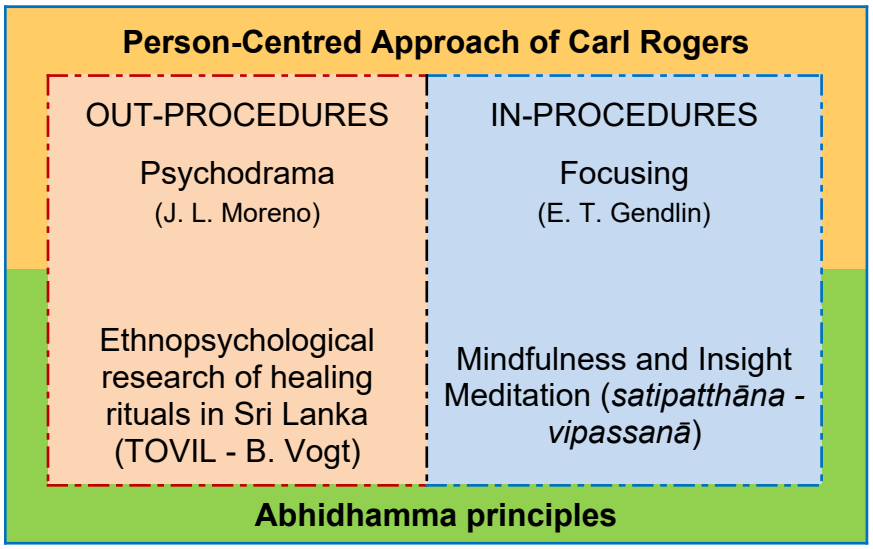
1. Satitherapy – Psychotherapeutic Field

Satitherapy is an integrative psychotherapeutic field focused on a person and his/her experiencing. Its name is derived from a Pali term for mindfulness (sati) which is considered to be the essential mind ability in the original Buddha´s teaching. A word for word translation thus would be the therapy of mindfulness. The author of satitherapy is Mirko Frýba (*1945) who followed from his own psycho-analyst practice (he was a student of E. Blum), meditative experience[1] as well as contacts with the Morenos, C. R. Rogers and E. T. Gendlin in his work. The integration of eastern and western approaches in satitherapy training is shown in Diagram 1.

Diagram 1: Integration of Approaches in Satitherapy Training



Satitherapy is based on the theoretical basis of Abhidhamma[2] paradigms, one of the oldest world psychological systems. However, it explains its terms by means of a conceptual framework of the current theoretical and clinical psychology. Terms taken from Abhidhamma such as mindfulness and regularities described by them have recently become a subject of scientific researches (Benda, 2006, Baer et. al., 2006 etc.).
Basic principles of satitherapy are defined in seven points and explained in details in Nemcova, Hajek (2009):

- The principle of positive motivation
- The principle of healthy core protection within a person
- The principle of mindful anchoring in bodily sensed reality
- The principle of synoptic concept of personality (the triad of experiencing – cognizance – action)
- the principle of ethical – psychological mind determination
- the principle of mindful self-determination and a wise point of view
- the principle of skill in means, dealing with wholesome and unwholesome elements

[1]Meditation teachers Anagarika Munindra, Mahasi Sayadaw, Nyanaponika Thera, Piyadassi Thera
[2] Abhidhamma is an "ethical-psychological system of knowing used for twenty five centuries as a foundation for Buddhist techniques of mind cultivation, meditation, mental hygiene and psychotherapy." (Frýba, 1996). Satitherapy especially uses from Abhidhamma trans-culturally transferable principles of human mind functioning expressed in "conceptual matrices" (e.g. mind faculties – manō indriya, the matrix of dependent co-origination – paticca sammupāda, the matrix of wise knowledge – sati-sampajañña, etc.).

Satitherapy is able to integrate any therapeutic procedure provided that it fulfils these basic principles starting by a simple therapeutic interview and ending by a complex technique such as psychodrama.

With regard to a therapeutic relationship, satitherapy belongs to the humanistic-oriented non-interpretative psychotherapies. Similarly to other, mainly experiential therapies following from the humanistic tradition[3], it enriches a non-directive emphatic approach created by C. R. Rogers by other techniques drawing from various psychotherapeutic and cultural traditions. These effects are divided to therapeutic externalisation procedures (out-procedures) and therapeutic internalisation procedures (in-procedures) in Diagram 1. They include e.g. Moreno´s psychodrama, elements of the Sri Lanka healing ritual Tovil or Gendlin´s focusing, and mindfulness and insight meditations.

2. View of an Individual in His/her World

2.1. Psychotope Concept

Most basic psychological systems consolidated their knowledge and conclusions regarding the human psyche functioning in an integral personality theory with a prevailing dynamic and structural view of the problems. Satitherapy influenced by Abhidhamma refrains from the personality concept and sticks to a process phenomenological view of the human mind and its functioning in relations to the body and external world. This view corresponds to the concept of permanent entity non-existence (anattā). An illusion of permanent self[4] occurs by non-static space-time coincidence of five constituents of craving[5]. Our mind permanently creates delusion of continuity of all phenomena, including itself, by connecting disparate consciousness states.

Satitherapy uses the concept of psychotope for describing individual´s functioning and arrangement in the world and his/her own history (a space-time dimension). It is a parallel to the “biotope” term which indicates natural conditions for life of a certain being – a psychotope describes natural environment of a specific human mind. The concept is inspired by a field theory developed by the shape psychologist Kurt Lewin (Frýba, 1996)[6]. A phenomenological personality description corresponds to the Abhidhammic concept of “loka” – the world shared by beings living at the same level of consciousness.

A psychotope is solely defined by a specific person´s experiencing, not by another person, an expert – e.g. psychologist or psychotherapist. The psychotope internal space contains all experiences the given person has managed to note or which otherwise emerge from the stream of experiencing. It contains both autochthonous decisions, experiences and memories of actions, and heterochthonous (taken most often from parents or peers in early childhood and the following process of socialisation) attitudes, opinions and principles. These psychotope structures may sometimes get to stress or contradictions[7]. These can result in various kinds of mental disorders from slight feelings of dissatisfaction to serious personality disintegration states (psychotope structure incompability and its internal disintegration).

A psychotope can be described by means of four dimensions used in satitherapy during the therapy. These dichotomic dimensions are called as follows:

- **Word - reality** (the level of discriminating an experience and its interpretation in the mind)
- **Pleasant – unpleasant** (a hedonic aspect of experiencing)
- **Wholesome – unwholesome** (ethical dimension of action)
- **Attraction – aversion** (positive or negative valence of mental facts in the psychotope)

The word – reality dimension determines how a person refers him/herself to real experiencing or relies on made-up constructs and opinions. This dimension has a negative relation to the rate of success to

[3] For example the emotion – focused therapy, Greenberg et. al., 1993, Brubacher, 2006 and process – experiential psychotherapy, Greenberg, Watson, 1998

[4] More details e.g. in Kurak, 2003, Lancaster, 1997- the authors indicate possibilities for explaining the “self” feeling origin during perception and becoming aware

[5] Closer explained in Frýba, 1984, 1991, 1996, Van Gorkom, 1997, Nyanatiloka, 1997

[6] The life space of K. Lewin contains a core part (person) and mental surrounding which is similarly to a psychotope defined as “all reality available to the given person at the given time” Drapela, (1995). We can also find similar concept in some phenomenology-based personality theories, e.g. Combs and Snygg, 1959 or Rogers, 1951

[7] Compare with the concept of incongruence at C.R. Rogers.

induce psychotherapeutic changes. It especially appears at the beginning of the therapy. If the client only remains at the level of words – he/she logically argues, presents his/her opinions and invents solutions, his/her experiencing does not change.
The pleasant – unpleasant feeling dimension grasps the simplest experiencing aspect according to which individual experiences can be distinguished. It is an entrance gate for anchoring in reality. Questions such as “What was pleasant and unpleasant for you?” can help a client grasp the course of his/her life events as well as the here and now situation. It creates a prerequisite for understanding the following dimension.
The wholesome – unwholesome dimension (or also good – bad) grasps an impact of results of behaviour on experiencing. It describes which client´s action leads him/her to emancipation from his/her suffering which worsens his/her situation. It includes a final impact on experiencing. An initially positively perceived behaviour can lead to sorrow, remorse, etc. in the end.
The fourth and last psychotope dimension “greed – hatred” (or also attraction and aversion) shows mind tendencies towards individual facts. We can stick to some phenomena in our psychotope (e.g. a role of a good son), some phenomena in our psychotope are repulsive for us and we would rather not see them (situations, when we caused harm to someone or were caused harm). These tendencies can have a close relation to pathology occurrence and they can become a root for real disease such as depression, phobia, anxiety, addiction, etc.

2.2. Healthy Core Experiential Anchoring

A psychotope can be divided to four experiential fields, where we can anchor our attention. This division is important both for a person willing to explore his/her psychotope, and, in particular, it serves as a practical tool for helping another person. It includes, e.g. at crisis intervention, purposeful and conscious asking questions with a goal to bring the client´s attention from places affected by the crisis to strong piers of his/her personality.
The four anchoring consists of

- Anchoring in the body
- Anchoring in goals, in the meaning of life
- Anchoring in interpersonal relationships
- Anchoring in institutions

The most important anchoring is **anchoring in the body.** Shifting attention to the bodily area ensures immediate return to the reality here and now. No matter that horror notions of future, memories of unpleasant situations, dreaming, logical speculating, unpleasant confrontation with the surrounding are racing in the mind, there is always our body as an experiential reference point of the internal and external situation. It is possible to become aware of the body posture, body movements at various activities, touching clothes, touching the ground, breathing in and out and elementary sense perception.
At the bodily level, a process of bodily sensing is running which corresponds to the current internal or external situation (stomach constriction at fear, relief and warmth in abdomen at joy, etc.). Bodily sensing of any origin is the “most real reality” of the experienced world. Directing one´s attention to bodily experiencing results in decentralisation, a deviation from thought ruminations and terminating our identification with a problematic situation which has been proven by researches monitoring the effect of mindfulness in the therapeutic process[8].
The second anchoring is **anchoring in the goal** or meaning of life (as in the logotherapy by V. Frankl). The goal here means a resulting state an individual wants to achieve, which he/she heads for by his/her endeavour, focusing and action. Anchoring in the goal also includes heading for this goal which often consists of individual partial goals which need to be reached on the way. Goals can be immediate (immediate wanting arising from situation to situation) and long-term, or all-life. Immediate wanting can be in contradiction with distant goals. By contrast, destroying an important all-life goal can

[8] For example on using mindfulness in therapy and outside it and its effect on other mental functions more in Carmody, 2009, Treadway and Lazar, 2009, Lykins and Baer, 2009

be, to a certain extent, compensated by finding small partial goals, which do not fulfil such a person by joy, but he/she finds a meaning in them.
Mental work on anchoring in a goal includes both evaluating past decisions, and cognitive processing of the reasons for present selections, and also comparing future wishes and dreams with a possibility for their implementation. Anchoring in a goal presumes clear knowledge of personal value hierarchy and means for their implementation, but its essence is an intention (intentionality) and decisiveness.
The third, equally important, anchoring is **anchoring in interpersonal relationships.** Every person meets others in his/her surrounding and refers to them somehow. The structure of an individual´s interpersonal relationships and its development was first studied by a sociometry founder J. L. Moreno. His social atom concept grasps the whole complexity of person´s relationships and their genesis in individual reference groups. A special attention is required for bearing interpersonal relationships or individual´s relationships to the closest persons (the original family, life partner, children, friends, relatives, etc.), we can rely on. If an uncertainty occurs in an important relationship, a fear of the loss of a close person or his/her actual loss, a serious life event appears which might result even in a psychological crisis. Anchoring in interpersonal relationships is salvage for those with disturbed other fields of life (a loss of job, somatic disease, etc.). Many of them experience fear or anxiety which is reduced or eliminated at the presence of close relatives.
The last, fourth anchoring is **institutional and environmental anchoring.** This means a wide range of attitudes, rights and obligations towards individual institutions, where a person lives whether willing or not. They include the rights and obligations of a citizen towards the state, an employee or owner towards its company, etc. They also relate to anchoring in a given cultural context, landscape, town or a particular surrounding of the given person. If this area provides a background, bringing attention to good incorporation in institutional structures can retune the mind and give a feeling of self-confidence (e.g. success in job, social status, and skilfulness in negotiating with institutions).

The following casuistic fragment shows how the four anchoring can be used in the crisis intervention at a child patient at the Psychiatric Unit – this fragment only uses anchoring in a bodily sensed reality and anchoring in interpersonal relationships. We would proceed similarly in the case of other fields.

Abandoned Jack

Seven years old Jack with an ADHD diagnosis got a glimpse of his grandmother at the corridor. The ward nurse told him, however, that he would not go away with her for a pass because he did not have enough positive points. The grandmother was apparently the closest person in the Jack´s complicated family situation. The boy had made an effort to gain positive points for the whole week but had not been able to achieve them at school. After the strict announcement of the ward nurse he began chaotically move around the room, gesticulated and cried that he would kill everybody or himself.

As we had already had several “discussions” before (a therapeutic relationship), I managed to calm him down very quickly by means of empathy and co-experiencing. I tried to bring up the same experiencing in me as the boy expressed by his gestures and movement. I offered naming the client´s experiencing.

T: “Jack, you feel sorry for that, don´t you?"

P: The boy stops, leans his head against me, is crying and says: “Yes, I feel terribly sorry, I want to leave with my grandma, I have done my best.” (It is obvious from the change in his experiencing and behaviour that the feeling name corresponds to its real meaning. The change in behaviour is caused by higher awareness of experiencing.)

T: “You love your grandma, don´t you? And therefore you looked forward to her when you saw her. I had also noticed you had done your best and you only had negative points from school, not from the ward.” (By emphasizing the relationship to his grandma the client can realize anchoring in the interpersonal relationship.)

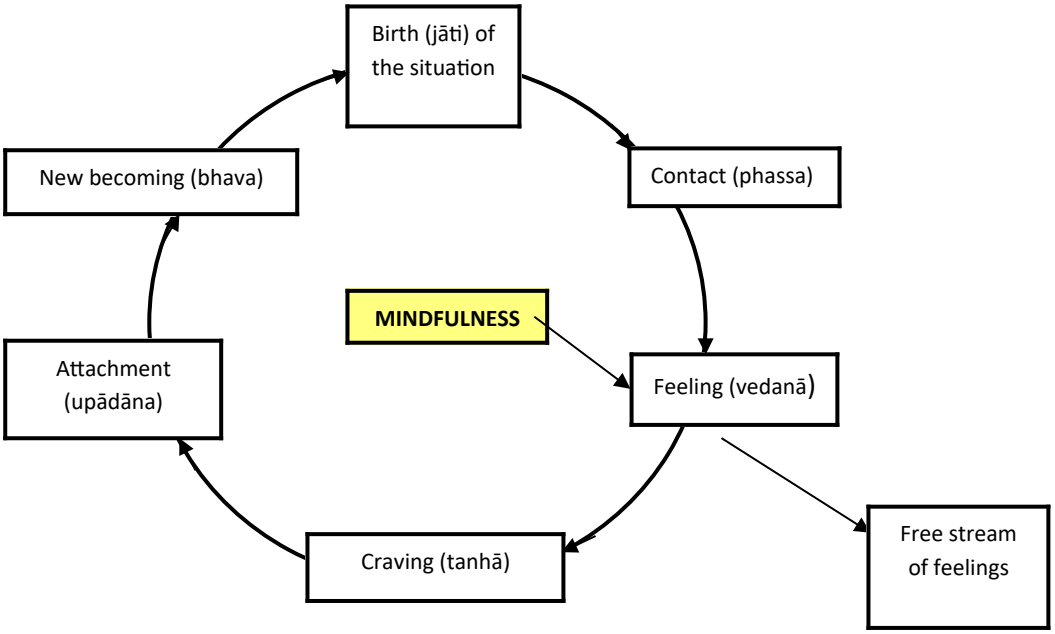
P: The boy burst into tears and some relief came with tears. He was able to plan with me in relative calm what our next steps would be and wait until my discussion with the head physician who permitted the pass.

The example shows how a patient´s bodily restlessness caused by an external situation can be reversed if conditions for developing the bodily-anchored experiencing are created. I helped the client verbalize, thus grasp the meaning of his bodily feeling. This enabled a change in his experiencing. The strong bodily feeling in this case was connected in its meaning to Jack´s relationship to his grandmother which is a bearing interpersonal relationship for him - a relationship which will provide him support and safety and help him cope with his stay in hospital.

2.3. Circular Conditioning of Life Situations

Every system, including a psychotope, is subject to dynamic changes or a cyclic process of change – origination, continuation and extinction. To understand the dynamics of all events development Abhidhamma offers a general formula of conditioned origination conceptual matrix (paticca sammupāda) describing the development of any situation on a recurring sequence of twelve general members. Using all twelve members of the conditioned origination conceptual matrix is unnecessary for the therapy. A reduced form of the matrix can be beneficially used for describing a difficult situation and looking for a way how to satisfactorily manage it. Frýba (1996) analyzed this matrix in relation to psychotherapy and selected six of its elements: origination, contact, feeling, desire, craving and becoming (see Diagram 2).

Diagram 2: Therapeutic Adaptation of the Matrix of Conditioned Arising



These six elements can describe any situation. The matrix is not limited by duration of the situation. It can be applied to a situation lasting for several seconds (see elementary perception, Kurak, 2003), a situation lasting for several days or even years, or the entire phase of one life.

Birth (start) describes the origination of a situation which is always in the past. It is a moment defining how and when "this" had started or what/who had started "it". At the time of start its consequences need not necessarily be known.

Contact characterizes perception of the situation. Perception is determined by an interaction between so called "objective reality" (external stimuli) and an internal state of mind described by Abhidhamma as an interaction between the internal and external foundation of mind[9]. This interaction determines what we select from reality and what importance we attribute to the given situation. Everything happens "automatically" often without noting the meanings; understanding the meaning of the situation is also affected e.g. by our memories and previous experiences.

[9] See Vymětal (2007), page 221, Frýba, 1996

Feeling, emotional experiencing occurs immediately after the contact and is not tied to cognitive understanding to the mentioned meanings[10]. The perceived is immediately distinguished as pleasant or unpleasant. Not only mind, but also body responds to the contact. Experiencing is determined by somatic focuses containing preverbal meanings (more details in Hájek 2002, 2006). These bodily feelings are a basis for developing and strengthening emotions accompanying the other members of the cycle. The first three items of the cycle (birth, contact and feeling) are the result of person´s past situations, his/her wisdom or ignorance. Awareness (availability for mindfulness) of the birth and contact is limited; in common life people only note the developing situation at the time of pleasant or unpleasant feelings in the body (feeling), which enables to withdraw from the situation. It is a moment similar to a fatal crossroad – whether a free stream of experiencing follows depends on managing the whole situation. If experiencing flows freely, no emotions are unleashed – see another member of conditioned origination, the flow of experiencing stops, freezes and emotions develop.

A block of desires – a stream of free experiencing has stopped, "frozen" and a storm of emotions arises on the open sea. Besides stronger bodily feelings thinking relating to the situation increases (thought ruminations – we think over the situation from all sides and cannot get rid of thinking about it). Various streams both from the body or mind force a person to act, which worsens the situation or a person himself/herself has reproaches for it. Mercenary action can occur according to the slogan "the end justifies the means" as well as destructive behaviour towards oneself or others and blind enforcement of unreal opinions.

Craving is a result of the previous emotional storm culmination and means that we cannot give in from our positions any more. It is impossible for us to revaluate our attitudes and the previous actions without disturbing our own self-concept. We can experience the feelings of desperate situation, inferiority, wrong, guilt, just or unjust anger, depression, temporary states of passion and euphoria. Both positive and negative emotions confirm that we cannot help ourselves and must act as we do. Sometimes the world is full of unconscious paradoxes as in an abused wife testimony which states that the worst feeling is fear that the aggressor, i.e. her husband, will leave her.

Becoming augurs a qualitative change. Repeated, lingering and unlucky action which is conditioned by a goal to prevent an unpleasant event or experience a pleasant one again changes a person, his/her tendencies and essence. It is similar to regular drinking of alcohol which gradually prepares the origination of an alcoholic from a consumer. In feelings, we can note that our life develops to something. We cannot avoid it, although we are worried of it. We find ourselves in a whirl which carries us along. We are sliding on the wall of a funnel and have nothing to catch hold of. And then it comes, the **birth** of a new life situation. Another, but qualitatively shifted life cycle begins.

The following example illustrates how a vicious circle of conditioned origination occurs in a real case:

Birth of the situation – the husband has stayed outside home without any excuse and does not answer the phones

Contact – a look at the watch, realizing how late it is and noting the absence of the other person

Unpleasant bodily feelings arising based on the previous situation as well as past experience from similar situations. These unpleasant bodily feelings follow from noting the absence of the other person and fear from loneliness.

The unpleasant experiencing is increasing and persistently keeps the wife; fear and anxiety are rising. Thoughts "stick" to this emotion; the mind is captured by thoughts and constructing terrible scenarios what all could have happened to the husband. A non-reflected and non-free action follows – calling acquaintances, the nearest hospital and the police. Fear for the husband and their relationship is further increasing – she is worried of losing him.

Craving – the wife is not able to listen to real reasons for which the husband was held up at work. His late arrival and excuses necessarily result in a quarrel.

New becoming - the wife began to be suspicious and checks a husband´s phone, calls him to work, etc., she became jealous.

[10] This well corresponds to Damasius´s (1991, 1995) theory of somatic markers describing initial part of cyclic origination including the entry of non-verbal somatic memory based on neurobiological knowledge.

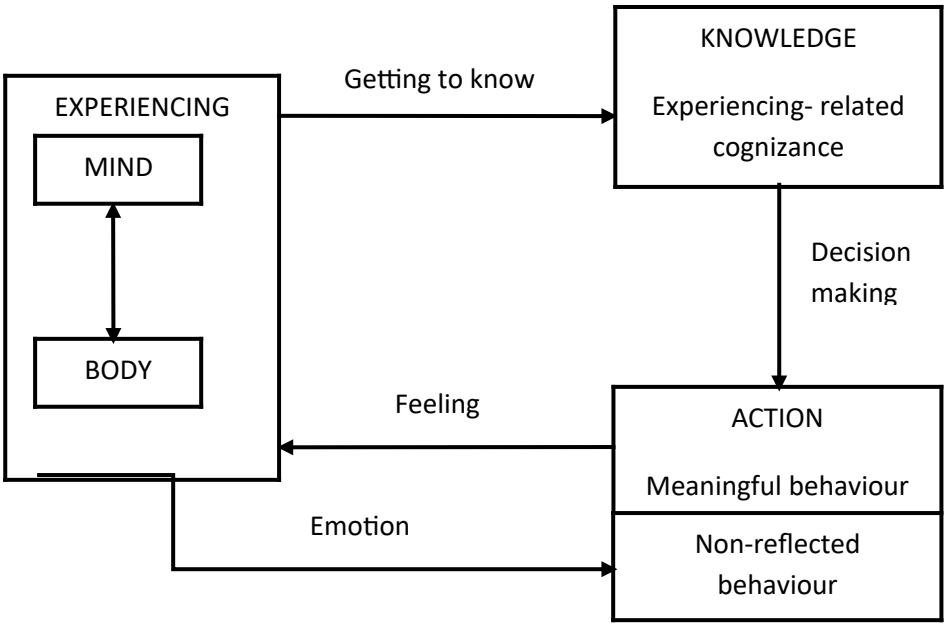
(= 1) The birth of a new situation which is repeated again and again, only in other variants, until the husband finally finds a lover due to permanent accusation and checks thus strengthens the chain of births of other situations.

A goal of the psychotherapeutic intervention in a similar case can be to help the client specify the meaning of his/her experiencing which determines his/her consequent problematic emotions and acting under their influence. In our case it can be the feeling of loneliness at the wife controlled by jealousy. Based on the bodily sensing concretisation of the experienced meaning can be specified in detail (felt sense in Gendlin, 2003) and after more detailed exploration it can be further shifted (felt shift in Gendlin, 2003). The felt shift ensures liberation from the vicious circle of bad luck to a free flow of experiencing.

2.4. Dynamics of Experiencing – Knowledge - Action

A dynamic view of an individual´s psyche is provided by a satitherapeutic concept of integration of emotional, cognitive and behavioural processes.[11] We speak about the triad of experiencing, knowledge and action in satitherapy. A client will first undergo the way of mindfulness to **experiencing.** An increase in mindfulness brings about important insights to the client´s life and his/her experienced reality. In other words, the **knowledge** of one´s own experiencing is developed. Thanks to insights in the client´s knowing experiencing changes – an experiential shift occurs (felt shift in Gendlin). These changes open a possibility for decision making and new emancipated **action.** Results of actions directly affect experiencing. It is again evaluated thanks to mindfulness in knowing. Verified manners and behavioural strategies are kept in knowledge. They are building stones on which life wisdom of every human is built. The dynamics of the experiencing – knowledge – action triad is shown in Diagram 3 and the following casuistic case.

Diagram 3: The Interaction of Emotional, Cognitive and Behavioural Aspects of a Person



[11] Mind training according to Buddha´s teaching starts by a change in acting according to ethical decisions (sīla), is followed by meditative cultivation of experiencing (samādhi), and based on them wisdom (paññā) is developed.

2. Satitherapeutic Approach

3.1. Satitherapy Format

A psychotherapeutic format of satitherapy is derived from the work of J. L. Moreno. His concept was elaborated by B. Vogt (1991): “A therapeutic format indicates a meaningfully structured spatial and time unit, where psychotherapeutic process happens.” The therapeutic format is formed by two components, vehicles and instructions (Diagram 4). Vehicles include people and objects as well as temporary and spatial structures serving for the therapy. Instructions relate to the work with vehicles. The therapeutic format plays an important role in planning specific therapeutic strategies: for sensitive and suitable handling vehicles, instructions which enable gradual creation and removal of conditions for a therapeutic change. This concept can be used for describing any therapeutic moment and also serves for evaluating the finished meeting e.g. in supervision.

Diagram 4: The Therapeutic Format

Vehicles	Instructions
Vehicles are given conditions of psychotherapy which affect clients by their appeal and can be used by a therapist (upon his/her instructions) during the therapy.	Therapist´s instructions relate to the vehicles of the therapy, their naming and experiencing. The influence acting and by means of it the client’s experiencing.
1. Spatial layout	**1. Verbal leading**
2. Time limitations and a plan	**2. Therapist´s intervention in a therapeutic sequence at the non-verbal level**
3. Material and properties	**3. Given signals and body language**
4. Therapeutic techniques	**4. Instructions to techniques**
5. Shared knowledge of the meaning	**5. Selective confrontation of events with vehicle meanings**
6. Interpersonal situations and standard roles contained therein	

Three most important vehicles of satitherapeutic work are:

- Psychotherapeutically protected space
- Supportive therapist – client relationship
- Satitherapeutic skill repertoire

Protected Space

A psychotherapeutically protected space is demarcated in the contract between the therapist and the client. It is defined by time, space and importance of therapeutic sessions. In satitherapy this space is divided to a therapeutically protected space which does not differ from other therapies in any way, and a therapeutically specially protected space specific for satitherapy.
A specially protected space (or a magic space) is derived from the Moreno´s psychodrama stage. In addition to theatre properties, it can contain vehicles calling for spiritual, cultural or historical transcendence. This space is intended for externalization (out-procedures) of experiencing in action. With regard to the client, strong experiential events occur in this space. Unreal, dreamy or otherwise magic situations can be played there (an interview with a deceased father, meeting an internal

woman, etc.). There, it is possible to act “as if” without negative consequences for the client´s surrounding which would follow from his/her unskilful action.
An important border between the spaces is a crossing (pointed out by a circle, mat or string) because it means not only a change in the space but also in the quality of experiencing. Experiencing in the protected space is more peaceful and the knowledge of experiencing is elaborated.

Supportive Therapist – Client Relationship

A therapeutic relationship co-formed based on Rogers variables[12] is an implicit source of safety for the client and his/her leadership. Based on this relationship the client´s confidence grows, which is a nutrient medium of potential changes, his/her self-confidence also increases, which strengthens the changes.

Satitherapeutic Skill Repertoire

The following psychotherapeutic skills are distinguished in satitherapy:

- Skills in handling positive (wholesome) phenomena
- Skills in handling negative (unwholesome) phenomena
- Skill in using the means of therapy

At the beginning of the therapy it is recommended to especially use skills in handling positive phenomena of the client´s psychotope. The goal of using them is to increase the client’s confidence and self-confidence (positive stepping stone for next work) and then the ability of well-being. In a specific form this means looking for and emphasizing moments when the client felt well, managed to do something well, someone loved him/her, etc. (see using the four anchoring), or a special satitherapeutic technique cultivating kind-heartedness or compassion[13] etc.
Skills in handling unwholesome phenomena indicate a therapist´s ability to help the client with his/her problematic experiencing, a pathology. They aim at exploring the client´s repeated situations of deprivation and helping induce a psychotherapeutic change. Skills specific for satitherapy can also be present such as personification of pathological complexes (Nemcova, Hajek, 2009), using the matrix of conditioned origination (see above).
Skills in vehicles show how a satitherapist selects available vehicles with regard to the therapeutic situation and client´s problems. By selecting suitable vehicles a satitherapist can prepare optimal conditions for a therapeutic change[14]. A skill in vehicles can take the form of proper timing when a therapist works with positive phenomena, and vice versa, when he/she deals with negative phenomena or includes out-procedures or in-procedures and when psychotope exploration techniques. Last but not least, the skill in vehicles also relates to the right selection of satitherapeutic procedures.

3.2. Procedures Developing Mindfulness

According to the Buddhist psychology mindfulness is a central controlling faculty of the mind. It relates to processes of internal and external world which are unselectively noted. It selects what is important, what comes to the mind from five senses and it is able to recognize the state the mind is in. It goes beyond verbal contents, where non-realistic opinions of oneself or the world can occur. Mindfulness truly grasps introspectively perceived reality. If we are mindful, we are strongly anchored in the situation here and now.

The mindfulness development has a crucial importance in treating mental problems and for further growth of a person towards his/her self-updating. Unfortunately, mindfulness cannot be directly trained. We can only passionately prepare conditions for its growth. According to the original Buddha´s

[12] C. R. Rogers (1967) specifically writes: “...therapist is what he is, during his encounter with client. He is without front or facade, openly being the feeling and attitudes which at the moment are flowing in him...It means avoiding the temptation to present a facade or hide behind a mask of professionalism or to adopt a confessional-professional relationship . This is an outgoing, positive feeling without evaluations. It means not making judgments. ... It is a non-possessive caring for the client as a separate person. … The ability of therapist accurately and sensitively to understand experiences and feelings and their meaning to the client during moment-to-moment encounter of psychotherapy... its value lies in formulating his emphatic response to the patient's immediate living of the relationship.”
[13] Similar usage of emotion transformation can be found at Greenberg, 2008
[14] The principle of creating and removing conditions by means of therapist´s interventions (vatta pativatta) on examples of a treatment ritual in Sri Lanka is described in Vogt, 1991.

teaching mindfulness is developed by meditative procedures focused on noting bodily processes – breathing in and out, observing slow walking and other bodily activities. Contrary to some psychotherapeutic methods using training the aforementioned methods in the therapeutic situation, satitherapy develops mindfulness in another way. A therapist has a role of an external mindfulness which is gradually internalized by the client during the therapy.

Satitherapeutic procedures developing mindfulness are as follows:

- Commenting
- Anchoring
- Concretisation
- Reflecting
- Psychotope exploration

Commenting

"Although I can hear your former wife lets you completely cool, I can also see how you are clenching your fist when we are speaking about her."
"Now, when you mentioned a weekend family trip, your eyes gleamed. What was it like for you?"
As obvious from the example, a therapist notes and verbally or non-verbally identifies he/she noticed at the client - mostly bodily manifestations of emotions. The origin of commenting can be derived from noting and sorting phenomena during mindfulness and insight mediation (satipathānna—vipassanā). In the case of a therapeutic situation this function is divided between the experiencing person (client) and the noting person (therapist). Commenting is used for the purpose of some non-verbal manifestations the client consciously or unconsciously omits. Commenting emphasizes experientially important moments, both positive and negative, which are relevant for attaining the therapeutic goal. A therapist particularly uses commenting in a situation, when there is a slight discrepancy between the client´s words and bodily manifestations which can be accompanied or accented non-verbally. A therapist simulates or points out client´s gestures. For commenting which strengthens a discrepancy of a word and experience only implied by the client, we speak about amplification.

Anchoring

"When you spoke about your evening anxiety, did any similar feeling appear in your body? Where exactly do you feel it?"
"Do you really feel comfortable sitting like this?"
A therapist leads the client to grasp in the therapeutic situation what is happening is his/her body or what bodily posture he/she takes. The first example can justly associate noting a bodily focus by Gendlin´s focusing in walking method. The client learns to note these elementary facts in this process. We cannot always expect that noting bodily focuses must always consequently start detail specification of the experienced meaning (felt sense). However, it is an important step for the development of mindfulness necessary for the process of body-anchored experiencing (Hájek, 2002). Anchoring can also mean, in a wider meaning of the word, looking for supports in non-bodily anchoring as mentioned in the chapter on the psychotope.

Concretisation

"Can you think of a specific situation to illustrate your story?"
"When was it? Where did you stand? What did he tell you? What was it like for you then? What is it like now?"
Concretisation is a simple procedure which can be used at any time during the therapy. Actually, it is a controlled therapeutic interview, where a therapist directs the client from general and vague proclamations to describing really happening phenomena or situations from the past. The withdrawal from general thinking and thought ruminations to specific aspects of the situation itself usually has a healing effect.

Concretisation during initial interviews leads to the client´s growing confidence and the feeling that he/she can be understood and the therapist listens to him/her. He/she is motivated to note the course of situations because his/her therapist is interested in them. He/she will be able to report on it when he/she meets him/her again.

Concretisation can be used in another form as a technique of externalisation (out-procedures) of the inner state of mind e.g. mood. A client is led to psycho-dramatically express the narrated situation or give a non-tangible mood to a tangible medium - clay, abstract drawing or coloured papers.

Reflecting

"Now, we will shortly go through the today´s session. I will draw a time line and you can say what it was like for you. So, when we sat down together today..."

What is noted is also remembered. Recalling the past meeting becomes a test of the client´s mindfulness. It is an integral part of every conclusion to the satitherapeutic session. This is recalling a certain time section in the mind. It can be recalling a course of the technique, the whole session, intermediate time from one session to another or entire therapy. Reflecting is performed by a therapist in the beginning but clients are encouraged to learn this procedure and try using it in ordinary life. Evening reflecting of the whole day develops mindfulness by motivating clients to note situations more to be able to recall individual events as they passed one after another. Reflecting intermediates spatial-time connection between some phenomena and can form part of some client´s insights. Although reflecting is mainly a cognitive technique, emotions experienced by the client in the past can be released.

Psychotope Exploration

The process of psychotope exploration applies all the aforementioned procedures. Psychotope structures are exclusively determined by experiencing of the exploring person. A psychotope exploration lies in mapping emotionally coloured experiences related to certain specific situations of the client´s life. A psychotope exploration can be carried out during an interview, however specific satitherapeutic techniques are used for specific purposes. They include diagnostic and at the same time therapeutic aspects. A technique is always carried out by the client accompanied by the therapist. A therapist provides the client, figuratively speaking, a compass and a safety line.

The most elementary psychotope exploration technique is spontaneous interpersonal interaction (Frýba, 1993), basic satitherapeutic psychotope exploration techniques can be used (see the next chapter or Němcová, 1993) in other cases or other art therapeutic and psychotherapeutic interventions, however always with regard to the state and development of the relationship with the client in time.

3.3. Satitherapeutic Session Procedure

Every satitherapeutic session, be it individual or group psychotherapy, can be imaginarily divided to seven steps separated one from another by a clear border. The knowledge of this structure can assist a satitherapist in planning the following session and serve as an auxiliary axis during the work itself. As the client goes through the psychotherapy, individual steps take various importances. These seven steps can therefore characterize the procedure of the whole psychotherapy.

Protected Space Creation

Besides spatial-time session arrangement this is especially creating a space for confidence and safety. We can also use trivial things such as signs on the door saying "Do not disturb, psychotherapy in progress!" or a verbal comment: "Now we have 50 minutes for each other when we will not be disturbed", etc. Passage between individual spaces and clear emphasis on them are important for the client as well as the therapist. The entry of the client to the office can be commented, but it is better to use a **passage ritual** such as presently common shaking hands with a greeting before every session. For group therapy this ritual can be satitherapeutic technique or we can support the group members to create a passage ritual. A way to topics the client has never said to another psychologist or physician opens in the environment of confidence and safety. The interview then shifts to another phase.

Overall Psychotope Exploration

Enough confidence and safety in the relationship prepares conditions for a more thorough exploration. It is performed in common psychotherapeutic interview but individual psychotope exploration techniques can also be offered. They aim at clear arrangement of life aspects of the client's world. Using a pencil and paper we can draw current interpersonal relationships (Relationship Gradient) or a sequence of life events (Way of Life). We look for connections between experiencing a specific event, knowing of experiencing and passed action in life events (Dynamics of Integration). A satitherapist does not change his/her attitude during techniques: all the time accepts all client's experiencing and announcing, helps him/her distinguish between real phenomena coming from bodily experiencing and unreal phenomena, thought speculations and groundless proclamations. The client learns to distinguish between the word and reality. He/she mindfully notes phenomena arising in their own experiencing here and now.

Sharing Joy from Client´s Abilities and Skills

The phase of sharing client´s strong points leads to positive harmonisation, joy and completely stimulates the client to a position of a more self-confident person with healthy self-confidence necessary for overcoming their problems. Pathological experiencing tends to proliferate and overgrow as parasitic plants over healthy and viable areas. Attention automatically turns to unpleasant facts. If a therapist is carried away in this phase by findings in the problematic part, psychotherapy loses support in client´s positive tendencies and ways of action. Without explicit evaluation of good manners, deserving acts – positive psychotope parts the client becomes more powerless and loses support for further work. A therapist actively helps the client seek and emphasize positive moments of their life, develop their ability of well-being.

Sympathetic Understanding by Means of Full Listening to Client´s Problems

A meaning of psychotherapy is not to cover unpleasant experiences, problems or suffering. A satitherapist together with the client directly faces them, asks, names, concretizes, and thus the client ´s confidence in the therapist and themselves grows. A problem is present, soluble and resoluble. This is the only way how the client can make their previous statements, "craving" on unwholesome manners of non-reflected behaviour relative. By naming the most important meanings of experiencing (felt sense) the client´s knowledge extends. Individual insights are connected in knowledge and the client gains control over their situation. A change in experiencing and newly stated knowledge opens alternatives for acting in problematic situations.

Accompanying the Client in Finding Their Own Methods and Means for Solving a Problematic Situation

A satitherapist has a wide range of means in this phase to offer to the client. A specially protected space is used most often in this phase, where their fears, anxieties, helplessness come to life in him/her in order to be able to better explore and perform a felt shift. This is also a place where new action strategies in anticipated situations are verified (by means of a psycho drama) for the first time. Prevention to non-reflected responses outside the therapeutic workplace is strict commenting on passages between spaces and explaining specific features of individual spaces in the contract with the client.

Reflecting the Whole Session without Praising and Accusing

Reflecting the carried out psychotherapeutic session lies in recalling events as they passed in sequence without the client experiencing his/her problems again. This is a cognitive distance and quick recalling of the course of events. When performing this technique a therapist keeps a chronological axis of the session and the client adds relevant moments of the therapy and, among others, emotionally charged contents belonging to the mutual relationship are "aired". By training skilfulness in reflecting the client´s mindfulness grows and a possibility of losing important insights and therapy benefits decreases.

Methodological Session Conclusion

The most important contents of the carried out therapy must be referred to the goals of therapy set in the contract and to client´s long-term and short-term goals. We can also evaluate autochthonic knowledge or verbalize decisions the client takes to his/her further life outside the therapy. The client can note here how their autochthonic ethics and ability to be happy increases. We also say goodbye

to the client in this place by a “ritual” cancellation of the workplace, which assist the client to better realize the passage from the protected therapeutic space to ordinary life as at the beginning of the therapy.

Summary

Satitherapy is a treatment method working with mental, psychosomatic, social and spiritual problems. Its basic approach lies in mindful work with conditions in a psychotherapeutic relationship and support to self-treated client´s tendencies (the agency in psychotherapy).[15] Developing the client´s mindfulness prepares optimal conditions for a psychotherapeutic change.
Satitherapy sees a person and their world through their subjective statement. A satitherapist is interests in how a client constructs their psychotope. He/she monitors how a client handles dimensions of his/her psychotope, how he/she is able to anchor in four areas – body, goals, interpersonal relationships and institutions. He/she helps the client strengthen the healthy core of his/her personality. It is able to note pathological parts in conditionality of events which explain repeating of problematic situations. The way to recovery is followed in dynamic influencing of the triad of experiencing – knowledge – action. A client gradually more and more finds his/her bearing in their psychotope and becomes its creator with the full responsibility for quality of his/her life. This is how the way of satitherapeutic work starting with a psychotope exploration and leading to its restructuring and crowning with the client´s psychotope harmonisation is rounded off.

[15] This approach is not unique in satitherapy – according to William and Lewitt (2007) “the idea of enhancing client´s agency in psychotherapy is a key concept across psychotherapy traditions”.