

This is a slightly earlier development of many of the ideas I shared during a talk given at the Process Model Colloquium at UEA in July 2007.

Dr Rogers and the Rebellious Right Arm

My Rebellious Arm

It was my right arm which defied the party whip. I usually know what my arms are doing, but for several moments, the right one seemed to declare independence. I'd been asked to indicate my 'counselling orientation' at a Saturday workshop by raising my hand. This was several years ago now. At 'person-centred', my arm hesitated long enough for myself and the colleague beside me to notice.

Why was it hesitating? I was a recently trained person-centred counsellor who had gone so far as to sell the family home and travel 6000 miles to acquire the training of his choice, I advertised as a person-centred counsellor, and I had the reputation of a passionate and radical exponent. My arm, however, had other ideas, and when I gently enquired what sort of counsellor it *was* part of, it replied, "An *open-centred* counsellor." I did ask what *that* was, but no clear answer was forthcoming.

Given someone sitting in a personal-development workshop on a pleasant Saturday morning in Norwich, holding a covert conversation with his arm, then—more troubling conclusions aside—it is reasonable to suppose him under the influence of Gene Gendlin's 'experiential focusing'. That was indeed the case. However, the bodily sense that I was *not a person-centred* counsellor was entirely unimpressed by the suggestion that I *was a focusing-oriented* counsellor, and it continued to remain unsatisfied by my tentative offerings for the next several years. Only in the last few months have I finally got what Gendlin might call a 'handle' on all this.

It is my current sense of what my arm's rebellion was all about that I want to share with you here. And if this is this also the longest attempt to explicate a felt sense on record, perhaps the *Guinness Book of Records* will be interested as well. I shall begin by saying a little about the practice of experiential focusing and my exploration of some of its possibilities.

Four Initial Modalities

When I first learned about focusing, I was introduced to what I now think of as *meditative focusing*: feet on the floor, eyes closed, clear a space, etc. This is the kind of practice described in Gene Gendlin's little self-help

book *Focusing*, and for a year or two I thought of experiential focusing as this whole package.

Focusing worked for me, and I found that it worked for some of my clients. With familiarity, however, I began to recognize that some of the packaging was not always necessary or useful. I started to introduce focusing in a less formal manner, and to gently and informally encourage clients towards an awareness of their felt sense such that I, as the counsellor, might ask “Does that feel right?”, while patting my belly, and the client would respond by resonating what had just been said with their felt sense of the matter and finding an answer.

Clearly, this gives the counsellor an educative function, and some will view that as inconsistent with good practice. When a client who has little or no sense of their experiencing is saying “Help me!”, however, such education seems entirely right and necessary so long as power is not lifted from their hands.

Anyway, I began to think of this less structured use of focusing as *conversational focusing* and to distinguish it from the more formal *meditative focusing* which I had first learned:

- In *conversational focusing* there is more movement between the felt sense—and therefore for most of us the belly—and the head and our cognitive processes. The steps taken are frequently very small, and the focusing takes place within a broader context of therapeutic conversation and relationship.
- In *meditative focusing* 20 minutes to half an hour at a time may be spent with the evolving felt sense, with its shifts and changes, and the focuser’s communion is more with themselves than with their focusing partner.

In addition to *meditative focusing* and *conversational focusing* I was soon to become familiar with two other and quite different focusing modalities.

The first of these was *whole-body focusing* which I was introduced to by Kevin McEvenue. Because *whole-body focusing* is initially nonverbal, it allows me access to that which is beyond language and possibly rooted in experiences I had prior to the acquisition of language. I've never tried whole-body focusing with a client, but I have introduced it to counselling trainees, and many are as impressed as I am.

The second of the two additional modalities is something I stumbled upon with the help of some very creative clients. This kind of focusing always starts off as *meditative* but transforms into quite a different kind of

journey. It as though for some people there are times when moving into the body and relating to the felt sense of an issue invites a cascade of metaphors and symbols like those which arise in dreams. What is more, the focuser is able to move around in and interact with these in the manner of a psychodrama. When I have been the focusing companion, my role has felt more like the director of a psychodrama. Yet everything that is happening feels rooted in the focuser's body and its knowing.

What should we call this manner of focusing? To me, it is *dreamscape focusing*.

I have used *dreamscape focusing* myself, and I have counselled several clients who liked to work this way and seemed to make substantial progress. One young client found that over two or three weeks all his pain coalesced into a kind of rock in his chest; he took the rock out and placed it on the arm of his chair (while in the dreamscape), and he left it there when the session ended (and he was back in the 'real world'). When he returned the following week, the rock was not to be found anywhere in my office, and it was certainly not to be found in his chest.

I have also worked with a client who sometimes likes to begin making sense of a dream by choosing an aspect of it and seeking the felt sense of that. On occasion, she will then re-enter the dream with me alongside, and the dream will continue to unfold and evolve with me once again acting like the director of a psychodrama.

Given these clearly distinct ways of focusing, 'experiential focusing' is certainly *not* identical with the whole *meditative focusing* package. *What is experiential focusing then; how shall we define it?* Common to the four modalities I have described is the simple act of bringing awareness to a felt sense and acquiring at least a minimal handle for it. (Or—following Gendlin more precisely—*encouraging a felt sense to form*, bringing awareness, and acquiring a handle.) Understood in this way, focusing may take place within any number of settings and be facilitated in a variety of different ways. It is reasonable that there should be more than one therapeutic focusing modality.

Closely Held Focusing

Meditative focusing, conversational focusing, whole-body focusing, and dreamscape focusing: that makes four distinct focusing modalities which, until a few months ago, I was using in concert with, but still somehow separated from, my person-centred counselling practice. Then I watched a *New York Focusing Institute* video recording of Gene Gendlin teaching focusing (there are several to choose from on their website), and some of

the colleagues I watched the video with were quite critical of Gene's way of doing business. I thought about the difference between what Gene says in the *Focusing* book and what he now seems to offer—most of that meditative stuff has gone out the window, and Gene is now very vocal and active—I thought about how my own ways of offering focusing have changed, and I decided to try something which I had never yet tried as a counsellor.

When I was a schoolteacher, particularly when I was a novice schoolteacher, I used to observe competent colleagues and commit their *modus operandi* to memory. If I found myself faced with a situation I did not know how to deal with, I put myself in the shoes of a chosen colleague and dealt with it as though I was them. Over time, what I had internalised blended with my own ways of being and became something uniquely mine. Thinking about it now, I still do this today when I am teaching—my pedagogic configuration is a mosaic of subconfigurations which are an homage to talented colleagues—but until a few weeks ago I had never used this tactic as a counsellor. I am not entirely sure why that is—the tactic is tried and proven—but perhaps my reluctance has to do with the desire to be authentic and fully myself. Even so, as I reflected on the arguments about what Gene was 'up to', it came to me that the only way to answer the question was to try 'doing it like Gene', see how that felt, and find out how it was for the focusing companion.

At this juncture serendipity stepped in. I met with my professional year counselling students two days later, and one of them wanted to talk about *having seen Gene Gendlin in a focusing video and the way in which he worked...* I offered to try being a 'Gendlin-style' focusing companion with a volunteer so that we might get a better sense of what Gene was doing and why. We recorded the session, and I later had it transcribed.

The following day, and at the request of another student, I offered a session of approximately 30 minutes Gendlin-style focusing. The focuser's eyes remained open throughout most of the session, and I was vocal and active in responding to her and in supporting her as she struggled with an evolving felt sense and emerging understanding of what that was all about. We felt that the session was productive, and when the student said that she would like to take things a little further, we conducted a similar focusing session the following week. Both these sessions were recorded and transcribed as well.

In all, I recorded three focusing sessions in which I attempted to work 'Gendlin-style'. By the time we made the third recording, I had tried something similar with a couple of clients as well, and it was all

beginning to feel entirely comfortable and authentic. It won't do, though, to go on calling this way of offering focusing *Gendlin-style focusing*; that's a bit like calling Carl Rogers a Rogerian therapist. I shall call it *closely held focusing* for reasons which I hope will become clear. It is, I believe, a distinct and very powerful focusing modality.

Here is a brief excerpt from one of the transcripts to give a flavour of *closely held focusing*.

- F1) ...It...
C1) Go to the feeling of it
F2) [pause] If I was...what is the feeling? If I was good enough...he wouldn't want to top himself.
C2) Can you stay with the feeling of 'if I was good enough, he wouldn't want to top himself'?
F3) Yep
C3) Are you...
F4) Oh yeah I can bring that straight up for you...
C4) You...you've got that
F5) Yeah
C5) You've got that...you've got that...and maybe...maybe try asking that what's that all about? That feeling of 'if you were good enough he wouldn't do this'...
F6) [pause] It's just an insecurity, that's not a feeling. It's...it's just a fear
C6) It's just a fear...
F7) It...it just yeah...I...I can't think...I can't...
C7) You can't...
F8) I can't grasp...
C8) You can't grasp...
F9) ...what that is...it's...
C9) Just wait...just wait if you can...let yourself be aware of it. Just stay with it if you can...
F10) [pause] It just feels like an insecurity
C10) It just feels like an insecurity
F11) But I can get a handle...it won't come...I can't...
C11) OK
F12) It's very elusive...
C12) It's very elusive
F13) Mmm
C13) There's insecurity
F14) Yes
C14) But unusually for you...
F15) Yes [small laugh]

- C15) ...there's no real sense of what this is about
 F16) No...just that if...yeah there is...if he loved me as much as I love him...
 C16) Ah
 F17) he wouldn't want to leave me... That's what it is.
 C17) Does that feel right?
 F18) Yeah...yeah [sniffs]
 C18) If he loved you as much as you love him...
 F19) Yeah
 C19) ...he wouldn't want to leave you
 F20) Yeah...he'd...he'd...he'd...yeah...he'd want to be...he'd want to see it out.
 C20) He'd want to see it out
 F21) Yeah...that's what it is
 C21) That's what it is
 F22) Yeah...it hurts
 C22) It hurts
 F23) Yep [pause and lets out a deep breath]

Perhaps this already demonstrates why I call the modality *closely-held focusing*. It is as purely a focusing process as *meditative focusing*. The focusing companion, however, is much closer to, and much more actively in relationship with, the focuser. The companion can 'hold' the focuser, and help them to be with and beside their experiencing just as they might during a more conversational exchanges. Throughout this part of the session, and indeed throughout most of the rest of it, the focuser and companion were in steady eye contact. At no time did the focuser feel alone. As she subsequently made plain, if she had, then none of this would have been possible.

A Continuum of Possibilities

The landscape occupied by these now five different focusing modalities might grow clearer—and they themselves might become conceptually more distinct—if I provided a way of relating them one to another. To do that, I want to look back to the beginnings of my own counselling career.

I trained as a person-centred counsellor with Brian Thorne and in the practice of Gene Gendlin's experiential focusing (with Campbell Purton) within the same ten months. In consequence, when I began to earn my living as a counsellor I was aware of what were apparently two distinct therapeutic modalities rooted in the same client-centred heritage : 'Thorne-mode' (loving perception and relationship) and 'Gendlin-mode'

(focusing-oriented). I soon began to differentiate focusing-oriented ways of working in the manner I have been discussing, and so it was easy to conceive of Gendlin-mode as consisting of several related kinds of practice, but I struggled to relate any of them to the kind of loving perception and relationship which I had learned about from Brian.

What had experiential focusing to do with the loving presence and deep, acceptant relationship which Brian deployed with such efficacy? This was far more than an academic question for me because I knew that I offered both focusing and a variant of loving perception and relationship to my own clients. I wanted to know what I was up to.

Brian's (1997) demonstration video recording *The Cost of Integrity* illustrates what I believe to be the makings of an answer. He does not *just* offer loving presence and acceptant relationship and leave the matter there. He is guided throughout his interaction with a client by what in focusing terms would be called his own 'felt sense', and he responds to his client in such a way that they are gently (and not always so gently) encouraged deeper into their own experiencing and into relationship with *their* felt sense. I have asked Brian whether this statement meets with his approval, and it does. He also agrees that it applies to Carl Rogers's later work as well. In other words, two of the most effective and influential representatives of what one might call 'mainstream' person-centred therapy can be understood as working in ways which are partly explicable in focusing terms.

A lot more might be said about all of this, but I want to stay close to the question: *How does a therapy of loving perception and relationship relate to experiential focusing?* In partial answer, I propose that there is a continuum of therapeutic practice which has a therapy of loving perception and relationship at one end and *meditative focusing* at the other. The other focusing modalities I have discussed can be placed upon or related to this continuum. I'm *not* saying that the continuum will provide an *exclusive* account of the ways in which person-centred and focusing-oriented counselling and accompaniment may vary. It is simply *one possible way* of bringing conceptual order to what is presently a confusing array of practices. For ease of reference, I shall now begin talking about the Thorne end of this continuum as *conversational therapy* and so add a sixth distinct therapeutic modality to the five already listed. Thus the continuum consists of:

Conversational Therapy
Conversational Focusing

Closely Held Focusing

Whole-Body Focusing

Dreamscape Focusing

Meditative Focusing

Whole-body focusing and *dreamscape focusing* are offset because they *relate* to the continuum rather than being clearly and *directly* in the line of its development.

Why This All Makes Good Sense (In Practice)

I now need to try to persuade you that this continuum proposal makes good sense. I shall do so initially with a short list of claims about the therapeutic modalities I have identified. After that, I will propose some modifications to standard person-centred theory which help make to sense of the relationships I am proposing. That will lead us back to the rebellious right arm which started all the trouble.

Here is the short list of claims:

- *Conversational therapy* is grounded in and takes place within the context of a warm, acceptant, and authentic relationship which can be broadly characterized as ‘person-centred’. At least as I practice it, the therapist is afforded considerable freedom of response. There really is a conversation. This is not true of *meditative focusing* where the emphasis is upon a more ‘client-centred’ and literal reflection of the focuser's utterances and experience and where there may also be some process assistance. It is not true of *closely held focusing* either, but the style is more conversational in this latter case.
- In *conversational therapy* it is common for there to be no very clearly expressed goal at the outset of a session and no explicit job description for the therapist. In a focusing session, there is always a clearly expressed goal even if it is only to get a sense of how things are for the focuser right now, and the focusing companion usually has a pretty clear job description.
- Both *conversational focusing* and *closely held focusing* can only take place within a relational context and in both cases the focusing partner's role is more expansive than in *meditative focusing*. The companion's role is notably more expansive in the case of *conversational focusing* than in *closely held focusing* and moves between that of a focusing partner and a conversational therapist.

- Given all this, *conversational therapy* and *closely held focusing* can be positioned on a rough continuum that runs between *conversational therapy* and *meditative focusing*. At the *conversational* end there is no need for an explicit goal or job description, and the companion's responses are those of a genuine conversation. At the *meditative* end there is always an explicit goal and the companion usually has a job description of some sort; the companion's responses consist almost entirely of reflecting what is offered by the focuser. Conversational focusing is closer to the *conversational therapy* end of the continuum, and *closely held focusing* is closer to the meditative end. *Closely held focusing* involves more focusing, less conversation, and more emphasis upon the literal reflection of what the focuser is saying and doing.
- Given my description of the continuum so far, one might be forgiven for asking whether the relationship is most important in *conversational therapy* and least important in *meditative focusing*. I believe that to be false. The therapist or focusing companion may seem less a part of the process as one moves away from *conversational therapy* and towards the *meditative* end, but to conclude that the therapist or companion is less a part of the process involves serious misunderstanding akin to concluding that a classical client-centred therapist is not really part of the therapeutic process. The therapist or focusing companion provides the relationship within which awareness and process best occur.
- This last point has an important corollary which I will state as a question: Is relationship harder to provide when accompanying someone who is engaged in *meditative focusing* than when with someone who is practicing conversational or *closely held focusing*? It is a delicate thing to accompany someone whose eyes are closed and who is very much engaged with their own experiencing, provide that person with a clear sense that they are being understood and held, and, at the same time, not intrude upon their process. It might even be that *meditative focusing* is not the best style for trainee counsellors to cut their focusing teeth on and that it is not the best style for many counsellors to practice. Providing the right kind of relationship under these circumstances requires that the focusing companion have both considerable personal presence and the capacity to be present in a relatively egoless way.
- There is now one noticeable loose end hanging. At least, I can see one noticeable loose end. *What are we to make of whole-body focusing and dreamscape focusing in light of the continuum I have described?* Perhaps the focuser enters these modalities when a kind of internal

brake or censorship is released during focusing. Speaking for myself, it is an effort to sit still in a chair and focus. There is something somehow more natural about getting up and beginning to move and that is *whole-body focusing*. Is the same true of *dreamscape focusing*? Just as when dreaming and asleep, the focuser would relinquish the usual interpretive laws of 'reality' and dreamscape experiencing would emerge. In other words—and as suggested by the list presented earlier—*whole-body focusing* and *dreamscape focusing* can be understood as diverging from the main continuum as the focuser's practice and the companion's style of accompaniment moves towards the meditative end.

It is hard for me to know just what further questions these points raise; I'm still very close to it all. However, there is one thing which seems in need of further explanation; it is my founding assertion that *conversational therapy* and *meditative focusing* are related closely enough to form the ends of a continuum. To provide that additional support, I must engage with some theory, or perhaps it would be more accurate to say some 'explication of practice'. Theory so easily takes on a life of its own, forging those "iron chains of dogma" which Carl prophetically warned against (Rogers 1959); whereas what I want to discuss is very closely linked to, led by, and must be easily modifiable in light of, ongoing therapeutic practice.

A Therapy That Walks On Two Legs

My point of departure is the unexceptional observation that people come for therapy, just as Carl Rogers averred, because they are in a situation of unbearable incongruence.

Such incongruence is not usually just a matter of thinking or feeling one thing and doing or saying another. That is the simplest sort of incongruence, and I doubt that it alone would bring a person to therapy. The incongruence I have in mind is not even easily reducible to the "denial and distortion" described in Rogers's famous 1957 and 1959 papers. This kind of incongruence means that I don't deceive *you* about what I am thinking and feeling so much as I deceive *myself* by *not* thinking and feeling what is, as it were, in me to think and feel. The kind of incongruence which really tears souls apart runs even deeper and is even harder to bring to awareness. It is the incongruence which results from a person being out of step with their deepest physical—"organismic" if you like—knowing, with that level of awareness which focusing draws from.

An example of the *opposite* of this kind of incongruence was summed up by Rogers (1956) in a paper which is still not been published, and whose publication might, I think, have altered the course of what I'm going to describe below. Anyway, in that paper Carl says the following about the state of his client: "Her viscera, her tear ducts, and her awareness...are congruent". Her *viscera, tear ducts, and awareness...* Exactly. There is a kind of congruence available to us which involves a 'lining up' of all aspects of us and our experiencing, and when, instead, parts of us are routinely and habitually 'out of line', or when a certain situation or relationship always seems to throw us out of line, then we suffer. This, in my experience, is the primary reason why clients coming for counselling.

The antidote to at least the last two kinds of incongruence is theoretically very simple: *awareness* and *acceptance*. The kind of congruence Rogers is describing above comes—as he notes in the same unpublished paper—when there is deep and bodily awareness and when there is acceptance of what is in awareness. In other words, counselling is about helping a person to achieve greater awareness, acceptance, and self-acceptance. Without these things one stalls; 'process' becomes log-jammed, or in Gene Gendlin's phrase we become "structure bound". As I write this, I am thinking it occurs when and because we try to *control* our experiencing—that is what incongruence is—and all we succeed in doing is putting a monkey wrench into our own works. (Gendlin himself does not see 'structure bound' and 'incongruent' as theoretically equivalent notions, but I am inclined to try to relate them.)

Why do we do this? Why would any half-way sane creature do this to themselves?

I think the answer is that we fear to be our experiencing, and perhaps we are so constructed that we *cannot* fully be our experiencing in the absence of acceptant others. Maybe too, there is a further wrinkle here. Pain really is hard to bear, and we humans are skilled at keeping our pain at bay. Pain experienced with another—another we can trust not to increase our pain or use it to exploit us—is more bearable. Many of us, however, have had a preponderance of experiences which demonstrate that others *will* add to or use our pain. Therefore, we cannot be our pain, and we cannot be our experiencing. Our very survival depends upon continued incongruence.

If people come to counselling because of incongruence, or because they are structure bound, and fear is heavily implicated in all this, and if for most of us being open to our experiencing really is hard to achieve in solitude, then the counsellor's job description is almost a logical deduction. She

must work with her clients to help them achieve the awareness and acceptance which ease incongruence and lubricate process. She must furnish the kind of relationship which eases fear and pain and facilitates self love.

These are what I think of as the *two legs of therapeutic practice*:

- One leg—the *awareness leg*—is about being with clients in such a way that self-awareness and self-acceptance are promoted.
- The other leg—the *relationship leg*—is about offering relationship of the kind which the famous “core” or “counsellor” conditions point towards.

My sense is that over the past 50 years, since Carl wrote his formative papers towards the end of the 1950s, these legs have diverged until the client/person-centred/experiential tradition is close to dismemberment. I want to make a fuss about that and see if some of us, at least, can't regain a more comfortable posture. It seems significant to me that the order in which the 1956, 1957, and 1959 papers were *written* is the opposite of that in which they were *published*, and it is the *last* of the three to be *written* which most clearly evidences the two 'legs' and has a distinct 'focusing feel' to it.

The *awareness leg* has been developed in the work of Gene Gendlin and the process experientialists. The *relationship leg* was already pretty substantial by the 1960s although the recent work of Brian Thorne—which draws together person-centred practice with the apprehension of divine love—adds detail to a previously sketchy dimension. (See, for example, Thorne 2002.) For the most part, however, these developments have occurred in isolation from each other, and the two legs have been presented separately in the literature. It is interesting how little attention writers like Mearns, Thorne, Merry and Sanders have paid to the need to help clients achieve greater awareness of their experiencing: the emphasis has been on the relationship.

I don't know why this has occurred, but it seems salutary to me that the two theorist-practitioners who have most influenced my own work walk securely upon both legs when with clients and trainees. Gene Gendlin oozes 'core conditionality'; he is about as 'person-centred' as a person can get. Brian Thorne is the master of *conversational therapy* and, as I pointed out earlier, this involves a steady deepening of the client's level of awareness. Yet Gene talks and writes almost exclusively about focusing, and Brian talks and writes almost exclusively about relationship and loving perception. *Why?* Therapeutic practice so obviously requires both aspects in equal measure.

To put this another way, I am persuaded that the client/person-centred/focusing-oriented tradition is an essentially and originally two-legged creature which has become confused and a bit lame over the past half century. This conviction is my primary *theoretical* reason for asserting that *conversational therapy* and *meditative focusing* belong upon the same continuum of therapeutic modalities. The conviction is supported by my experience of working at those different points along the continuum which I have identified: my *clinical experience* tells me that this way of thinking about the theory makes good sense.

There is a little more to add here because it was only while learning to offer *closely held focusing* that I first felt that I was directly and fully experiencing the connection between experiential focusing and a therapy of loving perception and relationship. The division in my practice that I had experienced until then vanished within three short sessions, and the way that I offer therapy seemed to have become 'one thing'. It feels as though right now this may well be driving further changes in the way that I offer and conceive of therapeutic accompaniment. Or perhaps I should simply say in the way that I *conceive of myself* as offering therapy because so far as I can ascertain my clients are not aware of any difference... The point I wish to *really* highlight is this: the practice of closely held focusing was revelatory for me, and I am told by students that it has changed their conception of person-centred practice as well. That was the advertisement!

Open-Centred?

Of course, everything I am saying here is predicated upon my belief that the standard conception of person-centred theory is vitiated by the claim to "necessary and sufficient conditions", and by its insistence that the source of all psychic ills is those dread conditions of worth. (See Mountford 2006a, 2006b, and 2006c.) In other words, I am contemplating a theory whose centre has rotted out and saying: *Well, actually, there is still a lot of sound wood left here to build with.* If you disagree with that view of matters, then you may well disagree with other things that I am saying.

I may be contemplating an account of therapeutic practice much of which I believe is still sound, but I am not sure that what I am contemplating is best called *person-centred counselling*. For one thing, as I have also recently argued elsewhere, the original person-centred recipe for relationship holds good for relationship with sentient nonhumans and perhaps the whole 'created order'. For another thing, it isn't at all clear to me that an effective counsellor *is* 'centred' on their client or any other

specially privileged object. They are centred on, or *open to*, whatever is moving through their awareness or potentially available to their awareness while *with* their client. They are there *for* their client. They are there *in the service of their client* much as a trusted mountain guide might be, but that does not make them *person* or *client* centred.

What is more, if we lose the hallmark person-centred conviction that counselling is all about conditions of worth, and replace it with the assertion that counselling is about the client's increasing levels of awareness and acceptance, then the counsellor can justifiably do some pretty non-person-centred things. She can offer interpretations; she can argue with her client; she can offer advice...she can do pretty much whatever—in that moment—will help the client achieve awareness and acceptance and maintain it through time. She can also consistently operate along the continuum which stretches between *conversational therapy* and *meditative focusing*. To me that feels like an 'open' approach to therapy, *open-centred* counselling rather than *client* or *person-centred* counselling.

Is this also an 'integrative' approach to counselling ? My answer is a definite *No*.

For one thing, no additional theoretical commitment is needed by an open-centred counsellor; everything I am claiming is already either explicit or inherent in Rogers's three papers from the latter 1950s. For another thing, the counsellor's way of being and way of relating to the client remains in accordance with the conditions spelled out in the person-centred recipe. It is simply that the open-centred counsellor no longer views these conditions as anything more than a recipe, and she is freer from constraint because she is no longer mesmerized by conditions of worth theory and the fear of creating more of the same. Fear cripples counsellors as effectively as it cripples their clients.

That does, I believe, take us back to what my arm was protesting about in a personal-development workshop, on a pleasant Saturday morning in Norwich, several years ago.

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