In training students for the practice of individual adult psychotherapy, I have found myself challenged to look naively at some of the ways that a psychotherapist may be present during his moment to moment contact with his/her client.

This article will describe four phases or emphases of the psychotherapeutic stance which together form a rhythm or continuum of interaction. Although these modes of being overlap and may implicitly carry elements of each other, I have found that the categories are discrete enough that inexperienced therapists may consistently recognize the movement from one emphasis to another, both in themselves and by watching videotapes of colleagues. In this way, the model has served as a meaningful scheme in group supervision for considering both personal style and client needs.

Although the four emphases of interaction may be behaviorally recognized, their teaching value rests most crucially on the fact that students can differentiate each modality by noticing their own focus of attention in the psychotherapy session. Once they are able to recognize the “inner feel” or quality of these gestures, they have a valuable range of experiential referents on which to begin discussing psychotherapeutic process.

The essence of each of the four modalities will thus be described in terms of the act and place of attention. In this way students learn to differentiate “where one’s attention is,” and this can lead to a range of appropriate questions. For example: Is the therapist’s attention absorbed in the client? Is the therapist preoccupied with the quality of the interaction between therapist and client? Is the therapist’s attention bound up in an external perspective which is seeking repetitive patterns or themes? Is focus on the interaction called for while the therapist’s inclination is to be excessively absorbed in the client’s phenomenological world? These and
other questions of therapeutic attention tend to become naturally generated when the shared vocabulary has been learned. Students have found that the categories are natural enough to be experientially differentiated, and, through discussion and watching themselves on videotape, they are able to obtain some insight into their own attentional styles. Although this is experienced as self-consciously inhibiting to begin with, students soon learn to integrate these dimensions into a more natural rhythm.

Although indebted to the broad tradition of depth psychology, this model of teaching psychotherapy fits most comfortably into the existential-phenomenological tradition with regard to its view of persons (Boss, 1963) and its understanding of psychotherapeutic change (Gendlin, 1964; Mahrer, 1983). Some of the assumptions of this perspective will become more explicit as the article progresses.

The four emphases of attention will now be described. Each category is expressed as a mode of “being-with” the client in order to indicate the intersubjective foundation on which psychotherapy rests. For the sake of convenience and brevity, the four modalities are designated as follows:

1. Attentive Being-With
2. Focussing Being-With
3. Interactive Being-With
4. Invitational Being-With

1. ATTENTIVE BEING-WITH

In this mode of being, the therapist allows his/her attention to be absorbed into the phenomenological world of the other. This stance has been well documented in the literature of phenomenological philosophy and psychology (Ellenberger, 1958; Mahrer, 1978). The concern here is to suspend one's own preoccupations and concerns as much as possible in an attitude of letting-be-ness. One's attentional space is very close to or "contains" the attentional space of the other. The therapist's ability to experientially participate in and imagine the foreground and background of the patient's world carries with it understandings far greater than just the explicit themes of the patient's verbalizations. A coherent world of the other opens up which provides an intelligible context within which specific verbalizations demonstrate significance. In such a phase, the therapist is not concerned with "explaining" the communicated phenomena with reference to any theory or generalization. Rather, he/she behaves in a way that facilitates the description of the patient's experiential situation. Such an activity by the psychotherapist includes, but is more than, Carl Rogers' (1951) earlier descriptions of the reflection of feelings. The emphasis in a phenomenological perspective lies in the description of