

From Implicit Experience to a Different Relationship With Self

Slowing down, tracking felt experience, and helping change become lived

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A person can describe their patterns with considerable accuracy and still feel overtaken by them. They know why criticism unsettles them. They recognize the impulse to explain, accommodate, withdraw, or defend. They may even anticipate the sequence while it is happening. Yet the old movement arrives before another response feels available.

There can be discouragement in this discrepancy. Insight becomes another standard the person cannot live up to: if I understand this, why am I still doing it? The therapist may feel a parallel frustration and begin searching for a better explanation. Sometimes what is needed is time to encounter what the explanation has already named.

In [*Less Afraid to Be Yourself*](#), I am interested in the few seconds before someone moves away from what they feel. A tightening in the sternum, emptiness in the core, an uneasy belly, a hurried explanation: something begins, often before it is clearly known. The pathway offers a gradual movement from acknowledgment and allowing toward inquiry, deeper contact, and ordinary life. Its clinical question is how a person can become less afraid of encountering themselves.

Making the implicit explicit is a beginning

Implicit experience includes more than feelings waiting for a name. It can involve procedural habits, expectations of another person, bodily readiness, and ways of organizing attention that operate without deliberate reflection. A person may start apologizing before recognizing a wish to disagree. The apology is available to awareness; the felt predicament preceding it may be harder to find.

Making that sequence explicit offers an opportunity. We can begin distinguishing an event, an impression, a sensation, an impulse, and an action. But a description alone does not establish that the person has met the experience differently. They may now understand themselves with the same hostility that previously operated outside awareness.

The next question concerns relationship: how does this person turn toward what has become recognizable? With impatience? Fear? Disgust? An urgent wish to improve it? Can a small

measure of interest become possible? The therapist participates in that encounter. Our response can make noticing feel like an invitation, or like an examination the client must pass.

The change I hope the pathway supports is experiential as well as reflective. Something previously avoided becomes briefly bearable. A person discovers that they can feel disappointed and remain in contact, need something without becoming contemptible, or acknowledge anger without immediately acting from it. These are possibilities to explore, not outcomes we can promise.

Slowing down enough to meet what is here

Schore's account of right-brain psychotherapy emphasizes implicit relational communication through facial expression, vocal tone, gesture, and the changing affective connection between therapist and client. Much of this activity unfolds rapidly and outside deliberate awareness. His clinical synthesis asks therapists to attend beneath the verbal narrative while remaining emotionally engaged. [1]

The clinical consequence I draw is to slow our rush toward the next explanation. A client's voice changes on one word. Their eyes become moist and then brighten into a practiced smile. A statement arrives with an almost imperceptible recoil. We may need a pause to discover whether something important is becoming available.

This does not mean slowing the nervous system's processing speed or speaking in an artificially soothing voice. It means giving emerging experience enough time to register. Sometimes we slow our questions. Sometimes we let a sentence finish without completing its meaning for the client. Sometimes a lively, responsive exchange offers better contact than prolonged silence.

Schore's hemispheric formulation remains a theoretical synthesis. A pause is not evidence that we have shifted someone into a particular hemisphere. The useful discipline is attentional and relational: can we notice what the person is showing and ask how our presence is being received?

In a fictional example, Leah describes agreeing to another task when she was already exhausted. "I always do this. I know exactly where it comes from." Her account is coherent. As she says "already exhausted," her hand briefly presses against her chest. The therapist notices and asks whether she would like to pause there. Leah can decline. There is no reason to make a bodily detail more important than her own preference.

Tracking the person rather than following the script

Fosha's AEDP places moment-to-moment experience within an engaged relationship. The clinician follows what becomes available, how it changes, and what happens between the two people as it is encountered. Defenses, anxiety, core affect, receptive experiences, and experiences of change require different responses. They do not become interchangeable because each is felt in the body. [2]

Prenn and Fosha make this attention practical in their supervision writing: track changes in posture, movement, voice, breathing, gaze, and the clinician's own experience; ask permission; and examine the effect of an intervention. They also describe learning through small, manageable observational tasks rather than trying to track everything at once. [3]

Clinical tracking holds observation and inference apart. "Your voice became quieter" is an observation. "You are afraid of being rejected" is a hypothesis. Quietness might accompany grief, relief, concentration, fatigue, or the wish to end this line of inquiry. We need the person's account.

After a reflection, there is another moment worth receiving. Did the client become more specific? Did they correct us? Did they agree quickly while their attention seemed to recede? Have we helped them approach experience, or made them responsible for confirming our accuracy?

Questions can remain simple and spacious: "What happened just then?" "Does that description fit?" "Would it help to stay here, or move on?" We do not need all three. Sometimes the most useful intervention is a statement that leaves room for an answer to arrive in the client's own time.

Tracking can also become intrusive. A client who has lived under scrutiny may experience continual comments about their eyes, hands, and breathing as surveillance. If they say they feel watched, the task is to understand our impact. Our interest does not automatically make our attention welcome. We can step back, explain what we were trying to do, and agree on a different way of working.

Acknowledgment before interpretation

Leah agrees to pause. The therapist asks what she notices, without asking why it is there. She initially says "anxiety," then considers the word. "Maybe not. More like being pressed inward." The therapist gives that description time rather than converting it immediately into an attachment explanation.

Gendlin's Focusing offers an important distinction here. A felt sense is a bodily sense of a situation as a whole that may initially be vague and not yet conceptually clear. A word, phrase, or image can be tried and checked against that sense. The fit can change as attention becomes more precise. [4]

We can therefore take "I don't know" seriously. A client may need a moment, an ordinary description, or permission to leave the experience unnamed. Some people recognize shifts through thoughts, images, action tendencies, or the surrounding situation more readily than through interoception. A location in the body is an invitation, not an entrance requirement.

The therapist's patience matters because the client may already expect to be disappointing. If we repeatedly ask for a feeling after they have said they cannot find one, our persistence may reproduce that expectation. Recognition can begin with the pressure to give us a good answer. It can also begin with the entirely reasonable wish to stop.

Allowing deserves time of its own

Welwood's teaching of unconditional presence invites acknowledgment, allowing, opening, and, where appropriate, entering experience. His spoken teaching explicitly leaves room to remain with an earlier movement rather than proceed further. Giving experience space has a place of its own. [5]

Brach's RAIN similarly distinguishes recognizing from allowing before moving into caring investigation and nurture. Allowing makes room for the experience already present. It does not require approving of a situation, welcoming mistreatment, or agreeing that a feeling's account of the world is correct. [6]

This is why the second module is devoted to allowing. The therapist may be ready to inquire about a protective function while the client is still discovering whether this sensation is permitted to exist. A useful question can arrive too early. Even an empathic interpretation may take the person away from the fragile contact that has just become possible.

With Leah, the therapist asks whether the pressed-in feeling could be there for a few moments without needing an explanation. Leah says that she immediately wants to make it stop. That wish is acknowledged too. She can keep her eyes open and notice the chair. The invitation is small enough that she can try it without promising to remain.

Nothing dramatic happens. The sensation remains. Leah notices that the therapist has not become impatient. She says, "Usually I would be telling myself to get on with it by now." There is an opportunity to notice this difference without requiring relief. She has briefly experienced something uncomfortable without being hurried away from it.

Allowing is active clinical work. We are attending to orientation, consent, strain, and the client's capacity to choose. If inward attention produces overwhelm or disconnection, we change the task. A helpful pause may include movement, ordinary conversation, or a practical need. Remaining available to those alternatives is part of our willingness to meet the experience that is actually here.

Self Leadership

Schwartz's Self-leadership offers a useful lens for the therapist at precisely this point. He describes qualities including curiosity, compassion, clarity, courage, confidence, creativity, calmness, and connectedness. Within IFS these describe the model's Self-led presence; they are not a proven neural state or a checklist of feelings therapists must continuously display. [7]

In *The Larger Self*, Schwartz also examines how therapists' own protective reactions can enter the encounter and how their personal work can support listening and repair. The clinician's inner response deserves attention alongside the client's. [8]

A therapist might notice a part that wants Leah to reach a deeper feeling so the session will seem useful. Another part may want to reassure her quickly because uncertainty is uncomfortable.

We can appreciate those concerns without giving them the whole direction of the work. In ordinary language, we are making room around our agenda so curiosity can return.

Self-led work need not look serenely unaffected. A therapist may feel moved, apprehensive, or unsure and still listen well. The practical question is whether we can remain responsive, accept correction, and act responsibly. If the client does not like parts language, that need not alter this inner discipline or become something they must adopt.

Opening without deciding in advance what we will find

Inquiry belongs when there is enough room for it to remain inquiry. In the third module, we begin asking what the experience may carry. A question is offered tentatively, then its effect becomes part of the work. Sometimes nothing comes. Sometimes an apparent insight turns out to be the first familiar explanation rather than a fresh discovery.

The therapist asks Leah whether anything becomes clearer as she stays briefly with the compressed feeling. She says, “I’m afraid if I need time, I’ll stop being the person everyone can count on.” The therapist lets her hear her own sentence. They then ask whether that expresses the experience accurately, rather than announcing that they have found her core belief.

She revises it: “It’s more that I don’t know who I am if I’m not useful.” The revision changes the encounter. What first appeared to be an inability to say no now includes a question of identity and belonging. It remains important to find out what her workplace actually expects; the interpretation does not erase the surrounding conditions.

Gendlin’s practice of checking words against the emerging sense of the whole situation supports this kind of correction. Felt fit can deepen self-understanding. It does not certify the therapist’s theory, establish another person’s intention, or verify a historical event. [4]

An image, memory, grief, or longing may come next. It may not. We should be able to recognize meaningful contact without requiring it to become a particular narrative. The person in front of us has more authority over their present experience than the model we brought into the room.

Entering with care

Welwood sometimes uses language of entering or being one with experience. Within his contemplative teaching this points toward a more direct encounter with what has been held at a distance. His language belongs to that larger framework; a client does not need to accept its spiritual assumptions to benefit from acknowledging and allowing. [5]

For this pathway, entering remains a voluntary movement toward being with a manageable feeling. The client retains the ability to orient, speak, stop, and choose. Becoming absorbed until the room disappears is not our educational goal. Greater intensity is not sufficient evidence of greater depth.

Leah begins to feel sadness. The therapist asks whether it is manageable to let herself notice it with company. She nods and then says she wants a little more distance. They shift attention

outward. The therapist does not treat that choice as abandoning the work. Leah has recognized a limit and communicated it; that capacity belongs to what they are learning together.

At another time she may want to remain longer. We do not know in advance. The sequence guides attention while the encounter determines the next step. A demand to surrender can become another experience of having to leave one's own judgment behind to preserve connection.

Receiving a different experience of oneself

Fosha and Thoma's account of metatherapeutic processing asks clinicians to attend to the experience of helpful change itself. Relief, tenderness, pride, gratitude, or surprise can become material for further exploration. Their paper offers clinical formulation and illustrative cases rather than proof that a specific sequence causes change for every client. [9]

The invitation has particular relevance when a person quickly discounts what has happened. Leah says, "All I did was sit here and feel sad." The therapist might help her consider the actual difference: she noticed the feeling, did not have to explain it away, asked for distance, and remained in a relationship where that request was respected.

What is it like for her to recognize that? She may feel relief, skepticism, grief, or very little. We want her account. Warmth becomes another pressure if gratitude is the answer the therapist quietly needs.

When a useful experience is received, there can be a shift in the person's relationship to themselves. They may begin to discover that feeling does not invariably mean losing control, becoming a burden, or being left alone. This is a clinical possibility, not an inference we can make from tears or a softening face. Repeated experiences and conduct beyond the session tell us more.

How the five modules can return to therapy

Slowing Down Enough to Acknowledge may bring the therapist a small observation: a bodily cue, a hurried answer, or difficulty noticing anything at all. We can help the client examine one ordinary moment without demanding a complete account of its origin. Their description can stay approximate.

Allowing: Letting Your Experience Be may reveal that the hardest feeling is the reaction toward the feeling. Disgust at need, impatience with sadness, or fear of anger can become recognizable. We acknowledge that reaction without automatically turning it into an interrogation about defenses. The client may still be learning whether anything can be allowed to remain.

Opening With Gentle Inquiry creates room for tentative meaning, including corrections to what the article or report suggested. If an explanation feels wrong, that can help us find a more accurate one. The pathway's educational report is a starting point for conversation, not authority over the client's history or identity.

Entering With Care: Being With What You Feel invites a chosen degree of contact. Ask what made the practice manageable, difficult, or unwanted. The person who stopped appropriately may have learned as much about self-trust as the person who stayed. Therapy can offer responsive accompaniment that an online exercise cannot supply.

Receiving, Becoming, and Returning to Life brings attention to what the experience made possible. A client might ask for time, acknowledge an impact, receive company, or recognize a demand that needs changing. The useful review includes what they expected, what actually happened, and what deserves revision. They decide which observations or writings to share.

The therapist's own capacity to stay

The therapist also has a relationship to feeling. Our intellectual fluency can be a gift, especially when a client needs language and orientation. It can also protect us from the uncertainty of remaining beside something that has not yet found words. Familiarity with the theory does not spare us this distinction.

Siegel's *The Mindful Therapist* places the clinician's awareness, presence, and response flexibility within the work. We attend to what is happening in ourselves while remaining interested in the other person. Our internal reaction is something to understand, not automatic evidence about the client. [10]

We might notice an urge to fill a silence, ask a more penetrating question, or introduce another technique. Before following it, there can be a brief check: what happened in me just then? Am I helping the client find their experience, or trying to relieve my feeling of not knowing what to do?

Our own therapy, experiential practice, consultation, and supervision can help us become familiar with places we habitually avoid. The aim is greater availability and accountability. Having done inner work does not make us immune to enactment, and clients should not have to care for the vulnerabilities our work reveals.

Welwood's discussion of spiritual bypassing offers a related caution: an ideal of spacious awareness can become a way of distancing from ordinary human need. A professional identity as warm, Self-led, attuned, or experiential can function similarly if we need to preserve it more than we need to hear the client. [11]

Being willing to say "I moved too quickly" may express more clinical steadiness than defending the sophistication of the intervention. The client can encounter a person whose commitment to the relationship includes learning from a mistake.

A discipline to practice, not a state to perform

Prenn and Fosha's approach to supervision gives us a manageable place to begin: select one channel of attention and examine a small piece of work. [3] With appropriate consent, a recording can help us distinguish what we remember intending from what we actually did. A supervisor can help us locate the instant before our next question took the client away from an emerging experience.

We might rehearse a shorter reflection, a more genuine request for permission, or a response to being corrected. We can also examine what happened when something helped. Did we allow the client to receive the moment, or hurry toward the next difficulty? Deliberate attention can include pleasure in growing competence without becoming a demand for clinical perfection.

Slowing down does not require that every session become quiet. Humour, movement, clear thinking, direct challenge, and practical action can all belong. Nor must an experience become deeply inward to count. Sometimes a client's most important discovery is that they can tell us no and remain welcome.

Bringing the encounter back into life

Leah leaves without a dramatic breakthrough. She wants to try asking for a day before accepting an additional task. She predicts that her colleague may be irritated. When they review the experiment, the colleague's actual response will matter as much as what Leah felt while making the request.

If the request is respected, she can begin discovering what it is like to have room without first earning it through exhaustion. If it is dismissed, the work includes the workplace arrangement and her available choices. We should not make a more accepting inner relationship responsible for solving an unreasonable external demand.

In [Coming Home to Yourself](#), I explore a more hospitable relationship with our own experience. In this pathway, that hospitality becomes something small enough to practice: noticing what is here, allowing a little room, becoming curious when ready, receiving what helps, and carrying it into an actual encounter.

[Enough Steadiness to Feel](#) asks how regulation can support access to feeling and choice. Here the question moves closer: once experience becomes available, can we meet it with enough care that the person begins to know themselves differently?

The therapist cannot supply that discovery by explaining it. We can help create conditions in which it becomes possible: attentive enough to notice, patient enough not to hurry, grounded enough to accept a limit, and human enough to be corrected. Over time, the client may find that being themselves requires less defense against their own experience, and leaves more room for relationship, responsibility, and life.

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