THE PHENOMENOLOGY AND PRACTICE OF EDGE SENSING IN PSYCHOTHERAPY: EMBRACING EMBODIMENT AND PROCESS

By

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Abstract

This thesis explores three main questions: how does the phenomenon of change happen in psychotherapy, what propels human becoming, and what is our role as therapists in helping that forward process? Findings suggest that change is an embodied process, and that there is a generative zone of emergence between our embodied awareness and reflective mind that can be harnessed therapeutically by edge sensing between the two intertwined streams of consciousness.

I also posit that there is a parallel fault line occurring in both Cartesian dualism and traumatic experience: both install a dissociation between embodied awareness and reflective thought. The globalized, Western, modern worldview has led to the identification with, and valuation of, our intellectual selves, while our somatic selves have become rejected and devalued. Somatic therapy is posited to be one way of healing this divide.

Finally, this research, drawing on support from my clinical practice during practicum, reveals that a strong therapeutic relationship that fosters emotional attunement and resonation helps increase positive change, deeper connection with self and others, and more satisfying ways of being-in-the-world. I show that edge sensing, both intrapsychically and interpsychically, is helpful in creating a strong therapeutic relationship. I also suggest that edge sensing is a powerful therapeutic tool in working with and healing attachment ruptures that a client has either previously experienced, or ruptures that emerge within the therapeutic relationship itself.

Keywords: edge sensing, felt sense, implicit knowledge, emotional attunement, Cartesian dualism
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Chapter One: Change Discourse in Psychotherapy

Change is embodied process

People don't necessarily come to therapy to stay the same person. Change is at the heart of psychotherapy, facilitated by a unique encounter between two (or more) individuals. Yet, do we, as therapists and healers, know enough about how change occurs? Do we understand the nature of change in enough subtlety and depth so that we can help be facilitators of change?

Change discourse is at the heart of this thesis. Indeed, change is at the very heart of human experience. We're not just human beings; we're also human becomings. Moment by moment, we navigate, either consciously or unconsciously, the generative potential that comes from what already exists into what is continuously emerging. Our existence isn't static and conclusive, but rather an unfolding, ongoing, unfinished, experiential process. As existential psychotherapist Greg Madison (2014) writes, "any moment of living is a fresh event; the past does not determine it, though salient aspects of previous experience are active in the new interaction" (p. 28).

Yet this isn't the way many of us experience life. Often, the past does seem to determine who we are. Otherwise, we wouldn't find ourselves in therapy, feeling stuck, repeating stories and patterns and problems over and over again, and having no idea how to move forward into new ways of being. Feeling stuck are the key words here. If we were solely beings that existed as pre-determined structures, there would be no sense of being "stuck"; we would just be! And if we were solely beings that lived fresh, new experience without previous experience to structure our current one, we would also not feel "stuck": we would just be endlessly becoming! As Gendlin (as cited in Madison, 2014) points out, being stuck is a structure-bound process. But it is still a process (Madison, 2014). That is, something is trying to move forward out of stuckness. Something is propelling in a life-forward direction. What exactly is this something that is trying to move forward? What propels human becoming?
I resonate, in terms of my own experience, with Green's (2012) claim that it is our\textit{prereflective self}, or our\textit{agent}, that lives life forward, and our\textit{reflective mind} that understands or rationalizes it backwards. These terms, "prereflective self" and "reflective mind" are two other analytic concepts for the streams of consciousness that I discuss throughout this thesis. I use various terminologies for these different streams: body/mind, embodied awareness/cognitive mind, or implicit awareness/explicit awareness. An important note: sometimes these terminologies seem to describe these phenomena as processes, such as "streams of awareness"; other times, they seem to imply they are entities, when referred to as "the self," "the body self", for example. I would like to echo Green's (2012) suggestion that:

This entity language is convenient, even illuminating, if one keeps in mind that both the self and the mind are processes. When processes repeat themselves, they form pattern and those patterns taken collectively are descriptive in some cases of self and in others, of mind (p. 2).

I’m claiming that the sense of \textit{feeling stuck} results when there is a discrepancy between our reflective mind and our embodied awareness. It's the gap between what appears to us to be already determined vs. what reality is showing us to be otherwise (Green, 2012). We feel disappointment and frustration because our cognitive assumptions have been invalidated; reality brings something to our perception that is beyond the map of our cognitive assumption. In other words, our "ideal" version of reality or self is not lining up, is not congruent, with our "real" version of reality or self. I'll illustrate this point with an example of one of my "problems" that I brought to an early therapy session: I did not want to be controlling in my intimate relationships, yet I seemed to be unable to stop behaving in a controlling manner. My "ideal" self and my "real" self were not congruent; there was clearly a discrepancy between whom I thought I should be and who I actually was. I was experiencing what brings many people to therapy. I quote Green (2012) at length here, as he articulates the nature of the aforementioned incongruence:
My clients are quite adept at articulating their values and standards but quite limited in expressing what motivates their ‘problematic’ behaviour. I’m claiming that the ego ideal is articulate because it is a product of their reflective minds whereas the ‘real’ self is prereflective. In my framework, therefore, the ideal self is articulate, judgmental and, at times, impotent whereas the ‘real’ self is inarticulate and powerful. This interpretation explains why the motives for my client’s behaviour appears to be a mystery to her or him. Their behaviour is generated by something other than their ideals. They’re frustrated because they are unable to ‘walk their talk;’ unable to actualize their ideals. But what they don’t realize is that they are also unable to talk their walk. They are stuck in a third person perspective when it comes to understanding their troubling behaviour. They are dealing with a 'lost' subjectivity, which once was theirs. (p. 14)

I find the metaphor of "walking one's talk" and also "talking one's walk" to be very helpful. The feeling of being stuck, as I see it, is finding it difficult to be able to do either of those things congruently. The "change" discourse in psychotherapy is the other side of the coin to the "stuck" discourse. If stuckness is felt as incongruency between one's "ideal" self (the cognitive projections of the reflective mind) and one's "real" self (the embodied, palpable, felt self), then positive therapeutic change would involve creating congruency between the two. Psychotherapist Avraham Cohen (2015, personal communication) furthers this thought: positive change means "becoming increasingly who you are; your 'true' nature becomes accessible, and the good intentions and unskillful methods of the 'false' self is seen and enters a process of transformation that has at its core inner relationships and their development". Achieving this congruency requires dialectic between our implicit awareness and explicit awareness, which I'll focus on in Chapter Two.
The therapeutic relationship

The inner relationships we cultivate within ourselves are also reflective in our outer relationships with others; this becomes a recursive growth process (Cohen, 2015, personal communication). The change process is always relational and interactional; it requires an encounter between familiar and unfamiliar; known and unknown; home and adventure. This dyadic tension is, in Steinbock's (1995) words, "a continual historical becoming as delimited from one another. This is the sense in which home and alien are co-generative" (p. 179). Growth and change requires interplay between what is familiar coming into contact with what is unfamiliar. As psychologist Les Todres (2004) writes:

In adventure one is both excited and scared to enter the unknown - one is widened and stands in wonder. At its edge is our own finitude - of giving up what we have embodied. One is called by otherness and difference to respond as faithfully as possible - to honour the possibilities that stand out and to care of the possibilities of phenomena in an attitude of letting-be-ness. The one from home is transformed by this adventure, as such a 'self' is never self-enclosed by always in the openness of relationships (p. 41).

This brings us to the discussion of the unique relatedness of the therapeutic relationship, which is also at the heart of this change discourse, and which I'll probe in depth in Chapter four. I'll touch upon it briefly now through the question: who are we as healers? I believe we are holders of safe space, repairers of attachment ruptures, and process workers. In Chapter four, I will explore what it looks like and means to hold space so that people can be heard, seen, and felt into more expansive and connected ways of being. In this chapter, I will talk about holding space to help people be in their own process, as it relates to the change discourse.

As healers and therapists, we are agents of both intentional and receptive process. That is, when we learn to be part of the change process, we can both willfully "do change" but also surrender our will to the changing current of life that is happening through us all the time. Being part of the change process is an experiential dance between
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the known and the unknown. This is argued by Glanzer and Early (2012) to be inherently messy, but, as they put it, this messiness is good process, as it is the stuff out of which new meanings emerge.

How does this process unfold in the therapy session? How can we co-create "new relational experience infused with many possibilities- new expectations of self and other"? (Preston, 2008, p. 364). Here I turn to the relationship between our reflective mind and our embodied awareness as a zone of encounter. There is a dyadic edge between these two entwined streams of consciousness, which, as I explore in chapter two, is a zone of emergence or change. As therapists, we can practice what is known as edge sensing (Glanzer & Early, 2012), and teach our clients how to “edge-sense.” Or, as Green (2012) puts it, we can use our cognitive mind to attend to and symbolize our embodied awareness, so that our cognitive mind can incorporate "news from reality" (p. 42) into its conceptual map. This "news from reality" is implicit, bodily-felt experience. I will briefly introduce this important point below as a way of introducing philosopher and psychotherapist Eugene Gendlin's seminal work with the implicit as it relates to therapeutic outcome (Ault, 2013).

Turning attention to implicit, bodily-felt experience is a key indicator of therapeutic change

In the 1950s and 1960s, philosopher and psychotherapist Eugene Gendlin, in collaboration with psychotherapist Carl Rogers, found that clients with successful therapeutic outcomes seemed to be able to turn inwards and refer to their bodily felt experience (Ault, 2013; Wagner, 2006). These clients seemed to be focusing on their "felt sense" of the situation - not just emotions or feelings, but a vague, inarticulate sense of the whole situation that was just on the edge of their awareness. By paying close attention to what was being implicitly sensed and then trying to articulate this sense, insights would emerge and change would occur (Ault, 2013). This sounds simple and seemingly magical, but, as I'll show in chapter two, there is much complexity and perplexity to this.

Gendlin concluded that this process of change lies within the client (Wagner, 2006). The locus of change is, according to Gendlin, this space of encounter between
what is implicitly experienced and what is explicitly articulated. Gendlin developed a method to helping clients access and work within this space of encounter; he called this method Focusing. Focusing is the technique of bringing awareness to a vague, unclear, bodily "felt sense" (Ault, 2013). According to Gendlin, no living thing simply is, but always has an implied forward movement. This view, to note, is in agreement with Larry Green (2012) and Avraham Cohen's (2015) views on change discourse, which I've mentioned above. Others have characterized this kind of space as liminality (Turner, 1987), which makes sense, given that it is a zone of dynamic unpredictability and ambiguity: in short, a zone of creative change possibility (Heesoon Bai, personal communication, 2015). Again, what all this means or how this process works, of which there is a great deal of complexity, if not perplexity, is precisely the subject matter of the research in this thesis. I will be exploring in subsequent chapters what happens in the space of encounter; I will discuss how, in the process of Focusing, "language needs the body and the body needs language" (Ault, 2013, p. 308).

A personal experience of the felt sense: an illustrative narrative

In this introduction, I have introduced a lot of terms and ideas that may be somewhat esoteric or enigmatic. In order to ground the discussion I shall offer concrete examples. To begin, I offer an illustration of working with the encounter between implicit and explicit awareness to provide some concrete sense of, not just an abstract idea about, the felt sense.

A personal example of experiencing in this powerful space of encounter happened within me (note the language, not just to me!) in a therapy session some years ago. I had spent several sessions coming into awareness of a weird feeling inside of myself, something that relentlessly pressed me for more attention but I felt strangely resistant to investigating it. My therapist encouraged me to practice shifting my conscious awareness from my explicit, cognitive way of knowing, to my implicit, bodily felt experience. Glanzer and Early (2012) describe this shift well as a "visceral sensation of change in conscious location when dropping down from explicit experiencing into implicit experiencing" (p. 395). It began to feel like "I" was not existing in my head and thoughts
so much as "I" was learning to exist in my heart, my stomach, my breath, and my skin. As I began to rest my awareness within my implicit experience, I noticed a centre for the whole bodily sensation, deep within my chest. I did not cognitively "know" what this feeling was; in other words, I was touching what Donnel Stern (1997) calls "unformulated experience" - "the uninterpreted form of those raw materials of consciousness, reflective experience that may eventually be assigned verbal interpretations and thereby brought into articulate form" (p. 37). I did not know it at the time, but this process of moving between implicit body sense and explicit articulation is the hallmark of Gendlin's work (Preston, 2008). Once I was able to contact my felt sense, my therapist helped me to encourage meaning to emerge from my felt sense. He offered words, or symbols, to see if they "fit" my internal experience. Was this bodily feeling "heavy"? Somewhat, but it also felt like a bursting through, like a fluttering motion, like almost uncontainable. Did this feeling have a colour? No. Did this feeling have a location? Yes, it was in my chest, my heart, but it was also rising everywhere at once. I was checking my words against my felt sense, and my felt sense was responding to my inquiry. Then I went a little deeper into the feeling in my chest and stayed with it a bit longer in silence. Why was I so uncomfortable with this feeling? What was it? Suddenly, insight arose, and I "ran" scrambling back into my head. I opened my eyes and told my therapist that I was terribly afraid of encountering that feeling! I still had no idea what the feeling WAS, but now I knew that I was uncomfortable because I did not want to fully feel it. My therapist encouraged me to take my time and touch it a little bit, when I was ready. After a few moments, I decided to investigate again. I went again into my felt sense. This time, with a little more courage, I discovered that I still did not know what this feeling was, but it felt huge. It felt absolutely enormous. I struggled to reach for language that would articulate my implicit experience. I was encountering a sense of the whole world attached to this sensation; something felt incredibly heavy; something felt like it would swallow me alive and there would be nothing left. I came back up again. I was beginning to realize that this enormous THING that I was encountering inside myself was a powerful emotion. My felt sense was not my emotion per se; staying with my felt sense was allowing me the space to observe bodily felt sensation that was bigger, and larger than, my emotions. I considered a metaphor for my experience: if emotions are
waves, the felt sense is the beach. I was learning to stand on the shore and not get swept away by the waves; I was learning to face the ocean and dip my foot in the water, one toe at a time. I was learning that I had control to be able to dive into the water, and also return to the shore to breathe. I told my therapist I was ready to discover what this overwhelming, drowning feeling was inside me. With a deep breath, I allowed myself to fully encounter whatever was there. A painful gulp came out of me; then shudders and gasps as deep sobs emerged, followed by tears. My throat ached and burned and it felt like all my muscles were simultaneously holding on and letting go. Meaning arose: this was many, many years of sadness that I had been refusing to feel, finally emerging from me. There was so much sadness in me that I had been afraid it would take over and there would be no more of me left.

This profoundly powerful encounter moment, when my implicit knowledge and my explicit knowledge "clicked" together, was a huge forward movement for me. In Gendlin's (1996) terms this was a moment of affective recognition, or "shift," which I will talk more about this in a later chapter. It was the birth of new emergent experience that had a palpable sense of release, relief and a new path forward.

**Significance and relevance of the felt sense research in counselling**

In contrast to my first-hand encounter with an enormously powerful and helpful experience of felt sense in my own therapy, the notion of felt sense is, it turns out, a still not too prominent idea in psychotherapy. For example, in my own counselling program, there were only a few professors who "brought the prereflective into the conversation as a legitimate voice" (Green, 2015, p. 21). It was clear to me that within my program, which is known to be one of the best counselling programs in North America, the cognitive, reflective, explicit, rational mind is still very much privileged as a source of knowledge. Implicit, embodied, knowledge is often de-valued and left out of the process of therapy. I find this to be ironic, because, as Madison (2014) claims, and I agree with, *embodied actually is process*. If we leave our embodied awareness out of the therapeutic process, we are missing a huge mobilizing force that lives within us all the time.
From my own experience as well as my growing research interest in the felt sense, I am becoming increasingly convinced that the ability of both the therapist and the client to be able to access and work with implicit, bodily-felt experience is of paramount importance to positive change. The therapist’s role could be considered to be a bit of a "psychic alchemist." How this works seems to me that the therapist "holds space" for the client; that is, the therapist's own presence and being-ness creates a feeling of being "held," so that the client can experience themselves safely. When there is a feeling of being "held," or gently "contained," inner movement can happen in a way that does not feel frightening, unbearable, or overwhelming. I am interested in exploring this intersubjective process in intimate details. Chapter four of this thesis explores the therapeutic relationship from this perspective in greater depth.

**Methodological considerations**

The research methods that I will deploy for this thesis will be a blend between a literature review on the phenomenology of edge sensing, implicit and explicit experiencing, and process-oriented psychotherapy, and my own experiential knowledge that confirms, disconfirms, or elaborates upon the concepts identified and defined in my literature review. In other words, my approach to the topic of experiencing the "edge" of encounter between implicit and explicit knowledge, will be paralleled in my methodology. My conceptual analysis of the literature I am discussing reflects my explicit knowledge-making of the subject. Yet, to remain only explicit and conceptual would continue to reflect the bias of our current culture towards privileging cognitive thought. Therefore, my intention is to bring forth my own felt sense to evaluate the concepts discovered in my lit review by venturing into the realm of implicit, bodily-felt experience. Communicating from this dimension and languaging the felt sense without losing the experiential quality is tricky, but hopefully it is possible. To do so, I intend to use metaphors, personal writing, memories and conversations that evoke and invite my implicit, prereflective self into this work. This method constitutes autoethnography, which is an "emerging qualitative research method that allows the author to write in a highly personalized style, drawing on his or her experience to extend understanding about a societal phenomenon" (Wall, 2006, p. 1). This method acknowledges and embraces the
inextricable link between what is personal and what is cultural, while making room for nontraditional forms of expression, inquiry and research. I find this method to be a good way of, as Green (2015) puts it, inviting the implicit into the conversation.

Chapter outlines

Throughout this introductory chapter (chapter one), I have introduced several key concepts and theories that I will go into greater depth with in my subsequent chapters. I cover these concepts again here, in sequential order, to provide a structural outline of how I approach each sub-topic:

In chapter two, I explore the phenomenology of edge sensing and its background and development in psychotherapy. I further clarify implicit awareness, explicit awareness, and the space of encounter (edge sensing) between the two. I discuss Gendlin's view of the body as body-environment, as process, and talk about the generative potential of the lived body (Madison, 2010). I follow Gendlin's redefinition of thought as involving the body, and explore what thinking from within the body feels like. I use free-flow poetry in this chapter to explore the space of encounter and to language my prereflective self. I incorporate my personal experience of edge sensing practices to show how it can be a way to discover and harness forward movement and process.

In chapter three, I talk about the dwelling place of the implicit, or the felt sense - namely the body. I claim that we have a cultural dissociation between our reflective mind and our felt sense. I parallel this dissociation to traumatic experience, where bodily emotional experience is not integrated with the reflective mind (Fosha, 2013). I argue that we are dissociated largely because we enact our current worldview, the modern Western worldview, thereby creating a dissociated self. That is, our current cultural paradigm presents a bifurcation between the reflective mind and the somatic body: a mind/body split. The legacy of this worldview marginalizes the body, body knowing, our inner experience, and our felt sense. I discuss how this dissociated state of being creates all sorts of issues, for essentially we are living in a "system break" that compromises the wholeness of our human being and becoming. I present health as a state of wholeness and
vitality. I also show how vitality, or spirit, can be understood and embraced not as an intellectual concept, but as a bodily felt phenomenon and a path to healing. I discuss the "problem" with the "pathology" model of understanding illness: I claim that when we start to view symptoms of illness as pathology instead of signal, we forget that what we experience as a "problem" is not a "set 'condition' but really an experience that is trying to live further, which is why it is felt as a problem" (Madison, 2014, p. 28).

In chapter four, I bring the focus to the context of the therapeutic relationship itself. I discuss therapy as a "new us," and "new relatedness" in which a new feeling of "inter-being" and relationality can emerge through implicit sensing (Preston, 2008). I discuss how the work of felt sense leads into edge sensing and openness to otherness, all of which is crucial to therapeutic work. I also explore the phenomenon of empathy, which is a phenomenon within implicit knowing. I discuss how body knowing is inherently relational, and generates a better understanding and sensitivity to others (Watson, 2013). I discuss edge sensing as an intersubjective process and an action in therapeutic encounter. I explore how edge sensing is one of the most powerful and valuable phenomena in healing work, as it creates safety and healthy attachment in the therapeutic encounter. I share personal experiences that illustrate edge sensing and empathic resonance.
Chapter two: The felt sense and edge sensing

This chapter explores the phenomenology of edge sensing and its background and development in psychotherapy. I explore two types of knowing and experiencing: implicit experiencing and explicit meaning, and clarify the various labels that have been given to these two streams of experience. I then explore the third type of experiencing that works in the space of encounter between the implicit and the explicit, or at the "edge." The back-and-forth movement of this dyadic encounter has been called various terms: Gendlin coined the term Focusing, and Glanzer and Early (2012) call it edge sensing. In this paper I use both terms, depending on whom I am referencing. I draw on my personal experience to illustrate how powerful edge sensing can be to generating new thoughts, new possibilities and to harness a life-forward movement in the therapeutic process.

Two types of conscious experience: implicit and explicit

There are two distinctive types of conscious experience (Glanzer & Early, 2012), one based on a conceptual, symbolic language and the other based on an affective sensory motoric language (Greenberg, 2002). There are various terms for these modalities, many of which I've already alluded to in Chapter One, which all carry their own unique connotations. For example, Green (2012) uses the terms "prereflective self" and "reflective mind." The common shorthand for these terms is often referred to as body and mind, or heart and head. The mind's awareness is primarily reflecting and symbolizing, whereas the body's awareness is primarily sensing and feeling. Both forms of awareness connote a certain form of sentience, or consciousness. Mind is conscious because we are aware of our thoughts passing through us; likewise, body is also conscious because we are aware of feeling passing through us. These two streams of consciousness are two streams of knowledge: "implicit and explicit knowing, and in referring to the subjective experience of these two systems, implicit and explicit experiencing" (Glanzer and Early, 2012, p. 393). In this thesis I will primarily use the term embodied awareness when I am speaking of implicit, bodily-felt consciousness, and the term reflective mind when I am speaking of explicit, cognitive consciousness.
A methodological note: I'd prefer to begin with implicit knowledge, as all too often explicit knowledge is given validation and priority over implicit knowledge in today’s Cartesian-influenced modern society. Part of my intention and hope in exploring this thesis topic is to help shift this imbalance. However, in spite of my preference I will begin with the explicit, not to unintentionally replicate the dominance of explicit knowledge, but because the written word format of this thesis lends itself to expressing the explicit (which is dependent upon symbolization, representation, and language.)

**Explicit knowledge and experience**

Explicit knowing is what we define as intellectual thought: mental concepts, symbols, and defined "packages" of ideas. Typically, when we speak of understanding something, or knowing something, we are referring to explicit knowledge. Once we understand something conceptually or symbolically, in our "head," we say we know something. For example, I look at my cat, sitting next to me on my living room rug as I write, and his name immediately pops into my head: "Binky." I explicitly know what word represents him. The name itself, "Bink," is not my cat; it is a symbol that points at and references his being. I am reminded of, and agree with, Nietzsche's (1962) statement: "Words are but symbols for the relations of things to one another and to us; nowhere do they touch upon absolute truth" (p. 83). What Nietzsche is getting at here is that the packaged zone of the explicit radically misses something that we experience pre-reflectively and pre-symbolically (or how else would we even know that it exists?), but cannot be fully put into words, images, or other symbolic forms. Another example of this something that is just beyond the reach of language becomes evidenced when we say "I feel something, but I just don't have the words for it..."

**Implicit knowledge and experience**

Nietzsche (1962) continues: "Through words and concepts we shall never reach beyond the wall of relations, to some sort of fabulous primal ground of things" (p. 83). I believe this primal ground of things that Nietzsche speaks of is the world of the implicit, or lived experience. We have direct knowledge of the implicit, but not in a conceptual, symbolic, mental sense. This is a different knowledge, one that is "felt rather than
thought" (Preston, 2008a, p. 351). I find Preston's explanation of the implicit to be very helpful here:

The implicit is "already" and "not yet." We feel it and are impacted by it, and yet its nature and message is ambiguous. It is like the wind. We "feel" it but we don't "see it." We are in it - it is not simply content, it is a palpable feeling sense of ourselves and the intersubjective field of which we are a part. It is large enough to house many contents, even seemingly contradictory ones. It opens as it forms itself into words, images, and thoughts. It calls attention to the emergent horizon of experience - the lightening sky forecasts the coming of a new day. (ibid, p. 350)

Preston further writes that, at times, the implicit goes unnoticed, like the wallpaper in the background. At other times, however, it is fully noticed and requires a response, as it may "grip the stomach, tug on the heart, or scramble the brain. At these times it is unavoidably palpably demandingly there" (ibid, p. 351). In these moments, the implicit rises up and seeks recognition from the explicit. I'll give an example that clarifies the distinction between implicit and explicit knowledge. Imagine you're walking down a street and you run into somebody who you know, but have forgotten their name. You implicitly know that you know their name; but you don't explicitly know what the word is yet. The name is "there" and also "not there;" it's on the "tip of your tongue." You run through a list of possible names in your mind to see if they fit: is it "James"? No, that's not it... is it "Jeff"? No... is it "Jake"? AHA! Yes! It's definitely Jake. That's the name, the right "fit." Your explicit/implicit interchange has lined up, and you feel a sense of recognition and rightness at the correct articulation. In Eugene Gendlin's (1996) terms, this space of encounter between implicit and explicit experiencing happens at the "edge" of awareness, the frontier of thinking.

**Embodied awareness always lives forward, always reaches for "more"**

This "lived body sensing of situations" (Todres, 2004, p.45) is what Gendlin calls the "felt sense," or what I call **embodied awareness**. When we experience our "felt sense"
or our embodied awareness, we are reaching into the "palpable feeling sense of ourselves and the intersubjective field of which we are a part" (Preston, 2008a, p. 350). What does this mean? In Gendlin's explanation, our body is not just body, but is actually body-environment. The body's felt sense is not just subjective body sensations that relate to what is happening on the inside, but "the sentience of what is happening in one's living in the outside" (as cited in Todres, 2004, p.46). The body is not a machine, nor a passive container for thinking, but "an intentional body, primordially relational, and co-arising with its situation that is not just fleshly perceptual but also full of implicit meanings and relational understanding" (Todres, p. 44).

Gendlin asserts that the "more" of bodily-grounded experience is "always open for further living and action" (as cited in Todres, 2004, p. 47). I particularly resonate with this expression of the "more" that is bodily-grounded experience. In other words, we experience something that is "more" than language or cognitive units. "The way we are bodily in situations exceeds any precise formulation or patterning of it" (Todres, 2004, p. 45). That is, whenever we speak of anything, we are only speaking about it. The about implies that there is a living realm of the "unsaid more" that is always bigger than what the "said" is about. I'll repeat Nietzsche's (1962) words here: "Through words and concepts we shall never reach beyond the wall of relations, to some sort of fabulous primal ground of things" (p. 83). With our language and with our mental concepts, we reference this inarticulate world that is the primal ground of things. But we can never fully explicitly articulate this implicit world; our words can reach for the feeling, but can only be about it. The felt sense itself lives within the body, not the mind. We feel into the primal ground of things, not think about it; and we can feel into the "unsaid more" that is always bigger than what is "said". In this way, the body is the lived, direct, intimate medium of the "more" (Todres, 2004). We reach for and try to reference the "more" as we struggle to fit the right words to express how we feel; not packaged concepts of emotions like "happy" or "sad," but the whole feel of the present moment moving forward.
A zone of emergence: The generative encounter between embodied awareness and the reflective mind

Yet to say that embodied awareness always involves the more does not mean to belittle or demean the reflective mind. The reflective mind is very much needed by the body. Todres' (2004) states:

The body cannot work alone either. It needs language to form further from itself until the distinctions are ready to stand out at least for a moment in shared space. It is in this relationship of mixing and separating that language, embodiment and the "more" are intimately related and cannot be fully reduced to one another. (p. 47).

The relationship between language (the medium of reflective mind) and body is essential to forward movement. Todres (2004) speaks of Gendlin's contribution to the generative relationship between bodily-grounded experience and cognitive language, writing that the "more" of the felt sense always implies further events, actions and situation, and that language "unfolds distinctions from an embodied sense of the 'more' (experiencing) and these distinctions in turn become part of the specific history of the 'more'" (p. 46). What does Todres mean? Here is an illustration: A therapist notices her client is making a gesture, as she speaks, that resembles striking or pounding. The therapist further notices the client slightly stammering. Striking and stammering appear at odds with each other, as if striking is happening but missing the mark. At this juncture, the therapist introduces the words, hammer and anvil, to the client, saying: “As I listen to you, what is coming up for me is this image of you bringing down your hammer onto an anvil but the anvil is not placed directly underneath, and so the metal piece you are working on is not quite receiving the full blow that you are trying to deliver. Does that resonate with you in any way? Do you feel that?” The client responds with an audible sigh and says, “Yes, that feels right. I’ve been making an enormous effort but the result I’m seeking is not happening. And yet, there I was, keep pounding, with more and more effort, and keep
missing the mark. I didn’t quite realize that. And this would also explain why I’ve been feeling so tired and growing discouraged.”

The space of encounter between implicit and explicit is precisely the nexus of forming further, or emergence. And when we try to articulate the inarticulate, not with the intention to capture or contain implicit experience but to "set it free" (Preston, 2008b, p.361), we have the opportunity to harness this forward movement in the therapeutic process. But before I write more about harnessing the power of encounter, I'll introduce two terminologies that would help distinguish this implicit/explicit interchange both intrapsychically (experienced as the felt sense) and interpsychically (happening between individuals).

"Focusing" and "edge sensing"

Thus far, I have used Glanzer and Early's (2012) term edge sensing to refer to the implicit/explicit interchange. Gendlin's term for the same interchange is called Focusing, the "zigzag, back-and-forth movement needed to straddle the two realms" (Preston, 2008a, p. 356). Although these two terminologies refer to the same process of encounter, I will use these terminologies in slightly different ways: to refer to this dyadic encounter both intrapsychically but also interpsychically. Glanzer and Early (2012) write that in the therapeutic relationship, for example, edge sensing can happen in three ways:

1. Intrapsychically within the client: the process here is the emergent "I" of psychotherapy that has to do with who the client is becoming.

2. Intrapsychically within the therapist, "whose edge sensing includes empathic attunement and personal components" (Glanzer & Early, 2012, p. 393).

3. Interpsychically between client and therapist, as they connect both on an explicit level and also on an implicit level. The process here is the emergent "we" of psychotherapy: the emerging relational matrix of intersubjectivity.

Hence, when I am speaking of the specific process of edge sensing within the individual (intrapsychically) I will use Gendlin's term Focusing. When I am speaking of edge
sensing as a general phenomenon or between individuals (interpsychically) I will say *edge sensing*.

For the rest of this chapter, I explore *Focusing*, happening within the individual. In the next chapter, Chapter Three, I explore *edge sensing* relationally, showing how the therapeutic relationship works not only to externalize the client's inner implicit/explicit interchange, but also how the resonance between the client and therapist's implicit experience leads to co-created change for both people (Glanzer & Early, 2012).

**Gendlin's Focusing: harnessing the power of encounter in therapy**

At the edge of awareness between the implicit and the explicit is experiential process, which borders an enormous reservoir of possibility (Preston, 2008b). Focusing is a technique that deepens a person's ability to refer inwardly to their own process of experiencing (Wagner, 2006) and releases previously unformed implicit knowledge that can lead to a greater sense of self-understanding (Bassoff, 1984). Attending to this process with cultivation and care helps to give birth to new possibilities, new ways of being, a way forward out of the "stuckness" or "problem" that the client is experiencing.

Yet, the goal here is not to just repeat the client's words back to the client as if the therapist was functioning like a human mirror, a mere reflection of the client. That would not be helpful at all. In fact, at the beginning of this Master's program, when my cohorts and I were eagerly trying out our first "counselling skills" on our family, friends and partners, many of us tried to simply reflect back what the other person was saying to us to help the person to feel understood, but to no avail. For example, many of us would say something like, "I went home and practiced ‘reflecting’ back to my partner exactly what he was saying to me, and he said it was incredibly annoying and asked me to stop parroting him!"

So, this "reflecting" that the therapist must do is not just reflecting what is already explicitly articulated, but is also reaching for the "more." For example, if the client says "I felt so angry when she spoke to me like that," it is not enough for the therapist to repeat, "So I'm hearing that you felt angry when she spoke to you like that."
This sort of mirroring-back only pauses the process. What furthers process is to reach for the "more" that is not more of the same, but the more of something else that is coming forth right now from the bodily experience that is living further. The therapist might say: "I sense that that same anger is lingering around for you right now. Can you stay with it a moment?" In this way, the therapist does not merely reflect the client's experience back to the client but instead "relies on his own felt sense, the thoughts, feelings, images, and metaphors that he feels might have the potential to carry the patient's experience further" (Preston, 2008a, p. 361).

How does this carrying further happen? Preston (2008a) writes that in Gendlin's view, "therapist responses 'carry forward' when they 'point' at just exactly the felt sense that the patient is trying to communicate verbally and non-verbally" (p. 362). It's a moment of recognition that happens, which is felt as an "AHA" or "click." I particularly like Glanzer and Early's (2012) description of this sort of moment of recognition as an "alive moment" which happens when there is a dyadic "bumping up against" each other in moments of awkwardness or in moments of connection. We notice experience when we feel a palpable aliveness in the encounter: "No, something about that doesn't feel right to me," or "Wow, yes, that's it. . ." Fosha (as cited in Glanzer & Early, 2012) writes that these moments of dyadic fittedness can be between self and other, different internal parts of ourselves, self and experience, or self and process. We feel a "click" when "not me" (sense of otherness) is able to be integrated into "me" (sense of self) in a way that feels right. I will elaborate on this further in Chapter Four.

**Focusing technique**

In Focusing, a situation is held in the felt sense subverbally, intuitively, and holistically (Bassoff, 1984) until messages emerge from the inner self and potential symbolizations can be referred back to bodily experience to further the meaning-making process (Wagner, 2006). Gendlin clarifies a sequence of six steps of the Focusing technique in his book *Focusing* (1981) that I offer again here:
(1) Clearing a space - The client relaxes, pays attention inwardly, and simply inquires, "How is my life going? What is the main thing for me right now?" and then waits for the answers to form.

(2) Felt sense - From among what comes up, the client selects one personal problem to focus on and gets a sense of what the whole of the problem feels like.

(3) Handle - The client allows a word, phrase, or image to come up from the felt sense itself and stays with the quality of the felt sense until the word, phrase, or image fits it just right.

(4) Resonating - The client goes back and forth between the felt sense and the word, phrase, or image and checks how they resonate with each other, allowing the felt sense and the description or picture to change.

(5) Asking - The client asks, "What is it about this whole problem that makes the quality (i.e., the word, phrase, or image)?" or "What is in this sense?" The client contacts the felt sense vividly and waits for an answer to form that is experienced as a shift, a slight give or release.

(6) Receiving - The client receives this shift or slight release with an accepting attitude and stays with this sensation for a few moments.

**Embodied writing: my personal practice of articulating the felt sense**

In this section I'd like to demonstrate the potential of Focusing technique in generating new, fresh meanings that further the life-forward process. I'd also like to show that Focusing doesn't have to take place within the therapy session for it to be effective in working with life issues or problems, or deepening one's experience of life in a way that feels meaningful. I turn to a practice, embodied writing, as a way of languaging the felt sense. Embodied writing "seeks to reveal the lived experience of the body by portraying
in words the finely textured experience of the body and evoking sympathetic resonance in readers" (Anderson, 2001, p. 1). Thus, I view it as a form of Focusing.

I also choose to bring in embodied writing into this thesis because it departs from the Cartesian object-subject bifurcation between world and body (Anderson, 2001). Stepping away from the perspective of positivistic science and behavioral psychology, embodied writing does not try to presume external viability or try to pinpoint objective truth, but instead seeks to communicate through sympathetic resonance between the written text and the reader (Anderson, 2001). Sympathetic resonance is a form of validity in the context of intuitive inquiry (Anderson, 1998, 2000.) Resonance is a beautiful word here and I'd like to touch upon it briefly. Anderson (2001) writes:

Resonance is immediate and direct... It strikes a chord with me. I find myself in tune with the words of others. A rudimentary pattern of consensual validity starts to form. Another's depictions are similar enough to mine to help me feels through to the experience of another. It becomes a part of me. My understanding deepens and expands. On the other hand, some accounts feel neutral or dissonant, forming a rudimentary pattern of discriminate validity. (p. 3)

Resonance, (and dissonance, I might add,) is a form of felt-sense validity within a dyadic encounter. It works not only in qualitative research as Anderson suggests (2001), but also in the therapeutic relationship. Resonance and dissonance are essential felt-sense markers in working with edge sensing. However, I will not go into this now, but will cover later in Chapter three and four. Let me return to embodied writing:

Embodied writing tries to relay human experience from the inside out (Anderson, 2001). That is, I will attempt to write from, not about, my felt sense. My intention is to focus on my palpable felt sense, resting within the flow and process of physically felt consciousness, and then allow my symbolic, cognitive reflections to emerge from the unclear, murky implicit stream. I am trying to "let my body speak."
Embodied writing is different from another form of writing commonly known as "freestyle writing," in which one allows words to flow forth like a stream of non/sense, and then reads them afterward and applies "meaning" to the nonsense, as if meaning is to be found. This form of freestyle writing is also often used by writers to them to get past the experience of "writers block" (Wikipedia). It has been suggested that the neuroscience behind "writer's block" is because "literary creativity is a function of specific areas of the brain, and that block may be a result of brain activity being disrupted in those areas" (Flaherty, 2004).

In this embodied, felt-sense version, my awareness is held at the implicit/explicit interchange of body and mind. In particular, paying attention to the process and movement of my experiential stream of knowledge is key. I am effectively trying to think from my body, not about my body. Todres (2004) makes an important contribution in his writing The Meaning of Understanding and the Open Body. There is a passage in his work that resonates with the intention of my exercise. Todres (2004) writes, "whole [lived] experience is carried by the body . . . . the experiential sense of all this lived experience] can be thematised and languaged, and meaningful aspects separated out from this 'preseparated multiplicity'' (p. 45). Perhaps, then, I should call this form of writing that I am doing not "embodied writing" or "freestyle writing" but a merger of the two: embodied freestyle writing. In other words, I am trying to let the body speak directly from the immediate moment, from the space of current lived encounter between the implicit and the explicit. I am trying to develop a kind of thinking that begins with the "experience of body as a source of 'thought,' the palpable role of felt experience in the process of thinking" (Madison, 2012, p. 230).

What is the therapeutic effect of this embodied freestyle writing? As Madison asserts: "We don't want concepts that only relate to other concepts - we can generate concepts from our actual living that relate back to that living and carry it forward" (p. 230). Below is an example of embodied freestyle writing, or written Focusing. My practice here is to get a felt-sense of a particular situation that feels "alive" enough that I can get an implicit felt sense of it. In this case, I am starting with the immediate moment I am in, sitting on the back porch late at night, seeing what comes up for me.
midnight, the back porch.

i sit here crosslegged, back against the sliding glass door, laptop on lap. i'm trying to get a handle on my felt sense.

the only way i seem to be able to do that is to stop writing, close my eyes, and seriously let the world soak in through my skin and bones. the darkness around me feels comforting, like a blanket that i know very well. in the shadows, towards the back of the garden: the catalpa tree stands guard on one side and the fat cedar in the other. in this blanket of night, i hide away from the world Over There. something out there scares me and i don't "know" why. i sense a strong resistance in myself: the feeling is tangible, palpable and i can get a feel on it, inside and also outside of me...

...i sense my body, sense into my inside shape of skin. it's a bit uncomfortable in here. my jaw is way too tight and my lower back aches terribly and my shoulders hurt from staring down at the laptop. my bones feel like they are jutting into the hard porch at angles... there's another uncomfortability that's not my bones through, something that feels other and distinctly coming from the outside... i bring my attention to the outside world and get the whole sense of it on the inside. ugh! immediately i notice the non-stop stream of highway traffic noise on my right. it's bothering me. it's bothering me, more than just the constant sound. i'm trying to get a sense of it. the highway feels like... a weight... a pressing down... surrounding the house and garden. it feels like it's pressing on the side of my head, demanding... relentless... and unstoppable. my head feels heavy and squeezing inwards. my teeth feel clenched.

aha, that's what it is! the word that comes up is powerless. i'm powerless to stop something. i feel small and pressed down by the highway, and specifically what lies on the other side of the highway: the City Over There. encroaching is the word. it feels like the City Over There is encroaching on my forest-bubble and i'm powerless to stop its war march.
but there's more... my felt sense reaches up to my protectors, the catalpa and the cedar tree. protectors is the right word, but also... captors. a sense that i'm stuck here, that i can't leave. there's fear in me, of both staying here hidden amongst the tree leaves, but also of never leaving. i become distinctly aware of my skin boundary, my body, sitting here in the darkness. i'm safe and i want to be safe but i don't want to be safe because i've been safe way too long. SO long that my bones ache because they're trying to get beyond the highway to the City Over There. i know i must one day venture Over There, into the endless river of traffic and time and money... yes, that's the fear, that i'll be washed away, or just stay barely afloat in it forever, with no rest, no peace and quiet...

...but i can't stay here either. my body feels a sense of my home around me like a hermit crab's shell that's grown a bit too tight. actually, no, it's more like i've grown too large to fit the shell. yes, that's it, i've grown too large for this place...

Interesting. I can actually feel the next steps that my implicit experience suggests to me that I should take. This isn't my first "aha" of my living situation that I've had; my reflective mind has been tossing the idea of moving residences for quite a while now. However, it's quite useful to tap into my felt sense of the situation too, see what new fresh thought the body implies. Every time I let my felt sense of this house form around and inside me fully, small new insights and subtle new textures of experience pop up. I've been practicing getting a handle on my felt sense for a while now. It gets easier and easier the more I sense into it, the more I keep my attention on the direct palpable experience of the body.

Metaphoric and imagistic language is also a good way of connecting embodied awareness and the reflective mind. Because they hover in the "transitional space between two worlds" (Preston, 2008a, p. 360) metaphor and imagistic language have the characteristics of both: symbols here are not used in a purely declarative mode, but in a
different way, evoking feeling and the implicit. Bucci (2001) pointed out that imagistic language is the pivot in the process of emotional communication. Metaphor and imagistic language facilitate the symbolizing of sub-symbolic experience. For me, it feels emotionally satisfying to write in metaphor and imagistic language. My experience feels more heard and more deeply lived, and my reflective mind feels like it doesn't have to work so hard to figure my situation out cognitively. There's also a sense of feeling into my own flow or process of life that's actually happening in and around me, my body-environment. I also sense some trust that I don't have to necessarily figure everything out with my head to keep moving in the right direction.
Chapter three: Coming to our senses - countering somatic deprivation and re-spiriting the body

We are dissociated largely because our worldview is dissociated

The dwelling place of the implicit is the living body that senses feeling, mood, emotions, and so on. Our "felt sense" is directly experienced by our body; the "felt sense" is a felt sentience of what is happening here-and-now. Yet, ‘here-and-now’ is not all about what is new in the present. In fact, the here-and-now felt sense is invariably more about the past, or the anticipated, often fearful future, than the present. One way to understand this is to view the present moment felt-sense experience as what is brought up from the depth of one’s experiential being when one’s past conditioning (ways of thinking, seeing, feeling, acting) comes up against the situationally presented, in-the-moment, encounter with our environment (Ault, 2013; Hendricks, 2007). It is often hard for us to contact the felt sense, or, as I claimed in Chapter One, there is often a discrepancy, conflict or disconnect between our felt sense and our reflective mind. We often we do not know how we feel, or we are not sure what our feelings "mean," that is, we are not able to make cognitive sense of our sub-symbolic experience.

A way to view this disconnect is that our felt sense and our reflective minds are in some way dissociated. To explain this in the therapeutic context: we can come to therapy "knowing" that something is wrong or off but not "knowing" what exactly is wrong or how to solve the problem. How can this be? This is because we have two types of knowing, implicit and explicit, that I presented in chapters one and two. We can implicitly know that something is wrong, but at the same time not explicitly know what that something is. That is, our felt sense signals to us that something feels off, even if our reflective mind does not explicitly know what the problem is. This disconnect between our felt sense and our reflective mind are frequently evidenced by phrases such as "I don't feel like myself," or "I don't know what got into me there; why did I do that?"

Where did this dissociation inside ourselves come from? In this chapter I suggest, as others do (Fosha, 2013; Epstein, 2013), that dissociation is the most common response to traumatic experience. In trauma, the parts of the self that experience unbearable pain
are isolated and compartmentalized so that the self can survive (Epstein, 2013). Particularly, there is often a disconnection and detachment from bodily emotional experience as a strategy of control (Fosha, 2013). Unbearable emotions and feelings become closed off and unavailable to waking consciousness; the emotional impact, inaccessible for self-reflection, is unable to be symbolized or processed by the reflective mind (Epstein, 2013) and remains frozen in our somatic selves. Traumatic experience can happen to an individual or a group in many ways in which we are familiar: accidents, abuse, violence, and so on. These sorts of accidents Fosha (2013) calls "big-T trauma." But there are also other kinds of traumatic experience that are not big-T trauma but what Epstein (2013) calls the traumas of everyday life: developmental traumas that we all experience in the journey of living a mortal, uncertain, human life. In this chapter I will focus more on these "quieter" (Lyons-Ruth, 2003) traumas than on big-T traumas, although the dissociation effect of both is similar. While I echo Epstein's (2013) understanding that life itself is traumatic, and no one can go through life without some amount of traumatic experience, in this chapter I am going a step further and claiming that we live within a dissociated worldview. A worldview is the way we experience, know, relate to, see, and act on the world (Kearney, 1984). Our more-or-less-global worldview today, the modern Western worldview, supposes a fragmented self in which parts of our being are rejected, split off, deprived, and disintegrated. Similarly to individual traumatic experience, where bodily emotional experience becomes disconnected from the self (Fosha, 2013), the modern Western worldview presents a bifurcation between the reflective mind and the somatic body. Furthermore, in this worldview, mind is valued and privileged over the body, which is devalued and rejected and seen as the "other" (Berman, 1989). Thus, I see our current cultural worldview as a dissociated state in and of itself, fostering dissociated individuals.

There are two ways in which this psycho/somatic, mind/body dissociation manifests in our current cultural situation, which I shall explore in this chapter:

1 This split was accompanied by a gendered asymmetry, which historically associated mind and culture with the feminine/woman, while body and nature became associated with the masculine/man (Bordo, 1986).
1) **Somatic deprivation.** Culturally, we've come to reject the somatic experience of the body itself. Society has conditioned us to devalue the body and its innate intelligence, a trend that can be traced back to the 1500's to the rise of modernity (Bai, 2013; Berman, 1989) and even earlier to the Judeo-Christian tradition (Lowen, 1988). Today, we are primarily a thinking culture, not a feeling culture (Lowen, 1988; 2004). We can see this reflected in our cultural institutions, specifically the ones whose purpose is to socialize and prepare the young generations of children to enter society's workforce: public schools. Academics, (science, math, languages and the development of rational thought) are the main focus, while arts-based education (art, music, theatre, and the development of sensing and feeling) falls by the wayside, often experiencing huge budget cuts and closing of art programs. Students are trained to sit for long hours in rows, their bodies denied movement while their minds are overworked. Thus, in my view, public schools are one of the main agents of furthering the dissociative split between mind and body, thinking and feeling, and of promoting somatic deprivation.

2) **Caregiving failures in childhood.** Fosha (2013) asserts that from different research teams that have worked with non-overlapping longitudinal samples come findings that the largest causal factors for dissociations at age 19 are neither hostility from parents nor "big T trauma" but the "quieter" caregiving failures: little affect, psychological unavailability, and emotional unresponsiveness. Dutra et al. argue that these interactions "all serve to subtly override or ignore the infant's needs and attachment signals, but without overt hostility" (as cited in Fosha, 2013, p. 507). These failures translate into a "fundamental aloneness in the face of overwhelming emotions" (Fosha, 2013, p. 507) for a child. The fear that is associated with this sense of fundamental aloneness keeps the emotions excluded (Fosha, 2013): if the emotional experiences maintained by the dissociation were to reappear and "come online," so to speak, the self would be threatened to the point it might break down (Winnicott, 1974). Thus, the emotional feeling-self is marginalized, split off, and disintegrated.

I believe we can understand both of these "quieter traumatic experiences" as stemming from and perpetuating each other: as individuals participating in a collective, we shape society's values, norms and institutions; and likewise, society's values, norms
and institutions shape us as communities, families, and individuals. I therefore see caregiving failures, and institutions that perpetuate somatic and emotional deprivation, to be part and parcel of a cultural system that is itself dissociated and somatically deprived. We are people who are largely conditioned to live “in our heads,” more precisely, in the left-brain dominant modality (McGilchrist, 2012), as a result of having to live highly pressurized, mechanized, and overworked lives with attendant experiences of existential voids. Distraction and, moreover, dissociation, become our (unconscious) survival strategies. It is little wonder that as caregivers we would often be emotionally unresponsive and unavailable without even knowing it! With our own feeling and sensing compromised, stunted, wounded, and marginalized, it would be hard to show up for our children's feelings and needs. In the reverse, as dissociated beings, we would then in turn grow up to perpetuate a society which continues to be dissociated, privileging thought and mental concepts over feelings, senses and emotions.

The mind/body split: system break

I believe that what happens within an individual (microcosmic) and what happens in the culture/civilization and beyond (macrocosmic) are isomorphic. Individual systems are fractals of larger social, planetary and cosmic systems. Thus, a brief historical approach and exploration of this cultural "somatic deprivation" would be helpful here to get a fuller picture of our current situatedness in terms of who we are as human beings seeking and giving counselling.

We can trace this split between thought and feeling to the Judeo-Grecian view that separated mind and body, or spirit and flesh (Lowen, 1988, 2004). From a systemic perspective, this split between mind and body constituted a "system break", as Berman (1989) puts it. The sides of ourselves lost touch with each other, and the wholeness of our human being-system lost the relationship and communication between its parts. Berman argues that when any system loses the connection and relationship between its parts, and when those parts act as separate units that exist only for themselves, then that system either hardens, breaks down, or must change. Essentially, then, the health or wellbeing of any system, be it the psychosomatic system of the human individual, or the societal-human-ecological system, relies on a thriving communication and relationship between
its parts. A lack of communication or dissociation compromises the health of any system: individual, societal, ecological, etc. The key understanding here is that balance and relationship between parts equals the health of the whole system. Systemic health therefore requires a holistic view and approach.

**Towards a holistic, systemic view of health**

Yet I believe it is telling, and deeply troubling, that "a focus that requires the holistic view of health is missing from Western Medicine" (Lowen, 1988). Eastern Medicine, on the other hand, does have this view, as Lowen (1988, 2004) and others (Judith, 2004) assert. In classical Eastern worldviews, health is seen as a "state of balance or harmony between the individual and the universal" (Lowen, 1988). In Chinese medicine, illness is seen as an imbalance between the two great cosmic forces of yin energy and yang energy (Kohn, 2005). Yin represents earth energy, or energy that acts from below. Yang represents sky energy, or energy that acts from above. I could spend an entire thesis delving into these two understandings of yin and yang energy, as they are the two basic energetic forces in the universe and therefore their dynamic relationship is present in all existing things (Cooper, 1981). However, for the purposes and length of this paper, I will not elaborate too much, except to parallel these two basic energetic forces with the body and the mind. We can understand the body as being a force that is activated by internal forces, or forces from "below" (I will explain this more later on in this chapter); and we can understand the mind as being a force that is activated by external forces, or forces from "above."

In Eastern understandings of health, the science of the whole person is considered (Judith, 2004; Lowen, 1988). Body and mind, feelings and thoughts, yin and yang, are seen as a whole picture. Thus, the Eastern focus is on maintaining health of the whole system (maintaining a balance between these two forces) rather than the Western focus, which is generally on eliminating symptoms without getting to the root cause of the problem. In this sense, an Eastern focus can be understood to be a positive concept of health - vitality and a sense of wellness - rather than a negative concept of health, which is seen as the absence of symptoms (Lowen, 1988).
The dispirited, mechanized body

In the Western paradigm, and consequent understanding of health, body and mind are split. We can see this reflected in our respective medical practices: we have the domain of psychology (mental processes) and the domain of organic medicine (physical processes.) Lowen (1988) calls this state of affairs the result of "dissociating the spirit from the body and limiting it to the mind," (p. 21), which he argues has disrupted our natural unity and wholeness of being. Thus, as well meaning as our medical practices might be, they are in a sense perpetuating the dissociative split: that is, they are contributing to the very same fragmented, imbalanced and compromised self from which we are trying to heal!

Lowen (1988) ascertains that we can overcome this dissociative split by "returning the psyche to the body" (p. 21). But "returning the psyche to the body" does not simply mean joining up mental processes with physical ones. To unpack this statement further, I would like to delve into Lowen's understanding of the term psyche. Examining differing definitions of the word psyche is essential here, for it gives us a clue as to how the cultural understandings of this word have changed over the years; and, as I will argue, that we are currently using a dissociated version of the original meaning. Furthermore, I bring in the word psyche in its original meaning (see below) because it gives a solid understanding and grounding to Gendlin's (1981) concept of "life forward movement" and Green's (2012) understanding of "prereflective self" or "agent", which I argued in Chapter one and two is essential to conscious transformation and change.

Lowen (1988) writes that the original meaning of the term psyche was "the vital principle which activates the inner springs of action and development." Only later in history, Lowen says, did the term psyche come to represent "the spiritual being as distinct from the body." He further elaborates:

Psyché's connection to the body is also shown by its root, psychein, which means to breathe. A holistic view of the organism would recognize that the body is imbued with a spirit that is activated by its psyche and mindful of its actions. (p. 22)
In the Western paradigm, Lowen (1988) explains, mind and body are separated, or, on a more fundamental level, *spirit and matter are separated*. That is, with this division of spirit and matter, there followed a bifurcation of experience into two distinct categories: what is animate, sentient and living, and what is inanimate, non-sentient and non-living (Bai, 2013). No longer was the whole universe seen and felt to be alive, but split into what was alive and what was not. With this split, the "vital principle" that was originally understood as *psyche* or *spirit* became an intellectual phenomenon that existed in the mental realm, rather than a felt, lived, physical, vital force. Separated from matter, the body, and nature, "spirit" or "spirituality" therefore became a belief, while the body, once a spirited, intelligent "self" in its own right, became a biochemical machine, a mere bag of flesh (Lowen, 1988).

**Embracing spirituality not as an intellectual concept, but as a felt bodily phenomenon and a path to healing**

In Lowen's (1988) understanding, a "dispirited body" (that is, one that has been dissociated from mind and that we reject as being "self" but instead view as a biochemical machine,) is "characterized by its relative unaliveness and lack of grace. . . Its movements tend to have a mechanical quality, since they are to a large degree determined by the mind or will." (p. 2, 3.) This mechanical quality of movement happens because of an absence of feeling in the body, or when the body is used as a tool. Feeling, Lowen asserts, is not just a belief of a concept; it is more than a mental process since it must also involve the body. Feeling "consists of two elements, a bodily activity and a mental perception of that activity. . .Thus, it can be regarded as the unifying force between mind and body" (Lowen, 1988, p. 64). The term the *felt sense* nicely articulates this unity; "felt" refers to "experience," and "sense" refers to "meaning" (Green, 2015, personal communication). In the absence of feeling, movement becomes mechanical or robotic: "I'm just running on autopilot these days" and ideas become abstractions: "I know I've made it to the top, I'm a successful so-and-so now, but I don't feel anything. . . ."
It is worthwhile here to unpack the understanding of *spirit* a little more. In this thesis I am claiming that healing the systemic split between body and mind, feeling and thought, will require us to not only understand and experience ourselves as a whole person, but to, as Lowen (1988) encourages, embrace "spirituality" not just as an intellectual concept, but as a felt bodily phenomenon. In other words, I am resonating with Lowen's claim that there is a vital life force in the living body. We can call this vital energy "spirit", or "life force;" there are many other names in many other cultures for the same concept: Qi in Chinese, Ki in Japanese, mana in Hawaiian, and many others (Wang, 2010; The Brampton Guardian, 2014; Kennedy, 2011). All these terms point to vital generative energy that moves forward and emerges in all beings (including what we conventionally terms as ‘inanimate’). Here is a passage I resonate with in Bai’s (2013) article on reclaiming animism that captures this sense of vital generative energy permeating the whole:

My senses and my whole being reject the idea that this place [on Hornby Island], save creeping, crawling, flying creatures and plants, is composed of inanimate beings. This place comes as one living unity, and is part of a larger unity called the earth, and the whole as a whole is alive. Experientially I am unable to separate out what is animate from what is inanimate from this landscape/seascape. This morning, even the human figure walking slowly over the rocks blends in with the rocks, and has become part of the phenomenon of those rocks. (p. 5)

Contrast the above with the experience that de-animated people (that’s most of us, most of the time) experience today, as captured by Thomas Berry (as cited in Bai, 2013, p. 4):

The thousandfold voices of the natural world suddenly became inaudible to the human. The mountains and rivers and the wind and the sea all became mute insofar as humans were concerned. The forests were no longer the abode of an infinite number of spirit presences but were simply so many board feet of lumber to be “harvested” as objects to be used for
human benefit. Animals were no longer the companions of humans in the single community of existence. They were denied not only their inherent dignity, but even their rights to habitat.

Energy is the force behind spirit. This understanding of universal energy or motion is paralleled by quantum physics theory that *everything*, including matter, life itself, emotions and every type of pleasure are all quantum motions (Schiller, 2015). Our bodies are not machines, but are living beings that naturally, energetically generate themselves onwards and forward. Another term for this life force or spirit could be Fosha's (2013) term *transformance*: "the overarching motivational force that pulses within us, entraining the innate dispositional tendencies for healing and self-righting that are wired deep within our brains" (p. 497). We have all implicitly experienced this healing transformational process that is beyond our mental control, beyond the functioning of the ego and will: the *body's natural healing process*. When you cut your finger, your body naturally "knows" how to heal. When you try walking down a railroad track, your body's natural balancing system kicks in. Catch a cold, and your body fights the germy intruders off. In other words, there is an innate internal impulse within our somatic self that implicitly knows and moves towards systemic balance, healing, and wholeness. This is not a concept or something we've abstractly created. It is the living reality of beings that move with internal impulse, or "transformance," or *spirit*. This spirit is innate to our bodies.

**Somatic repression, dissociation, and chronic tension**

What are the consequences of this cultural paradigm that dissociates spirit from body and limits it to the mind? My claim is that today many of us, if not most of us, are suffering from this somatic deprivation, dissociation, and traumatic systemic split in varying degrees and forms. We are over-thinkers and under-feelers. That is, we "live in our heads," while our bodies and senses are deprived, devalued, rejected, and ignored. This plays out in many ways, some of which I will go into detail below.

The split between the mind and the body, or the ego and the felt sense, and the deprivation of the somatic self, results in us largely operating from our ego-selves. Much
of our actions come from the will, which is the conscious, cognitive "force from above," while we drag our bodies around and drive them like machines to the brink of exhaustion in our working lives: "I've been dragging myself out of bed every morning." In our social institutions and in our socialization process, from a very young age children are "forced to conform to external expectations rather than follow their internal impulses" (Lowen, 1988, p. 13). They must go to school even if they are tired or bored or afraid; forced to sit for long hours in chairs even if they feel like running or moving; told to stop crying if they are sad; told to calm down if they are angry; and even often told to hold their bladders when they need to pee. This sort of control and repression over the body's impulses does not only happen in schools, but also from parents: "Sit down and be quiet!" "Hold your tongue!" We are thus taught to strengthen and impose our willpower over our body's natural impulses and expressions. In other words, this is one of the ways in which we become socialized. In Lowen's (1988) explanation, which makes sense to me, we learn to hold back or repress the body's natural movements, impulses, feelings and emotions by physically blocking their expression through muscular contraction. How else would we be able to do it? Feelings are not an abstraction. To hold them inside takes a large amount of "force from above" (willpower) and the blockage of spontaneous movement from the inside. As Lowen (1988) writes:

When an impulse is consciously held back, the resulting contraction of muscles is acute... when the tension becomes chronic, however, the muscles become fixed and the holding back of the impulse becomes unconscious. A fixed, tense muscle makes a spontaneous movement impossible, so that one is no longer aware of anger or any other feeling, not even the fact that one is holding back feeling. Sensitivity in the area is deadened, so that one doesn't feel the tension. Years later, when the muscle weakens, pain develops, but by this time the individual cannot make a connection between the pain, the tension, and the suppression of feeling. (p. 69)
Berman (1989) also resonates with this understanding. He writes that our human body impulses were seen as animal and in need of repression. Thus, in our cultural worldview and in our own lived experience, the human body and our own senses became the "other," dangerous and a force to be controlled. In doing so, we have essentially "broken" our own spirit (Lowen, 1988). Lowen writes that the concept of a "broken spirit" is "not a metaphor or a psychological construct; rather, it is a physical reality in the body of the individual" (p.72). I sense this to be true in my own experience. In separating mind from body, and treating body like a machine to be driven by the functions of the ego, we have broken our natural spirit and with it also our palpable sense of connectedness to the universe and also to others. Lowen eloquently explains this disconnection:

Our ability to sense what is happening to another person, an ability I have described as empathy, is based on the fact that our bodies resonate with other living bodies. If we don't resonate with others, it is because we don't resonate within ourselves. If a person can say "I don't feel anything," then he has cut off not only the feeling of his own aliveness but any feeling he might have for others, both people and beasts. (1988, p. 66)

This also relates to the problem I mentioned earlier in this chapter: namely, caregiving failures in childhood. How is it that parents can be emotionally unresponsive and psychologically unavailable for their children when being responsive and available is naturally built into them, is “innate” to them? How is it that so much research shows that children grow up experiencing developmental trauma and dissociation from the "fundamentalaloneness" (Fosha, 2013, p. 507) that they feel? Isn't it natural for a parent to sense their children's needs and attachment signals and respond to these signals, instead of overriding or ignoring them? Well, in a somatically deprived, over-thinking culture, I believe the answer is that we cannot sense other's needs if our own senses don't work properly. It's little wonder to me that we have trouble sensing another person's needs when we have trouble sensing our own needs! Indeed, the growing interest in self-care seems to mirror our cultural predicament: we are desperately trying to re-learn how to slow down, take the time to feel what our own needs are, and how to meet them. Part
of this, I believe, is the somatic deprivation aspect (we have lost touch with our senses and bodies and don't know how we feel, or why we feel what we feel); the other aspect is that we are so ego-focused and willpower-driven that our minds have trouble slowing down and turning off, in order for our somatic selves to show up again.

Consequently, what happened to the mind, in its superior, top-down status in our cultural worldview? Ungrounded from reality, we're a culture of talking heads. We live in our concepts, "chasing our dreams," while we've lost touch with the living reality of our bodies, our spirit, and our connectedness both to ourselves and the natural world in which we live. We are run by our ego-values: power, wealth, fame, and goals. These values are not the body's values (Lowen, 2004). Body has no use for fame or power, but instead values pleasure, love, connectedness, self-acceptance, dignity and grace. These body-values are marginalized in our cultural framework.

Furthermore, we identify ourselves with our concepts and beliefs: that is, we often think we are our thoughts. We identify our sense of "self" with our mental constructs rather than our bodily-felt experience. Yet, we're not totally out of touch with reality! Consider the person who comes into therapy: they're experiencing some sort of problem. I find Green's (2012) sentence to be intriguing and true: "You should feel grateful whenever you're frustrated because it means you're getting news from reality." In other words, the symptoms we are experiencing are signals that give us a clue that we are out of balance, unwell, etc. In Madison's (2014) words, which I offered in the previous chapter and I'll repeat here again, what we experience as a "problem" is not a "set condition but really an experience that is trying to live further, which is why it is felt as a problem" (p. 28). That is, we feel or sense a "problem" only in relation to an implied solution to that problem. We can only sense when something is "not right" in relation to what does feel "right." Feeling frustrated is actually a gift; the frustration is both a sign that there is an unmet need or value, and also a lead to finding what is missing. Sensing what feels right and what feels not right is an art and a practice, both of edge-sensing and of holistic healing in general. Experiential psychotherapy literally involves bringing people (in)to their senses, re-establishing a sense of self and identity with the life force that is always generative, fresh, and emerging in the moment. Consider here the chronic
muscular tensions that I spoke of earlier that are a result of suppressing somatic impulses and expressions out of fear. In Green's understanding, which I resonate with, we "erect these 'no trespassing signs' to keep us out of trouble then mistake those limits as ourselves. . . we begin to identify with the reality that our defenses produce rather than with the life force that wants to move forward" (Green, personal correspondence, November 2015).

**Healing the divide**

Our healing work, then, as human beings, but also therapists and clients, is to counter the dissociative split between mind and body, or in a larger framework spirit and matter, that we have unconsciously internalized from dominant asymmetrical cultural paradigms. I see the therapeutic work here as being endlessly varied, creative and generative, but generally encompassing the following elements:

1) **Bridging the divide between mind and body by developing a dialogue (essentially re-establishing communication) between our embodied awareness and our reflective self.** This is an ongoing process, individually and collectively, that I don't see ending in my lifetime. It's not a removal of symptoms but a re-establishment of what it feels like to experience holistic health. Gendlin's (1981) *Focusing* technique that creates an intentional dyadic encounter between the implicit (bodily felt) and explicit (cognitive) streams of awareness is such a dialogue, and can be used inside and outside of therapeutic contexts, although I would go so far as to say that really, every living context is in some way a therapeutic context, as we are all in ongoing processes of transformance or innate healing, all the time.

2) **Coming back to our senses, individually and culturally: re-inspiriting our bodies.** In order to work with the felt sense, one must first be able to feel. If feeling (internal impulse and movement) and emotion (the direct expression of spirit) has been blocked or suppressed, somatic therapy and bodywork to unlock and release chronic holding patterns in the body would be helpful. Other body practices in which the body is *allowed to move itself, rather than having movement imposed upon by the will*, is essential to restore natural movement, grace, and vitality to the body. In other words, we
must give the body back its natural impulses and freedoms that arise from within. We are re-inspiriting our bodies here, restoring our bodies from the role of machines back to our alive, vital, animal nature. This will require "suspending our will," as this allows the body to regain its natural "order that is generated from itself" (Ikemi, 2013, p. 23). This generative force (life force, vital energy, spirit, qi, whatever you wish to call it) is inherent to the body and implies its own next steps in living forward (Gendlin, in press).

3) **Embrace process.** We can do this in many ways, both in life and as therapists. Firstly, bringing our awareness to our felt sense is a natural way of re-orienting ourselves to process. Unlike cognitive thoughts and symbolizations, which are packaged and formed, sub-symbolic, bodily-felt experience is a seamless texture of senses, moods, feelings, vibrations, and so on, that are the ongoing process of life itself. We can also embrace process-oriented language in our therapy conversations, being open to move from set content, "What did that fight with your partner mean to you?" into the client's experiential feeling-process "Can you feel the conflict right now as you recall the story?" and back again.

4) **Listen to the body.** This can happen again in many ways, which I shall delve into more in Chapter Four. Here, I touch briefly upon gestures as they are "bodily actions pregnant with implicit meaning" (Fleisch, 2009). Gestures are bodily disclosures of what the implied next step would be, as they embody unarticulated and unsymbolized experience that wants to move in a life-forward direction. For example, a client might be talking about their living situation and their hands might be pushing together repeatedly. The therapist might bring the client's attention to the gestures their hands are making, to which the client might say, "Oh, I didn't know I was doing that!" (this is a common response, as the implicit keeps on communicating even if the reflective mind is not paying attention). Upon bringing awareness to the felt meaning being expressed by the body, and perhaps deepening the felt sense ("Can you make that gesture again, but bigger this time?") feelings and sensations are validated, and emotions often arise, giving new insight and meaning. For example, the hands pushing together repeatedly could imply that the client feels trapped or confined. Giving gestures a voice in the therapeutic context is a way of inviting the prereflective self, or the somatic self, into the conversation. I will
explore this more in the next chapter, when I explore the role of gestures in interpsychic edge-sensing, especially in the context of creating an implicit sense of safety in the therapeutic encounter.

5) Counteract the dissociative "fundamental aloneness" that was caused by emotional unresponsiveness and psychological unavailability from caregivers. This last point also leads me into the next chapter, Chapter Four, as I will unpack this "healing fundamental aloneness" in the context of the therapeutic relationship. In this next chapter, I discuss the "emergent we" of therapy, and weave together the concepts and experiences of "resonance," "edge-sensing between therapist and client," and "empathy as a state of feeling-into."
Chapter Four: Implicit communication and edge sensing within the therapeutic encounter

In this chapter, I focus on edge sensing within client and therapist in the therapeutic encounter, and explore the concepts of resonance, empathy, safety, rupture, and resistance as bodily-felt processes of intersubjective relating. I also discuss the therapeutic relationship as one of continually re-attuning ourselves to each other, thereby providing a stable base to heal both previous existing attachment ruptures in a client's life and also to heal potential ruptures that might emerge throughout the course of therapy between client and therapist.

The body is implicitly relational; we are our interactions

The medical model's spectator view has become so pervasive that we habitually see the client as an object enclosed within their skin. Gendlin wants us to realize that from the inside, the person's own perspective, each of us knows ourselves to be more than that skinned object. We feel our surroundings, not just the air temperature on our skin. We feel other people long before they rub up against us. We sense into our life situations far beyond the body that others see.

If client and therapist are not two separate things that need to be joined through empty space then therapy is implicitly relationship-centered rather than client-centered and the experiential-existential model certainly incorporates this view. (Madison, 2010, p. 195)

In the previous chapter, I wrote about the Western paradigm's worldview that supposes a bifurcation of experience, dividing the world into subject/object, sentient/insentient, animate/inanimate, and so on. Madison's (2010) above quote highlights the prevalent "medical model's spectator view" that is a constituent element of that bifurcation, and points toward the problems when viewing the world via this perceptual split. If we continue to subscribe to this "spectator view," then we conceptualize ourselves as
separate units that bump up against each other in empty space. We look out of our eyeballs and perceive that it is "me" in here and "you" over there, enclosed in seemingly separate, individual bodies. From this point of view, it is no wonder that our bodies seem like mere containers for our conscious minds.

Yet we implicitly know and feel a much different reality. In our living bodies, we "feel our life events because our bodies instantly interact experientially with the whole situation" (Madison, 2010, p. 192.) We are not separate from our situation. We are our interactions with our situations. We are our body-environment process (Madison, 2010). For example, let's say I am walking in the woods when a bush near me shakes, and a bear emerges - my heartbeat instantly quickens, my arm hairs stiffen, and my skin tingles, all senses are at the ready. My body is not an inert object that is simply taking in information and analyzing it. It is a constant process of interacting with and responding to the environment. Yet, our environment is not something that is outside of us. Gendlin (2003) argues that what we feel in each living moment is not just our inner psychological contents that are separate from the world outside; what we are experiencing bodily is the sentience of a world that is living right here and right now. Madison (2014) writes: "Rather than a gap, the space between me and my client is experientially full. Our unique bodies are constantly processing that fullness, carrying it further into new content and edges of exploration" (p. 29).

It seems to me that if we learn to loosen² our grip of identification with our mind-selves (Descartes' famous quote "I think therefore I am" reflects this mental identification) and instead learn to know ourselves from the body's experience (perhaps "I feel, the world feels, and I am, and we are," ) we would come to know a deeper living reality than that of the cognitive mind. This deeper living reality is the "experiential fullness" that Madison speaks of, that lives between us and also envelops around us.

But loosening this grip is tough. As I asserted in Chapter Three, we who are acculturated in the modern Western worldview are highly socialized to primarily identify

² Note: Loosening our identification with our mind-selves does not mean losing our identification.
our sense of "self" with our mental constructs rather than our bodily-felt experience. We are "taught" to think that we are our ideas and beliefs. In this kind of "teaching" there is no explicit instruction; rather, the whole culture *models* it for us all the time. We've identified so much with the rational mind that "the wider role of instinctive, bodily responses in orchestrating and propelling behavior and consciousness has been all but ignored" (Levine, 2004, p. 271). Yet, our embodied awareness, the foundation of our interactions on the earthly plane, existed prior to the development of our reflective mind. In other words, we were a *body self* before we became a *mind self*. Kruger (1989) supports this claim:

> The first reality is the reality of the body. Motor activity is the first mechanism with which reality is tested: whatever can be touched in the external world is real. Reality is persistently influenced by the present, past consciousness, and unconscious images of one's *body self*. The body is the primary instrument through which we perceive and organize the world. We regularly return to the body as a frame of reference throughout development. Subsequent learning and experiences are referred to what has already been sensorially experienced for confirmation and authentication. The first symbols and metaphors refer simultaneously to the body and to the outside (non-body) world.

For example, a child just learning to speak might say "up", with her arms stretched upwards, thus communicating to her parents that she wants to be lifted. So here, we see the word "up" simultaneously refers to her *body self* that wants to be lifted and to her parents, who are “external” to her body, asking them to lift her.

> Our implicit knowing is awake right from the moment of our physical existence in our mother's wombs. We are born into embodied relationship quite literally, as we are connected to our mothers through our umbilical cords. When we emerge into the world and the cord is cut, our implicit relationality does not end; our *body-selves* naturally attune to our caregivers and the environment. As babies, we can feel if we are left
unattended too long, and we begin to cry; we implicitly know we need love, care, warmth, mother's milk, and so on. Or we look into the face of a smiling, laughing adult, and we also begin to giggle and coo; we implicitly know we are in the presence of someone who is good for us and who will provide us with what we need to grow and live. These interactions are not the decisions of the reflective mind, but rather the spontaneous responses of our embodied knowing—a knowing that is innately relational.

**We are innately built to resonate in emotional attunement with each other and the universe**

How is our implicit knowledge of our connection to others experienced in our bodies? The concept of *resonance*, or *sympathetic resonance*, is illuminating here. I touched upon this in the last chapter but I will go into more depth here. Our bodies communicate, or interact with each other, through energetic vibration. Anderson (2000) presents the concept of sympathetic resonance with the analogy of cello strings: when a string is played on one cello in a room, the vibration from that string will travel and the same string will begin to vibrate on another cello on the other side of the room, producing a resonant sound. “The resonance communicates and connects directly and immediately without intermediaries (except for air and space)” (ibid, p. 33).

Our bodies are like those cellos. We are living instruments participating in the orchestra of life. Our bodies give off energetic vibration and also take in energetic vibration. We are constantly vibrating in resonance or dissonance with every other vibrational being in the universe. Kossak (2008) defines sympathetic resonance as "a vibratory phenomenon produced by reflective merging created when energy (pulsation) moves between two or more bodies” (p. 37). Nagata (2002) defines embodied resonance as “the bodymind’s experience of energetic vibration from both internal and external sources” (p. ii). When beings sympathetically resonate with each other, the shared resonance becomes an intensified interpersonal experience of the same emotional vibration (Siegel, 2013.) We are innately built to resonate in emotional attunement with each other. We resonate with another's emotions or feelings. When someone is experiencing grief and sadness, for example, I turn my attention into my own heart and notice a feeling like a weight there, or a stabbing pain, or a terrible ache. Similarly, when
someone is experiencing joy and happiness, I notice a lightness in myself, or a bubbly sensation in my stomach, or an uncontrollable grin appearing on my face.

We also resonate with more than human emotions or feelings; we can also attune ourselves to the particular energy of a situation. This is our "felt sense" that Gendlin speaks of. Although the term "felt sense" is often not understood when I use it in everyday speech with the people I interact with, there is a common term for the same whole-body-attunement to a situation or to the environment, namely a "vibe." People often say to me, or I to them: "What's the vibe like?" or, "What are you vibing from this?" I am always delighted to encounter this term (and I like to use it often) because it steps away from the hegemony of rational thought in taking in information ("What do you think about this?") and instead encourages people to attend to their whole body-mind knowing of a situation - that is, what they might be "picking up on" or "attuning to" with more than just their perceptual and cognitive faculties.

Thus, we are constantly being implicitly informed by our embodied awareness about our situation and our relational being-ness in the world. Explicitly becoming aware of it, which I called, ‘edge-sensing,’ is what I focused on in Chapter Two. I turn to the phenomenology of edge-sensing again here, but with a relational focus within the therapeutic relationship.

**Edge sensing within the client, and edge sensing within the therapist**

A dyadic interchange is always happening intrapsychically within the client: between the client's internal, implicit awareness and explicit awareness. This back and forth rhythm of experience-concepts-experience-concepts is a *self-propelled process* (Gendlin, 1964). In this, there is a sense that we all are living further from ourselves in each moment. That is, when we grasp for the right words or symbols to articulate our experience, what we are doing is akin is to throwing a grappling hook over a ledge that we want to climb. If the hook grasps solidly and the words or symbols fit our experience, we then are able to place ourselves at a different height, see different possibilities to come, and are available to new experience. If the hook does not grasp solidly, we throw it again, and again. This is our meaning-making process with which we evolve and make sense of our experience.
However, we are often not cognizant of this process. One way the therapeutic relationship can function is in part to help externalize this hidden dyadic interchange (Glanzer & Early, 2012). Therapists can attend to the immediate, in-the-moment edge of their client's experience and help them speak from, and articulate, that place of felt sense. This process requires searching for resonance intrapsychically within the client, when there is a feeling of "fit" or "click" between the client's implicit knowing and explicit articulation. I give a made-up scenario below of how this might play out:

**Client:** There's a strange shakiness in my legs. It feels.... a bit anxious.

**Therapist:** An anxious shakiness in your legs. Is there a metaphor that comes up for the way you are feeling?

**Client:** Actually, no, not anxious. It's shaky but it's not anxiety. It's not a bad feeling. There's some strength there too. It's like... a metaphor would be... I feel like a baby horse trying to stand up for the first time.

**Therapist:** Ah! A baby horse trying to stand up for the first time . . .

**Client:** Yes, that's it. It feels like I'm finally growing up these days. My legs are wobbly and shaky but also strong, like I'm learning I can really support myself after all. . .

A few thoughts come to my mind after writing this scenario. Firstly is Preston's (2008a) comment that "often our interpretive marks are useful precisely because their very wrongness can put the patient in touch with an exact meaning that does have the right fit that would not otherwise been lifted from implicit knowing" (p. 358). In other words, the miss-hit-miss-hit dyadic recognition process is inherently a bit sloppy, but this is actually helpful to finding the feel of aliveness in the present moment that is life-forward energy. What is alive can be experienced right here in the moment, whether that aliveness is a feeling of being "off" or being "right on target."
Secondly, it is not just about attending to the client's felt sense and then listening carefully to their spoken word. It is about sensing the whole of it - the whole situation for the whole person - and connecting and communicating with them on that level (Glanzer & Early, 2012). Sensing the whole of it is a certain state of consciousness, an "open permeability that allows attention to flow back and forth between symbolic and sub-symbolic levels" (Preston, 2008a, p. 358). We want our clients to be in this state of consciousness as they stay present to their own emergence; as therapists, we also want to be in a similar state of consciousness, because our subjectivity helps "prime the pump of [our] patient's experiencing process" (Preston, 2008a, p. 358). Our state of consciousness creates a holding space for our client's consciousness. I will illustrate this with a following example:

**Client:** I keep crying these days and I have no idea why. I really don't know. I've never been that much of an emotional person before. I almost feel embarrassed, you know, like, I seem to have no control over myself. I keep thinking, what on earth is wrong with me?

**Therapist:** *(Seeing his copious tears bubbling forth to the bewilderment of his mind, the therapist senses his tears almost as an old bubbling well that has been inactive for a long time but is now has become activated. She decides to ask him how old these tears are.)* Even though the crying seems to be new for you, I sense these tears are actually old tears, tears that wanted to be cried a long time ago. Does that resonate with you?

**Client:** Yeah... yeah. I think you're right. I think these are tears from little me. I feel really young right now, almost like I'm six years old or something. I can almost imagine little me in the room right now, a little kid with a bewildered expression, feeling really lost.
In this example, it seems like the therapist’s report on her own subjective impressions enabled the client to access a *particular* time in his experiential history. As the therapist stayed open to the flow of information from both her symbolic and sub-symbolic levels, the client was encouraged to tap into his own process for emergent feeling and meaning. Thus, it is important for therapists to be aware of the dyadic interchange happening between their own implicit/explicit awarenesses. Staying cognizant of her own bodily felt sensing, the therapist can constantly "check in" with her own felt sense to find a wealth of implicit information. The therapist can use her own body as a finely-tuned instrument, able to empathically attune to both the experiential process of the client, *as well as* the therapist's own process, at the same time. In this manner, the therapist can stay present to the needs, emotions and core feelings of the client, while at the same time staying present to the her (the therapist's) own process.

One way that this is a valuable resource for therapists is for implicitly recognizing when one's own unprocessed material shows up (commonly known as getting "triggered") and knowing how to bracket one's own material to work through outside of the therapy session (so as not to engage in counter-transference.)

**Edge sensing interpsychically between client and therapist**

The therapist's felt sense can be also helpful in that it "offers some information about who they become with this specific client, and the client may want to take that into account as information about how the world might be experiencing them generally" (Madison, 2014, p. 29). This relational focus offers some amount of self-disclosure from the therapist, departing from traditional psychotherapy approaches in which the "embodied experience of the therapist is treated as a variable to be controlled" (p. 29). The effect of this sort of therapist neutrality is poignantly described by Gendlin (1964): "The client remained in a half-lonely condition, while we, also in a half-lonely way, kept to ourselves what was going on in us" (p. 179). Self-disclosure does not have to mean that the therapist tells stories of himself/herself, or divulges personal information or emotions. The therapist can appropriately disclose bodily-felt experiencing in the present moment in a way that furthers the client's own process as well as the therapist's. This is a way of articulating resonance, or explicitly naming "what is felt in the space between" (Glanzer
& Early, 2012, p. 398.) If I feel something that I sense you feel too, and I name that feeling, it is possible to work with it on both the sensory and the meaning making level. The act of naming also makes the felt resonance "real" in that our internal experience becomes validated at both the felt level and the cognitive level, and that we both know we are not alone in our experience. The word empathy comes to mind here. In the next section, I briefly explore an understanding of "empathy" as a way of sensing into the implicit relational field, and explain why self-disclosure about empathic resonance can be helpful in therapeutic work.

A personal experience of therapeutic empathy

Lynn Preston (2008a) writes that "new understandings of the implicit offer not only an expanded grounding for empathy, but a new way of thinking about what empathy is - one that transcends both the Cartesian splits between mind and body, self and other, objective and subjective, and also overcomes the inherent pitfalls of postmodern relativism" (p. 350). From this perspective, empathy is understood as "sensing into the implicit rather than putting oneself in the other's shoes" (p. 366). In other words, empathy is a palpable experience of sensing into the intersubjective, shared field and attuning into the energetic vibrations of another's experiencing. Empathy as sensing into the implicit intersubjective field is, I believe, deeply healing because it allows pain (be it psychological, emotional, physical, spiritual) to be relationally held. Experientially, one does not have to bear the burden of suffering alone.

A personal, situated example of someone empathizing or sensing into my own experience of pain might be illustrative here. This story is rather astonishing for me, as it was an embodied insight that someone could actually physically sense into my experience, not in a conceptual way, but through conscious resonance. They were literally feeling what I was feeling, and I could feel them sensing into me. This took place during one of my own therapy sessions as a client. I was working with a therapist who was deeply attuned to working with his own, and others', embodied awareness. I learned much from him about how to tune into my own body to see what was resonating or emerging for me. In this session, I had a terrible pain in my belly that felt like a raging fire. It was so unbearable that I couldn't stand to focus on it, and it was too painful to try and
articulate. I felt trapped and alone with my painful experience. My therapist tuned into his own body as an instrument of resonance. He asked if he could put his hand on my stomach to sense the pain better, which I gladly agreed to. After a few moments, I could sense him sensing into my pain, not on a conceptual level, but in a very felt, real, embodied way. My pain somewhat physically decreased as I felt his willingness to share the sensation of it with me. He then began to articulate his own bodily experiencing, and I realized that he was actually able to articulate my pain better than I was. There was an explicit resonation happening there as well, as the words he was using "fit" with my internal experience. This story is also an example of how "self-disclosure" in this sense of tuning into and sharing one's own experiential process can be helpful in the therapeutic encounter. My therapist was disclosing to me, not *how he felt ABOUT the situation*, but *how he was feeling INTO the situation*. Madison (2014) writes about this eloquently:

> It takes practice to be able to sense ourselves *within* and *into* relationship with another. Most cultures do not encourage that. Culture offers set routines, and these are often active in the consulting room as well as in daily life. It takes practice for a therapist to bracket culture enough to become acquainted with his or her own implicit experiencing and to begin to share this therapeutically. It is not a technique, but a relational sensitivity that guides the therapist. (p. 29)

I was deeply moved by the whole experience described above, and it also gave me fresh insight into how empathy works. Somatically, I gained the input that I was not alone in my experience, but someone was actually helping me to feel something that was too hard for me to feel alone. The whole process of discovery would take too long to fully explain here, but through much process work I explicated that the source of the raging fire in my belly was the somaticized material of the aspect of the feminine that has been historically denied and reviled. In a very real way, my therapist's willingness and openness to co-embody my experience gave me the courage to also feel my own experience and go deeper into it. I also learned that it is easier to face one's own suffering when others are not afraid of it, nor wish to reject it nor even get rid of it. A genuine willingness to
explore it with me as part of the mystery of life was a huge lesson for me in the possibilities of co-healing, and also an insight into how I want to practice therapy myself.

**Sensing safety, resistance, and ruptures in the therapeutic relationship**

The implicit is always communicating sub-symbolically and pre-verbally in the therapeutic encounter. Being aware of how the implicit communicates is essential to recognizing and creating safety in the therapeutic encounter, recognizing and working with ruptures that might occur, and recognizing and honouring the feel of resistance, both in oneself and in one's client. I explore these three concepts below.

Creating a sense of safety in the therapeutic relationship happens at an implicit level even before any explicit interchange. I particularly resonate with Glanzer and Early's (2012) assertion that respecting and valuing the work and presence of implicit experiencing is the essential opening stance and groundwork for experiential therapists. For me, this starts not even at the human-to-human level, but on an environmental level. The background, the room, or the space we choose to engage with therapeutic work, is part of the situation. We implicitly know the feeling a space gives us. Interior designers and feng shui practitioners know this, and conceptually consider how to create an implicit feel or mood of a space. We tune emotionally to the colours on the walls; we sense if the room gives us a feeling of being relaxed, energized, and so on. As a therapist-in-training, I frequently ask the healers that I encounter how they set up their therapeutic space. The answers I have received reinforce my understanding that the setting, the time, the place - the whole situation that surrounds the therapeutic encounter - is all implicated in the healing process, and can be intentionally harnessed to help the healing process. For example, one therapist told me about the two beautiful, large-scale photographs she chose for her therapy room. Both images were of an animal and a human touching each other in a gentle way. The lighting contrast in the photos portrayed both vivid light and vivid shadow, and the colours were subtle and mystical. The implicit feel I got from those artworks stayed deeply within me as a sense of peace, groundedness, and connection - qualities that became inner resources to me over time as I internalized the space.
When the therapist's edge and the client's edge meet, the dyadic edge sensing is felt as resonance or dissonance (Glanzer & Early, 2012). We experience resonance as a sense of rightness and safety, and we experience dissonance as a sense of "crookedness" (Glanzer & Early, 2012, p. 398) or danger. If safety is felt, it does not need to be articulated, although the client or the therapist might choose to. However, if "crookedness" is felt and left unarticulated, "the implicit known nevertheless continues to communicate, only it creates distance and "dis-ease" that colors the explicit work of therapy" (Glanzer & Early, 2012, p. 398). An example of this occurrence might go like this: the therapist says something. She notices the client immediately stiffen and withdraw, and a palpable feeling of tension is felt in the room. If the therapist makes no mention of the feeling of "crookedness" that she is sensing, and instead tries to keep communicating on the explicit level with the client, a sense of distance or danger will remain in the interpersonal sphere, and also negatively affect the explicit work of therapy (Glanzer & Early, 2012). However, if the sense of "crookedness" is brought into the exchange through language or reflection in a way that allows exploration, new understandings and a new sense of safety to emerge, then rupture has the potential to become repair and even adds something more to the relationship (Tronick, 2003). The therapist might do this by naming the dissonance (e.g., "I'm feeling a sense of tension between us, do you feel the same?"), exploring her client's experience, and repairing the relationship by clarifying possible misunderstandings, accepting responsibility for her contribution to the rupture, empathizing with her client's experience, and collaborating with the client to find a shared perspective on what has occurred.

When something does not feel right, we naturally resist. Resistance is a self-protective reaction, or response, to a feeling of dangerousness (Glanzer & Early, 2012). Whether the danger we are protecting ourselves from appears to be a new danger in the present moment, or whether we are triggered to implicitly remember an old danger from the past, the point is that the intent of resistance is to keep us safe. Resistance needs to be honoured, as do boundaries.

An example might be helpful here. A therapist and teacher of mine recently showed me how he honours his client's implicit boundaries and resistance right from the
very first session. He explains to his clients that he would like to honour their implicit sense of safety. He does this by bringing explicit attention to what they feel is their safe distance. I give a little made-up scenario below about how this might play out, based on the demonstration he gave me.

**Therapist:** *(Sitting in a chair at about 3 feet distance away from the client)* So... just paying attention to your body, how does this distance feel to you?

**Client:** *(A little unsure)*: Um, it's fine, I guess? It feels fine.

**Therapist:** *(Moves the chair back two more feet, until he is a total of five feet away from the client)* How does this feel in your body when I shift my chair back?

**Client:** *(with a little laugh of insight)* Oh, that feels like you're so far away! It feels like you're actually disinterested in me, or like you're scared.

**Therapist:** *(laughs too, moves the chair back to the original position of three feet, then moves one more foot closer)* How does this distance feel to you?

**Client:** *(laughs but also shifts back)* Oh, now that's definitely too close. I feel like a sort of pushing-away feeling in my chest.

**Therapist:** Right. I'll move back until you tell me the distance that feels just right for you. *(Moves chair back slowly.)*

**Client:** *(When the therapist is three and a half feet away)* There, that feels safe. Thanks for checking in with me. That feels good.

By giving voice to what is silently felt, the therapist can work, and honour, the client's sense of safety at both the explicit and implicit levels of communication. In the example,
this simple interaction also gives both the therapist and the client explicit and implicit information about working with resistance therapeutically; the client learns that the therapist actually welcomes the client's boundaries into the process, and that the therapist recognizes and honours their protective functioning. Also, by valuing and focusing on the implicit experience of the client right from the very beginning, a) an invitation is made for the client to use his or her own inner knowing as a resource and guide throughout therapy, and b) the therapist lets the client know that they are in control by allowing their sense of safety to be the guide of the process.

The therapeutic relationship: healing attachment ruptures

Empathic resonation, emotional attunement, healthy boundaries - these are all qualities of healthy human relationships and attachment bonds. These bonds are not just abstract or cognitive theories but a deeply felt way of intersubjective embodied experiencing. As I claimed earlier in this chapter, we naturally resonate in attunement with each other. I have the innate capacity to feel what you feel, and you have the innate capacity to feel what I feel. We can resonate together and understand each other.

Yet, as I asserted in the previous chapter and will restate here, today many of us, if not most of us, are suffering from somatic deprivation, dissociation, and traumatic systemic split in varying degrees and forms, as a result of our dissociated cultural worldview and caregiving/relational failures. In our dissociated cultural worldview, we are perceptually trained away from feeling ourselves as intersubjective, interactive beings vibrating in resonance with others (and the universe as a whole.) Instead, we are perceptually trained towards thinking of ourselves as separate individual entities.

Thus, many of us developed as children under the care of those who did not have the relational sensitivity to sense our needs and meet our needs. Attachment ruptures and other developmental traumas abound, often from our earliest relationships and ongoing throughout childhood and adolescence. As children, if our emotional attachments to our caregivers were not secure, then we develop insecure attachment patterns as adaptive survival strategies. For example, if our mother is emotionally unresponsive, we most likely develop a way of relating to others that is dismissive or avoidant. A baby whose
mother repeatedly did not comfort and soothe her when she cried would most likely develop an avoidant attachment style; that is, as an adaptive survival strategy, she would learn that caregivers cannot be relied on or trusted. She would most likely play out these patterns of attachment in her adult relationships, which may manifest as not trusting or relying on her partner for support. We develop adaptive patterns of relating that continue on into adult life and seem to protect us from harm just as they did as young children, until we realize that our patterns are no longer protecting us, but limiting us. We then feel anxious, we feel discouraged, we feel stuck, we feel angry, we feel alone, and so on.

Again, a gentle reminder: the symptoms that bring us into therapy are not the problems themselves, but are healthy signals from our implicit awareness that tell us that something feels not right and needs attention. Our symptoms are but a message from our inner life force inside that knows innately how to heal, how to find balance, and how to tell when that balance is off.

Therapy is one way of re-addressing and redressing the relational sensitivity and empathy that was crucially missing at some point(s) in the client's life. As therapists, we can intentionally "structure and sustain an attachment-conducive relational environment" (Bai, 2015, p. 3). How do we do this? Bai writes:

We have the cues from infant bonding: the ability to be present to, to attune to, and to resonate with, the person in our care. Through this ability, we establish intersubjective structure that ties together the carer and the cared-for into one mutually responsive unity. A competent therapist is one who has a stable and secure attention structure to which the client can attach her self or his self, and begin to do the necessary healing, stabilizing, exploring, experimenting, and finally, changing the self. (p. 3)

All these relational abilities, namely being present to, attuning to, and resonating with others, are embodied. They are not simply constructs of the mind, or of society. We cannot merely think attunement with others into our reality. We must learn to feel attunement. I quote Madison (2014) again: "It takes practice to be able to sense ourselves
within and into relationship with another" (p. 29). I would like to add that it also takes practice to be able to sense into ourselves, and into the whole of existence as well.
Concluding reflections and future research

In this thesis, I set out to explore the phenomenon of change in psychotherapy, positing that *change is embodied process*, and therefore turning attention to bodily-felt, implicit experience is a key method for mobilizing therapeutic change.

I presented two intertwined streams of consciousness, namely *implicit* and *explicit awareness*, and discussed the space of encounter, or the *edge*, between the two. I was interested in the phenomenology of this dyadic edge between implicit and explicit consciousnesses as many therapists (Glanzer & Early, 2012; Green, 2012; Preston, 2008a) deemed it to be a potent place of emergence for their clients. Further research into Gendlin's (in press) understanding of the implicit revealed to me why this edge was potentially generative of new material, new possibilities and fresh thinking. I discovered that the ongoing dynamic relationship between embodied experience and cognitive concepts constitutes a self-propelled process (Gendlin, 1964) that essentially furthers us, from our past selves to present self and into our future selves in each moment. In other words, as Ault (2013) explains, the body needs language and language needs the body, in order for both to evolve. I explored this concept with Gendlin's redefinition of thought as involving the body, and drew on my own experience of free-style writing to explicate how focusing on the space of encounter between my own embodied awareness and reflective mind could generate fresh thought and harness my own innate life-forward process.

I wanted to situate and explore the supposed bifurcation between reflective mind and embodied awareness, or, in short, the mind/body divide that our modernist paradigm presumes. This exploration led me to research the cultural roots of this mind/body split, namely Cartesian dualism. At the same time, my research into somatic therapy led me to explore the experience of trauma. I was struck by the parallels I saw between Cartesian dualism and traumatic experience, namely that both the Cartesian worldview and traumatic experience pinpointed a similar dissociation between bodily emotional experience and the reflective mind. I thereby posited that our current cultural worldview, which dissociates reflective mind and our felt sense, is in a sense traumatized. I argued that we are shaped within a worldview that marginalizes, devalues, and represses the
body, body knowledge, inner experience, and our felt sense - with harmful consequences to our integrity, wholeness, and wellbeing as human beings. I posited that health could be best understood as a state of wholeness and vitality/spirit, and explored the concept of vitality not as an intellectual idea but as a bodily felt life force that innately seeks a state of health. However, because our modernistic culture has split psyche from body and devalued the latter, we have come to identify ourselves with our mind-consciousness while suppressing and ignoring our bodily-felt consciousness. Among the various imbalanced effects this bifurcation has had on our culture, is the division of medical practices into the domain of psychology (mental processes) and organic medicine (physical processes). I did not fully explore the impact that this division has had within these respective domains within this thesis; however, I briefly posited that there is a problem with adopting the medical model's understanding of "pathology" or "disease" into the psychological realm. My research led me to assert that so-called "symptoms" of mental illness are not really evidence of pathology but experiential signals. That is, as Madison says, what we experience as a "problem" is not a "set 'condition' but really an experience that is trying to live further, which is why it is felt as a problem" (Madison, 2014, p. 28).

Accessing and attending to clients' inner experiences that are trying to "live further" has become a focus of my clinical work. Since writing this thesis, I have started my internship, where I have been able to put my research into practice. In chapter four of this thesis, I wrote about the possibility of the therapeutic relationship to birth a "new relatedness" (Preston, 2008) with an increased ability for connection with others and a deeper felt sense of co-created inter-being. Inviting the implicit "felt sense" into the therapy room has become a central part of fostering this inter-relatedness. I posited in my research that body knowing is innately relational, and how developing the felt sense generates deeper sensitivity to others and empathic resonation with others' feeling states. In my own clinical practice, I have witnessed that this indeed is the case. Explicitly working with the edge of awareness between my own felt sense and my clients' felt sense has also been profoundly useful in sensing and working with relational attachment and ruptures. It is through this felt exploration of connectivity, safety and danger that new possibilities of being-in-the-world-with-others emerge.
There has been a large gap between the time I wrote the main body of this thesis and the time I have started my internship and have had the chance to put my research into practice. Upon re-reading my thesis, I am struck by, on the one hand, concrete confirmation, in the form of both felt resonance and client feedback, of all the theorizing that I did in these chapters. On the other hand, I am also struck by just how much richer, deeper, subtler, and more complex the actual experiences of working with clients have been. I am more than ever fascinated by the phenomenology of edge-sensing between implicit and explicit streams of consciousness, and wish to go further in exploring it in subsequent research projects that I may undertake. In particular, I am interested in exploring the categories of self and world, subject and object, inner and outer, human and natural that emerged from the Cartesian era (Bordo, 1986). I am interested in the difference in psychological orientation between experiencing oneself as a subject among a world of subjects, versus experiencing oneself as a subject amongst a world of objects. What happens to our sense of self and meaning, if the world "outside" of us is experienced as arbitrary, impersonal, distinct and separate from what goes on "inside"? I am interested in looking at the role of Cartesian rationalism and the scientific model of knowing which has shaped this perceived separation between inner and outer, as it represents "the pure masculinization of thought" (Harding, 1981). James Hillman (1972) has claimed that:

The specific consciousness we call scientific, Western and modern, is the long sharpened tool of the masculine mind that has discarded part of its own substance, calling it 'Eve,' 'female' and 'inferior.' (p. 250).

If we, as a global collective consciousness, have discarded part of our own substance, where has that part gone? The Jungian concept of the "shadow" interests me greatly here - the forgotten and repressed psychological material which, the more pushed into unconsciousness by the conscious, becomes increasingly powerful (Fawkes, 2009). I find the concept of the "shadow" or "shadow material" to be evident in my clinical practice, as my clients engage with the process of reclaiming aspects of themselves that have been long forgotten, repressed, buried, exiled, shamed, or silenced. To me, there is every sense
that they are there to re-integrate their shadow for their personal lives, but that their actions are part of a larger sphere - the global collective humanity reclaiming part of itself that has been long denied. If what has been denied by the "masculinization of thought" (Harding, 1981) is the so-called "feminine" aspect of consciousness, in future research I would be interested in seeing how this shadow consciousness emerges in clinical practice and how these personal narratives might resonate with larger social narratives around wholeness, equality, gender and power.
References


THE PHENOMENOLOGY AND PRACTICE OF EDGE SENSING IN PSYCHOTHERAPY


