put in another way, in so far as man rests satisfied with the things that he experiences and uses, he lives in the past, and his moment has no present content. He has nothing but objects. But objects subsist in time that has been. The present is not fugitive and transient, but continually present and enduring. The object is not duration, but cessation, suspension, a breaking off and cutting clear and hardening, absence of relation and of present being. True beings are lived in the present, the life of objects are in the past. (Buber, 1958, pp. 12-13)	• Only complete immersion in the present allows one to see another, as soon as the client becomes an object, the therapist is in the past....???
Love ranges in its effect through the whole world. In the eyes of him who takes his stand in love, and gazes out of it, men are cut free from their entanglement in bustling activity. Good people and evil, wise and foolish, beautiful and ugly, become successively real to him; that is set free they step forth in their singleness, and confront him as Thou. In a wonderful way, from time to time, exclusiveness arises—and so he can be effective, helping, healing, educating, raising up, saving. Love is responsibility of an I for a Thou. (Buber, 1958, p. 15)	• One takes his or her stand in love and gazes out of it, others are cut free from 'objectification', when in an exclusive relationship one can be an effective helper, healer, educator, raise up or save another. Love is responsibility of an I for a Thou.
Another no less illuminating example of the normative limitation of mutuality is presented to us in the relation between a genuine psychotherapist and his patient. If he is satisfied to "analyse" him, i.e. to bring to light unknown factors from his microcosm, and to set to some conscious work in life the energies which have been transformed by such an emergence, then he may be successful in some repair work. At best he may help a soul which is diffused and poor in structure to collect and order itself to some extent.	• Regeneration of a personal center can only be achieved by one who grasps the latent unity of the suffering soul and can only be attained in the person-to-person attitude of a partner, not by consideration of an object.

But the real matter, the regeneration of an atrophied personal centre, will not be achieved. This can only be done by one who grasps the latent unity of the suffering soul with the great glance of the doctor: and this can only be attained in the person-to-person attitude of a partner, not by consideration and examination of an object. (Buber, 1958, p. 132-133)	
In order that he may coherently further the liberation and actualisation of that unity in a new accord of the person with the world, the psychotherapist, like the educator, must stand again and again not merely at his own pole in the bipolar relation, but also with the strength of present realisation at the other pole, and experience the effect of his own action. But again, the specific "healing" relation would come to an end the moment the patient thought of, and succeeded in, practising "inclusion" and experiencing the event from the doctor's pole as well. (Buber, 1958, p. 133)	• Therapist must be with self and with client • Once client can be with him or her self and with the therapist they have completed their work.
...the quality of immediate awareness in which one knows directly his own being in relation to his situation .... Presence is being there in the purest sense. (Bugental, 1963, p. 383)	• Purity of being there
Presence is a name for the quality of being in a situation or relationship in which one intends at a deep level to participate as fully as she is able. Presence is exprcssed through mobilization of one's sensitivity- both inner (to the subjective) and outer (to the situation and the other person(s) in it)- and through bringing into action one's capacity for response. (Bugental, 1987, p. 27)	• Intention, at a deep level, to participate as fully as he or she is able. • Mobilization of sensitivity, both inner (to self) and to the outer (other and his or her situation) and bringing into action my capacity for response.
It calls our attention to how genuinely and completely a person is in a situation rather than standing apart from it as observer, commentator, critic, or judge. (Bugental, 1987, p. 32)	• How genuinely and completely on is in a situation rather than standing apart
...a fully alive human companion for the client. (Bugental, 1987, p. 49)	• Fully alive human companion
Full presence means being truly accessible and being appropriately expressive. One must be able to be reached by the client's experiencing, by the feelings, impulses, strivings, and retreats elicited in the hours. A supervening theoretical system is a screen	• Truly accessible • Appropriately expressive • Must be able to be reached by client • Uses empathy to evoke

admitting only that which fits the system, with the result that the therapist becomes more present to the system than to the client. The truly present therapist uses her empathy in a disciplined fashion to allow the client's experience to evoke resonances within her, resonances which then combine with her intuition (or stimulate it) to provide moment-to-moment attunement to the state of the alliance, the trend of the client's flow of awareness, and the needs of the overall development of the work. (Bugental, 1987, p. 222)	resonances in personal experience and used to provide moment-to-moment attunement to the state of the alliance, client's awareness, and the needs of the work.
Here the therapist is not merely a figure on whom the patient projects his ideas and conflicts, but is also genuinely and necessarily his partner. (Colm, 1966, p. 144)	• Partner
That as a therapist I am, most simply put, one who attends to the being of the other and that this work is, therefore, a radically selfless activity. ...that in the therapeutic situation I might be freed, for the moment, from the requirement of attending to my own concerns in order to more fully attend to the concerns of the other. So this radical selflessness is not a pedantic, peremptory professional suit of armor but rather, I believe, a transcendental attitude which liberates the therapist existentially for the possibility of using his/her own experience to attend more cogently to the other. (Craig, 1986, pp. 23-24)	• Attendant • Radically selfless activity or able to attend fully to the concerns of the other • Therapist is liberated to use his or her own experience to attend more fully to the other
The provision of human sanctuary is manifested in the therapist's attunement as an alert, abiding human presence which is both permissive and protecting. Though the particulars of this embodied therapeutic mood fluctuate with the particulars of the therapeutic circumstances, what does endure, I hope, is a palpable sense of aliveness, respect and non—intrusiveness. I emphasize non-intrusiveness since for me the viability of the therapeutic sanctuary is directly related to the inviolability of the individual's privacy and freedom. (Craig, 1986, p. 26)	• Human sanctuary • Attunement as an alert, abiding, human presence • Permissive and protecting • Variable/fluctuates • Palpable sense of aliveness, respect and non-intrusiveness. Individual's privacy and freedom is inviolable
disciplined original presence psychotherapy requires of the therapist that his/her presence be with-and-for the patient. (Craig, 1986, p. 27)	• Therapist presence is with and for the patient • Disciplined original presence

...hearing through ordinary meanings and resonances to their source..., an altered way of knowing and being with ... [in which] we feel, see and hear this vibrance as when present ourselves for what it is thoroughly human, yet utterly unique—this person, as she or he is at this moment. (Egendorf, 1995, p. 15)	• Hearing to the source • An altered way of knowing and being with • Seeing the patient as he or she is in the moment
To summarize briefly, the therapist is spontaneously immersed in the moment and filled with interest. He or she is open, authentic with self and client, immersed and participative in the client's world in such a way that a connected relationship develops. All of this takes place within the context of care, unconditional regard, and valuing of the client and the psychotherapist practicing his or her vocation as an expression of self. (Fraelich, 1989, p. 144)	• Immersed in the moment • Filled with interest • Open • Authentic with self and client • Immersed and participative in client's world • Connected relationship develops • Context of care, unconditional regard, and valuing of the client. • Therapist practicing his or her vocation as an expression of self.
"Psychoanalysis is in essence a cure through love." (Freud; in Bettleheim, 1982)	• Love
Only as a partner can a person be perceived as an existing wholeness. To become aware of a person means to perceive his or her wholeness as a person defined by spirit: to perceive the dynamic center that stamps on all utterances, actions, and attitudes the recognizable sign of uniqueness. Such an awareness is impossible if, and as long as, the other is for me the detached object of my observation; for that person will not thus yield his of her wholeness and its center. It is possible only when he or she becomes present for me. (Friedman, 1985, p. 4)	• Partner • Perceive wholeness of client • Perceiving wholeness means to see the "dynamic center" that stamps the recognizable sign of uniqueness on all
The therapist embodies for the patient a loving inclination of the world that seeks to restore the patient's dispirited and mistrustful self to a new dialogical meeting with the forces of nature and history. (Friedman, 1985, pp. 34-35)	• Therapist embodies a loving inclination of the world
The unfolding of this fear of the between Buber calls the "dialogical". The psychological, that which happens within the soul of each, is only the secret accompaniment of the dialogical. The meeting of	• Dialogical is the 'in-between' and is informed by the psychological of each person in the

dialogue is not found in either one or the other of the partners, nor in both added together, but rather in their interchange. This distinction between the "dialogical" and the "psychological" constitutes a radical attack on the psychologism of our age. It makes manifest the fundamental ambiguity of those modern psychologists who affirm the dialogue between person and person, but who are unclear as to whether this dialogue is of value in itself or is nearly a function of the individual's self-acceptance and self-realization. Mutual confirmation is essential to becoming a self—a person who realizes his uniqueness precisely through relations to other selves whose distance from him is completed by his distance from them. True confirmation means that I confirm my partner as this existing being even while I oppose him. I legitimize him over against me as the one with whom I have to do in real dialogue. This mutual confirmation of persons is most fully realized in "making present", an event that happens partially wherever persons come together, but, in its essential structure, happens only rarely. "imagining the real", as Buber also calls this event, is no empathy or intuitive perception, but rather a bold swinging into the other that demands the most intense action of one's being in order to make the other present in his wholeness, unity, and uniqueness. One can only do this as a partner, standing in a common situation, and even then one's address to the other may remain unanswered and the dialogue may die in becoming. (Friedman, 1985, p. 4)	relationship. • Mutual confirmation is essential to becoming a self-a person who realizes his uniqueness precisely through relations to other selves whose distance from him is completed by his distance from them. • Partner
Presence is the nurse's physical 'being there' and the psychological 'being with' a patient for the purpose of meeting the patient's health care need. (Gardner, 1985, p. 317)	• Being there • Being with
The essence of working with another person is to be present as a living being. (Gendlin, 1991, p. 205)	• Be present as a living being
So, when I sit down with someone, I take my troubles and feelings and I put them over here, on one side, close, because I might need them. I might want to go in there and see something. And I take all the things that I have learnt—client centered therapy, reflection, focusing, Gestalt, psycho-analytic concepts and	• Meditative presence • Clearing the mind of self concerns and of "knowledge"

everything else (I wish I had even more)—and I put them over here, on my other side, close. Then I am just here, with my eyes, and there is this other being. (Gendlin, 1991, p. 205)	
Enveloping comfort emerges from the nurse's gifts of authentic being and time. (Gilje, 1993, p. 102)	• Enveloping comfort • Authentic being • Time
Connecting through the wellspring of love... (Gilje, 1993, p. 105)	• Connecting • Wellspring of love
fullness of her being, wisdom, sustained connecting... (Gilje, 1993, p. 106)	• Fullness of being • Wisdom • Sustained connecting
Healing emerges through love and attention in the midst of a painful struggle. (Gilje, 1993, p. 111)	• Love and attention • In the midst of a painful struggle • Healing emerges
Authentic being and closeness is soothing. (Gilje, 1993, p. 119)	• Authentic being • Closeness • Soothing
The most important healing strategy is being present. For all of us, but especially for therapists, giving a person space to feel whatever he or she is feeling is the fundamental healing technique. Everything we do either enhances or interferes with our ability to be with what is going on in ourselves. The act that initiates healing is a moment of nonjudgmental attention. Our term for this moment is a verb that is not yet in the dictionary: to presence. (Hendricks & Hendricks, 1993, p. 103)	• Giving a person space to feel • Nonjudgmental attention
When we presence something, we let our full attention rest fully on it. Presencing has no judgement, no agenda. It simply is. (Hendricks & Hendricks, 1993, p. 103)	• Full attention • No judgement • No agenda
For many of us, the initial wound to our wholeness was the withdrawal of attention. Human beings need attention in order to grow and flourish. Ideally this attention is a loving and responsive presence that allows us to develop our unique being. (Hendricks & Hendricks, 1993, p. 120)	• Loving • Responsive
This seems to be the experience of being permitted to be—to be himself; the experience of being utterly attended to by a professional man who is of goodwill, who seeks to understand him utterly and to communicate both his goodwill and his understanding as these grow. It is the experience of	• Therapist must 'be himself' • And let their patients be themselves • Strive to know the patient • Involve themselves in his situation

feeling free to be and to disclose himself in the presence of another human person whose goodwill is assured. Recent studies have shown that it is not technique or theoretical orientation of the therapist which fosters growth of this sort I am describing. Rather it is the manner of the therapist's being when in the presence of the patient. Effective therapists seem to follow this implicit hypothesis: If they are themselves in the presence of the patient, if they let their patient and their patients be, avoiding compulsions to silence, to reflection, to interpretation, to impersonal technique, and kindred character disorders, but instead strive to know their patient, involving themselves in his situation, and then responding to his utterances with their spontaneous selves, this fosters growth. In short, they love their patients. They employ their powers in the service of their patient's well-being and growth rather than inflict them on him. Somehow there is a difference. (Jourard, 1971, p. 139)	• Respond with spontaneous self. • They love their patients • Employ their powers in the service of the patient's well-being • "Attitude of being"
I have begun to think about psychotherapy not as a quasi-medical treatment where interpretations are dispensed instead of pills of injections, but rather as an invitational process—perhaps even a temptation. It fascinates me to think of psychotherapy as a situation where the therapist, a 'redeemed' or rehabilitate dissembler, invites his patients to try the manly rigors of the authentic way. (Jourard, 1971, p. 134)	• An invitational process • To try living in an authentic way
My commitment in the dialogue is not to a theory, technique, or setting, but to the project of abetting another person's wholeness and growth. ...the relationship becomes a shared quest for authentic ways he might live that generate wholeness and growth. (Jourard, 1971, p. 159)	• Commitment to aiding the other's growth • Shared quest for authentic ways to live that generate wholeness and growth
Yet it is not the doctor's whole task to instruct or convince his patient; he must rather show him how the doctor reacts to his particular case. For twist and turn the matter as we may, the relation between physician and patient remains personal within the frame of the impersonal, professional treatment. We cannot by any device bring it about that the treatment is not the outcome of a mutual influence in which the	• Personal • Mutual influence • Both are transformed • Therapist is affected by the client

whole being of the patient as well as that of the doctor plays its part. Two primary factors come together in the treatment-that is, two persons, neither of whom is a fixed and determinable magnitude. Their fields of consciousness may be quite clearly defined, but they bring with them besides an indefinitely extended sphere of unconsciousness. For this reason the personalities of the doctor and patient have often more to do with the outcome of the treatment than what the doctor says or thinks-although we must not undervalue this latter factor as a disturbing or healing one. The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed. We should expect the doctor to have an influence on the patient in every effective psychic treatment: but this influence can only take place when he too is affected by the patient. You can exert no influence if you are not susceptible to influence. It is futile for the doctor to shield himself from the influence of the patient and to surround himself with a smoke-screen of fatherly and professional authority. (Jung, 1933, p. 49)	
In the relation between doctor and patient we meet the imponderable factors which bring about transformation. In this exchange, the more stable and the stronger personality will decide the final issue. The fact of mutual influence and all that goes with it underlies that stage of transformation. More than a quarter of a century of wide practical experience was needed for clear recognition of these manifestations. Freud himself has admitted their importance and has therefore seconded my demand that the analyst himself be analysed. (Jung, 1933, p. 49)	• Mutual influence
The physician, then, is called upon himself to face that task which he wishes the patient to face. If it is a question of becoming socially adapted, he himself must become so-or, in the reverse case, appropriately non-adapted. There are of course a thousand different aspects of this requirement in therapy, according to the situation in a given case. One doctor believes in overcoming infantilism-and therefore he must have overcome his own infantilism. Another believes in the abreaction of all emotions-and so he must have	• Therapist must have faced what he or she asks the client to face

abreacted all his own emotions. A third believes in complete consciousness-so that he must have reached an advanced state of consciousness himself. At all events the doctor must consistently try to meet his own therapeutic demands if he wishes to assure himself of a proper influence on his patient. All these guiding principles in therapy confront the doctor with important ethical duties which can be summed up in the single rule: be the man through whom you wish to influence others. Mere talk has always been considered hollow, and there is no trick, however cunning, by which one can evade this simple rule for long. The fact of being convinced, and not the subject-matter of conviction-it is this which has always carried weight. (Jung, 1933, pp. 50-51)	
The first requirement concerns the interest of the therapist (or you could call it an inclination or predilection), namely in people, and more specifically in establishing a straightforward communication with people..... This interest has to be genuine in this sense that establishing such communication... is for him an end in itself, not only a means to an end. The second (like the third) is to make sure that the therapist is free and able to have his interaction with the patient determined by the interest which I just mentioned. This second requirement is concerned with the therapist's theoretical convictions. It demands that his views on psychotherapy do not compel him to interfere with the free play of his aforementioned interest in communication for the sake of the patient. The third requirement demands that this essential genuine interest in establishing communication not be curbed by neurotic protective patterns of his own. The fourth requirement is not quite as trivial as the second and third. It concerns of mental condition, or disposition, of the therapist which one called his receptiveness. He must be sensitive towards the noncommunicative elements in the patient's behavior, or in the patient's duplicity. (Kaiser, 1965, p. 158)	• Interest in establishing straightforward communication with people, genuine, not a means to an end • Therapist is free and able to have this interaction • Therapist is free from his or her own neurotic patterns • Must be sensitive/receptive to patient.

Loving presence as a guiding principle is an ideal that therapists aspire to; loving presence as practice is visceral and immediate. This way of being with clients is not always present during a session and it is not always present to the same degree when it is present. (Kokinakis, 1995, p. 108)	• Presence is variable
In this chapter I describe loving presence as at least self-knowledge, the skill of conscious awareness, and an attitude of non-attachment. (Kokinakis, 1995, p. 108-109)	• Self-knowledge • Conscious awareness • Non-attachment
Conscious self-awareness, as a part of loving presence, is both a practice of recognizing barriers to being a loving presence, and a method by which therapists can approach their own growth process, their 'next steps,' in non-threatening ways. (Kokinakis, 1995, p. 113-114)	• CSA- recognizing barriers to presence and a method for therapists to approach their own growth process
She [senior trainer] linked loving presence with witness consciousness, love as non-attachment, and a safe container of permission that therapists create so that the client can stop self-censoring and be fully aware of themselves. (Kokinakis, 1995, p. 116)	• Witness consciousness • Love • Non-attachment • Safe container of permission • Stop client's self-censoring in order to be fully themselves
...non-attachment means letting go of the inner struggle that may arise when we want things to be different than they are. This inner struggle 'splits off' or separates some aspect of self that is not congruent with how we want things to be. If there is not an attachment to a particular outcome there is not [a] dynamic of separating [from the moment] should something else occur. (Kokinakis, 1995, p. 117)	• Letting go of inner struggle that arises when we want things to be different than they are
The experience of love, in the context of yoga (union), includes at least knowing the other-as-self, non-possessiveness, non-violence, truthfulness, and contentment. It is a very high ideal, with energy, love, and God sometimes used interchangeably to mean the same state of being. (Kokinakis, 1995, p. 118)	• Love means knowing the other as self • Non-possessive • Non-violent • Truthful • Content
Therapist agenda (Kokinakis, 1995, p. 152)	• No agenda
Lack of self-awareness (Kokinakis, 1995, p. 153)	• Self-aware

The skill of conscious awareness. This skill was described as the ability of yoga therapist professionals to focus their awareness, while being conscious of the awareness and not identifying with the object of awareness. (Kokinakis, 1995, p. 248)	• Focused awareness • Consciousness of awareness
The expert therapist has a particular feel or energetic presence, what we call loving presence. It has to do with the therapist's intention to facilitate and not be intrusive of boundaries. (Kokinakis, 1995, p. 100)	• Intention to facilitate • Non-intrusive
Nurturing; he or she creates a feeling of safety; they are totally present in the here and now (emotionally, physically, spiritually). (Kokinakis, 1995, p. 100)	• Nurturing • Safety • Totally present in the here and now
Brings unconditional, loving, non-judgmental presence to the work; conveys a sense of joy and lightness—inner light. (Kokinakis, 1995, p. 100)	• Unconditional love • Non-judgmental presence • Sense of joy and lightness • Inner light
The primary way that therapists-in-training are taught to be a loving presence to their clients is through teaching them to be a loving presence to themselves. (Kokinakis, 1995, p. 255)	• Therapists learn to be a loving presence for clients by becoming a loving presence for themselves
Presence is being real or bringing a desire to know and to continually discover oneself to the mutual boundaries where relationships are formed. It comes as much from the quest to understand oneself as it does from the amount of awareness and skill in expressing self one has. (Krueger, 1994, p. 224)	• Being real • A desire to know and continually discover oneself • Comes from the quest to know oneself and the amount of awareness and skill in expressing the self that one has
Presence is also 'being there' with conviction and the knowledge [clients] need committed, dependable, predictable, adults who they can count on. (Krueger, 1994, pp. 224-225)	• Being there • Committed, dependable, predictable
Presence is conveyed by eyes, smiles, and nods that are alert and attentive. By an honest expression of how one feels. By listening intently, with eye contact and feedback. (Krueger, 1994, p. 225)	• Conveyed through the eyes, smiles, nods, that are alert and attentive • Honest expression of how one feels • Listening intently
As one matures in nursing, it becomes increasingly clear that the unique gift a nurse has to offer is to share self by being truly present with another. True	• Being truly present with another • Genuinely engaging with

presence is an experience of genuinely engaging with another, perhaps for only a fleeting moment, perhaps intermittently for an extended time. While one's own worries and interests drift into the background, the person with whom one is engaging moves into the foreground with all the anger, joy, fear, or pain shared the shared moment may hold. To attend in this way, the nurse's sensitive awareness of the other extends beyond a facial expression or beyond the content of verbal interchange. The nurse's sensitivity is expressed as a shared feeling which seeps out between smiles, frowns, groans, and words. Although the feeling may not yet be identified by the person sharing the interchange with the nurse, it may surface in awareness and be confirmed by the other if verbalized by the nurse. For instance, is it not uncommon for the nurse to feel another's loneliness before the lonely person specifically identifies it. To share another's loneliness is to touch one's own and to stay with it, channeling energies to understand the meaning of the moment for the other. (Liehr, 1989, p. 7)	another • One's own worries drift into the background • Patient moves into the foreground with all of the emotions that the shared moment might hold • Sensitive awareness • Shared feeling • Feeling may be identified by the therapist before the patient is aware of it • Sharing another's experience is to touch one's own and to stay with it and understand the meaning of the moment for the other
One seeks to love oneself, and from a loving center, the nurse is prepared to be truly present. Knowing one's own loving center is essential to the ability to be truly present with another. This center is a place, within which one accepts one's frailties, faults, and imperfections as unique dimensions of self which both free and bind. It is a place without judgment which embraces the "who" that one is, transcending that "who" to continually become more in relation to others and the world. Grounded in a comfortable sense of self, emerging from one's loving center, the nurse can lovingly extend to the other and be with him or her as personal ways of living health are expressed. (Liehr, 1989, p. 8)	• From a loving center the therapist is prepared to be truly present • One accepts one's frailties, faults, and imperfections as unique dimensions of self that both free and bind. • Non-judgmental • Embraces the "who" that one is, transcending that "who" to continually become more in relation to others and the world. • Comfortable sense of self • Lovingly extend to the other and be with him or her as personal ways of living health are expressed
It is an undeniable fact that, though it is hard to describe in intelligible terms, that there are some people who reveal themselves as 'present'—that is to say, at our disposal when we are in pain or need to confide in someone, while there are other people who do not give us this feeling, however great is their	• Available • Listening as giving • Revealed immediately • Reciprocity

good will. It should be noted at once that the distinction between presence and absence is not at all the same as that between attention and distraction. The most attentive and conscientious listener may give me the impression of not being present; he gives me nothing, he cannot make room for me in himself, whatever the material favors which he is prepared to grant me. The truth is that there is a way of listening which is a way of giving, and another way of listening which is a way of refusing, of refusing oneself; the material gift, the visible action, do not necessarily witness to presence. We must not speak of proof in this connection; the word would be out of place. Presence is something which reveals itself immediately and unmistakenly in a look, a smile, an intonation or handshake . . . . Presence involves a reciprocity which is excluded from any relation of subject to object or of subject to subject-object. (Marcel, 1948, pp. 25-26)	
..knowledge of self, a non-judgmental approach to the beliefs and traditions of others and recognition of the common humanity all persons share, as reflected in our needs for acceptance, understanding, and care... (Marsden, 1990, p. 540)	• Knowledge of self • Non-judgmental • Recognition of common humanity • Need for acceptance, understanding, and care
Being comfortable with silence Making eye contact with the person speaking Sensitivity to body language Using touch in a judicious way Calling others by name Speaking quietly and respectfully (Marsden, 1990, p. 540)	• Comfortable with silence • Eye contact • Sensitive to body language • Speak quietly and respectfully
Real presence is more than the attention of a spectator. It is giving oneself as a participant in relationship. It is presence born out of availability and a spirit of quietness. It requires receiving a presence as well as giving one's own. As professionals, when we offer this kind of presence to a patient or family member it is a demonstration of our commitment to that individual as someone valuable, unique, and worthy of respect. (Marsden, 1990, p. 540)	• Giving oneself as a participant in relationship • Availability • Spirit of quietness • Receiving presence of the patient • Demonstration of commitment to the patient
First, if we are out of touch with ourselves it is impossible to be really present with another. One sign of being out of touch is having feelings of staleness and absence that prevent us from being present in the	• Blocks • Out of touch with self • Feelings of staleness and absence

actions we perform. These feelings are common when personal resources are low, job demands high, and burnout a potential risk. The second requirement is that we be sensitive and receptive to the traditions and beliefs of others. This sensitivity does not mean that we are ready for conversion to beliefs that differ from our own; however, it does imply a deep acceptance of the many differences (cultural, ethnic, generational, religious) that exist between persons. The third precondition is a recognition of the common humanity all persons share, as reflected in our needs for acceptance, understanding, and care. (Marsden, 1990, p. 540)	• Low personal resources • Job demands high • Risk for burnout • Is • Sensitive to beliefs and traditions of others • Recognition of common humanity
Real presence has two dimensions. In a therapeutic sense it conveys empathy, the ability to identify with others, to put oneself in their place. The support provided by the listener in this process is intended to promote the patient or family member's well-being. This salutary psychologic effect of real presence has merit of its own; however, there are also moral effects when patients and families face thorny issues. When a care giver is called on to assist a patient or family member with an ethically complex decision, real presence is fundamental in promoting the autonomy of the individual. (Marsden, 1990, p. 541)	• Empathy-ability to identify with others • Support provided by the therapist is intended to promote the patient's well-being • Moral issues enter the relationship when the patient faces "thorny" issues, or to make an ethically complex decision--real presence is fundamental in promoting the autonomy of the individual
Assisting an individual toward self-determination is best served by real presence in which the listener temporarily brackets his or her own judgments and values to hear clearly what it is the other offers. To do this most effectively the listener must not be afraid of what might be said. (Marsden, 1990, p. 541)	• Temporarily brackets one's own judgements and values in order to hear clearly what it is the other offers • Listener must not be afraid of what will be said.
...touching a new level of honesty. It is a pleasure to be known, listened to, and have one's opinion authentically asked for and valued. A conversation with Paulus opened up qualities in you which you did not know were there, and after talking with him you went away with a new part of your self discovered. (May, 1973, p. 28)	• New (original, emerging) honesty
Presence is not to be confused with a sentimental attitude toward the patient but depends firmly and	• Assumes that the patient is someone to be understood

consistently on how the therapist conceives of human beings. It is found in therapists of various schools and differing beliefs—differing, that is, on anything except one central issue—their assumptions about whether the human being is an object to be analyzed or a being to be understood. Any therapist is existential to the extent that, with all his technical training and his knowledge of transference and dynamisms, he is still able to relate to the patient as "one existence communicating with another," to use Binswanger's phrase. (May, 1958, p. 81)	• Able to relate to the patient as one existence communicating with another
The therapist, on his part, will need to be aware of whatever in him blocks full presence. (May, 1958, p. 84)	• Needs to be aware of what blocks presence
Presence is not a technique of psychotherapy, instead it speaks to the being of the therapist—the fundamental manner in which the psychotherapist comports or extends him/herself as one human being to another. (May, 1958, p. 85)	• The being of the therapist • The fundamental manner in which the therapist comports or extends him or her self • One human being to another
The therapist's situation is like that of the artist who has spent many years of disciplined study learning technique; but he knows that if specific thoughts of technique pre-occupy him when he actually is in the process of painting, he has at that moment lost his vision; the creative process, which should absorb him, transcending his subject-object split, has become temporarily broken; he is now dealing with objects and himself as a manipulator of objects. (May, 1958, p. 85)	• If thoughts of technique preoccupy the therapist he or she will lose vision... he or she will experience a subject-object split the process is gone, the spirit is lost
That the relationship is taken as a real one, the therapist being not a shadowy reflector but an alive human being who happens, at that hour to be concerned not with his own problems, but with an understanding and experiencing so far as possible the being of the patient. (May, 1958, p. 80)	• Alive human being • Puts own problems aside • Understanding and experiencing as well as possible the being of the patient
The process of centering; the techniques of openness, unknowing, attention, and connectedness; and measurement of effectiveness. (Moch & Shaefer, 1992, p. 239)	• Centering • Openness • Unknowing • Attention • Connectedness • Measurement of effectiveness

Has a sense of mission. (Monkhem, 1992, p. 123)	• Mission
Has a desire to help the patient, is altruistic (Monkhem, 1992, p. 123)	• Desire to help
Has an affinity for the patient and the patient's strengths. (Monkhem, 1992, p. 123)	• Affinity for patient
Has personal instinct, insight, and intuition. (Monkhem, 1992, p. 123)	• Personal instinct, insigght, and intuition
Has the will and the strength to be vulnerable to the patient's experience. (Monkhem, 1992, p. 123)	• Will and strength to bee vulnerable to patients experience
Has self-confidence, is mature. (Monkhem, 1992, p. 123)	• Self confidence • Mature
Uses self as a reference point in care decisions. (Monkhem, 1992, p. 123)	• Self as reference point : in care decisions
Metaphysical connection between nurse and patient, a connection that is difficult to comprehend. (Monkhem, 1992, p. 131)	• Metaphysical connecti•.on
Exchange of energy between nurse and patient (Monkhem, 1992, p. 131)	• Exchange of energy
Nurse enters the experience of the patient's needs as companion (Monkhem, 1992, p. 131)	• Enters patients experie=nce
...has self-confidence enough to drop all facades, to be genuine and to believe that one's presence will be a positive experience for those involved. (Monkhem, 1992, p. 22)	• Self confidence • Genuine • Believe that one's preseence will have a positive effïect
Many [nurses] identified the connection as something of a spiritual or transcendent nature. (Monkhem, 1992, p. 154)	• Spiritual or transcendernt connection
His (entire) being is present, facing the child, encouraging him to unleash deeper and deeper feelings, to express his anger, his rejection, rage, sarcasm, belittlement, to express all of the negative components of a frightened, angry self. In such a moment, the therapist is present as a real human being, feeling and experiencing with the child. As powerful as the altercation may be, as violent as the child's attack may be, the therapist never loses touch with himself as a person, never fails to stay within the relationship..... He remains with the child and enables him to come to terms with his own rejection, immortality or hatred, not by a utilizing a dialectical maneuver or a professional technique, but by	• Entire being is present • A real human being • Feels and experiences wwith the patient • Never loses touch with ı him or her self • Never leaves the relationship • Interested • Committed

bringing to the child the full presence of a real self, interested and committed to the child's well being. (Moustakas, 1966, p. 5)	
The therapist who lives in the existential sense maintains his own uniqueness, meets the requirements as they emerge, faces life with a willingness to recognize his own limitations and his own uncertain, groping nature in a life that has never existed before, with a child who is certainly new, on matter how much his behavior may appear like that of other children. Such a therapist remains with himself, utilizes his own way of being as a central resource. The therapist does not adhere to vested schools, although in practice he reflects his background and his affiliation. But this affiliation is incorporated as one dimension of self. He the therapist stands out on his own firm ground, not in terms of facts and figures from a dead record, not in terms of concepts and theory; but he stands out, exists, present to his self as a whole, integrated being, present to his own resources as they emerge and unfold in his experiences with the child. He is committed to spontaneous, flowing, human processes and potentialities that are engendered and sparked in the communion of a significant relationship. (Moustakas, 1966, p. 4)	• Maintains own uniqueness • Meets requirements as they emerge • Recognize own limitations in a life that has never existed before • With a patient who is certainly new (no matter how much they resemble other patients) • Remains with self • Way of being is a central resource • Theory and technique are one dimension of self • Stands out as a whole, integrated being, present to his of her own resources as they emerge and unfold • Committed to spontaneous, flowing, human processes and potentialities that are sparked by a significant relationship.
The...therapist offers a human presence, a primary reality, the essence of being rather than shadowy professionalism...it will awaken and inspire this other person to know what it is to experience the humanness in a person-to-person encounter...The presence of the therapist means receptiveness to all that is, a readiness to enter fully into the world of this person in therapy, to recognize him or her as a human being, in the moment, without judgement, with full support and unconditional valuing of everything that appears, of everything that is offered in words and silence. (Moustakas, 1985, p. 2)	• Human presence • The essence of being • Inspires the patient to experience the humanness in a person-to-person encounter • Receptiveness, readiness to enter fully into the world of this person, to see him or her as a human being, in the moment, with full support and unconditional valuing of everything that is offered in words and silence.
...is a nonroutinized, nonmechanical way of 'being with' in which the nurse is authentic and attentive to moment-to-moment changes in meaning for the person or group.... [To be truly present the nurse]	• Being with • Authentic • Attentive to moment-to-moment changes in

enters the person's world with an openness, a self-giving, and a strong knowledge base. (Parse, 1990, p. 139)	meaning • Enters the patients world with an openness, a self-giving, and a strong knowledge base.
Presence is the gift of one's self in human interaction. Being present means being open and available, being at another's disposal with the whole of oneself. Mutuality is experienced in presence; presence is the flow between two persons with different modes of being in a shared situation. (Pederson, 1993, p. 75)	• Gift of one's self • Being open • Available • Being at another's disposal with the whole of oneself • It is the flow between two persons with different modes of being in a shared situation
...regardless of personal backgrounds, these therapists had in common a continual commitment to develop their skills, competence, and individual styles even at the time of the study. Similarities in the process by which they conducted therapy were numerous. They all reached a point of self-awareness, self-acceptance, and self-appreciation for their strengths and style. The therapists' main contribution to the model developed was an understanding that presence is not an interpersonal process, as the author had originally assumed, but rather that presence is an intrapersonal process of the therapist maintaining his/her own authenticity, centeredness, clarity, purpose and autonomy in the therapeutic endeavor (Pemberton, 1976, p. ii)	• Continual commitment to develop skills • Competence • Individual styles • Self-awareness • Self-acceptance • Self-appreciation for strengths and style · • Authenticity • Centeredness • Clarity • Purpose • Autonomy
One theme stressed in this article is that the therapist with presence is so well developed along lines of self awareness and self acceptance, that the self becomes a sensor; the most reliable source of what is taking place in the other. (Pemberton, 1976, p. 30)	• Self-awareness • Self-acceptance • Self becomes a sensor, the most reliable source of what is taking place in the other
...self-giving to the other person at the moment at hand . . .. being available . . . with all of the self for that period of time . . . . listening with a tangible awareness of the privilege one has in being allowed to participate in such an experience . . . . listening in a way that involves giving of one's self . . . . and being there in a way that the other person defines as meaningful. (Pettigrew, 1990, p. 503)	• Self giving • In the moment • With all of the self • Listening with awareness of privilege (gratitude?) • Patient defines it as meaningful
...sense of isolation lessens and a sense of relationship and connectedness develops.	• Connectedness develops

(Pettigrew, 1990, p. 504)	
Vulnerability and silence Invitation and privilege Beneficence, nonmalificence, fidelity and autonomy (Pettigrew, 1990, p. 507)	• Vulnerability • Silence • Invitation • Privilege • Beneficence • Nonmalificence • Fidelity • Autonomy
[Presence] is the ability to contain and have access to many conflicting polarities and aspects of the self simultaneously. It is this depth of self-knowledge which allows the therapist to resonate energetically with the client's experience and provides a field of compassionate acceptance for the material which the client delivers into the therapeutic arena. The therapist who knows and has explored in his or her own therapy the experience of sadism, masochism, dependency, lust, love, ecstasy, and terror at the edge of the unknown (to name a few) and can energetically communicate this non-verbal knowledge is well equipped to work with clients who are struggling with these issues. Presence gives us the ability to touch someone at the deepest core of where they live and ultimately may be the most effective agent to help someone overcome their stubborn resistance to change. (Robbins, 1998, p. 156)	• Access to many conflicting polarities and aspects of the self • Depth of self-knowledge allows therapist to resonate energetically with client's experience • Provides a field of compassionate acceptance
For many clients, it is the therapist's capacity to be deeply present with them that makes the most fundamental and lasting impact on their lives. Indeed, one of the most important outcomes of a successful healing process may be that the client develops an ability to be present and centred within him or herself in a wider range of the human experience than before they entered treatment. (Robbins, 1998, p. 156)	• Deeply present • Client learns to be present for self
In modeling for our clients the discipline of contactful, compassionate presence to all aspects of the human experience, we are teaching them one of the most subtle and sure paths to wisdom. (Robbins, 1998, p. 156)	• Disciplined • Compassionate
If therapy is to occur, it seems necessary that the therapist be, in the relationship, the unified, integrated, or congruent person. What I mean is that within the relationship he is exactly what he is—not a	• The therapist must be unified, integrated, or congruent • Authenticity

facade, or a role or a pretense. I have used the term "congruence" to refer to this accurate matching of experience with awareness. It is when the therapist is fully and accurately aware of what he is experiencing at this moment in the relationship that he is fully congruent.... (Rogers, 1961, p. 279)	• Therapist is fully and accurately aware of what he or she is experiencing at this moment
Though this concept of congruence is actually a complex one. I believe all of us recognize it in an intuitive and common sense way in individuals with whom we deal. With one individual we recognize that he not only means exactly what he says, but that his deepest feelings also match what he is expressing. Thus when he is angry or affectionate or ashamed or enthusiastic, we sense that he is the same at all levels—in what he is experiencing at an organismic level, in his awareness at the conscious level, and in his words and communications. We furthermore recognize that he is acceptant of his immediate feelings. We say of such a person that we know "exactly where he stands. (Rogers, 1961, pp. 282-283)	• Congruent • Immediate
The therapist experiences a warm caring for the client—a caring that is not possessive, which demands no personal gratification. It is an atmosphere which simply demonstrates "I care;" not "I care for you if you behave thus and so"... It has no conditions of worth attached to it. (Rogers, 1961, p. 283)	• Warm caring for the client • Not possessive • An atmosphere that demonstrate "I care" • No conditions of worth attached to caring
That the therapist is experiencing an accurate, empathetic understanding of the client's world as seen from the inside. To sense the client's private world as if it were your own, but without ever losing the "as if" quality—this is empathy and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware. (Rogers, 1961, p. 284)	• Empathy- to sense the clients private world as if it were your own without your own emotions getting bound up in it.
I risk myself, because if, as the relationship deepens,	• I let myself go into the

what develops is a failure, a regression, a repudiation of me and the relationship by the client, then I sense that I will lose myself, or a part of myself. At times this risk is very real, and is very keenly experienced. I let myself go into the immediacy of the relationship where it is my total organism which takes over and is sensitive to the relationship, not simply my consciousness. I am not consciously responding in a planful or analytic way, but simply in an unreflective way to the other individual, my reaction being based (but not consciously) on my total organismic sensitivity to this other person. I live the relationship on this basis. (Rogers, 1961, pp. 210-212)	immediacy • My total organism takes over and is sensitive to the relationship
If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur. (Rogers, 1961, p. 33)	• Relationship is the healing agent
I have found that the more genuine I can be in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my own words and my behavior, the various feelings and attitudes which exist in me. (Rogers, 1961, p. 33)	• The more genuine, The more helpful • Self-aware • Willingness to be ad express my self
Thus the relationship which I have found helpful is characterized by a sort of transparency on my part. (Rogers, 1961, p. 34)	• Transparency
I launch myself into the relationship having a hypothesis, or a faith, that my liking, my confidence, and my understanding of the other person's inner world, will lead to a significant process of becoming. I enter the relationship not as a scientist, not as a physician who can accurately diagnose and cure. (Rogers, 1961, p. 201)	• Faith that my liking, my confidence, my understanding if the patient's inner world will lead to a significant process of becoming
The essence of some of the deepest parts of therapy seems to be a unity of experiencing. The client is freely able to experience his feeling in its complete intensity, as a "pure culture," without intellectual inhibitions or cautions, without having it bounded by knowledge of contradictory feelings; and I am able	• Essence of deep therapy is a unity of experiencing • No barriers to experiencing and understanding • The unity, singleness, and fullness can create an "out

with equal freedom to experience my understanding of this feeling, without any conscious thought about it, without any apprehension or concern as to where this will lead, without any type of diagnostic or analytic thinking, without any cognitive or emotional barriers to a complete "letting go" in understanding. When there is this complete unity, singleness, fullness of experiencing in the relationship, then it acquires the "out-of-this-world" quality which many therapists have remarked upon, a sort of trance-like feeling in the relationship from which both the client and I emerge at the end of the hour, as if from a deep well or tunnel. In these moments there is, to borrow Buber's phrase, a real "I-Thou" relationship, a timeless living in the experience which is *between* the client and me. It is at the opposite pole from seeing the client, or myself, as an object. It is the height of personal subjectivity. (Rogers, 1961, p. 202)	of this world' or trance like quality
Presence can come and go; one can have a lot or a little; and be aware of it or the lack of it. One can detect it in himself and in other people. Presence is like an aura—it extends into the room and fills the space around the person. (Shepherd, 1972, pp. 71-72)	• Variable • Like an aura- it extends and fills space
Presence is conveyed through the eyes. Breathing is a way to gain access to one's presence. Stillness, getting into one's center—to pure process—contributes to presence. Presence almost always makes the other more aware of himself. Presence pushes one towards his own process and self whether or not he wants to respond. (Shepherd, 1972, pp. 72-73)	• Breathing • Stillness • Center- to pure process
...therapeutic resonance. ...a way of being with another person and expressing fundamental receptivity and openness to that person. (Silverberg, 1988, p. 25)	• Fundamental receptivity and openness
Such folk exude compassion and natural wisdom in their pores and are ever present to healing issues. (Spiegelman, 1996, p. 7)	• Exude compassion and natural wisdom
It is the person of the therapist that constitutes his or her primary tool. Therefore, the psychological makeup of the individual psychotherapist must determine, to a large extent, the effectiveness. (Sussman, 1992, p. 5)	• The person of the therapist if the primary tool

Three characteristics of an effective therapist emerge from the divergent viewpoints: (1) An effective therapist is non-pushy, non-defensive, and is authentic or genuine in his therapeutic encounter; (2) an effective therapist is able to provide a non-threatening, safe, trusting, or secure atmosphere through his own acceptance, positive regard, love, valuing, or non-possessive warmth for the client; and (3) an effective therapist is able to understand, "be with", "grasp the meaning of", or have a high degree of accurate empathetic understanding of the client on a moment-to-moment basis. These ingredients of the psychotherapeutic relationship are aspects of human encounters that cut across the parochial theories of psychotherapy and appear to be common elements in a wide variety of psychoanalytic, client centered, eclectic, or learning-theory approaches to psychotherapy. (Truax & Mitchell, 1971, p. 302)	• Authentic • Genuine (non-pushy, non-defensive) • Acceptance, positive regard, love, valuing for the client • Moment-to-moment • Able to understand, be with, and have a high degree of empathetic understanding of the client
We are talking about unconditional presence which is not expected to be there all the time. In fact, in order to be completely aware you have to disown the experience of awareness. (Trungpa, 1983, p. 195)	• Unconditional presence • Variable • To be completely aware you must disown the experience of awareness
...the nurse enters into the life space or phenomenal field of another person, is able to detect the other person's condition of being (spirit, soul), feels this condition within him or herself, and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts he or she had been longing to release. (Watson, 1988, p. 63)	• Therapist enters the life field of another person • Is able to detect the condition of their spirit • Responds in a way that allows a release of subjective feelings and thoughts
...when such a one looked on and saw that the honoured Lady in Chief was patiently standing beside him—and with lips closely set and hands folded—decreeing herself to go through the pain of witnessing pain, he used to fall into the mood of obeying her silent command and—finding strange support in her presence—bring himself to submit and endure. (Woodham-Smith, 1983, p. 142)	• Support in her presence • Silent command • Being with • Her willingness engendered his willingness
Its occurrence or absence can be experienced. Both nurse and patient are aware of it. It is important to both. It makes one aware of oneself and of the other. It reveals a person to himself and to the other.	• Presence and absence are experienced • Respect • Caring

Through it the nurse and patient can show respect, closeness, caring,—in short, can confirm each other. (Zderad, 1978, p. 42)	• Closeness • Mutual confirmation

APPENDIX F: BIBLIOGRAPHY OF TEXTS THAT DISCUSS PRESENCE

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APPENDIX G: ELEMENTS RECEIVING LOW INTEREST

Table G1

Foundations of Presence

A blend of psychological and spiritual maturity and ongoing growth undergird the creation of a healing presence. The authentic self of the therapist becomes a central resource and empathic "sensor" of what is occurring within the self of the client and in the relationship.

So, when you say pre-requisites, I mean I think that having a clear sense of what is ethical without having that defined for you by sources outside yourself, what passes for ethical today is a lot of self-preservation, I think being able to be as clear as you can be, or at least as aware if you are not clear, that is I think you can't give to your client anything you don't have yourself, so you have to have a strong measure of self-acceptance, and by that I mean all of it and a willingness to really walk into that Terra Incognita, where on the old maps used to say "here there be demons", you know to be willing to walk into that territory and to do what's necessary, to trust, I guess maybe trust feels more comfortable for me than confidence because trust feels to me like the other side of fear, and so to sort of be, not that you're not scared, but fearless in a way that you know that ultimately you will do nothing to harm your client, they'll be o.k., and that you'll be o.k. That and, really all that we can give ultimately is a quality of presence and a quality of awareness and that's all we can give, that's what I think. (Lynn)

I think we've named the most important foundation, which is therapy, and I've committed to that pretty much for most of my adult life. (Lily)

[Interviewer said] "So the foundations were described as a blend of psychological and spiritual maturity and a commitment to ongoing growth. That the authentic self of the therapist becomes a central resource an empathic sensor of what is occurring within the self of the client and in the relationship." —Hmmm, wow. I like that, would you read it again? (Debra)

Table G2

Individual Qualities

Therapists have a set of unique skills of traits . A few examples are: interested, has a sense of mission, spirit of quietness, transparent, active, wise.

I grew to the point, fairly early on, where I just loved to listen to people and listening to the fountain of my own associations, and sometimes, if it seemed appropriate, it would come out in a line from a poem or something like that, and people would get touched by that. (Dave)

Well, to me there certainly is an aspect of presence that can't really be cultivated or learned and that is that one person is going to have a presence that seems maybe timid and humble, and another person is going to have a presence that feels powerful, or warm, or funny, I mean there are just certain aspects to it that just come out of who we are as a person, and those aspects one isn't better than another, it's what fits and is meaningful for the client who is sitting with us. (Ann)

And thank goodness there are all these different kind of therapists because then all the individual clients will find somebody, hopefully, who they feel safe with and comfortable with, and have this resonance with. (Debra)

Table G3

Self-Accepting

Embraces the "who" that one is, transcending that "who" to continually become more in relation to others and the world.

[Interviewer said] "The more I can accept myself, the more I can accept the client" —Absolutely. (Lily)

If we're present for someone else and see some of their difficulties and problems, I mean I almost always find something there that I think, "Oh well, some part of this really applies to me," and so there's both a certain humility in *that and also an acceptance that this is in me too.* (Ann)

That is I think you can't give to your client anything you don't have yourself. So *you have to have a strong measure of self-acceptance, and by that I mean all of it and a willingness to really walk into that "Terra Incognita," where old maps used to say "here there be demons," you know, to be willing to walk into that territory and to do what's necessary.* (Lynn)

Table G4

Beliefs

Recognition of common humanity, assumes that the patient is someone to be understood, and that relationship is the healing agent.

It's like believing that each person has a spark of goodness, or a Divine spark. (Joe)

I don't know about Divine spark, I'll accept the spark of goodness. (Bob)

Table G5

Channeled into Connection

The self of the therapist and the power of his attentional presence is focused or directed into connection with the client. This includes situations that call for the therapist to be a very light, or open (as opposed to focused) presence.

I needed the therapist to make contact with me and I left a couple of therapists who didn't do that because that was my criteria. (Dave)

To me presence is what, in one context or another, we might have called relationship: The capacity to build that working relationship that allows the person to open up. (Bob)

Table G6

Faiths

The therapist has faith that her or his liking, confidence, and understanding of the patient's inner world will lead to a significant process of becoming.

It's kind of a mystical process. I went to medical school and, to me, the training there is kind of antithetical in many ways to being a good therapist and had to be undone because there is so much *mystery* to the process *and it's really important and valuable to me to honor* that and to try and explain away everything seems to do damage to the process to me. (Joe)

To trust, I guess maybe trust feels more comfortable for me than confidence because trust feels to me like the other side of fear, not that you're not scared, but fearless in a way that you know that ultimately you will do nothing to harm your client, they'll be o.k.. and that you'll be o.k. (Lynn)

Table G7

Present-Centered

Here-and-now focused.

Sometimes what I do is I bring the relationship that I have with the client in the forefront. Because I know for sure that whatever they do in their relationship with me they do with others, and when that starts happening I make that the focus of the discussion which is pretty present oriented, you know, it's like, "I notice that you've been a little angry" or this or that. "What's going on?" "Are you upset with me?" "You told me that you don't like conflict, and so I'm asking." And that brings them to a presence, an awareness and a presence with who they are and how they are being in a particular moment in a relationship experience. (Sarah)

I'm just staying right with my client, which is very important, but I am also thinking about last week perhaps and how that could be relating, and why this is coming up now because of a session two days ago, there's a lot to keep track of. (Lily)

Table G8

Skillful

Competent, continual commitment to develop skills.

The things that I thought presence referred to was, I listed three things one I called by several words, Attentiveness, focus, concentration, being fully present, alert, aware, so that's all about attentiveness. *And then an attitude of confidence and potency of having skill or knowledge*, and then congruence, in the sense that Virginia Satir uses the word of all parts of you, each part being congruent. (Joe)

I think, right out of school what was important was to, and I think that this is true for most therapists that it's important to steep yourself in a paradigm, and even though there's lots to argue with and disagree about, to at least have one, if not more later, theoretical underpinnings out of which you think about human behavior and how it can change, I think that's really important, and then to let go of what parts of that don't fit and so, over time I think what happens or at least what has happened for me is that my work has become not eclectic, but integrative... that I've been able to integrate and make mine, sort of like eating, you know, the eating metaphor, I'm eating food and it's that and I'm me, but by the time it goes through the alimentary system and stuff is excreted out and waste and what's left? Who is that? Where is that? And so I think in many ways that describes the way of learning to be a therapist, making mistakes and learning from those mistakes, really important, knowing what risks to take and asking, "who is this in the service of?" when a question is asked or a disclosure is made, very important. (Lynn)

Table G9

Self-Knowledgeable

A desire to know and continually discover oneself; Depth of self-knowledge allows therapist to resonate energetically with client's experience.

I would call it the ability to see and be yourself. In other words, I think I become better and better at being a therapist the more that I can critique my own craziness, and busy-ness, and nonsense, and trickiness, and not get rid of it. Try not to always operate in it, but sort of also get over it, forgive myself for it, and yet not let myself off the hook for it. It isn't that I sit there and I am totally accepting and in love, I'm not. *All I know is that the person sitting opposite me is at least as tricky as I am, maybe I am trickier or they are, but to know that part of myself as well. That isn't about anything lovely or loving, it's about knowing the whole package*. (Jill)

They also have know how to translate it, who does this belong to? Because there is a shuttling back and forth. I don't know if you've read any Martin Buber, the I and the Thou, there's a shuttling back and forth between awareness of I and of Thou. Sometimes, as a therapist, I am having an experience that is very aligned with your own, that is: I know what your internal experience is like now or was as a child. But if I haven't had my own therapy I can't differentiate that from: no this is my experience of you, now I know what your friends feel, now I know what your partner feels, now I know what your employer feels, because I am having that same reaction to you, but it's my reaction, it isn't your internal experience, it's mine, and *so to have sufficient knowledge of* and acceptance of *self to be able to differentiate*. Yeah, can I accept that right now I feel really irritated toward this person ... that's mine. (Lynn)

Table G10

Self-Loving

From a loving center the therapist is prepared to be truly present.

Well, it [self-love] sounds really great, but it's not implement-able everybody would go, yeah, "love yourself" but the description that you (Jill) are offering is more functional, like a map, that's a good map you are describing. You're talking about observing ego, self-reflective awareness, about dis-identifying from, (tape ends)... So anyway those are all steps, self-reflective awareness, catching on to your own issues, forgiving yourself for it, but not too much, dis-identifying from it to the degree that you can. I think those are active steps in the cultivation of presence. (Sam)

I think we give a lot of lip service to that [self-love] as therapists, but it is extremely difficult to carry out. ... All I'm saying is that when I am sitting across from someone who is in a great deal of pain, or describing a pattern that is so self-destructive, my love for them would wish that it be different, that they be different, that I help them be different, and it's really hard not to get invested in that rather than just be present and taking the investigative mind and approach to the work rather than try to change them. (Lily)

Table G11

Unconditionally Present

Unconditionally Present
I think another factor in presence is creating enough safety for a client to be present with themselves, and thereby no violence, no... you know, there do need to be some conditions that are agreed upon between the therapist and the client and with the input of the client as to what they need to feel safe, things that you as a therapist need to be safe so that you can be present. I think that the other thing is creating a setting for presence to be able to happen, within, because you know clients often are not able to be present and that's part of the journey is learning that so you are also modeling. I think you are creating a setting and also modeling presence so they can be present. (Sarah)
Well, no expectations or demands that they be other than the way they are in this moment, so long as the basic limits are set, yes, then within those limits, and they are broad, we'll discover who they are.... Yeah, so unconditional to that extent, but again you know I like to challenge the notion of unconditional. ... Well, I do put conditions on it, no violence, and no overt sexuality. I think those are the two conditions. I did throw some guy out of my office once, who thought that he was here because this was his chance to really vent and so he would tell me everything that was wrong with me, and I decided that that wasn't therapeutic for him, and if I didn't like him, I wasn't going to be helpful to him, so I've put conditions there, although I don't, I mean, that's not a general condition usually transference and countertransference stuff can always be worked out. But I think that there are conditions actually. (Lynn)

Table G12

Full Meditative Presence

The strength of this level is determined by those items listed as foundational to presence. These abilities are strongly connected to the spiritual practice of meditation, although developed not only by that method.

It's not a meditative presence. [referring to someone like Bob Goulding who has a very forthcoming and intrusive group leadership style]. (Joe)

Table G13

Self of the Therapist

Self of the Therapist
The second thing that came to mind was, and I think this is something that new therapists don't know nearly as well as experienced therapists know, which is *the impact of your self and the way to use your self and your presence in the session and to manipulate what I would call, it isn't my idea originally, it's Andalfi's idea, of talking about therapeutic time and space as being different from regular time and space and how do you move around, that being very aware of what you are, because I work with couples and families, what you are in the system and how you move in the system.* (Jill)