BEING IN THE THERAPEUTIC ENCOUNTER: A DESCRIPTIVE PHENOMENOLOGICAL INVESTIGATION OF NOVICE THERAPIST PRESENCE

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Abstract

This study investigated the phenomenon of therapeutic presence from the vantage point of novice therapists early in their clinical training. Although existential-humanistic philosophy and various approaches to psychotherapy have long recognized the centrality of presence to the human condition and to the therapeutic situation, empirical research on this topic has only recently emerged. The purpose of this project was to gain a deeper appreciation of this phenomenon by using a method novel to this topic - the descriptive phenomenological-psychological research method articulated by Giorgi. Five novice therapists participated in qualitative interviews related to their experience of being present during therapy, and these descriptions were systematically analyzed using Giorgi's phenomenological method. Results are presented in the form of a general psychological structure of the phenomenon of presence, comprised of seven distinct albeit interrelated constituents: (1) the novice therapist faces an unshakable responsibility to be present when interacting with the client, with presence felt as a necessary condition of their work; (2) presence means the novice therapist is closely aligned with a primary zone of the clinical interaction (PZI); (3) the duration of dwelling in the primary zone, together with heightened salience of the moment, affords deeper contact with the client's world (intersubjective depth, intimacy); (4) certain conditions of the therapist function like 'centripetal forces of presence' to strengthen/energize the therapist's contact in the PZI; (5) there is a potential background 'extraneous zone' to the therapeutic interaction comprised of conditions that threaten to steal away presence; (6) the novice therapist oscillates between states of relative presence and non-presence throughout the session; and (7) the novice therapist uses various methods of recalibration to return to good alignment with the PZI. The paper concludes with a discussion of these constituents relative to certain extent models of therapeutic presence and other related concepts, as well as offers suggestions for future clinical training and psychotherapy research.

Dedication

A poem by Mary Oliver

Every day I see or I hear something
that more or less kills me with delight,
that leaves me like a needle in the haystack of light.
It is what I was born for - to look, to listen,
to lose myself inside this soft world -
to instruct myself over and over in joy and acclamation.
Nor am I talking about the exceptional, the fearful, the dreadful,
the very extravagant -
but of the ordinary, the common, the very drab,
the daily presentations.
Oh, good scholar, I say to myself,
how can you help but grow wise with such teachings as these -
the untrimmable light of the world, the ocean's shine,
the prayers that are made out of grass?

Excerpt from The Way of the Bodhisattva

…May I be a protector of those without one,
A guide for all travelers on the way;
May I be a bridge, a boat, and a ship
For all who wish to cross the water!
May I be an island for those who seek one,
And a lamp for those desiring light!
May I be a bed for all who wish to rest.
May I be a wishing jewel, a magic vase,
Powerful mantras, and great medicine,
May I be a wish-fulfilling tree,
And a cow of plenty for the world!..."

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Introduction

This dissertation investigates the experience of *being present*[1] in the therapeutic encounter as lived through by novice level therapists, namely graduate level therapists-in-training. Various nuances of the meaning of therapist presence will be elaborated later in this introduction section (and indeed, deeper elucidation of this phenomenon is the essential aim of this project), but for now the following pithy definition offered by Bugental (1987) should help orient the reader to the topic. Bugental writes that presence is a matter of "…how genuinely and completely a person [therapist] is in a situation rather than standing apart from it as observer, commentator, critic, or judge (p. 26)". Conversely, therefore, relative non-presence or lack of presence would suggest a kind of resistance or deficiency in maintaining this close contact with experience.

Why investigate this topic? First, the concept of presence is generally regarded as fundamental to the operation of a strong therapeutic relationship and other common factors in psychotherapy, and thus is held in theory to partly determine effective practice (Geller, Pos, & Colosimo, 2012). This way of thinking about presence in the context of therapy was implied early on by Carl Rogers, as evident in his following remarks:

> "When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my *presence* is releasing and helpful to the other. There is nothing I can do to force this

[1] I will be using the terms presence, therapist presence, and therapeutic presence interchangeably throughout this manuscript.

> experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways in which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be *right*, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present." (Rogers, 1980, p. 129; italics in original).

Despite its apparent relevance, and except for some recent developments and suggestion that presence may be a common factor of all good therapy (e.g., Geller & Greenberg, 2012; Geller et al, 2012), the phenomenon of presence has been largely over-looked in the scientific community. Investigating this phenomenon therefore has the potential to advance the field of psychotherapy research and training.

Second, localizing the current study at a novice level of skill development offers a rich context within which to explore and develop a greater understand of the phenomenon of therapist presence. Early phases of skill development (discussed in a later section) are known to involve unique challenges with respect to the learner's engagement within the task environment (Dreyfus & Dreyfus, 1980, 1987). In the psychotherapy situation, the novice therapist is developing proficiencies in and heavily relying on basic skills such as active listening and empathic responding, as well as experimenting with novel techniques and procedures. And because novice therapists operate within a highly complex task environment that entails a play of cognitive, interpersonal, and emotional processes, it is therefore reasonable to suspect some frequency of disruption in their functioning (e.g., struggling to respond empathically in a specific situation; fumbling with a new intervention) as well as their experiencing a corresponding challenge to the quality of their present engagement, possibly making presence or lack of presence thematically salient in their experience.

There is much to learn scientifically about the depths and nuances of what being present in therapy is about, including any factors that tend to block or otherwise interfere with the quality of therapist presence, whether presence is a kind of competency that can be taught and developed over time, and how therapist presence dynamically relates to other important variables like empathy and the therapeutic relationship. Systemically focusing attention on the lived experience of novice therapist presence can shed light therefore not only on the underlying structural nature of therapist presence in general, but can also potentially provide insight into how this important variable can be developed and harnessed in training programs and professional development more broadly. To my knowledge, no prior scientific studies have specifically addressed presence within a novice learning context nor has such a study utilized a descriptive phenomenological approach as used in this project. For these reasons, the current project should offer a unique contribution to the field.

Is therapist presence a taken-for-granted common factor? Nancy McWilliams (2004, p. 132) offers the simple observation, "People who are pleased with their psychotherapy experience seldom report that it was a practitioner's dazzling verbal interventions that brought about significant changes. Rather, our satisfied customers mention the quality of our presence and the sense that we care." There is a longstanding discussion within the world of psychotherapy research related to *common factors* of therapy (see Wampold, 2001; Wampold & Imel, 2015). The central idea of this discussion has emerged out of the observation that therapy modalities born of distinct theoretical origins and using distinct strategies to treat similar client problems tend to perform equally well in terms of client outcome. This pattern is famously referred to as the 'Dodo bird verdict' based on Rosenzweig's (1936) reference to the

proclamation of the Dodo bird in *Alice in Wonderland*: "Everybody has won, and all must have prizes!".[2] Thus, some suggest that this result provides potential evidence that seemingly disparate approaches to therapy *implicitly share* underlying elements or therapeutic principles, and that it is the impact of these shared principles that determines positive change and consequently results in comparable clinical outcomes. Common factors of therapy are these potent, ubiquitous, and underlying elements (Norcross, 2011).

Numerous traits and processes have been explored as common factors. In fact, a systematic review of various theoretical schools conducted by Grencavage and Norcross (1990) resulted in a total of 89 common factors, which they then organized into five superordinate categories: change processes (e.g., increased awareness, acquisition of new behaviours, suggestion); therapist qualities (ability to cultivate hope; positive regard; empathy; warmth); treatment structure (e.g., focus on client's inner world); the therapeutic relationship (e.g., development of alliance); and client characteristics (e.g., positive expectancies; hope). Norcross summarized the empirical research related to these common factors in his now well-known book *Psychotherapy Relationships That Work* (2011).

Among various common factors, the *therapeutic relationship* itself has garnered substantial attention for its role in the process of effective psychotherapy (Ackerman & Hilsenroth, 2003; Greenson, 1971; Horvath & Greenberg, 1994; Mitchell, 1988; Safran & Muran, 2000). A recent APA Task Force on

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[2] The referenced scene involves Alice and other characters thinking about how to dry off after swimming, when the Dodo suggests that everyone engage in a kind of race. The Dodo instructs the characters to begin running wherever they were standing, going around a circle, and ending whenever they were dry. Although each character was ostensibly 'doing their own thing', Alice's clothes were dried in the process and there seems to have been some method to the Dodo's madness.

Evidenced-Based Therapy Relationships (Norcross & Wampold, 2011) concluded unequivocally that "the therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment", and that, consequently, "…practice and treatment guidelines should explicitly address therapist behaviors and qualities that promote a facilitative therapy relationship" (Norcross & Wampold, 2011, p. 98). Therapeutic presence has been long argued as an important therapist factor to consider on this front (Rogers, 1980).

The word presence, however, is commonly missing from the lexicon of literature reviews on therapy process (e.g., Grencavage & Norcross, 1990). There are several possible explanations for this. It could be that many early leaders in the psychotherapy research community simply did not have the idea of presence on their radar of variables to seriously consider, and thus have spent time focusing on other salient themes like the working alliance. Or, if presence *was* recognized, it lacked status as a contributory factor of therapy and therefore was left unarticulated or was taken for granted. It is also possible that most researchers viewed presence as an "airy-fairy" concept with no empirical evidence to validate its existence, or, for those who may have sensed the importance of presence in the therapeutic process, there did not appear to be a clear methodology for talking about it and, by extension, studying it as an object of science.

Still, it is important to note that despite being largely overlooked as a common factor, many writers from various theoretical frameworks have continued to point to the relative value of therapist presence in clinical work. Examples of such frameworks include existential approaches (e.g., Bugental, 1987; May, 1983; Schneider & Krug, 2009; Yalom, 1980), humanistic-experiential approaches (e.g., Elliot, Watson, Goldman, & Greenberg, 2004; Gendlin, 1962; Rogers, 1951), and the mindfulness-based approaches (Kabat-Zinn, 1990; Segal, Williams, & Teasdale, 2002). I will explore some of this work more thoroughly later. Before moving forward, however, let us turn attention briefly to an important contextual factor of the current project – learning and skill development.

Learning and skill development. The current investigation explores the phenomenon of presence from the vantage point of therapists at a novice level of skill development. Awareness of and psychological sensitivity to this learning context, I believe, will optimize my understanding of the phenomenon under investigation. As such, to help inform the reader I will now discuss some general principles of learning and skill acquisition, albeit in simplified form, as well as certain implications of these learning principles for the psychotherapist-in-training.

Learning is thought to involve a reciprocal connection between bottom-up and top-down information processing systems (Sun, Merrill, & Peterson, 2001). Bottom-up processes refer to the procedural, experiential, bodily, intuitive, or implicit actions and sources of information that are operative during task performance within a specific environmental context (Schneider & Shiffrin, 1977). Despite bottom-up processes often taking place outside immediate awareness, these processes provide the person with important information about their functioning in the world, or more specifically, about their performance of some task. What this means is that the human organism has a capacity to learn and develop skills sub-consciously, without explicitly thinking about learning. Conversely, top-down processes refer to declarative, explicit, and consciously controlled verbal actions that guide behaviour (Shiffrin & Schneider, 1977). These are the discrete language-based rules one follows when performing some task, rules that may be global and or independent from any present environment. The reciprocal nature of learning therefore includes an interaction between both these levels of learning processes, between verbal instructions and embodied experience. For example, instructions guide practice when performing some task, and the experiential feedback that comes from practicing the task informs new ways of thinking about it. Over time this reciprocal cycle between automatic and deliberate learning leads to learning formation and skill development.

Further, it is well known that when first learning a task the practitioner-learner relies heavily on top-down cognitive processes. For example, the novice golfer keeps in mind verbal instructions he has

assimilated about the positioning of his feet, the strength of his grip on the club, and the proper height of the tee when setting up for a shot. Eventually, through ongoing practice, the learner naturally incorporates this verbal/declarative information into automatic production rules, a process known as *proceduralization*[3] (Anderson, 1982). Through proceduralization, the golfer learns to swing his club with little to no conscious thought about the litany of steps that used to preoccupy his awareness. And yet, all the elements of 'the proper swing' that were once part of the deliberate efforts the golfer made repetitively are there if one were to deconstruct his now automatic performance.

As noted in Anderson (1992), proceduralization makes a task feel easier because it decreases demands on attention. This is why skilled performers can flexibly engage in concurrent tasks with limited interference. Conversely, at the same time, such automatic processes are more difficult to inhibit when needed. An example of this phenomenon is seen in the Stroop color-word interference test, a cognitive test that requires the participant to inhibit over-learned responses (and is used in neuropsychology as a measure of executive functioning, namely cognitive inhibition and flexibility).

Another way to think about learning is along a continuum of development. A good model here is found in the work of Dreyfus and Dreyfus (1980, 1987). They articulate a five-stage model of skill acquisition based on research into the lived experiences of diverse groups of experts (e.g., chess masters, pilots, nurses). The hierarchy of levels articulated in their model are *novice, advanced beginner, competent, proficient,* and *expert/master*. While it is beyond the scope of this paper to fully describe each of these skill levels, a sketch of the essential themes can be summarized as follows. The novice (such as a therapist in the current study) is committed to recognizing the very salient facts and features of the task

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[3] A related concept here is that of *chunking* (Newell & Rosenbloom, 1980), or integrating several bits of information into one unified whole to ease memory recall.

environment, and behaves accordingly, independent of unique situational factors (e.g., a new driver learns the exact rules of the speed limit, signaling, and so on, and rigidly adheres to these rules). With more experience, the advanced beginner learns to appreciate nuances of the context, to perceive similarities across different situations, and thus can detect patterns or higher-order situational elements, but still lacks solid judgement (e.g., instances when the speed limit should be adjusted). Later, competency is achieved as the learner figures out how to detect situational patterns. These perceived patterns help guide the learner's actions and decision making; in other words, the competent learner is adept at *choosing* one of many possible perspectives. Proficiency is marked by an even more experiential or holistic manner of recognizing situational patterns and decision making – for the proficient performer, the right decision 'just happens' (e.g., the boxer attacks at the right moment; the radiologist simply *sees* a positive finding). And regarding the highest level of skill performance, the expert or master level, Dreyfus and Dreyfus note:

> "…masterful performance only takes place when the expert, who no longer needs principles, can cease to pay conscious attention to his performance and can let all the mental energy previously used in monitoring his performance go into producing almost instantaneously the appropriate perspective and its associated action….the analytical mind, relieved of its monitoring role in producing and evaluating performance, is quieted so that the performer can become completely absorbed in his performance (Dreyfus Dreyfus, 1980, pp. 14-16)."

The above discussion holds implications for the practice of psychotherapy. The psychotherapeutic situation is a complex environment involving emotional, cognitive, and interpersonal processes, and, as such, development as a psychotherapist occurs along multiple lines of human functioning (Jennings & Skovholt, 1999). Fledgling therapists perform a variety of tasks such as attentive listening, expressing empathy, monitoring their own reactions and behaviour in session, tracking the time of the session,

identifying important client markers and cultural processes, regulating their own emotions, and tactfully employing interventions. Considering the range of skills involved, and particularly those directly associated with relational processes, it becomes evident that the whole self of the therapist is involved in this practice (Baldwin, 2000). The personal nature of therapy can easily evoke within the novice therapist a significant source of insecurity and anxiety, insofar as perceived problems, threats, or failures that arise in the therapeutic situation and impinge upon on the young therapist's personal identity, which in turn can disrupt the flow of therapeutic engagement (Ecklet-Hart, 1987).

The finding that early-stage learners tend to experience more self-evaluative kinds of mental processes when performing a task (as noted in Dreyfus and Dreyfus' model) holds significant implications for the phenomenon of therapist presence. Although empirical research has yet to investigate this topic directly, it is reasonable to hypothesize that there are basic differences in the way master therapists and beginner therapists are *present* in therapy. Two general possibilities are apparent at first glance. On the one hand, according to principles of learning described above (e.g., proceduralization, chunking, skill development), master therapists seem to hold an obvious advantage over beginners in terms of therapeutic presence: the mind of the master therapist is freed from deliberate thinking concerning how to perform the presence task while the beginner therapist still relies on deliberate thinking and following declarative rules about what to do during moments of therapy. As such, the beginner is more likely to experience the flow of events in therapy as triggering thoughts about what is going on, what he or she should do, and thus often is aware of finding themselves breaking 'the spell of involvement'. On the other hand, it is absurd to think beginner therapists are *not present at all* within the therapeutic encounter, since being present is, literally speaking, a birthright that grounds the work of a therapist. It therefore seems likely that therapeutic presence is a kind of potentiality whereby learning to be present is modified, managed, or manifested differently along a continuum of 'presence skill

development'. More research is needed to verify these ideas, and we will return to this topic later in the discussion section of this paper.

Psychotherapy process and outcome research on therapeutic presence

What *do* we know empirically about this phenomenon so far? The psychotherapy and philosophical literature on presence to date has been largely theoretical, with systematic research just beginning to emerge. This paucity of current research views presence as a fundamental, common therapeutic factor of therapy (Geller & Greenberg, 2002; Geller, Pos, & Colosimo, 2012; Shahar, 2013). Geller and Greenberg (2002) developed a model of therapeutic presence from a qualitative investigation of *expert* therapist's reports of presence. Their model of presence articulates three core categories: (1) how therapists prepare the ground for presence, including pre-session and other life factors that set the stage for being present during therapy; (2) how the process of presence unfolds in session through receptivity, inwardly attending, and extending awareness; and lastly (3) what it feels like to be present, such as being immersed, a sense of expansion, groundedness, and being-with-and-for the client.

Geller and colleagues (Geller, Greenberg, & Watson, 2010) used the latter two categories (process and experience of presence) to devise a 21-item therapist self-report measure called the Therapeutic Presence Inventory (TPI-T) as well as a 3-item client self-report version (TPI-C) for clients to report their experience of their therapist's presence. Both scales have demonstrated sound psychometric properties (Geller et al., 2010). Research using the TPI measures has shown that clients' (not therapists') perception of therapist presence predicts several important therapeutic processes, including the working alliance and session outcome (Geller et al., 2010), as well as therapist empathy and clients' perception of session depth or session 'specialness' (Hayes & Vinca, 2010).

Further, Pos, Geller, and Oghene (2011) used the TPI-C to demonstrate that client perception of therapist presence significantly and independently predicted the therapeutic alliance within the same session presence was measured as well as in future sessions, and predicted significant variance in these

alliances above any variance accounted for by their perceptions of their therapist's empathy. This empirical finding suggests first that clients' perception of therapist presence is distinct from their perceptions of therapist empathy; and second, it showed that presence has a unique influence (over and above empathy's influence) on clients' perception of the working alliance. It is also interesting to note that, as is the trend in psychotherapy process research, clients' ratings of the therapist (in this case, therapist presence) better predicted other processes compared to therapists' self-rating of presence.

In addition, a recent study conducted in our research lab (Colosimo & Pos, 2015) used a rational approach (as part of a larger project examining presence using a task analysis methodology) to systematically explore the relevant literature with the aim of constructing a model of the behavioural manifestations of therapeutic presence in a clinical interaction. The purpose of this study was to shed further light on what therapist presence might actually look like in session to an observer. According to their rationally-derived model, the expression of therapist presence is comprised of four interrelated modes: 'here', 'now', 'open', and 'together/communion'. Here-ness connotes good contact with the immediate environment and encompasses qualities such as vital engagement or expressiveness, alertness, interest in the therapy process, and unwavering attention to intrapersonal and interpersonal events 'here in the therapy session', which collectively is evident in such behaviors as stable body posture, good eye contact, and responsiveness to 'place events'. The mode of 'being-now' relates to the fact that therapists are responsive to temporal elements in the interaction and can track and synchronize with the tempo of the client's narrative and nonverbal expressions. Behaviours like contingent nodding, coupling with the client's tempo, and accurately finishing the client's statement are indicative of a good temporal connection. 'Being open' refers to the therapist's readiness and capacity to receive and perceive the client's experience without judgment, demonstrated by curiosity in verbal tone and quietly allowing silent moments to take place. Finally, 'togetherness', or 'being-with-and-for the client', emanates from the therapist's deep respect and sense of compassion toward the client, and the intention of working in

the service of helping the client through some difficult matter. This intention is notable in behaviours such as a caring vocal tone, gentle smiling, and a soft facial expression.

The above research began to articulate what observers note in therapist behavior when the client has used the TPI to evaluate their therapist as present. This research was trying to account for limitations in the TPI. One difficulty is that the TPI-C client measure is based on three global and somewhat vague items. An item such as "My therapist was fully there in the moment with me" does not elucidate the therapist behaviors clients are referring to when they report perceiving someone as 'fully there in the moment with me'. Additionally, the TPI measure is based upon an expert therapists' understanding of presence. Research has yet to investigate whether novice therapists (i.e., psychology trainees) experience the phenomenon of being present with clients in therapy any differently. In particular the process of acquiring the capacity to be present has yet to be addressed, and has an opportunity to be addressed here.

Let me now turn to a discussion of presence as it is explicitly or implicitly operative in various relevant literatures related to existential-humanistic therapy, psychoanalytic therapy, and cognitive neuroscience.

Presence within diverse fields of psychology

As noted previously, the concept of presence is implicated in various theoretical frameworks, sometimes quite explicitly and other times implicitly (see Colosimo & Pos, 2015 for a brief review, including the concept of presence in virtual reality). Here I will sample from three major systems of thought – existential-humanistic, psychoanalytic, and neuropsychological – to reflect more closely on the apparent meaning and function of presence within these systems.

Existential and humanistic therapies. From the perspective of humanistic and existential-oriented psychotherapies (Bugental, 1965; Rogers, 1961; Schneider & Krug, 2010; Yalom, 2002) both a therapist's and a clients' capacity for awareness of present experience is viewed as foundational to psychological health, authentic living, and therapeutic change. More generally, a core function of present

awareness is simply that when a subject is present to their experience it facilitates clarification and realization of whatever is occurring in that subject's experience. Thus, metaphorically, presence here is about being ready to 'tune in' and 'open up' to what is happening right now in the here and now of the world, and to what it is *to be a human being*. In existential philosophy, being present involves being able to courageously recognize universal parameters of existence that are ubiquitously present, namely tensions between life and death, freedom and self-imprisonment, community and isolation, and meaning and meaninglessness (Yalom, 1980). From this perspective, falling into habitual non-presence, which often operates in subtle and insidious ways, is tantamount to withdrawing from life. Sartre's concept of "bad faith" may be apropos here, as it illustrates in an interesting manner the tendency of blocking off and looking away from what is *really and completely* going on beneath our pretenses of selectively tuning to what we choose to be presently aware of instead of being aware of the whole of experience that is present to us and of which we *could* be aware. Here, Sartre offers a description of a woman temporarily trapped in such a moment of bad faith:

> "Take the example of a woman who has consented to go out with a particular man for the first time. She knows very well the intentions which the man who is speaking to her cherishes regarding her. She knows also that it will be necessary sooner or later for her to make a decision. But she does not want to realize the urgency; she concerns herself only with what is respectful and discreet in the attitude of her companion…She does not want to see possibilities of temporal development which his conduct presents. She restricts this behavior to what is in the present; she does not wish to read in the phrases which he addresses to her anything other than their explicit meaning…But then suppose he takes her hand. This act of her companion risks changing the situation by calling for an immediate decision. To leave the hand there is to consent in herself to flirt, to

> engage herself. To withdraw it is to break the troubled and unstable harmony which gives this hour its charm. The aim is to postpone the moment of decision as long as possible. We know what happens next; the young woman leaves her hand there, but she does not notice that she is leaving it. She does not notice because it happens by chance that she is at this moment all intellect…the hand rests inert between the warm hands of her companion – neither consenting nor resisting – a thing." (Sartre, 1943, p. 97)

In the psychotherapy encounter, the therapist would strive to behave differently to the client than Sartre's girl to her male companion, in that the therapist is ready, even obligated, to orient their awareness toward what is presently happening as fully as possible within the client's intrapersonal experience (i.e. curiosity about the interiority of the client) or the relational/interpersonal space between therapist and client (Krug, 2009). The therapist is not merely physically there – a thing - but is actively immersed and involved in the experience. There are various ways of thinking about the nature of this immersion and involvement. Two writers have made insightful contributions here: Bugental (1987) and Gendlin (1962, 1996). I will now discuss some of their ideas.

Bugental (1987) offers helpful insight into presence by conceptualizing it along two core dimensions, accessibility and expressiveness. He sees accessibility as the degree to which the therapist is sensitive and perceptive to (has access to) the inflow of events occurring in the therapy environment, while expressiveness entails active participation and responsiveness (expressing) that which is accurately linked to the stream of that experience. These dimensions can be roughly thought as a being-mode and action-mode of presence, respectively, which arguably are not mutually exclusive processes. It is possible to imagine a therapist who tends to be high on both accessibility and expressiveness, low on both, or high on one and low on the other (e.g., a therapist perceptively listening to every nuance of the client's expression but doing so silently for a stretch of time, for whatever reason). One key implication

here, with respect to the nature of presence, is the possibility that therapeutic presence may not only demand a passive openness to experience (e.g., sitting and listening to the client) but that the therapist is called to be actively and vitally engaged in the interaction through verbal and nonverbal gestures according to the flow of the interaction. This makes Bugental's view of presence consistent with Bohart and Greenberg's (1997) view of empathy, namely that empathy counts as a therapeutic process when it is not only experienced by the therapist but communicated to the client as well. It is reasonable to suspect that presence also likely requires active expressivity through gestures for the client to perceive the therapist as actually being present and thus to derive direct benefit from it, as in *being heard, being seen*, etc., and that perhaps many of these 'presence behaviours' share significant overlap with behaviours traditionally associated with empathy (Colosimo & Pos, 2015).

A basic premise of Bugental's (1987) view of presence, as previously indicated, is that it entails close involvement in lived or subjective experience as opposed to being withdrawn from it into modes of judgment, evaluation, and so forth. Considering this view of presence, therefore, any form of resistance to experience would represent a fundamental hindrance to presence. Bugental (1987, p. 175) writes,

> Resistance is the impulse to protect one's familiar identity and known world against perceived threat. In depth psychotherapy, resistance is those ways in which the client avoids being truly subjectively present – accessible and expressive – in the therapeutic work. The conscious or unconscious threat is that immersion will bring challenges to the client's being in her world.

Going further, Bugental distinguishes between several possible levels of presence that map on to depths of interpersonal interaction. These levels, from shallowest to deepest, he calls *formal*, *contact maintenance*, *standard*, *critical*, and *intimacy*. I will briefly describe each of these levels given their relevance for the subject matter of this paper. The shallowest level is called formal occasions communication. This is image-centered or "proper" socially-ruled communication that follows cultural

norms around making first impressions or speaking to an authority figure (e.g., formally introducing yourself to a doctor). Contact maintenance is a communication type typically seen in common everyday interactions with acquaintances or people in the community such as grocery clerks and bank tellers. These exchanges tend to be brief, are relatively impersonal, and involve less concern with self-image or properness. Standard communication is a similar level, and the most common kind of communication we encounter in everyday life according to Bugental. This communication is reflected in genuine, spontaneous, friendly conversations that provide lots of content, but lack deeper emotional information. The critical occasions level of communication marks an important turning point in a relationship (and therapeutic relationship in particular) in that it signifies that the person (client) has deeply accessed and willingly expresses their subjective experience. In the therapy context, the client's narrative will be permeated with reports of having difficult emotions, with minimal evidence of defensive patterns and other attempts to preserve a self-image. Finally, by intimate levels of communication Bugental means a mode of relating that is a heightening of the critical occasions level. This signifies that the client and therapist attain maximum receptivity and expressivity of experience. Bugental is of the view that it is normal in the psychotherapeutic encounter for the client and therapist vacillates between these depths of interaction, usually beginning with the more superficial modes of interaction and then deepening over time. However, for therapeutic change to occur Bugental writes that it is essential that the therapist use therapeutic strategies (e.g., attending to client affect, exposing resistances) help the client reach and sustain attention within the critical occasions level. Thus, for Bugental the phenomenon of presence is tied to both subjective and relational (inter-subjective) dynamics that are vital for effective therapy. He also uses social language concepts, emotional experience, defensiveness or self- interruption and ego management, as markers or signifiers of certain levels of presence.

Gendlin's (1964, 1996) theory of 'experiencing' in the context of psychotherapy is very much like Bugental's levels of presence noted above. According to Gendlin (1996), therapeutic change

predominantly occurs at what he calls the sensed edge or felt sense of experience. He describes this sensed edge as an unclear, intricate, and implicit source of knowledge that is available in embodied awareness. This implicit knowledge source, Gendlin has argued, *is* the pluripotent experiential complexity of a person's circumstances or troubling situation, comprised of various thoughts, desires, needs, etc., and which manifest in the person as a bodily feeling in the present moment (e.g., an undifferentiated feeling in one's gut (gut sense), or tightness in the throat). Gendlin (1996) developed a whole therapy based on teaching or facilitating how an individual can become present to and stay in good contact with this felt sense (i.e. a process Gendlin calls 'focusing'). The goal of focusing is to help clients learn how to allow the meaning contained in their felt sense to be revealed and carried forward into some sort of conscious understanding (learn how to become present to the meaning implicit in embodied experience). It is this process of bringing felt meaning into consciousness that Gendlin felt naturally lead to positive change. When this occurs, this carrying forward of the meaning implicit in experience is represented to an individual through an experiential shift that is a fundamental marker of this therapeutic change having occurred. Gendlin's theory of experiencing informed the development of the Experiencing Scale (EXP scale; Klein, Mathieu, Gendlin, & Kiesler, 1986), a rating system that measures the degree to which a therapy client engages with and symbolizes their immediate experience. As such, Gendlin clearly emphasizes the importance of a client being present to themselves in therapy. And of course, it could be argued that as the facilitator of the client's experiencing, the therapist is required to sustain adequate present contact throughout the therapeutic hour to facilitate client presence to themselves.

An additional view of presence in the humanistic-existential perspective is offered by Bradford (2007), who follows Buddhist thought and makes an important distinction between 'conditioned' and 'unconditioned' levels of presence. While this distinction is probably more relevant in the realm of philosophy and spiritual practice than in traditional psychotherapy, I will try to briefly describe the gist

of Bradford's (2007) argument here because of the insight it provides us in understanding this subject matter. Bradford writes that conditioned presence is the kind of attuned here-and-now awareness that we have been describing so far, that of being fully engaging in the present with excellent focus. But, following Bradford, this kind of presence can be considered conditional in nature because when present in this way there remains in therapist's mind an underlying sense of separation of self and other; there is an underlying dualism at play, whether or not the therapist recognizes it. As such, the person feels *himself* to be present and so continues to be bound by an underlying assumption of a solid self surrounded by a world of objects and other people (similar to Buber's notion of the 'I-It' relational stance). If you were to directly ask this person in all seriousness *who* is present, they will readily answer "Well, of course it is *me* who is present!". And because this 'conditioned presence' is tied directly to the changing features of the environment, it is constantly vulnerable to alterations. The notion of 'unconditioned presence', in contrast, is of a much subtler mode of here-and-now experience that goes beyond the threshold of conditioned presence because it is not upheld by a sense of a separate self. Unconditional presence, Bradford writes, arises from a genuine and well-documented realization of non-dual awareness (in psychology, William James' *Varieties of Religious Experience* offers several in depth accounts of such experience), awareness of being a unified self-in-the-world.[4] Therefore if we were to peer inside the mind of the person in a mode of unconditioned presence, we would be struck by the absence of any particular reference point and stuck by a remarkable openness and lucidity to the whole world (like Buber's I-Thou relational stance). The therapist who attains this kind of unconditioned presence, which although seemingly fanciful is known to be an actual possibility of human experience, will see and be

[4] Non-dual unconditioned presence is reflected in the Buddhist notion of emptiness (*sunyata*).

ready to meet the client and the overall therapeutic moment at hand with a high degree of intimacy and wholeness, akin to Bugental's critical and intimate levels of communication described above.

In summary, we discussed aspects of therapeutic presence from a humanistic-existential perspective, wherein the concept of presence is a keystone to human experience in general and the therapeutic encounter in particular. We reviewed important insights from the work of Bugental, who viewed presence in terms of how open and expressive a person is toward their inner subjective experience, with direct implications for the quality and depth of interpersonal communication that is possible. We also discussed Gendlin's theory of experiencing and his emphasis on embodied contact with experience and the practice of focusing as a way of optimizing present contact with experience; and, similar to Bugental, Gendlin articulated possible depths of experience (presence) that one can attain, with deeper levels being important for therapeutic change. Finally, we touched briefly on Bradford's distinction, in line with the Buddhist concept of emptiness, between threshold/conditional presence and what he calls unconditioned presence, which suggests even deeper possibilities of presence for the human condition. At this point, let us turn attention to a different therapy domain – psychoanalysis - in which the concept of therapist presence is implicitly but importantly at play.

Presence in the psychoanalytic situation. Psychoanalysts are well known for their disciplined, penetrating attention. And although the concept of therapeutic presence is not explicitly a cornerstone of psychoanalytic theory or training, the concept appears to resonate within much of the classical and contemporary literature on psychoanalysis and psychoanalytic therapies. Consider for example Strupp and Binder's (1984) summary description of the ideal stance of the therapist (analyst):

> "The therapist's attitude should consistently reflect interest, respect, a desire not to hurt…a suspension of criticism and moral judgment, and a genuine commitment to help… This calls for receptive and quiet listening, attempting to understand, and simply *being there*." (p. 41, italics added)

I would argue that 'simply being there' is not so simple to achieve, and that so much of 'simply being there' is critical for facilitating the provision of other qualities mentioned. At the same time, it is unclear what is meant by that phrase 'simply being there'. What exactly does this mean in terms of actual lived experience? These authors seem to imply that presence is relatively straightforward and easy to negotiate in the therapy room – presence is about *simply* being there. But, is it not the case that the analyst or therapist is *always* 'simply being there'? Can a therapist ever fail or waver in this regard? And if so, then what does this say about the nature of presence? And if not, then what is so special or helpful about presence in the first place?

The following discussion strives to shed light on such questions by reviewing and commenting on several themes related to psychoanalytic technique vis-à-vis therapeutic presence, namely aspects of the psychoanalytic situation itself (e.g., analyst neutrality), the mind of the analyst, and the patient-analyst relational milieu.

Psychoanalytic neutrality. The work of psychoanalysis generally entails a gradual process of confronting, clarifying, interpreting, and working through the patient's unconscious conflicts and patterns of resistance (Greenson, 1967), all of which occurs within a unique interpersonal environment. The structure of this environment is thought to be constituted by (a) the analyst's neutrality and (b) the patient's commitment to the process of free association (Adler & Bachant, 1996).

The patient's task of free association involves verbalizing without censorship whatever thoughts, impulses, images, ideas or any other mental content flowing through his or her consciousness. What is brought up in free association, or not brought up, becomes grist for the mill of the psychoanalytic process. The analyst's task is to listen very carefully to the patient's free association from a *neutral position*, and this neutrality I would argue may in certain respects be considered a form of therapist presence. The neutral analyst is essentially a quiet listener who talks sparingly and refrains from interrupting and interfering with the patient's associations (Strupp & Binder, 1984). Doing so facilitates the therapist's

perceptiveness of the subtle, implicit layers of the client's conscious and unconscious experience in the service of helping the client work through psychological conflicts. However, as it might seem on first glance, neutrality does not mean that the analyst is distant and unresponsive. Rather, as Adler and Bachant (1996) write,

> "(neutrality) defines the boundaries, the edges of the interaction between patient and analyst where meaning takes shape. It permeates the surround into which the free associations of the patient expand expectantly, influencing how, when, and why an analyst responds. In this interactive sense it is better thought of as defining a specific quality of *responsive presence*, rather than as the "blank screen" or mirroring function some have described" (p. 1032, italics added).

Adler and Bachant's description of neutrality as *responsive presence* suggests that they know that therapist effectiveness involves an integration of qualities of openness and engagement in line with Bugental's (1987) model mentioned earlier. On the one hand, the quality of openness is viewed as an important therapeutic condition allowing the truth of the patient's psychic experience to emerge *just as it is*, and, likewise, for the analyst to clearly see and accurately interpret the meaning of the client's experience without being tainted by their own prejudice, resistance, countertransference, and so forth (Adler & Bachant, 1996)[5]. On the other hand, a quality of responsiveness (and therefore not solely passive listening) is crucial for maintaining a degree of interpersonal harmony necessary for keeping the dyadic process alive within an ever-changing relational pattern. The idea of a patient continuing treatment with a therapist who never reacts or utters a response whatsoever during the hour is absurd, as

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[5] There is a noteworthy connection between the concept of analytic neutrality and Husserl's phenomenological reduction (to be discussed in the Methods section of this paper) – i.e., abstaining from pre-judgments when investigating the essence of a phenomenon.

is the idea of a therapist who hijacks the encounter by responding *too much*. I would suggest therefore that neutrality is thus a kind of middle ground of being there. And it would follow that the analyst's ability to sustain this kind of stance in the psychoanalytic situation, of being both attentive and frugal in what he says or does, is relevant to the phenomenon of therapeutic presence.

Let us now consider more closely the inner experience the analyst might have while in a mode of neutrality or responsive presence.

Mind as sensory organ. There seems to be good coherence between the idea of presence as I and others have previously modeled it (Colosimo & Pos, 2015; Geller & Greenberg, 2002), and the way psychoanalytic writers describe the mind of the analyst as a sensory organ, particularly with respect to perceptual openness toward experience. For example, according to Freud (1912, p. 393), "…(the analyst) must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient". Reik (1949, p. 145) shared a similar view: "Young analysts should be encouraged to rely on a series of most delicate communications when they collect their impressions; to extend their feelers, to seize the secret messages that go from one unconscious to another." The meaning implied here is that the analyst's mind is akin to a distinct 'sense-base' that perceives objects rooted in unconscious, inter-subjective, and subtle processes of the patient's psychic experience. The therapist then can use any gathered impressions in the performance of other tasks such as providing empathy, interpretations, etc. On this view, to put it slightly differently, it follows that an accurate psychoanalytic interpretation of the patient's reality can be thought of as relying on a form of perception arising from a mental sense-base of the analyst (i.e. the analyst literally *sees* some operative pattern that is otherwise hidden), which firstly I would argue relies on the presence of the therapist. Coincidentally, this perspective is coherent with Buddhist psychology, which considers the discriminating, 'thinking mind' as one of six primary sense pairs - i.e., eye-sight, ear-sound, nose-smell, tongue-taste, body-touch, and *mind-thought* (Bhikkhu Bodhi, 2005).

Consequently, from a psychodynamic perspective, given the primacy of analyst perceptiveness, it is imperative for him or her to use their mind skillfully during the encounter, to be in good contact with (i.e. to be present to), the subtle messages of the patient. There are two interesting psychodynamic insights on this matter: Freud's notion of *evenly-suspended attention* and Bion's notion of listening *without memory and desire*. I will now briefly explore both in turn.

Freud (1912) articulated what he considered to be a special kind of awareness required of the analyst, commonly translated as 'evenly-suspended attention', 'poised attention' (Riek, 1949), or 'free-floating attention' (Greenson, 1967). As Freud (1912, p. 392) notes:

> "...not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended' attention in the face of all that one hears…and we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection: if he follows his expectations he is in danger of never finding anything but what he already knows, and if he follows his inclinations he will certainly falsify what he may perceive."

According to Freud in this passage, the analyst must strive to sustain attention in a manner that is fluid, unfixed, and broadly focused on the stream of experience.[6] Riek (1949) uses the classic metaphors

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[6] This type of awareness seems analogous to the Magic Eye game that involves staring at an intricate visual pattern that eventually reveals a hidden three-dimensional figure, but only under certain conditions: if the viewer tries to deliberately focus attention on a specific element of the image, or tries

of a 'spotlight' versus a 'searchlight' to distinguish two kinds of attention, noting how evenly-suspended attention functions more like the latter. While a spotlight rigidly and deliberately illuminates a specific focal area of a field in any given moment of time, selecting one defined region and then shifting to another, a searchlight freely moves about a field without any predetermined plan. Although it is true that a spotlight and searchlight both can only illuminate a certain area at a time, the major advantage of the searchlight is that it increases the probability of finding something new, surprising, or unexpected in the field, whereas the spotlight (the deliberate attention that Freud cautioned against) is prone to merely satisfy one's expectations or inclinations by highlighting the expected ("See, there it is"). Another more technological metaphor that I prefer to use for the therapist's attentional capacity is 'screen size', meaning that the more present the therapist is toward the client, the more perceptive space or openness of awareness the therapist has to receive the client's being (e.g., the difference between sitting in front of a small television versus an IMAX theatre).

Bion (1970) also discusses the importance of analysts being able to listen to patients in a special way, namely with a mind cleared of memory and desire. Bion asserts that the reality of the patient's world is an objective truth that is potentially knowable not only to the client themselves (as in self-knowledge) but by the analyst as well (as in other-knowledge). The analyst discerns this objective truth through his natural intuition, which is the mental space upon which phenomena (as sensible objects) are presented to the analyst's consciousness[7]. Thoughts of past events (memory) and anticipations of future events

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to bring forth the three-dimensional figure, it does not manifest. However, if one relaxes the gaze upon the display while sustaining concentration, the three-dimension image emerges or comes forth of its own accord.

[7] Bion's argument aligns with Kant's idealism, wherein the sensory world is mediated by and knowable through a priori categories of mind such as causality, plurality, necessity, etc. Mancia and Longhin (2000) note that while the psychoanalytic concept of the unconscious is similar to Kant's take on objective 'things-in-themselves' (or noumena, falling outside human capacity for knowledge),

(desire) in Bion's view are basic forms of superfluous mental activity that literally take up mental space and thus interfere with the analyst's capacity for intuitive perception in the here-and-now. In so articulating the important task of the therapist, Bion is in fact identifying interruptions that may impede the therapist's attaining that 'proper attitude' towards the client. Because intuitive perception and extraneous mental activity are inversely related, it is vital for the analyst to suspend memory and desire as much as possible when listening to the client. Bion (1970, p. 41) notes:

> "…if his mind is preoccupied with what is or is not said, or with what he does or does not hope, it must mean that he cannot allow the experience to obtrude, particularly that aspect of it which is more than the sound of the patient's voice or the sight of his postures."

My own position on therapist presence is broadly consistent with Bion's ideas here, that adding layers of thought about the past and future tends to obscure the subtleties of what is happening in the present stream of experience. It is important to note that Bion does not merely advocate a kind of naïve loss of memory (like forgetting factual details about the client, which would make no clinical sense), but rather a willful act of not indulging in thoughts falling outside experience (e.g., anticipating what the client is leading toward), or not activating stored memory when there is no reason to, coupled with a degree of faith in the eventuality of seeing into the patient's psychic experience made possible by the absence of extraneous thinking. Keeping this kind of 'clear mind' is of course akin to Buddhist meditation practices, where the practitioner does not *pretend* 'not to think' during meditation but actually attains a still mind, usually coupled with marked levels of concentration, through the effortful process of sustaining attention on the present moment and, when needed, shifting attention back to the moment when extraneous

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knowledge of unconscious activity *is* possible to access and understand, an argument well supported by clinical experience.

thoughts do arise. A connection of meditation as a means to presence is also observed within the theme of preparing a ground for presence in Geller's model; in fact, Geller (2017) has recently published a therapist help guide on to how to cultivate presence, and includes in that manual such methods for quieting the mind. Further, refraining from memory and desire also shares a common ground with the empirical phenomenological practice of 'bracketing', which is a kind of methodical technique of suspending thoughts when investigating the nature of a phenomenon (a concept that I will discuss later in the methods section). Taken together, it seems reasonable to argue that Bion's discussion of the analyst's mental state needing to be free of memory and desire is a kind of in-session mental practice that functions to facilitate the analyst's presence.

Further considerations on openness. To summarize our discussion thus far: psychoanalytic therapists suggest that therapists skillfully use attention (keeping it evenly-suspended, free-floating, and poised) as well as awareness (keeping it clear of extraneous thinking) as means of being present to the patient's conscious and unconscious patterns of communication *as that communication is unfolding in the here and now*. One implication of this mode of awareness as described in the psychodynamic literature is that it fosters openness toward experience, and optimizes how sensitive and receptive the analyst is toward the stream of the patient's communication. This implication is in line with Freud's articulated image of the 'mind as receptive organ' and Reik's 'mental feelers' or 'listening with a Third Ear'[8]. It is worth noting here Greenson's (1967) interesting idea on a kind of cognitive strategy therapists can adopt to facilitate openness of mind, namely that therapists adopt an almost gullible stance when listening to clients:

[8] Reik (1949) acknowledges that he borrowed the term "third ear" from Nietzsche's *Beyond Good and Evil*, where Nietzsche used the term in reference to the refined ability to appreciate temporal patterns of music and prose.

> "The analyst's initial reactions to the patient's productions should be one of receptivity even if it requires some credulity to do so. Only in this way can one give full consideration to the patient's material. It is better to be deceived going along with the patient's productions than to reject them prematurely as false…A detective-like, suspicious attitude makes for an estrangement from the patient, interferes with empathy and the working alliance." (p. 381)[9]

It follows that sustaining openness of mind allows room for and invites the patient's experience to enter more and more into the therapeutic encounter. That this allowance granted to experience is so crucial, is underlined by Adler and Bachant (1996, p. 1033) who note, "…that which is currently manifest is not "the whole story", and to fully acknowledge what is, means to leave room for what is yet to surface." Thus, they note that there is always something about the patient's reality that is yet unknown to the therapist, aspects of the patient's mind that rest potentially available to the therapist (and patient) in some dimly lit or dark 'area' of mind that, as such, as not-yet formed but potentially emergent if the therapist maintains the right attitude. Much like a qualitative researcher is instructed to put out of play their knowledge when perceiving a new phenomenon, this 'right attitude' involves a strong sense of wonder directed toward the client's experience and an unassuming disposition toward what in that client's experience might be. This set of mental acts not only frees awareness but protects the therapist against or keeps in check any tendencies that constrict genuine exploration and new discoveries (e.g., the 'certainty' effected by a held prejudice, theory, anticipation, etc.). After all, why look around to discover new things if by some preemptive assumption you 'already know' everything there is to know?

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[9] Not unlike the unassuming, yet very effective, investigative style of Columbo in the popular TV series.

This is why Bion (1990, p. 244) goes as far as to say that if the analyst feels as if he is treating the same patient week after week, then he is treating the wrong patient!

Neuropsychological correlates of presence

Up to now we have discussed the concept of therapeutic presence largely in terms of experiential, cognitive (e.g., attention, attitude) and relational processes. I now turn attention to a physiological aspect of humanness, the human brain, guided by the assumption that the rise in sophisticated brain-based research over the years offers rich information to further our emerging understanding of therapist presence. Thus, the purpose of this section is to shed light on what is presently known about select neurological systems and structures that theoretically correspond with aspects of presence. The goal here is not to *reduce* the subtleties and complexities of therapeutic presence to the brain per se, but rather to highlight some interesting connections between the psychological and neurological descriptions of human functioning that could inform how we understand what it means to be fully present with clients in the therapeutic encounter. The following discussion is organized around three major neuropsychological systems that are evidently relevant to therapist presence: systems of attention, self-awareness, and safety/self-soothing/compassion.

*Attention***.** Attention has been discussed throughout the previous section as playing a role in therapist presence in various ways. A capacity for anchoring attention in immediate time and place of the therapeutic encounter, for example, ensures that the therapist's sense-faculties and embodied awareness of sensory experience is closely and continually attuned to the client's expressions and the stimuli of the therapy environment, and not distracted by other stimuli. Thus, distraction in this context can be described simply in the following way: the therapist's attention shifts away from the client's productions (that is, the client's manifest affect, narrative meaning, facial expressions) and is instead pulled toward some other object of awareness whether it be private/subjective (e.g., daydreaming, self-referential thinking) or external (e.g., noises outside the therapy room) *but which is not relevant* for the therapeutic

situation. Distraction when persistent or left unchecked substantially interrupts a vital therapist task of attending to the client, which the therapist needs to do to register experience in consciousness, affording good psychological contact and engagement when working with the client (i.e., unregistered sensory information is unusable to the therapist). While there are several forms of attention that could possibly be discussed here, in the interest of time I have decided to select a few examples of neurocognitive attention systems that align with the experience of presence. The kinds of attention to be discussed below are concentrative attention, receptive attention, and bare attention.

Two neural pathways have been implicated in attentional orientation to the environment. These are related to dorsal (top) and ventral (bottom) cortical networks (Corbetta & Shulman 2002; Peterson & Posner, 2012). One the one hand, the dorsal attention network includes the bilateral dorsal frontoparietal regions (roughly running along the top of both brain hemispheres), including the frontal eye fields, the intraparietal sulcus, and the superior parietal lobe. This system is linked to voluntary visual-spatial orientation and plays a role in concentrative awareness, the purposeful act of focusing attention to a target sensory object (Jha, Krompinger, & Baime, 2007). On the other hand, a second neural pathway, the ventral attention network includes regions in the temporoparietal junction and the ventral frontal cortex (a path running beneath the system just discussed). This ventral system is involved in stimulus-driven attention characterized by being open and receptive to changes in the environment (Jha et al., 2007). Therapeutic presence would appear to involve the skillful employment of both pathways. A present therapist prioritizes and focuses attention on the client and his or her narrative in the sensory-laden therapy room; in other words, using a signal-noise metaphor, the therapist must sustain attention on what the client is saying and doing (the 'signals') to the exclusion of all extraneous sensory information, such as sounds arising from outside of the room (the 'noise'). My earlier masters research suggests that this concentrated attention is expressed through the therapist's focused eye gaze, stable body posture, and contingent head nodding, all of which indicate that he or she is fully immersed in the

therapeutic situation (Colosimo & Pos, 2015). Therapeutic presence, however, also involves flexibility of awareness and openness (Geller & Greenberg, 2012), suggesting that the therapist also utilizes the receptive attention system in order to readily receive the novelties that arise in the therapeutic encounter.

Another important attentional factor I would argue facilitates open receptivity in the therapeutic situation is 'bare attention'. This concept is characterized by the absence of cognitive activity after perceiving some object; that is, simply registering and perceiving an object without spending undue mental energy on cognitive elaborations, judgments, or evaluations that might spring forth from contact with the object; in other words, no getting 'hung up' on what has just transpired. Again, this suggests refraining from indulging in internal noise and a priori knowledge. An interesting representation of this phenomenon comes from the 'attentional blink' paradigm in neuroscience research (e.g., Shapiro, Schmitz, Martens, Hommel, & Schnitzler, 2006). This paradigm requires participants to detect two target visual stimuli presented in rapid succession (usually within 500ms). According to attention blink theory, people usually devote an excessive amount of neurocognitive resources when processing the first target stimulus (T1), resulting in depleted resources for processing the second target stimulus (T2). This creates a sense of divided attention that often results in missing T2; that is, people will literally not see the second stimulus, or see it only ambiguously, hence the 'blink' of attention. An electroencephalography (EEG) study by Slagter, et al. (2007) showed that mindfulness training, arguably a direct practice of bare attention (i.e. attending to here-and-now without evaluative thinking), lead to enhanced neural synchrony occurring over the right ventrolateral, midline frontal, and central scalp regions after successful detection of T2, and that this occurred particularly in participants who showed the greatest reduction in T1-elicited neural activity. This reduction in neural activity (i.e. measured as P3b amplitude) suggests that the meditation practitioners were able to quickly process and thereafter not overinvest brain-resources on perceptions of T1, the result of which was a better rate of detection of T2 in this group. In other words, the meditation group had briefer 'blinks' of attention. The implication here is that mindfulness practice

enhances bare attention and optimizes perception of the here-and-now by allowing brain resources to be readily available for newly emerging experiences. This idea, convergent with Bion's recommendation of listening without memory and desire noted earlier, is of course related to the present therapist's ability to be receptive to what is happening in successive moments without having to cope with or manage thoughts about what has occurred or might occur.

*Self-awareness***.** Being self-aware is thought to be another building block of the development of therapeutic presence. Broadly, self-awareness involves processes such as the sense of having a unified body, inhibiting impulses, monitoring behaviour according to environmental context, and meta-self-awareness (awareness of being self-aware; Morin, 2006). Self-awareness would be important to being present because attuning to the client's experience requires the therapist to continually monitor his or her own thoughts, feelings, and behaviours, so that he/she can be flexibly responsive to what is happening, and know when he/she has been distracted and perhaps repair or increase their capacity for presence in any given session. Examples of therapist self-awareness might be when the therapist recognizes that they are fidgeting in the session and then promptly returning to calm and stable posture before it becomes a distraction, or when the therapist very quickly withholds a thought or verbal response when a client simultaneously begins speaking to optimize perception of what the client is saying (Colosimo & Pos, 2015).

Theorists of human consciousness have posited multiple levels of self-awareness according to various conceptualizations of what it means to be a self (Morin, 2006; Zahavi, 2008). For example, Neisser (1997) outlines several levels of selfhood that emerge in hierarchical fashion: an ecological self that is sensory-based and primary; an interpersonal self that emerges in relation to affect and to others; an extended self that involves temporality (a past and future self, autobiographical memory and/or life narratives in words); a private self of subjectivity; and a conceptual self constituted from ideas about the

self. I will now discuss two forms of self-awareness in relation to therapeutic presence: embodied self-awareness and private self-awareness.

First, we have noted that a key feature of therapeutic presence is having ongoing contact with an embodied self, mapping on to Neisser's ecological self (Neisser, 1997 Colosimo & Pos, 2015). Before describing neurocognitive correlates of bodily self-awareness, let us take a closer look at what is meant by this concept. From a phenomenological perspective, Zahavi (2008, p. 206) points out an important distinction concerning how the body is experienced in the first place, "…*primary* body-awareness is not a type of object-consciousness – it is not a perception of the body as an object at all…rather, it constitutes a genuine form of subjective self-experience." That is, most fundamentally, my body-awareness operates smoothly outside conscious thought. I live through my body pre-reflectively, such as when my actions of running to catch a bus go largely unnoticed. This 'pre-reflective' body-awareness is distinguishable from a secondary, reflective body-awareness wherein the body is perceived as an object of consciousness, such as when I feel my hand gripping a cup of coffee. Considering that therapists stay in contact with rhythmic processes (e.g., their breathing) and their emergent affective feelings, I would argue that both primary and secondary forms of body-awareness are relevant to the understanding of therapist presence.

Now from a neurocognitive perspective, Damasio (1999) makes the case that we are neurologically equipped to monitor our embodied states. So, this awareness of embodiment is considered neurocognitively to be of functional importance given the brain structures that undergird this embodied awareness function. The neural basis of the ecological self is thought to involve a variety of cortical (surface level) and subcortical (deep-brain) structures that provide a dynamic representation of the state of the body from moment-to-moment (Damasio, 2003). This representation of our embodiment arises from neural signals being carried from internal organs and muscles to the spinal cord and brain. More specifically, sensory information passes through the parabrachial nucleus of the pons (brainstem region)

to the medial thalamic nuclei and the basal ventral medial nucleus of the thalamus, and then travels 'up' from the thalamus to the anterior cingulate and insular cortices, which are tucked in the front-middle region of the brain (Craig, 2002). In the therapy room, the therapist makes use of information offered by this complex neural network as it is constantly providing updated information about what is happening in the therapist's own body as it changes and responds to interpersonal and intrapersonal conditions. The repository of complex feelings of the embodied self is available to our awareness (reflectively) and therefore can provide meaningful information that can be accessed experientially (Gendlin, 1996). And of course, having open access to this bodily information is a very important part of therapist presence.

Second, in addition to bodily self-awareness, there is a private self-awareness that is more conceptual in nature and often manifests in the form of self-referential thinking. Thoughts about myself existing in the past or future, or other kinds of daydreaming and mental chatter that basically pivots around an enduring, core sense of *me-ness*, are evidence of what I am pointing to in relation to this private self. For therapists, this kind of private mental chatter about oneself can be like a siren song, drawing their attention away from the interpersonal space in a way that negatively impacts or poses a serious risk to therapeutic listening because it constricts or lures awareness away from the client (e.g., feeling 'stuck in my head') and thus creates a sense of psychological distance when sitting with the client. I have called this 'leaving behavior' (Colosimo & Pos, 2015). With respect to neuropsychological processes, this mental chatter and neutral mind wandering is commonly related to the neurocognitive concept of the default mode network (DMN), an observable pattern of brain activity that occurs when individuals are in a self-reflective or private self-thought mode and less engaged in the external environment (i.e., often occurring in resting states). Evidence has been reported that DMN can interfere with perception because this processing mode involves activity in several brain regions, including the medial prefrontal cortex, posterior lateral cortices, temporal lobe, hippocampal gyrus, hippocampus, cingulate cortex (anterior and posterior), and precuneus (Raichle et al., 2001).

I would hypothesize that therapeutic presence should correlate with deactivation or inhibition of the DMN. Support of this hypothesis is offered by a study by Berkovich-Ohana, Glicksohn, and Goldstein (2012), that showed that mindfulness meditation was associated with reduced neural activity in frontal and midline cortical regions linked to self-referential processing. Similarly, Farb et al. (2007) investigated the neural correlates of two modes of self-reference: narrative-focus (which I would rather call a private experience of the idea of 'me'), in line with Neisser's private self and the mind wandering state of the DMN) versus having an experiential-focus (attending to immediate thoughts, feelings, sensations as they arise, in line with embodied/ecological self in the moment with this client). As expected, Farb et al. (2007) demonstrated that narrative-focus (i.e., private self-reflection) was associated with activation of DMN areas, including the medial prefrontal cortex as well as cortical areas that represent a left-lateralized linguistic-semantic network (inferior lateral prefrontal cortex, middle temporal and angular gyri). And further, experiential-focus was associated with a shift away from the midline cortex towards a right-lateralized network, including the ventral and dorsolateral prefrontal cortex, right insula, secondary somatosensory cortex, and inferior parietal lobule.

Taken together, these findings suggest that therapist presence likely correlates with a set of brain networks related to particular forms of self-awareness, including self-experiential networks to provide updated and accurate information about bodily reactions that emerge in the interpersonal relationship, over and above internal self-reflective networks that, at least in certain respects, would detract from perception of the client by stimulating thoughts of personal issues or mind-wandering.

Self-soothing/Safety. The therapist's capacity to regulate his or her affective experience during the therapeutic encounter also has implications for the quality of contact they can make with the client as well as the contact they may be able to help that client have with themselves. In this section I will discuss the importance for the therapist of feeling internally safe or secure, some of the key neurological systems

and structures at play, the ways in which a therapist might naturally communicate their safety to the client, and how this all relates to therapist presence.

Emotion is a fundamental dimension of human experience that is intricately involved in social communication. Knowing how to both access and manage emotions is therefore of paramount significance in the therapeutic process for a range of psychological difficulties (Elliot, Watson, Goldman, & Greenberg, 2004). The neuroscience literature identifies two basic emotion systems: an approach-reward system associated with pleasurable feelings such as enthusiasm or interest, and a withdraw-avoidance system associated with feelings like disgust and fear (Davidson & Irwin, 1999). In addition to these two systems, Gilbert (2009) posits a third fundamental system, a soothing-contentment system which he asserts will be associated with compassion, warmth, and other attachment-oriented feelings, and which indicates the potential interpersonal nature of soothing. Here we will explore in tandem the implications of the latter two systems, withdrawal-avoidance and soothing-contentment systems.

The withdraw-avoidance system springs from aversive feeling states and involves the function of the amygdala. The amygdala is a well-known subcortical structure of the limbic system (LeDoux, 1996) that is largely responsible for attaching emotional significance (particularly fear, anxiety, and anger) to events that are processed in memory and in higher association networks of the brain as well. Functioning with the amygdala are numerous other cortical and subcortical networks: (1) the insular cortex allows for visceral representation of emotion and relays information back to the hypothalamus for autonomic regulation (e.g., fight/flight/freeze response), (2) the anterior cingulate is involved in bringing attention to the bodily felt experience of emotion, (3) the posterior right hemisphere is implicated in the perception of emotional information in the environment and emotional arousal, and (4) the prefrontal cortex functions to adaptively guide behaviour in light of emotional information (Davidson & Irwin, 1999).

I would suggest that for novice therapists in particular, an important feature of therapist presence is the capacity to regulate one's fear moment-to-moment in a manner that allows sustaining optimal contact

with the therapeutic process and to promote safety in the therapist-client relationship (Geller & Porges, 2014). It is obviously problematic for a therapist to fall into a strong autonomic fear response of fighting, fleeing, or freezing in the therapeutic situation (except perhaps in very rare cases where the therapist's physical safety is threatened), to the extent that such reactions would disrupt therapy process. However, also it is also possible that by attuning or reacting to the client the therapist will likely experience mild-to-moderate degrees of aversive emotions (e.g., empathic fear of the client's expressed anger, trauma narrative, death anxiety, etc.). The therapist must find a way to regulate any such aversive experiences, as well as guide the client's regulation of the same as needed, without activating in the client or themselves a full-blown autonomic fear response that in many ways would disrupt the therapeutic process.

Geller (Geller & Porges, 2014) points out the importance of Porges' (1998, 2001) work on polyvagal theory that offers insight into how therapists can regulate fear and remain presently attuned to their clients. Porges' polyvagal theory posits that mammals have evolved a new level of stress response. This 'new' capacity to regulate our stress/distress allows humans to use interpersonal and social engagement to deal with such stressors. Activation of this system involves the role of the tenth cranial nerve, or vagus nerve, which originates in the brainstem and projects to multiple areas of the body, functioning to regulate cardiac rhythms and muscles of the face, larynx, and pharynx. Porges distinguishes between two branches of this nerve, each branch serving a different function. The dorsal branch, the evolutionarily oldest, regulates the digestive tract as well as inhibits the pacemaker of the heart when fleeing would be optimal. The ventral vagal branch (or "smart vagus"), the evolutionarily newest, modulates many functions that inform our behavior when seeking soothing from others such as our voluntary facial expressions, tears, vocal pitch, facial muscles, eye lids, and ear muscles.

What is the implication here regarding therapeutic presence? A key function of the newest smart vagal system is optimum regulation of the heart rate and overall modulation of the body's stress response

in a way that circumvents a full sympathetic 'fight or flight' response. The idea here is that the newer smart vagus nerve actively inhibits heart rate (provides a 'vagal brake' to our heart) when the organism is in a relaxed state. Under some stressors we need to engage in the environment, and to do so our cardiac output needs to rapidly increase. In these moments, our new vagal brake of the heart lifts so that heart rate can optimally increase. When the environment calls for calm behaviour or when returning to calm behaviour would be adaptive, which is commonly the case in the psychotherapeutic encounter (e.g., regulating hyper-aroused emotion), it is important to re-engage the vagal brake to reduce heart rate.

How our heartrate is modulated during stressful moments in order to either flee (heart brake comes off) or socially engage (heart brake is engaged) provides a neurophysiological explanatory basis of how self-soothing is physically programmed and supported, as well as offers insight into the nature of therapist presence. The newer vagal system would seem to facilitate the pro-social ways in which humans communicate affect in social interactions, for instance through relaxed facial expressions and warm vocal tone, both perceived as providing safety to the client. Indeed, we have recently found that therapists rated high on presence by their clients tend to exhibit these kinds of behaviours (e.g., soft vocal tone, tilting head when listening) more consistently than their less-present counterparts during the process of therapy (Colosimo & Pos, 2015).

Some conceptual relatives of presence

Up to now we have discussed the phenomenon of presence within the broad perspectives of existential-humanistic therapy, psychoanalytic therapy, and neuropsychology, with each perspective showing unique attributes and ways of thinking about the nature of therapist presence. Some general ideas that were drawn are that therapist presence is a fundamental factor for effective psychotherapy, that it involves continual embodied contact with the self and the client's expressions, that it involves therapist receptivity, immersion in experience, and potential responsiveness, as well as a safe other who is genuinely interested in the client. In speaking about presence, therefore, one is struck by an array of

possible similarities and lines of connection with other psychological constructs. While a comprehensive evaluation of the conceptual web of presence is well beyond the scope of this section, I offer here a brief comparative analysis of certain, seemingly highly pertinent, conceptual relatives of presence: mindfulness, empathy, and relational depth.

Mindfulness[10]. Mindfulness is perhaps the closest conceptual relative of presence. The terms 'presence' and 'mindfulness' are often used interchangeably or are simply paired together as 'mindful presence' (Brach, 2012). So, what is mindfulness? Contemporary psychology largely adopted the idea and practice of mindfulness from the religious/spiritual teachings of Buddhism, within which mindfulness is held as a formal aspect of spiritual development. Here, 'right mindfulness' is one of eight spokes within the Nobel Eightfold Path to liberation from suffering – accompanying right mindfulness are right view, right resolve, right speech, right conduct, right livelihood, right effort, and right concentration. With respect to mindfulness, the Buddha distinguished between two basic forms of meditation training: concentration meditation (*samatha*) and mindfulness meditation (*vipassana*) (Bhikkhu Bodhi, 2005). Concentration meditation strengthens what is often described as 'one-pointedness' of mind, which when stabilized unfolds to increasing levels of absorption of consciousness (levels of *Samadhi)* and stillness of mind, as in deeply sinking into experience. Mindfulness practice functions to open awareness of the phenomenal world and is therefore a *path of insight* into the essential characteristics of existence, namely the root causes of suffering, the inherent impermanence of all things, and the ultimate emptiness or no-self-ness of reality. The Buddha taught four foundations of mindfulness practice: (1) bodily processes (e.g., breathing, posture, gross and subtle parts), (2) feeling states (e.g.,

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[10] Note: portions of this subsection are adapted from an earlier publication (i.e. Hollis—Walker & Colosimo, 2011).

pleasant, unpleasant, or neutral), (3) mental states (e.g., hate, lust, distraction, and concentration), and (4) other kinds of mental objects (e.g., sense-bases, perceptions, and thoughts). Thus, the practice of mindfulness as described here is not bound by a set of doctrines or religious beliefs per se, making it quite amenable to contemporary psychology. Instead, it amounts to a natural and highly disciplined way of attending to the experience of life as it naturally presents itself. It is also worth noting that mindfulness training usually involves daily 'formal practice' of sitting on a meditation cushion for short periods (e.g., 30-minute rounds of sitting, once or more through the day), 'informal practice' amidst everyday tasks (e.g., making a cup of tea with full attention), as well as extended retreats (e.g., 5, 7, or 14-day intensive training periods for advanced practitioners).

In psychology and the medical field broadly, as is now well known, Kabat-Zinn (1982) pioneered the development of the Mindfulness-Based Stress Reduction (MBSR) program, using Buddhist mindfulness training principles described above to treat somatic issues such as chronic pain. MBSR turned out to demonstrate excellent outcomes (see Baer, 2003, and Grossman, Niemann, Schmidt, & Walach, 2004), which in turn inspired the development of similar successful programs like Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams & Teasdale, 2002) for treatment of depression, anxiety, and other psychological problems.

Conceptually, researchers have operationally defined mindfulness for use in quantitative research. Brown and Ryan (2003) developed a now well-researched measure of dispositional mindfulness, the Mindful Attention Awareness Scale (MAAS), which strictly assesses an individual's perceived tendency to carefully attend to and be aware of moment-to-moment experience. A similar model and measure is the Five Factor Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, and Toney, 2006), which conceptualizes mindfulness according to several facet or skills of observing experience, describing experience, acting with awareness, non-judgment, and non-reactivity.

In light of these measures of mindfulness, both therapeutic presence and mindfulness imply a capacity to be aware of the phenomena that arise in consciousness without engaging in more complex cognitive processes or judgments of whatever arises. On closer inspection, it appears therapeutic presence and mindfulness have a kind of reciprocal relation. On the one hand, the controlling of awareness inherent to mindfulness first requires, as a precondition, an embodied presence to the perception of how we become aware and with what that we attend. In this way, I view presence as a condition for the possibility for mindfulness. And yet, on the other hand, once mindfulness is established, the mode of mindfulness itself helps to sustain a quality of embodied presence over time. That therapeutic presence might be characterized as a pre-condition to mindfulness gives it more of an 'existential flavour' that resonates in the philosophies of phenomenological-existential writers like Husserl, Heidegger, and Merleau-Ponty. I would argue that this existential significance of presence, and whatever profundity this suggests for our being alive in this world, is a key point of difference between the two concepts. Now, as previously noted, the Buddha's teaching of mindfulness as part of the path of spiritual development (and not merely as a relaxation technique) and toward development of understanding/wisdom of life experience suggests that at a deeper level (i.e. a phenomenological-existential perspective) the notions of 'presence' and 'mindfulness' simply blend into a similar fundamental process. At the same time, however, psychologists have named, thought about and described these respective phenomena within relative contexts; thus, Geller and Greenberg (2012) developed a scale of *therapeutic presence* to be applied for psychotherapists and Brown and Ryan (2003) developed a measure of dispositional mindfulness to be applied for lay people. I strongly feel that conflating these ideas leaves out important differences between the two concepts, while holding them too far apart would be to ignore their obvious shared use of here-and-now awareness and their deeper significance regarding insight into experience.

Empathy. Empathy is well known as a common factor of therapy that bears a tight relation to presence. Carl Rogers described empathy as the capacity to "perceive the internal frame of reference of

another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition" (Rogers, 1959, p 210). Empathy thus connotes *accurate understanding of the other* through a set of bodily, experiential, and cognitive mechanisms within one's own self-system. Therapists communicate empathy to clients through offering verbal responses in varying levels of complexity and through basic nonverbal behaviours such as vocal matching, interpersonal warmth and safety, and responsive attunement that evidence a strong correlation with the therapeutic alliance (Malin & Pos, 2015).

Though clearly related, I argue that presence is the more primary phenomenon that makes possible the experiential and cognitive mechanisms that empathy relies upon, while empathy involves higher order capacities of human understanding. In other words, it is necessary for me first to be there to see and hear you *before* developing an accurate sense of your experience. For this reason, therapeutic presence is held to be a foundation from which other processes like empathy are thought to emerge (Geller, Pos, & Colosimo, 2012).

As previously noted, there is some empirical evidence showing the unique role of therapeutic presence beyond its overlap with empathy, with clients' perception of therapist presence uniquely predicting the working alliance over and above empathy (Pos, Geller, & Oghene, 2011). More research is needed to elucidate the potential differences, similarities, and interplay of these constructs. One hypothesis in this vein would be that empathy partially mediates the relationship between therapeutic presence and other therapy processes like the alliance. Statistically, a full mediation effect would not be expected here because therapeutic presence is likely contribute to several processes other than empathy alone. For example, as noted earlier in this paper, presence is thought to be associated with the human body's vagal system (Porges, 1998, 2001), which essentially provides neurophysiological substrates for behaviours of social engagement and safety that benefit therapeutic outcomes outside of expressed empathy.

Relational Depth. Another conceptual relative of presence is relational depth (Mearns, 1997; Cooper, 2005). Cooper (2005) defines relational depth as, "A feeling of profound contact and engagement with an 'Other', in which one simultaneously experiences extremely high and consistent levels of empathy and acceptance towards that Other, and relates to them in a highly transparent way. In this relationship, the Other is experienced as acknowledging one's empathy and acceptance - either implicitly or explicitly - and is experienced as fully congruent and real." The key distinction between relational depth and therapist presence appears to be that the former emphasizes higher-order qualities of the relationship, the emergent 'in-between', and thus subsumes the phenomenon of presence. Further, the concept of relational depth necessarily includes the experience of the other, that he or she feels understood and actually sees the therapist as an authentic person. Thus, it seems that the experience of relational depth arises out of core happenings of presence, or co-presence, within an unfolding relationship over time. As such, it can be argued that presence plays a similar role here as it does with empathy by scaffolding the experience of the more emergent and higher-order construct of relational depth.

Method

The methods section that follows is divided into three parts. Part I provides a basic introduction and overview of philosophical phenomenology from the vantage point of one its originators, Edmund Husserl. This overview is meant to provide a primer on Husserl's phenomenology for the reader who may be unfamiliar with this line of thinking, and is quite important because the concepts discussed comprise the epistemological assumptions that scaffold the methods used in this project. Part I begins with a brief note on Husserl himself and certain ontological positions of his thinking (i.e. how he thought about the nature of things, mind, and the world), and follows with a description of important concepts embedded in his philosophy. Subsequently, Part II provides a basic introduction and overview of the primary research methodology employed in this project: the descriptive phenomenological-psychological method as articulated by Giorgi (2009). Finally, Part III focuses on how Giorgi's method was specifically applied in the current project, including a discussion of the selection of research participants, interview methods, the analytic process, and other important features of the research process.

Part I. Husserl's philosophical phenomenology

Edmund Husserl was born in 1859 in Moravia (Czech Republic) and completed his doctoral dissertation in mathematics in Vienna (Detmer, 2013; Zahavi, 2003). He subsequently devoted his time and creative energy articulating the philosophy of phenomenology in minute detail, having been inspired by his teacher, Brentano (who worked on the concept 'intentionality', as discussed later). Husserl was also inspired heavily by the 17th century philosopher Rene Descartes, particularly Descartes' method of hyperbolic doubt in the process of establishing radical truths. Husserl developed his own insights while taking up academic posts and writing prolifically throughout his life. His published and unpublished works are said to exceed 45,000 pages of text and have influenced many influential figures in philosophy, including Heidegger, Sartre, and Merleau-Ponty.

The impetus of Husserl's early work *Logical Investigations* sprang from a need to rectify a core problem of 'psychologism' in the philosophy of science, which referred to the dominant tendency of reducing all truths to empirical mental acts (Detmer, 2013; Zahavi, 2003). In opposition to psychologist, Husserl stressed that there is a crucial difference between *ideal* objects (e.g., numbers, logical truths) that transcend the spatiotemporal domain, and *real* objects (e.g., cats, raindrops, neurons) that function within the spatiotemporal domain. Conflating these two kinds of objects is a fundamental category mistake and confuses our ability to know truths (Zahavi, 2003, p. 8).

While Husserl does not subscribe to a pre-specified brand of metaphysics or ontology, his phenomenology has been described as *transcendental idealism* (Zahavi, 2003). It is beyond the scope of the current project to provide a full analysis of the positions of idealism, realism, and how Husserl's phenomenology is thought to provide a satisfactory alternative to these opposing positions. However, some brief comments are warranted here, with some expansion provided later in this section. Husserl is clear that objects of the world are known only insofar as they are given to consciousness in unique modes of appearing, through given profiles and shades of meaning. However, he goes further to posit that in a manner of anticipation, objects can be not-immediately-given yet still part of one's phenomenological horizon of experience. This tension signifies a transcendent dimension of objects, as in the 'something more' of experience, like anticipating the other side of the coin and then confirming its presence in the act of flipping it over. Thought about this way, transcendence is not meant to be mystical account of reality but instead should resonate with our everyday experience. Husserl's thinking thus appeals to a kind of empirical realism based on experience, or experiential realism (Zahavi, 2003, p. 71). In short, for Husserl, subjectivity, ideal objects, essences, and individual facts, are inseparable, and the ideas and methods he developed in phenomenology (discussed below) were meant to facilitate the quest to understand essential truths of experience.

It is also worth noting that to provide a foothold on reality and epistemology at its deepest levels, Husserl points to what he calls the transcendental ego or fundamental "I-pole" of experience that must be considered differently than regular spatio-temporal objects. Husserl (2014/1913, p. 90, italics in original) notes,

> "…consciousness, considered in "*purity*", has to hold *as a connection of being that is, for itself, closed off*, i.e., as a context of *absolute being* into which nothing can penetrate and from which nothing can slip away, a context that has no spatiotemporal outside and can exercise causality on nothing - on the supposition that causality has the normal sense of natural causality as a relation of dependence between realities. On the other hand, the entire *spatiotemporal* world (to which the human being and the human ego are to be reckoned as subordinate individual realities) is, *in terms of its sense, a merely intentional being*, that is to say, the sort of being that has the merely secondary, relative sense of a being *for* a consciousness. It is a being that consciousness posits in its experiences, a being that is in principle only capable of being intuited and determined as something identical on the basis of motivated manifolds of appearance - but *beyond this* is a nothing."

The transcendental ego is not to be confused with the personality or sense of self the we carry around in our everyday life and can feel and relate to and talk about. Rather, it is a pre-reflective dimension of experience that is naturally responsible for the vital function of synthesizing the flow of experience in the world, the proverbial eye that looks but does not see itself (at least not by the power of intellectual scrutiny).

Now, let us turn attention to several key concepts in Husserl's work.

Intentionality. The concept of intentionality is central to Husserl's phenomenological project. Intentionally is commonly understood to be "the essence of consciousness" and reflects the fundamental observation that "consciousness is always consciousness of something (Husserl, 1964, p.13)".

Intentionality is twofold, connoting the act or mode of consciousness (the *noetic* or subjective pole of perceiving, recollecting, judging, etc.) and the object-as-intended (the *noema* or object pole, the 'something' of consciousness) (Husserl, Ideas; Detmer, 2013; Zahavi, 2003). Considering Husserl's prolific writing and complex dealings with these subtle issues, it is not surprising that philosophers have disagreed over nuanced meanings of the act-object correlation. Zahavi (2003, pp. 58-59) highlights two contrasting viewpoints: one interpretation sees the noema (object-pole) as an ideal entity that functions merely as a mediator between the act and the object (like a mental representation), while the other interpretation, which Zahavi (2003) suggests is more consistent with Husserl's thinking, sees the noema as a direct giving of the object as a correlate of experience via the phenomenological reduction – the noema is the "perceived object as perceived, the recollected episode as recollected, the judged state of affairs as judged, and so on." (Zahavi, 2003, p. 58).

As such, it is clear from the above description that intentionality is not a deliberate activity that humans choose to engage in, as in setting one's mind toward a specific 'intention', but rather an automatic, ultimately unavoidable aspect of the stream of consciousness itself. Intentionality is the intricate web of our lived reality.

Lifeworld and the natural attitude. Husserl's considers the *lifeworld* as a fundamental ground for his phenomenology. Lifeworld is simply the ordinary world-as-lived by each of us, prior to any scientific frameworks applied to it and constituted by myriad systems or patterns of intentionality. As expressed by Wertz (2005, p. 169), the lifeworld "manifests itself as a structural whole that is socially shared and yet apprehended by individuals through their own perspectives." Scientific or technical projects are thus considered derivative of and secondary to the lifeworld. Husserl observed that we typically experience, interact with, and posit beliefs about the lifeworld in a kind of auto-pilot or taken-for-granted way, referred to as the *natural attitude*, with the consequence of failing to accurately see what is happening in the world, including the beliefs and biases at play.

Horizons. The world presents itself over time through an ever-changing manifold of interlocking experiences. The not-immediately-given aspects of objects, the fringe of consciousness, and what lies further extended in space and time, makes up the horizon of our experience. Husserl reflects on the meaning of horizon, from a natural attitude perspective:

> "From the desk that I have just seen and noted, I can let my attention wander out through the unseen parts of the room behind my back to the veranda, into the garden, to the children in the bushes, and so forth, to all the objects which I directly "know" as being here and there in my surrounding, of which I am immediately co-conscious – a knowing that has nothing of conceptual thinking in it and only changes into a clear intuiting when attention is turned toward it, and even then only partially and mostly in a very imperfect manner….It reaches far more, within a fixed order of being, into the unlimited. What is currently perceived, what is determinate (or at least somewhat determinate) and copresent in a more or less clear way is in part pervaded, in part surrounded by a *horizon of indeterminate actuality, a horizon of which I am dimly conscious*." (Husserl, *Ideas*, S.27, p. 48-49).

This account of horizons evokes, for me, the metaphor of a kaleidoscope, in that the horizon is a kind of intricate web of intentional objects, shifting its composition in subtle or gross ways according to the play of attention and other natural forces, and forever unfolding and clarifying (making more determinate) the 'stuff' of life. Husserl observes that while his attention instantly brings a clear intuiting to whatever is happening in his consciousness, he is only 'dimly conscious' of the horizon that cuts through and surrounds his experience – thus, it remains an 'indeterminate actuality', which, if one desires, can become illuminated and grasped through a special kind of open awareness (what Husserl calls bracketing and the eidetic reduction, discussed shortly).

In addition, Detmer (2013) points out a helpful distinction between 'internal horizon' and 'external horizon'. The former refers to the entirety of possible meanings of an intended object itself (i.e., opening more and more to what an object is about), whereas the latter refers to the unfocused background 'surrounding' the object, which contributes to how the object is presently understood (e.g., upon seeing a vague mass approaching from the distance on a lake, we recognize it as a 'boat' and not a 'car').

Profiles. As the notion of internal horizon suggests, objects do not present to consciousness totally and all at once (unlike consciousness itself, which always is unified), but rather via an endless series of profiles. That is, objects are given to consciousness in adumbrations or shades of meaning (Husserl, Ideas, S. 44), which implies that objects are given 'inadequately' or indeterminately, which in turn means that there is always more to know about any given object than what is immediately evident.

The notion of profiles holds some important implications that are worth noting here. The profiles of the object become revelatory of the object itself. Like empiricism, the consistency of profiles and the correspondence of a profile to our anticipations confirms the status of an object (e.g., seeing something that looks like a stick and then subsequently approaching it, picking it up and, say, visually scanning it, would confirm our initial belief that it is in fact a stick), whereas inconsistencies or lack of correspondence to our anticipations undermine or change the objective status of a supposed object (e.g., seeing something that looks like a stick but that suddenly slithers away). Further, it is important to note that despite our inadequate or incomplete knowing of an object given through a series of profiles, the object is nonetheless synthesized as a unity in consciousness. Husserl gives the example of looking at a tree from various perspectives: my shifting perspective to see different hues and parts of the tree, and shifting my spatial location while maintaining focus over time, yield various profiles that are ultimately held as revelatory of the *same tree*.

Intuition and evidence. According to Husserl, whatever presents to consciousness does so in a manner that can be said to be directly 'given' to consciousness. The term *intuition* refers to this seeing

into and direct grasping of objects-as-presently-meant; it is the experiential, empirical way in which we come to know the world. Husserl considers this to be the 'principle of all principles': "that each intuition affording something in an originary way is a legitimate source of knowledge, that whatever presents itself to us in "Intuition" in an originary way is to be taken simply as what it affords itself as, but only within the limitations in which if affords itself there" (Husserl, Ideas, S. 23., p. 42). Thus, intuition is about direct seeing, which can range in clarity and vividness, rather than speculation, interpretation, hunches, or other intermediary processes. Further, intuition opens the way not only for sensory experiences like the sound of bird chirping or the smell of coffee brewing, but also for non-physical (ideal) objects like mathematic truths (e.g., grasping the truth that adding two and two necessarily equals four) –grasping the essence of ideal objects is called *eidetic intuition*.

Thus, through intuition we are given evidence about the intended objects of experience, and this evidence will vary in terms of its level of adequacy (Detmer, 2013). Most often intuition yields evidence 'inadequately', suggesting that there is more meaning to fulfill for a given object (perceptual experience is always inadequate)[11], where 'adequate' evidence would suggest complete fulfillment of meaning. It follows that intuitive fulfillment of an object relies upon the number of profiles intuitively seen and the clarity with which they were seen.

Meaning. In Husserl's phenomenology, the world overflows with meaning because meaning is inherent to objects as objects-for-consciousness. In other words, objects of consciousness always present to intuition as 'something' and the nature of this something is found in our intentional relation to it. Two related forms of meaning can be distinguished and are worth noting: signs and expressions. A sign is a

[11] In certain cases, as in logic and math, evidence can be 'adequate' or 'apodictic', meaning that the evidence in intuition is complete and irrefutable.

form of expression that indicates the presence of some other object, whereas an expression offers a direct presentation of an object (which may or may not be a sign). This distinction between sign and expression has direct implications in phenomenology in terms of how meaning is established in consciousness. Specifically, as Detmer (2013) clarifies, there is a difference between "signitive acts" (an intentional relation to an object that is absent, as in searching for something) and "meaning-fulfillment" or "intuitive acts" (finding what you are looking for, as in fulfilling the search). Meaning-intentions alone are empty and require the firm evidence afforded by an intuitive act to become fulfilled. True knowledge therefore is not dependent on inductive or deductive processes, but rather a form of identification given through direct intuitive grasping (Detmer, 2013).

The meanings phenomenologists seek pertain to essences or ideal structures (to be discussed below). Ideal meanings are characterized as atemporal, non-physical, and universal, and yet are grounded in the lived world by being instantiated by real objects (Detmer, 2013). Husserl distinguishes between (a) *real objects*, which exist in the spatiotemporal world and is subjected to causal forces and change (e.g., a red chair), (b) *species* or universal principle (e.g., the colour 'red' as a universal entity), which is atemporal and not causally linked to real objects (burning the chair does not burn 'red'), and (c) *moments,* or the embodied instances that do change over time and that function to instantiate ideal entities ('red') in the concrete world of real objects (e.g., this red chair I'm sitting on).

Bracketing, reduction, and essences. Husserl asserted that in order to gain insight (to intuit, to see) into deeper meanings within the lifeworld, which is what science aims to do, one must find a way to transcend the naïve, natural attitude that allows only limited understanding. What stands in the way of deeper understanding are myriad pre-conceptions, judgments, beliefs, and other thoughts that are associated with intentional objects but that do not reveal the object of interest in an original way. As such, to grasp this deeper meaning of what presents to consciousness, the individual must switch from the natural attitude to the phenomenological attitude. In adopting the phenomenological attitude, the

individual begins a process of *bracketing* those aspects of experience that are contingent, accident, or otherwise extraneous to the intended object – in short, one brackets the judgments emanating from the natural attitude (Detmer, 2013). Bracketing is thus sometimes referred to as *suspension (epoche), parenthesizing, abstention, switching off,* and *putting out of play*. According to Husserl:

> "This universal depriving of acceptance, this "inhibiting" or "putting out of play" of all positions taken toward the already-given Objective world and, in the first place, all existential positions (those concerning being, illusion, possible being, being likely, probably, etc.), - or, as it is also called, this "phenomenological epoche" and "parenthesizing" of the Objective world – therefore does not leave us confronting nothing. On the contrary we gain possession of something by it; and what we...acquire by it is my pure living, with all the pure subjective processes making this up, and everything meant in them, purely as meant in them: the universe of "phenomena" in the ...phenomenological sense." (Husserl, 1960, p.20).

Bracketing is not nihilistic, but rather "a certain heightening of the present" (Giorgi, 2009, p. 93). Like Buddhist meditation, it can be argued, bracketing is a process of *gaining through subtraction*. What is gained, phenomenologically, is not factual information but rather intuitive access to the intentional object's *essence* (or *Eidos*, Greek for essence). Thus, Husserl clearly distinguishes between matters of essence (a priori principles, universals) alongside the world of facts (contingent, accidental factors).

> "…before anything can be, for me, a truly existing object, it must fulfill certain necessary a priori conditions. It must appear in the form of a specific and relevant structural system dealing with experiential possibilities. An object appears with a multiplicity of specifically related structures that is determined a priori." (Husserl, PL, p. 27).

The essence of an object is reflected in a lawful, synthetically organized, invariant structure. The phenomenologist therefore seeks to grasp this invariant structure of the object. The process through which this is achieved is known as the *eidetic reduction* (i.e., reduction meaning 'to lead back). The reduction is achieved in part by the use of *free imaginative variation*, which involves imaginatively changing certain constituents of a phenomenon to clarify what aspects are merely contingent or accidental and what are essential (i.e. without which the phenomenon would collapse). A simple example would be varying the properties of a circle: I can freely vary a circle's colour, size, and texture (contingent factors), but if I imaginatively alter the symmetry of the circle, say by 'squishing' it so that there is no true centre point, the circle is lost, suggesting that symmetry is essential to the essence of 'circle'.

Time-Consciousness. Husserl's *The Phenomenology of Internal Time Consciousness* (Husserl, 1964) provides some very interesting and influential observations on the experience of time. According to Husserl's analysis, intentionality is also intrinsically temporal and as such includes a relation to the past ("retentions"), present ("originary or primal impressions"), and future ("protentions"). Intentionality is imbued with this temporal pattern moment-to-moment. Merleau-Ponty (2012/1945, p. 437) similarly observes that time is not something merely objective and quantifiable, it is not "given to consciousness, but rather, more precisely, consciousness unfolds or constitutes time".

To clarify, retention refers to a presently felt sense of how a phenomenon has recently occurred to consciousness, as in some phase of experience in the lifeworld that becomes modified in the form of a horizon-of-the-past, and to which we can turn in the present moment, albeit in some modified form. Protention refers to a subtle anticipation of the unfolding of the object or state of affairs in relation to a horizon-of-the-future. The originary impression is the most immediate aspect or instant of a present. Husserl uses for his analysis the example of perceiving a melody. Upon listening to a melody one clearly does not hear choppy or discrete units of sound, but rather a succession of tones arising, receding, and

continuing forth in a manner that is connected and synthesized in consciousness *as a melody*. In addition, it is important to distinguish between retention-protention and memory-imagination: the former are involuntary, constantly operative, and necessarily tied to consciousness (i.e., they form the temporal dimension of intentionality), whereas the latter, although also linked to past and future, are deliberate modes of consciousness that one can entertain voluntarily (as in reflecting on past events or wishing for something to occur).

So, what is an 'object' in phenomenology? Before moving on to discuss how the phenomenological framework and procedures are applied in the present study, let us take a closer look at the assumptions surrounding the nature of 'objects of science' from a phenomenological perspective. As we have already discussed, a simple premise in phenomenology is that humans encounter things and objects constantly in ordinary life (in a natural attitude) and through various modes of consciousness - we eat them, remember them, play with them, fantasize them, etc. Likewise, the term *thing* can refer to a multiplicity of phenomena such as objects, material, tasks, particles, waves, deeds, ideas, events, concerns, facts, and so on (van Manen, 2014). Husserl (Ideas, S41) sees a thing as a 'system of determinacy'. He posited that a thing is primarily an intentional unity that is made possible by the synthetic function of consciousness, it is something that holds together despite the changing manifold of perceptual experience; when I rotate a cup in my hand, I see new aspects *of the same cup*. These various manifolds of experience (or adumbrations) themselves have a 'descriptive composition' that coordinate with the unity of the thing. In other words, the thing has a unique 'determinate content of profiles' (i.e. the profile of my rotating cup includes certain set of colours, angles, texture, but not smells, family photos, or other myriad things). Grasping the deeper meaning of a thing begins with perceiving the content of profiles and then applying the phenomenological reduction to tease apart the contingent from the essential.

Therefore, in short, the purpose of phenomenology is to clarify the *thingness* of whatever has been presented to consciousness and has been named or otherwise symbolically expressed in language. Van Manen states,

> "The phenomenological reduction operates in the allusive tension of the space between the thing as object and the thingness of the thing: in naming the phenomenon, as it appears to us in consciousness or as an experiential event, the thing is, paradoxically, both annihilated and called into being precisely as it gives itself." (van Manen, 2014, p.51)

The 'object' of the present investigation is therapist presence as embedded in a learning context and as lived through by novice therapists. If we think about objects along a continuum from simple to complex, therapist presence arguably falls toward the complex pole (Morley, personal communication).

Part II: Giorgi's descriptive phenomenological research method in psychology

We have just discussed in some detail Husserl's philosophical phenomenology. Now we will turn attention to the specific adaptation of this philosophy as a research method in psychology, and employed in this project. Phenomenological and existential philosophy entered the domain of psychotherapy practice in the mid-20th century (Halling & Nill, 1995). However, at that time there was no formal methodology in place to guide the application of phenomenological principles in psychological science. This eventually took shape at Duquesne University in Pennsylvania through the pioneering efforts of Amedeo Giorgi. Duquesne established a doctoral program in existential-phenomenological psychology in 1962, and subsequently invited Giorgi, who was coming from a background in experimental psychology, to develop a psychological research method grounded in a phenomenological epistemology (Wertz, 2005). Giorgi has been developing this methodology - referred to as the *descriptive phenomenological psychological method* - over the past several decades (Giorgi, 1975, 1985, 2009;

Giorgi, Giorgi, & Morley, 2017). The present dissertation project follows Giorgi's approach, which we will now discuss.

Before proceeding, it is worth pointing out that other forms of qualitative methods (e.g., grounded theory analysis) share common ground with phenomenology and Giorgi's method as outlined below Indeed, the degree to which phenomenology actually underlies the work of many researchers may be greater than is generally recognized in the scientific community. Wertz (2005, p. 175) writes:

> "Any researcher who (a) sets aside previous theories (the epoche´ of sciences), (b) secures descriptive access to the immanent meanings within psychological life as it occurs in natural contexts (the epoche´ of the natural attitude—the psychological phenomenological reduction), (c) analyzes the complexities of these meanings by using reflection on the psychological processes that constitute them (intentional analysis), and (d) gains insights about what is essential to the psychological processes under study (intuition of essence, the eidetic reduction) is using core phenomenological elements in psychological research whether it is acknowledged or not."

With respect to Giorgi's descriptive phenomenological psychological research method itself, several broad principles are noteworthy and will now be considered. These include: transitioning from a philosophical to psychological mode of thinking, identification of a research question that is apt for phenomenological investigation, searching for an invariant psychological structure, obtaining descriptions from others, and conducting a research interview conducive to phenomenological analysis. Let us now consider each of these themes in turn.

Transition from philosophy to psychological science. As the name suggests, the descriptive phenomenological psychological method is essentially an integration of the three things: philosophical phenomenology (primarily the work of Husserl), a human science perspective as opposed to a natural

science perspective, and the field of psychology. Giorgi emphasizes two attitudinal changes or modifications necessary for using this methodology in a way that satisfies basic criteria of science. First, the researcher follows the process of human science, which differs from how a philosopher would approach a subject matter (for example, social scientists draw information from a sample of a target population, whereas a philosopher might be satisfied with careful self-reflection). And second, whereas Husserl's work tends toward revealing the ultimate and ideal aspects of reality, the phenomenological-psychological researcher must stay carefully grounded in and sensitive to psychological processes throughout the analysis. These two attitudinal changes represent important modifications of the philosophical phenomenology in a way that lends itself to rigorous criteria of psychological research.

Identifying a phenomenological question. Of course, the guiding question of a project determines the kind of methodology that can be used to investigate that question; in other words, it is critical for there to be a natural and adequate fit between question and method. Phenomenological research is geared toward questions of *what it is like* to live through a phenomenon of interest (Giorgi, 2009; van Manen, 2014. This method requires access to the lifeworld of one or more individuals to elucidate, articulate, or reveal an invariant structure of the phenomenon within a psychological frame. The descriptive phenomenological research method is not meant to directly address questions about causality, frequency, moderation-mediation, or other quantitative matters. Further, this method is neither inductive (theory-building) nor deductive (hypothesis-testing) but is intuitive and descriptive; it simply serves to clarify or deepen what is currently known of whatever phenomenon is under study.

Search for invariant psychological meaning. The function of philosophical phenomenology is to clarify the essence or eidetic structure of a thing through the reductions (suspension of judgment) and the employment of imaginative variation. Within the realm of psychological science, Giorgi (2009) prefers the term *invariant psychological structures* over essence because the former sounds more fitting

to the goal of research and suggests the middle-range of discourse that is needed in psychology. In other words, like philosophical essences, psychological structures are comprised of higher-level invariant meanings, but the psychological structure remains sensitive to and grounded within the kinds of personal experiences that psychologists seek to understand (i.e. they do not aim to reach levels of universality that a philosopher hopes to attain). Giorgi uses the example of describing the essence of learning: at a high level of abstraction learning can be described as "doing or understanding something new", which, although true, fails to reveal important psychological processes. Conversely, the psychological structure (at the middle-ground) might include meanings related to correcting performances in relation to errors, emotional reactions, motivation to initiate learning, etc. Thus, the psychological structure is not hyper-abstract but functions to present the phenomenon of interest in a heightened way that can contribute a deeper understanding of what it is like to be experienced. Finally, it is worth noting that the general psychological structure is obtained through an analysis of the noetic-noematic (act-object) correlations given through the descriptions of others (see 'Description from others' below). These intentional correlations express a meaning, and through the phenomenological research process the researcher discerns the pattern of these meanings. The most revelatory, contingent meanings are integrated by the researcher into a description of the invariant psychological structure.

Descriptions from others. The researcher obtains descriptions from one or more participants that corresponds to the phenomenon of interest within the person's lifeworld. Thus, descriptions must be concrete and specific accounts of what it was like for an individual to have experienced and pre-reflectively lived through a phenomenon of interest. Thus, the researcher does *not* seek theoretical interpretations or abstract evaluations about the phenomenon. For example, the participant might be asked simply to describe in as much detail as possible a time when he or she experienced jealousy, but would not be asked to elaborate ideas about possible causes or opinions of this experience. A good description issues forth from the experience, so to speak, not *about* the experience. The unfolding

description is therefore provided within the participant's natural attitude, and as such typically amounts to a richly complex network of possible meanings conducive to phenomenological analysis. The quality of a description is important, and this hinges on its degree of adequacy. In other words, a description does not have to (and is not expected to) perfectly mirror the pre-reflective life of the participant, but it must be adequate, meaning that "it is sufficiently articulate so that new, insightful knowledge about the phenomenon being studied can be obtained" (Giorgi, 2009, p. 99). Whatever descriptions the researcher obtains makes up the raw data or account for the entire project. The adequacy of a description falls along a continuum ranging from 'poor' to 'excellent' - poor descriptions are often characterized by frequent highly abstracted, non-concrete, and minimal content (as in theorizing *about* some experience), whereas excellent descriptions are well-grounded in the lifeworld experience, as in 'speaking from experience' using concrete, specific details of what transpired in the moment as it was being lived. Adequate descriptions therefore allow for the phenomenon to 're-appear', as it were, for the researcher's analysis, while inadequate descriptions fail to do so (Giorgi, Giorgi, Morley, 2017).

Traditionally, philosophers like Husserl would investigate and use as a primary source their own experience as directly given to consciousness, thereby affording a truly first-hand grasp of whatever was taking place in that experience. Psychology, however, samples from the experiences of others. Thus, the question can be raised of whether working with participant descriptions is a fundamental problem for the psychological researcher because of a gap between the researcher's subjectivity and the phenomenon as lived through by others. This question turns out to be unproblematic. The participant's description is an opportunity to illuminate what is primarily a shareable (objective) world that becomes taken up by the researcher's empathic and imaginative abilities. In other words, lifeworld descriptions provide 'noematic clues' about the empirical or object-pole of the world, which, thanks to mechanisms of curiosity and empathy, the researcher can access and grasp the meanings of for himself in his own consciousness. Giorgi clarifies:

> "… the meanings being awakened by my analysis are being given directly to my consciousness and even being constituted by it. By means of the description, the phenomenologist is vicariously present to the experience as expressed by the experiencer, not to just words on a page." (Giorgi, 2009, p. 112)

Interviewing. There are several ways in which the phenomenological researcher can obtain lifeworld descriptions, including interviews, participant-observations, and written narratives (van Manen, 2014). For the current project, I decided to conduct research interviews to obtain descriptions of being present. I based this decision on the fact that the research interview is a well-established practice in the scientific literature (Englander, 2012; Kvale, 1996) and is the method commonly espoused in the descriptive phenomenological approach (Girogi, 2009). In addition, I have more training and familiarity at this time with interviewing techniques compared to other methods. And further, considering the complexity of the phenomenon of interest - therapist presence – an interview approach seemed best suited to the task of guiding participant descriptions and sustaining a concrete focus on the experience.

Kvale (1996) suggests several factors that contribute to a fruitful interview process, and we will review some of those here. Again, most relevant for phenomenological purposes, the interview should elicit as much as possible specific, concrete, spontaneous responses of the interviewee linked to the phenomenon of interest. The research typically begins the interview with a simple orienting or introductory question. The interviewer then guides the flow of the interview process by maintaining a collaborative tone and asking additional questions, trying not to interfere with the participant's account. With respect to the kinds of questions that a researcher might ask to facilitate the interview process, Kvale (1996) highlights a variety: follow-up and probing questions (encouraging more detail that might be on the horizon of the interviewee's experience), specifying questions (to seek clarification), structuring questions (to re-direct attention after a diversion), and leading questions (which, interestingly, Kvale is not opposed to if it leads to trustworthy and interesting information). In general, a good

interview consists of shorter interviewer questions and longer interviewee responses. The interviewer's speech and behaviour should be as unobtrusive as possible to allow the interviewee plenty of space to talk. And of course, while listening the phenomenological interviewer strives to maintain a phenomenological attitude marked by genuine curiosity and a suspension of judgments, presuppositions, and evaluations, which sets the underlying tone of the entire interview (a tone not unlike that of Carl Rogers' client-centred therapy).

How many interviews and participants should the researcher include in the project to yield robust findings? Considering the inherent complexities of any given project, together with differences between methodologies, it is not surprising that a typical response to the question of how many is "it depends" (for an expert review of this matter, see Baker & Edwards, 2012). One important factor to consider is the notion of *saturation*, emphasized in certain methods such as grounded theory analysis (Glaser & Strauss, 1967). Saturation refers to an acknowledgement or observation by the researcher that his or her analysis has come to a point at which further analysis leads back to already-established themes and meanings and thus yields no new information. Therefore, saturation can be an important criterion to guide the sample size, in that the researcher simply stops recruiting participants or coding new transcripts once a sufficient level of saturation is attained. It is generally assumed that saturation cannot be precisely predicted in advance, and the number of interview-participants needed to achieve saturation can generally range from 12-60 (Baker & Edwards, 2012).

Another common and important concept to consider when deciding on the number of people to interview is *generalizability*. The assumption here is that more expansive and inclusive understanding of what the research topic or phenomenon looks like 'in the world' beyond the idiosyncracies of the interviewees depends on the sheer number and heterogeneity of the sample – in other words, how well the sample represents the greater population. Thus, generalizability is concerned with the applicability of research findings to other people who live through the phenomenon of interest.

Of course, the concepts of saturation and generalizability themselves depend on underlying epistemological assumptions. In phenomenological philosophy, it is perfectly reasonable to involve just one person (usually the philosopher himself or herself) to conduct a rigorous evaluation of some phenomenon and clarify its essential structure (at an eidetic or ideal level), and then, consequently, intuitively know what it is like for *all or most people* who experience the phenomenon. Although psychological research using phenomenological methods will sample from other people, the emphasis is placed not on the sample of individual participants per se, but rather the sample of profiles of the phenomenon (Giorgi, 2009). It could be said that phenomenologists sample phenomena not people. The phenomenon is given through the experience of participants, and while there is obviously going to be individual variability and nuances in terms of how the phenomenon manifests in the individual's life, the essential structure of the phenomenon is thought to be *invariant* and to dwell at a level that reaches beyond the individual's personality and into the life of others. For this reason, despite smaller sample sizes, the phenomenological approach is nomothetic. Saturation is still relevant here, and occurs within the phenomenologist-researcher's consciousness in the form of intuitive fulfillment of meaning (a felt sense of grasping an essential structure) through rigorous application of the phenomenological reduction and imaginative variation.

In terms of Giorgi's descriptive phenomenological approach (Giorgi, 2009), Englander (2012) notes that a sample size of at least three is sufficient, while Morley (personal communication) recommends five to eight participants. Consideration of sample size in this context is not aimed at satisfying quantitative or statistical requirements but is meant to strike a balance between two potential pitfalls: two few participants (e.g., one or two) places a tremendous demand on the researcher's imaginative abilities to grasp the phenomenon and could lead to a deficient analysis, and too many participants would exacerbate an already labour-intensive process and could result in lack of productivity. So, 3, 5 10 or more participants could very well be used in a phenomenological investigation depending on the

researcher's level of experience, time commitment, and other resources. I included five participants for the present study (see Methods III below for details).

Taking stock of methodological assumptions

Up to now, I have tried to be clear about key assumptions upon which the selected methodology is predicated, and I will take a moment here to explicate some of these assumptions. Giorgi's phenomenological-psychological method assumes that, in general, people can reflect upon, access and articulate their pre-reflective lived experience. This highlights a point of difference in Giorgi's adaptation of phenomenology in psychology vis-à-vis philosophical phenomenology, which strives for more universal claims. For example, Husserl argued that phenomenology is a way to get at apodictic knowledge (unshakable certainty) and that all forms of science would benefit from phenomenology because the objective world is inherently tied to and known by subjectivity or consciousness. Even mysterious objects like electrons somehow present to consciousness. Human science assumes that the objects of interest are things that are lived through and experienced by human beings – things that are directly 'in' or 'of' experience, things that people have named and called into being, and which can be known more clearly and deeply by systematically turning attention to moments in which they manifest. So, a summary of relevant assumptions and arguments in Giorgi's method can be stated as follows:

a) The discipline of psychology is interested in 'psychological phenomena' broadly defined – objects of thought, feeling, behaviour, interpersonal dynamics, etc.

b) Psychological phenomena are constituted by intentional consciousness and lived through pre-reflectively to form a fundamental 'lifeworld' of experience. People symbolize psychological phenomena in language (naming an experience) and from within a 'natural attitude' (imbued with various assumptions, theories, biases, opinions, resistances).

c) Most people are capable of reflecting on lived experience (which is always a 'past experience') and then articulating various specific, concrete details that made up that experience. For Husserl,

this is possible because a person's present mind – this moment right now - contains the so-called 'past' in a modified form thanks to rententional consciousness. The past is folded into the present now. This assumption is of course maintained by any human science qualitative method that relies on having a person say something about their experience. The gap between pre-reflective and reflective experience is acknowledged but is not considered fatal to the task of deeply grasping the pre-reflective. While there are phenomenological methods that use other nonverbal media of expression, such as visual art, Giorgi's method relies on verbal symbolization of experience, and as such it follows that this method is likely unsuited for certain populations known for limited self-expression (e.g., alexithymia, severe cognitive impairment, etc.).

d) Not all descriptions of lived experience are created equal. The researcher strives to obtain adequate descriptions (as noted above) to get a picture of the experience, which will include various modes of appearances of the phenomenon of interest. The phenomenologist does not request any extraordinary cognitive abilities or knowledge on the part of the participant; the participant simply talks about what they lived through, what they felt, saw, smelled, remembered, anticipated, anything at all that was part of their real experience. They simply speak from their natural attitude. Good descriptions are not expected to be a 'perfect match' to the original experience per se (which is theoretically impossible), but should provide enough information for the researcher to access and analyze the index experience.

e) Similar to (d) but different, the participant's description is not expected to put 'everything into words'. Indeed, the basic task of the phenomenologist is to uncover, un-conceal, or illuminate subtle patterns of experience that were only faintly or implicitly signified in the participant's description, and which become clear to the researcher by means of entering into a mode of phenomenological reflection, or as Wertz (2005) puts it, "an attitude of wonder that is highly empathic".

Five methodical steps of the process in Giorgi's method

With interviews completed and transcribed, Giorgi (1985, 2009) outlines four concrete steps for conducting a phenomenological psychological research study. These include: (1) reading the transcript for the sense of the whole; (2) discriminate 'meaning units' within transcript; (3) transform meaning units into phenomenologically-psychological sensitive expressions; and (4) integrate transformations into a written general structure that gives expression to the essence of the phenomenon. Giorgi, Giorgi, and Morley (2017) suggest that researchers explicitly add another step immediately prior to delineating meaning units – that of assuming the scientific phenomenological reduction – which amounts to a 5-step process overall. I will now explain what each of these five steps entails.

1. Read transcript for sense of the whole. Giorgi (2009) acknowledges that the initial step of reading the transcript to grasp a sense of the whole is common to other qualitative research programs. This procedure is clearly reflected in basic principles of hermeneutics (for an analysis of how hermeneutics functions within the grounded theory method, see Rennie, 2000). Reading through the whole document familiarizes the researcher to the participant's style of language and the gestalt of the document. Sensing the gestalt of the document is important because meanings have "forward and backward references" (Giorgi, 2009, p. 128), implying that an accurate understanding of any given expression is made possible by exposure to earlier and later expressions, just as pieces of a puzzle can be more easily arranged after first sorting out all the pieces (or better yet, having the full picture as a reference point!). Thus, the point of this step is to simply facilitate the researcher's understanding the interrelated pattern of meanings in the document.

2. Assume the scientific reduction. When reading the transcript, Giorgi, Giorgi, and Morley (2017) note the importance of shifting one's mindset to assume the scientific-psychological reduction. Really, this shift occurs gradually and probably is activated at the time of reading the whole document at step one and is maintained throughout the analysis (Giorgi, 2009). As previously noted, the nature of the

scientific reduction differs from Husserl's more radical transcendental reduction. The latter brackets out (i.e. refrains from positing) the ontological status of personal consciousness and spatio-temporal objects to achieve insights at the highest order of abstraction. As psychologists, we remain interested in human consciousness and how it functions within the world, and so we wittingly keep our bracketing in check. That said, we do bracket (i.e. refrain from positing) the ontological status of things that are thematically presented to consciousness, as well as theoretical tenets and other presuppositions. At the same time, within this scientific reduction, the researcher must maintain a psychological perspective when dwelling with a participant's description, so that what emerges is relevant for the general domain of psychology (patterns of thought, feeling, and behaviour) and not, say, political science or moral philosophy. Overall, the scientific reduction facilitates insight into general structures of psychological experience and is not meant to yield philosophical or universal essences.

3. Discrimination of meaning units. After reading through the entire interview transcript, the researcher breaks the document into segments called meaning units (as in, 'units of meaning' or 'meaning-full units'). The delineation of meaning units can be thought of as a procedure that facilitates the more crucial phase of the analysis, transformation of meaning units. Marking out the meaning units simplifies the analytic work by creating briefer, less complex, and thus more manageable units for the researcher to work with. Deciding where to 'draw the line' when demarcating meaning units is partly systematic and partly arbitrary (Giorgi, 2009).

The systematic aspect is reflected in the researcher maintaining a psychological attitude and picking up on perceived shifts in meaning. Sustaining a psychological attitude implies that the researcher is attuned to patterns of human thought, feeling, and behaviour *in general terms*, being careful not to selectively carve out units that fit a pre-determined theory. Nonetheless, it is acknowledged that the meaning units are essentially a product of an interaction between the participant's descriptions and researcher's perspective (Giorgi, 2009). The arbitrariness of creating meaning units is reflected in this

latter point, that any two researchers engaged with the same text are likely to circumscribe different meaning units based on their different perspectives. This is unproblematic, however, because meaning units are not supposed to carry theoretical weight and they are not standalone parts. Instead, they are constituents (i.e., context-dependent aspects) of the whole document, suggesting open communication between them. Finally, it is worth noting that some meaning units are likely to be more revelatory of the phenomenon of interest than others.

4. Transformation of meaning units. The meaning units consist of verbatim text, which are the participant's account of their lifeworld experience from within the natural attitude. Again, natural attitude expressions tend to hide essential meanings which the researcher seeks to disclose. At this point, the researcher, within the mode of the scientific reduction, begins the process of transforming meaning units into phenomenologically-psychologically sensitive expressions. Giorgi summarizes how the researcher performs this task:

> "The researcher rereads the description with the attitude described above and slowly moves from the everyday facts described by the experiencer and probes the immediate horizon surrounding the phenomenal presentation of the fact as it appears to the experiencer along with its co-present horizons in order to see what it means for the subject to have expressed himself or herself in this way. With the help of imaginative variation, one is able to discriminate and clarify the psychological meaning for the particular meaning unit and then one tries to express it as accurately as possible." (Giorgi, 2009, p. 136).

The researcher moves through each meaning unit one-by-one and performs this descriptive transformation. As Giorgi notes in the quote above, co-present horizons also need to be considered within each meaning unit. This means that understanding a given meaning unit may involve sensing an implicit background presence at play that needs to be drawn out and clarified. This is possible because of the

contingent, context-dependent nature of each meaning unit; they are figures of a contextual background. So, for example, there might be a repetitive theme across meaning units, and the meaning of this repetition may get highlighted within a single meaning unit.

Fundamentally, what is happening through this process is that the participant's lifeworld expressions become objects of the researcher's own consciousness (i.e., through intersubjectivity, or empathy). Thus, the researcher relies on his or her own consciousness to intuitively grasp the correct invariant sense of what is expressed in a meaning unit. Phenomenologically, this 'correct grasping' reflects the subtle way in which intentional consciousness comes to be fulfilled or satisfied by meaning, like two puzzle pieces fitting together. The researcher will naturally at first have a felt sense of 'not-getting-it' and, with the help of patience and imaginative variation, will gradually find the right fit and corresponding sense of 'getting-it'. This right fit is expressed in the description of the transformation.

5. Describe the general psychological structure. After the researcher transforms each meaning unit into phenomenologically-psychologically sensitive descriptions (as noted above), he or she begins the task of developing an integrative general psychological structure of the phenomenon (Giorgi, Giorgi, & Morley, 2017). This step culminates in and showcases the findings of the research project. To accomplish this step, the researcher must review and reflectively engage with all descriptive transformations across the pool of participants, reducing them further into a network of constituents. This process involves a great deal of working memory and imaginative variation on the part of the researcher. The constituents that stand out are the most essential meanings that have been obtained; they are not mere 'parts' but are vital for the integrity of the structure/phenomenon as a whole. Further, constituents are interrelated and should satisfactorily encapsulate each participant's reported experience. When writing up the narrative for the general description, the researcher is free to reword earlier descriptions in a way that respects the overall network of meanings as they are brought together. When done properly, the general description

should implicitly or explicitly trace back to the essential meanings of the transformations and to the raw descriptions of the participants themselves.

General psychological structures can vary in length (e.g., one paragraph, one page, etc.) and complexity depending on the richness of descriptions, number of participants, type of phenomenon, and skills of the researcher. And although it is more efficient to fit various meanings into a single general structure, it sometimes happens that more complex cases lead to more than one description to account for deep-seated variation in the phenomenon; that is, when there is great 'inter-structural variation' (Giorgi, 2009).

Reflecting on the general structure. With the general psychological structure established, the researcher can creatively comment on and make associations with the psychological literature. In other words, the researcher is welcome at this point to mindfully 'open the brackets' and see how things come together by expounding on the constituents of the structure to enrich the rhetoric. Again, what the general structure conveys is the deeper make-up and inner workings not of the specific participants per se, but of *the phenomenon of interest as revealed* in the lifeworld descriptions of the participants. As such, the findings are thought to be relatively (though not absolutely) generalizable, and the extent to which this is true has much to do with the phenomenon of interest and the level of skill of the phenomenological researcher.

Quality assurance for scientific research

Up to now this chapter has focused on the phenomenological philosophy of science and the application of this philosophy in psychological research. Here, we will take a step back to reflect on principles and methodological checks that contribute to good scientific practice and which I have strived to be mindful of throughout the present project. Giorgi (2009, pp. 110-113) notes that all scientific work should measure up to the following basic criteria: (1) knowledge obtained should be generalizable (i.e., elucidating some degree of invariance or stability of a phenomenon); (2) results should be systematic

(i.e. relatable to various theoretical systems and perspectives); (3) the work should be open to criticism (i.e., peer-review, dialogue with community of scientists); and (4) the research process should be methodical (i.e. follow a set of regulated procedures that others can use and check against).

With respect to the actual execution of good science, Elliot, Fischer, and Rennie (1999) developed a comprehensive set of guidelines based on a thorough literature review and iterative process of feedback from expert researchers. The result of their work is a set of 14 guidelines that generalizes to all forms of qualitative human science. Elliot et al. (1999) divide these guidelines evenly into those that are common to both quantitative and qualitative approaches and those specific to qualitative approaches. In the interest of time I will simply outline each guideline in cursory fashion.

The common methodological guidelines are as follows:

1. Explicate the scientific context and purpose (i.e. have a clear rationale).
2. Use appropriate methods to address purpose/question.
3. Respect participants.
4. Specify the methods to allow other researchers to replicate and/or critique the work.
5. Offer an appropriate discussion to associate with and contribute to the literature, being sensitive to context and limitations of findings.
6. The document should be clearly written and presented.
7. The work should contribute knowledge to the field.

The guidelines more specific to qualitative research include:

1. The researcher should own his/her perspective by disclosing personal values, experiences, assumptions related to the topic.
2. The author should 'situate' the sample by describing participant characteristics and their life circumstances, to help the reader make sense of the findings.

3. The work should be grounded in examples to show how the data/accounts fit the analysis and generation of meanings.

4. The researcher should provide credibility checks, such as checking emergent meanings with participants, having an expert audit the analysis, triangulating with other methods or outcome date, etc. (much of this depends on the methodological approach).

5. There should be an overall coherence to the project; findings should offer a clear map or framework of the phenomenon.

6. The researcher should clarify how and to what extent the findings generalize to other contexts and people (i.e. does the study accomplish general vs. specific research tasks?).

7. The findings should resonate with readers; that is, readers ideally will perceive the findings as an accurate representation of the subject matter, while also obtaining a deeper appreciation and understanding of it.

Part III: Methods of the present dissertation study

Participants. Participants of the present study included five female graduate students (see Table 1) within the same cohort of an CPA-accredited Clinical Psychology program at a Canadian university. There are several common and unique qualities to note within this sample, and I will begin by outlining the common ground. All five participants were situated in the same training context at the same time, approximately half-way through the second year of the Master's degree. Participants were between ages 27-36. Although the respective coursework may have varied somewhat, each participant was enrolled in their first practicum course at the time of participating in this project. It is within this practicum course that participants began working with their first ever therapy client independently (one participant was working with two clients).

The clients being seen by participants were undergraduate students who were referred from the university counselling centre for psychotherapy for mild to moderate psychological distress. All clients

consent to receive no-cost therapy services from a training therapist working under direct supervision of a licenced clinical psychologist. Supervisors and one other clinical trainee observe each therapy session in real time behind a two-way mirror, followed by debriefing immediately after the session. Sessions are audio-recorded for later review as well. Normally, clinical students in this phase of training will see one client on a weekly basis for the course of the school year, for example beginning in November and terminating treatment in April, although there is some variability in the frequency and total number of sessions offered depending on circumstances (e.g., matching schedules, opportunity to extend treatment).

With respect to approaches to psychotherapy, the course syllabus (see Appendix 1) explicitly states that the training stresses an integrative common-factors approach based on empirically-supported principles of effective practice. The course involves weekly classroom seminars and a comprehensive reading list covering a wide range of important content areas, which ultimately foster core competencies in empathy, the therapeutic relationship, awareness of client factors, clinical interviewing, case conceptualization, and other important factors. It is worth noting that the concept of 'therapeutic presence' appears in the course syllabus, albeit only once as part of the suggested reading list for a seminar on the therapeutic relationship and empathy (the reference is to Geller & Greenberg (2012)). Otherwise there is little explicit didactic attention given to the phenomenon of therapist presence.

Recruitment. For recruitment of participants, I visited the graduate practicum class (described earlier) to provide a description of my project and to request volunteers to be interviewed about their experience of being present in therapy. I subsequently sent a follow-up email to the class and invited whomever was interested in being interviewed to contact me by email. Five students replied to my message and were willing to engage in a research interview, and this was followed by scheduling dates for the interview.

Consent and interviews. Prior to each interview, participants were provided a copy of the consent form, which was verbally discussed, and were provided an opportunity to ask questions and express concerns. Each participant provided written consent to continue with the interview and for the interview to be audio recorded for later transcription by myself and a research assistant. Participants engaged in one interview each (see Table 2), which I conducted in my office. Duration of the interviews ranged from 55 minutes to 90 minutes, with an average of 75 minutes. As previously noted, the nature of the interview was predominantly an open-ended inquiry into the lived experience of the participant, with a focus on concrete, specific moments in which they felt present or non-present during their clinical work with a client. My role as interviewer was as a facilitator of the participant's own descriptive narrative of their experience (see Appendix 2 for a sample interview). At the time of conducting the interviews, each therapist-participant had seen their client for several sessions and were roughly at a middle-phase of the overall course of therapy. The interviews usually were conducted with a participant right after a therapy hour and in some cases up to a week or more after the session they were describing. Participants were free to discuss moments of presence (or non-presence) from any past experience with their client and from any session.

Analysis. Each interview was transcribed by myself or my research assistant (see Table 2). The word count across transcripts ranged from approximately 8200 to 15000 words, or approximately 16 to 30 single-spaced pages. I then applied Giorgi's (2009) method to each transcript one-by-one, which was a gradual and lengthy process spanning several months (considering I was balancing other work responsibilities). As previously noted in the methods section, the first step in analyzing the transcript was to read the transcript from beginning to end to grasp a sense of the whole. Next, I read through the transcript again and, this time, began diving the text into meaning units (marking points in the narrative that reflect a shift in meaning). After the meaning units were established I created a simple two-column table to organize the next step of the analysis (see Appendix 3 for an example). One table was created

per participant/transcript. The first column (left column) contains the raw meaning unit (extracted from the transcript) but in a slightly modified form: (a) the meaning unit was changed into a third-person perspective (e.g., changing "I really enjoy…" to "NP5 really enjoys…"), which Giorgi suggests is a way to adopt a more phenomenological attitude, and (b) deleting extraneous bits of information such as interviewer questions (unless needed to make sense of description) and insignificant verbal utterances such as "um", "like", etc., which detract from the clarity of the narrative. The second column (right column) contains the transformed meaning units or phenomenological re-descriptions of what presents in the first column. This column is at the heart of the method, and required me to adopt a phenomenological attitude combined with sensitivity for psychology (in the broad sense of the discipline) to carefully tease apart and articulate the act-object relations (intentional relations) manifesting in the corresponding meaning unit. Every meaning unit was transformed in this manner regardless of how little it might have revealed about the phenomenon. After all phenomenological re-descriptions were completed, I read through each one individually and began a reiterative process of free imaginative variation, constantly asking what the re-description might reveal about the phenomenon of therapist presence, and testing the boundaries by imaginatively playing with whatever was signified in the re-description (e.g., negating the meaning, adding to it, changing it in various ways). Gradually, empathically dwelling with the array of re-descriptions resulted in clarification of invariant dimensions to the phenomenon (the constituents) and how they hang together to form the phenomenon of interest. The final step involved writing a general psychological structure of the phenomenon, which was revised multiple times to achieve the greatest accuracy, that took into consideration the full array of meanings from all five participants and all earlier phases of analysis.

Researcher transparency. As noted above, Elliot, Fischer, and Rennie (1999) argue that qualitative researchers should own their perspective by disclosing personal values, experiences, and assumptions related to the topic of study, and therefore I will attempt to do so here. Perhaps most relevant is the fact

that approximately four years ago I was enrolled in the very same practicum course of the current participants. This means that my early clinical training was shaped in a highly similar way to the current participants (that is, with a grounding in evidence-based, common-factor, and integrative principles of effective therapy), and it also means that I do have a potential reservoir of lived experience similar to my participants. Currently I am completing my doctoral internship/residency in clinical psychology, which includes one rotation in psychological intervention in a psychosocial oncology program and one rotation in neuropsychological assessment at an outpatient neuro-rehab program. My interest in the concept of presence, in general, is longstanding and deeply-seated, and basically corresponds to my values and beliefs around optimal human functioning and liberation from suffering. I do have a meditation practice and participate in extended silent retreats or meditation intensives approximately one to three weeks of the year. In terms of presence in the context of psychotherapy, my thinking has been influenced by many writers, most of whom are represented in the introduction and reference sections of this manuscript.

Results

Following Giorgi's (2009) descriptive phenomenological method, the results of the current research project are presented in two steps:

1. In the form of an overall description of the *general psychological structure* of the phenomenon (novice therapist presence).
2. A more detailed explication of the *constituents* intrinsic to the whole structure.

Before detailing the results, keep in mind that considerations of extant theory as well as potential implications for clinical research and practice are suspended until the discussion section. The reader is briefly reminded about how phenomenology distinguishes between constituent versus contingent factors. Constituents are the necessary or essential aspects of the phenomenon of interest, which means they cannot be altered or removed without destroying the essence of the phenomenon, whereas contingent aspects can be removed or modified without consequence at the level of the essence. Take a circle for a simple example: the colour and size of a circle are merely contingent but the boundary that defines it is essential. That is, one can freely vary the colour and size of a circle and the circle will remain essentially what it is (an object that has a fixed center point and a boundary equidistant to that point), whereas destroying or altering the boundary would result in the disappearance of the circle. In addition, constituents can be thought of as being unified both internally (inherent synthesis within the constituent itself) and externally (inter-relation between multiple constituents that give shape to the phenomenon).

The general psychological structure presented next is the culminating edifice (model, equation, product, etc.) of the scientific process followed in this project. This process involved a comprehensive analysis of novice therapists' lifeworld description of being present in therapy. A total of 232 meaning units were modified by way of a phenomenological-psychological reduction – that is, transforming or re-describing expressions in a manner that made salient the act-object relations of intentional consciousness while also being sensitive to the psychological dimension of experience (i.e., cognitive,

emotional, and behavioural events) – and these modified meanings were subsequently integrated into a cohesive pattern.

I would also like to note a brief caveat. When presenting the narrative of the general structure, Giorgi (2009) recommends using the notation 'P' to denote the 'general participant' as distinct from any individual participant per se. The purpose of doing so is to remind the reader of the relative generalizability of the structure and the nomothetic basis of the method. However, I personally find the use of 'P' to be awkward and unnecessary at times, and therefore in detailing the results of this project I have decided to use the general term 'therapist' or 'novice therapist' (NT) in interchangeable fashion, instead of 'P', keeping in mind that the term 'therapist' in this context is tantamount to 'novice therapists in the study in general'.

The general psychological structure of novice therapist presence

Now to highlight the general structure. The general psychological structure of the phenomenon of therapeutic presence in the lived experience of novice therapists can be stated as follows (also, see the schematic in Figure 1):

> For the novice therapist, being present involves maintaining close alignment with the flow of events arising and passing away over time in the therapy interaction. The 'flow of events' includes various modes of experience, such as thoughts, perceptions, sensations, behaviours, emotions, and apperceptive processes (e.g., sensing the quality of the relationship), which taken together can be thought of as *a primary zone of the interaction* (PZI). A confluence of many embodied processes facilitates the therapist's close alignment within this zone, such as attentional control, poised body posture, visual gaze, an alert state of consciousness, and calm affect. Nonverbal tracking behaviours such as nodding often reflect the therapist's alignment.

However, the therapist is prone to a set of background conditions, a peripheral 'extraneous zone', that juxtaposes the primary zone noted above and hold conditions that threaten to steal away presence. Functionally, these extraneous zone conditions challenge, attenuate, or otherwise interfere with how closely and openly the therapist is engaged within the therapeutic interaction. Examples of such potential 'thieves of presence' manifest during difficult interpersonal processes (e.g., feeling stymied in the interaction) and correlate with characteristics of the client (e.g., fast-tempo talking, avoidant interpersonal style), and the therapist's own self-consciousness. In general, these conditions are problematic insofar as they cause the therapist to engage in extraneous/secondary psychological processing that consequently blocks or pulls away the therapist from the primary zone of experience, siphoning mental energy from what is most relevant in the therapy situation.

To cope with thieves of presence and the resultant deviations they cause, the novice therapist (often implicitly, but not necessarily so) employs subtle manoeuvres to manage the source of interference and become recalibrated to the PZI. For example, when a thought arises in consciousness about implementing some therapy procedure (e.g., "I was meaning to do a thought record with the client today. I wonder if I can do it now?" Or simply, "Thought record.... Should I do the thought record?..."), the therapist must swiftly judge whether the thought is helpful or not in the given moment and, if unhelpful, must actively redirect and *release* the thought back to a memory store, to free up conscious awareness for engaging with the PZI. Strategies such as this help the therapist to realign with the client's position thereby limiting therapist lapses of awareness. The novice therapist also manages

their presence 'distally' by enacting behaviours to prepare for the session, and which set internal and external conditions to optimize presence in the interaction (e.g., taking deep breaths to establish a calm state prior to a session).

Lapses in presence, albeit possibly only brief seconds, are marked by patterns of oscillation between states of relative presence and relative non-presence throughout the session. Lapses may sometimes lead the novice therapist into a mode of masquerading non-presence as true presence (e.g., 'feigning' presence to save face), which usually is kept secret from the client. Doing so, however, invariably entails weak alignment with the therapy process during any such period.

There is also an inherent relational or intersubjective dimension to the novice therapist's presence that correlates with their dwelling in (staying here) coupled with the potency within this present state ('sinking in'). Potency is afforded by conditions that both evoke and sustain clear awareness of the therapeutic moment. These conditions include, for example, cherishing/feeling compassion for the client, valuing the encounter as important, and strong curiosity to know the client's experience. In other words, here the novice therapist recognizes that 'meeting their client' is an *inherently important event*, of more importance than any other in the given moment (including the therapist's own personal world during the hour). In this meeting, the therapist feels a genuine desire to hear the client and to reach out and touch the client's experience. Likewise, there is a concomitant feeling of love or compassionate regard toward the client that draws the therapist in toward the client. As such, depth of presence naturally extends to both the life of the client and the shared intersubjective field or relational milieu. This milieu in turn begets greater intimacy and empathy within the dyad.

> The phenomenon of being present also holds a necessary ethical position in the novice therapist's work. Therapists sense that maintaining close alignment with the primary zone of experience during the session is their core responsibility towards their client. This ethical dimension is endogenous to the context of the face-to-face encounter itself and the therapeutic process more generally, in that the novice therapist's presence is required to facilitate the basic work of grasping the client's expressions and responding to the client in a way that contributes to the therapy process. These functions *do not come automatically* just by virtue of sitting in the same room as the client, nor are they given equally to any person who may happen to be observing the very same session. Therefore, the novice therapist is averse to small lapses in presence (as if something is missing or not quite right) and more substantive lapses are experienced as unacceptable and can result in the therapist feeling frustrated and unfulfilled in their work. Conversely, feeling 'truly there' is inherently pleasant and fulfilling to the therapist.

Elucidating the constituents of the phenomenon of novice therapist presence

The general psychological structure described above offers a relatively concise view of the phenomenon of the novice therapist learning to become therapeutically present. At this point, we will look more closely at the constituents that make up the general structure (see Table 3 for an outline and Table 4 for information on meaning units involved). To this end, I will use a combination of direct quotations of novice therapist/participant descriptions to demonstrate adequate grounding in their lived experience, together with the phenomenological method of imaginative variation to freely explore the play of meanings involved.

Seven distinct albeit interrelated constituents were identified:

1. The novice therapist faces an unshakable responsibility to be present when interacting with the client; they view presence as a necessary condition of their work.
2. The novice therapist is closely aligned with a primary zone of the interaction (PZI).
3. Duration of dwelling in the primary zone together with heightened salience of the moment affords deeper contact with the client's world (intersubjective depth, intimacy).
4. Certain conditions of the therapy context draw client and therapist into present contact with each other during the session much like 'centripetal presence forces'.
5. There is a background 'extraneous zone' to the therapeutic interaction comprised of conditions that threaten to steal away presence.
6. The novice therapist oscillates between states of relative presence and non-presence throughout the session.
7. The therapist uses various methods of recalibration to return to good alignment with the PZI.

Please note the following caveat: earlier I mentioned Giorgi's (2009) preference for the notation 'P' to indicate the general participant, whereas I chose to use the term 'novice therapist' or 'novice therapist participant' (NTP) for the same purpose. In what follows, I will use the participants own voice when using long quotes (sticking with their first-person perspective) and will use general terms when commenting on the constituent. Further, I will try to reference the corresponding meaning unit from which the quotation or idea derives (e.g., NTP1, MU28) so the reader has an opportunity to cross-reference with the raw data.

Constituent 1. The novice therapist faces an unshakable responsibility to be present when interacting with the client; presence as a necessary condition of their work. Therapists in this study were consistent in noting how various contextual factors of the basic therapeutic situation and the fact of being a trainee under supervision all tie into their experience of presence. For example, NTP4 (MU6) reports:

> Like the way we're trained. I feel like that in itself keeps my mind busy enough to try to understand. Again, comparing it to a class situation, I think in the class, you don't need to immediately provide feedback, or immediately be in the moment with someone, you kind of just sit back and your mind can wander. But in a session, I am aware that it's just the client and myself, the two of us. I think that helps. [*Interviewer: That there's an expectation or responsibility to be responsive, to be engaged]*.Yeah. And I think that just naturally makes it easier. I don't see it as a negative pressure that I'm feeling, but it just facilitates it more easily…

NTP2 (MU21) notes a similar experience of a novice therapist experiencing an inherent pressure to be present in session with a client:

> *Interviewer: That must be hard to deal with? [speaking about moments in which the client stops talking and there seems like nothing more to say]*. Sometimes, yes. It's like the pressure is on…Yeah, a little bit. That's maybe the reverse of what I was talking about, the eye gaze now being on me. So, the client is like "I'm done now with my experience, now it's on you." [*Interviewer: Now it's on you, and now it's your responsibility to do something.]* Right. And sometimes I say something simple, but if I say something simple, then the client doesn't go back down. So, if I'm like "Oh, yeah, that must be hard." That's obviously a very simple statement. But if it's not present, it's not what; if it's not a true empathic reflection, then the client kind of just sits there and waits for me to say something about what she said.

Novice therapists feel a degree of pressure associated with the natural demands of therapy (and possibly the client's covert expectations of their therapist, as well as with being watched by the supervisor [see NTP1, MU15]), that the therapist 'should' say or do something 'therapeutic' at certain junctures. The therapist is expected to be ready to respond effectively when it is time to respond. Sitting face to face

with the client affords little space for the therapist to run or hide – quite literally, the therapist has an 'appointment' from moment-to-moment and is expected to be on time. The pressure associated with this responsibility helps keep the therapist's mind well oriented to the therapy session. Interestingly, therapists report how this sharpness of mind is often lacking when their role switches from therapist to observer. For example, NTP4 (MU15) states that when observing a therapy session from behind a one-way mirror (with her colleague as the therapist) there is minimal pressure for her to be responsive to the events of the observed session. As such, she is 'off the hook' and therefore feels less pressure to be engaged and connected to what is occurring compared to when she is sitting across from her own client.

Novice therapists in this study also described presence not just in terms of an objective or environmental responsibility (as in meeting a role expectation), but in terms of an intrinsic need that they felt as a therapist. This presence-need is signified 'as achieved or not' by a feeling of fulfillment/satisfaction or deficiency/dissatisfaction according to the quality of presence in a given session. NTP3 (MU9) notes:

> When I left that session [*in which she frequently felt distracted*] that was one of the first things I brought up in supervision, was that I didn't feel present, and my supervision team knew something was different. It was quite noticeable that it wasn't really, there wasn't a lot of depth. It was an unmet need in terms of it felt unsatisfying, I knew something I had missed, something wasn't sitting right with me afterwards.

A session of relative non-presence left NTP3 feeling quite dissatisfied and unsettled, like she missed something important in her work, something that hinged on her 'not really being there'. Conversely, NTP3 describes a positive experience following a session of good presence characterized by a sense of satisfaction and authenticity (NTP3, MU28, 40]. Similarly, NTP5 reports strong personal satisfaction derived from feeling present that is not just pleasing to her personal ego per se, but reaches a global sense

of satisfaction in her work as a therapist. And further, NTP4 relates that being present with her client gives her a sense of relief and pleasure that may very well have therapeutic effects for herself as therapist in the light of how busy her mind usually is in everyday life.

Constituent 2: The novice therapist is closely aligned with a primary zone of the interaction (PZI). Novice therapists describe being closely connected to what is occurring in the therapeutic interaction, demarcated as a kind of primary zone of experience. In this primary zone, the client's expressions generally assume a figural and relevant position in the therapist's awareness, while most other matters (e.g., personal thoughts, the presence of the supervision team behind the one-way mirror) are relegated to a background dimension. As NTP1 puts it, there is a sense of psychological proximity in the session, as in being "really here with the client, and not by the wall" and simply "just listening" to the client without engaging higher-order analysis about what the client is saying. The degree of tuning into the primary zone can be an exquisite experience, like "deciphering an important message in someone's whispering" (NTP5).

Embodied processes are noted to determine and mediate connection to the PZI. First, the physical proximity of sitting across from the client in a face-to-face encounter contributes a level of vividness and dimensionality to the concrete physical details related to the client's expressions, in contrast to watching video recordings or live observation behind a one-way mirror. As NTP4 (MU16) puts it:

> Literally seeing, with my own eyes, I think that's a huge part for sure. Well, thinking of when I'm on the other side of the mirror, watching my friend do her session, I can only see this part of the client's face, so I can't really see the client's facial expressions. I can't really see what she's doing with her eyes. I only see a bit. It's almost less interesting because of that. I hear what she's saying, but it's almost two-dimensional ... Whereas with my own client, there's just so much more to see. You're trying to pick

up on the cues and stuff. [*I: It's more alive.]* More alive, yeah. I was going to say rewarding, which sounds kind of weird, maybe, but more alive …

Body posture and movement were also noted to be important variables for good alignment. Generally, stability and comfort of upper and lower extremities is maintained over time. NTP2 (MU35) illustrates this point nicely:

> *[I: Have you had times where you felt like you had to re-adjust, or your body just feels kind of out of place?]* The only time I thought about it is, "God, I'm comfortable". So, I tend to feel; but I've thought about it because it is a very 'relaxed-and-back' position, and when I first started working with my client, I didn't know how the client would take this position, because it's not a completely mirroring of the client. The client is this [*demonstrates a more rigid posture*]. So, it's like I'm ready and this, but I thought about it and it's more important for me to be relaxed so I can concentrate on the present and also - the client's case is anxiety, so I'm not surprised that the client is like this, ready to run. The client doesn't even take her coat off, she keeps it on all session… I may be showing the client a different way to be, just like being relaxed and sitting there in a different position.

What stands out is the finding that the therapist's own body facilitates good contact with the therapy process as a whole. Further, with respect to the style of body posture, therapists reported different preferences, so long as the body position afforded comfort and stability. For example, as noted above, NTP2 sits in a "relaxed and back position" and places her hands gently together in her lap (stated later in the interview) to establish a sense of overall stability in the room, whereas NTP4 prefers to sit with a "forward lean" because to her leaning back feels too passive. So, beyond personal idiosyncrasies, achieving a level of comfort and stability appears to be imperative. And when a threshold of sufficient comfort is established (as NTP2 expresses above), for instance when the therapist reaches a state of being

'settled into the room' after a few minutes of beginning a session (see NTP4, MU20), the body is welcome to fade to the background and drop out of the therapist's awareness. Fidgeting behaviours tend to bring the body back into focus and thus can slightly detract from the fullness of the therapist's alignment in the primary zone. NTP4 (MU20) briefly describes how she caught herself playing with her necklace:

> I don't know what I did. I feel like half of my mind was like, "Oh, you're playing with your necklace," and the other half was like, "Listen to your client. Pay attention." I probably just kept doing it. It's like, "Huh," and I moved on.

In general, the novice therapists described keeping their body movements to a minimum as a way of optimizing perceptual contact with the client. And yet, at the same time, the therapist's body is constantly operative and responding to changing conditions of the therapy interaction. NTP5 (MU25) noted that she spontaneously shifts her body position to access a mode of engagement in relation to the client's experience. For example, she leans back when openly listening to the client's narrative, but leans forward as the narrative reaches something emotionally poignant in the client's experience. Therapists use eye contact to grasp the emotional experiences or subtle emotional changes in clients' experience; this involves holding a consistent gaze directed toward client, with frequent but not constant moments of eye contact with the client (see NTP2, MU17; NTP5, MU25).

Connection to the PZI also inherently consists of temporal aspects. For example, the novice therapist tracks the rising and falling away of various stimuli that make up the process of therapy. NTP1 states that her tracking of the client is expressed through nodding and verbal minimal encourager that she performs naturally. As NTP4 (MU21) notes, this eventually leads into a rhythm or synchrony with the pattern of meanings emanating from the client's experience:

> If I have to give a metaphor for it, I feel like at the start of the session, I'm either a little ahead of the client or the client is a little ahead of me. At some point, we line up and

> are going at the same pace. And I find as it goes on, it flows better and things feel; I think of how they call MI (*motivational interviewing)* a dance or something. It feels more like that. Connected, like there's the back and forth then it's just like ... Yeah. [*Interviewer: That can take a little bit of time to get into that rhythm.]* I feel like the first five minutes we're getting our bearings and checking in and a bunch of things are coming up. I think that happens the most when there's a topic we're sticking with and exploring together, and if that might come up right after a little bit in each session.

Here, synchrony in the dyad strengthens with time as the session unfolds. The novice therapist notes how the session usually starts off with a set of themes arising, which initially present only superficially or indeterminately and require both the therapist and client to become mutually oriented to. This pre-synchrony period can lead to the therapist feeling at first to be 'out of step' with the client, as in being behind, ahead, or oriented in some other direction from the way the client is orienting to the world. Alignment is achieved through synchronization in the dyad in relation to the pattern of meanings being addressed in the session, and this synchrony gives a "seamless" quality to the interaction (NTP3). Synchrony also involves the therapist's ability to adjust to the tempo of the client, or the rate in which the client generates meanings relative to the therapist's natural ability to grasp and respond to those meanings. As such, the therapist can synchronize to the client's pace by gently pausing the interaction to ask for clarification as needed to recalibrate with the client (NTP5, MU9).

Further, alignment in the PZI tends to involve a reduction in self-conscious thinking, which can be felt by the novice therapist as an altered state of consciousness compared to the usual mental activity of everyday life. NTP3 (MU29) states:

> It's so interesting because I feel like I'm, just even getting out of that session *[marked by high presence]* was like almost coming out of a dream, in a way. Maybe some of this will sound pretty corny. But it felt like I came back to myself and had to sort of;

> back to supervision…It's almost paradoxical, because it's like I'm so here right now in the moment that I'm not even here. So, it had that kind of paradox quality. I wasn't; my sense of self wasn't really there. I'm thinking of it now, and I wasn't being self-conscious. I wasn't thinking "What am I doing? How do I look? What should I say? Am I saying the right things? Should I focus on that?" There was just none of that. I kind of forgot I was there. Yeah, it's kind of strange but it almost felt like I came back to, after you know, once we sort of wrapped up. Back to thinking about that and reflecting. But I felt like I really sort of lost myself. [*Interviewer: Just kind of dissolved.]* Yeah, that merging or disappearing or whatever. Like the words are coming for me but it has really nothing to do with; essentially, I was just really like a mirror.

NTP3 relates that she felt a shift in her usual mode of consciousness during a session in which she felt highly present. And she notes a paradox here with respect to her sense of self: on the one hand, she felt highly and spontaneously immersed in the experience (being truly there), yet on the other hand was a conspicuous absence of self-consciousness. Other participants noted that their ability to be spontaneously involved in the therapeutic interaction was contingent on their level of familiarity with a particular therapy framework (see NTP2, MU41; NTP3, MU31). That is, tight alignment applies not only to *listening* to the client (sensing, receiving) but to physically *responding* to the client (motoric action, doing) in accordance with an underlying approach to therapy. NTP3 noted how she felt most spontaneous and well-connected to what was happening when operating from an experiential therapy modality with which she was familiar, had an affinity for, and which suited her client's presentation. This allowed NTP3 to work cohesively over time and minimized the time needed in session to step back and think about what was unfolding and what procedures she should use to intervene.

Constituent 3. Duration of dwelling in PZI together with heightened salience of the moment affords deeper contact with the client's world (intersubjective depth, intimacy). This constituent reflects the inherent relational dimension of therapeutic presence, indicated most basically by novice therapists reports of their ability to be fully present leading to or allowing for greater openness and depth in the connection with the client. The inner experience of the client is consistently part of the therapist's own awareness or intentional consciousness, meaning that the therapist is oriented to and meshed with the inner life of the client. As such, therapy is described by the present novice therapist as an intimate experience that goes beyond 'small talk' of regular life (NTP4, MU22). The relational dimension of presence can manifest in simple yet significant ways. NTP2 (MU16-18) notes how staying connected with the subjectivity of the client seems like the 'most important part' of therapy, and she describes how this connection is expressed and facilitated interpersonally through the simplicity of co-ordinated eye contact.

> The client sometimes does it after she's looked inwards. And it's like, she'll say something, the client is staying there, her eyes are a little bit lower, and she's trying to think of her situation, or something, and then you know, I reflect back to the client what she had just said. And sometimes it comes off like *[the participant demonstrates the behaviour looking up to make eye contact with client]*, it's like I'm seeing her. And so, the client comes back up, and she's like "Yeah, it's like that". And then the client goes back down, back into what she's experiencing again. And then that cycle repeats. *[Interview: She comes up so; she's reflecting and saying things about her experience - when she's looking down, is it that you gave an empathic reflection as well? Sorry, is that what you were saying? And then she comes up, you said something, and then she sort of looks up to -]* Acknowledge. And then connection of like, "Oh, yeah you've heard me." Right. And it doesn't happen every time. It

> doesn't happen every single time, but it does happen like throughout the session where the client will come up, and she and I will connect and then the client will go back down. And the client will be in it and describing different situations and the whole time I am sitting like this, a little bit slouched, but relaxed, and looking at the client the whole time, looking at her face the whole time. And so as soon as she connects with me, I gaze and connect with her. It seems to be like the most important part. That's why it doesn't make me uncomfortable, because it's like soon as the client connects eyes with me, it's like "That meant a lot to me". And then the client goes back away. And the client is doing her thing. So, the client is talking, but like also doing her thing in her head, and then it's like, "Oh yeah back". And then it's like, doing her thing again. Because without that, it would be, if the client turned up and I wasn't there – I have experienced it also on the other end, where I turned up to someone after I've said - you know, we connected, and if the other person is not there, it's like, "Are you there?" Even though I said something that I feel like - yeah, eye contact is so important, it's like that icing on the connection.

We see here both the basic way in which the therapist sustains good contact with the client, in part through sitting in her preferred body posture (a slightly slouched, relaxed position) with constant eye gaze in the direction of the client as we noted above in constituent 2. What is emphasized here is the way in which the therapists gaze ensures that she consistently holds as figural in awareness the series of modes and content of the client's expressions. This is not a passive mode of observation or blank staring, but a responsive participation in the intersubjective play of events, a *seeing* and *meeting* of the client in tandem with the client's pattern of experiencing. Again, we see how constituent 2 and 3 work together as the cyclical pattern of eye contact facilitates the experience of 'directly seeing each other' and therefore instantiates and reinforces the intersubjective bond in the dyad. This intersubjectivity can also

'catch' and 'hold' the client to prevent slipping away from the flow of their own experience, and on some level encourages the client to continue speaking from their experience, however inchoate it may be.

Therapists also describe a pattern of shifting from superficial to deeper levels of relating *over time,* within a session and across multiple sessions. Regarding the latter, presence may be easier to attain interpersonally after the therapist has developed a deeper understanding of the client's psychological life and the nuanced patterns of their interaction. NTP2 (MU30) states:

> Over the sessions it's flown better, the more present I have been because I understand the client more. And it's like, I know what to expect, especially with those "I'm done" situations *[i.e., when the client stops talking]*. The first time that happened I was a little bit more drawn back. Now when it happens, I know how to manage it. And it's like I know that I'll say something simple and it's okay and we'll get back into it. I have more faith in the process and so those things that would maybe at the first time they came up with me, with the client's surprising interpersonal differences, it washed away because we're more connected, our alliance is better.

NTP2 feels that recent sessions with her client have been flowing more smoothly, perhaps in part because she now can anticipate and efficiently handle what were previously considered awkward stymied moments of silence. The therapist has developed some degree of faith in the basic process of therapy and has established a good connection with the client over time. NTP4 (MU21) describes a similar sense of relational presence improving across time, in terms of the session 'flowing better' and increased interpersonal synchrony, proximity and depth of contact with the client's inner world. NTP1 (MU41) was pleasantly surprised to realize this dimension of her experience:

> Last session, last week, I felt inside of myself, like inside of my body, that feeling that one gets in the chest [*pointing to her chest*]... like right before one is about to

> cry. And I don't know if it was that the client was crying, or when the client was telling me a story that was emotional, and just that like, that true empathy feeling. I went "wow". I didn't know that I could feel this connected. It felt like "we're here". But a lot of the time, rather than here like we're more surface than depth. So, in that sense, yes, I felt more connected last week. It was weird. It was this weird like, "Oh my gosh it's tugging at my heart strings". Weird in a good way though. Like when a parent is with an infant, or a child, and the child is crying. You go "Aw, poor baby". You notice in yourself, you kind of mirror and then convert, or whatever it is. So, I think I noticed my physical sensation like mirroring a little bit.

The client allowed herself to become vulnerable in the eyes of NTP1, and NTP1 was ready to receive what the client revealed at the appropriate level of depth and emotional tone. Let me now provide a juxtaposition of experiences of non-presence and presence within which a novice therapist first struggles and then later is able to be fully aligned with the client's experience. NTP3 (MU5-7) first reports difficulties with being present which we will soon discuss in more detail under constituent 5:

> I noticed I was slightly aware while the session was happening that I wasn't there. I kept feeling myself get pulled away or thinking about my own stuff. And it was like almost the process happening of trying to stay focused, where it's intentional or when it takes work to focus back, to keep focusing. I think that energy that I spent just trying to stay focused really took away from deepening, because it was just hard enough to pay attention…. I think that's really important like "sinking in". And it fits on both sides. I'm unable to sink in, like deepen with the client because he's not sunken...Well, what I'm trying to say is that when I'm present I think sinking in resonates with me experientially. Because I feel when I'm present I'm sinking into my chair almost, like I'm relaxed, and then I'm able to sink into the client, deepen with the client. Yes. It was

a pretty shallow session. The client was all over the place, and I didn't help as much as I could have to focus.

During this session characterized by relative non-presence, NTP3 was aware of how her attention frequently gravitating toward her own unresolved personal conflict that exists outside the therapy room. She needed to continually and intentionally exert herself in a process of returning her attention on what was occurring with the client. This was difficult to do and sapped mental energy that might have been used to slow down and deepen the interaction, instead of 'letting too many things go by' (see NTP3, MU8). Later in the course of therapy, NTP3 established greater presence with her client and this period was marked by a strong intersubjective connection, spontaneous and responsive attunement to the client's expressions (like a 'sheet blowing in the wind'), and a significant absence of self-referential thinking. NTP3 (MU25-26) states:

> I just entered into this world; completely forgot; like I wasn't even part of the equation. *[Interviewer: You just kind of disappeared?]*…I just really felt like I was experiencing the client, like in myself. I was there and the client was, it's unfolding for the client and I can like feel it happening to my self, in a way. I'm feeling the sadness and the pain. *[Interviewer: It's like a merging, kind of?]*. Yeah, or like - it's like I became sort of like – I'm trying to think of a good metaphor. You know when there's like sheets hanging up in the outside laundry in the wind, and when it's really calm the sheets are just chilling out, not moving. But then when the wind comes and blows it, and if there's a storm it's going all over the place, I just felt like I was a sheet there. A sheet in the wind. My client is the wind. I was just kind of moving with the client, like I could feel her pain and then was able to sort of reflect that back. I was feeling her sadness and was able to… I wasn't thinking, wasn't in my head …I completely turned off; it became, it's like a deeper intuition almost that turns on. And

> it's like you don't really need to be in your head thinking "What should I say next?" I can tell that I was most present in this session because I don't think even once I was like "um, uh, so what you're saying is, uh." *[expressing a sense of hesitation, vagueness of mind]*

We see here that during periods of good presence, there is a possibility of facilitating synchrony in the interaction (i.e. the therapist grasping the client's expressed meanings as they unfurl) and of opening into deeper levels of contact with the client.

Constituent 4. Certain conditions draw the therapist firmly to the PZI during the session, as in 'centripetal forces of presence'. Novice therapists described various thoughts, feelings, contextual qualities, and attitudes that *draw them toward* the immediate moment with the client. Thus, these conditions function in a centripetal ("center/presence seeking") manner. Two kinds of factors are distinguished: those that sustain or *stabilize* the therapist's orientation toward the PZI, and those that strengthen, heighten, or *energize* alignment.

Stabilizing factors are conditions of the novice therapist that promote consistency and resilience to their engagement in the PZI. Examples of such conditions are states of interest, calmness/safety, and friendliness.[12] With respect to being interested in what is happening in the room, NTP2 (MU45) states that she remains attentive and 'wakeful', unlike regular life where she is prone to slip into states of disinterest and drowsiness in the environment:

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[12] There is some degree of overlap between this constituent and Constituent 2. The area of difference is that Constituent 2 primarily involves being well-aligned in the PZI, with embodied stability as a key condition, while this constituent emphasises therapist conditions that promote further stabilization and energizing of that alignment.

> I thought I would have a problem with getting drowsy, but I'm so present that I don't even yawn. [*Interviewer: Not feeling drowsy]* Not at all. Now it's like fully - I think it's because I like it. And when I like something ... I find when I don't like something or I'm not interested in it, then I get drowsy, and I get drowsy easier than the average person I would say.

In addition to this basic alert-and-interested state, therapists also described possessing a subjective atmosphere characterized by minimal judgmental thinking, whether directed toward the client (e.g., disapproving views of the clients, disliking the client), retroflected toward themselves as therapist (e.g., self-criticism), or projected on to the client (e.g., fearing the client will reject an empathic response that the therapist offers; see NTP1, MU30). This attitude of low judgment seems to foster a degree of fearlessness in the therapist, a courage to open up to the moment squarely and honestly. Along the same lines, NTP5 (MU33) states that as a therapist she adheres resolutely to what she refers to as a "no judgmental rule", a general principle that protects her from entertaining negative judgments about herself and the client, and concomitantly keeps her mind centered on immediate circumstances:

> There's something about not entertaining ... I have no tolerance for entertaining negative thoughts about myself during the session, like my performance. I will review that later. It's almost like a rule that I go in with… This is not the place. There is somebody here. That's a principal that I bring with me. Yeah, if something's not working; and I have been very fortunate that I have a very receptive client and everything's worked. Let's say that's just an evaluation to change course. That's an evaluation to say, "They're not quite getting anything out of this." It's not a, "I screwed up there." That would be more presentation *[i.e., giving an academic presentation*]. In a presentation, I will allow that voice to be there. With a client, again, that person being there…

The therapist also can find ways to maintain their own affective equilibrium, or to soften internal pressures that arise during the interaction. NTP2 (MU40-41) describes how she uses her body pre-consciously to soothe herself (e.g., feeling her hands placed gently together in lap) to foster an inner sense of security while engaging with the client:

> *[Talking about her tendency to have her hands gently touching in her lap during therapy]* Also in therapy, my own therapist notes, "Oh, it's like after you said, you were talking about your anxiety or talking about this or that, you came back and you did that to yourself." And maybe I do that when I'm in a situation where it's a little bit more centered around me. Like some sort - not anxiety - because it's just a little more pressure or stress, because I wouldn't say I have anxiety in the session [*as therapist*], that wouldn't be right, that wouldn't be fitting to use that word, but it would just be in any stressful situation it's almost like a little hug for myself. [*Interviewer: Little hug, it's soothing or comfortable on some level, and just feels good. And that may be a subtle kind of background way, or something?]* Right, yeah. And again, that would be a position that would be comfortable for me, so that I could be there with the client, for my client. In some ways, like especially, again, if there was a situation for example like a stressful situation where the client is looking at me, looking at what to say, and I had no idea. It's like that would in my mind be like a little bit of stress, like "Okay, what do I got to say now, right?" And this is, again I said that *hug* but it's like, okay, but it maybe an unconscious thing of like…Keeping me present. So that "You're okay" kind of thing. That's what people in general like, the compression is like an anxiety or stress reducing - but yeah this is …It's stress reducing.

Further, complementary to each of the previously noted stabilizing qualities (interest, non-judgment, and inner security) that foster presence, therapists operate from an attitudinal mode of *friendliness* and caring regard toward the client, which includes being easily contented with the client and the therapy process (see NTP1, MU4). For example, NTP3 (MU14) felt a sense of 'fondness' for her second client, with whom she felt quite present, yet lacked this quality with her first client, in relation to whom she tended to struggle to be engaged.

Next to explicate are energizing conditions. These conditions operate in a centripetal manner not so much in terms of stabilization per se, but by way of heightening or sharpening the therapist's overall alignment with what is happening in the therapy process. Such factors include strong curiosity of possibilities, recognizing the intrinsic importance of the moment, and deep compassion for the client.

First, curiosity keeps the novice therapist's attention fixed on what is occurring in the encounter (NTP4, MU6; NTP1, MU24). Even when things seem flat in the interaction, the therapist can hold fast to a kind of faith or feel for a *realm of possibility* that is within grasp; that is, even when the client's narrative seems superficial or insignificant in light of what the therapist already knows about the client, the therapist can remain open to the potential meaning in the client's experience that is somewhat hidden or not yet explicitly manifest. When NTP1 (MU25) found her client repeating an old story, she was able to stay well-engaged to the moment thanks to her curiosity: "Okay, there's something here, there's something here; there might be patterns and reasons…". Primed with this mode of curiosity (and an underlying faith in possibilities of meaning), the therapist is drawn closely in touch with the flow of events, with an open mind toward and willingness to explore anything new that might present itself. Curiosity also seems to aid the therapist's engagement by obviating moments of feeling stuck in confusion about what the client means, in that the curious therapist is ready to ask for clarification as needed or, if confusion sets in, at least continue being curious instead of becoming bogged down or irritated by lack of clarity (NTP4, MU14). At a fundamental level, the therapist's curiosity reflects a

desire in their work, a movement toward grasping or seeing the specific and concrete aspects of the client's life, reflected in how things are manifesting in the session: as NTP3 (MU20) puts it, "I am trying to understand really what that piece is about. What is that? What is that guilt about? Like what is it? Where is it? What is it about?"

A second centripetal condition involves the therapist's sense of truly valuing the client and the moment with the client, such that the therapy encounter is granted status at *a high level of priority* to the therapist. NTP5 (MU11) states:

> I genuinely care about the client's experience and want to get it. I really want to get it. That involves listening on all levels. I really want to make sure I get it. If someone was telling you that you were about to die and they said, "I'm going to tell you once, the order of what you need to do to stay alive." You're like, "This is really important. I better really listen to what this person is saying, they're only saying it once." There's valuable information here. Your attention is on them. You care. It's important information. You value it. I have that with this client.

Being closely aligned in the interaction is thus energized by a genuine feeling that "*this is important*" (see also NTP1, MU49; NTP4, MU13). Taken a bit further, it follows that for the therapist there is literally no other place to be in the world than fully engaged *right now* with the client's experience. Presence is sharpened to the extent that the therapist can truly cherish the time with the client. Emotionally poignant moments are particularly likely to evoke this sense of importance and attract the therapist's attention (NTP5, MU5).

Finally, the novice therapist's ability to stay closely aligned in the interaction is heightened by an affective stance of deep care and compassion toward the client. Some therapists report a strong physical resonance in recognition of the client's suffering (1MU41, 55), often in response to the client's rich emotional experience. NTP1 (MU41) describes how her client eventually allowed herself to become

vulnerable emotionally and how this elicited in NTP1 a strong subjective/bodily feeling compassion (described variously as "a true empathy feeling", 'pre-crying sensation" and "tugging at my heart strings"). NTP1 compared this experience to the way a mother soothes an infant through containing the infant's distress, and consequently she was surprised about how deeply connected she felt the client in that moment.

Constituent 5. There is a background dimension to experience (an 'extraneous zone') comprised of conditions that threaten to steal away presence. The novice therapist indicates that they face a set of conditions that challenge, attenuate, or otherwise interfere with the fullness of their presence in the therapy interaction. Such factors vary in kind and degree as outlined in this section, and they are problematic insofar as they block or distort the therapist's engagement in the primary zone of the therapy process. For simplicity, I will organize these factors ('thieves of presence') according to the therapy process, the therapist, and the client, but with the understanding that there is much interrelation between these divisions.

For the novice therapist working with their first or second client, the newness of the therapy process is inherently quite challenging. For example, the therapist faces a constant influx of verbal and nonverbal impressions from the client (NTP4, MU17), as well as sensing a demand to respond or intervene in some way with no mastery for doing so. NTP4 (MU2-3) notes the following:

> Broadly, I find that the sessions where I go in with a task at the back of my mind, like something I've talked about with my supervisor that we should do; I find that thought will creep in more frequently. Like, "Oh, I should try to ..." Like, "Oh, am I going to do this thought record? Will there be time?" That might come up sometimes. Whereas the sessions where I have gone in and been like, "Let's just see what happens", I find it's easier to be present, because I'm going with the flow without this agenda that feels like I should try to stick to. I find it just ... I don't want to say

> distracted, because I don't think it'll completely take away my presence. But it's almost like my presence has been compartmentalized. I would say that there's a big part of me that still tries to be present, but then there's another part that's poking in, being like, "Don't forget this." It would make it a little harder, but it wouldn't be badgering the entire session. It would just pop out maybe...

Here, the therapist describes having had a conversation with her supervisor that precipitated a mindset that she carried into her next session, related to a goal of employing a certain therapy task (a thought record) with the client. This goal remained tucked away in the periphery of her awareness throughout the session but manifested periodically in consciousness as the task was left unfulfilled; these reminders to complete the agenda task created a subtle division in the therapist's experience (feeling somewhat "compartmentalized"), whereas in other sessions without holding a pre-set agenda she has tended to feel more open to what is unfolding with the client.

Therapists also reported challenges in presence related to moments of feeling *stymied* in the interaction. These are described as moments in which the dyad ostensibly run into a dead-end with no clear direction forward, as if nothing remains to be said (NTP5, MU2; NTP3, MU35; NTP2, MU24). In this scenario, there is a stark sense of decreased synchrony and increased separation (as if pushed to the fringes) of the primary zone of the interaction. Therapists may feel confused about how to proceed with the client, and the client likewise seems temporarily derailed from their flow of experience with no meaningful path forward. The hesitation and uncertainty can evoke symptoms of anxiety in the therapist in the form of self-doubt and self-consciousness.

These stymied moments seem to occur at the limits of the novice therapist's skill level. The therapist perceives the client and/or supervision team as expecting a response that is not immediately available to the therapist. As such, the novice therapist faces a risk of failing to perform adequately (i.e. to respond in some appropriate way), or does fail in a minor way if the response falls flat. The upshot of this mode

of heightened self-consciousness is that it takes up space in the intersubjective field and creates a wedge between therapist and client; in other words, the sense of 'being stymied' and all the accompanying thoughts and feelings become objects of the therapist's consciousness blocking alignment in the PZI. Interestingly, NTP3 (MU12) reports a pattern of gradual reduction of self-conscious processing correlated with increasing experience across therapy sessions. She noted that her first sessions of therapy triggered fairly high levels of self-doubt and uncertainty (and thus anxiety) just before a session began, but through increasing exposure to more and more sessions of therapy she began to feel more familiar with the whole process (it was becoming "demystified") and her level of pre-session anxiety greatly reduced, allowing her to feel somewhat more relaxed and present in session.

Client factors may also interrupt the presence of the novice therapist. Therapists reported certain characteristics that were challenging to work with and generally hampered the quality of their presence. For example, NTP3 (MU44) found it difficult to engage with a hyper-cognitive client:

> So, with the previous client I felt always slightly behind. I think my reflections were on point, it's just that, when you're trying, thinking "what do I say now, how do I reflect", there's almost like, you're behind…And that makes sense. There's a lot of narrative information that I'm trying to put together and synthesize into meaning, so definitely takes more time. And yeah, maybe I'm really talking about two sorts of media, in a way, one is cognitive information more and the other is emotional data.

The narrative of this client presented to the therapist as a busy network of logical and pre-constructed ideas, the meaning of which required time for the therapist to grasp and synthesize into her own consciousness. The time taken to intellectually grasp the client's meaning created distance between what has been said and what is currently being said (thus, feeling slightly behind). This therapist later described her experience like watching a "speeding train pass by". Although the therapist's empathy was generally accurate with the client, she consistently struggled to keep up with him because she needed to

take time to think about how to respond, and thus felt a lack of synchrony in their interaction. In addition, experiential avoidance (guardedness) was another general client factor that therapists cited in terms of hindering their own presence. Avoidance begets interpersonal separation and superficiality in the encounter, closing off opportunities to explore experience (NTP1, MU18; NTP2, MU46; NTP3, MU14-15).

Finally, there are many conditions within the novice therapist themselves that directly bear on the quality of their presence in session. For example, some therapists described a reluctance to interrupt the client even when it seemed most appropriate to do so, passively listening to the client while secretly wishing to interject in some way to slow down the interaction and improve co-alignment (to be 'on the same page'; see NTP1, MU7). In addition, the therapist must keep in check their inner world of thoughts that can potentially crop up and interfere with their engagement in the PZI. For example, therapists enact modes of reflection when considering what the client is saying and to determine whether it is appropriate to respond and, if so, what to say (NTP1, MU46; NTP2, MU27). In these moments of reflection, the therapist's awareness is temporarily turned inward and, therefore, partially turned away from the client's expressions. The therapist must be cautious during this inward turn to not become stuck generating and communicating reflections. Interestingly, NTP2 (MU32) indicated that developing greater understanding of her client over time has resulted in more efficient mental processing (of reflections) and less spaces in the flow the interaction. An important point here is that, no matter the form of thought that arises, it requires the therapist to efficiently process it so that it does not overextend its stay in consciousness. Holding a fixed thought in mind during the interaction is more likely than not to become a trap for the therapist (or at the minimum, to be extraneous or irrelevant to what is happening). NTP1 offers a good example: during her first session with a client, she privately held on to and became preoccupied by something she wanted to communicate to the client while the client was talking at length, and eventually the topic shifted so that what NTP1 was thinking became irrelevant.

Other reasons the therapist can lose their alignment in the interaction is when their mind has the tendency to drift into states of boredom or disinterest (as in 'checking out'; NTP1, MU52), fantasies of unresolved personal problems (NTP2, MU3), states of anxiety, and hyper-intellectualizing ('stuck in one's head'). As noted, states of acute self-consciousness are particularly notable for pulling the novice therapist away from the PZI. NTP5 (MU17, 23-24) offers the following comments on becoming pulled away or separated from the moment after receiving a compliment from her client:

> It's like I'm having a reaction that's about myself. It's not about the client. What happens inside me is not about the client and helping her. It's a reaction about me. Like the compliment, that feels good. It makes me feel awkward too. "Don't make this about me. This therapy is about you."… It throws me off. Definitely. I'm still present but there's something that I'm not sharing with the client. It's not as transparent. I don't know if presence, does presence really mean showing all of you? Maybe it's natural to have parts that you hold. Yeah. I was aware of that at that moment, which took my attention away from the client...

This novice therapist points out how a compliment from the client quickly evoked a strong sense of her personal self; the therapist's sense of self, at a more personal level, became figural to her and the client. The compliment felt both pleasant and awkward. The awkwardness is reflected in the fact that the therapist felt "thrown off" and internally divided due a shift in attention toward her personal self, which she perceived as inappropriate in the therapy context, a context in which it is normal for the client's personhood to be salient while the therapist's own interests and problems are generally put out of play and kept hidden from the client. In the example above, the client's compliment exposed a personal side to the novice therapist and she felt 'caught' or 'seen' in a place where she should not be, and overall this lead to a deviation from full presence. Similarly, other therapists in this study noted how self-consciousness (and the anxiety naturally associated with it) is easily evoked in moments of performance-

related expectation, like feeling in the "spotlight" or "on the spot" in the eyes of the client or supervision team watching the session (see NTP1M, U47-48). As noted earlier, the period of silence after the client finishes speaking can be especially difficult. NTP2 (MU21) notes the following:

> That's maybe the reverse of what I was talking about, the eye gaze now being on me. So, the client just is like "I'm done now with my experience, now it's on you." …And sometimes I'll say something simple, but if I say something simple then the client doesn't go back down [*does not continue processing their experience*]. So, if I'm like "Oh, yeah, that must be hard." That's obviously a very simple statement. But if it's not present, it's not what; if it's not a true empathic reflection, then the client kind of just sits there and waits for me to say something about what she said.

Constituent 6. The therapist naturally oscillates through the session between states of relative presence and non-presence. Therapists in this study consistently reported experiencing lapses out of modes of relative presence toward the background extraneous zone and thus relative non-presence. The general pattern can be described as a sense of losing touch with the PZI ("checking out"), a concomitant state of partial presence or relative non-presence (being divided, blocked, or just not "really there"), and movement back toward and into the primary zone (re-alignment, checking in, or return to home base). This pattern is ongoing and suggests a manner of oscillation in the experience of therapeutic presence.

Oscillation toward relative non-presence means that there is movement of the therapist's intentionality away from the central position of presence (the primary zone) toward an extraneous zone (as described in Constituent 2). This movement can vary in duration and magnitude. As noted earlier, the therapist can be pulled by potential sources of interference such as self-doubting, inner reflections, self-consciousness, etc. For example, NTP1 (MU13) reports on the transient deviation from presence caused by a lapse into boredom:

> And, it's interesting, because these moments I feel are really fleeting. Like when I say that I feel it, it was two seconds, I literally mean two seconds. So, brief boredom. And then I kind of check out a little bit. Checked out, like "Why are we talking about this?" And then, "Okay, I'm going to come back". I don't really know what is the process from getting bored to – I don't' know if I'm articulating it or really even know what that process is.

NTP1 states here that lapses into boredom during the session are typically quite fleeting, only seconds of wavering awareness that detract from more direct engagement with her client ("checking out"). NTP1 states that there is a point of recognizing her lapse of awareness before somehow effectively, albeit unwittingly, bringing it back to focus ("coming back"). Other participants similarly described lapses as brief events (see NTP5, MU3; NTP2, MU14), adding up to only seconds of objective time in the span of a 50-minute session. Likewise, the magnitude of the oscillation itself does not have to be drastic but can be only a "gradient of a difference" (NTP5, MU8), or "partial presence", a subtle shift in awareness that never amounts to total absence (that is, some degree of presence is felt to be preserved). As noted earlier, NTP4 (MU3) notes how she lost a degree of presence when preoccupied by the idea of implementing a therapy task:

> I find it just ... I don't want to say distracted, because I don't think it'll completely take away my presence, but it's almost like my presence has been compartmentalized. I would say that there's a big part of me that still tries to be present, but then there's another part that's poking in, being like, "Don't forget this." It would make it a little harder, but it wouldn't be badgering the entire session.

However, even if not a major disruption, it is possible that even small oscillations, if frequent enough in the session, can directly impact the therapist's processing of events in therapy, in that frequent 'coming

and going' in the encounter can result in a net-loss of possible meanings grasped by the therapist (see NTP2, MU8; NTP3, MU5).

Also interesting to note is how oscillations appear to be contingent on certain dynamics in the therapy situation. For example, NTP5 (MU10) highlights how the beginning of the session involves an implicit task of 'settling into the room':

> It's sometimes in the beginning, like right when we're warming up, it'll waiver a little. Sorry, you said a moment where we're really present – I'm talking about being less [present] … In the beginning, I will be a little more aware of thoughts. The odd time; yesterday I had it for the first time since maybe my first or second session, where I thought about [*inaudible*] and my cohort watching me through the window. I actually thought about that and thought about my chair or whatever. There was that moment. I was like, "I wish I had pushed the chair back a bit". That was taking away from presence. [*Interviewer: This was when you first got into the room and were sitting down and settling in?]* Yeah. Then, presence after that picks up pretty quick…

For NTP5, the outset of a session is often characterized by a wavering of presence, which over time settles down. In a similar way, *establishing empathy* over time appears to mediate the therapist's oscillation in presence. For example, NTP2 related that developing a fuller understanding of her client over the course of several sessions has helped her stay connected in the encounter during 'pause moments' (when it is her turn to respond meaningfully), which previously have felt stymied and awkward. In other words, familiarity with patterns of the client's experience (having a mental map or path) improved the efficiency of NTP2's responding and allowed her to retain presence in the process of responding to the client.

When there has been movement away from presence and into a state of relative non-presence, therapists can be prone to "feigning presence" or creating an illusion of presence; that is, relate to the

client in a way that seems more present than is the case to compensate for lack of presence. NTP5 (MU4) states:

> I was still, probably to the client, seemingly present. Still eye contact directed toward the client, nodding. But I was in my mind. I didn't have that glazed over look. However, I didn't have a mirror so maybe I did. Sometimes people are looking at you and you're like, "You're so not there." I think I knew enough to give the client that while I was processing. You know, some people, when they're processing they actually need to go into it and it's very actively… It's enough to keep the client going. It's enough to keep with the story. Actually, I do trust that if something important, like there was a flag that happened in that moment, I would still catch it. I'm quite cognizant. I can meta-cognate pretty well, that I would catch that.

Here, the therapist indicates that when turned inward to process her own thoughts she continues to sustain some degree of awareness of the client's expressions and demonstrates certain presence behaviours (nodding, eye contact) to maintain very basic contact and tracking of the narrative, and possibly with enough awareness preserved to catch important happenings should they arise. Similarly, the therapist might feign presence to save face in the encounter. NTP4 (MU23) states:

> I remember being like, "Shit, she's saying…" Then I can hear it in a tape when I listen back, because [*crosstalk*] some reflection and it was not very accurate and I just tried to piece together; and looking back I'm like, "I probably could have just asked her to," like, "Sorry, can you just tell me again. I just want to make sure I understand." I was like, "Cover it up. Cover it up. Don't let her know I wasn't listening." That was the moment I was like, "What just happened." It wasn't fitting in, nor was it genuine. It was like, "Oh, sounds like this. Sounds like this is how you're feeling." I could tell, could even feel. I heard the client telling the story and

> was like, "This is the story I was [*crosstalk*]. Okay, now I can finally hear what she was saying." I knew the moment was approaching and was like, "Oh yeah, that's when I lost presence."

In this period of interaction, NTP4 was markedly withdrawn from the client and found herself in a mode of feigned presence to conceal from the client her lapse of attention (evidently to protect the client from knowing they were partially ignored and possibly to protect the therapist herself from the potential embarrassment or judgment around not paying attention). Importantly, also indicated in the above quotation is the sense of feeling off track and the natural striving to re-align to a primary zone of interaction (as in 'getting back into things'). These modes of feigned presence hold two implications: (1) it is performed in such a way that the client shows no clear indication of knowing that the therapist has partially withdrawn from the encounter (to the extent that this is true, the lapse is largely uncommunicated), and (2) the therapist is only superficially engaged with the interaction during a lapse and therefore hears only the bare content of the client's narrative without receiving any nuances in the client's expressions.

Finally, presence and the oscillation between relative states of presence are experienced by the novice therapist not as unique to therapy per se, but as a natural and dynamic potential of being human that happens to be basic to their work as therapists. NTP5 (MU14) highlights the simplicity of sustaining presence by comparing it to the yoga pose of *shavasana*, in which practitioners lie flat on their backs in complete stillness, which many people find to be a deceptively challenging position to hold. NTP4 (MU27) notes feeling surprised and relieved with how easy it has been to establish presence as a therapist:

> I was surprised. I thought it would be harder to maintain presence, but I think I'm feeling relieved that it's not so hard. Again, I have only had one client. With others, who knows, or with other things happening in my life, who knows. But, I feel better

> about it than I thought I would... One thing I thought I would often be thinking about how my supervisor and the other students are on the other side of the mirror. And people were like, "As time goes on it'll get easier and you won't think about it as much." I feel like I never really think about it. That's surprising and that's nice. It hasn't been a thing really, is so surprising. Because when I've been observed doing neuropsychological assessments behind a mirror, I'm nervous. "Someone's watching, oh my God," But for whatever reason in these sessions, I don't feel nervous about it, and I don't feel aware ... I'm not even aware of it. I don't think about it.

NTP4 was anticipating feeling more self-conscious and distracted by the observational dimension of the therapy setting (being observed by a supervisor through a one-way mirror), which is the way she has felt in another clinical setting that involved conducted a neuropsychological assessment. For NTP4, the mirror in the therapy room is merely a low-level background dimension that generally does not evoke nervousness. Implicit in her degree of comfort is a healthy relationship with her therapy supervisor, which for NTP4 is likely perceived as more supportive than critical or hostile.

The naturalness of being present in session also relates to the compatibility of therapist and guiding therapy approach. NTP3 (MU32) notes:

> And obviously like I have had the most exposure to EFT, so it could be my comfort level with that. The client seems really well-suited for it and it just all emerged naturally. And yeah, so maybe that's why, I don't know. It's like it doesn't require, it didn't require any sort of deliberation, it's coming all very natural to me. Whereas, you know, I'm thinking now, like exact same client, if I had been told to go in there and do CBT or something, which I'm not exactly comfortable with or still learning a lot about, I probably wouldn't be so present because I would be pretty self-

> conscious, like "Am I doing this right? What do I do now? What do I say? How do I do this thought record? I don't really know. "… It's just, when I don't have to think about it, when it feels natural, one is doing something naturally, one doesn't have to think about it, like riding a bike. It's like, that's energy you're not using there. And it gives you energy to listen more intently and to follow, to really explore…

NTP3 indicates that following a therapy modality matching her level of training and her client's disposition helps her engage in the therapy process with more efficiency and more energy in the primary zone of interaction, and consequently less deviation into extraneous territory (e.g., self-conscious thoughts, coping with states of confusion, etc.).

Constituent 7. The therapist uses various methods to recalibrate to a position of good alignment with the primary zone. Maintenance of presence involves work. As noted above in previous constituents, the therapist will move between states of relative presence and non-presence. To cope with deviations from full presence, the therapist performs subtle actions to manage consciousness to 'come back' and 'stay' in close contact with the primary flow of events. These calibration methods can be proximal in nature (rapid, in-the-moment actions) or more distal (pre-emptive, pre-session).

One kind of proximal method is related to the handling of ephemeral thoughts that are potentially disruptive to the therapist during the session and require some effort to process. NTP2 (MU12) notes how she tends to manage these kinds of thoughts:

> So, it's almost like a low-level thought. As soon as I; if I disengage from those other activities, those three other activities I just described [*empathizing with client; expressing that empathy; conceptualizing],* and using that technique that I said, like maybe mentally writing it down or realizing, "Oh, that's not for right now". It may not even be an important thought. Maybe I can hear the person behind the two-way

> mirror, that's not important right now. Like, what did my client just say? … It's like, if it's important, then I have to mentally write it down and take a second, maybe even a millisecond to mentally write it down in my head and put it into to the remember pile and then re-engage. And if it's not important, then I just sweep it and then go on. And then I'm back to where me and the client were a second ago. But it's not the hardest thing and, you know, as we even know working with clients, if I say, "Don't think of that", then it will keep coming up. You know what I mean? It's like, if I don't deal with it, if it's important, then it will keep intruding.

To preserve good alignment in the interaction and minimize the degree of movement out of the PZI, the novice therapist efficiently process thoughts that arise in her consciousness. This processing itself is predicated on some form of implicit logic: a) recognizing that a thought has arisen, b) judging the relevancy of the thought in relation to the therapy environment ("Is this important?"), and c) handling the thought according to its relevance (if unimportant, 'sweep it away'; if important, file it away in some memory store outside the light of awareness for future processing). These logical steps ultimately usher the thought out of consciousness and frees up the therapist's awareness. One can imagine that should a problem arise at any step (e.g., being uncertain of the immediate relevance of a thought and, thus, whether it should lead to some action), the thought will likely continue to "intrude" consciousness.

NTP4 (MU10) shares a similar experience, but pointing to a more automatic processing of extraneous thoughts:

> I think what floats through my mind is this thought of, "Well, there's nothing you can do about it now, so just listen to the client." Realizing that, okay, it's (*the thought of implementing a though record)* at the back of my mind, but I'm not going to whip out the thought record mid-sentence when it's totally irrelevant. Just try to go with the flow. I don't think I had all these thoughts, but it's kind of that; in a quick, like,

> "This thought is not doing you any good right now. Just listen to the client." [*Interviewer: Some kind of rapid decision of, "Do I do something with this or do I not?" Then choosing, "Okay, no,"... Something like that.]* Yeah, exactly. That rapid decision of, like "Well, I'm not going to do it now, so why think about it now?" That kind of thing.

Again, what is emphasized here is the gentle brushing aside of a thought held to be more obstructive than constructive to the immediate interaction, allowing the therapist to remain in a position of "just listening to the client". For NTP4, as noted above, the determination of the thought as unproductive seems to be a spontaneous decision outside of explicit rational consideration and generated from a rapidly-generated sense of the thought as offering no value to what is happening; that is, sensing that the thought is somehow unfitting or otherwise unfruitful to the immediate circumstances. This holds also for thoughts that *previously were fruitful but then expired*. For example, NTP1 notes that listening to her client involves a balance between receiving an influx of information and letting go of the information as the client's narrative changes over time. This is because the series of meanings of the narrative continually recede further and further into the past (e.g., what was expressed 10 seconds ago, 30 seconds ago, 1 minute ago, 5 minutes ago, 30 minutes ago, etc.), and yet the therapist's consciousness has been accumulating a series of meanings in the form of thoughts, ideas, or other impressions over time, which can present to consciousness in the form of a lingering impression. The trace of this impression may be relevant and useful for the therapist in the primary zone of the encounter, and thus not an interference to presence, but it also may not be in light of changing circumstances. In this latter scenario, the thought-impression will feel disjointed in the updated field of experience.

A second proximal way novice therapists recalibrate to the primary zone involves side-stepping self-consciousness when activated, which is commonly felt by the novice therapist to be an unwanted visitor in the room (see NTP5, MU18; NTP2, MU3-4). In such moments, the therapist's own self has become

a salient object of consciousness with concomitant anxiety and a heightened sense of separation from the client; with a portion of awareness turned inward and thus away from the client. Therapists report getting untangled from this position, so to speak, by simply deliberately shifting their focus back to the client's subjective experience and making 'the client' thematic to consciousness once again. This shift in awareness helps tighten the intersubjective space as the therapist re-invests their awareness back into the activity of empathizing with the client.

A final proximal method entails modulating the tempo of the interaction. For therapist's in this study, tempo-modulation was noted to involve slowing down rather than speeding up the client's mode of experiencing to attain better alignment (although speeding up a slow client might be advantageous too). NTP3 relates that her client's fast-tempo narrative style is like trying to watch a speeding train pass by, and she discovered that it was helpful to slow down the pace of interaction (NTP3, MU20):

> I think that's definitely part of it. It's like slow down so that we can unpack that a little more. Because I'm trying to understand really what that piece is about. What is that? What is that guilt about? Like what is it? Where is it? What is it about?

NTP3's strategy of slowing down her client's narrative is partly in the service of her curiosity to know the client's experience, to grasp all the concrete and specific aspects, which requires keeping up with the rate at which these aspects are being expressed by the client. Thus, slowing things down establishes a parallel tempo in the dyad (a good ratio, so to speak, of client-expression-to-therapist-grasping) that helps optimize intersubjective contact and therapist's ability to truly feel 'right there' with what is occurring, like being "on the same beat or rhythm as the client" (NTP3, MU43).

The novice therapist also utilizes more distal (extra-sessional) methods at ensuring good presence in the therapy interaction. Distal methods are behaviours the therapist engages in *prior to the session* that seem to set in motion conditions that come to foster presence in the actual encounter with the client. For example, minutes or even seconds before a session the therapist might take a moment to arrange the

position of the two chairs in a way that feels slightly more comfortable and intimate, or make a minor adjustment to the clock so that it remains within their line of sight during the session and circumvents any uncertainty of the time during the session (NTP1, MU63; NTP4, MU31). These seemingly trivial events show the therapist's efforts of 'aligning' objects in the room in relation to their self and the client, with a sense that this alignment can have small but positive effects in the therapy session. To say more, NTP4 noted that the orientation of the chairs sometimes feels too far apart and confrontational (face-to-face), and that adjusting the chairs closer together happened to correspond to a session marked by a more intimate connection with her client. Regarding the clock, NTP1 recognized that checking the time is an important albeit subtle task of a therapist, and that it must be performed in a manner that is sensitive to the flow of the interaction. With the clock in sight, the therapist can swiftly check the time (when needed) without any disturbance in presence to speak about. With that said, therapists in this study acknowledged that there are clearly inappropriate times to check the time, for instance when the client enters a vulnerable emotional state, given that doing so, even briefly, marks a temporary shift in focus away from the client in a moment when therapist presence is at a premium. Even something as seemingly unrelated as pre-emptively placing a straw in a cup that she is drinking from (see NTP5, MU32) or using the washroom prior to the session (NTP1, MU62) can help the novice therapist maintain consistent engagement with the client during the session by obviating any unnecessary distractions that might otherwise arise (e.g., missing eye contact by sipping from a can of soda; discomfort of needing to use the toilet).

Additionally, the therapist can engage in certain pre-session practices that function to bolster mental clarity. One example is getting a good start to one's day to initiate a process that benefits subsequent presence. NTP4 (MU30) deliberately exercises the day before to benefit sleep and reduce pent up stress, and then awakes early to allow extra time for getting ready and eating breakfast, all of which contribute to good mental health going into a session. She acknowledges that these practices are sustainable for her

considering that she holds a simple caseload of one client. In a similar vein of achieving mental clarity, NTP3 and NTP1 note how they often use calm breathing just moments before a session to achieve a level of readiness to listen to the client (3MU10, 11; 1MU66).

Finally, extra-sessional efforts to improve the therapist's calibration with the PZI can include personal reflection and supervision more or less related to the topic of presence. NTP4 noted that reviewing her work privately and in supervision has taught her valuable lessons about the misfortune of missing even brief durations of the flow of therapy, and how a relative loss of presence can feel aversive (e.g., the awkwardness and inauthenticity of trying to cover it up or cope with lack of presence). Her supervisor also reassured her that it is acceptable to let go of thoughts, even if related to a therapy procedure, if the thought is obstructing the therapist's engagement with the client.

Discussion

This study investigated the phenomenon of therapeutic presence from the vantage point of novice therapists early in their clinical training. Although existential-humanistic philosophy and therapies have long recognized the centrality of presence to the human condition and to the therapeutic situation (Bugental, 1987; May, 1983; Schneider & Krug, 2009; Yalom, 1980), empirical research on this topic has only recently emerged in psychotherapy process research (Colosimo & Pos, 2012; Geller, Greenberg, & Watson, 2010; Hayes & Vinca, 2010; Pos, Geller, & Oghene, 2011). As such, the purpose of this project was to gain a deeper appreciation for this phenomenon and to do so using a descriptive phenomenological research method (Giorgi, 1985, 2009), a systematic approach that helps clarify the inner workings of a phenomenon. This is an important initiative at this young stage of research. Further, the fact that participants were embedded in a learning context (i.e., novice phase) added a level of complexity to this study as well established principles on task performance can vary across levels of skill development (Anderson, 1990; Dreyfus & Dreyfus, 1980).

Brief review of methods

The five participants involved in this study were recruited from a clinical psychology graduate program. Each participant was enrolled in a mandatory psychotherapy practicum course that offered an opportunity to work with their first client. The practicum course taught a common-factors approach to therapy, emphasising the evidenced-based, non-specific principles of effective practice (e.g., empathy, strong therapeutic relationship) as opposed to manualized treatments (e.g., CBT protocol for depression). Participants volunteered to be interviewed by me (the primary investigator) about their lived experience of being present during their early therapy sessions. The interview was meant to elicit and explore their *lifeworld experience*; that is, the concrete and specific events the participants lived through while being present with the client. Interviews were recorded and transcribed, and the transcriptions were analyzed using the descriptive phenomenological

approach laid out by Giorgi (2009). The overarching aim of this research approach, therefore, was to discover and to articulate the invariant psychological structure of novice therapists experience and provision of presence.

Summary of findings: The constituents of presence

The general psychological structure articulated in this project consists of seven relatively distinct but interrelated constituents: (1) the novice therapist faces an unshakable responsibility to be present when interacting with the client; (2) presence means that the novice therapist is closely aligned with a primary zone of the interaction (or PZI); (3) dwelling in the PZI affords deeper contact with the client; (4) certain conditions helps stabilize and sharpen alignment in the PZI, functioning like 'centripetal forces of presence'; (5) a background 'extraneous zone' surrounds the therapeutic interaction and threatens to steal away presence; (6) the novice therapist oscillates between states of relative presence and non-presence throughout the session; (7) and, to sustain presence, the therapist uses various methods of recalibration to a maintain good alignment with the PZI.

Again, each of these constituents are held to be essential to the general structure of the phenomenon, such that removing any one of them would compromise the integrity of the structure. Put differently, removal of any of the constituents, I argue, would result in a removal of something critical to the nature and function of the phenomenon in the experience of novice therapists in this study. Let us conduct an exercise in free imaginative variation to demonstrate and test the invariant nature of what was found. This exercise will be done in an integrative fashion (moving freely between constituents, comparing them, etc.) rather going through the constituents one-by-one. Note that imaginative variation was part of the methodology all along during the analysis and write up of the results section, but will be employed again here to sharpen the contours of the phenomenon. Further, and as noted previously in the methods section, imaginative variation is a procedure that phenomenologists like Husserl will use to tease apart essential (primary) from non-essential (secondary) aspects of

some object of interest, which leads to further clarification of what it essentially is. Zahavi (2003, pp. 38-39) explains further:

> This variation must be understood as a kind of conceptual analysis where we attempt to imagine the object as being different from how it currently is. Sooner or later this imaginative variation will lead us to certain properties that cannot by varied, that is, changed and transgressed, without making the object cease to be the kind of object it is. The variation consequently allows us to distinguish between the accidental properties of the object, that is, the properties that could have been different, and its essential properties, that is, the invariant structures that make the object into the type of object that it is.

Having the responsibility to be *closely aligned with the primary zone of the therapeutic situation* (PZI) can be thought of as the quintessence of therapist presence. It is what all other constituents point back to. The novice therapist takes on as their responsibility as therapist to be connected and openly engaged in the flow of events - thoughts, feelings, images, sensations, wishes, and various other modes of experience emanating from the client's expressions and from the therapist's own subjectivity and embodied processes as they engage with the client. In other words, presence is about contacting all manner of experience in the here-and-now that comprises the therapeutic process, and this contact is considered by the novice therapist to be fundamental and necessary for effective therapy. Minimal presence in the clinical situation is an uncomfortable, negative experience noted by novice therapists suggesting their wish to be present always with their clients. Non-presence is tantamount to no contact with the client's experience and, thus, no opportunity to engage in any process of change associated with effective therapy. Although the idea of 'no presence' is somewhat absurd (and may apply only if the therapist physically leaves the room, or drifts into a deep sleep, which can happen), the status of presence as a central responsibility in the experience of the therapist is easy to see. This status as a central

responsibility manifests psychologically to the therapist in many forms, for instance as a welcomed pressure to listen carefully to the client or a sense of intrinsic satisfaction after completing a session marked by good presence (as in a natural reinforcement for 'a job well done').

It follows from novice therapists' experiences of being non-present and present, that the therapist is present to myriad things that present to their consciousness during the therapeutic situation. However, novice therapists implicitly make the important distinction of connecting to a 'primary zone' of interaction (PZI) therein. The PZI can be thought of as a region of relevance in relation to the client's experience and overall clinical situation. Novice therapists note that being in attuned contact with the PZI includes being temporally aligned with the client (not too far behind or ahead of where the client is at), cognitively aligned (grasping the network of implied or explicit meanings as they are being articulated or reflected upon), and affectively aligned (sensing emotional tones). What this means is that it is not the case that *anything whatsoever* that presents to the therapist's consciousness is relevant for the immediate situation with the client – novice therapists' daydreams about eating lunch, their private reflections on a personal problem, their persistent bodily discomfort, and other active modes of their intentionality may be 'online' for the novice therapist, and yet, may be considered completely outside the PZI. The residence of non-PZI experience points therefore to a potential/secondary 'extraneous zone' surrounding the therapeutic situation. The primary and extraneous zones of experience are opposing dimensions of experience for the novice therapist, as in a dynamic figure-ground relation.

Therapeutic presence would not be difficult to achieve for the novice therapist if not for this opposing extraneous zone. In fact, novice therapists often define presence against moments of non-presence just as a circle exists only in contrast to its background. Being fully engaged, focused, and alert signifies that there is a kind of figural strength, or call to the novice therapist to see the PZI as the primary figure of their attention (a call to be in good alignment with the whole immediate situation). Novice therapists

note that this alignment is weakened to the extent that the therapist loses touch with the primary zone of the interaction, which can occur in two general ways: 1) a weakening of the figural strength in the PZI to draw in their attention due to lack of value or interest (as in 'fading away' because of drowsiness or boredom) and 2) increased salience of something in the extraneous zone that draws the novice therapist's attention away from the PZI (e.g., therapist thinking of a recent argument with a colleague). Again, when noticed by the novice therapist, these deviations are unwelcome disturbances in the therapy process. As such, the novice therapist employs strategies to correct their experienced deviation from the PZI and to re-calibrate to a position of good alignment, making the PZI more clearly figural to their attention once again. It follows that efforts of managing deviations from the PZI (finding *ways of returning to good contact with the PZI*) are also necessary for presence because without them the therapist would lose intentional contact once and for all after any unintentional or slight lapse of awareness turned them away from experiencing the PZI. In other words, where there is a lapse of awareness and a subsequent return, there must be an intermediary mode to manage that movement of leaving the PZI. Management of these deviations therefore also necessarily defines presence partly as what holds together and negotiates the tension between therapists' experienced contact with either the primary and extraneous zones of interaction for the purposes of reconnecting to the PZI.

It also follows that deviations of presence from the PZI during a session can vary in terms of duration and magnitude. In order for presence to be maintained the duration of any deviation must always be temporary (experienced by the novice therapist as in a 'lapse' of awareness lasting milliseconds to seconds). The magnitude of a deviation may be more severe (e.g., subtle dimming of awareness to completely missing a portion of the client's narrative, which can evoke embarrassment for the therapist if detected by the client).

I have noted in the results that sustaining good alignment with the primary zone (and protecting against deviations) involves a number of therapist and client factors. Psychological stability or equilibrium in the form of calmness, equanimity, and physical comfort helps. Opposing qualities (e.g., agitation, restlessness) weaken the manner in which the primary zone is held figural in awareness (the 'concentration' on the primary zone). It was noted that sustaining good alignment with the PZI can also be optimized by heightening the value of the primary zone itself – for example, by cherishing the moment with the client, by activating a genuine and strong desire to see the deeper life of the client, by having a heartfelt/loving regard toward the suffering and humanity of the client, and by remaining open to more and more possibilities of experience, etc. Having such conditions of mind or attitudes in play, the therapist maintains their attraction to moments of the therapy process by seeing the wealth and beauty inherent to the PZI, leaving nothing more to be desired than more connection to the PZI. Seeing this inherent value clearly attracts the therapist's awareness, for if it was a completely desolate landscape with no meaning in sight, no hope for construction of meaning, and no compassionate regard toward the client, there would be nothing motivating the therapist to hold on to or be gripped by. The extraneous zone would then be a welcomed siren song pulling the novice therapists' attention. Also note that achieving deeper acquaintance with what is occurring in the therapeutic situation, and staying there over time, begins to engender richer contact with the inner life of the client. This intersubjective dimension of presence is characterized by a deepening in the interaction, a movement from more superficial 'small talk' to a 'sinking into' experience.

Global consideration of validity in relation to selected methodology and subject matter

Midway through this project I came to recognize an interesting relationship between my selected subject matter (therapist presence) and selected methodology (phenomenology), primarily with respect to validity and epistemology. I will comment here briefly on this relationship. Regarding therapist presence, we can think of the therapist as a kind of researcher always working who

strives to know the reality of that client (the object or phenomenon to-be-understood); that is, the therapist aims to acquire valid knowledge of their client. And in this quest to 'know the client', presence would appear to operate as a key method and apparatus. This proposition is demonstrated in the findings of the current study: presence entails good contact or alignment with what arises in a primary field of experience (the therapist remains open to the flow of events that present to consciousness), and staying aligned with this experience is a basic condition for *accessing and seeing* the various meanings that comprise this experience. It would follow that presence is a pre-condition for the provision of accurate empathy (grasping actual patterns in the life of the client), which is a form of communicated 'valid' understanding of another person's experience. A corollary of this is that presence makes it possible to provide a client with a corrective emotional experience (CEE: Alexander & French, 1946) because the present therapist can use their accurate grasping of the client to help that person feel validated (feeling 'truly seen') by way of expression of their empathy (e.g., "Yes, that's it exactly. You really got it.").

In the domain of science, as we know, validity commonly refers to a psychometric property of a measurement tool and not of a demonstrated process or an articulation of its precursors. Validity in this measurement sense is displaced outwardly into the world of technologies and has nothing to do with either the subjectivity or experience of the researcher of a phenomenon. This is because a measurement tool is considered valid to the extent that it accesses or 'gets at' some underlying a priori construct, while the researcher merely learns how to use the tool, how to read the dials or scales derived by the tool. Howerver, in the domain of phenomenology, validity has everything to do with the subjectivity (consciousness) of the researcher. This is because from the phenomenological point of view, the whole world presents to and is known only by consciousness of it, *the researcher's very own* consciousness. As such, phenomenologists like Husserl have developed methods that entail a disciplined use of consciousness (e.g., bracketing, the various reductions) as a means

of moving beyond a 'natural attitude' to gain insight into inner workings of the world (which otherwise remains concealed). And this disciplined use of consciousness clearly involves skilled presence on the part of the phenomenologist. Giorgi writes, "…the goal of phenomenology is to arrive at a structural understanding of specific and concrete experiences *by being fully and critically present* to situations where the desired experiences take place." (Giorgi, 2002, p. 9, italics added). I would like to argue that as such, presence therefore appears itself to be fundamental to phenomenology just as it is in psychotherapy. Without presence to a phenomenon there is no consciousness of that phenomena, and with no consciousness there can be no valid understanding of it.

Contribution to theory

The findings of the current project demonstrate similarities and differences with, as well as contribute added dimension to, various concepts in the extant psychological literature on presence. I will consider several concepts and theories here, revisiting some of the literature outlined in the introduction section, including a model of therapist presence reported by Geller (Geller & Greenberg, 2002; Geller & Greenberg, 2012), a different model of therapist presence reported by Bugental (1987), the gestalt theory of awareness, Husserl's philosophical theory of time (time-consciousness), the notion of intersubjective depth, and finally a consideration of skill performance.

Geller's model of therapeutic presence. As previously noted, Geller's model of therapeutic presence (Geller & Greenberg, 2002; Geller & Greenberg, 2012) is based on a qualitative study of expert therapists' reports on being present with clients. Results show three main categories and corresponding sub-categories. The first category is 'preparing the ground for presence' and includes the pre-session and in-life factors that expert therapists identify as setting the stage for being present during therapy. The second category relates to the 'process of presence' and involves mediating qualities of what expert therapists identified as their receptivity, inwardly attending, and contact. The third category is 'experiencing presence' and highlights the experiential qualities of presence that these experts reported,

namely experiences of feeling immersion, expansion, grounding, and being-with-and-for the client. Geller and colleagues (Geller, Greenberg, & Watson, 2010) eventually used the latter two categories (process and experience of presence) to devise the Therapeutic Presence Inventory (TPI) for clients (TPI-C) and therapists (TPI-T). Examples of items included in the TPI-T are "I felt alert and attuned to the nuances and subtleties of my client's experience", "I felt genuinely interested in my client's experience", "The interaction between my client and I felt flowing and rhythmic", and "I felt tired or bored [a reversely coded item indicating non-presence]."

Several patterns in Geller's model are reflected in the current project. For example, novice therapists describe the importance of engaging in certain 'extra-sessional' behaviours to optimize their in-session presence. They also described many of the mediating qualities of what expert therapists identified as being part of their presence experiences such as feeling grounded in the therapy room and feeling deeply connected with the client. These novices were attuned to the dynamic nature of presence such as being rhythmically connected with the tempo of the client. The similar findings demonstrate consistency (convergent evidence) of the phenomenon of therapeutic presence, in that reports of expert and novice-level therapists point to highly similar modes of experience. Thus, the structure of this phenomenon seems to hold regardless of the level of skill development. However, the different methodologies (i.e., grounded theory versus phenomenology) appear to have resulted in certain differences related to how the phenomenon was articulated. Some dimensions of presence noted in the current study were not evident in Geller's model. These included the inherent tension between a primary and background/extraneous zone of experience, the internal oscillations between states of relative presence and relative non-presence, the variety of ways in which therapists negotiate and mange deviations in states of relative non-presence (ways of 'returning'), and a set of energizing conditions that heighten presence (e.g., cherishing the moment, strong curiosity).

The fact that Geller looked at expert therapists whereas I looked at novice therapists does raise questions about presence in the context of therapist skill development. It remains unclear whether and to what extent expert therapists are more likely and capable of operating with greater presence compared to novice therapists, or whether the reverse is true. Findings of the current study provide evidence that novice therapists do experience presence in a highly similar fashion that we would expect from more advanced clinicians, however unique challenges are posed by their learning context, such as their anxiety over their performing new tasks and being observed by supervisors. Therefore several questions remain to be addressed concerning presence and stage of career. Do expert therapists maintain higher levels of presence and for longer durations in the session compared to novice therapists? Similarly, do novice therapists experience greater frequency and magnitude of fluctuations (oscillations) between states of relative presence and non-presence that would necessitate more internal work to re-calibrate good alignment? Are novice therapists at an advantage to be more present in certain respects, for instance because of heightened sense of responsibility and curiosity in the therapeutic situation associated with the novelty of the work and the fact that they are under direct supervision? Or are expert therapists at an advantage to be more present because they have learned experientially how to negotiate and strengthen presence through exposure to literally hundreds of therapeutic encounters? Future research has its work cut out for it.

Bugental's model of depths of presence. Bugental (1987) explicitly argued that presence is a cornerstone to the process of therapy, and he succinctly outlines presence as follows (p. 27):

> 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 goes on to argue that presence, as described above, is comprised of two basic dimensions – accessibility and expressiveness. On the one hand, accessibility means that by truly valuing what is happening in the moment, one remains openly sensitive and non-defensive to what is occurring, meaning that the present person is willing to be influenced by the other person. Expressivity, on the other hand, refers primarily to genuineness in the encounter and willingness to respond, engage, or not withhold oneself in an interaction. And as previously noted, Bugental also describes presence as ranging according to *levels of depth* that can differ in terms of their relative importance in the process of therapy. That is, he writes that certain levels of presence are of minor importance while others are of very high importance for therapy to become effective. The five levels of presences he discusses are: formal (keeping up a 'good front', objective); contact maintenance (slightly more engagement, but still some resistance or lack of opportunity to share feelings, values, wishes, etc.); standard (genuine conversation but limited personal involvement, not much inner conflict being expressed); critical occasions (excellent involvement, expression of rich subjective experience, minimal concern about self-image); and intimacy (maximum availability and expressiveness between two people, can result in strong emotional responses such as crying or laughing). Bugental argues that therapeutic change relies on reaching and sustaining contact at the critical level of communication, but he allows for some fluctuation among other levels depending on the situation and client's presentation. Again, his model suggests that presence moves up and down in terms of depth of involvement.

Bugental's model is largely consistent with the overall findings of the current project. Specifically, the notion of levels of depth of presence was reflected in the third constituent in this project: *Duration of dwelling in the PZI together with heightened salience of these present moments affords deeper contact with the client's world, allowing intersubjective depth or intimacy*. Note that novice therapists reported feeling less present during the therapeutic situation when the interaction felt 'superficial', which in some

cases was due to the client being overly-cognitive (outward-focused and image-concerned) and other cases because the session just began and the dyad had not yet had an opportunity to 'sink into' experience. Findings of this project did not include specific information about movement between multiple levels of depth per se, except in a very crude sense of shifting from 'superficial' to 'deeper' levels. Bugental's differentiation between various levels of presence therefore adds greater dimension to the third constituent of this study and shifts of this nature should be further studied.

Gestalt theory of awareness. Findings of the current study are also in many respects parallel to the conceptualization of human (organismic) awareness in Gestalt theory. According to Perls, Hefferline, and Goodman (1951), awareness is basically comprised of contacting the environment (orientation to what is occurring), sensing (physical sensations and mental imagery), excitement (affective energy), and gestalt formation (figure/ground organization). It follows that one's capacity to be present in the environment requires balanced functioning across these dimensions, whereas suboptimal awareness entails a breakdown within one or more of these dimensions. Optimal awareness is seen, for example, in periods of spontaneous concentration as opposed to deliberate or forced concentration. As noted by Perls et al. (1951, p. 55):

> In deliberate concentration we "pay" attention where we feel we "ought to", at the same time withholding attention from other needs or interests. In spontaneous concentration what we are attentive to attracts to itself and includes the full range of our present interests… Where the personality is divided with respect to a given situation, so that the part which attempts the task is confronted with a sabotaging resister, one's full power cannot flow freely to the object of attention, for part of it is already fixed on something else…His total energy is suffering a three-way division: part goes to the task, part goes to energizing the resister, and part goes to fighting the resister.

These observations are strikingly similar to reports of therapeutic presence disclosed by novice therapists in the current study. The idea of spontaneous concentration is very much akin to sustaining good alignment in the PZI, while deliberate or weakened concentration seems to signify 'thieves of presence' and movement into an extraneous zone of experience. Further, the very idea of a 'primary' and 'secondary' zone of experience has within itself a a complex figure-ground gestalt or quality which novice therapists noted they constantly need to negotiate throughout the session. Gestalt writers also note that for a gestalt to be unified and strong, the "…varied background must become progressively empty and unattractive (p. 56)". In the context of therapies, this equates to novice therapists reporting that to be totally immersed in the flow of events in the session, the therapist must sense that "this really matters" more than anything else (literally, in their whole world), dimming any attraction of forces not relevant for the therapeutic situation.

A related concept here is that of *psychic entropy*. In physics, entropy is a term that denotes the degree of disorder or seeming randomness of a physical system, a dispersion of matter that detracts from the availability of energy to do structured work. For example, a huge wildfire has significantly more entropy than a small, indoor electric fireplace considering the overall play of gasses, heat, and other materials interacting in the environment. The natural world has its own ways of managing entropy. However, with respect to energy of consciousness (psychic energy), entropy can become problematic because it stirs up disorganization within the self-system, which in turn triggers stress and, if poorly managed, diminishes effective functioning of the self in the environment. Therefore good control of psychic entropy is a hallmark of optimal states of consciousness and human functioning such as flow (Csikszentmihalyi, 1990), in which the person performs a task well, has the appropriate level of skill to perform the task, feels un-self-conscious about performing the task, and enjoys the process of doing so.

Applied to the phenomenon of therapist presence we can see how a therapist with low psychic entropy (consciousness functioning in good order, efficient) is by definition able to be well concentrated in

the therapeutic situation and unbothered by irrelevancies in the background zone of experience, allowing for maximal energy to be used toward engaging in the process of therapy. The stability of the therapist's body movements as well as mental activity provide for the ongoing realignments with the present moment. It also allows for easy maintenance of curiosity and valuing of the moment, all of which contribute to the therapist's optimal application of psychic energy in session to the task of therapy. Further, in theory, psychic entropy is a dynamic state of affairs that over time can increase or decrease depending on environmental changes and the individual's capacity to manage those changes. Along these lines, two patterns were shown in results of the current study: 1) as illustrated in constituent 6 and 7 of the general structure, therapists often faced minor deviations in presence during a session (increased entropy) and then performed micro adjustments in session (e.g., "sweeping away a thought") to re-gain focus in the primary zone (decreased entropy); and 2) some therapists characterized a whole session as 'a low presence session', suggesting that sometimes entropy may be relatively higher on average throughout a session because of some underlying difficulty for the therapist, such as an unresolved conflict with a loved one that pressed on awareness.

Phenomenological time and therapeutic presence. Husserl posited that time is constituted by consciousness through unified pulses of *retention-impression-protention*. He exemplifies these terms by using the simple example of what it is like to hear a melody: we hear one tone, then another, and another, with each new tonal impression presenting to consciousness, while consciousness continues to hold a sense of the preceding tones (retention, a trace of what was in modified form) as well as a subtle anticipation of new tones (protention). This ultimately allows us to hear 'a melody', as a whole, instead of discrete and unrelated sounds. Husserl therefore gives consciousness a synthetic function with respect to the flow of time. Further, the present moment is considered by Husserl not to be a closed-off point in time but an open horizon shaped by what has preceded and what is proceeding or carrying forward from experience.

In relation to the current project, this idea of the flow of time is demonstrated in the psychological experience of novice therapists through their engagement in the moment-to-moment-to-moment flow of interacting with the client. That is, the therapist stays connected to a stream of events, to the 'melody of experiential notes in the PZI', and stays connected to this ever-changing stream of events. In so doing the therapist experiences a smooth total synthesis in the interaction (i.e. therapist grasping a sense of what is occurring) and an interpersonal synchrony in the dyad.

Conversely, relative non-presence is reported phenomenologically by novice therapists as reflecting a breakdown in this synthesis (psychologically, not ontologically) characterized by obstructions, glitches, mismatch of events, or the feeling of being out of step with the client. It follows that therapeutic presence involves feeling in step with a sense of preceding and proceeding experience, the trailing behind and the leading ahead that is actually (but invisibly) constituted in the given instant. Therapists feel a pull in many directions ("What was the client just saying? " or "What is she getting at?") and the skill of the therapist involves *not* becoming swayed too much in either direction and by simply allowing consciousness to grasp these temporal aspects of experience as they naturally arise (as it naturally does when hearing a melody). Presence is not therefore described as a forced activity. And poor alignment in the primary zone of experience will make the therapist prone to 'missing' immediate impressions or 'notes' that arise, which means this missed information cannot be transmitted forward in the therapist's experience. The therapist will then feel 'out of touch' or unsynchronized with the client.

Furthermore, therapeutic presence is consistent with Husserl's idea of phenomenal time in so far as it is characterized by being in touch with an experiential sense of the possible 'something more', and, as a curiosity directed toward what this something more may actually become. This is experienced without rationalizing about it and by not being 'too far ahead' of the client. Like Husserl's notion of protention, the 'something-more' is not about engaging in future-oriented thinking, as in

predicting or planning, but instead is articulated as an intuitive feeling within the present instant directly tied to and emerging from what is presently unfolding. This I imagine is like watching a sunset or listening to jazz. In the therapeutic situation, there necessarily is a l*eading edge* of each moment (to borrow Gendlin's (1978) terminology), which can be felt by therapist and client. The therapist does not know precisely what the content will become, but rather maintains an open awareness or readiness to experience the possibilities for meaning as they unfold – in other words, the therapist is naïve to the future, while at the same time knows it will come and become something, and remains genuinely curious about what this something will be. Findings of the current study show that periods of relative non-presence are often associated with feeling stuck or stymied in the session, a frozen mode of consciousness in which *nothing else seems possible*. Feeling stymied is tantamount to a temporary impairment of seeing possibilities or sensing the leading edge of experience that actually is a dimension of the present moment.

Presence as intersubjective rendezvous. Missing mundane events in the world is hard enough, whether missing the bus, a doctor's appointment, a highway exit. Missing the opportunity to see life right before our eyes is much worse. As contemporary Buddhist teacher Thich Nhat Hanh emphasizes, "We have an appointment with life in the present moment. If we miss the present moment, we miss our appointment with life" (2012, p.77). In a spiritual/existential context, presence is literally a matter of potential life and death. In the context of therapy, the meaning of presence is no less dramatic (after all, presence is critical to the process). This awareness was communicated by the novice therapists' sense of responsibility to being present and how core they viewed that process to effective therapeutic work. And, importantly, the therapy appointment between therapist and client persists for the entirety of the session. Therapist and client satisfy the appointment time with each other not merely by being punctual, but by *really being there together*, being invested in the interaction and taking risks of opening up and exploring experience together, mutually present to

each other. This is consistent with novice therapists' descriptions of the interpersonal deepening of the intersubjective contact that presence affords over time.

The philosopher Martin Buber's (1970) writing on the two-fold attitude of humans, the I-Thou and the I-It, highlights a spiritual dimension of intersubjective encounter. For Buber, "all actual life is encounter" (p. 62), the quality of which depends on one of these two basic relational attitudes. I-Thou represents a genuine and profound human encounter whereas I-It represents a mere utilitarian encounter. It is difficult to speak of Buber's I-Thou relation by any means other than poetry, but what stands out from Buber's writing is a level of implied intimacy in which self-consciousness is quieted while the other person is seen, not in terms of specific features (i.e., hair colour, goals, quirks, etc.) but as a whole being standing in relation to one's own whole being. The challenge is to hold the I-Thou attitude of true dialogue with another being given that we easily turn away reflexively back into I-It modes of separation and what Buber calls 'monologue' with the world.

Findings of the current study show that therapists enter levels of intersubjective contact that may approximate the I—Thou relational attitude. One novice therapist described a period marked by dissolution of self-consciousness and used the metaphor of "a sheet blowing in the wind" to characterize her spontaneous relation with the client. Other participants described feeling deeply moved by the client, resonating strongly with the client's suffering, and genuinely enjoying being with the client. Similar findings of relational depth in therapy are reported by Cooper (2010) and Knox and Cooper (2010). An additional finding of the current project consistent with Buber's I-Thou stance is that therapist presence transcends personal preference and reflects an underlying obligation to listen to and meet the client. The therapist participates in communication with the client with an implicit *promise* to hear the client and engage in dialogue. Failure to do so is a breach of this promise and obligation to be there.

The following passage from philosopher Jean-Luc Nancy (1993, pp. 310-311) is from a dialogue between colleagues on the topic of communication. A colleague comments on an idea expressed by French writer and philosopher, Maurice Blanchot:

> Blanchot explains that it's precisely when you're speechless that you have to speak. "Il faut parler," he writes, "Parler sans pouvoir." When another human being approaches and you are face to face with him, you must speak: you're under an obligation. You're under an obligation to respond to him, answering the demand, which his nearness is, that you should hear him - hear him and thus let him speak; make it so he can; let him come up close and be there, speaking. But he *is* there, close by, speaking. His proximity is immediate - it's a given and indeed *the* given of this situation - and also it is remote, a stranger to the realm of possibility. Likewise speech. You must speak - in fact it is given you to do so - just as the power to speak departs from you." (pp. 310-311)

And further:

> You have to answer an utterance…that you have never heard and that you won't have heard until you've answered. For if you *have* to answer… it's so that what, or rather whom, you are obliged to answer might be heard. Thus you must speak without being able to - without knowing what the question is that you must answer or even if it is a question; you must answer without understanding for what or whom it is that you're accountable." (p. 311).

The therapist never has a full, absolute answer to the clinical encounter, to the unseen aspects of the client whom the therapist must address. In other words, there is a dimension of the client that is given in the moment but in the form of being elusive to the therapist. It follows that the therapist must listen and respond without knowing exactly where the client is (intersubjectively, the client is proximal and remote at the same moment), which means that presence entails being comfortable with a degree of uncertainty

in the intersubjective space while maintaining close contact in this space with the client. All the therapist can be is there, present, waiting to be addressed and ready to respond.

Comment on skill development and therapeutic presence. Anderson (1992) highlights several well-established principles of skilled performance and practice. Principles most relevant for therapeutic presence are that (a) practice makes performance more efficient and easier (less demands on attention, (b) practice allows a skill to grow in strength and interfere less with (or be interfered by) a concurrent task, and (c) over time, practice reduces the field of possible alternatives (and thus speeds up processing and decision making). Another related learning principle relates to proceduralization, of receiving declarative instructions (learning the rules and procedures of a task), applying these rules while performing the task, and eventually through much practice being able to skillfully perform a task without explicitly relying on the declarative rules. Findings of the current study show a variety of ways in which level of skill development may interact with therapist presence. Let us consider several examples.

NTP2 reported that early in therapy when she encountered situations involving a shift in focus from the client's expressions toward herself, requiring her to move from a position of active listener to empathic responder, she tended to feel frozen or interrupted (her empathic expression was inefficient and this inefficiency detracted from her sense of presence). However, after developing greater understanding of the client (more and more practice across sessions, and interacting with the same client), her engagement and empathic responses became more efficient and her overall presence more fluid, or at least less vulnerable during periods of empathic reflection.

Further, there is evidence in this study that clinical supervisors can impact the quality of a trainee's presence through instructions related to factors likely to help or hinder in-session presence. One participant (NTP4) recalled that she and her supervisor agreed that she ought try a new therapy task during her next session, but when the session arrived and the interaction unfolded, the idea of implementing the therapy task became a significant distraction for the therapist (whether this was due to

lack of confidence or lack of opportunity in the session remains unclear). However, when the therapist discussed this dilemma with the supervisor at their next meeting, the supervisor advised her that it is acceptable to let go of an agenda-thoughts if they become a source of distraction – a simple idea that the novice therapist could benefit from in subsequent sessions in a way that facilitated her presence.

In general, novice therapists may be prone to tension and uncertainty arising from task demands, for instance requiring more energy to detect process markers, more deliberate thinking about the 'right time' to begin a task and then again during actual performance of the task. Master therapists, from a learning perspective, in contrast, are more likely to operate efficiently and with less depletion of cognitive resources, reserving energy to be fully engaged in the primary zone of experience.

Implications for clinical training

Findings of the current study hold several implications with respect to clinical training for therapists at the novice level, and potentially for those at more advanced levels of skill development. First, findings bring to light the view that therapeutic presence is not an optional or theoretically bound aspect of the therapist's functioning in the clinical encounter, rather the therapist is fundamentally responsible to be present with the client given the basic conditions of the therapy context and the role of the therapist. Novice therapists in programs that emphasize humanistic and common factors to therapy, such as York University, are most likely well positioned to sense an obligation to be fully present with the client. And given the need to be present for effective therapy, their perception of the degree to which they meet this obligation likely determines in part their overall satisfaction with the work. Therefore, trainees who appear dissatisfied or discouraged in their work might benefit from consideration of the quality of their presence with their client and to identify any sources of resistance blocking them from the primary zone of experience. Clearing up resistances to presence may help deepen the therapist's satisfaction and effectiveness in the work.

In terms of heightening presence, findings of this study reveal a set of conditions that appear to function to elevate the salience of and attraction to the primary zone of experience. Examples include cultivating a sense of genuine curiosity, ability to cherish moments of interaction, a desire to know the life of the client in more depth and detail, capacity to sense the suffering of the client (compassion), and a general positive regard toward the client (akin to Rogers' unconditional positive regard). These factors ought to be viewed as therapist factors worthy of awareness and development, and perhaps as therapist presence is demonstrated over time to be essential to clients benefitting from therapy, these 'pro-presence' qualities might even be taken more seriously as part of the selection criteria for clinical psychology programs or other psychotherapy training programs. Briefly, one suggestion for cultivating these pro-presence conditions would be for clinical supervisors and students to experiment with existential themes such as death awareness and ultimate meaning as a way to sharpen the therapist's attention to the immediate therapy encounter and the client's needs within it. How is it that this individual came to see me at this very juncture of the world's history – what incalculable order of events needed to take place for this to happen? And how wonderful that I may be able to help this individual find a way forward? Am I aware of death, my death and the client's, and thus the importance of meeting the appointment of this very moment of life, as Thich Nhat Hanh suggests? Far from being morbid or lofty, priming this kind of real-world existential awareness holds great potential for stimulating the sense of inherent value of the moment when sitting face-to-face with the client, keeping the mind attracted to the primary zone of interaction.

In addition, the importance of the supervisory relationship must not be forgotten in clinical training as the security of this bond can be important for mitigating a novice therapist's anxiety or at least protect against adding undue anxiety that could weaken the therapist's presence with their client. Participants in this study reported generally feeling well supported by their clinical supervisor, but it is easy to imagine supervisory relationships that are strained and anxiety-laden. Since the supervisor is part of the

background or extraneous zone of the therapist's experience during the session, ideally the therapist should not have to expend much energy managing apprehensive thoughts and feelings stemming from a troubled supervisory relationship. The same logic holds for other personal relationships in the therapist's life. Again, being present is a matter of the whole therapist's life becoming highly organized and concentrated for the therapeutic hour, and it follows that significant personal disturbances may be difficult to 'shut off' during therapy and will threaten to steal away presence.

Finally, another implication will concern the novice therapist's ability to sit with equanimity of mind in the face of uncertainty, emotional discomfort, or other kinds of experiences that people usually like to wriggle out of, while being genuinely curious about the possibilities of experience. Participants in this study reported that the training program within which they are embedded teaches the importance of curiosity. However, certain junctures of therapy were noted to block the flow of therapy and result in the therapist feeling stymied in the interaction. Given that the client's expressions literally open to an endless horizon of their inner experience, extending deep into the present and unfolding forever forward, a helpful exercise on this front for the novice therapist may be to practice sitting in silence with co-therapists for extended periods, or alternatively, sitting across from co-therapists and taking turns gently sensing and describing moments of experience, however vague, keeping watch for moments that begin to feel 'stuck' and then persisting to sense and describe those moments without turning away. Such a practice may help increase the therapist's level of confidence and familiarity with 'just sitting there'. Similarly, more explicit attention of how a comfortable, stable embodied stance, likely unique to each therapist, can enhance presence could be considered in training as well.

Directions for future research

There are many recommendations I can suggest for future research on this topic, so I will explore several ideas here. First, researchers interested in studying therapeutic presence are advised to carefully consider their methodology given some of the elusive qualities of this phenomenon. For example, in a

previous paper (Colosimo & Pos, 2015) we noted that it would be constructive to conduct a rigorous observational analysis of how therapeutic presence is expressed behaviourally (and we completed such a study of this; see Colosimo, 2014). Despite obtaining some interesting findings, we did not fully account for the subtle deviations of presence that therapists in the current study acknowledged in their experience, mainly because these deviations are 'internal' events ranging from very brief lapses in presence to periods of successfully feigning presence to save face. Observational studies on this topic are still encouraged, especially as the topic of presence gains an empirical base, but the researcher must acknowledge and creatively account for such patterns intrinsic to presence. In this case, a combination of methods might be required, perhaps using both observational techniques and self-report measures that can account for less obvious aspects of therapeutic presence like feigning. Some measures of therapeutic presence such as the TPI scales (Geller, Greenberg, & Watson, 2010) are available for use, and new broader measures should also be designed to stimulate advances in research and add a greater range in the evaluation of presence. Measures such as this would likely benefit from taking into consideration some of the phenomenologically-informed findings of the current study.

I previously argued that presence is an antecedent condition of other common factors of effective therapy such as empathy (Geller, Pos, & Colosimo, 2012). Findings of the current study are consistent with this view and also suggest some interesting lines of future research. For instance, on the one hand, therapists reported that expressions of superficial empathy followed periods of deficient presence (i.e. responding to the client when only weakly aligned in the primary zone), and that they find themselves engaging in such superficial empathy as a way of protecting themselves and the client from revealing their relative absence or non-presence in these moments. This pattern suggests the hypothesis that presence mediates the quality of the therapist's empathic response. While there is some evidence that presence is an independent and unique factor to therapy outcome over and above empathy (Pos, Geller & Oghene, 2011), researchers have yet to examine the

degree to which presence mediates empathy. On the other hand, and interestingly, novice therapists in this project reported that their understanding of the client developed over time (over the course of a single session and across sessions) and that having a greater understanding of the client facilitated therapeutic presence. This suggests that the relationship between empathy and presence may be circular and synergistic. The logic here is as follows: understanding the patterns of the client's experience made for more efficient empathic responding over time, and this efficiency correlated with good alignment in the interaction. Future research is needed to investigate whether presence increases over time in a session (Cooper, 2010 shows some evidence of this trend) or across multiple sessions with the same client, and to what extent this may be precipitated and/or mediated by empathy. In addition, being aligned in the primary zone of experience means that the therapist is well aligned to the client, whose manner of expression is variable and requires the therapist to adjust alignment and, in a way, match the client's experience. Hypothetically, fast or significant changes in the experience of the client will pose greater demands on the therapist's ability to be well-aligned to that experience. It follows that behavioral measures of matching therapist to client may perhaps be important in such future research. Interestingly matching is a dimension captured by the Measure of Expressed Empathy (Watson & Prosser, 2002), which has been shown to predict emotional processing and therapeutic alliance (Malin & Pos, 2015). It may in fact be useful in future to parse the MEE in order to use some of its subscales as primary measures of presence that function to set the proper conditions for empathy.

Future research may also do well to explore the possibility of 'adaptive leaving' from the primary zone of the interaction with the client. That is, it is possible that not all forms of leaving behaviour have negative or maladaptive consequences. For instance, in certain moments of therapy the therapist may feel it necessary to turn awareness into their own resonate felt sense (a form of inwardly attending) to clarify the quality of their own experience and reactions, or perhaps they learn from their sense of leaving the primary zone something important about the client's personality functioning. Research should

consider whether there are a set of micro-contextual factors in session that determine at what moments the therapist can shift away from the primary zone adaptively (for example, certain kinds of silent moments may afford this kind of process) and what moments might be 'off-limits' in terms of leaving (an obvious example here would be client tearfulness). Observation analysis of sessions of highly present therapists (as rated by clients using the TPI-C) could be a fruitful method of examining in detail how therapists negotiate this 'time away' from the primary zone. Another potentially fruitful method here would be the Interpersonal Process Recall (IPR) procedure of asking therapists (or clients) to review video tapes of a recent session and to describe what was happening for them during moments of leaving (or perceptions of the therapist leaving).

Research may also be needed to examine personal attributes of both the therapist and client related to the therapist's ability to provide presence during the session. Findings of this project suggest important therapist presence-related traits that include, curiosity, compassion, interest, and calmness in the clinical interaction. These traits are reflected in early accounts of important common factors for effective practice (Grencavage & Norcross, 1990), supporting the notion that therapist presence has been smuggled into the common factor movement. We do not yet know whether some individuals are more predisposed than others to manifest pro-presence traits, meaning some may have to work harder to develop such abilities. Further research may also examine client presence-related traits such as fast-tempo talking style, experiential avoidance (depth of experiencing), and eye contact, to study the influence of such traits on the provision of therapist presence and vice versa.

Many other theoretical questions also remain to be addressed. What is the most parsimonious way to conceptualize the 'primary zone of experience'? This project has referred to the flow of events in therapy that is directly relevant to the horizon of the client's experience. This flow of course does not include a definite or a priori set of objects and as such makes any systematic observation of it difficult to quantify and operationally define. One option here would be to combine phenomenology with

methods in neuroscience. An example of such an approach includes the work of Ana Reuf (1996) when working with Dr. Robert Levenson in Berkeley, who was able to capture physiological linkage in time of an individual's empathy for their partner using video presentations of that partner coupled with physiological measures associated with the experience of empathy. Another option to account for the therapist's contact with the primary zone of experience may include markers of depth of experience (e.g., Level 4 experiencing on the Experiencing Scale; Klein, Mathieu, Gendlin, & Kiesler, 1969) or other the narrative markers such as pace or fluency of the client (with the client's expressed subjectivity/narrative representing the primary 'object' of the therapist's experience).

Finally, the model of therapist presence articulated here has important implications for exploring the utility of modalities of tele-health, or other therapies provided via Skype, phone, online groups, or any other avenues that are not face-to-face. The question here is whether therapist presence is somehow sub-optimal in these contexts relative to face-to-face therapy. Participants in this study noted that the physical closeness to the client provides a level of vividness and perceptual acuity that is unmatched when, say, observing a session behind a mirror or watching a video recording of a session, and that may also be sub-optimal when meeting a client over Skype of phone. Sitting across from their client and actively participating in the physical interpersonal field stimulated a sense of responsibility to be there; yet, it can also be argued that the interpersonal or intersubjective field becomes no less alive when the therapy meeting is mediated by technology. Whether there are meaningful differences in the quality of presence in tele-health contexts and, if so, what are the mechanisms for explaining those difference, needs to be studied and articulated.

Study limitations

It is important to consider some of the limitations of the current project. One limitation (which I will discuss in detail here) pertains to the generality of findings, or the degree to which the findings reflect invariable psychological processes that generalize to other contexts (e.g., other levels of skill

development, various therapeutic approaches, etc.). Responses to this problem depend in large part to whether one leans toward philosophical assumptions of relativism or realism. With respect to relativism, the argument can be made that any findings of this study are restricted by and only applicable to the five participants who offered descriptions of their experience, and perhaps to other trainees going through the same program, but that the findings lose their relevance outside the specified context. With respect to realism, the argument can be made that the results have the potential to point to invariant psychological processes that apply to most if not all novice therapists across a variety of contexts, and perhaps to more advanced therapists.

While the results of this project articulate a basic structure of how the phenomenon of therapeutic presence is lived through in a specified context (novice level of skill development, a graduate-level clinical psychology program emphasizing a common-factor approach to psychotherapy), the spirit of the phenomenological analysis also allows us to imagine concrete ways in which the findings can point to experience lying outside this particular context. The participants themselves share something in common with beginner-level therapists from other academic or training institutions (i.e. that they are at an early phase of learning the craft of therapy). And the participants also share something in common with therapists at higher levels of skill development - the expert and master level therapists - in that basic features or modes of human presence are ubiquitous, cutting across generations and any kind of imaginable life experience. For example, it is impossible to imagine any therapist in any program where therapeutic presence does not hold the status as an inherent need or responsibility in their work, or where the therapist inevitably oscillates between relative degrees of presence during a session. The implication here is that the notion of generality needs to be qualified (in the way noted above) to accurately apply the present findings in theory and practice. I would argue that the findings are most obviously generalizable to students moving through the same academic training program as the participants of this study, or a similar training model, and the findings will be less generalizable (but with some residual

currency or applicability) in dissimilar training contexts (e.g., a strictly CBT training program, or strictly psychoanalytic training program) and with therapists who have developed skill mastery. Studying therapist presence in various other contexts will likely shed light on other dimensions of this phenomenon.

Further, the sampling method used in this project may contain certain biases that could potentially have a bearing on the transferability of findings. For example, all participants were recruited from a clinical training program in which common factors and humanistic principles such as empathy, and even therapeutic presence itself are central to the training and may 'pull' for greater presence in the session or deeper phenomenological relationships with this salient (to them) concept. This may limit the degree to which the findings will resonate with the experience of novice therapists from training programs that have a different focus. I invite therapists and clinical trainers from different programs (e.g., a strictly CBT-oriented program) to see for themselves whether their experience largely resonates with or substantially differs from the model of presence in this project; either way, the answer to this question would be informative. Another similar potential source of sampling bias arises from the fact that all five participants were young women. While there is no clear precedent in the research literature to suggest that therapist age or gender (or client age and gender) influence how therapeutic presence is experienced and manifested in psychotherapy, it is possible that there are subtle differences that might be meaningful to consider in relationship to gender or other individual differences. Perhaps young, novice therapists find it more difficult to be present with older, mature clients. Perhaps young male therapists find it easier to be present with young male clients. These speculations would require deeper thought into the relevant mechanisms at play (i.e. to see if there is any good reason to suspect age/gender as moderating factors of presence). I would argue that even if such factors do moderate presence in some manner, the effect would be more superficial and contextual in nature and not 'structural' – that is, using phenomenological

language, these factors would be accidental and non-contingent to the essential psychological phenomenon of therapist presence.

An additional limitation to the current project relates to participant descriptions of being present in therapy. According to Giorgi's (2009) descriptive phenomenological method, the researcher's task is to elicit from participants a rich lifeworld narrative that illustrates the manifold ways in which the phenomenon of interest manifests in daily life (i.e., from the vantage point of the participant's 'natural attitude'). These descriptions are crucial because they represent the 'data' or experiential ground from which the researcher engages in a phenomenological-psychological analysis. As a rule of thumb, a description can be either good, adequate, or poor depending on the richness of experiential detail and minimal analytical thinking. A good description is one in which the participant consistently uses specific, concrete language when reflecting on moments of living through the phenomenon and engages in little to no evaluative or analytical thinking about what they experienced (like detailed storytelling). Adequate descriptions are similar, but with less fullness of detail and some deviations into analytical thinking, while poor descriptions involve very little detail of lifeworld experience and a high degree of analytical thinking. The first two levels of quality are acceptable for phenomenological analysis, while the latter would in most cases be unacceptable or unusable. The rationale here is that the researcher's task is to empathically enter into the lifeworld of each participant through the description – access to the lifeworld is facilitated by the description as well as by the imaginative capacities of the researcher. Strong descriptions make the task easier and weak descriptions place too high demands on the researcher's empathic abilities, very much like a therapist's empathy for the client in a therapeutic situation (Morley, personal communication). In the current project, I would argue that I was able to obtain lifeworld descriptions in the acceptable to good range, with no weak or unusable descriptions. The limitation, however, is that theoretically the descriptions could have been stronger, richer, more evocative than they were, leading perhaps to a more insightful analysis of therapist

presence. This would have relied on three things: improvement of my own interviewing skills (including the importance of sustaining a naïve/questioning attitude and being 'present' to participant's language), the participants' ability to reflect on and verbally express their subjective experience, and the somewhat ethereal nature of the phenomenon of 'being present' (making it difficult to describe, compared to well-delineated events like being jealous, or being evicted from your apartment, or scoring the winning point in a basketball game).

Concluding remarks

The current study systematically investigated the experience of therapeutic presence from the vantage point of novice therapists. I followed the descriptive phenomenological methodology laid out by Giorgi (2009), which integrates Husserl's philosophical contributions to phenomenology, a human science framework, and a general psychological attitude. The overarching goal of such a method is not to predict, quantify, or control variables, but to illuminate and articulate psychological processes that otherwise would be left in the dark. However, as Giorgi emphasizes, the point of this work in psychology is not to seek out universal truths per se (the kind of 'apodictic' knowledge that Husserl was motivated to find) or to conduct case studies, but to operate at a 'middle ground' of knowledge; that is, to contribute insight that can be generalized beyond participants of a study but not necessarily to all humans across space and time. In other words, this research method is more nomothetic than ideographic. The findings of the current project are meant to represent this middle ground of knowledge in the form of a general (invariant) psychological structure of therapist presence. This structure shows the essential modes of intentionality (i.e. the basic ways in which the therapist engages in the therapeutic situation) that constitute the experience of being present in the clinical interaction. Hopefully the general psychological structure articulated in this work will stimulate ideas for future clinical research and practice, and, further, in turn *be shaped by* future research and practice, remembering that the findings here are entirely open to modification as new insights are developed.

References

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 1*, 1-33.

Adler, E & Bachart, J (1996). Free association and analytic neutrality: The basic structure of the psychoanalytic situation. *JAPA, 44*, 1021-1047.

Anderson, J. (1982). Acquisition of cognitive skill. *Psychological Review*, *89*, 369–406.

Anderson, J. (1992). Automaticity and the ACT theory, *The American Journal of Psychology, 105*, 165-180.

Baer, R. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10,* 125-143.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27-45. doi:10.1177/1073191105283504

Baker, S. & Edwards, R. (eds.) (2012) *How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research* , Southampton, GB National Centre for Research Methods 43pp. (National Centre for Research Methods Reviews).

Baldwin, M. (2000). Interview with Carl Rogers on the use of the self in therapy. In M. Baldwin (Ed.), *The use of self in therapy: 2nd Edition* (pp. 29-38). New York: The Haworth Press.

Berkovich-Ohana, A., Glicksohn, J., & Goldstein, A. (2012). Mindfulness-induced changes in gamma band activity - Implications for the default mode network, self-reference, and attention. *Clinical Neurophyiology, 123,* 700-710.

Bion, W. R. (1970). *Attention and interpretation*. Tavistock: London.

Bodhi, Bhikkhu. (2005). *In the Buddha's words: An anthology of discourses from the Pali canon*. MA: Wisdom Publications.

Bohart, A., & Greenberg, L. (Eds.). (1997). Empathy reconsidered: New directions in psychotherapy. Washington: American Psychological Association.

Brach, T. (2012). In Germer, C. & Siegel, R., *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice (pp. 35-47)*. New York, NY: Guilford Press.

Bradford, K. (2007). The play of unconditioned presence in existential-integrative psychotherapy. *The Journal of Transpersonal Psychology, 39,* 23-47.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822–848.

Buber, M. (1970). *I and Thou* (W. Kaufmann, Trans.). New York, NY: Touchstone.

Bugental, J. F. T. (1987). *The art of the psychotherapist*. New York: W.W. Norton & Company.

Colosimo, K. (2014). *What does therapist presence look like in the therapeutic encounter? A rational-empirical study of the verbal and nonverbal markers of presence*. Unpublished masters thesis, York University, Toronto, Canada.

Colosimo, K., & Pos, A. E. (2015). A rational model of expressed therapeutic presence, *Journal of Psychotherapy Integration, 25*, 100-114.

Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research, 5*, 87-95. doi: 10.1080/17441690500211130.

Corbetta, M., & Shulman G. (2002) Control of goal-directed and stimulus-driven attention in the brain. *National Review of Neuroscience, 3*, 215–229.

Craig, A. D. (2002). How do you feel? Interoception: The sense of the physiological condition of the body. *Current Opinion in Neurobiology, 3,* 655-666.

Damasio, A. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. Orlando, FL: Harcourt.

Damasio, A. (2003) Mental self: the person within. *Nature, 423*, 227.

Davidson, R. J., & Irwin, W. (1999). The functional neuroanatomy of emotion and affective style. *Trends in Cognitive Science, 3*, 11-21.

Detmer, D. (2013). *Phenomenology explained: From experience to insight*. Chicago: Open Court.

Dreyfus, S. & Dreyfus, H. (1980). *A five-stage model of the mental activities involved in directed skill acquisition*. Washington, DC: Storming Media.

Dreyfus, H., & Dreyfus, S. (1987). *Mind over machine: the power of human intuition*. New York: The Free Press.

Eckler-Hart, A. (1987). True and false self in the development of the psychotherapist, *Psychotherapy, 24*, 683-692.

Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229

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

Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research, Journal of Phenomenological Psychology, 43, 13-35.

Farb, N. A. S., Segal, Z. V., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. K. (2007). Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference. *SCAN, 2,* 313-322.

Freud, S. (1990/1912). Recommendations to physicians practicing psycho-analysis. In Langs, R. (Ed.) *Classics in psychoanalytic technique* (pp. 243-244). Jason Aronson: New Jersey.

Fromm-Reichmann, R. (1960). *Principles of intensive psychotherapy*. The University of Chicago Press: Chicago.

Geller, S. M. & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter. *Person-Centered & Experiential Psychotherapies, 1*, 71-86.

Geller, S. M. & Greenberg, L. S. (2012). *Therapeutic presence: A mindful approach to effective therapy*. Washington, DC: American Psychological Association.

Geller, S. M., & Greenberg, L. S., & Watson, J, C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Journal of Psychotherapy Research, 20(5), 599-610*.

Geller, S. & Porges, S. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships, *Journal of Psychotherapy Integration, 24*, 178-192.

Geller, S., Pos, A. E., & Colosimo, K. (2012). Therapist presence and its relation to therapeutic processes, *Psychotherapy Bulletin*. 47, 6-13.

Geller, S. (2017). *A practical guide to cultivating therapeutic presence*. Washington, DC: APA.

Gendlin, E. (1962). *Experiencing and the creation of meaning: A philosophical and psychological approach to the subjective*. New York, NY: Free Press of Glencoe.

Gendlin, E. (1996). *Focusing-oriented psychotherapy*. New York: Guilford.

Gilbert, P. (2009). *The compassionate mind*. Oakland, CA: New Harbinger.

Giorgi, A. (1975). An application of the phenomenological method in psychology. In A. Giorgi, C.

Giorgi, A. (Ed.) (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A., Giorgi, B., & Morley, J. (2017). The descriptive phenomenological psychological method. In Willig, C. & Stainton-Rogers, W. (Eds.) *The Sage handbook of qualitative research in psychology*. Thousand Oaks, CA: Sage, 176-192.

Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Grencavage, L. M & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice, 5*, 372-378.

Greenson, R. (1967). *The technique and practice of psychoanalysis*. International Universities Press: New York.

Greenson, R. R. (1971). *The technique and practice of psychoanalysis*. New York, NY: Hogarth Press.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57,* 35-43.

Halling, S., & Nill, J. D. (1995). A brief history of existential-phenomenological psychiatry and psychotherapy. *Journal of Phenomenological Psychology, 26,* 1–45.

Hahn, T. H. (2012). *Awakening of the heart: Essential Buddhist sutras and commentaries*. Paralex Press: Berkley, CA

Hayes, J. A., & Vinca, M.A. (2011). *Therapist presence and its relationship to empathy, session depth, and symptom reduction*. Paper presented at the meeting of the Society for Psychotherapy Research, Bern, Switzerland.

Hoffman, I. (1998). *Ritual and spontaneity in the psychoanalytic process: A dialectical-constructivist view*. The Analytic Press: London.

Horvath, A. & Greenberg, L. S. (Eds.). (1994). Wiley series on personality processes. The working alliance: Theory, research, and practice. Oxford, England: John Wiley & Sons.

Husserl, E. (2014/1913). *Ideas for a pure phenomenology and phenomenological philosophy: First book* (D. Dahlstrom, Trans.). Indiana: Hackett.

Husserl, E. (1964/1950). *The Paris lectures* (P. Koestenbaum, Trans.). New York: Hague.

Husserl, E. (1964). *The phenomenology of internal time-consciousness* (J. Churchill, Trans.). Bloomington: Indiana University Press.

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional and relational characteristics of master therapists. *Journal of Counseling Psychology*, 46, 3–11.

Jha, A. P., Krompinger, J., & Baime, M. J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience, 7*, 109-119.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results, *General Hospital Psychiatry, (1),* 33-47.

Kabat-Zinn, J. (1990). *Full catastrophe living*. New York, NY: Random House.

Klein, M. H., Mathieu, P., Gendlin, E., & Kiesler, D. J. (1986). *The experiencing scales: A research and training manual (Vol. 1)*. Madison, University of Wisconsin.

Knox, R. & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: The client's perspective. *Person-Centered and Experiential Psychotherapies, 9,* 236-256.

Krug, O. (2009). James Bugental and Irvin Yalom: Two masters of existential therapy cultivate presence in the therapeutic encounter. *Journal of Humanistic Psychology, 49*, 329-354.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.

Malin, A. J. & Pos, A. E. (2015). The impact of early empathy on alliance building, emotional processing, and outcome during experiential treatment of depression, *Psychotherapy Research, 25,* 445-459.

Mancia, M., & Longhin, L. (2000). Kant's philosophy and its relations with the thought of Bion and Money-Kyrle. *International Journal of Psychoanalysis*, 81, 1197-1211.

May, R. (1983). *The discovery of being*. New York: W.W Norton & Company

McWilliams, N. (2004). *Psychoanalytic diagnosis (2nd Edition)*, New York, NY: Guildford Press.

Mearns, D. (1997). *Person-Centred Counselling Training*. London: Sage.

Merleau-Ponty, M. (2012/1945). *Phenomenology of perception*. London: Routledge and Kegan Paul.

Mitchell, S. (1988). *Relational concepts in psychoanalysis: An integration*. Harvard University Press: Cambridge, MA.

Morin, A. (2006). Levels of consciousness and self-awareness: A comparison and integration of various neurocognitive views. *Consciousness and Cognition, 15*, 358-371.

Nancy, J. L. (1993). *The birth to presence* (Holmes, B. Trans.). Stanford, CA: Stanford University Press.

Neisser, U. (1997). *The perceived self: Ecological and interpersonal sources of self-knowledge*. Cambridge England: Cambridge University Press

Newell, A. & Rosenbloom, P. (1980). *Mechanisms of skill acquisition and the law of practice*. Pittsburgh, PA: Carnegie-Mellon University.

Norcross, J. & Wampold, B. (2011). Evidenced-based therapy relationships: Research conclusions and clinical practices, *American Psychological Association, 48*, 98-102.

Peterson, S., & Posner, M. (2012). The attention system of the human brain: 20 years after. *Annual Review of Neuroscience, 35*, 73-89

Perls, F., Hefferline, R., & Goodman, P. (1951) *Gestalt Therapy: Excitement and Growth in the Human Personality*. London: Souvenir Press.

Porges, S. W. (1998). Love: An emergent property of the mammalian autonomic nervous system. *Psychneuroendocrinology, 23,* 837-861.

Porges, S. W. (2001). The Polyvagal theory: phylogenetic substrates of a social nervous system. *Inernational Journal of Psychophysiology*, *42*, 123-146.

Pos, A., Geller, S., & Oghene, J. (2011). *Therapist presence, empathy, and the working alliance in experiential treatment for depression*. Paper presented at the meeting of the Society for Psychotherapy Research, Bern, Switzerland.

Raichle, M. E., MacLeod, A. M., Snyder, A.Z., Powers, W.J., Gusnard, D. A., & Shulman, G.L. (2001). A default mode of brain function. *Proceedings of National Academy of Science, 98,* 676–682.

Reik, T. (1949). *Listening with the third ear: The inner experience of a psychoanalyst*. Farrar, Straus & Company: New York.

Rennie, D. L. (2000). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. *Theory & Psychology, 10*, 481–502.

Rogers, C. R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 97-103.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed by the client-centered framework. In S. Koch (Ed.), *Psychology a study of a science: Vol. 3*. (pp. 184-256). New York, NY: Magraw Hill.

Rogers, C. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6*, 412-415.

Safran, J. & Muran, C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York, NY: Guildford Press.

Sartre, J. (1943). *Being and nothingness*. Washington: Washington Square Press.

Schneider, K., & Krug, O. (2009). *Existential-humanistic therapy*. Washington, DC: American Psychological Association.

Segal, Z., Williams, M., & Teasdale, J. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.

Shahar, G. (2013). An integrative psychotherapist's account of his focus when treating self-critical patients. *Journal of Psychotherapy Integration, 50*, 322-325. DOI: 10.1037/a0032033

Shapiro, K., Schmitz, F., Martens, S., Hommel, B., & Schnitzler, A. (2006). Resource sharing in the attentional blink. *NeuroReport, 17*, 163–166.

Schneider, W., & Shiffrin, R. (1977). Controlled and automatic human information processing, *Psychological Review, 84,* 1-66.

Slagter, H., Lutz, A., Greischar, L., Nieuwenhuis, S., & Davidson, R. (2007). Theta phase synchrony and conscious target perception: Impact of intensive mental training. *Journal of Cognitive Neuroscience, 21,* 1536-1549.

Strupp, H. & Binder, J. (1984). Psychotherapy in a new key. [home library]

Sun, R., Merrill, E., & Peterson, T. (2001). From implicit skills to explicit knowledge: A bottom-up model of skill learning, *Cognitive Science, 25*, 203-244.

Van Manen, M. (2014). *Phenomenology of practice*. New York, NY: Routledge.

Wampold, B. (2001). *The great psychotherapy debate: Models, methods, and findings*. London: Erlbaum Associates.

Wampold, B., & Imel, Z. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Routledge: New York.

Watson, J. C. & Prosser, M.C. (1999, 2002). Measure of Expressed Empathy, (Unpublished Manuscript), University of Toronto, OISE.

Wertz, f. (2005). Phenomenological research methods for counseling psychology

Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I. (2002). *The gift of therapy*. New York: Harper Collins.

Zahavi, D. (2003). *Husserl's phenomenology*. California: Stanford University Press.

Zahavi, D. (2008). *Subjectivity and selfhood: Investigating the first-person perspective*. MIT Press: Cambridge.

Table 1. Basic characteristics of research participants

Participant	Age	Gender	Education level	Self-described therapy orientation	Number of therapy clients since beginning training program
NTP1	30	F	MA2	Client-centered; integrative	1
NTP2	27	F	MA2	Client-centered; integrative; cognitive-behavior therapy; experiential; aspects of psychodynamic	1
NTP3	29	F	MA2	Client-centered; emotion-focused therapy	2
NTP4	29	F	PhD2	Client-centered	1
NTP5	36	F	MA2	Integrative (client-centered; emotion-focused; cognitive-behavior therapy; motivational-interviewing)	1

Table 2. Descriptive data related to interview transcripts of the study

Interview	Duration of Interview (minutes)	Transcript Word Count	Number of Meaning Units
NTP1	83	14940	69
NTP2	80	13721	46
NTP3	90	13746	49
NTP4	55	8198	32
NTP5	65	9204	35
TTL.	373	59809	231
AVG.	74.6	11962	46

Table 3. Outline of the structural constituents of novice therapist presence

Structural Constituent	Examples of Descriptive Characteristics
1. Presence is a fundamental responsibility for the novice therapist, a necessary condition of their work.	• The context of therapy in part determines that the therapist *is obligated*, *called*, *required* to be present in the field of experience. • There is an implicit pressure to be present. • Presence holds the status as a basic need for the therapist, which can be satisfied or frustrated depending on the quality of presence.
2. Therapist closely aligned with the flow of psychological events (thoughts, feelings, images, etc.) that constitute the primary zone of experience.	• Feeling really 'here' in an immediate zone of experience, not set apart from this zone as in daydreaming or stuck 'in the head'. • Involves modes of attention, stable body posture, alertness, calmness. • Nonverbal tracking behaviours.
3. Deeper relational levels are afforded by dwelling in the primary zone and factors that sharpen presence (catalogued in Constituent 4).	• Meeting/seeing the client (intersubjective contact, proximity) • Depth of communication • Good interpersonal synchrony
4. Certain conditions of the therapist and therapy context act in a centripetal manner.	• Factors that stabilize alignment (calmness, psychological safety, friendliness) • Factors that heighten/energize alignment (deep compassion, seeing the moment/client as highly valuable/important, strong curiosity)
5. A background 'extraneous zone' to the therapeutic interaction holds conditions that threaten to steal away presence.	• Therapist faces a set of factors that challenge, attenuate, or otherwise interfere with the fullness of their presence. • Such factors vary in kind and degree (e.g., feeling stymied in the interaction, the client's fast-tempo pace of talking, and therapist self-consciousness).
6. Therapist oscillates between states of relative presence and non-presence.	• "Lapses" in presence as shifting away from primary zone to extraneous zone. • Patterns of "leaving-returning-staying".
7. Therapist uses various methods to recalibrate to a position of good alignment with the primary zone.	• Coping/management methods to correct deviations in presence. • Frees consciousness of obstacles to presence. • Proximal (in-session) and distal (extra-session) methods.

Table 4. Meaning units (MU) organized by structural constituents

Constituent	Participant (MU)	Total MUs
1	NTP1 (14, 15, 23, 49, 57) NTP2 (21, 22, 24, 28) NTP3 (9, 22, 23, 28, 40, 47) NTP4 (6, 8, 13, 15, 24, 28, 29) NTP5 (13, 19, 20, 23, 31)	27
2	NTP1 (1, 2, 27, 33, 36, 37, 38, 50, 52, 60) NTP2 (1, 7, 8, 10, 11, 12, 15, 17, 19, 20, 32, 35-39, 43) NTP3 (1, 2, 34, 41, 43, 44, 46-48) NTP4 (1, 4-6, 10, 11, 15, 16, 18-22, 25, 29) NTP5 (1, 3, 4, 7-10, 25-27)	61
3	NTP1 (17, 20, 21, 22, 26, 35, 40, 41, 55, 63, 64, 65) NTP2 (5, 16-20, 23, 25-27, 29-31, 33, 34, 41) NTP3 (3, 4, 6-8, 14, 16-19, 21, 25, 37, 43-45, 48) NTP4 (15-18, 21, 22, 25, 28, 29, 32) NTP5 (2, 3, 5, 20, 21, 29)	61
4	NTP1 (6, 7, 17-20, 26, 39, 41, 44-48, 56, 61) NTP2 (11, 15, 21, 24, 26, 27, 31, 32, 36, 41, 44, 46) NTP3 (11, 12, 14-16, 21, 25, 29, 30, 32, 33, 35-39, 43) NTP4 (3, 8, 10, 11, 14, 17, 27, 31) NTP5 (2, 6, 7, 9, 10, 15-19, 21-24, 31)	68
5	NTP1 (4, 5, 8-12, 14, 18, 20, 24, 25, 30, 34, 35, 41, 42, 49, 51-53, 55-60, 64) NTP2 (18, 20, 22, 32, 35, 39, 40, 42, 45) NTP3 (2, 3, 13, 14, 15, 20, 35, 40, 49) NTP4 (11, 13, 14, 16, 19, 24, 28) NTP5 (5, 11, 12, 13, 30, 33, 35)	60
6	NTP1 (1, 3, 6, 13, 16, 34, 36, 43, 50, 52-54) NTP2 (8, 11, 12, 14, 20, 24, 32) NTP3 (5, 8, 13, 24, 32, 35, 42) NTP4 (3, 22, 27, 8) NTP5 (2-4, 8, 14, 29, 30)	37
7	NTP1 (6, 15, 28, 29, 31, 32, 38, 46, 58, 59, 62-64, 66-69) NTP2 (2-4, 6-9, 11-13, 18, 20, 24, 26, 34, 40-43) NTP3 (4, 5, 7, 10-12, 26-28, 31, 37, 41, 42, 46) NTP4 (2, 3, 6-11, 23, 24, 26, 29-31) NTP5 (6, 10, 18, 20, 28-30, 32, 34)	73

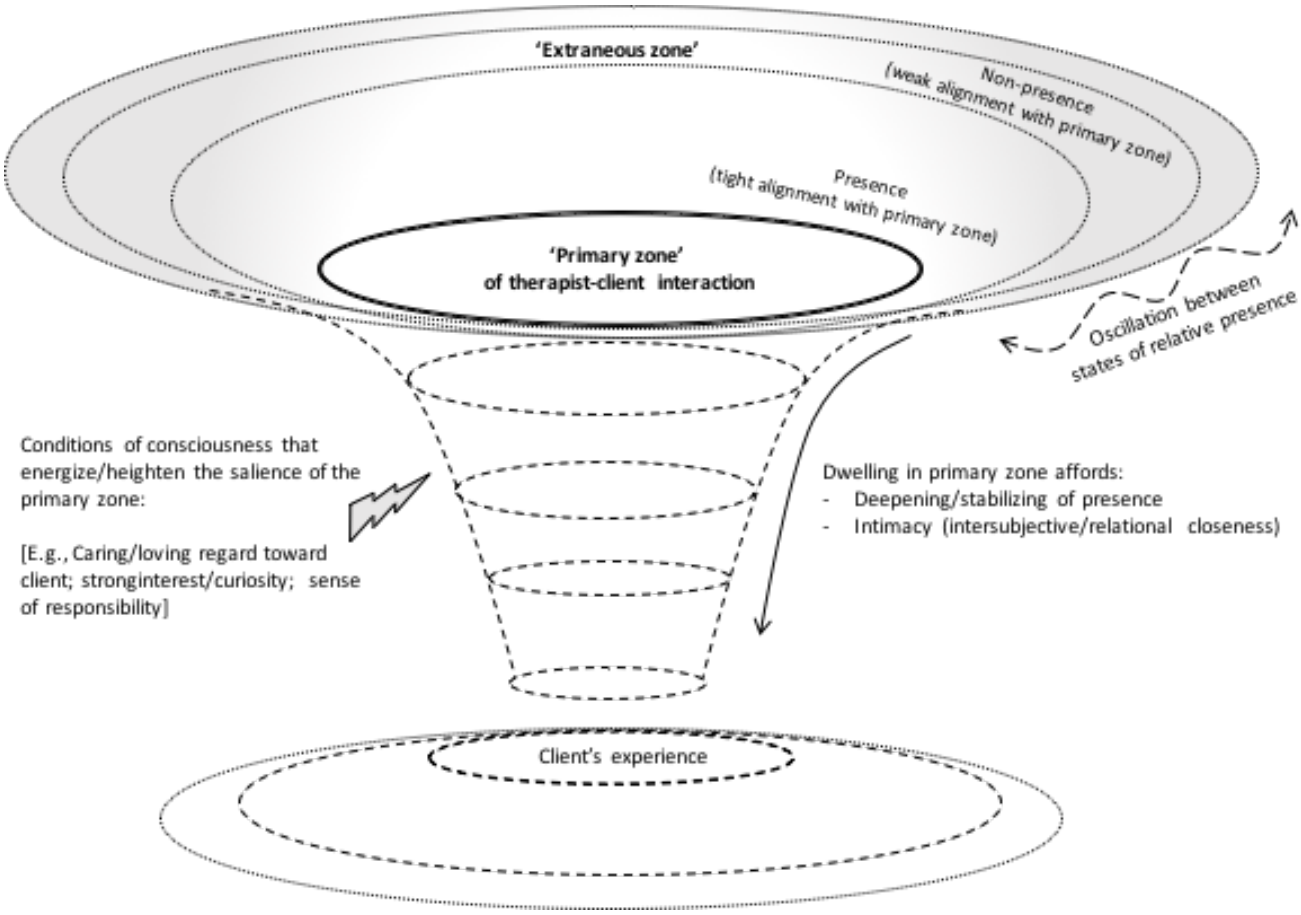

Figure 1. Schematic of general psychological-phenomenological structure of novice therapist presence

Appendix A. Course syllabus of the graduate training course from which participants were recruited

Faculty of Health
Department Of Psychology
Practicum I: 6430 P 6.0Y 2016-2017

Instructors:

XXXX, Ph.D., C.Psych.
Office XXXX
Phone: XXXX
Email: XXXX

XXXX, Ph.D., C.Psych.
Office XXXX
Phone: XXXX
Email: XXXX

Time and Location of Class:

Fridays 8:30 AM to 11:30 AM, Room XXXX

Course Objectives:

Introduction to basic psychotherapy skills and core elements of effective psychotherapy.

- ✓ We will stress a 'common factors' approach in this course with a focus on empirically supported core elements of effective psychotherapy; this could be contrasted with a 'technical approach' to skill development. While technical expertise is one component of successful practice, this course will place greater emphasis on core and common elements of effective practice.

- ✓ This is *not* to say that case conceptualization or the development of a model to guide intervention is unimportant. Developing both of these will also be stressed in this class. However, the focus will be on exposure to core skills across a variety of approaches to serve as a foundation for developing your psychotherapy style, and responding flexibly in treatment.

- ✓ In terms of content this will mean a focus on the following topics:

    - empathy & therapeutic alliance
    - the therapeutic relationship
    - assessment (clinical interviewing, with integration of symptom and process measures as a scientist-practitioner)

- client factors (including hope & expectancy, motivation, resistance, cognitive and emotional, behavioral patterns, their environmental/contextual situation, cultural background, client as a common factor)
- self-awareness as a clinician
- case conceptualization
- special topics include: assessment and management of suicidal ideation, boundary issues, and management of one's own anxiety in counseling.

✓ This course will also focus on the development of supervision skills through participation in peer-to-peer supervision within group and individual formats, as well as through the experience of supervision with the course instructors.

✓ While our own preferred models and perspectives of conducting therapy will no doubt infuse our discussions, one goal of the class will be to foster the development of critical thinking skills, flexibility, integration, and openness to various approaches. We hope to cultivate a view of yourself as a developing therapist, as one who evolves in their skill development and remains responsive to the various changes and influences on how we practice. This is meant to contrast with a 'static' view of skill development as an end product.

Core competencies.

In this class, students will learn to:

✓ Develop empathic listening skills & skills for fostering, maintaining and repairing the therapeutic alliance
✓ Conduct initial therapy intake interviews
✓ Conceptualize cases in an integrative fashion and engage with collaborative goal-setting with your client
✓ Foster hope and self-efficacy in the client from the initial contact forward
✓ Assess motivation for change and use this to inform counseling style
✓ Identify and manage resistance and impasses in treatment
✓ Foster core counselor attitudes for effective psychotherapy such as respect and positive regard for the client, and honouring and utilizing the expertise clients bring to therapy
✓ Begin a process of critical thinking about various extra-therapy issues impacting psychotherapy practice and outcomes (e.g. self-disclosure, feedback to or inclusion of significant others in treatment, etc.)
✓ Assess and manage suicidal ideation
✓ Cultivate an awareness of various ethical/professional issues as they relate to the practice of psychotherapy (limits of confidentiality, limits of competence, personal boundaries, etc.)
✓ Cultivate a process of self-awareness of the unique beliefs, values, strengths and weaknesses we bring to therapy and of the impact of this perspective on our practice and ourselves. These include cultivating your competence with dealing with the role of culture and diversity regarding the therapeutic alliance between your client and yourself.
✓ Manage anxiety that is inherent in learning and practicing psychotherapy

Beginning skill development in core psychotherapy skills.

The emphasis will be on practical skill development, as opposed to theory-based discussions of intervention. This is meant to serve as a beginning exposure to the application of assessment/intervention skills acquired from other courses you have/are taking. While there will be a didactic portion to some classes, the main thrust will be on experiential exercises and actual application of principal concepts in assessment and intervention. Emphasis

is on participation and experimentation with applying principles of effective therapy and, as such, in-class time will consist of role-plays and other experiential exercises, discussion of key concepts, video/audio-tape or therapy transcript analysis, with a view to skill acquisition.

Personal-professional development and self-awareness as a therapist.

The person of the therapist is highly significant to counseling outcomes and the process of conducting therapy. Moreover, it is increasingly clear that we have an enormous influence on how others respond to us. This course will involve some foundational work on becoming aware of what we bring to our role as therapists and begin (or continue) a process of critical thinking about the impact of those beliefs, values, and abilities on our work as therapists. Questions include what model do you bring to understanding psychotherapy and human nature? How do you see your role as a therapist? What are your values as a therapist and as a person? The answers to these questions can reveal what your biases will be in therapy, how you function in therapy, what types of clients and situations will impact you, the type of therapy model that will be attractive to you, etc.

Moreover, psychotherapy is a reciprocal process whereby both participants are active in shaping how the other(s) respond to one's self and in turn your response to them so that conjointly you both create and enhance a sensitive, active therapeutic relationship. As such, doing psychotherapy provides unique challenges not found in other disciplines and a unique opportunity for self-development and personal growth. This course will also encourage some initial consideration of the impact of exposure to psychotherapy principles and process on yourself. In addition, self-care as a therapist will be discussed.

York University Psychology Clinic (YUPC) and the YUPtC:

Instructors for the applied intervention courses (i.e., Practicum I and Advanced Intervention) have been working continuously over the years to better coordinate the two courses so that the curriculum for each dovetails coherently with the other. We have also strived to integrate these 'in-house' training clinics with the YUPC including introducing students to processes (e.g., record-keeping, measure-guided treatments) that are consistent with those in operation in the YUPC. For this reason, we consider the intervention courses and our corresponding clinics to be the training arm of the YUPC or the 'YUPtC' – where the 't' stands for 'training.'

Supervision:

Supervision will happen in two ways. First, you will form a small supervision group with one other student. Beginning in the late Fall, you will meet weekly with the other student, and either Drs. Westra or Fergus, and each student therapist will be observed with their client, with debriefing immediately after. You will have a consistent timeslot to meet with your client and your small supervision group. These timeslots will be determined before September to allow you ample lead-time to add this time into your schedule.

During the Fall term, the Friday meetings will be generally structured as a seminar during where we will reflect upon and discuss key readings. In many of the seminars the second half of our Fall time will be used for role-play and video-observation. During the Winter term, the Friday meeting time will be dedicated to large group supervision, possibly individual supervision and case presentations. Normally two case presentations are presented sequentially during the class. During large group supervision, students will be encouraged to discuss challenges or new areas of learning in relation to working with their particular clients. Audio-taped excerpts from sessions – with the consent of the client - are often shared to facilitate this process and enlist the others' input.

Framework for Evaluation:*[*]

- ✓ *Participation (20%).* Grade will reflect amount and quality of class participation as well as professionalism, and extent of engagement in the readings and discussion. Once engaged with your clients, participation will also be based on your openness to, and participation with, the process of learning, as well as integration of feedback.

- ✓ *Reflection Papers (5%).* We have taken care to select readings that are appropriate to the topic, important, and of high quality. You will be responsible for completing each of the readings for a particular topic before class. In addition to the readings, and in support of your own development, we will be asking you to complete three reflection papers during the Fall term (due dates specified below). For these papers you will be asked to reflect on your personal reactions to the readings (one in particular, or a combination depending on your preference) vis-à-vis your learning and experiences in the course as well as in relation to your personal background and/or life experience. This is for the purpose of increasing awareness of your own values and the qualities you bring to therapy, and with consideration given to the impact of learning and doing psychotherapy on your own personal and professional development. These should be brief (1 page, single spaced) and will be handed in at the start of the class during which they are due.

- ✓ *Self-Study Towards Multicultural and Diversity Competence Training* – (5%). Past use of this self-study has entailed much enlightening self-awareness by each trainee, privately, and thus may take considerable time. In other words there is likely much more learning than the mere 5% would suggest. You will also listen to an audio recording of a presentation on cultural competence in psychotherapy presented by psychiatrist Dr. Priya Watson who specializes in studying and applying cultural competence in psychological interventions. Accompanying this presentation are her power-point slides and these are provided in our course Dropbox. She made her presentation at York to all clinical and C-D students and many of the faculty members.

- ✓ *Professional Development Reflection Assignment* – Submitted at the end of the Winter Term (5%) in advance of the individual year-end meetings that Professors Westra and Fergus hold with each student in the class. The purpose of this meeting is to engage in a dialogue with you about your learnings in the course and your experiences working with your client.

- ✓ *Process Notes (5%)* – Once you begin therapy with your client, you will be asked to maintain a journal or log of your own thoughts, reflections, evolving ideas and hypotheses about your client, your own process as a beginning psychotherapist, and the evolving therapeutic relationship. Writing process notes are intended to foster your capacity to be a reflexive practitioner as well as deepen your learning process. These will be shared with your clinical supervisor. The quality of these notes is immeasurable for advancing the student's ability to learn from in-depth working with her/his client; a component of the scientist-practitioner model of training where the scientist/practitioner is constantly learning from and about her/his client; somewhat like case-study research methodology. Such attention may broaden the practitioner's skills at observation and integration of additional information such as cultural, medical or idiosyncratic patterns or characteristics/resources of one's client(s) as well as identify where the therapist could improve the sessions.

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[*] Please note that percentages are offered to assist students in understanding the weighting of components in determining the **final grade**. Each of these components, however, will not be graded separately. Feedback will be verbal, processual, and ongoing as part of the supervisory relationship (while working directly with the client and during group supervision).

- ✓ *Case Presentation (15%)* – You will be required to do a formal case presentation in the Winter Term. The case presentation should be comprehensive covering presenting problem, relevant background information, client's expectation for therapy, client's goals for therapy, the strength of the therapeutic alliance, client's degree of hope and self-efficacy for change, mutual therapeutic goals, and summary of the progress of therapy.

- ✓ *Clinical Skill Development (40%)* - This will be graded during the supervised practice portion of the class. Students must achieve a basic level of professionalism and clinical competence in order to pass this course. The quality of your process notes will be integral to your clinical skill development and your supervisor may ask to review these notes in light of progress during the sessions.

- ✓ *File Maintenance, Administration, Weekly Psychotherapy Progress Notes, Intake and Termination. Correspondence with referring agency (5%)* - You will be expected to maintain a clinical file for each client. In addition to a brief progress note following each session, you will be required to write Intake and Termination reports on your client integrating information from the clinical interview, clinical impressions, treatment plan, treatment progress, and later, outcome of therapy. You will also notify the therapist at the York Personal Counseling Service (PCS) who referred your client to you, in a written letter that is copied for the client file that (a) you have begun your sessions with the client, and later at the end of the year, that (b) you have terminated the sessions (i.e., end date of therapy course). This is done in accordance with an agreement between PCS and the YUPtC that these clients are students at York and thus our PCS/YUPtC records ought to be accountable as to the start-date and end-date of services for each referred student.

Psychotherapy Training Dossier:

All of the reflective papers you write for this course including the *Multicultural and Diversity Self-Study* paper and the *Professional Development* paper (to be submitted at the end of the year), will begin a collection of papers that will form your own 'Psychotherapy Training Dossier.' This collection will serve as a record of your development and evolution as a clinician as perceived and expressed by you. We also suggest you include in your dossier reflection papers/assignments from your other clinical courses –Approaches to Psychotherapy and Advanced Intervention next year, as well as any questionnaires or inventories you may have completed relevant to the topic of becoming a clinician. Having all these documents in one place we hope will serve you well when it comes to articulating your therapeutic approach and personal philosophy about clinical work for your Clinical Competency Exam and Pre-Doctoral Internship applications, as well as providing fodder for the important task of self-reflection on your evolution as a developing therapist.

Guidelines for Case Presentations:

An overview of the case including presenting problem(s), history of the problem, interference in functioning, reasons for seeking treatment, personal history and context. Discuss how you conceptualized or understood the case in terms of core issues and themes. Each student, having read about case formulation, is asked to create a case formulation that is specifically suited to their individual client. Once this has been done first, each student is asked to then consider their case conceptualization from *two alternative conventional models* or theoretical perspectives and to present these as well. This order of case formulation is to help facilitate not only divergent thinking regarding clinical issues, but also to introduce the tradition of integrative approaches. By learning to do the latter at the onset it helps the student to become more competent in creating formulations rather than only following conventions that may not fit a particular case as well as one that is more easily calibrated to suit the dynamics of an individual case. This practice of first creating one's own formulation and then considering the application of other more fixed models helps the trainee to hone her/his case conceptualization skills, and to appreciate how the same presentation can be viewed from theoretically divergent perspectives.

In your discussion of the case, relate the case to at least three of the key dimensions discussed in class including use of evocative empathy, core facilitative conditions & alliance, collaborative goal setting, fostering hope and

optimism, engagement with treatment issues, identification of "problems of living" possibly including negative or dysfunctional patterns, outstanding scores on the MINI if these exist, ambivalence and resistance, client's sense of self, boundary issues, cultural values and situational or environmental context away from the therapy room that may inform your assessment and treatment plan.

Also, discuss your approach to this case as a scientist-practitioner. For example, address such questions as the empirical support guiding your choice of intervention methods and assessment measures, the research questions posed by the case, how your knowledge of the literature was used in your interaction with the client and/or colleagues, how your general approach to the case reflects scientific thinking such as hypothesis testing & being guided by evaluation data, etc.

> See: (1) Bieschke, K.J., Fouad, N.A., Collins, F.L., & Halonen, J.S. (2004). The Scientifically-Minded Psychologist: Science as a Core Competency. *Journal of Clinical Psychology, 60*, 713-723 & (2) Stricker, G. & Trierweiler, S.J. (1995). The local clinical scientist. *American Psychologist, 50*, 995-1002.

Also in this spirit, describe the impact this case had on you as a developing therapist. What impact did providing treatment in this case have on your thoughts about what is important in therapy, what works or doesn't work in therapy, what you need to work on as a beginning therapist, your personal current style (strengths and weaknesses) as a therapist, how treatment works, the process of change, individual differences in approaches to therapy, personal challenges, etc.

Required Texts:

Martin, D.G. (2010 or 2011). *Counseling and Therapy Skills (3rd Ed.)*. Illinois: Waveland Press Inc.

Rennie, D. L. (1998). *Person-Centred Counselling: An Experiential Approach*. London: Sage.

Strongly Recommended:

Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say and why?* New York: Guilford.

Evans, D. R. (2011). *The law, standards, and ethics in the practice of psychology* (3rd Ed.; one shared copy available in the 320 resource library). Canada: Edmond Montgomery Publications Limited.

Eells, T. (2010). *Handbook of Psychotherapy Case Formulation* (2nd Ed.). New York: Guilford Press.

Johnstone, L. & Dallos, R. (2013) *Formulation in Psychology and Psychotherapy: Making sense of people's problems*. New York: Routledge.

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List of Class Dates, Topics, and Readings

September 9: **Introduction, Review of the Course Content and Structure**

R Spruill, J., Rozensky, R.H., Stigall, T.T. et al. (2004). Becoming a competent clinician: Basic competencies in intervention. *Journal of Clinical Psychology*, 60, 741-754.

Article about understanding how to use dual processing to understand human behavior. The formal reference for this article is Epstein, S. (1994). Integration of the cognitive and psychodynamic unconscious. *American Psychologist.* 49(8), 709-724.

R Hill, C.E., Knox, S. & Sullivan, C. (2007). Become psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, Practice, Training*, 44, 434-449.

Complete the Helpful Responses Questionnaire (see dropbox folder)

September 16: Active Listening, Empathic Attunement, and Self-Reflection

R Martin, D.G. (2010). *Counselling and Therapy Skills*. (Chapters 1, 2 & 3)

Rennie, D. L. (1998). *Person-Centred Counselling: An Experiential Approach*. (Chapters 3 &4).

September 23[13]: First Contact, Clinical Interviewing & Informed Consent Role Play
(Reflection Paper #1 due – based on one or more readings to date)

R Nichols, M. P., (2009). The Lost Art of Listening : How learning to listen can improve relationships. Chapter 3 ("Why don't people listen: How communication breaks down") and Chapter 4 ("When is it my turn?? – The struggle to suspend our own needs"). New York: Guilford Press.

The Assessment Interview, In the Handbook of Psychological Assessment, 3rd Edition, New York: John Wiley & Sons, Inc. (Chapter 3, p. 67-98).

R McWilliams, N. (1999). Orientation to Interviewing. *In Psychoanalytic Case Formulation*: Guilford Press

September 30: Professional Practice Guidelines and Boundaries in Psychotherapy
(Each trainee discusses their thoughts/extrapolations from reading the following)

R Professional Boundaries in Health-Care Relationships. *The Bulletin, College of Psychologists of Ontario, 25*, (1), July 1998

R Standards of Professional Conduct. (2005/2009). *College of Psychologists of Ontario.*

Required for your reference (please be sure to have a copy of each):

Evans, D.R. (2011). Confidentiality. In D.R. Evans, *The law, standards, and ethics in the practice of psychology* (3rd Ed.). Canada: Edmond Montgomery Publications Limited.

Evans, D.R. (2011). Client Information and Records. In D.R. Evans, *The law, standards, and ethics in the practice of psychology (3rd Ed.).* Canada: Edmond Montgomery Publications Limited.

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[13] Cross-Cultural and Diversity Assignment introduced

October 7: The Person of the Therapist
(Reflection Paper #2 Due - based on one or more readings to date)

R Mahoney, M.J. (2003). Being Human and a Therapist. In M.J. Mahoney, *Constructive Psychotherapy: A practical guide N*ew York: Guilford. (p.193-210).

R Norcross, J.C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist, 60*, 840-850.

Bohart, A.C. & Tallman, K. (1999). Facilitating the meeting of the minds: A "manual" for practice. Chapter 9 in *How clients make therapy work: The process of active self-healing*. Washington: APA.

October 14: Structured Interview Assessment. (Invited presenter.)
(Self Study towards Multicultural and Diversity Training Due, assigned Sept. 23)

Mini International Neuropsychiatric Interview (M.I.N.I.)

R Read the article & also do the FIS task (video segments are on dropbox), write down your responses, and we will discuss the videos in next week's class: Anderson, T. et al. (2016). A prospective study of therapist facilitative interpersonal skills as a predictor of treatment outcome. *Journal of Consulting and Clinical Psychology, 84*, 57-66.

October: 21: The Therapeutic Relationship, Empathy & Alliance.

Geller, S.M. & Greenberg, L.S. (2012). Presence: A Mindful Approach to Effective Therapy, Washington: APA. Chapter 3, Therapeutic Presence: A Theory of Relationship (pp 51-72) and Chapter 12, Therapeutic Presence Exercises (pp 231- 254).

R Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*, 98-109.

R Ueland, B. (1992). Tell me more: On the fine art of listening. In T*he Utne Reader*, Nov/Dec, (p.104-109).

R FIS task (video segments are on dropbox), write down your responses, and we will discuss the videos in November 11th class.

October 28: No Class due to York's Fall Reading Days Oct 26th – 28th.

November 4: No Class due to Practicum Day.

November 11: Fostering the Therapeutic Relationship.
(Reflection Paper #3 Due - based on one or more readings to date)

Martin, D. (2000) *Counseling and Therapy Skills*. (Chapters 5, 6 & 8).

Rennie, D. L. (1998). *Person-Centred Counselling: An Experiential Approach*. (Chapters 7 & 8)

November 18: Case Formulation

R Eells, T. (1997) Psychotherapy Case Formulation: History and Current Status. *In Handbook of Psychotherapy Case Formulation.* New York: Guilford Press.

R Weekasekera, P. (1993). Formulation: A Multiperspective Model. *Canadian Journal of Psychiatry*, (38), (p.351-358).

Finn, S. E., & Tonsager, M. E. (1997). Information-gathering and therapeutic models of assessment: Complementary paradigms. Psychological Assessment, 9(4), (p.374-385).

November 25: Open Seminar: (a) Case Formulation continued; (b) Initial session queries.

R McWilliams, N. (1999). The Relationship between case formulation and psychotherapy. In *Psychoanalytic Case Formulation*: New York Guilford Press.

R McWilliams, N. (2011). Why Diagnose? (pp 7-20). In Psychoanalytic Diagnosis (2nd Edition). New York: Guilford Press.

December 2: Crisis Management and Suicidal Ideation & Training Implications of Harmful effects of Treatment.

R Muzina, D. J. (2007). Suicide intervention: How to recognize risk, focus on patient safety. *Current Psychiatry Online, 6,* 31-46.

R Hack, T.F. Suicide Risk & Intervention. In D.G. Martin & A.D. Moore, (1995). *First steps in the art of intervention* (p.129-156).

Meichenbaum, D. (2005). 35 Years of Working with Suicidal Patients: Lessons Learned. *Canadian Psychology, 46*, 64-72.

Castonguay, L.G., Bowsell, J.F., Constantino, M.J., Goldfried, M.R., & Hill, C. (2010). Training implications of harmful effects of treatment. American Psychologist, 65, 34-3

Winter Term:

January 6: Group Supervision

January 13: Group Supervision

January 20: Case Presentations

January 27: Case Presentations

February 3: Case Presentations

February 10: Case Presentations

February 17: Case Presentations

February 24: NO CLASS - READING WEEK (Feb 18-24)

March 3: Case Termination lecture (Dr. Fergus).

Vasquez, M.J.T., Bingham, R.P., & Barnett, J.E. (2008). Psychotherapy Termination: Clinical and Ethical Responsibilities. *Journal of Clinical Psychology: In Session, 64*, 653-665.

March 10: Group Supervision.

March 17: Group Supervision

March 24*: Final report writing and overview of what has been learned.

(Professional Development Reflection Assignment Due)

March 31: Individual review meetings and feedback begin - additional dates will be added to accommodate all individual meeting times with students (Last week for termination with client).

Appendix B. Sample interview transcript for Novice Therapist 5 (NTP5)

Interviewer: Okay. I guess my first question is, just to get you oriented again. What I'm interested in is what it's like being present as a therapist in the therapy room...

NTP5: Okay.

Interviewer: We'll just start there and see where it goes.

NTP5: Being present, what that means to me, is having her as my main focus, intentionally. I hear her louder than I hear the thoughts in my head, so to speak. I'm able to communicate to her exactly that, that I am hearing her and what she's saying in depth, on multiple levels.

Interviewer: You're able to communicate that to her?

NTP5: I can communicate that to her, whether it's through eye contact, nods, hand gestures, whatever it is, tone, that that level of, "I'm totally with you and not somewhere else, including inside my own head," which sometimes you have to be. In general, that is not only something I experience but something that she experiences too.

Interviewer: You mentioned sometimes you have to be in your head? What kinds of times are those?

NTP5: Sure. There's times where I find a lot of my experience in therapy has been very intuitive. I take everything I've learned outside of all the ideas, all the techniques, different types of empathetic reflections and I just trust that I know it and it'll come out as it's needed. I'm going to think actively, what would be right to say here and there? However, I'm still a junior. This is my first client, so there are times where I think ... I kind of plan, she's been talking about this a lot. It seems she's getting a bit stuck here. What am I going to do where the intuition doesn't serve me? I don't know and I realize, all of a sudden we're off a course that I feel we shouldn't be on and-

Interviewer: Something's not quite working?

NTP5: Yeah. Something flags in my head. If I don't want to interrupt her because she's going off on a story but I flag something and I think, "That's probably something important to come back to." I'll check in as far as strategy in the session but it doesn't happen often.

Interviewer: Just to clarify, there might be a time where she's talking and then you'll flag something in with what she was just saying in her story? That might be a time where you've turned attention into the flag that came up for you, or whatever?

NTP5: Right. Right.

Interviewer: Thinking, "I've got to remember this," or, "Maybe there's something that can bring it up or do something with that?"

NTP5: Right, exactly.

Interviewer: That might be an instant where you checked into your own reaction or experience of what was going on?

NTP5: Very briefly.
Interviewer: Briefly?
NTP5: Yeah.
Yesterday was the first session with her. Yesterday was number nine, that I caught myself. I checked into myself for probably about 10 to 15 seconds where I lost a little bit of what she was even saying, that I was trying to figure out, "What am I doing with this? I actually need to move backwards with her and recalculate what direction she wants to go into." There was more inner dialog that happened.
Interviewer: Mm-hmm (affirmative), for a longer stretch of time, also, of doing that.
NTP5: That, to me, takes me out of being present.
Interviewer: What was the interaction like in those moments?
NTP5: I was still, probably to her, seemingly present.
Interviewer: In what way?
NTP5: Still eye contact directed toward her, nodding.
Interviewer: You were still able to keep up with eye contact and nodding?
NTP5: Yeah, but it was in my mind. I don't feel like I had that glazed over look. However, I didn't have a mirror so maybe I did. Sometimes people are looking at you and you're like, "You're so not there." I think I knew enough to give her that while I was processing. You know, some people, when they're processing they actually need to go into and it's very actively.
Interviewer: Right. This is processing while maintaining some level or degree of being present with her.
NTP5: Right.
Interviewer: Enough where you're nodding and eye contact is on track with whatever she's saying.
NTP5: Yeah.
Interviewer: Maybe what she's saying isn't necessarily sinking in too deeply for you? Would you say?
NTP5: Yes, exactly. It's enough.
Interviewer: It's enough to keep her going or to let her feel-
NTP5: It's enough to keep her going. It's enough to keep with the story. Actually, I do trust that if something important, like there was a flag that happened in that moment, I feel like I would still catch it. I'm quite cognizant. I can meta cognate pretty well, that I would catch that.
Interviewer: Something in what she's saying, there might not have been any sort of really significant, important, poignant things with what she was saying in those moments?
NTP5: Right. I do. if I'm checking out for a sec, I wouldn't do it when she's in the middle of something really important where

you know you're getting rich content that will give you direction on what to work with. Then, I'm just there. If the moment allows and I feel I need it, then I could just go in for a sec. Does that make sense?
Interviewer: Yeah, sort of selecting the moments where you would allow yourself to do that. Allowing yourself to be non present in some moment to do something that you need to do, but something related to the therapy session. In that case you were trying to think of what's going on in the room with the client. What can I do or what's this flag or whatever questions you were posing to what came up? Were you thinking of gardening and playing with your dog?
NTP5: No, that's a good question. When I'm in that room I'm pretty much there. The rest of the world shuts off. I have a poor bladder. That shuts off.
Interviewer: It's not a problem for about 60 minutes.
NTP5: Yeah. There have been times where my presence, the content has been, "Oh my gosh she's so funny, the way she says things sometimes," that I will have a bit of a moment with myself where I'm thinking, "That's hilarious," or I wonder if through the [inaudible 00:07:34] and my cohort, they're finding this as funny. She's so great. It's all content related to her.
Interviewer: Related to her, mm-hmm (affirmative).
NTP5: Yeah, and what's happening at that time.
Interviewer: You're kind of describing certain thoughts that are related to the session and what's going on with her and what's happening in the therapy session as it's been going along, but the thoughts and whatnot are not immediately what's going on, would you say? I don't know if that's a confusing way of putting it?
NTP5: Yeah, what do you mean?
Interviewer: They are one step removed from what's really going on with your client in the moment? What's the difference between moments where you check where you're reflecting on things and a moment where you're just fully there, like you used that word earlier?
NTP5: Right.
Interviewer: Yeah. How would that feel different or be different?
NTP5: I'm aware of my own thought versus I'm not. When I'm fully with her ... Yeah, if my thought was another voice in the room, it would not be speaking. When my presence or when I'm not that level of there, I'll have a thought, something that'll pop up.
Interviewer: Something about those thoughts quieting down or just not arising?
NTP5: Yeah. Not arising, yeah.
Interviewer: Feeling more there? It's kind of a feeling?

NTP5: No matter what I feel there but there is a slight, like we're talking a gradient of different. I don't feel like I ever check out. Definitely not. I'm always there.
Interviewer: Some kind of gradient though?
NTP5: Yeah.
Interviewer: Maybe more fully there or more closely there?
NTP5: Yeah.
Interviewer: A little bit removed, slightly, but not totally?
NTP5: Yeah. My attention is somewhat not fully on her.
Interviewer: Mm-hmm (affirmative).
NTP5: The benefit that I process these things. I'm not stopping to think about, to judge what she's saying. The other time, "That's funny," I guess that's a judgment.
Interviewer: Yeah, that's a good point. That's kind of a judgment.
NTP5: I'm not stopping to judge myself. "What are you doing? You should have said this." I don't rewind back to should haves during a session.
Interviewer: Do you ever have the sense when working with this client of somehow trying to catch up to what she's saying or what's going on?
NTP5: No.
Interviewer: She's talking and you've had nine sessions now together?
NTP5: Yeah.
Interviewer: When she's talking, you're feeling like you're able to track, fairly well, what's going on?
NTP5: Yeah. She talks fast.
Interviewer: She's a fast talker, okay.
NTP5: Beyond fast.
Interviewer: You're just following what she's saying to find connections-
NTP5: Yeah. I think there was once or twice I can remember where I said to her, "I just want to make sure I'm clear," and it was more on the content. It wasn't like, "Am I clear on how you're experiencing it?" It was on what she said. I just want to make sure I follow this story, like, you had that exam that day or the day before, kind of thing.
Interviewer: Right.
NTP5: If that makes sense.

Interviewer: Yeah.
NTP5: Yeah. As far as a feeling of catching up to her?
Interviewer: Yeah.
NTP5: No.
Interviewer: Mm-hmm (affirmative). Was there a time that stands out as feeling the most present with her in a session? Maybe it was some moment or a series of moments or a particular session?
NTP5: That I was most with her?
Interviewer: Mm-hmm (affirmative).
NTP5: I don't know. She gets a lot. I could say maybe there's times I feel a little less with her.
Interviewer: Today how were you feeling? You had a session today or yesterday?
NTP5: Yesterday.
Interviewer: How was yesterday's session?
NTP5: Good. Okay, yeah. Sorry. Good. It's sometimes in the beginning, like right when we're warming up, it'll waiver a little. Sorry, you said a moment where we're really present. I'm talking about being less.
Interviewer: No, go with this.
NTP5: Okay. In the beginning I'll be a little more aware of still thoughts. The odd time, yesterday I had it for the first time since maybe my first or second session, where I thought about [inaudible 00:13:15] and my cohort watching me through the window. I actually thought about that and I thought about my hair or whatever. There was that moment. I was like, "I wish I had pushed the chair back a bit. That was taking away from presence.
Interviewer: This was when you first got into the room and were sitting down and settling in?
NTP5: Yeah. Then, presence after that picks up pretty quick. I think she'll get me most present when ... I'm always listening. I'm just always there.
Interviewer: What makes you always there and always listening?
NTP5: I really care. I'm not saying that other people don't because I think there's a certain-
Interviewer: You really care?
NTP5: I really, really care to be there first and foremost. Almost more than I care about doing a good job. I care to be present more than I care about doing a good job, in a sense.
Interviewer: It's really important for you to be there for her once the session starts?

NTP5: Yeah. I think there's a confidence that I don't need to think about what I'm doing, I can just be with them and it'll come up and that's how I'll learn. Then, reflecting after, but I don't necessarily find value in reflecting on myself during this session.
Interviewer: The care that you're describing is not a care of, "I really want to be doing a good job right now," technically, or whatever?
NTP5: No.
Interviewer: It's something about caring for just being there-
NTP5: For this person's story. For this person, what they're going through. I genuinely care to-
Interviewer: You want to hear them.
NTP5: Yeah. Pick up on their experience. I genuinely care about their experience and I want to get it. I really want to get it. That involves listening on all levels. I really want to make sure I get it. If someone was telling you were about to die and they said, "I'm going to tell you once, the order of what you need to do to stay alive." You're like, "This is really important. I better really listen to what this person is saying. They're only saying it once." There's valuable information here. Your attention is on them. You care. It's important information. You value it. I have that with this client. I don't have other clients to compare to and there may be ones where maybe they're not doing the work, then I'll feel less motivated to be so present for them, but I have a client and she's really making strong efforts and her level of care also motivates me to want to be there more for her.
Interviewer: Yeah, you're liking what she's bringing to the table too and you like to see how she's approaching therapy and engaging in it.
NTP5: Yeah.
Interviewer: Positive feelings towards her as well?
NTP5: Yeah, definitely. Definitely.
Interviewer: That sense of care sounds really fundamental to setting you up to be there.
NTP5: That's a good point.
Interviewer: I'm not sure what else can be underneath that.
NTP5: Yeah. I had an ex boyfriend who, when we were first getting to know each other, he's like, "I can't believe when I tell you about work things I really feel like you're listening." I was like, "What does that mean?" He's like, "You ask questions that show me you actually care to know about it and you're hearing what I'm saying and you're processing it. You care to know." I was like, "Yeah, I care to know. I care about you." I think that applies in therapy too. It's like, "I genuinely care about you, so what you're saying is very important."
Interviewer: They have something really important that they're going to share with you. That's the way that you understand it.

NTP5: Yeah.
Interviewer: There's something important and valuable that this person's experiencing, that they're going to say or they're struggling to get at?
NTP5: Yeah.
Interviewer: I'm just totally curious about that and I care about it.
NTP5: It's almost like if it made perfect sense to them they wouldn't be in therapy. I think of a puzzle. They might be able to describe each piece so well but not see how it fits together in a healthy way for them, or how it can fit together in a healthy way for them. They might be able to describe how the pieces ... They can describe this aspect and that aspect but then they can't describe a conflict of it, right?
Interviewer: Yeah.
NTP5: If your job as a therapist is to be like, "I've got to put this puzzle together. I need to make sense here but I need to make sure I understand these pieces before I can even work with them." Then, you're going to study your pieces. It's important. This is the information I'm getting to do my job. Without this information I can't do my job. It's very important to get the information and make sure I'm getting it in a helpful way or relevant way or accurate way to their experience. A lot of check ins.
Interviewer: Right. Certain strategies or things you might do to try to get some of the information to clarify, et cetera.
NTP5: Yeah.
Interviewer: More, essentially, is being there just wide open with a sense of care and what's going on, first.
NTP5: Yeah. Exactly. That someone cares. I get it. It's tough. You're in therapy, something's happened there. I get that. I genuinely care. Just listening, just being that caring other. As Alberta always says, "Just being the caring other does so much for them." If I can give anything, I'm going to give that.
Interviewer: Yeah. Yeah, it's so simple. Just be the caring other. In one sense it's simple.
NTP5: Right. There's such a difficult-
Interviewer: It's challenging at times.
NTP5: Yeah. They say that yoga pose, Shavasana, is the most difficult for people.
Interviewer: Which pose is that?
NTP5: Where you lay on your back, flat, and don't move, and just observe.
Interviewer: Wow. People want to move.
NTP5: People want to twitch. To be still and present is so difficult. Like I said, it's so simple. Then we say this is the most challenging pose. The irony in that.
Interviewer: Yeah. Yeah. It's simple but very challenging to be there. It sounds like, in your sessions working with this client, what

are some of the challenges? You described something like sometimes thoughts might come up but it's related to what she's saying and I might get thinking a little bit about what I might want to do. There's a sense of feeling stuck, maybe, in the session or something like that. What other kinds of ways do you try to wiggle out of the pose?

NTP5: If she gets complimentary, I'm not as comfortable with that.

Interviewer: In what sense? She might say, "You're doing a good job?"

NTP5: She says things. I told my sister, she calls it her therapy lessons. She'll say, my sister, "These therapy lessons. You are helping me." It's you that helped me do that. When she describes a success she's like, "It was your voice I heard. It was you." I'm like, "No." I find, in those moments ... She skipped her session last week. She wasn't feeling well and then she had a poor experience a few days after that. She was regretting, "I knew I should have came to see you but I don't want to depend on you." It's very complimentary. She's very, like, "You have done so much for me." It's very clear that she likes me and that makes me a bit uncomfortable.

Interviewer: A sense of feeling uncomfortable in that moment where she's pointing you out as doing a good job?

NTP5: Yeah, I have a harder time being as fully present with her experience because it involves me. It's not as genuine. I feel the same when she talks about her successes. Everything in me wants to be like, "High five." The cheeseballs. "This is awesome." You don't want to overly praise, either. It shouldn't be about my praise. There's a time to support and reinforce and then there's just, "She's not my buddy. She's not my friend." I find that I get a bit, out of pose, so to speak. Where, I'm not as present because I'm realizing I'm constraining something and I'm aware, all of a sudden, of my experience in that moment being like, "Oh."

Interviewer: A sense of you being there, all of a sudden, in the room.

NTP5: Yeah. Yeah.

Interviewer: Would you say something like that?

NTP5: Yeah.

Interviewer: I'm just imagining what that might be like. It's interesting. She compliments you. You're triggered, a sense of you and your ego, or sense of self. Not in a negative way, but just ... Correct me if I'm a little bit off, or whatever. All of a sudden she sees you in some way or you're involved, like you were saying.

NTP5: It's like I'm having a reaction that's about me. It's not about her. What happens inside me is not about her and helping her. It's a reaction about me.

Interviewer: It's about you.

NTP5: I'm like, "The compliment. That feels good." It makes me feel awkward too. Don't make this about me. This therapy is about you.

Interviewer: Right. In those moments it stirs it up a bit. It's hard to be in the pose, like we were saying. It's like getting out of the pose-

NTP5: It throws me off.
Interviewer: It throws you off?
NTP5: Definitely. I would say I'm still present but there's something that I'm not sharing with her. It's not as transparent. I don't know presence. Does presence really mean showing all of you? Maybe it's natural to have parts that you hold.
Interviewer: You might be holding on to?
NTP5: Yeah. I guess I was aware of them at that moment, which took my attention away from her. A lot of what I'm talking about here is attention.
Interviewer: Attention, yeah. It's a kind of attention. In that moment, it sounds like, now you have more to attend to and one of those things is your sense of self, being in the room, in a ... What am I getting at? It's activated or it's resonating, or it's charged in some way. It requires you to have to do something with it now, also.
NTP5: Yeah.
Interviewer: Something she might see. You're like, "No, I don't think I want her to see this."
NTP5: Exactly, yeah. There's a bit of an interruption.
Interviewer: You've got to handle it somehow. Do you remember how you did handle it at a time where she did praise you?
NTP5: Yeah. I said something along the lines of, "Wow, that's very generous. It sounds like you're getting a lot out of therapy then." She said, "It was you." "It sounds like you're really making gains. You're getting a lot." I didn't want to make it about me as much as [inaudible 00:26:33].
Interviewer: Right. "I've been working really hard. Coming in."
NTP5: "You know, when you compliment me, it's pretty accurate to the effort I've been putting in to you too. I'm glad we concur on that."
Interviewer: "I've been reviewing the tapes."
NTP5: "I do really get you. Yeah." Yeah, all of that.
Interviewer: Somehow-
NTP5: It makes me feel awkward, even now.
Interviewer: Yeah. Somehow you put it back, the attention, back on to her and her experience and what it might mean for her in the moment.
NTP5: Exactly, yeah.
Interviewer: As a way of shifting attention, your attention also?

NTP5: Right. Exactly.
Interviewer: *[describes book he's reading]*
NTP5: Yeah. Yeah.
Interviewer: It's like, "Get it out of here."
NTP5: This isn't about you right now.
Interviewer: You have to somehow get it out of there.
NTP5: That's so true, yeah.
Interviewer: You did somehow. It seems like you put your attention back on her. It's helpful when I pay attention to her. Then, my ego doesn't come up like that.
NTP5: I could go on a crazier level and say my ego is being fed the whole time, too, because I love being able to figure this out and do this. In my last career I did very well but my ego was not satisfied. I didn't connect with the work. It was like, "I'm making you money. I'm doing a really good job at it. Here we go again. Great." It didn't fulfill my ego.
Interviewer: It was more aversive or there was something not satisfying about that.
NTP5: Right. Now, in session, when I'm helping her and I'm there and I know this is helping her. That feeds me, too.
Interviewer: Satisfied.
NTP5: Yeah.
Interviewer: In those moments, maybe it's satisfied ... This is more theoretical, but it's not popping up and getting in the way often when you're fully there.
NTP5: No, exactly. Exactly.
Interviewer: Maybe it's helpful then, I suppose? If we eat, we eat and we're not hungry. Our hunger isn't calling out for attention.
NTP5: Yeah, exactly.
Interviewer: Yeah.
NTP5: Yeah, well put. If I was struggling with my client, maybe that would be completely different.
Interviewer: This is a client and a course of therapy, so far, that's been pretty smooth, you would say? She's had some positive gains it sounds like.
NTP5: Yeah, totally. There's been great flow. There's been no ruptures. It's been perfect scores on the WAI every session. The session evaluation questionnaire, she's having all these insights in the room. We laugh, she cries sometimes. It's gone very well. Has it been challenging? I've been able to meet every challenge. That's

different. I think if you start to feel like there's that disjoint or lack of flow, that would cause a real interruption in my ability to be present.
Interviewer: With her, the sense of flow has been quite smooth?
NTP5: Yeah, big time.
Interviewer: No major disjoints or problems or things that have been obvious, where you're like, "We're not clicking right now?"
NTP5: No.
Interviewer: Wonderful.
NTP5: Not at all.
Interviewer: It feels good? That feels good? It's implied, I'm sensing? Would you say?
NTP5: Yeah, exactly.
Interviewer: This feels good working with her?
NTP5: Definitely, yeah.
Interviewer: Rewarding?
NTP5: Yeah. Very much so.
Interviewer: The moment where you felt thrown off when she was praising you?
NTP5: Mm-hmm (affirmative).
Interviewer: In that moment, you described it as feeling uncomfortable. Maybe there's a lot there. Maybe it's a bit more complex but it's ... I'm leading you here. What I'm getting at is you felt uncomfortable and you felt not so present in that moment?
NTP5: Right.
Interviewer: I suppose you also felt uncomfortable because of ... What we were saying? Just a sense of, it's not about me?
NTP5: Yeah.
Interviewer: It wasn't embarrassment or shame. I don't know, was it embarrassment?
NTP5: Yeah. What are you feeling when you blush?
Interviewer: It's kind of embarrassed, isn't it? Somehow? No, it's being seen.
NTP5: Yeah. It's a tough one to describe, isn't it? It's like you're caught. It's something that there's not a lot of words to respond to that. It's kind of like someone shoots you a compliment and it's like, "Oh, okay." In the therapy context it shot at me as a real person too. It brought me and my needs and it tickled my ego. Even though one day she was complimenting my hair and asking, "How'd you do that?" I was like, "Oh." I feel like I almost, not get awkward, but I'm not myself. You asked me about my hair. If we're buds I could go on and tell you the technique and everything. Whereas, with her, I was like, "Give her the basics. Don't turn

this into a conversation about hair." It was off agenda. My attention had to go more toward monitoring my own boundaries, like maintaining that professional relationship.

Interviewer: Mm-hmm (affirmative). It becomes a complex moment all of a sudden.

NTP5: All of a sudden somebody brings you into the therapy room.

Interviewer: Mm-hmm (affirmative). You know things like, "I'm not sure I want to be here or that I should be here," in terms of me being at play, all of a sudden.

NTP5: Yeah. I am a vehicle here for you. That is my job. I am here to help you process. I am here to support you. I am here to help you build, to understand. That is me. Yes, I'm NTP5, I have a name. Yes, I genuinely care, but I am here for you. If that's anything that you need to-

Interviewer: No, it's okay.

NTP5: The second you bring me into the room as someone who has a life, it's like a bit of a paradox shift. It's like, I'm not ...

Interviewer: Yeah, it's like a totally different paradigm, kind of.

NTP5: Yeah.

Interviewer: A different way of being that you have to, on some level like that, having to deal with it.

NTP5: Mm-hmm (affirmative). If I'm going to be here for you, which is fully being present for you, my needs and me are not here. At the underlying level, I have to obviously have needs being met, like the satisfaction of helping and really connecting with your work. I thought this isn't going to be the career for me. That is being met but you don't need to be somebody that I would necessarily like. I'm not going to get annoyed. If you were my friend and you were talking about that I might find it a bit annoying. If you were using that language I might find that, like, "Okay. I get it. You know how to use slang." Whatever it is, I might get annoyed.

That's that whole part of me isn't there. It serves no function. That's not my job when I'm there. It's not helping the client. To be fully present for them in their pudic sense, there's a part of me that just doesn't get tended to.

Interviewer: Mm-hmm (affirmative).

NTP5: Does that make sense?

Interviewer: Yeah, totally. Then, when it gets brought up, then it-

NTP5: It throws me off.

Interviewer: Yeah, it throws you off because it's out of place.

NTP5: Yeah.

Interviewer: Yeah, interesting.

NTP5: Yeah, very much.
Interviewer: Then, you have to do something about it. You have to put it away somewhere, in some sense.
NTP5: Yeah, or hide it back again. It's like, "Hang on." The client brings up that part of you and it's like, "You don't know who I am." They bring up something in you that you keep so far away from that room.
Interviewer: Mm-hmm (affirmative), yeah. Then, they bring it here.
NTP5: Then they bring it here and it's like, "Okay, I'm just going to go put that back over there now."
Interviewer: Right, yeah.
NTP5: Yeah.
Interviewer: Mm-hmm (affirmative). When that happened, and I think we already mentioned this, but you were able to do so. You were able to put it away, somewhat naturally and shifted attention and got on with the session.
NTP5: Yeah. It's funny because I'm not afraid to share what I think, to psycho educate. Whatever the psycho education [inaudible 00:38:13]. We know it's a process. It's not a linear one. Setbacks are completely normal. I'll even prize a bit and say, "I really want to let you know that you have worked so far and you've made so many gains. There's people that take a whole course of therapy," I won't say from what I understand, but, "There's people that take a whole course of therapy to do what you've done in two sessions." I will tell her my perspective but it's always related. It's not me as a person. It's not like, "I think that's really helpful," for no reason. "I like when you talk about that because it makes me laugh. I always enjoy myself with you because you're so funny."
Interviewer: Right, yeah. Yeah.
NTP5: Do you know what I mean?
Interviewer: Yeah.
NTP5: I'm not afraid to be there with my own opinions and perspective to share with her. It's always in therapeutic relationship.
Interviewer: Mm-hmm (affirmative). Yeah, it's a nice distinction.
NTP5: Yeah. I'm not a Carl Rogers where I'm just going to follow them. I do [inaudible 00:39:37], I do chiming a lot with psycho education.
Interviewer: You contribute beliefs or thoughts or opinions or understandings that do come from yourself, when you're providing them in a genuine way, but it's therapeutic or it's somehow part of your identity as a therapist or what you are like as a therapist, and as different than natural, every day you in the world.
NTP5: Exactly, yeah.
Interviewer: Mm-hmm (affirmative). Yeah, it's interesting. Let me ask you some other questions or follow up on some things now. It's about 10:00, too. We're doing pretty good.

NTP5: Okay. Yeah.
Interviewer: It's funny how these go. We go into many different avenues. (Name of supervisor) says that about her supervision too. She's like, "You could do that in a task or you could do it the way you did." It kind of all came out in the conversation, so that works. You don't have to always do things so clear. I feel like that's what happened here. You had some questions and then we hit points in them.
Interviewer: Exactly. Now I'm looking through and many of them we touched on. Thinking of working with your client and yesterday's session, when you mentioned yourself, always being there, and then in some degree being there, what kinds of things do you notice yourself doing when you're feeling present and being present with your client?
NTP5: Can you ask me that again?
Interviewer: Yeah.
NTP5: What do I notice myself doing?
Interviewer: Yeah. What are you doing? To simplify it a bit, what are you doing with your body while you're there? Do you have a certain way that you sit with your client, for example?
NTP5: When I'm really into things?
Interviewer: Yes, very into it. When you're really into it.
NTP5: I'm like, "She's in that chair and I'm sitting forward." I'm right like this. This is my pose, or like this. I'm leaning forward.
Interviewer: Sitting forward, leaning forward.
NTP5: Yeah.
Interviewer: You feel and you're into it.
NTP5: Yeah, but that's more when we're doing processing in the beginning, when she's more telling me about things I'll listen like this, like I'm more comfortable, seated back.
Interviewer: There could be a couple different positions or postures where you might assume?
NTP5: Yeah. Eye contact is always the big one.
Interviewer: Do you guys make a lot of eye contact? When you're looking at her and she's in the chair, do you guys share eye contact often?
NTP5: Yeah, and she makes eye contact.
Interviewer: She makes eye contact. Do you feel present with her when you're making eye contact? What can you say about that?
NTP5: It's funny because there's almost ... I say this when I leave in the room, or I did in the beginning. It's funny because

when you ask about presence there's almost a lack, like you're asking me to revisit a time where I was so present there was almost a lack of awareness of ... I guess you're asking me to bring awareness to it.
Interviewer: No, totally. I think I know what you're saying.
NTP5: Do you know what I mean?
Interviewer: Yeah, it's like, how can we describe moments where you might be fully present, when maybe there's not so much memory that will be associated with it.
NTP5: Exactly.
Interviewer: Yeah. Which, is a problem for my project.
NTP5: It's so difficult because I'm so focused on her now to think of, "What was I doing when I was so focused on her?"
Interviewer: You're kind of describing times where you feel so focused on her, zooming in or just like a full awareness of what's going on with her.
NTP5: Yeah. I'm nodding a lot, I think.
Interviewer: Yeah, simple. Being silent and nodding and making eye contact.
NTP5: Yeah. Things like, "Yeah, yeah," like I'm with you, or, "Mm-hmm (affirmative)." Now this is just going to be awkward. A lot of- Yeah. It's almost like when someone's whispering and you're so intent on what you're hearing. It's that level of focus on all fronts. What does that look like? It looks like a lot of eye contact, a lot of movements that indicate I'm with you. Whether it's a nod, whether it's a noise. It doesn't necessarily even need to be a full reflection.
Interviewer: It's funny. You're saying those things are happening, just naturally, when you're being present with your client?
NTP5: Yeah.
Interviewer: Then, there are times where if your presence is pulled away or a little bit less present, but you're sustaining presence in a way by doing those things but you might also have some extra things that are going on, like a thought of something she said earlier or flagging something.
NTP5: Right.
Interviewer: You still might be doing some of those behaviors but you know you're a little bit less present than what you're capable of, or some moments where you're really zoomed in.
NTP5: Right.
Interviewer: Darn, I was going somewhere. When that's going on, and you might have some extra other things that you might be thinking of, what are you not doing in those moments? What would be some differences you might be able to point out?
NTP5: What am I not doing when I'm checked out but still-
Interviewer: Yeah.

NTP5: That's a good question.
Interviewer: How would I know? Would I know if, say I was watching you?
NTP5: No. We have this joke. [inaudible 00:46:48], do you know [name of professor]?
Interviewer: No.
NTP5: He's a [name of course]. A group of us in my cohort, and then there was a few others, took his X course because we needed for [inaudible 00:47:01] requirement in the fall. It takes a lot for me to really not like somebody or to be able to tolerate them. He was so obvious. I couldn't tolerate it. I could not. So full of himself and loves to talk. What I would do, because listening to him aggrevated me on such a level. I would check out. [name of colleagues] would say to me that they'd look over at me and they'd be like, "You're so engaged." I'm like, "I have mastered ..." The second he would glance at me I would give this nod and I was thinking about what I was going to do. I'd plan out my week, like, "When am I going to go to the gym? What day am I going to that class?" I was fully checked out. They actually commented, "You seem like you're really listening to him." I'm like, "I don't have a clue. I checked fully out. That is all show."
Interviewer: Right, yeah.
NTP5: Apparently I have that skill to pretend.
Interviewer: To be able to do that, yeah. Yeah. It's a pretending that I'm here, following along, but there's a huge difference there.
NTP5: Right.
Interviewer: What's the difference? I don't know. There's some other ... Again, there's other things going on but in an invisible way.
NTP5: Mm-hmm (affirmative). What I think is happening is that let's say I'm having a thought when I'm with the client. It sounds like what we could actually work on in therapy is that piece but that piece is more time management and she's already talking about that. What's not happening? To her, there's probably no difference. What's not happening is that I'm not necessarily downloading the information she's ... I'm not going to hear nuances in what she's saying. I'm getting more bare content and if something really important was flagged I'd probably pick up on that. If there was something more-
Interviewer: Not fully getting the information.
NTP5: Yeah, the signal is down.
Interviewer: Right.
NTP5: Yeah.
Interviewer: Yeah, just enough to manage the moment, to keep it going, to feel like there's still some connection there.
NTP5: Yeah. It's like when they talk about static in a signal. There's more static, so I'm not fully getting the signal.
Interviewer: Mm-hmm (affirmative). Still on the channel.
NTP5: Exactly.

Interviewer: It's not totally gone.
NTP5: Like the Marr Channel.
Interviewer: You're on a different channel.
NTP5: On a different channel.
Interviewer: Yes, only your physical body was in the room.
NTP5: Right. I was tuned out.
Interviewer: It's interesting. Even in the class, it sounds like on some level, you were able to, when he did make eye contact with you, you spontaneously were able to give a signal of, "I'm here."
NTP5: Yeah.
Interviewer: In some way, but some how unconsciously being able to do that.
NTP5: Yeah. You program yourself. When that thing looks at me, you nod. I make it meaningful too. [inaudible 00:50:16], exactly what he wanted. "You are blowing my mind right now with your words of wisdom."
Interviewer: That's funny. Yeah, interesting.
NTP5: Yeah, it is. Isn't it?
Interviewer: Something related to understanding becomes kind of limited in those moments?
NTP5: Yeah.
Interviewer: It might be a cost benefit thing in therapy where it's like, "I've got to let this slide for a little bit to manage because I'm trying to get on track somehow with how I'm understanding what's going on right now.
NTP5: Yeah. My concern going into the first session, I was really nervous about being supervised. I thought that was going to create a big block to my ability to be present. I thought that was going to stir up a lot of anxiety. I had anxiety about it before it happened. Then, I didn't have anxiety when it did happen. I thought, "This is going to take my attention. I'm going to thinking about them watching and judging." I almost couldn't figure out how I was going to be able to focus on the client. It's very different when there's actually somebody in need in front of you all of a sudden. It's like, "I can't ..."
Interviewer: When they came in front of you and they were a live person, now talking and expressing themselves, you find yourself naturally becoming present with them?
NTP5: Yeah.
Interviewer: The anxiety you were anticipating wasn't as strong as it was or it just-
NTP5: I was so her with her.

Interviewer: You were able to immediately connect and be present?
NTP5: Yeah.
Interviewer: With a live person being there, right? I guess that's the other side. You have a real person that you're being present to in the room. That goes along with your presence. I guess that goes without saying, but it's-
NTP5: If you're giving a presentation, that's very different. People are watching you give a presentation. My presence will be more compromised than if that same group of people were watching me conduct therapy with someone. There's somebody in need right in front of me. It's not about me. Again, it's not about me. Even though they are evaluating my performance, my job for that moment is to be there for someone else. Whereas, in a presentation, my job's not really to be there for anyone, it's just to present in a certain light. There's really something about meeting somebody on the other end of that that actually pulls my presence out. I can't demand it out, in a sense. That pulls it out. Does that make sense?
Interviewer: Maybe one last question. Any kinds of routines that you do before your client comes, while you're client's in the room, during the session, or the day before, that might somehow be related or connected to being present?
NTP5: I have a routine that I do.
Interviewer: Yes? What is it?
NTP5: The night before my first session I was doing observations for my thesis. I was watching (an advanced therapist) and one of her sessions. I drink so much water in a day. I had already decided water is just going to be in the therapy room with me. My clients will have to accept that their therapist drinks water. I'll choose when I drink it but I still have apprehensions about the actual drinking it and distracting them. I noticed in that video the therapist had a can of some sort of pop and she had two straws. I was like, "That's nice." Then, you're not breaking eye contact, your straw is there. You can still be more connected. Every session I bring two straws and actually, once a week, this week, maybe I'm getting addicted now because its Friday. Normally I have a pop once a week and it's during my session. I drink from two straws. How does that effect presence? I don't know if it does. Is there anything on a routine basis that I-
Interviewer: You mentioned something about distractibility or causing a distraction for the client? A reason why you would do that? You have it at hand but you have two straws and it's in a way where it's going to be obtrusive. It's not going to obstruct what is going on.
NTP5: Yeah. Something else. There's something about not entertaining ... I have no tolerance for entertaining negative thoughts about myself during the session, like my performance. I'll review that later. It's almost like a rule that I go in with.
Interviewer: Those thoughts come up, you're not going to be spending time thinking about that.
NTP5: Exactly. This is not the place. There is somebody here. That's a principal that I bring with me.
Interviewer: No negative thoughts [inaudible 00:56:25].
NTP5: Yeah, if something's not working, and I've been very fortunate that I have a very receptive client and everything's

worked. Let's say that's just an evaluation to change course. That's an evaluation to say, "They're not quite getting anything out of this." It's not a, "I screwed up there." That would be more presentation. In presentation I'll allow that voice to be there. With a client, again, that person being there.
Interviewer: Those thoughts haven't been coming up for you where they're really bogging you down and getting in the way?
NTP5: No.
Interviewer: An intention or principal that you're aware of now that you're talking of, I make it a point not to entertain negative thoughts about myself.
NTP5: Yeah.
Interviewer: Would you extend that to say about the client?
NTP5: Without a doubt. That's just not-
Interviewer: Those kinds of negative judgmental thoughts that are not to be brought up or entertained?
NTP5: Yes. A no judgment rule.
Interviewer: No judgment rule.
NTP5: For myself, for the client. I might judge her ex boyfriend. No judgment for her or for me.
Interviewer: Right. Do you find yourself at times, we mentioned a gradient of presence and relative more present or less present. Do you find yourself ever trying to get back into it?
NTP5: No. No.
Interviewer: Mm-hmm (affirmative). Okay.
NTP5: No, that would insinuate that I-
Interviewer: That you lost it for a minute and then coming back.
NTP5: Yeah. What would common answers in that regard be? Like where people all of sudden realize they've dropped out?
Interviewer: *[long empathic reflection]*
NTP5: Right.
Interviewer: Something like that. I don't know. It depends on the [inaudible 00:59:04].
NTP5: Yeah. I have a very [inaudible 00:59:05] client.
Interviewer: Mm-hmm (affirmative). You happened to be thinking or stressed about something. You might realize, "I keep thinking of this series of thoughts related to something I'm stressed about in my daily life," and you're trying to shake it off to get back into being present. Those are just examples.
NTP5: It's funny. What pops into my mind when you say that is I volunteered at the stress center for about a year.

Interviewer: Currently?
NTP5: *[describes personal story, requesting it not be recorded]*
Interviewer: Yeah, for sure. I wonder to what extent it's under the silently helps you be present in ways that are not really obvious. You're able to be fully present. In some way, even though it's a switch or a paradigm shift, it still informs your ability to be present, or somehow relate it to that.
NTP5: I think it does. I think there's a strong link somewhere in there.
Interviewer: *[long empathic reflection]* Sometimes with presence, if we're feeling constricted and we're not feeling so present, sometimes there are often a sense of fear quality. I don't want to know what you're going to say, so I feel cut off already.
NTP5: Right. Which is kind of in line with where I've had interruptions that I was describing, like the compliments. I'm fearful. It stirs up that, "I don't know how to respond." You've brought me in the room and it's a discomfort. It took me away.
Interviewer: Yeah. It's some unknown territory a bit, like, "I don't know if I should be here, if this is good or bad."
NTP5: Yeah, you just brought me into new territory. I was cool before we went here.
Interviewer: Yeah. You're right. A moment of panic, almost.
NTP5: Yeah, like you brought me somewhere new, which I could see happening. There was somebody talking about their client in case formulation presentations and I got fully triggered. I was like, "Wow, I guess I've not had exposure to ..." It was a trauma of some point, "In any way." I realized there's going to be those clients where you're dealing with your own shit the whole session. I'm not going to be able to have that switch. That switch is not going to work for me.
Interviewer: Mm-hmm (affirmative), yeah. Yeah, maybe. Yeah. I'll turn it off now. I think that's good. Yeah, thank you.
NTP5: Yeah, you're welcome.

Appendix C. Sample of the transformation of meaning units for Participant 1 (NTP1)

Participant 5 (NTP5)	
MU **COLUMN 1:** Meaning Units (MU) • Verbatim original transcript, but minor adjustments for readability. • Also, modified to third-person perspective (e.g., using "NTP5 feels" instead of "I feel"). • Cancel out interviewer questions (unless needed to make sense of description) as well as extraneous content (e.g., 'um', 'like', etc.)	**TMUs** **COLUMN 2:** Transformed Meaning Units (TMU) • Also known as 're-descriptions' of the MU by applying a phenomenological-psychological attitude to re-describe the original MU • Use of imaginative variation
[MU1] *I: Okay. I guess my first question is, just to get you oriented again. What I'm interested in is what it's like being present as a therapist in the therapy room…* Being present, what that means to NTP5, is having the client as her main focus, intentionally. She hears the client louder than she hears the thoughts in her own head, so to speak. NTP5 is able to communicate to the client exactly that, that she is hearing her and what the client is saying in depth, on multiple levels. *I: You're able to communicate that to her?* NTP5 can communicate that to the client, whether it's through eye contact, nods, hand gestures, whatever it is, tone, that level of, "I'm totally with you and not somewhere else, including inside my own head," which sometimes you have to be. In general, that is not only something NTP5 experiences but something that the client experiences too.	[TMU1] NTP5 states that being present for her generally is about keeping her attention firmly centered on the client, as opposed to her own personal thoughts, and communicating her full presence to the client through simple nonverbal gestures (eye contact, nodding, gestures), such that the client experiences NTP5's presence in the encounter.
[MU2]	[TMU2]

I: You mentioned that sometimes you have to be in your head? What kinds of times are those? Sure. There's times where NTP5 finds a lot of her experience in therapy has been very intuitive. She takes everything she's learned outside of all the ideas, all the techniques, different types of empathetic reflections and just trusts that she knows it and it'll come out as it's needed. NTP5 is going to think actively, "what would be right to say here and there?" However, she is still a junior. This is her first client, so there are times where she thinks ... she kind of plans, "the client has been talking about this a lot. It seems she's getting a bit stuck here. What am I going to do?" where the intuition doesn't serve NTP5? NTP5 doesn't know and she realizes, all of a sudden, they're on a course that she feels they shouldn't be on and- *I: Something is not quite working?* Yeah. Something flags in NTP5's head. If she doesn't want to interrupt the client because the client is going off on a story but NTP5 flags something and thinks, "That's probably something important to come back to." NTP5 will check in as far as strategy in the session but it doesn't happen often.	NTP5 states that in general she can let go and trust her knowledge or clinical intuition to guide her actions during the therapeutic process. However, her clinical intuition is limited in certain situations, for example when perceiving a kind of derailment in the interaction wherein the client seems stuck in their experience, NTP5 sees the interaction moving in an unproductive direction and yet does not know what to do. NTP5 becomes oriented to a vague problem here and is reluctant to interrupt the client's narrative.
[MU3] *I: Just to clarify, there might be a time where she's talking and then you'll flag something with what she was just saying in her story? That might be a time where you've turned attention to the flag that came up for you, or whatever? Thinking, "I've got to remember this," or, "Maybe there's something that can bring it up or do something with that?" That might be an instant where you checked into your own reaction or experience of what was going on?* Right, exactly. Very briefly. Yesterday was a session with the client. Yesterday was number nine, that NTP5 caught herself. She checked into herself for probably about 10 to 15 seconds where she lost a little bit of what the client was even saying, that NTP5 was trying to figure out, "What am I doing with this? I actually need to move backwards with her and recalculate what direction she wants to go into." There was more inner dialog that happened. That, to NTP5, takes her out of being present.	[TMU3] NTP5 states that in a recent session she found herself for a brief period attending more to her own inner dialogue about what the client *had already brought up* in the session (or previous sessions) with the desire to clarify how it fits into the goals and direction of therapy. But turning inwards to herself in this way

	meant that NTP5 turned away from the client and was therefore relatively inattentive to the client's live expressions. This brief event felt like a momentary lapse of presence for NTP5.
[MU4] *I: What was the interaction like in those moments?* NTP5 was still, probably to the client, seemingly present. *I: In what way?* Still eye contact directed toward the client, nodding. Yeah, but it was in NTP5's mind. NTP5 didn't have that glazed over look; however, she didn't have a mirror so maybe she did. Sometimes people are looking at you and you're like, "You're so not there." NTP5 thinks she knew enough to give the client that while she was processing. You know, some people, when they're processing they actually need to go into and it's very actively. *I: Right. This is processing while maintaining some level or degree of being present with her. Enough where you're nodding and eye contact is on track with whatever she's saying. Maybe what she's saying isn't necessarily sinking in too deeply for you? Would you say?* Yes, exactly. It's enough. *I: It's enough to keep her going or to let her feel* It's enough to keep her going. It's enough to keep with the story. Actually, NTP5 does trust that if something important, like there was a flag that happened in that moment, like NTP5 would still catch it. NTP5 is quite cognizant. She can meta-cognate pretty well, that she would catch that.	[TMU4] NTP5 states that although her attention was turned inward as she was processing her own thoughts, she still managed to sustain some degree of attention on the client and express certain presence behaviours (nodding, eye contact) to maintain very basic contact and tracking of the client's narrative.
[MU5] *I: Something in what she's saying, there might not have been any sort of really significant, important, poignant things with what she was saying in those moments?* Right. If NTP5 is checking out for a sec, she wouldn't do it when the client is in the middle of something really important where you know you're getting rich content that will give you direction on what to work with. Then, NTP5 is just there. If the moment allows and NTP5 needs it, then she could just go in for a sec. Does that make sense?	[TMU5] NTP5 states that her turning attention inward toward her own cognitive processing depends upon the therapeutic situation: if the client's experience

I: Yeah, sort of selecting the moments where you would allow yourself to do that. Allowing yourself to be non-present in some moment to do something that you need to do, but something related to the therapy session.	is deep or poignant or otherwise important, then NTP5 just fully attends to the client; but if not, and the NTP5 needs to make some rational connection, then she is free to turn inward and away from the client.
[MU6] *I: In that case you were trying to think of what's going on in the room with the client. What can I do or what's this flag or whatever questions you were posing to what came up? Were you thinking of gardening and playing with your dog?* No, that's a good question. When NTP5 is in that room she's pretty much there. The rest of the world shuts off. NTP5 has a poor bladder. That shuts off. *I: It's not a problem for about 60 minutes.* Yeah. There have been times where NTP5's presence, the content has been, "Oh my gosh she's so funny, the way she says things sometimes," that NTP5 will have a bit of a moment with herself where she's thinking, "That's hilarious," or wonders if through the mirror and her cohort, they're finding this as funny. The client is so great. It's all content related to the client. *I: Related to her.* Yeah, and what's happening at that time.	[TMU6] NTP5 states that in general she does not get distracted by thoughts that are entirely irrelevant or extraneous to the therapy situation; however, sometimes thoughts or judgements will arise that reflect aspects of what the client has been expressing, or wondering what her supervision team is thinking on the other side of the mirror.
[MU7] *I: [summarizing what has been discussed thus far ...] I don't know if that's a confusing way of putting it?* What do you mean? *I: They are one step removed from what's really going on with your client in the moment? What's the difference between moments where you check where you're reflecting on things and a moment where you're just fully there, like you used that word earlier? Yeah. How would that feel different or be different?* NTP5 is aware of her own thought versus she is not. When NTP5 is fully with the client... Yeah, if her thought was another voice in the room, it would not be speaking.	[TMU7] NTP5 states that when she is fully present with her client her mind is predominately quiet in terms of there being little to no activity of higher-order, personal thoughts.

When NTP5's presence or when she's not that level of there, she'll have a thought, something that'll pop up. *I: Something about those thoughts quieting down or just not arising?* Yeah. Not arising, yeah.	
[MU8] *I: Feeling more there? It's kind of a feeling?* No matter what NTP5 feels there but there is a slight, like a gradient of difference. NTP5 doesn't feel like she ever checks out. Definitely not. She's always there. *I: Some kind of gradient though? Maybe more fully there or more closely there? A little bit removed, slightly, but not totally?* Yeah. NTP5's attention is somewhat not fully on her. The benefit is that NTP5 processes these things. She is not stopping to think about, to judge what the client is saying. The other time, "That's funny," that's a judgment. *I: Yeah, that's a good point. That's kind of a judgment.* NTP5 is not stopping to judge herself. "What are you doing? You should have said this." She doesn't rewind back to should haves during a session.	[TMU8] NTP5 sees her presence as a constantly occurring thing that fluctuates along a continuum, never reaching a point of total absence. Generally, her relative lack of attention is attributed to trying to process things happening in session as opposed to judgments about the client (although sometimes this might occur) or judgments about what she could have done differently in the session.
[MU9] *I: Do you ever have the sense when working with this client of somehow trying to catch up to what she's saying or what's going on?* No. *I: She's talking; and you've had nine sessions now together? When she's talking, you're feeling like you're able to track, fairly well, what's going on?* Yeah. The client talks fast. *I: She's a fast talker, okay.* Beyond fast.	[TMU9] NTP5 states that although the client's communication style is quite fast-paced, she has been capable of mentally tracking the client. NTP5 sometimes has requested clarification from the client to ensure she grasps specific

I: You're just following what she's saying to find connections- Yeah. NTP5 thinks there was once or twice she can remember where she said to the client, "I just want to make sure I'm clear," and it was more on the content. It wasn't like, "Am I clear on how you're experiencing it?" It was on what the client said. "I just want to make sure I follow this story, like, you had that exam that day or the day before", kind of thing. As far as a feeling of catching up to her? No.	meanings of the client's narrative.
[MU10] *I: Was there a time that stands out as feeling the most present with her in a session? Maybe it was some moment or a series of moments or a particular session?* That NTP5 was most with her? I don't know. The client gets a lot. NTP5 could say maybe there's times she feels a little less with the client. *I: Today how were you feeling? You had a session today or yesterday? How was yesterday's session?* Good. Okay, yeah. It's sometimes in the beginning, like right when they're warming up, it'll waiver a little. Sorry, you said a moment where we're really present - NTP5 is talking about being less. *I: No, go with this.* Okay. In the beginning NTP5 will be a little more aware of thoughts. The odd time, yesterday she had it for the first time since maybe her first or second session, where she thought about [inaudible 00:13:15] and her cohort watching her through the window. NTP5 actually thought about that and thought about her chair or whatever. There was that moment. She was like, "I wish I had pushed the chair back a bit". That was taking away from presence. *I: This was when you first got into the room and were sitting down and settling in?* Yeah. Then, presence after that picks up pretty quick. The client will get NTP5 most present when ... she's always listening, just always there.	[TMU10] NTP5 states that generally at the outset of her sessions her quality of presence wavers somewhat as she settles into the space. This wavering is marked by certain extraneous thoughts like what her supervision team might be thinking behind the mirror, or thoughts about the orientation of her chair in the room. This wavering period is quickly followed by a more consistent flow of presence.
[MU11] *I: What makes you always there and always listening?* NTP5 really cares. She's not saying that other people don't because there's a certain - *I: You really care?*	[TMU11] NTP5 feels a strong sense of care towards really being there with her client and grasping the meaning of the client's experience. NTP5 values this

NTP5 really, really cares to be there first and foremost. Almost more than she cares about doing a good job. She cares to be present more than she cares about doing a good job, in a sense. *I: It's really important for you to be there for her once the session starts?* Yeah. There's a confidence that NTP5 doesn't need to think about what she's doing, she can just be with them and it'll come up and that's how she'll learn. Then, reflecting after, but NTP5 doesn't necessarily find value in reflecting on herself during this session. *I: The care that you're describing is not a care of, "I really want to be doing a good job right now," technically, or whatever?* No. *I: It's something about caring for just being there* For this person's story. For this person, what they're going through. NTP5 genuinely cares to- *I: You want to hear them.* Yeah. Pick up on their experience. She genuinely cares about their experience and wants to get it. She really wants to get it. That involves listening on all levels. She really wants to make sure she gets it. If someone was telling you you were about to die and they said, "I'm going to tell you once, the order of what you need to do to stay alive." You're like, "This is really important. I better really listen to what this person is saying. They're only saying it once." There's valuable information here. Your attention is on them. You care. It's important information. You value it. NTP5 has that with this client. She doesn't have other clients to compare to and there may be ones where maybe they're not doing the work, then NTP5 would feel less motivated to be so present for them, but she has a client who is really making strong efforts and her level of care also motivates NTP5 to want to be there more for her.	care even more than doing a good job per se. NTP5 relates the depth of this care to what one would experience should they be presented with information that could save their own life: the information is so valuable that it attracts the sharpest interest and attention to what is being said. NTP5 approaches the session with this kind of care. NTP5 adds that the fact that her client is motivated to work hard in therapy encourages NTP5 to approach the work with the degree of care and attention that she does.
[MU12] *I: Yeah, you're liking what she's bringing to the table too and you like to see how she's approaching therapy and engaging in it. Positive feelings towards her as well?* Yeah, definitely. Definitely. *I: That sense of care sounds really fundamental to setting you up to be there. I'm not sure what else can be underneath that.* That's a good point. Yeah. NTP5 has an ex-boyfriend who, when they were first getting to know each other, was like, "I can't believe when I tell you about work things I really feel like you're listening." NTP5 was like, "What does that mean?" He's like, "You ask questions that show me you actually care to know about it and	[TMU12] NTP5 states that she approaches other intimate relationships outside of therapy with a similar magnitude of care – again, a genuine caring interest to understand the other person's experience, coupled with a

you're hearing what I'm saying and you're processing it. You care to know." NTP5 was like, "Yeah, I care to know. I care about you." I think that applies in therapy too. It's like, "I genuinely care about you, so what you're saying is very important."	valuing of that experience (I.e. perceiving it as important).
[MU13] *I: They have something really important that they're going to share with you. That's the way that you understand it. There's something important and valuable that this person's experiencing, that they're going to say or they're struggling to get at? I'm just totally curious about that and I care about it.* It's almost like if it made perfect sense to them they wouldn't be in therapy. NTP5 thinks of a puzzle. The client might be able to describe each piece so well but not see how it fits together in a healthy way for them, or how it can fit together in a healthy way for them. They might be able to describe how the pieces ... They can describe this aspect and that aspect but then they can't describe a conflict of it, right? If your job as a therapist is to be like, "I've got to put this puzzle together. I need to make sense here but I need to make sure I understand these pieces before I can even work with them." Then, you're going to study your pieces. It's important. This is the information NTP5 is getting to do her job. Without this information NTP5 can't do her job. It's very important to get the information and make sure she's getting it in a helpful way or relevant way or accurate way to their experience. A lot of check ins.	[TMU13] NTP5 states that a fundamental part of her job as a therapist is understanding the various aspects of the client's experience, like putting together a complex puzzle. Thus, her job relies upon her ability to grasp as fully and as accurately as possible the meanings being expressed by the client, which means that what the client has to share is somehow valuable.
[MU14] *I: Right. Certain strategies or things you might do to try to get some of the information to clarify, et cetera. More, essentially, is being there just wide open with a sense of care and what's going on, first.* Yeah. Exactly. That someone cares: "I get it. It's tough. You're in therapy, something's happened there. I get that. I genuinely care." Just listening, just being that caring other. As (supervisor's names) always says, "Just being the caring other does so much for them." If NTP5 can give anything, she's going to give that. *I: Yeah. Yeah, it's so simple. Just be the caring other. In one sense it's simple.* Right. There's such a difficult- *I: It's challenging at times.* Yeah. They say that yoga pose, Shavasana, is the most difficult for people. *I: Which pose is that?* Where you lay on your back, flat, and don't move, and just observe.	[TMU14] NTP5 emphasizes that simply being a caring other for her client carries a lot of import in the therapeutic relationship, and that, ironically, the stillness and simplicity of this caring, present mode of being is actually quite difficult to sustain (like the shavasana pose in yoga).

I: Wow. People want to move. People want to twitch. To be still and present is so difficult. Like NTP5 said, it's so simple. Then we say this is the most challenging pose. The irony in that.	
[MU15] *I: Yeah. It's simple but very challenging to be there. It sounds like, in your sessions working with this client, what are some of the challenges? You described something like sometimes thoughts might come up but it's related to what she's saying and I might get thinking a little bit about what I might want to do. There's a sense of feeling stuck, maybe, in the session or something like that. What other kinds of ways do you try to wiggle out of the pose?* If she gets complimentary, NTP5 is not as comfortable with that. The client says things. NTP5 told her sister, the client calls it her therapy lessons. She'll say, "These therapy lessons. You are helping me. It's you that helped me do that." When the client describes a success she's like, "It was your voice I heard. It was you." NTP5 is like, "No." In those moments ... The client skipped her session last week, she wasn't feeling well and then she had a poor experience a few days after that. The client was regretting, "I knew I should have come to see you but I don't want to depend on you." It's very complimentary. She's very, like, "You have done so much for me." It's very clear that the client likes NTP5 and that makes her a bit uncomfortable.	[TMU15] NTP5 feels uncomfortable when the client compliments her as a therapist and attributes positive gains to NTP5. The compliments are perceived by NTP5 as personal in nature, in that they implicate or expose a more personal side of NTP5 that is usually hidden from the therapy situation and, as such, seems out of place.
[MU16] *I: A sense of feeling uncomfortable in that moment where she's pointing you out as doing a good job?* Yeah. NTP5 has a harder time being as fully present with the client's experience because it involves NTP5. It's not as genuine. NTP5 feels the same when the client talks about her successes. Everything in NTP5 wants to be like, "High five. This is awesome." You don't want to overly praise, either. It shouldn't be about NTP5's praise. There's a time to support and reinforce and then there's just, "She's not my buddy. She's not my friend." NTP5 gets a bit, out of pose, so to speak, where she is not as present because she's realizing that she's constraining something and she's aware, all of a sudden, of her experience in that moment being like, "Oh." *I: A sense of you being there, all of a sudden, in the room.*	[TMU16] NTP5 states that when she feels that her personal self, or sense of self, has entered too much into the therapeutic interaction, her overall experience somehow feels awkward or constrained. Her sense of a personal self is activated when the client directly compliments her (as noted in MU15) and also when NTP5 has a personal reaction that she secretly experiences but

	does not express to the client in session. In both cases, her sense of a personal self remains hidden from the client in the interaction.
[MU17] *I: [empathic summary/reflection of recent discussion…]* It's like NTP5 is having a reaction that's about herself. It's not about the client. What happens inside NTP5 is not about the client and helping her. It's a reaction about NTP5. Like the compliment, "That feels good." It makes NTP5 feel awkward too. "Don't make this about me. This therapy is about you." *I: Right. In those moments it stirs it up a bit. It's hard to be in the pose, like we were saying. It's like getting out of the pose-* It throws NTP5 off. Definitely. NTP5 is still present but there's something that she's not sharing with the client. It's not as transparent. NTP5 doesn't know presence, does presence really mean showing all of you? Maybe it's natural to have parts that you hold. Yeah. NTP5 was aware of them at that moment, which took her attention away from the client. A lot of what NTP5 is talking about here is attention. *I: Attention, yeah. It's a kind of attention. In that moment, it sounds like, now you have more to attend to and one of those things is your sense of self, being in the room, in a ... It's activated or it's resonating, or it's charged in some way. It requires you to have to do something with it now, also. Something she might see. You're like, "No, I don't think I want her to see this."* Exactly, yeah. There's a bit of an interruption.	[TMU17] NTP5 states that the client's compliment evoked or activated her sense of a personal self, which then entered her field of awareness when interacting with the client. This was felt to be both pleasant and awkward and disrupted the flow of the encounter. The awkward aspect is reflected in the fact that NTP5 felt "thrown off" and internally divided due a shift in attention toward her personal self, which she perceived as inappropriate and thus tried to protect from revealing to the client or allowing into the session.
[MU18] *I: You've got to handle it somehow. Do you remember how you did handle it at a time where she did praise you?* Yeah. NTP5 said something along the lines of, "Wow, that's very generous. It sounds like you're getting a lot out of therapy then." She said, "It was you." "It sounds like you're really making gains. You're getting a lot." NTP5 didn't want to make it about herself as much as [inaudible 00:26:33] "You know, when you compliment me, it's	[TMU18] NTP5 states that she coped with the client's praise directed toward her, namely that she was personally responsible for changing the client, which felt

pretty accurate to the effort I've been putting in to you too. I'm glad we concur on that." *I: "I've been reviewing the tapes."* "I do really get you. Yeah." Yeah, all of that. It makes NTP5 feel awkward, even now. *I: Yeah. Somehow you put it back, the attention, back on to her and her experience and what it might mean for her in the moment. As a way of shifting attention, your attention also?* Right. Exactly.	awkward, by shifting the meaning of the praise back toward the client's experience. NTP5 deflected attention even after the client persisted in her efforts in order to refrain from conceding to the praise.
[MU19] I: *Somehow, just coping with ...* [interviewer discusses some theoretical ideas related to a book he was reading at the time] *It's like, "Get it out of here." You have to somehow get it out of there.* This isn't about you right now. That's so true, yeah. *I: You did somehow. It seems like you put your attention back on her. It's helpful when I pay attention to her. Then, my ego doesn't come up like that.* NTP5 could go on a crazier level and say her ego is being fed the whole time, too, because she loves being able to figure this out and do this. In her last career she did very well but her ego was not satisfied; NTP5 didn't connect with the work. It was like, "I'm making money. I'm doing a really good job at it. Here we go again. Great." It didn't fulfill her ego. *I: It was more aversive or there was something not satisfying about that.* Right. Now, in session, when NTP5 is helping the client and is there and knows this is helping - that feeds her, too. *I: Satisfied. In those moments, maybe it's satisfied ... This is more theoretical, but it's not popping up and getting in the way often when you're fully there.* Yeah. No, exactly. Exactly. *I: Maybe it's helpful then, I suppose? If we eat, we're not hungry. Our hunger isn't calling out for attention.* Yeah, well put. If NTP5 was struggling with her client, maybe that would be completely different.	[TMU19] NTP5 states that overall the therapy process with her client has been successful, in that the client has been making positive gains and is benefitting from therapy. Knowing this has been a source of personal satisfaction and fulfillment for NTP5. This is somehow paradoxical because, on the one hand, NTP5 makes efforts to refrain from entertaining her personal ego during the session, and yet, on the other hand, she sees her sense of self as being reached or effected in a positive way through the sessions (I.e. satisfaction/fulfillment).
[MU20]	[TMU20]

I: *This is a client and a course of therapy, so far, that's been pretty smooth, you would say? She's had some positive gains it sounds like.* Yeah, totally. There's been great flow. There's been no ruptures. It's been perfect scores on the WAI every session. The session evaluation questionnaire, the client is having all these insights in the room. They laugh, the client cries sometimes. It's gone very well. Has it been challenging? NTP5 has been able to meet every challenge. That's different. NTP5 thinks if you start to feel like there's that disjoint or lack of flow, that would cause a real interruption in her ability to be present. *I: With her, the sense of flow has been quite smooth?* Yeah, big time. *I: No major disjoints or problems or things that have been obvious, where you're like, "We're not clicking right now?"* Not at all. *I:It feels good? That feels good? It's implied, I'm sensing? Would you say?* Yeah, exactly. *I: This feels good working with her?* Definitely, yeah. *I: Rewarding?* Yeah. Very much so.	NTP5 has perceived certain themes and markers indicative of a positive course of therapy, including a harmonious therapeutic relationship and constructive, genuine emotional expression of the client. Additional feedback has come from objective self-report measures completed by the client, a routine practice in the clinic. NTP5's sense of meeting the task demands of therapy feels quite rewarding. She imagines that if the flow of therapy was problematic, the quality of her presence would be undermined.
[MU21] *I: The moment where you felt thrown off when she was praising you?...I suppose you also felt uncomfortable because of ... What we were saying? Just a sense of, it's not about me? It wasn't embarrassment or shame. I don't know, was it embarrassment?* Right. Yeah. What are you feeling when you blush? *I:It's kind of embarrassed, isn't it? Somehow? No, it's being seen.* Yeah. It's a tough one to describe, isn't it? It's like you're caught. It's something that there's not a lot of words to respond to that. It's kind of like someone shoots you a compliment and it's like, "Oh, okay." In the therapy context it shot at NTP5 as a real person too. It brought her and her needs and it tickled her ego. Even though one day she was complimenting NTP5's hair and asking, "How'd you do that?" NTP5 was like, "Oh." Like NTP5 almost, not get awkward, but she was not herself. "You asked me about my hair. If we're buds I could go on and tell you the technique and	[TMU21] NTP5 states that the moment of being praised by her client evoked within her a sense of self-consciousness, of a hidden personal aspect of her identity being exposed to the client and therefore feeling 'caught' or 'seen' in a place where it

everything." Whereas, with the client, NTP5 was like, "Give her the basics. Don't turn this into a conversation about hair." It was off agenda. NTP5's attention had to go more toward monitoring her own boundaries, like maintaining that professional relationship.	should not be. When the client questioned this personal aspect (by asking about NTP5's hair), NTP5 sensed a breach in the professional therapeutic relationship and her awareness of the boundaries of their relationship became salient. NTP5 tacitly addressed this issue by responding to the client's question in a terse, superficial manner.
[MU22] *I: It becomes a complex moment all of a sudden.* All of a sudden somebody brings you into the therapy room. *I: You know things like, "I'm not sure I want to be here or that I should be here," in terms of me being at play, all of a sudden.* Yeah. NTP5 is a vehicle here for the client. That is NTP5's job. NTP5 is here to help you process, to support the client. NTP5 is here to help the client build, to understand. That is NTP5. Yes, she is [name], she has a name. Yes, NTP5 genuinely cares, but she is here for the client. If that's anything that the client needs to - The second the client brings her into the room as someone who has a life, it's like a bit of a paradigm shift.	[TMU22] NTP5's personal identity became manifested and exposed to the client in the therapy room, which felt fundamentally out of place, or like a 'paradigm shift', because NTP5 views her personal identity/ego to be counterproductive to the primary goal of prioritizing, attending to, and helping the personal life of the client.
[MU23] *I: Yeah, it's like a totally different paradigm. A different way of being that you have to, on some level like that, having to deal with it.* If NTP5 is going to be here for the client, which is fully being present for the client, her own needs and self are not here. At the underlying level, NTP5 has to obviously have needs being met, like the satisfaction of helping and really connecting with your work. NTP5 thought this isn't going to be the career for her [?]. That is being	[TMU23] NTP5 states that during the therapeutic encounter her personal identity, needs, and self-interests become suspended and put

met but you don't need to be somebody that NTP5 would necessarily like. NTP5 is not going to get annoyed. If you were NTP5's friend and were talking about that she might find it a bit annoying. If the client were using that language NTP5 might find that, like, "Okay. I get it. You know how to use slang." Whatever it is, she might get annoyed. That's that whole part of her that isn't there. It serves no function. That's not NTP5's job when she's there. It's not helping the client. To be fully present for them in therapeutic sense, there's a part of NTP5 that just doesn't get tended to. Does that make sense? *I: Yeah, totally. Then, when it gets brought up, then it-* It throws her off. *I: Yeah, it throws you off because it's out of place.* Yeah, very much.	out of play, meaning she does not draw attention to this side of herself and it does not exert influence on the way she sees and responds to the client. One implication of this suspension of her personal self is that NTP5 is unlikely to negatively judge or become annoyed with whatever the client is doing or saying, which in the context of a personal friendship might actually bother her. Paradoxically, NTP5 sees the importance of having her deeper needs met in terms of a global sense of feeling satisfied and connected to her work as a therapist.
[MU24] *I:* *Then, you have to do something about it. You have to put it away somewhere, in some sense.* Yeah, or hide it back again. It's like, "Hang on." The client brings up that part of you and it's like, "You don't know who I am." They bring up something in you that you keep so far away from that room. *I:* *Then, they bring it here.* Then they bring it here and it's like, "Okay, I'm just going to go put that back over there now."	[TMU24] NTP5 states that in one sense she feels comfortable genuinely sharing/offering her perspective (thoughts, opinions, etc.) with the client, but only inasmuch as this perspective has relevance within the realm of the therapeutic relationship (e.g., about the client's

I: *When that happened, and I think we already mentioned this, but you were able to do so. You were able to put it away, somewhat naturally and shifted attention and got on with the session.* Yeah. It's funny because NTP5 is not afraid to share what she thinks, to psycho educate. Whatever the psycho education [inaudible 00:38:13]. We know it's a process. It's not a linear one. Setbacks are completely normal. NTP5 will even prize a bit and say, "I really want to let you know that you have worked so hard and you've made so many gains. There's people that take a whole course of therapy," NTP5 won't say from what she understands, but, "There's people that take a whole course of therapy to do what you've done in two sessions." NTP5 will tell the client her perspective but it's always related. It's not 'me' as a person. It's not like, "I think that's really helpful," for no reason. "I like when you talk about that because it makes me laugh. I always enjoy myself with you because you're so funny." NTP5 is not afraid to be there with her own opinions and perspective to share with the client. It's always in therapeutic relationship. *I: Yeah, it's a nice distinction.* Yeah. NTP5 is not a Carl Rogers where she's just going to follow them. She does chime in a lot with psycho education.	progress in therapy, or some form of psychoeducation). In contrast, NTP5 sees her personal self as irrelevant for the therapeutic context and therefore decides against sharing this side of herself with the client.
[MU25] *I:You contribute beliefs or thoughts or opinions or understandings that do come from yourself, when you're providing them in a genuine way, but it's therapeutic or it's somehow part of your identity as a therapist or what you are like as a therapist, and as different than natural, every day you in the world.* Exactly, yeah. *I: Yeah, it's interesting. Let me ask you some other questions or follow up on some things now. It's about 10:00, too. We're doing pretty good.* *It's funny how these go. We go into many different avenues.* (Supervisor's name) says that about her supervision too. She's like, "You could do that in a task or you could do it the way you did." It kind of all came out in the conversation, so that works. You don't have to always do things so clear." NTP5 feels like that's what happened here. You had some questions and then we hit points in them. *I: Exactly. Now I'm looking through and many of them we touched on. Thinking of working with your client and yesterday's session, when you mentioned yourself, always being there, and then in some degree being there, what kinds of things do you notice yourself doing when you're feeling present and being present with your client?*	[TMU25] NTP5 states that she positions her body in different ways depending on the nature of the interaction with the client. She tends to lean back in her chair when listening to the client's narrative, but she will lean forward and closer to the client when more actively engaged in some form of experiential-processing work. Eye contact is an important and consistent aspect of the encounter.

[NTP5 requests clarification of interview question] *I: Yeah. What are you doing? To simplify it a bit, what are you doing with your body while you're there? Do you have a certain way that you sit with your client, for example?* When I'm really into things? *I: Yes, very into it. When you're really into i*t. The client is in that chair and NTP5 is sitting forward. This is NTP5's pose, or like this [showing interviewer]. NTP5 is leaning forward. Yeah, but that's more when they're doing processing in the beginning, when the client is more telling her about things she will listen like this, like she's more comfortable, seated back. *I: There could be a couple different positions or postures where you might assume?* Yeah. Eye contact is always the big one. *I: Do you guys make a lot of eye contact? When you're looking at her and she's in the chair, do you guys share eye contact often?* Yeah, and the client makes eye contact.	
[MU26] *I: She makes eye contact. Do you feel present with her when you're making eye contact? What can you say about that?* It's funny because there's almost ... NTP5 says this when she leaves the room, or she did in the beginning. It's funny because when asked about presence there's almost a lack, like the interviewer is asking NTP5 to revisit a time where she was so present there was almost a lack of awareness of ... you're asking her to bring awareness to it. *I:* *[reflection]* It's so difficult because NTP5 is so focused on her, now to think of, "What was I doing when I was so focused on her?" *I: You're kind of describing times where you feel so focused on her, zooming in or just like a full awareness of what's going on with her.*	[TMU26] NTP5 states that it is difficult to remember specific, concrete moments of being deeply present with her client. Being present in some way leaves little to no trace of what was happening in NTP5's lived experience.
[MU27]	[TMU27]

Yeah. I'm nodding a lot... *I:* *Yeah, simple. Being silent and nodding and making eye contact.* Yeah. Things like, "Yeah, yeah, I'm with you", or, "Mm-hmm (affirmative)." Now this is just going to be awkward. A lot of "Yeah" - It's almost like when someone's whispering and you're so intent on what you're hearing. It's that level of focus on all fronts. What does that look like? It looks like a lot of eye contact, a lot of movements that indicate "I'm with you", whether it's a nod, whether it's a noise. It doesn't necessarily even need to be a full reflection.	NTP5 states that her presence is manifested is various small verbal and nonverbal interpersonal behaviours over time – these include frequent nodding, establishing eye contact, expressing encouraging utterances (known as minimal encouragers - "mm-hmm", "yeah"), or brief empathic reflections. Parallel to these behaviours is a high degree of selective attention and concentrative listening, as if trying very hard to decipher someone's whispering.
[MU28] *I: [empathic reflection...]* *When that's going on, and you might have some extra other things that you might be thinking of, what are you not doing in those moments? What would be some differences you might be able to point out?* What is NTP5 not doing when she's checked out but still...? That's a good question. *I: How would I know? Would I know if, say I was watching you?* No. We have this joke. [inaudible 00:46:48], do you know [name of professor] here? *I:* *No.*	[TMU28] NTP5 states that in a classroom context that required attention on what the professor's lecture, she pretended to be fully present when actually she was largely withdrawn into her own imaginative processes (e.g., planning activities in her day). Her primary reason for withdrawing engagement was an aversive feeling

He's a [name of discipline] prof. A group in NTP5's cohort, and then there was a few others, took the course because they needed they requirement in the fall. It takes a lot for NTP5 to really not like somebody or to be able to tolerate them. He was so obvious - NTP5 couldn't tolerate it, she could not - so full of himself and loves to talk. What NTP5 would do, because listening to him aggravated her on such a level, she would check out. [Names of peers] would say to NTP5 that they'd look over at her and they'd be like, "You're so engaged." NTP5 would say, "I have mastered ..." The second the prof would glance at NTP5, she would give this nod, and was thinking about what she was going to do. She'd plan out her week, like, "When am I going to go to the gym? What day am I going to that class?" She was fully checked out. They actually commented, "You seem like you're really listening to him." NTP5 is like, "I don't have a clue. I checked fully out. That is all show." Apparently, NTP5 has that skill to pretend.	that was quite strong and difficult to regulate toward a professor with certain personality characteristics that irritated her. Her feigned presence was enough to fool her classmates and the professor. This mode of feigned presence, though maintaining contact with the environment at a minimal level (e.g., following basic social rules like automatically responding with eye contact when the professor glanced in her direction), resulted in a total lack of understanding about the content/meaning of the professor's lecture.
[MU29] *I: To be able to do that, yeah. Yeah. It's a pretending that I'm here, following along, but there's a huge difference there. What's the difference? I don't know. There's some other ... Again, there's other things going on but in an invisible way.* What NTP5 thinks is happening is that let's say she's having a thought when with the client: "It sounds like what we could actually work on in therapy is that piece but that piece is more time management and she's already talking about that." What's not happening? To the client, there's probably no difference. What's not happening is that NTP5 is not necessarily downloading the information the client is saying... she is not going to hear nuances in what the client is saying. NTP5 is getting more bare content and if something really important was flagged she would probably pick up on that. If there was something more – *I:* *Not fully getting the information.* Yeah, the signal is down.	[TMU29] NTP5 compares her experience of totally withdrawing when listening to a professor (described in MU28) with moments of only partially withdrawing when listening to her client in therapy. In the latter moments, during the client's narrative NTP5 would become aware of private

I: *Yeah, just enough to manage the moment, to keep it going, to feel like there's still some connection there.* Yeah. It's like when they talk about static in a signal. There's more static, so she's not fully getting the signal. *I: Still on the channel.* *It's not totally gone.* Exactly. Unlike the [professor] Channel. *I: You're on a different channel.* On a different channel. *I: Yes, only your physical body was in the room.* Right. NTP5 was tuned out [I.e. in-class example/context of pretending to be present]	thoughts arising about the direction of the therapy session and mentally debating about themes to explore with the client. Similar to the professor example, there is a degree of feigned presence here with her client in two ways; (1) the client shows no indication of knowing that NTP5 has partially withdrawn from the encounter, and (2) NTP5 is only superficially engaged with the interaction and therefore hears the 'bare content' of the client's narrative without receiving any nuances in the client's expressions [interesting to note: NTP5's lapse of presence seems to be facilitating more of a monologue rather than dialogue – the latter requires both partners to be present]. NTP5 uses the metaphor of static and signal to illustrate this experience. With the client, there is still some signal but it is lowered by the presence of static; whereas with the professor

	the signal is virtually absent, NTP5 has 'tuned out', 'switched channels'.
[MU30] *I: It's interesting. Even in the class, it sounds like on some level, you were able to, when he did make eye contact with you, you spontaneously were able to give a signal of, "I'm here." In some way, but somehow unconsciously being able to do that.* Yeah. You program yourself: "When that thing looks at NTP5, you nod". NTP5 makes it meaningful too. [inaudible 00:50:16], exactly what the prof wanted. "You are blowing my mind right now with your words of wisdom." [covered this in TMU28] *I: That's funny. Something related to understanding becomes kind of limited in those moments? It might be a cost benefit thing in therapy where it's like, "I've got to let this slide for a little bit to manage because I'm trying to get on track somehow with how I'm understanding what's going on right now.* Yeah. NTP5's concern going into the first session, she was really nervous about being supervised. She thought that was going to create a big block to her ability to be present. She thought that was going to stir up a lot of anxiety. She had anxiety about it before it happened. Then, she didn't have anxiety when it did happen. She thought, "This is going to take my attention. I'm going to thinking about them watching and judging." She almost couldn't figure out how she was going to be able to focus on the client. It's very different when there's actually somebody in need in front of you all of a sudden. It's like, "I can't ..." *I: When they came in front of you and they were a live person, now talking and expressing themselves, you find yourself naturally becoming present with them? The anxiety you were anticipating wasn't as strong as it was or it just-* Yeah. NTP5 was so with her. *I: You were able to immediately connect and be present?* Yeah.	[TMU30] NTP5 was surprised to find how readily present she became with her client in the first session. Thoughts about being evaluated by supervisors behind the one-way mirror were causing her to feel anxious in advance of the session, and she anticipated feeling anxious and distracted during the first session. But once she actually met the client and sat face-to-face with her, NTP5 immediately felt calm and focused.
[MU31] *I :With a live person being there, right? I guess that's the other side. You have a real person that you're being present to in the room. That goes along with your presence. I guess that goes without saying, but it's-* If you're giving a presentation, that's very different. People are watching you give a presentation. NTP5's presence will be more compromised than if that same group of people were watching her conduct therapy with someone. There's somebody in need right in front of NTP5. It's not about NTP5. Again, it's not about NTP5. Even though they [supervision team] are evaluating NTP5's performance, her job for that moment	[TMU31] NTP5 emphasizes that the special role as a therapist pulls out her presence more than other roles and life situations, such as giving a presentation.

is to be there for someone else. Whereas, in a presentation, her job is not really to be there for anyone, it's just to present in a certain light. There's really something about meeting somebody on the other end of that that actually pulls her presence out. NTP5 can't demand it out, in a sense. That pulls it out. Does that make sense?	Presenting to an audience feels more like a monologue being watched by others (NTP5 as central figure), whereas in therapy her role is to shift awareness and reach out toward the other person (NTP5 is not a central figure). The interpersonal grounding of therapy naturally elicits her presence.
[MU32] *I: Maybe one last question. Any kinds of routines that you do before your client comes, while you're client's in the room, during the session, or the day before, that might somehow be related or connected to being present?* NTP5 has a routine that she does. *I: Yes? What is it?* The night before her first session she was doing observations for her thesis. NTP5 was watching [therapist] and one of her sessions. NTP5 drinks so much water in a day. She had already decided water is just going to be in the therapy room with her; her clients will have to accept that their therapist drinks water. NTP5 will choose when she drinks it but she still has apprehensions about the actual drinking it and distracting the client. NTP5 noticed in that video [therapist's name] had a can of some sort of pop and she had two straws. NTP5 was like, "That's nice." Then, you're not breaking eye contact, your straw is there. You can still be more connected. Every session NTP5 brings two straws and actually, once a week, this week, maybe she's getting addicted now because its Friday. Normally she has a pop once a week and it's during her session. She drinks from two straws. How does that affect presence? NTP5 doesn't know if it does. Is there anything on a routine basis that ...	[TMU32] NTP5 states that one routine she has developed in session was inspired by watching video tapes of another senior therapist. This therapist brought a drink into the session and used a straw, the use of which NTP5 believes helped the therapist maintain eye contact and overall presence. Because NTP5 is used to drinking plenty of fluids through the day, and has decided she would be bringing a drink into the session, she decided to copy the other therapist and use a straw. She is unsure exactly

	how this impacts her presence.
[MU33] *I: You mentioned something about distractibility or causing a distraction for the client? A reason why you would do that? You have it at hand but you have two straws and it's in a way where it's going to be obtrusive. It's not going to obstruct what's going on.* Yeah. Something else. There's something about not entertaining ... NTP5 has no tolerance for entertaining negative thoughts about herself during the session, like her performance. She will review that later. It's almost like a rule that she goes in with. *I: Those thoughts come up, you're not going to be spending time thinking about that.* Exactly. This is not the place. There is somebody here. That's a principal that she brings with her. *I: No negative thoughts [inaudible 00:56:25].* Yeah, if something's not working, and NTP5 has been very fortunate that she has a very receptive client and everything's worked. Let's say that's just an evaluation to change course. That's an evaluation to say, "They're not quite getting anything out of this." It's not a, "I screwed up there." That would be more presentation. In presentation she will allow that voice to be there. With a client, again, that person being there. *I: Those thoughts haven't been coming up for you where they're really bogging you down and getting in the way?* No. *I: An intention or principal that you're aware of now that you're talking of, I make it a point not to entertain negative thoughts about myself.* Yeah. *I: Would you extend that to say about the client?* Without a doubt. That's just not- *I: Those kinds of negative judgmental thoughts that are not to be brought up or entertained?* Yes. A no judgment rule. For NTP5, for the client. NTP5 might judge the client's ex-boyfriend. No judgment for the client or for herself.	[TMU33] NTP5 states that another routine or common practice she brings into her work as a therapist is a strict Rogerian (client-centered) principal of refraining from negative judgements about herself (I.e. her performance as therapist) and the client. She has been successful in following this principal thus far, not getting pulled into negative evaluations during the session.
[MU34]	[TMU34]

I: Right. Do you find yourself at times, we mentioned a gradient of presence and relative more present or less present. Do you find yourself ever trying to get back into it? No. No, that would insinuate that NTP5 - *I: That you lost it for a minute and then coming back.* Yeah. What would common answers in that regard be? Like where people all of sudden realize they've dropped out? *I: Yeah. Realized that I just felt ... You know sometimes we might have a sense of feeling disconnected already from the client. [brief explanation with examples of what it might feel like to be relatively non-present]* Yeah. NTP5 has a very [inaudible 00:59:05] client. *I: You happened to be thinking or stressed about something. You might realize, "I keep thinking of this series of thoughts related to something I'm stressed about in my daily life," and you're trying to shake it off to get back into being present. Those are just examples.* It's funny. What pops into NTP5's mind when you say that is she volunteered at the stress center for about a year. *I: Currently?* *[NTP5 describes personal story and requested it not be recorded]* *I: Yeah, for sure. I wonder to what extent it's under the silently helps you be present in ways that are not really obvious. You're able to be fully present. In some way, even though it's a switch or a paradigm shift, it still informs your ability to be present, or somehow relate it to that.* NTP5 thinks it does. She thinks there's a strong link somewhere in there. *I: [Interviewer offers an interpretation about fearlessness]* Yeah.	NTP5 relates a story about her experience working in a counselling role prior to beginning graduate training in clinical psychology. At the time, she had recently experienced a tragic loss of a loved one and, in addition, another loved one had become ill. This was evoking within her a high degree of emotional distress and anticipatory grief the night before she was to provide counselling services. Although she was uncertain of her ability to be present with clients given her emotional state, when she actually was faced with clients her quality of presence was surprisingly strong. After work, however, she began actively grieving again. NTP5 wonders how this was possible and asserts that her counselling work somehow set up conditions to compartmentalize her own personal grief.

[MU35] *I: Sometimes with presence, if we're feeling constricted and we're not feeling so present, sometimes there are often a sense of fear quality. "I don't want to know what you're going to say, so I feel cut off already."* Right. Which is kind of in line with where NTP5 has had interruptions that she was describing, like the compliments. She's fearful. It stirs up that, "I don't know how to respond. You've brought me in the room and it's a discomfort. " It took NTP5 away. *I: Yeah. It's some unknown territory a bit, like, "I don't know if I should be here, if this is good or bad."* Yeah, "you just brought me into new territory. I was cool before we went here." *I: Yeah. You're right. A moment of panic, almost.* Yeah, like, "you brought me somewhere new, which I could see happening." There was somebody talking about their client in case formulation presentations and NTP5 got fully triggered. She was like, "Wow, I guess I've not had exposure to ..." It was a trauma of some point. NTP5 realized there's going to be those clients where you're dealing with your own shit the whole session. NTP5 is not going to be able to have that switch; that switch is not going to work for NTP5.	[TMU35] NTP5 states that fear is something that interrupts or interferes with her presence in session. This was the case when being confronted with her client's compliments, in that the compliments evoked and threatened to expose NTP5's personal identity, which she was not prepared to handle in relation to the client. The uncertainty and unfamiliarity underlying this situation was potent. NTP5 imagines there is more clinical territory, such as trauma work, with which she is equally unfamiliar and that might evoke a similar kind of presence-challenging fear.