

OPEN FOCUS:

The Attentional Foundation of Health and Well-Being

Lester G. Fehmi, Ph.D.

George Fritz, Ed.D.

The way we pay attention directly affects our bodies and minds. Two scientists not only describe open focussing, they also show you how to do it.

Over the last dozen years, research evidence and clinical observation have led us to a unique appreciation for attentional variables as determinants of health and well-being (Fehmi 1979a; 1979b; 1980; Fehmi & Selzer, 1980). Beginning with a series of serendipitous observations regarding the attentional strategies effective in the development of control of EEG biofeedback signals, our thinking has now evolved to the conviction that attention is in fact fundamental to the optimization of human behavior. An attentional perspective seems to clarify theoretical models of stress, relaxation, altered states of consciousness, integrated functioning and optimum performance, as well as matters of ultimate concern including transpersonal and interpersonal issues. The purpose of this paper is to sketch the outlines of the relevance of attentional behavior to such issues as well as to provide an occasion for the reader to directly experience the possibilities inherent in attention training.

The usual, most habitual attentional mode in our society is narrow focused attention.

After training thousands of individuals to control EEG and other physiological processes it has become apparent that to be successful, trainees must learn to give up their effortful orientations to the biofeedback task. This aspect of biofeedback training is dem-

onstrated by the finding that, after succeeding in the biofeedback training, many trainees report that they had proceeded to the point in training at

Attention training is the most effective intervention because it leads to the optimization of function and the associated remission of symptoms.

which they had given up on the task altogether, only to discover that the feedback tone would occur even more frequently after they had stopped actively trying. In the particular modality of multichannel and phase sensitive EEG training, as well as peripheral skin temperature and other physiological feedback processes, persons who habitually approach new tasks with an effortful orientation have great difficulty and progress slowly (Fehmi, 1978). This state of affairs indicates a need for the development and use of attentional techniques to circumvent the trainees' initial narrowly focused and tense goal orientation towards the subtle task of producing the appropriate feedback. A series of exercises, called Open Focus Training, was devised to guide biofeedback trainees to adopt the attentional disposition or style required in order to increase the occurrence of the physiological concomitants of physical well-being and relaxation (Fehmi, 1975). Open Focus has as its goal an effortless orientation to the bio-

feedback task, as well as to any wakeful activity. Since narrowness and exclusivity of attention require effort and tension, the prerequisite for establishing this state of open focus involves dropping one's habitual orientation to narrowly focus on certain internal or external events to the exclusion of other events. Ultimately, every perceptible event, whether internal or external, is represented in the nervous system. To achieve the open focus state, one must allow his awareness to broaden to *simultaneously* include all those perceptible events which are salient in the nervous system.

Can you permit your attention to be equally and simultaneously spread out among body feelings, thoughts, emotions, sounds, etc., while you continue to read?

The experiences reported by Open Focus trainees, as they generalize open focus strategies to various life situations, suggest that attention is typified in part by two styles which represent the extreme positions on a continuum of attending. The usual, most habitual, and most generally reinforced attentional mode in our society is narrow focused attention. This refers to the wakeful state in which mental effort is expended to *exclude* certain aspects of experience through a narrowing or constriction in the scope of attention. The reader may observe, for instance,

that at this moment various perceptions, including somatic sensations, peripheral visual stimuli, sounds, tastes, thoughts, emotions, and images are being excluded in order to grasp the sense of these printed words. An alternative inclusive style of paying attention and reading these words, however, involves dropping the effort ordinarily necessary for selecting and sorting out experience. The central portion of awareness may be absorbed with reading and understanding these words while *simultaneously* peripheral awareness reflects the existence of other modalities of perception and sensation.

Extreme flexibility and unity is associated with lapses or self-consciously directed attention.

The strategy of narrow focus may take the form either of obsessive-compulsive attention or denial. In other words, narrow focus "on" or narrow focus "away from" environmental and psychological events constitute the basic coping strategies of most individuals. As persons relate to stress, the obsessive and hysteric styles of coping generally seem to be the only alternatives. Stress syndromes are characterized either by intrusive, repetitive, thoughts and/or by denial and numbing (cf Horowitz *et al*, 1980).

The Open Focus strategy offers the occasion for a fundamental break in the vicious circle of stress—obsessive or hysteric coping strategies—accumulated stress. The narrow focused concerns of the individual, e.g. physical symptoms, pain, anxiety, fear, etc., are simply included into the Open Focus attentional process. In this way, the tension expended to brace against a narrowly focused and thus, amplified concern is dissolved. In our work, it is precisely this tension which appears to inhibit the organism's progress toward healthful homeostasis. Dissolution of this tension through attention ("a-tension") training has been the most important ingredient in our therapeutic work. It is our observation that attention training is the most effective intervention because it leads to the optimization of function and the associated remission of symptoms.

The reader can experiment with developing a more inclusive attentional orientation even while continuing to be engaged in the act of reading. Is it possible for you now to permit your various somatic sensations to be also present in your awareness while you read? That is, can you imagine yourself reading and also *simultaneously* experiencing the volume of your whole body? Perhaps you will need to pause for a moment to allow your body feelings to emerge in your field of attention. Can you imagine, however, that you can proceed with reading and *simultaneously* attend to these body feelings? Can you imagine that when you feel a sense of effortlessness about reading with your whole body that you can then gradually expand your attention to include any thoughts, emotions, peripheral visual experiences, tastes, smells and sounds which may be *simultaneously* occurring as you read? Can you image that you need not scan in an effortful or sequential fashion among your various experiences in order to attend to them? Is it possible for you, while allowing your attentional field to broaden to include *simultaneously* occurring experiences, that you can attend *equally* or without any particular bias to the various experiences surrounding the act of reading? That is, can you permit your attention to be *equally* and *simultaneously* spread out among body feelings, thoughts, emotions, sounds, etc., while you continue to read?

Persons complaining of an inability to concentrate, listlessness, diminished sexual activity, etc, and depression find their narrow focus skills returning after some period of Open Focus practice.

In order to facilitate *simultaneity* and *equality* of attention we have found the image of "space" to provide a three-dimensional context for the inclusion of all on-going experience. You might, for instance, imagine your whole body *and* spaces around, beneath and above the body. *Simultaneously* and *equally* attending to the body and other percepts, and to the space out of which ex-

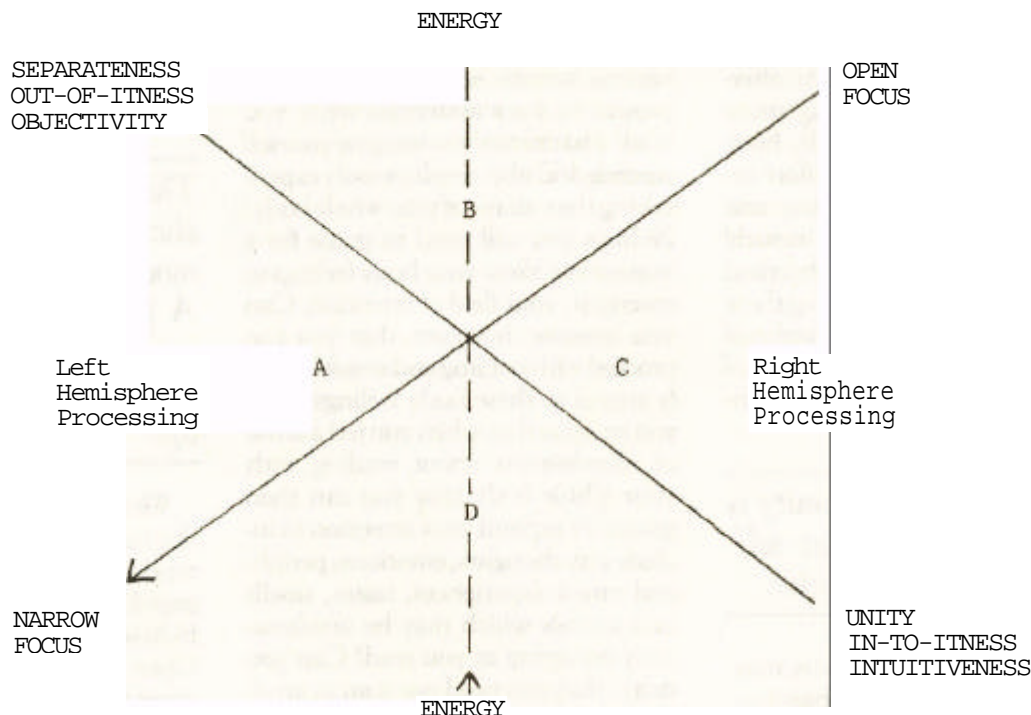
perience emerges and into which it recedes, facilitates the ascendancy of right hemispheric information processing. The usually dominant left hemispheric processes can now be integrated with the gestalt orientation of right hemispheric processes.

Those activities which habitually elicit narrow focus—separate modes of attending promote Type A personalities, loneliness and humorlessness, and overburden marital relationships and family life.

We have attempted here to provide the reader with an opportunity to attend in an Open Focus style while engaged in functional behavior. For most individuals, generalization of the Open Focus strategy to functional states follows upon some period of formal Open Focus practice while quietly sitting or standing. An example of such an Open Focus exercise is presented in an appendix to this article so that interested readers may practice in this way.

It needs to be emphasized that *simultaneous* access to Open Focus, while at the same time rendering order out of the chaos of sensation, facilitates healthful and productive attentional behavior. Release of a rigidly apprehended focus of attention is associated with higher amplitude of EEC activity, as exemplified by alpha waves, and by greater phase agreement or synchrony between the activity occurring at all lobes. Open focused attention is also associated with effortlessness and softening of goal-oriented behavior. Concomitant with Open Focus are moments of greater self-consciousness, feelings of release of energy ("aha" experiences), more creative thoughts and associations, a greater sense of unity or well-being, a lack of criticalness or judgementalness, and a more general or integrated awareness of all of one's experience *simultaneously*.

As illustrated in Figure 1, an attentional model of awareness includes three parameters: intensity or energy; a continuum of open focus and narrow focus; and intuitiveness, in-to-itness,



unity versus objectivity, out-of-itness, separateness. The narrow focus-objectivity quadrant (quadrant A) represents the attentional style most dominant in our society, a civilization disposed to the over-use of left hemispheric or linear information processing skills. Whereas rapid and complete attentional focus is necessary for optimal attentional effectiveness, there is in our day an unfortunate and prevalent tendency toward over-use and consequent rigidity of narrow attentional processing. The extreme case of temporary attention fixation occurs in conditions of great fear where the act of objectifying the fear-object brings about a catatonic-like rigidity of focus and directional orientation. A less extreme but more enduring example is obsessive worry and preoccupation with recurrent thought. A more common example is the inertia and irritation experienced when one is distracted or interrupted from a task in which one is deeply involved.

The open focus—intuitiveness quadrant (quadrant C) represents the release from a narrow attentional focus, a release which is necessary for optimal attentional effectiveness and flexibility. Extreme flexibility and uni-

Attentional focus upon an invariant target of perception results in changes in awareness. Our contribution is to elucidate the mechanism for this change.

ty is associated with lapses of self-consciously directed attention, and is shown in the effortless performance of well-learned or instinctive behavior. The effortless, creative performance of an art form or athletic event serves as an example. Indeed, in our biofeedback laboratory, accomplished artists, athletes and meditators demonstrate flexible control over the dimensions of attention described above and their associated EEG parameters.

The open focus-objectivity mode (quadrant B) is one in which many functional behaviors may be performed. The performance or behavior represents a narrow focused activity which hangs like a tether in the midst of a more general open focus. Reading this article, writing a report, playing a sport, giving a speech, doing therapy or driving a car—these are among the activities for which an appropriate attentional strategy can be open focus-objectivity.

The narrow focus-intuitiveness quadrant (quadrant D) includes absorptive modes such as intellectually interesting or emotionally and physically pleasant activities which one wishes to amplify with narrow focus and which one wishes to move experientially closer to in order to savor the event. One may observe the narrow focus-in-to-it look on the face of an enraptured concert-goer or someone experiencing deep muscle massage or other sensuous physical activities. It would seem, indeed, that part of the attraction of certain cultural and artistic and physical events is to provide an occasion for becoming absorbed, involved and without self-consciousness.

The remission of symptoms is seen by us as a side effect of the optimization of attentional function.

The attentional flexibility requisite for moving freely among attentional states is the ultimate goal of Open Focus training. It is possible to attend to any given content in a variety of ways. However, by training and habit we usually attend to similar situations

identically. The capacity to objectify is perhaps the most developed in our society. Yet many still need some prop in the form of a cigarette or cup of coffee in order to muster the attentional energy necessary for narrow focus-objectivity. The capacity for sensate focus as in sexual experience, meanwhile, presents difficulties for many individuals. Narrow focus-intuitiveness development seems called for in such cases. Both open focus-separateness and open focus-intuitiveness are necessary for the optimization of functioning and as an antidote to the overused narrow focus states. This need is demonstrated by the many workshops for "burned out" members of the business, therapeutic and educational community.

The tension, which results from the exclusion of the peripheral attentional field in narrow focus through the habitual use of obsession and denial, can accumulate and represents a significant source of physiological stress. We have found that attention training for Open Focus processing promotes renewed capacity for narrow focusing. Persons complaining of an inability to concentrate, listlessness, diminished sexual activity, diminution of work productivity and depression find their narrow focus skills returning after some period of Open Focus practice. By releasing the effort associated with chronic narrow focus, narrow focused activities can be renewed with clarity, enthusiasm, and diminished stress.

An executive with heart palpitations and another with frequent headaches experienced dissolution of the psychosomatic symptoms.

There has been much speculation in recent years regarding the concept of stress. Biological, psychological, and social factors have been implicated in the etiology of distress and disease. An attentional perspective suggests that the "automatic" triggering of the "fight or flight" response actually presumes the attentional mode of narrow focus-separateness. Stressful life events take their toll in accumulated tension, it seems, precisely because they elicit nar-

row focused, obsessive or denying modes of attending. Negative cognitions or a poor self-image, like goal-oriented behavior in general, are dependent upon narrow focus—separateness, which leaves the organism stressed by the amount of attentional effort and mental tension habitually expended. Thus, those activities which habitually elicit narrow focus — separate modes of attending promote Type A personalities, loneliness and humor lessness, and overburden marital relationships and family life.

In our clinic we rarely advise clients regarding any changes in the content or "what" of their lifestyle or responsibilities. Nor do we actively initiate cognitive restructuring or other psychological approaches to stress management. The successful treatment and thorough reintegration of stress-related symptoms appears rather to be directly related to changing "how" individuals attend, rather than what or to whom they attend.

There is also an attentional orientation toward Open Focus and flexibility implicit through the standard relaxation therapies currently in use. The goal of progressive relaxation, for instance, in which muscles are alternately tensed and relaxed, is to experience the states associated with tension and relaxation. Our position is that it is this attentional process and consequent attentional flexibility which then generalizes to other physiological and mental processes. Similarly, in meditation, Relaxation Response practice, autogenics, and self-hypnosis, it seems to be the attentional flexibility fostered by these processes, which elicits the functional benefits. It's the commonly held position that attentional focus upon an invariant target of perception results in change in awareness (cf Naranjo & Ornstein, 1971). Our contribution is to elucidate the mechanism for this change, that is, the development of attentional flexibility and the corresponding release of psychophysiological stress. The maintenance of an invariant narrow focus upon a target of perception leads to an awareness of the psychophysiological effort involved and to its subsequent release. Entering into the experience of relaxation and diffusing one's attention so as to appreciate the

subtle phenomena associated with relaxation lead one naturally into an Open Focus—intuitive attentional processing of neuromuscular and other events. Experimental data suggests, moreover, that direct attention training in the form of Open Focus practice is experienced as promoting a more profoundly altered state of consciousness than, for example, Relaxation Response practice (Fritz, Note 1).

Open Focus may be seen as an altered state of awareness in which denial processes are dropped, thus promoting alert tranquility, physiological normalization and optimization of performance.

Parenthetically, it is reasonable to attribute the efficacy of traditional verbal therapies to attentional variables. The range of therapies from psychoanalysis to behavior therapy includes interventions which, while modifying certain attitudes and behaviors, primarily depends upon an experience and developed capacity for the release of attentional focus and improvement of attentional flexibility. Whether the technique involves renewed access to subconscious material or the shaping of operant behaviors, the salient feature of effective therapy may be the modification of attentional propensities for exclusivity, rigidity and effortfulness.

In our clinical experience trainees often indicate that the motivation for participation in the attention and biofeedback training program extends beyond remission of stress-related symptoms to self-actualization and optimization of performance. As it happens, both goals can be met concurrently. The remission of symptoms is seen by us as a side effect of optimization of attentional function. It is not unusual that certain physical symptoms which were not previously considered by the trainee to be stress-related (e.g. asthma, allergies, listlessness, sleep disorders, substance abuse, etc.) respond to the training. So too, previously stressed individuals notice that remission of symptoms is accompanied by renewed energy, productivity, enhanced relationships and improved athletic performance.

As part of a double blind study, a group of middle-management executives interested in increased functional capacity, experienced significant changes in self-perception after twenty sessions of EEG biofeedback synchrony training. Learned increase and decrease of alpha wave synchrony was associated with more calmness, less depression, more ability to concentrate, more self-initiation, more detachment from experience, being more observant, more personal (as opposed to formal), more in oneness with life. Notice that the participants experienced themselves as "more detached" from experience and "more in oneness" with experience *simultaneously*. Such a result suggests the increased flexibility of attending associated with learned increase and decrease of EEG synchrony. An executive with heart palpitations and another with frequent headaches also experienced dissolution of their psychosomatic symptoms (Fehmi, 1974).

The release of this narrow focused attention upon pain can result in the reduction or complete alleviation of pain.

World class athletes chosen by the Olympic Development Committee, were another group of individuals seeking optimization of function who were exposed to Open Focus and biofeedback training in a three-day workshop format. Despite superb conditioning, these athletes displayed common symptoms of accumulated stress, including cold, clammy hands, muscle tension, and performance anxiety. With biofeedback training, however, a number of the athletes were able to develop control of physiological systems manifesting stress, as well as to release the mental tensions associated with prolonged narrowly focused, goal-oriented behavior. Attentional release was observed by several participants to correspond to states of awareness which they had experienced in an accidental fashion during training and competition (several athletes reported the accidental induction of Open Focus attentional states permitting simultaneous and in-to-it experience of many modalities of sensa-

tion and accompanying release phenomena (e.g. nausea) to be associated with performance optimization). Learning to move flexibly and deliberately between narrow focus and open focus, or even to use them *simultaneously*, fosters the sense of unself-conscious flow of experience which athletes often report to accompany outstanding performances. Perhaps the truly great world class athlete is one who can develop and maintain both the narrow focused attentional skills requisite to training and refinement of physical skills and the open focus attentional states associated with optimization of performance (Pactor-Azar, Note 2).

Just as stress-management and optimization of function represent overlapping goals of attention training, so too it is apparent that Open Focus is both a way of releasing experience and a behavioral strategy for managing release phenomena (Fritz et al, 1980). Open Focus may be seen as an altered state of awareness in which denial processes are dropped, thus promoting alert tranquility, physiological normalization and optimization of performance. At the same time, Open Focus, which permits the release and diffusion of learned experience into an expanded field of awareness, is a self-regulation strategy, the psychological effects of which are experiential integration, relaxation, desensitization and coping in situ with life's demands. With the use of Open Focus, one has the option of diffusing experience as opposed to amplifying experience with narrow focus. As a state of awareness, Open Focus offers the permissive conditions for the phenomenological experience of a qualitatively different wakeful state and requires no special conditions for its invocation or practice. As a self-regulation strategy, Open Focus is an active coping skill which, unlike other available techniques, has no content as such, other than "how" one attends. The generalization of Open Focus experience to daily life situations proceeds both as an unself-conscious transformation of the ordinary wakeful state and as a purposive exercise in self-regulation. The individual discovers himself "in" Open Focus more often and also discovers more situations for deliberately applying the

Open Focus strategy. One gradually becomes less vulnerable to the characteristics of persons and situations which seem to demand narrowly focused attention and associated over-reactivity.

Release of a rigidly apprehended focus of attention is associated with higher amplitude of EEG activity, as exemplified by alpha waves.

As individuals progress in a program of attention and biofeedback training, certain psychophysiological events may occur which accompany the release of tension. Such release phenomena may take the form of perceptual anomalies, shooting pains, jerks, tremors, numb or tingling feeling, perspiration, blood pressure changes, thoughts, memories or emotional experiences which spontaneously come into consciousness. Although representing a release of attentional focus, these events often precipitate renewed narrow focus. Integration of the release phenomena is facilitated, therefore, by an attentional strategy of distributing awareness over all available experience *simultaneously*, leading to the establishment of new, more optimally functional patterns of attention (Fritz, et al, 1980).

Other experiences which typically elicit narrow focused attention include physical and emotional pain. Conversely, pain states seem to be amplified and perpetuated by chronic narrow focus upon the pain. It has been our experience that pain, whether originating from organic disease process or psychophysiological stress or tension, is amplified or exacerbated by narrow focus. The release of this narrow focused attention upon pain can result in the reduction or complete alleviation of pain. Numerous clinical experiences have demonstrated to us the value of attention training techniques in pain control. A notable example occurred at a one and an half hour attention training session at a pain clinic in Indianapolis directed by J. Welch, Ph.D. A woman who had suffered severe pain since internment in a concentra-

tion camp during World War II experienced a complete dissolution of her pain, which with further practice was maintained.

The same attentional foundations which underlie the concept of stress, the relaxation response, altered states of consciousness, psychophysical integration and optimization of performance also serve to elucidate issues of ultimate concern (Fehmi & Selzer, 1980). One of our clients, a middle-aged woman with Raynaud's disease, recently reported warming her hands with Open Focus techniques while attending a Sunday church service. Her intention was merely to relieve the discomfort in her hands as she sat chilled in the church pew. Allowing herself to sit in Open Focus, she found that not only did her hands warm nicely, but that the minister's sermon reached her in a profound way. Such was her surprise at this occurrence that she was quite shy in reporting this "spiritual" application of Open Focus. Nevertheless, she reported a resolve to henceforth pray, read Scripture, or to

participate in church services while *simultaneously* attending in Open Focus.

Allowing herself to sit in Open Focus, she found that not only did her hands warm nicely, but that the minister's sermon reached her in a profound way.

Similar clinical reports are common. Individuals report an intuitive sense of their unique personhood as facilitated by release of narrow attentional focused habits. The negative cognitions, poor self-image, irrational beliefs, poor nutritional habits, and lack of physical exercise which are often part of an individual's profile seem all to be affected by the more basic alteration in habitual attentional strategies. A sense of well-being emerges which often finds a transpersonal referent. This seems to occur even though the Open Focus exercise is a fully secular technique without judgments relating to the content of one's perceptual field and thus,

compatible with any belief system which values psychophysiological flexibility, health and well-being.

The interpersonal applications of Open Focus training are significant. Open Focus training has potential in facilitating empathic communication (Fritz, Note 1). Clients report more intuitive and more intimate communication with loved ones, including enhanced sexual experience when attending in Open Focus. Therapists, meanwhile, find the Open Focus technique usefully employed during the therapeutic hour to keep the therapist in the moment and alert to all modalities of communication, and experience. The feeling as it is expressed by two persons who are producing large amplitude and in-phase brain wave rhythms is that they are directly and appreciatively experiencing each other's experiences without the intermediary of verbal communication. The attentional dimension of interpersonal behavior, as in other applications, reveals attention to be a fundamental behavior of man.

APPENDIX

Open Focus Exercise*

IS IT POSSIBLE FOR YOU TO IMAGINE OR CAN YOU IMAGINE —

the space between your eyes... ears... throat... shoulders... hips... thumb and first finger on each hand... first and middle finger on each hand... middle and fourth finger on each hand...

the space between all your fingers simultaneously...

that your thumbs are filled with space...

that your first fingers... middle fingers... fourth fingers... little fingers... hands and fingers are filled with space...

that the region between the tips of your fingers and your wrists... between your wrists and your elbows... between your elbows and shoulders... between your shoulders is filled with space...

that the space inside your throat is co-extensive with the space between your shoulders and in your shoulders and arms, hands, and fingers...

that the regions inside your shoulders, and the regions between your shoulders and fingertips are simultaneously filled with space...

the space between your toes...

that your toes are filled with space...

that your feet and toes... the region between your arches and your ankles... between your ankles and your knees... between your knees and your hips... between your hips is filled with space...

that your buttocks are filled with space...

that your buttocks and the region between your hips and your legs and feet and toes are simultaneously filled with space...

that your genitals are filled with space...

that the region between your genitals and your anus is filled with space...

that your lower abdomen... lower back is filled with space...

that your body from the diaphragm down is filled with space, including your diaphragm, your genitals, your anus, and your feet and toes...

the space inside your bladder

that the region between your kidneys... inside your kidneys... between your navel and your backbone... inside your stomach... inside your rib cage... between your ribs... between your shoulder blades... inside your breasts... between your breast bone and your backbone... between your shoulders and your ribs... inside your neck... between your shoulder blades and your chin is filled with space...

the space inside your lungs... inside your bronchial tubes as you inhale and exhale...

* The reader may wish to participate experientially in the exercise. If so, in order to experience beneficial effects, it is important to allow at least fifteen seconds for each image. For instance, can you imagine the space between your eyes... (15 seconds)... ears... (15 seconds)... throat... (15 seconds)...

the space inside your throat... your nose as you inhale and exhale . . .

the space between the tip of your chin and the inside of your throat. . . between the space inside your throat and the space inside your ears... between the space inside your throat and to the top of your head... between the space inside your throat and the space behind your eyes . . .

that your jaw . . . cheeks and mouth . . . tongue... teeth and gums... lips are filled with space . . .

the space between your upper lip and the base of your nose . . .

that the region around your eyes and behind your eyes is filled with space ...

that your eyes . . . eyelids . . . nose and sinuses ... the bridge of your nose is filled with space . . .

that the region between your eyes and the back of your neck... between the bridge of your nose and back of your head . . . between your temples is filled with space ...

that your forehead . . . brain . . . spine is filled with space . . .

that your whole head is simultaneously filled with space. . .

that your whole head and your face are simultaneously filled with space . . .

that your whole head, face, neck and your whole body, including your hands, genitals and feet are simultaneously filled with space . . .

that your whole being fills with air when you inhale and your whole being is left filled with space when you exhale . . .

at the same time that you are imagining the space inside your whole body, is it possible for you to imagine the space around your body, the space between your fingers and toes, behind your neck and back, the space above your head and beneath your chair, and the space in front of you and to your sides. . .

that the boundaries between the space inside and the space outside are dissolving and that the space inside and the space outside become one continuous and unified space. . .

that this unified space, which is coextensive inside and outside, proceeds in three dimensions, front to back, right to left, and up and down ...

that, at the same time you imagine this unified space, you can simultaneously let yourself attend equally to all the sounds that are available to you, the sound of my voice, the sounds issuing from you (and other members of the audience), and any other sounds that you may be able to hear...

that these sounds are issuing from and pervaded by unified space . . .

that at the same time you are attending to the space and the sounds you can also attend simultaneously to any emotions, tensions, feelings or pains that might also be present. . .

that these sensations and perceptions are permeated by space. . .

that at the same time you are aware of the space, the sounds, emotions and other body feelings, you can also be simultaneously aware of any taste, smells, thoughts and imagery that might be present. . .

that you can now admit also to awareness any sensation or experience which may have been inadvertently omitted thus far, so that you are now simultaneously aware of your entire being, of all that is you . . .

that all your experience is permeated and pervaded by space. . .

that, as you continue to practice this Open Focus exercise, you will increase your ability to enter into Open Focus more quickly and more completely and more effortlessly . . .

that, as you continue to practice this Open Focus exercise, your imagery of space will become more vivid and more pervasive...

that, as you continue to practice this Open Focus exercise, your ability to imagine space permeating all of your experience will continue to become more vivid and ever-present. . .

NOTES

1. Fritz, G. The effects of meditation upon counselor effectiveness and altered states of consciousness. Unpublished doctoral dissertation, Lehigh University, 1980.
2. Pactor-Azar, J. Optimizing athletic performance with biofeedback training. Unpublished manuscript, Princeton Biofeedback Research Institute, 1979.

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