

Healing Presence in the Psychotherapist

Cortney R. Phelon

ABSTRACT: Throughout graduate school I felt compelled to become a fine psychotherapist. Implicit in that motivation was my curiosity about what makes a psychotherapist effective. My curiosity was inspired by my experience with one therapist who helped me activate profound transformation. After identifying intuitive inquiry (Anderson, 1998, 2000, 2004) as my research method, I explored that experience through meditation, reading, and conversation and eventually identified her healing presence as the core quality that differentiated her from other therapists I had known. Though technique and experience are important, I sensed that it was her healing presence that allowed her to use technique and experience skillfully. Throughout Cycle 1 of intuitive inquiry, the "text" that claimed me was my personal experience of her healing presence, her ability to be present, to connect with me, to see me, and even, to love me. Through intuitive inquiry, I was able to expand my understanding of the healing presence of a psychotherapist to incorporate the experiences of many others.

Cycle 1: The Claim of the Text

In Cycle 1, I explored my own experience of healing presence by meditating, writing, and reading written accounts of presence by psychotherapists and healers (Breggin, 1997; Gilje 1993; Jung, 1933; May, 1939; Monkherm, 1992; Rogers, 1961). I attended to and documented inner sensations of resonance and dissonance with the accounts of oth-

ers. As I read, it became clear to me that the body of literature on presence would benefit from a focused and distilled version of the many writings on healing presence. This realization fit Anderson's criteria for a "focused research topic" (2000, p. 36), and was the outcome of Cycle 1. The research goal of the study was to identify the qualities of healing presence in psychotherapists, and how those qualities are expressed in the context of psychotherapy.

Cycle 2: Initial Lenses and Model of Healing Presence

In Cycle 2, I completed the traditional review of literature and, in addition, extracted resonant and dissonant quotes about presence as an effort to document my pre-understandings of the topic.

In the literature review I traced presence through multiple traditions. Existential philosophers Martin Heidegger (1972, 1996) and Maurice Merleau-Ponty (1948, 1962) were read for perspectives on Being and Existence. Spiritual teachers in Dzogchen (Norbu, 1996) and Zen Buddhism (Nhat Hanh, 1995; Suzuki, 1993) were reviewed for practices and perspectives on developing presence. Clinical writings on presence in psychotherapy included perspectives and techniques for developing and using presence as part of treatment (Breggin, 1997; Bugental, 1965, 1978, 1987; Freud, 1991/1912; Gendlin, 1964, 1981, 1991, 1996; Jung, 1933; May, 1939, 1958, 1973; von Franz, 1993; Welwood, 1996). Empirical research on presence in psychotherapy lent additional accounts of presence in action (Fraelich, 1989; Pemberton, 1976). Innovative researchers in nursing documented dimensions of presence in the care of patients (Gilje, 1992, 1993; Monkherm, 1992; Parker, 1992). Bruce Hardy explored presence in pastoral counseling as an extension of one's connection to God (1992). Throughout these varied sources, I found remarkable similarity among accounts of presence.

When I began this project I wondered whether there would be enough literature on the topic of presence and soon discovered an abundance of sources. It was not possible to review them all in depth for Cycle 2, so I developed three procedural lenses for selecting among available texts. Texts identified for careful examination in Cycle 2 were those that offered a 1) novel perspective, 2) communicated presence clearly, and 3) variety. The lens of novel perspective allowed me to include texts written by psychotherapy clients and therapists, nurses and patients, teachers and students. In other words, I sought understanding from many voices. The lens of clear communication served to screen out unclear or incomplete accounts of presence. The lens of variety screened for a balance between texts that were empirical, experiential, or theoretical. This helped to contain the study and ensure that a sample of texts represented a wide variety of perspectives. The total number of texts read for Cycle 2 was 55.

As I read texts for descriptions that were resonant or dissonant in relation to my own experience of presence I kept a table of excerpted quotes—quotes that affirmed my experience, expanded my understanding, or challenged my perception of presence. I read texts and extracted quotes until the data were saturated, that is, until no new themes, either resonant or dissonant, occurred in reading three previously selected texts. Once data gathering was complete, I explored the quotes for common, minor, and unique themes, and then experimented with creating a theoretical structure that helped explain the connection between various aspects of presence. I spent time with paper and colored pencils, coding and diagramming the information contained in the quotes. What resulted was a very thorough documentation of my pre-understandings, in fact, an early model of healing presence. Cycle 2 lenses are presented in the following table.

Table 1. Cycle 2 Lenses

<p>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.</p> <p>Major Theme: Self of the Therapist</p> <p>Elements: (a) <i>Sense of Integration and Maturity</i>, (b) <i>Confidence in Therapeutic Process</i>, (c) <i>Belief in Client-Therapist Relationship as a Healing Agent</i>, (d) <i>Committed to Flow of Potential Sparked by Human Relationships</i>, (e) <i>Spiritual Practice and Belief</i>, and (f) <i>Acquired Competence as a Therapist and Committed to Professional Growth</i>.</p> <p>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.</p> <p>Major Theme: Attentional Qualities</p> <p>Elements: (a) <i>Able to be Fully Present</i>, (b) <i>Self-Aware</i>, (c) <i>Commitment to Self-Knowledge</i>, (d) <i>Present-Centered</i>, (e) <i>Places No Conditions on Who the Client Is</i>, and (f) <i>Self-Accepting</i>, and <i>Self-Loving</i>.</p> <p>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 presence, as opposed to a focused presence.</p>
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Table 1. Continued

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

Elements: (a) *Open or Receptive* (b) *Able to Respond, and (c) Appropriately Expressive.*

Layer Four: *Individual Qualities*—Therapists have a set of unique skills of traits, including (a) interested, (b) committed, (c) spirit of quietness, (d) transparent, (e) truthful, (f) wise, (g) attentive, (h) comfortable with silence, (i) listens, (j) desire to help, (k) genuine, (l) affinity for client, (m) invitation, (n) unobtrusively warm, (o) exudes compassion, and (p) nurturing.

Cycle 3: Resonance Panels of Exemplar Psychotherapists

My interest was not only in reading about presence, but in discussing the topic of healing presence with exemplar psychotherapists themselves. I used a networking procedure to locate therapists who understood presence in their own work and had experienced healing presence in their own psychotherapy. Potential participants were briefly interviewed to determine whether they were conversant about their experience of the presence of the psychotherapist.

All participants were European-American, senior clinicians who reported that they had, as clients, experienced the presence of a therapist. Most had also experienced therapists without presence. As a group, they were advanced clinician-client exemplars ranging in age from 48 to 70 years of age, who had practiced for more than 15 years. All participants had also been clients in psychotherapy anywhere from 3 to 45 years.

Using the procedures for Resonance Panels and resonators developed by Anderson (1998, 2000, 2004), I then interviewed two Resonance Panels of four therapists each and interviewed four individual therapists in their offices. I gave them copies of my Cycle-2 lenses (above) and asked them for feedback about the adequacy of the Cycle-2 lenses in characterizing the nature of healing presence based on their own experience. Using conventional thematic content analysis to review and organize transcript data, Cycle-2 lenses were revised according to the level of interest generated by resonators and with the language suggested by resonators. What follows is a presentation of revised lenses, with an explanation following in the next section.

Table 2. Revised Lenses

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.

Table 2. Continued

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.

Cycles 4 And 5: A Theoretical Model for Healing Presence

There were many changes to Cycle-2 lenses and what emerged was a refined and streamlined version of the model I had envisioned earlier. I was surprised to find that resonators had focused on processes rather than qualities of healing presence. At the outset of the study, I had envisioned my results as a static definition of presence, but the exemplar psychotherapists clearly described presence as processes within themselves and their lives not as a list of qualities.

In keeping with language developed by Vipassana Esbjörn (2003, 2004), changes from Cycle-2 lenses to Cycle-4 lenses are identified in this article as new, change, or seed lenses. Two entirely new lenses emerged in dialog with resonators. "There for me" emerged as resonators recalled their own experience of working with a therapist with presence. Kinesthetic Aspects of Presence emerged as resonators described how strongly they rely on their own kinesthetic intuition to guide the work they do with clients. Change lenses were numerous with significant progressions occurring in the following lenses: Alignment with the Client, Integration and Congruence, Inner Awareness, Spiritual Practice and Belief, Attentional Ability, and Receptivity. Resonators made changes in language to simplify and expand upon my original conceptions of these lenses. Seed lenses, those embedded in original lenses but nuanced by resonators were: Commitment to Personal Growth and Seasoning.

Once final lenses were revised I began the work of understanding how they related to the original model presented in Cycle 2 and how they integrated with the existing literature on presence. The advanced clinicians who served as resonators significantly changed the language I had originally chosen and had added some new concepts as

well. The descriptions of the lenses themselves felt fuller and more accurate.

As I sat with the revised lenses I noticed that resonators had endorsed, with their attention, about three lenses from each layer in my original model. I wondered if the revised lenses might somehow fit into a similar model. Realizing that the original layer names no longer applied, I experimented with organizing the revised lenses into groupings, as they related to original groupings. For example, I grouped together Seasoning, Commitment to Personal Growth, Integration, and Congruence, and Spiritual Practice and Belief because they had all originated in the Layer One lenses from Cycle 2. These four lenses all gave me a sense of the development and growth of the therapist as a person and so I chose to place them together and name them Development and Growth. I followed the same procedure for the remaining revised lenses, grouping them as they related to the original model formulated in Cycle 2. These groupings are presented in the following table.

Table 3. Theoretical Model for Healing Presence

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.

Table 3. Continued

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 attention 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.

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."

Implications for Training Clinicians

The exemplar clinicians in this study affirmed the recommendation made by both Freud (1912/1991) and Jung (1933), that the psychotherapist commit to a course of psychotherapy as part of his or her training. They also endorsed a commitment to personal growth as an aspect of cultivating a Healing Presence. Inner Awareness is the ability to attend to one's own internal experience and to work with inner reactions and resonance within a session. Exemplar clinicians identified Inner Awareness as an essential element of Healing Presence. Supervision was envisioned as a way for clinicians to offer Healing Presence to each other; to teach and learn by example, identifying supervision as a place where deeper levels of self-work can occur. They identified an "integrated" spiritual practice as supportive of Healing Presence and an "un-integrated" spiritual practice as detrimental to the cultivation of Healing Presence. They warned that Healing Presence could be cultivated without spiritual practice and not to include that as any requirement for the cultivation of Healing Presence. The overarching message from exemplar clinicians in this study was "to never stop working on yourself."

Implications for Theory Building with Intuitive Inquiry

Intuitive inquiry supports theory building with its ever-widening circles of contact and dialog, paired with cycles of integration. My own fledgling intuitions about presence were brought into dialog with other authors who had written about presence. My intuitions and experience came into deep dialog with those who had felt compelled to explore this topic before me. The meeting of those two entities identified my pre-understandings about presence (Cycle-2 lenses), which then moved into dialog with living exem-

plars. The exemplar psychotherapists in my study radically pruned and redirected my understanding of presence. They focused on how they live with presence before they can have presence as a psychotherapist. My next movement was into a new level of integration, this time between the process orientation of exemplars and my work in Cycles 1 and 2. As I write now, I recall how demanding it was for me to expand with each new set of information and how satisfying it was to feel closer and closer to an encompassing theory of healing presence. Anderson (2000) describes my experience when she writes that intuitive inquiry activates transformation:

In the best of circumstances, the hermeneutical process avers the transformative nature of engaging with an experience that claims and compels the researcher to know and appreciate the experience studied in increasingly subtle and yet expanded ways as the inquiry continues. Often the researcher is greatly changed and transformed by this iterative hermeneutical endeavor; it can feel like an act of deep remembrance. (p.38).

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Author Note

Cortney Phelon, Ph.D., is a psychotherapist specializing in work with children and families. Her work is centered in the symbolic modes of art, play, and sandtray therapy. She has a sustained interest in presence as a healing aspect of the therapeutic relationship. Cortney can be reached at: 3717 Glenrock Circle, Raleigh, NC 27613. Email: cphe-lon@mfire.com.

We Are One: Grief, Weeping, and Other Deep Emotions in Response to Nature as a Path Toward Wholeness

Jay P. Dufrechou
*Montana Workers' Compensation Court
Global Program of the Institute of
Transpersonal Psychology*

ABSTRACT: Using his own experience of grief in nature as a starting point, the researcher conducted an intuitive inquiry (Anderson, 2004) into experiences of grief, weeping, and other deep emotions in response to the natural world. Written stories of 40 people, told in the style of embodied writing (Anderson, 2001), were gathered and studied. The primary interpretation framed by the researcher was that experiences of grief, weeping, and other deep emotions in response to nature represent moments in a process of psycho-spiritual transformation capable of healing the splits between mind and body, and between humanity and nature, that are prevalent in contemporary industrial and post-industrial societies. Additional interpretations, focusing on the role of the body and embodiment, grief and weeping, and nature and spirituality, are offered. Interpretations are fleshed out with excerpts from participants' stories.

Subjective researchers often feel we do not choose the research topics that are most meaningful to us: they choose us. (Anderson, 2000). This research did not begin with a consciously chosen question, but with an experience.

Early one morning several years ago, I sit to meditate. It happened to be raining. As I direct attention to my breath