

The palpable in existential counselling psychology

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Content & Focus: *This article presents basic features of an approach to existential counselling psychology that emphasises the experiential source of existential practice. It is an experiential-existential model of psychological therapy that arises from the application of Eugene Gendlin's philosophy of implicit process to the therapeutic encounter as described by the British school of existential analysis. This paper introduces some principal contributions from Gendlin's philosophical thought, including the practice of Focusing, illustrating why sensitive attention to bodily experiencing is important for counselling psychologists interested in 'existentialising' their approach to client work. Using fictionalised case material, it is shown how working experientially avoids generalities and instead sensitises the clinician to the uniqueness unfolding from within each client.*

Conclusions: *Palpable existentialism is a body-therapy integration with existential and experiential emphases. It brings moment-to-moment experiencing into the 'evidence-base' of what is working or not during the session. With a rich research and philosophical foundation, this approach brings existentialism in line with a recent resurgence in body approaches to counselling psychology. More research and conceptualising needs to happen around this promising new approach.*

Keywords: *Experiential-existential psychotherapy; existential psychology; Gendlin; Focusing; phenomenological psychology.*

'PALPABLE EXISTENTIALISM' is a shorthand term for a model of experiential-existential psychological therapy. It brings existentialism to the body and lets the body inform our existential understanding. This approach to therapy includes the sensitivities of the British school of existential-phenomenological analysis (Spinelli, 2007; van Deurzen & Arnold-Baker, 2005) insofar as they resonate with the embodied phenomenological practice called Focusing, first described by Eugene Gendlin (Gendlin, 2003, 1984; Levin, 1997). The result is a responsive 'palpable' practice that, through phenomenological description, prioritises the client's bodily experience over therapeutic concepts, manualised expectations or logical inference. An important feature of this approach, in common with the British existentialists, is the value placed on the

human connection between client and therapist, with an added awareness of how concrete moment-to-moment experiencing can be a guide to the unpredictable unfolding of that therapeutic relationship.

Although this is not a research paper, it is important to state at the outset that numerous research studies have found a positive correlation between experiencing level (which the experiential-existential approach prioritises) and therapy outcome, with specific studies indicating that using a Focusing sensitivity in therapy correlates with successful outcomes (Hendricks, 2002). In a recent literature review, Elliott et al. (2013) also found that enhancing the client's experiencing level is consistently associated with successful outcomes in many forms of therapy, not just those within the existential-humanistic spectrum.

British existential counselling psychology

Even the more prescriptive forms of practice, like cognitive behavioural and psychoanalytic models, still exhibit a range of practice styles. No practice is entirely consistent, because each practitioner is not entirely consistent even with him- or herself let alone with a specific model. How can we be consistent when faced with the intricacy of a living person? So it is no surprise that existential-phenomenological practice, given its intentional absence of explicit theory, is more an umbrella term for a diverse group of psychologists and psychotherapists whose practice might be quite individual but who nonetheless do share fundamental commonalities. Each individual clinician might be more or less influenced by particular existential philosophers, depending upon their personal proclivities. Philosophy, in its therapeutic sense, inspires us to profound questions that cannot be camouflaged by answers. *What is the point of living? What in life has value for me? Can I be open to all I experience? What is a person?*

A common attribute of the existential psychologist is an inherent tendency to deconstruct received wisdom and convention. In counselling psychology this tendency is often expressed through the existentialists' relentless questioning of therapeutic orthodoxy. It is not that 'anything goes' but quite the opposite; nothing can be assumed, everything invites reflection, opening up each theoretical construct, challenging the accoutrements of psychological practice. So, in terms of practice and understanding, an existential counselling psychologist has very little to guide their therapeutic interventions other than their own existence and their ability to question quotidian assumptions (there is no set theory to call upon). Therefore, it is more an attitude than a doctrine that connects existential practitioners and sets them apart from close relations in other schools of psychology. For an

overview of various existential approaches, including the British School, see *Existential Therapies* (Cooper, 2003).

It is under the umbrella of the British School, outlined above, that the experiential-existential approach fits best. This approach places special emphasis on the value of *not-knowing*. This valuing allows the practitioner to be guided by *unfinished experiential process* rather than conclusiveness, human-to-human embodied relating rather than expert diagnostician with specialist skill, and an appreciation for the unpredictability of an unfolding dialogue rather than prescribed agendas. The experiential-existential stance is 'philosophical' in the sense of *contemplating experience as it is lived by a specific human being rather than abstract intellectual speculation or logical analysis*. This contemplative context includes all of the dilemmas of existence, the unavoidable tragedy as well as the inexpressible beauty, as they actually arise and are retold within the moment-by-moment interaction between the specific people in the room.

This paper introduces five topics that are essential to an understanding of the approach (outlined in Madison, 2010). Based upon Gendlin's experientially-derived philosophy, they include: a new conception of *body*; embodied processing; experiential-existential therapy as a non-pathologising approach; the therapist's presence in the session; and therapy as *process phenomenology*.

The living body is not a thing

The body is crucially reconceived within the experiential-existential perspective. Embodiment has been of great interest to existential philosophers such as Merleau-Ponty (1962) and Sartre¹ (1969), and, therefore, picked up by existential psychotherapists, but too often still wrapped in philosophical thinking with no idea how these philosophical insights might be embodied in ongoing sessions (Madison, 2001).

¹ And one could argue is implied but explicitly left out of *Being and Time* (Heidegger, 1996).

In recent years psychiatrists and psychoanalysts have increasingly paid attention to the topic of embodiment in existential philosophy in order to understand the 'first-person' view of experiences such as 'trauma' and 'schizophrenia'. Fuchs (2005), Rumble (2010) and Stanghellini (2004) have ventured into this area, sometimes referencing Gendlin, even using his term 'felt sense' but missing Gendlin's more radical reconceptualisation of 'body', and without an embodied *practice*, they are left with the conundrum of *conceptualising* about the body rather than directly accessing it. Robert Stolorow (2011) has incorporated more of Gendlin's philosophical practice into contemporary relational psychoanalysis. By Stolorow's doing so, one is left with the impression that existential psychotherapy is being reinvented within the school of American psychoanalysis. However, these comparisons are beyond the task of this paper, which is attempting in the first instance to introduce decades of Gendlin's work to a wider audience of practitioner psychologists. Comparisons with other developments in related disciplines would be of great interest and an important next step.

Gendlin's philosophy points to a body we all know – the living body through which we feel life (Gendlin, 1997). 'The body is not just the object under the surgeon's scalpel, encapsulated within its essence like a corpse. Nor is it a malleable lump of clay that needs a sculptor to give it form. The body is not just a cognitive box that can be rewired to generate less heat or more light.' Contrary to Foucault's idea of the '*inscribed body*' (see Crossley, 1996), Gendlin's 'body' is not a 'socially censored text written in red' (Madison 2010, p.192). Gendlin points out that we *feel* our life events because a body *is interaction*. The body *is interaction* with the environment, including our highly symbolised human situations. 'We are not only taking in information through the five senses and then analysing that information. The body, rather than an inert object, is an experiential process interacting with and

responding to its environment, so radically that what we call 'body' and what we call 'environment' is a matter of perspective' (ibid).

This conception of body encompasses a vastly larger system than the physiological body of medical science. That body is contained within the skin. Gendlin's 'body', consistent with the existential tradition, asserts that we are intentional and always directed toward the world far beyond the skin envelope. We are both subject and object, where 'the subject is his body, his world, and his situation, by a sort of exchange' (Merleau-Ponty, 1964, p.72).

Gendlin offers one of those rare philosophies that has a practice of its own. *Focusing* (Gendlin, 2003) is the practice that describes this phenomenological access to the experiencing body. There we find the sentience of our world living *right now* through bodily interaction. Setting aside our preconceptions, we can attend to this sentience. Attention to the body can generate a subtle *felt sense*, usually in the middle area of the body. A felt sense is like a body-aura, it gives us information about our current life situations because life is not formed out of internal objects or units of perception: 'we humans live from bodies that are self-conscious of situations. 'Conscious', 'self', and 'situations' are not three objects with separate logical definitions' (Gendlin, 1999, p.233). Situations *are* how our body is interacting with the environment, and the individual's ability to turn towards the feeling of a situation is therapeutically useful because it offers tangible *data* that can reveal better ways of living.

Embodied is process

If the body *is* environmental interaction, then the body *remakes itself anew* in each situation because it is interacting with a new environment. This does not deny that the body has been elaborated by the individual's entire past, but these 'events' are not carried like pebbles in the body. The 'past', as a bodily process, is reconfigured by the

present moment. The embodied past is affected by the present body-environment interaction. What about past events that seem stuck and haunting? Being 'stuck' is a 'structure-bound process' (Gendlin, 1997). Still a *process*. As the client is in interaction with you, that stuckness is already affected freshly because you are there. Your presence implies a change in the client's stuckness – the implied change may or may not 'occur' (be resolved by new living), but the implying itself is palpable in the body. Gendlin's philosophical concepts assume that something *new* is actually occurring in every situation. 'When two people meet, their reactions are not just the rearranging of some dusty inner contents that have been stacked in the 'unconscious' since childhood' (Madison 2010, p.193). 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:

...[L]et us think-from and speak-from how we experience the present with the body, and how the past is in the present and in the body, indeed how the body is a kind of past, a past that is now involved in experiencing the present... These many past experiences are now functioning within one new experience. This is not the past as it was then, but as it is here now, relevant now, involved in being lived, participating in the experiencing that our body implies and enacts – now. (Gendlin, 1997, pp.34–35)

This view prioritises the implicit bodily processes of the human experiencer ('first-person' rather than the more common observer perspective). It leads to a conception of lived time similar to the three-dimensional view of the present expressed by existential therapists: 'Our perception of past events is as much affected by where we find ourselves at present as by what we expect or desire to happen in the future' (Cohn, 2002, p.68).

Beyond pathology or medical models

The existential scholar Sonia Kruks points out the overwhelming temptation for us to 'treat our own lives and those of our fellows as problems rather than as mysteries' (1990, p.38). Perhaps it is evident that the process view expressed in this paper cannot easily adopt conventional assumptions of pathology.

For example, a 'problem' or 'pathology', if seen as process, already implies how it might change in the next moment. It is not a set 'condition' but an experience that is trying to live further, which is why it is felt as a 'problem'. Also, if we prioritise a process view, there is no objective or neutral 'clinician' – his or her presence is already *in* that process, helping to imply the change that could occur. 'If the body is a *body-environment process*, the implicit experiencing of the therapist is already a salient aspect of the client's present body-environment, and so impacts upon the work of therapy. Since no two therapists are alike, they cannot deliver the same treatment' (Madison 2010, p.195).

From this perspective, psychological therapy is not analogous to a medical treatment. Therapy is a relational interaction that simultaneously clarifies the client's issue and already *implies* new existential potentials for each person (of course, the therapist is also called to change in this relationship). However, this does not make the relationship into a clinical technique; it must arise authentically; we must be humanly present and have a felt response to the client for the client to *feel* that their environment is responding to them. The client can then respond further to this response. These responses back and forth constitute the *feeling* of intersubjectivity. It offers a new reference other than just concentrating upon client content, and it suggests that the therapist's role in the session is never purely as an abstract professional but always as another real person.

Therapist presence invites the client to sense themselves

From the 'inside', we know we are more than an object with five peepholes for perception. We *feel* the atmosphere of our environments, not just the temperature of the air. We *feel* other people when we walk into a room, and long before they come up and talk to us. Our life situations are sensed far beyond the body enclosed by the skin.

Rather than an empty gap, the space between my client and me is experientially full. Our unique bodies are constantly processing that fullness, carrying it further into new content and edges of exploration. Our individual processes enliven each other and make us who we can be with each other. This is a self-generating process that is not captured by outcome research or governed by what my manual says should come next for the client. It is interesting to note that this process is not even controlled by what the client thinks should happen. 'The aliveness that lives through us always implies *its own* forward movement, forever seeking its completion in the next moment, thereby never complete, always unfinished (until death)' (Madison, 2010, p.195).

The forward movement of bodily process *feels* right. It comes *through* the person-in-relation; not arbitrarily constructed *by* the person from their pre-existing biases. It comes with a deep breath, the release of tears, laughter... some bodily indication of relief and expansion, even if what was realised was an unpleasant fact. Acknowledging our existential reality usually feels better, even if it's not what we would wish for.

In practice, most clients and many psychologists do not realise their own *self-propelled process* (Gendlin, 1964). They need to have an experience of it to know how useful a phenomenological attitude to bodily feeling can be. Many therapists don't recognise those moments where a client is teetering at the edge of a process of bodily felt sensing. 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.

Unlike some traditional approaches, the embodied experience of the therapist is not treated as a variable to be controlled. Gendlin describes the impact of therapist neutrality: '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' (1964, p.179). Therapy should not repeat those restrictive situations where the client was not able to access and fully respond to the environment he or she is sensing. In experiential-existential sessions, we want the client to be able to live further than they usually can, and appropriate therapist disclosure regarding their moment-to-moment felt sensing of the session can make an important contribution to this unfolding.

The therapist can disclose his or her bodily experiencing without insisting it is correct or all about the client (traditional ideas of 'counter-transference'). The therapist's felt sense 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. This demonstrates the *existential* influence of the model, a relational focus, more self-disclosure, and possibly challenging of the client in the relationship. The *difference* of the unique being of the therapist engenders an existential challenge to the client that can be *felt*, and could guide the development of new potentials for the client in their being with others generally. The immediacy of the present-moment relationship with the therapist is experientially alive with implications that are simultaneously uniquely personal and existential (see Spinelli, 2007).

The relational emphasis found in this experiential-existential approach is also

described in contemporary person-centred therapy (Mearns & Cooper, 2005), although these PCT developments retain an emphasis on the subjectivity of both client and therapist and are not likely to incorporate moment-to-moment felt sensing as a relational guide for client and therapist.

A practice example²

A client recounts a recent incident with a long-term friend. She does not attend to the feelings that arise again as she reads out a text he sent to her, and her reply. As an experiential-existential therapist, I want to invite the ignored phenomenon into the client's awareness: *'It looks like you still feel annoyed with him or something?'* The client does not acknowledge this, and responds, *'What makes him so important? I work too, why can't he come to see me? Why should I always take a whole day off to see him?'* I interrupt before the client returns to the story. I want to make sure to give a listening reflection to what she has said. Listening carefully and precisely is the foundation of this way of working. *'Of course, your time is also important. He doesn't seem to acknowledge that.'* As I'm speaking, I am sensing for my own feeling about this event, for a more precise word than 'annoyed'. *'It's like it feels insulting or something.'* The client pauses and implicitly checks the word, *'Yes, I am insulted'*. I can feel that the process might deepen here. *'Could we stay a moment with that? What's really in that feeling insulted, can you just feel it a bit?'* This client is familiar now with this process so she does not need more invitation than that. She becomes quiet and feels into how her body is living this right now. *'He's a typical Argentinian man, so macho. All the women he knows have it easy and have never had to work a day in their lives. I have to work! I don't have a man who looks after me!'* She goes back to the story and does not stay with the bodily experience. I want to sense and reflect back the feeling of this, *'It's like he doesn't acknowledge the reality of your life'*.

I had more to reflect but I stop because I can see she is emotional now, so I invite this to come through. *'Yes, you can feel it there, let's just make room for that.'* I can also feel a deeper feeling in my own body. She begins to cry. *'It's been tough, you know. It hasn't been easy for me. Being a girl always felt like a real handicap.'* I feel emotional and want to connect from the real feeling in me. *'I know... your life as a girl has not been easy at all. You've had to be strong and look after yourself. Right from the beginning, I admire how you have done that, and I feel sad that you had to.'* You can see the process here – annoyed, insulted, a larger cultural and feminist issue – the reality of the client's biography – our relationship. Many clients will spontaneously speak from their feeling if the therapist encourages the space for that. They will check words with the feeling to see if it is being explicated accurately, and with the therapist's supportive relationship, clients often experience new insights, each step bringing a sense of easing in the body. This is a process that has its own rhythm and unfolds along its own lines. It is self-propelled.

Prioritising the phenomenological process

Therapy sessions can overanalyse explicit content because it seems more substantial, or because theories emphasise content, but this obscures the subtler implicit experiencing from which the content arises.

A practice example

A client I've been working with long term arrives not knowing what to talk about. This is unusual but he soon decides to talk about a recent visit from his brother. *'We had a difficult moment when he tried to pressure me to see his kids more. I like his kids but I just don't want to feel the pressure.'* I could ask about this relationship more, or how often he sees the kids now or what does he mean by pressure... Any or all of these could be useful. However, an experien-

² Client material is based upon the author's clinical practice and fictionalised and anonymised to be unrecognisable.

tial-existential therapist would tend to respond in a way (any way) that brings into awareness the feeling *process* that is there *right now* for the client in bringing up this incident. For example, I let my body have a whole felt sense of how I imagine this interaction as well as all I know about this client and the previous discussions we've had about his family. I allow it to be present as a vague feeling, not as remembered content. I say, *'It wasn't the content of his request, it was the pressure you really noticed.'* He indicates that this resonates with his experience, so I continue, *'Can you feel it now as you remember what happened?'* He replies, *'Yes, we didn't really resolve it. I still feel it. I didn't realise I still needed to talk about it.'* I suggest, *'Let's stay with the feeling, is the word 'pressure' right? Does that still describe it?'* He quietly checks the word, *'Well, it is pressure, but it's a kind of fear in it.'* I reflect this new awareness, *'OK, there is fear in it. Let's make space for it in your body and just allow it to be here, see what comes.'* We both quietly attend to our bodies. After a couple minutes he looks up at me, *'I'm afraid to get into a conflict with him. I'm afraid to say anything that could lead to an argument.'* I take a moment to really sense this whole statement in my body, then reply *'You are sensing how much fear there is about any kind of conflict with him. For some reason it really brings fear for you.'* He nods his head. I want to be guided by what honours the experiential aliveness of the moment rather than concentrate on making links, analysing the present in terms of the past, or asking for more details about the incident. He continues, *'We always had to stuff it down. Even as a child, I felt so intimidated. My dad was volatile, unpredictable. Any whiff of conflict and I shrink into a ball inside.'* Now we are on to an experiential track that has its own process. We do not know where this is going, but we can follow the step-by-step process as it unfolds. I reply, *'Of course, it gets scared inside, like it needs to protect itself from something that might happen. Let's you and I just keep it company...'* The session continues from here, into the way the body still carries the past as well as what should happen differently now in the present.

My intention is to address the bias towards the verbal by pointing out that there is an implicit phenomenological feeling process right now that we could also pay attention to. I don't assume that our interactions are based solely on explicit content, what's said, identifying patterns and themes, *but I also don't insist that every moment is focused only on implicit bodily experience.* However, as long as the client is 'in process', I do not want to settle on one thing, *'tell me what conflict means to you'* and explore that as set content. Later we might do that. Experiential-existential therapy seeks to avoid assumptions of any generalised sequential order that each individual is expected to recapitulate. Instead, attention is on unique process that expresses the lived intricacies, novelty, and vast diversity of human beingness and therefore offers no universal predictions or encapsulating theories. And through this sensitive attention, the body often evokes poetic language in order to accurately carry implicit experience into a *momentary* true saying.

Summary

This paper offers a preliminary outline of the emerging model of experiential-existential psychotherapy, or 'palpable existentialism'. It is philosophically-informed, existential, Focusing-oriented, and phenomenological. Experiencing is primary. Theory, concepts, interpretations, reformulations, are all useful as far as they carry forward our experience. This model, unlike some forms of Focusing-oriented therapy, does not have an optimistic or positive bias. This is consistent with the importance in the British existential school of acknowledging all aspects of existence, including human limitations, tragedy, meaninglessness and experiences of fragmentation.

Clinicians might rightly wonder about the limitations of working so palpably with embodied experience. On one hand this is like asking what the limitations are of bringing a phenomenological awareness to life itself. However, it is also true that our

contemporary Western culture is highly biased towards fast remedies (and increasingly this is mirrored by the plethora of techniques in psychology and coaching), intellectualising and self-analysis, goal-oriented strategies, and a disembodied style of life. There are clients who at first will not even understand 'checking with their bodies', not be able to notice their more subtle feelings, be fixated on story-telling, conceptual conclusions, technical and objectifying attitudes to self that call for external answers to life problems. Also, there are clients for whom direct access to the body can be difficult or feel unsafe due to traumatic experiences, abuse, and body-image issues. However, since the 1950s focusing-oriented therapies have been developed in various ways to work on any issue as it presents itself in the consulting room (see www.focusing.org for examples of working with trauma, story-telling clients, etc.), and this does not always necessitate guiding a client to pay explicit attention to the felt body. At times focusing-oriented therapy is more about the therapist's embodied awareness as a source of intimate connection with the life of another.

In sum, an experiential-existential counselling psychology has the following features: (1) It is attuned to the experiential present so that sessions are directly relevant to the *current feeling* of both therapist and client. (2) It attempts to breathe the living process back into therapy sessions that can become

manualised within a narrow treatment agenda. (3) It offers a corrective for our tendency to obsess over session content as the only source of information. (4) It asserts that the *forward movement* of experience in each moment is an intricate guide to which interventions deepen the client's self-understanding and which do not. (5) It sees the individual as biographical and also existential. Therapeutic interaction can deepen from individual issue to existential insight, inviting explorations that have equal importance to both the therapist and client as instances of human existence generally.

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