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UNDERSTANDING FOCUSING-ORIENTED PSYCHOTHERAPY

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Ця стаття описує уміння сфокусовано-орієнтованої психотерапії. Юджин Джендлін першим сформулював теорію переживання, і інтеграцію фокусування в психотерапевтичній практиці. Основні методи фокусовано-орієнтованої психотерапії описані і введені в міжособистісному контексті терапії. Стаття включає в себе список літератури для ознайомлення: теорія практика застосування фокусовано-орієнтованої психотерапії.

Ключові слова: фокусовано-орієнтована психотерапія, психотерапія, психотерапевтична практиці, особистість, felt досвід, felt почуття.

This paper outlines the fundamental understanding of Focusing-Oriented Psychotherapy. Eugene Gendlin was the first to articulate the theory of experiencing, and the integration of focusing into psychotherapeutic practice. The basic methods of focusing-oriented psychotherapy are described and put into the interpersonal context of therapy. The paper includes a resource section so that the reader can read more about the theory, application and recent development of focusing-oriented psychotherapy.

Key words: focusing-oriented psychotherapy, psychotherapy, psychotherapeutic practice, personality, felt experience, felt sense

Эта статья описывает понимание фокусовано-ориентированной психотерапии. Юджин Джендлин первым сформулировал теорию переживания, и интеграции фокусировки в психотерапевтической практике. Основные методы фокусовано-ориентированной психотерапии описаны и введены в межличностном контексте терапии. Статья включает в себя список литературы для ознакомления: теория практика применения фокусовано-ориентированной психотерапии.

Ключевые слова: фокусовано-ориентированная психотерапия, психотерапия, психотерапевтическая практика, личность, felt опыт, felt чувство.

Introduction.

This article will provide a background to the development of focusing-oriented therapy, the main elements of this way of being with another person in the therapeutic context; and resources for further understanding the important contributions of focusing-oriented psychotherapy.

In 1970 Joseph Hart wrote a paper on the development of client-centered therapy (Hart, 1970). Hart described three phases. The first phase was called *nondirective psychotherapy*; the second phase – *reflective psychotherapy* (*the most noticeable change is: “the therapist’s emphasis on responding sensitively to the affective rather than just the semantic meaning of the client’s expression”*); and the third phase – *experiential psychotherapy*. In this third phase, Hart recognized Eugene Gendlin’s contribution to the theoretical and practice-oriented development of ways of attending to persons in therapy first inspired by Carl Rogers. Hart’s description of this third phase included a clear emphasis on the client’s experiencing (Gendlin, 1961) in the therapy process; and

attention to the therapist's experiencing while the therapeutic exchange was taking place. Hart's use of the word 'experiencing' was directly informed by Gendlin, especially from Gendlin's doctoral thesis *Experiencing and the Creation of Meaning* (Gendlin, 1997). Gendlin was a student of Carl Rogers, practicing and being supervised at the University of Chicago Counseling Center. At this time, Gendlin was also a doctoral student in philosophy. Gendlin was firmly grounded in client-centered practice of the time, which included being present with a client, reflecting with careful intention, and 'listening'. In this context, Gendlin might emphasize: Listening means attending with one's ears (and attending thought processes), paying particular attention to the therapists' own bodily presence (or experiencing process) as a source of knowing, and the therapist attending to the client's words, expressions and not-yet-verbal, but directly felt bodily experience. The therapist attends to what they see, hear, observe and to what they 'feel' in the non-dual interpersonal space between therapist and client. As practice evolved, this was often called 'experiential reflection' – reflection with the intention to attend to the person's preverbal felt experience.

In his paper, *Theory of Personality Change*, Gendlin (1964) addressed the concern that personality theories at the time, while describing changes in levels or phases of personality, did not actually account for actual change in personality. For him, 'steps' of personality change occurred when a person: first attended in a special way to their implicit, felt-in-the-body. 'felt sense'*; then interacted with this implicit felt sense with words or images. At this time he called this 'interaction' the metaphorizing process. The words or images had a unique relationship to the implicit felt sense. Gendlin did not say that the words or images were 'metaphors' for the felt experience. This would indicate that a metaphor would hold 'all the meaning' for the implicit felt experience. Rather, he emphasized the metaphorizing process, by which words, images, interact with implicit bodily felt experience. In this process that which is felt in the body, but not yet conscious can contribute to new 'steps' of understanding (Gendlin, 1977) In one way, this is what we might call 'meaning making', or as in his dissertation – experiencing - and the creation of meaning. Meaning was not isolated in either one's 'mind' or one's 'body', but in the unique interaction between an attentive mind and felt experience which was noticed in the body. Thus in this way, meaning is continuously created, and elaborated. In a simple sense one listens to the felt sense and interacts with the words or images that arise (or become conscious) in this process.

**The felt sense is what one notices when one asks 'how am I?'. Instead of answering quickly, one might notice, in their body (in the core/ chest – stomach area; where one typically 'feels' things) what they feel. This is 'what is noticed' before words. This is the felt sense.*

Listening to, and interacting with, the felt sense influences 'thinking' in a new way.(Gendlin 2009, 2012). In a therapeutic context, this change related to thinking can change 'patterned' or rigid ways of thinking and perceiving about situations in one's life. Gendlin used the term 'structure bound' to refer to a person's process where their words or images did not refer to their felt experience. As we will see, one central aspect of focusing-oriented therapy is discerning then a person is able to refer to their immediate, felt sense and when they are not able to refer to, and speak from their felt sense.

Gendlin emphasized the way that one's body lives in constant interaction with one's past (as regenerated and felt in the present), and one's current environment (Gendlin; 2012). At any given moment of attention, this not-yet-conscious, but felt, experience in our body can become more

conscious. This has been called being at the ‘edge’ of awareness (Gendlin, 1984). The metaphorizing process leads to what Gendlin called a ‘felt shift’. The felt shift could involve sudden discoveries, new words or images, or subtle changes in the ‘felt sense’. Gendlin emphasized that this shift, however subtle or ‘noticeable’ always feels better, more alive. Sometimes there are clear conscious discoveries. Sometimes there are subtle ‘steps’ that lead one to want to continue, to let the process of meaning making continue - toward new understanding – and better living. The client becomes involved in this process, their process, even when the situation might still feel overwhelming, confusing, and so on. Gendlin called this process “carrying forward.”

The Emergence of Focusing.

After his graduate education, Gendlin participated in a large research program called *Therapeutic Relations with Schizophrenics* (Rogers, 1967). Carl Rogers had been challenged to show the conditions under which client-centered therapy might be relevant for work with people who had been labeled schizophrenic. There was a widespread concern that client-centered therapy could only be useful for people who were neurotic, depressed or anxious. The research program took place at Manteno State Hospital in Wisconsin (the U.S. state north of Illinois and Chicago). Gendlin served as a therapist and research collaborator on this project. His papers (i.e. Gendlin, 1963) described with great sensitivity what he was learning about being with and attending to people who rarely were able to engage in typical, expectable modes of communication. In essence, Gendlin describes sitting with people who were silent, maybe appearing withdrawn or catatonic. He spent a lot of time noticing his own felt experience. He was noticing his own felt sense and something which was felt ‘between’ him and the other person. Sometimes, he would talk briefly about what he noticed. And surprisingly out of this process, a relationship between him and the other person would begin to develop.

One fundamental finding from the *Therapeutic Relations with Schizophrenics* research program was that people who were high in experiencing (the ability to pause and listen to, their preverbal felt experience; measured by the Experience Scale; (Klein et al, 1969, 1984) were able to make use of the therapeutic relationship and showed positive change in measures of their personality and healthy functioning over time. Conversely, those who were lower in experiencing, despite adequate therapeutic conditions, were not able to change very well during the course of therapy. While Gendlin was involved with this program, he began to explore the conditions under which a person’s experiencing level could change to a higher level. It was at this time, that Gendlin first described focusing as both a method and a theoretical understanding (Gendlin, 1981) aimed at: 1. Changing experiencing level and 2. Promoting therapeutic change in the interpersonal context of therapy. With Gendlin and his colleagues, a network developed for teaching focusing in clinics and community settings. Out of this teaching network, the Focusing Institute began (www.focusing.org). In his book, Gendlin indicated that one might use the book to learn focusing for themselves or in a focusing partnership (Gendlin, 1981). While the process of teaching focusing was becoming better understood, there were therapists and counselors who learned focusing for themselves and then they began to integrate focusing into the work that they were doing as professionals (Freidman, 1982; McGuire, 1996; Grindler-Katonah, 1999; Ikemi, 2011, 2014).

Gendlin (1977, 1984) and others began to articulate how focusing could be useful in the therapeutic relationship. Some therapists were trained in a client- centered perspective, then person-centered perspective (Freidman, 1982 2005; Grindler-Katonah, 1999). Other therapists had

diverse, psychodynamic training and embraced focusing as a way to enhance the therapeutic relationship and promote change (Preston, 2005, 2008).

Gendlin wrote his book *Focusing-Oriented Psychotherapy* (1996) in order to advance and teach this way of being in the therapeutic relationship. The rest of this paper will indicate key elements in *Focusing-Oriented Psychotherapy*, extensions of this approach to different psychological and health-related issues; and resources for further understanding of focusing-oriented psychotherapy.

Key Elements in Focusing-Oriented Psychotherapy

An overview of focusing training begins with the assumption that the trainee has learned focusing for themselves. This may occur before participation in the training program, or as the first phase of the training program. There are a number of resources for learning focusing (See Resources section at the end of this article). Essentially, learning focusing occurs both for oneself and often in focusing/listening pairs or partnerships.

In his book *Focusing-Oriented Psychotherapy* (1996), Gendlin prioritizes the basic areas of learning and practice: 1. The interpersonal relationship; 2. Listening; 3. Focusing 'invitations' or instructions; and 4. Other 'avenues' of therapeutic response and interaction.

1. The interpersonal relationship. Gendlin discusses the client-therapist relationship "Interpersonal interaction is the most important therapeutic avenue" (Gendlin, 1996, p.283). In this chapter Gendlin talks about the worst kind of therapeutic relationship (one that mimics a teacher-like, parent-child relationship) and the ingredients of a good collaborative therapeutic relationship, one that touches "the person in there" (the person in the client). Gendlin has emphasized the importance of 'authenticity' in the therapist and the therapeutic relationship. Authenticity in this context includes the ability of the therapist to learn to be able to simultaneously notice their own ongoing experience, what they are able to experience in the interaction, and also what they can notice is happening 'in' the client. Although this process may take time to learn for therapist trainees, it means that the therapist is able to interact, freshly from their immediate experience – combined with ongoing thoughtful attention to the interpersonal interaction.

Essentially, the central focus for the therapist in focusing-oriented therapy is noticing whether the client to be able to attend to, and speak from their immediate felt experience, or whether they are having difficulty doing this. In order to understand this, it helps to consider the levels of experiencing in the experiencing scale (Klein et al, 1969; 1986). In the experiencing scale framework, one can ask whether there are observable, measurable steps of personality change occurring in psychotherapy sessions. The EXP Scale indicates seven possible stages of client experiencing. In Stages 1 through 3, talking is objective, intellectualized, and reactive (the speaker tells objective stories). Stage 4 represents the beginning of "direct reference" to felt experiencing: the client turns inward for subjective self description (personal feeling or experience of an event are the subject of the discourse). Stage 5 measures "focusing:" the client asks a self-reflective question like "Why do I always respond like that?" and ponders, sitting quietly with preverbal felt experiencing. Stages 6 and 7 measure the "felt shift," the emergence of new meanings basic to structural personality change. [There is also a Therapist EXP Scale which describes parallel levels of therapist experiencing, Stages 4 – 7 representing varying degrees of empathic involvement.]

2. Experiential listening. In focusing-oriented psychotherapy, the most common response of the therapist is experiential listening (Friedman, 2005). Gendlin has indicated, that when he is

unsure of what his happening with the client, he returns to the 'baseline of listening', noticing his experience and attempting to get a clearer sense of the client's experiencing process. In essence, the 'experiential' in experiential listening is an attempt not only to 'be with', but to resonate with, even enliven the client's experiencing process. This may happen subtly, in instances when the client may move from an intellectual description (Stages 1-3) to a Stage 4, or 5 - noticing how it 'feels' in their body, their felt sense as they are talking. Or, (see later), the therapist may make an informed decision to use either a focusing invitation, or in Gendlin's terms, another 'therapeutic avenue' – coming from other therapeutic work which they have learned – and intervene directly. Whenever a response other than listening occurs, Gendlin emphasizes a return to watching the 'difference it makes' in the client's experiencing process.

3. Focusing invitations. When a client is either 'in', or appears to be moving toward, this inward attention, the most appropriate therapist responds are focusing invitations. Focusing invitations ("What's the feel of all of that?"; "What's in that for you?"; "What's in that anger?"; "Maybe you could just be with it and see what comes."; "What seems most central in how that all feels right now?") and are combined with experiential listening, (reflecting the person's words while they continue to pay attention to the 'felt sense' in their body). According to McGuire (1996): "The client can check these words against the felt sense and continue to articulate until words or images are found which exactly fit, or "carry forward," the felt sense. At this moment, there is a "felt shift," a change at the level of ways-of-being-in-the-world. New thoughts, behaviors, and actions follow."(McGuire, 1996; pg.2).

One central training issue, is supporting the trainee as they learn the timing and frequency of these focusing invitations - moderately. Sometimes, the trainee can go from one focusing invitation to the next, without paying attention to the client's experiencing process. The trainee must combine focusing invitations with watching for indications of the client's experiencing process and returning to experiential listening rather than adding more focusing invitations.

4. Other procedures or avenues of therapy. Gendlin indicates that there are procedures and avenues of therapy. "Therapy can consist of totally different kinds of experience. I call these therapeutic 'avenues'. A given therapeutic event can consist of images, role play, words, cognitive beliefs, memories, feelings, emotional catharsis, interpersonal interactions, dreams, dance moves, muscle movement, and habitual behavior." The link is the felt sense: "If we think of ourselves as working with the client's felt sense, then each avenue becomes a way to lead to a felt sense. And, once there is a felt sense, all avenues are ways to carry it forward."(Gendlin, 1996, pp.170-171). In this way, all the other methods or interventions, that a therapist may know from their background and experience, can be integrated into the ongoing therapy. As Gendlin has indicated, when 'bringing in' another method, the ongoing attention is to the 'difference it makes' in the client's experience process. If the client moves in experience to more personal exploration (stages 4-7), then bringing in the method is confirmed. If the client's process remains the same or moves towards more intellectualization (stages 1-3), the therapist is most likely to return to the baseline of experiential listening; watching the client's process, and in time, consider focusing invitations.

The purpose of this fourth category of focusing-oriented psychotherapy, is to indicate that a therapist can integrate other valuable methods, attitudes and theoretical orientations with focusing-oriented psychotherapy. In training, the therapist practices and receives supervision in the basic approach (listening, focusing invitations) and in advanced stages of the training, works on

integration from their evolved understanding of the fundamental practices and attitudes of focusing-oriented psychotherapy.

Friedman (2004) has stated: “In one of his best works, “The Experiential Response,” Gendlin (1968) shows that when they succeed both a client-centered reflection of feeling response and a psychoanalytic interpretation work in the same way. One has to bring in the concept of experiencing to draw out this important similarity. Gendlin says that “a good client-centered response formulates the felt, implicit meaning of the client’s present experiencing.” Similarly, “an effective interpretation must somehow help the patient deal with the inner experiencing to which the interpretation refers ... to grapple with it, face it, tolerate it, and work it through.”

“The explication of new meanings distinguishes Focusing-Oriented Therapy from purely evocative therapies, in which emotions are evoked, but new meanings are not created through Focusing.” (McGuire, 1996). This means that new bodily felt meanings are created in the process (as we discussed in the Introduction to this article), and not simple cognitive constructs without underlying experiential foundations.

Example of How I Do Focusing-Oriented Psychotherapy (Friedman, 1982; pg. 62).

A long term therapist and teacher of focusing-oriented psychotherapy, Neil Friedman gave a simple account of how he does focusing-oriented psychotherapy. In his account we can see how he combines the basics of focusing-oriented psychotherapy with other therapeutic orientations which he has learned in maturing as a therapist.

“Now, how do I embody this attitude? What do I do? What are typical interventions that I make in my particular way of being a experiential (focusing-oriented) therapist?

1. I do focusing. This is absolutely basic to my therapy and perhaps the most novel thing about it.
2. I help clients make direct reference to their felt experiencing.
3. I do listening. I reflect back the felt meaning in my client’s messages so as to gently lower them more deeply into their feelings.
4. I self disclose. I respond from my own experiencing process. I share myself in a way that engages clients in a feeling-full interaction.
5. I do empathic imagining. I feel my way into my client’s world’s to sense where they are ‘at this very minute.’ I empty myself for the moment and become a channel. I utilize the person’s non-verbal behaviors as cues to their present feeling state.
6. I make content-less statements designed to keep a person at a feeling place.
7. I make content-less statements designed to bring a person back to a feeling place.
8. I make interpretations in an experiential way so as to keep a feeling process moving.
9. I combine gestalt methods with focusing.
10. I combine bioenergetic methods with focusing.
11. I do things which are not experientially –oriented per se.

Over the years, focusing-oriented psychotherapy has evolved from the work of those giving attention to special issues in mental health, healing, and spirituality. Currently it has a growing body of literature in many languages (English, Spanish, German, Japanese, Korean, Dutch etc.), training programs in different countries (USA, Canada, United Kingdom, Germany, France, Chile, Japan, Hungary, Palestine, Israel etc.) and a growing community of focusing-oriented psychotherapists (at the moment the International Association of Focusing-Oriented Therapists has members from 21

countries). What follows are resources for learning more about the extensions or applications of focusing-oriented psychotherapy. It is hoped that this article will provide enough fundamental understanding that these writings can be accessible and useful.

Resources for further understanding of Focusing-Oriented Psychotherapy

Books:

Friedman, N. (1982) *Experiential therapy and focusing*. New York: Half Court Press.

Gendlin, E.T. (1996). *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. New York: Guilford Press.

Gendlin, E. (1986). *Let your Body Interpret your Dreams*. Wilmette IL: Chiron Publications.

Madison, G. (2014). *Theory and practice of focusing-oriented psychotherapy: Beyond the talking cure*. Jessica Kingsley Publishers: London and Philadelphia.

Madison, G. (2014). *Emerging Practice in Focusing-Oriented Psychotherapy: Innovative Theory and Applications*. . Jessica Kingsley Publishers: London and Philadelphia.

McGuire, K. (1994). *The Experiential Dimension in Psychotherapy*. Available from the Focusing Institute, book store. www.focusing.org

Purton, C. (2004). *Person-Centred Therapy: The Focusing-Oriented Approach*. Palgrave MacMillan: Hampshire UK and New York NY:

Rapoport, L. (2008). *Focusing-Oriented Art Therapy: Using the Body's Wisdom and Creative Intelligence*. Jessica Kingsley Publishers: London and Philadelphia.

Websites: (these websites have sections that include downloadable pdf.s of articles on topics related to focusing and focusing-oriented therapy).

The Focusing Institute:

www.focusing.org/ philosophy of the implicit / Gendlin online library.

This website includes the Gendlin online library: An extensive collection of Gendlin's papers which are available in pdf format.

Focusing-Oriented Psychotherapy:

www.focusingtherapy.org

This is the website for the international focusing-oriented therapists' association.

Articles are arranged in topics. Within each topic are articles in pdf format:

General Introductions to Focusing-Oriented Therapy

Major Articles by Eugene Gendlin

Course Papers & Dissertations by FOT students

Focusing-Oriented Couples Therapy

Focusing in Medicine and Medical Settings

Supervision for Focusing-Oriented Therapy

Focusing-Oriented Brief Therapy

Focusing-Oriented Existential Psychotherapy

Mindfulness and Spirituality in Focusing Therapy

Focusing-Oriented Relational Therapy

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Research on Focusing:

See www.focusing.org Applications of Focusing / Research

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