

Focusing-Oriented Experiential Psychotherapy: How To Do It

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Experiential Psychotherapy originated in Gendlin's Philosophy of the Implicit. Some of its main concepts are bodily felt sense, fresh emergence of words from the felt sense, and carrying forward the implicit with small steps of change. Presented in this paper are many specific examples of what a therapist may say to the client to encourage the bodily felt sense. Dealing with three obstacles to forming a felt sense, intellectual speculation, drowning in emotions, and self-attacking are discussed. The philosophical concepts in the focusing-oriented school of therapy enable therapists to relate any psychological theory to the client's ongoing experience, allowing therapists from any theoretical orientation to practice in a focusing-oriented way.

When Carl Rogers, the founder of client centered therapy, and philosopher Eugene Gendlin collaborated at the University of Chicago during the 1950s, the idea of "Experiencing" as a psychotherapeutic concept was introduced. Their work has influenced clinicians and theoreticians in many orientations, including cognitive therapy and relational approaches, and it is now widely understood that not only therapist intervention, but the client's process during therapy generates therapeutic change (for further references see Gendlin, 1996; Wiltschko, 1996; Leijssen, 1998; Friedman, 2000; Purton, 2004).

Successful clients pay attention to their experiences in a specific way. They pay attention to what is, at first, a vague yet persistent, *bodily felt sense* of some problem or situation. Clients pause, grope for words to get at this sense, and often create a metaphor to describe it. When they find words or an image that "gets it exactly", there is a felt relief and sense of meaning and movement. Success is correlated not with the content (original family, relationship with the therapist, past or present events), but with the manner in which the client discusses these contents, and the Experiencing Scale measures the manner of client experiencing. Subsequent

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studies (Hendricks, 2001) correlated a high manner of experiencing with successful outcome, physiological indices, and measures of ego strength.

The most important idea about Focusing-Oriented Therapy (FOT) is that the therapist relates to the client as a person "in there", knowing that a client is never reduced to (or exhaustively explained by) any theory, including FOT. The touchstone at every point is the client's felt experience, which stirs from inside and/or in response to the therapist. Because the therapist does not judge, the client is, therefore, safe to articulate his/her implicit intricacy. The words and symbols that arise directly from the client's body sense often surprise the client and therapist and are small steps, which carry forward the client's life. This way of working with the client is inherently kind and respectful. Clients are safer when the therapist is sensitive to the felt sense, regardless of the therapist's orientation.

In this paper, I am going to define several of the basic processes, with an example of each. But to understand FOT fully involves learning how to access your own felt sense reliably and to recognize when words, images, or gestures come from it. In our postgraduate training, we spend most of the first year helping the therapists find the process in themselves.

THE PHILOSOPHY OF THE IMPLICIT

Because Gendlin approached the field of therapy from a radically different, philosophical model, he articulated a different kind of process and theory. His model takes the ongoing flow of felt experiencing as basic. His concepts answer questions such as,

How can it be that the body sense is about a situation?

How do the next right steps form from the body sense?

How is it possible to hold a sense of a right direction without any explicit form for it, and why is it important to do that?

THE SITUATIONAL BODY

In the Western world, we think of bodies as separate, self-contained entities that stop at the skin. In contrast, Gendlin offers a model in which our bodies are always in interaction with the environment. The body is not a static, self-contained object placed into the environment. *The body-environment interaction is one event.* Breathing is neither just in the lungs nor in the air; walking is neither just in the ground nor in the legs. The lungs imply air; the feet imply the ground against which they press. We do not first have a baby, who mysteriously, in the great plethora of objects in the universe finds a breast. Baby and mother come together; the newborn implies the mother's nursing. Likewise, we are not skin-bags full of feelings

and inner states that we somehow attach to the environment. Rather, the bodily felt sense *is* a direct sense of our ongoing interaction with the environment, our situation. Since the body is always actually the body-environment, body sense is situational.

THE BODY IMPLIES ITS OWN NEXT STEPS OF FORWARD MOVEMENT

In this new way of thinking, the body always, and in every moment, implies its own next life-maintaining step. For example, thirst implies something is needed to quench it in a way that allows the body to go on living. In digestion, for example, being able to eat implies saliva in the mouth, which implies juices in the stomach, which implies absorption of nutrients by the blood, which implies elimination of toxins and wastes. If the events that are implied do not occur, there is a disruption of this very fine order. There is trouble.

What the living body implies is neither determined nor just arbitrary. For example, when thirsty many events may occur to satisfy that thirst, ranging from drinking a glass of cold water to receiving intravenous fluids. In this sense, what is implied is not fixed or determined in advance. It is possible that some new event (one that has never happened in the history of the world) will satisfy that thirst. In this sense, there is a radical openness to a new possibility. If what is implied cannot form, the bodily living changes in some particular way, but the missing event is still implied.

On the other hand, what satisfies thirst so that life can go on is not arbitrary. Drinking any liquid will not do. Some fluids, such as motor oil or an acid may kill us. What "carries forward" life is very precisely ordered, and yet, it is not determined.

Because what carries the body forward is implied but not predetermined, a person is able to hold the implicit sense of what would be right, without yet having an explicit form for it. Felt experiencing has this same implication for the next steps in our interpersonal interactions. In therapy training we are taught that we must help clients accept, grieve, and come to terms with their losses. The power of the living body to be carried forward is lost if we do only this.¹

This new understanding of the body lets us say that

- attending to a bodily felt sense brings some "whole" complex situation;

¹ For a thorough philosophical treatment of the body and other concepts the reader is referred to A Process Model (Gendlin, 1997) and for the application to psychology to his early seminal paper, "A Theory of Personality Change" (Gendlin, 1964). Gendlin has received three awards from the American Psychological Association.

- the felt sense implies a resumption of stopped process;
- the exact next step, which will allow the stopped process to resume, is implicitly present but not explicitly predetermined.

RECOGNIZING AND RESPONDING TO THE FELT SENSE

A felt sense is a distinct feeling about a situation without having, as yet, any words or images to express it. It is bodily felt and quite capable of being understood, but the person feeling it does not yet know what it is. It is just "that thing there."

All people experience a felt sense, for example, when forgetting someone's name, but having it on the "tip of your tongue", or waking up with the sense of a dream, but being unable to remember the content. Similarly, when a speaker makes a point and a listener does not understand, the speaker throws away the formulation of words used and can allow another version of the point to form from the same felt sense. Whenever someone pauses and says, "I can't put it into words" she is referring to a felt sense. In all of these instances, if one loses contact with the felt sense one cannot go further—one cannot remember the name or dream, one cannot reformulate the point.

Even though we all find a felt sense in these special situations, most people do not know that they can deliberately allow a body felt sense to form in relation to *any situation or problem*. The felt sense can become stably present, so that one may maintain a relation to it in a variety of ways, for example, by sensing further into it with a variety of questions or just paying attention to it in an open way. Explaining this idea or pointing it out what a felt sense is when a client has a felt sense can help a client know the kind of thing for which we are looking.

WHAT DOES A FOCUSING-ORIENTED THERAPIST DO?

A therapist practicing focusing-oriented therapy would

- Look for and respond to the client's felt sense.

This is the baseline and what one would see most of the time in this type of practice.

- Help clients attend in such a way that a felt sense can form, can give rise to words, images, or gestures, carry forward.
- Help protect the "green shoots", the early beginnings, of the client's forward direction.

Here is a sampling of what someone listening to a tape of an FOT session would hear.

- "You might take a minute and bring your attention to the bodily

sense of what that whole situation is like for you. Wait to see what words or images or gestures come from your body.”

- “How is that whole thing in your body right now? Bring your attention to your body. What is that whole thing like, the felt sense of it?”
- “Let’s make a space to check whether your words resonate in your body and feel like they get at your sense.” (Therapist then repeats the client’s words aloud. The client checks the bodily felt sense.)
- “I am holding onto your phrase (image), and I just want to say them back to you, so your body can know they were heard.”
- “You have a sense of a something right there, but it has no words yet.”
- “Let me slow us down so that I can take in what has come.” (The therapist might then repeat or paraphrase the client’s words, letting their meaning resonate in the therapist’s body.)
- You might ask inside, “What is needed to ease this?” Or “What would be a right next step about this whole thing?”

If one is unfamiliar with this process, saying back the client’s words may seem like a mechanical exercise. But it has a deeper function. Not all words are said back, only those which have freshly come from the felt sense. Repeating the client’s words creates a space in the session in which the therapist has time really to take in what the client is experiencing. The time also lets the client feel whether the words used to explain her feelings resonate in her body, whether they get at what she meant exactly. If they do not, other words may come, which are more exact. If the words or images are exactly right, there is time for what comes next to arise. If a client is talking non-stop she is not focusing.

In the next example of a client/therapist dialogue, it is possible pick out the felt sense, the emergence of words from the felt sense, and the little step of change that comes from it. Notice the characteristic marks of a high experiencing level

- the pausing,
- groping for words,
- creating a metaphor,
- talking about the content in the present tense.

Linda is a woman in her fifties who is struggling with some major health problems, which she talks about in this session.

Linda: *I’m scared.*

(This is not a felt sense. It is an emotion. We will talk about the difference a bit later.)

Therapist: *So you have some sense of being scared. Can you step back a little and get a sense of the whole situation with your health, that whole thing about being scared, what's the quality of it?*

Linda: (There is silence as she pays attention to her felt sense of "that whole thing.")

... It's like I'm scared of all of the medical labels. . .like I could be trapped in them. . . it's like they are all swirling around me. . . I see all these pieces of paper whirling around my head. . .

(The client has created two metaphors to get at what she means.)

They are in my way somehow. . .

(Now a further felt sense has formed.)

Therapist: *Some sense that all those whirling labels are in your way somehow.*

(Therapist touches the fresh edge from which more movement will come.)

Linda: (Begins to cry as movement comes.)

I have a complex and beautiful body. . .that is so much more than any of those labels. . . I want to hold my sense of my body lovingly and gently and let it heal.

(This is a step of therapeutic change—a felt shift—her forward direction.)

Therapist: *Oh yes, I see. . .you want to be connected to your body as open, complex, and beautiful. Then healing can come.*

PROTECTING THE "FORWARD DIRECTION"

This concept of "forward direction" or "carrying forward" is central to the philosophy that gave rise to FOT. The forward direction emerges directly from the client's bodily sense of the situation and is not predictable by the therapist. But in the example below the client's "green shoots" need protecting by the therapist. There are a number of ways in which we trample on incipient forward steps, through self-attack, through not recognizing the opening, or dismissing the step as just fantasy. "There is no way that could happen, so forget it." The next example shows how a therapist protects the forward direction of a client.

Sylvia is a retired nurse in her seventies. She lives in a major Midwestern city and does volunteer work at an agency for sick children and their families. Her husband died recently after a long and loving marriage. Sylvia often feels overwhelmed with loneliness and sees no way that her life would feel full.

Therapist: *Can you sense inside, what would be really forward for you—a further level of development of you—exactly from where you are right now?*

(A focusing invitation, which directly asks the client to focus on her body for the forward direction.)

Sylvia: (She does not pause to sense in her body. She responds quickly.)

Everyone says I should make myself do more things with people. I guess they are right.

(Instead of sensing what is right for her, she tells herself that she ought to do what everyone else thinks would be right for her.)

Therapist: *Well, you've already said that going backwards to superficial relationships wouldn't be right. What would really feel right for you?*

(Therapist repeats the invitation for Sylvia to sense inside herself right now what would be a right direction for her.)

Sylvia: *I need a man to take care of. I don't know how to live any other way.*

(She says this in a self-critical way, equating herself with a stereotype of dependent women.)

I want to take care of someone . . . I've always known how to do that really well. . .

(This is, perhaps, the beginning of a forward step.)

I guess I'm just a controlling person. . .

(She closes down by attacking herself.)

Therapist: *I'd like to slow us down . . . I know you are considering the wanting to take care of others as a bad thing, but can we make a non-judgmental space . . . and just let that be here. . . you would like to take care of someone. . . What is your sense of that whole thing in your body?*

Sylvia: *I feel good when I'm taking care of the kids.*

Therapist: *OK, so with kids at the agency you use your gift of taking care of people. That feels right for you.*

Sylvia: *Yes.*

Therapist: *So, does it feel right inside to say [to yourself] that you want to connect in a way that makes a difference?*

Sylvia: (begins to cry) *That is exactly it. I feel exactly understood.*

Therapist: *So we don't know what else might be like that, but we can hold this sense, that more ways of connecting, which make a difference, would be right.*

Sylvia: *Well, I don't see how anything like that can happen.*

In the therapist's last statement, he tries to help the client find and hold the sense of a forward direction without yet knowing the form it might have. This might have allowed something to appear that would not otherwise come.

OBSTACLES AND WHAT TO DO ABOUT THEM

Three kinds of client processes especially tend to block finding a felt sense—intellectual speculation, drowning in emotions, and self-attacking.

Here is an example in which the client begins with a felt sense but does not know how she can stay with it in a focusing manner. She goes off into interpretive speculation. Her interpretation may be correct, but it does not lead to any fresh movement. When the therapist helps her to focus directly on her felt sense, notice how the content is very different from what the client thought it would be.

Barbara: *I have a feeling, like something wants to tear open a wound.*

(She makes a big gesture with both hands like claws tearing at the middle of her body.)

I guess that is my guilt again. . . I'm not supposed to feel better and go on living. . . that is an old theme for me.

Therapist: *Could we stay a minute with that gesture and body feeling?*

(The therapist mirrors the body gesture)

And just gently ask inside, What is the quality of this tearing open body feeling? What is in this whole thing for me?

Barbara: (She is quiet for a moment as she really pays attention to the felt sense, rather than speculating about herself.)

Actually, it is a feeling of some kind of energy wanting to get out. . . a sense of wanting to use my strength.

Therapist: *So there is a big energy wanting to come out. . . a wanting to really use your strength. . . does that resonate inside?*

Barbara: *Yes, it does.*

A second major obstacle is to drown in an emotion. I will discuss the difference between emotion and a felt sense and give an example.

While it is understood that clients need to "get in touch with feelings", a felt sense is not an emotion. Emotional discharge can be valuable, but strong emotion can become a repetitive experience of not changing. Emotions arise within culturally patterned situations. The needed new movement that shifts the pattern, which gives rise to the emotion, does not happen. Simply to feel an emotion may only further heighten the emotion without creating any movement. By regenerating the old emotion, the client may be retraumatized.

Going beyond emotions to form a felt sense is a new human development. It is an expansion of the human capacity to feel a whole context. In focusing, therapists help “pause” a client’s emotion by inviting the client to sense more than the emotion. The therapist does this by asking the client to sense the whole situation in which the emotion arises. How is *whole situation* directly sensed right now? In this wider sensing, something new forms. The stopping and attending generates new possibilities, whereas an emotion is part of the pattern that generates it

The following exchange shows how a therapist helps the client relate to an emotion in a new way without either avoiding it or being retraumatized by it. The therapist asks the client to form a felt sense of what would be a right relation to the emotion.

John is a successful professional man in his late fifties.

John: *I’m going to a funeral this weekend. A friend my age died Thursday morning. It makes me think of my sister dying and also, of my heart attack. I am feeling very anxious. I need to cut back at work for my health, my body is letting me know. I guess I need to cut back on my overhead expenses so I can work less.*

Therapist: *If you like, we can spend a few moments with the anxiety—can you make a big space and get a sense of what is that whole thing like?*

(The client is invited to step back from feeling “very anxious” and find some distance from the emotion.)

John: *It is a kind of terror, all pervasive, no containment; it is my mother’s terror. She was completely traumatized and paranoid. She survived terrible things but never resolved her own traumatized state. She got it into me and my sister. There was no way to get away from it.*

Therapist: *Can you get some sense in your body that that terror belongs to her, not you?*

(The therapist invites him to clear the terror out of his bodily felt space by placing the terror in his mother.)

John: *Yes it is hers. But...the quality of her terror is hard to describe. . .unlike anything else I’ve ever known. It never got better. It got worse for her before she died. She became nothing but tremendous anxiety, nervousness, tapping her fingers all the time. The only thing I can do is to use my rational thinking and tell myself there is nothing in my life now to elicit that kind of terror. But it is all pervasive.*

Therapist: *Can you ask inside, in your body, what would be a right place for you to stand in relation to. . .her terror? What would let you have a little space between you and it?*

(Since John has said it is difficult for him to distance himself from the terror, the therapist invites him to focus directly on a way to relate to it that would allow him to feel less overwhelmed.)

John: (There is silence as he senses inside.)

When we were kids there were these "sticky" balloons. If I could have a big sticky balloon to put the terror in and contain it. It would not really contain it because it is all over, but the balloon would be over part of it (makes gestures with hands of enclosing it). It is like putting it in a big bag, which is hanging down—it is still all over but the weight of it is in the bag. That's like the weight I felt in my body when I came in. I feel calmer now.

The therapist could never have predicted the image that came to contain the terror. Obviously, this process did not "resolve" the terror, but any easing in the body is important for at least two reasons. First, is the relief in that moment of suffering and second, when the body is a bit less constricted or frozen, different choices for living may be made that change the situation—even if only a little. Two weeks after this session, John said that he was feeling less like hiding and that as he came out of hiding, he found he likes the person he is.

The third obstacle in the way of focusing is client self-criticism. Self-hate, self-loathing, shame, and revulsion are a subset of traumatizing emotions. They are not felt senses. In these states, one stands outside oneself and makes judgments from an "objective" stance about how one has failed to measure up in the world's terms. These emotional states interrupt the flow of ongoing experiencing. One becomes reduced in one's own feelings, to a negative public category. The therapist helps the client shift from self-attacking by inviting the client to form a felt sense of the situation.

HIGH EXPERIENCING

Most successful clients in any therapeutic orientation will be in a high experience manner. Here is an example. Notice her *attention to her bodily felt sense before knowing what it is*. She lets *words emerge directly from that bodily sense*. The words are experienced as movement; the original feeling eases in a "felt shift" or "carrying forward." Often, a deep breath or tears of release accompany a felt shift.

Marge: *I'm feeling sort of. . . tense all over my body, but I don't know why.*

(The client has a bodily felt sense that does not yet have explicit content.)

Therapist: *You might spend a minute with the "... tense", asking gently, "What is in this tenseness? What is the quality of this...?"*

(This is a focusing invitation. The therapist invites Marge to pay attention to this bodily felt sense and to see what comes from it.)

Marge: (There is silence as she pays attention.)

... it's a constricted, rigid, all-in-my-head feeling ...

(Words come from the felt sense rather than from speculation or interpretation.)

Therapist: *So there is a constricted all-in-your-head quality ... you could sense more what is all that about?*

(The therapist offers a listening response and another focusing invitation)

Marge: *Oh, it is about being upset with the situation with my sister ... so what is it about that situation that is so constricted and rigid for me?*

(The client gives herself a focusing invitation.)

... its like I have a chorus of angry, screaming, condemning voices about here in my head ...

(Fresh words emerge directly.)

I hate feeling that way. ... I love her and I don't want to be condemning her like everyone else is,

(Marge begins to cry, which is a sign of movement.)

I know with every cell in my body that the only real place to stand is in caring and kindness. ...

(She has found her "forward direction.")

then my body relaxes and I am part of a generous life flow. ... I feel like you are a kind person so it is safe for me ... you won't condemn me for feeling kind ... that helps me have the courage to be in the kindness ... the constriction is eased now.

The therapist could not possibly have guessed what the situation troubling Marge was, and even after it is named—"the situation with my sister"—the therapist still could not have predicted what comes next from the client. The movement comes from the client within the context of a safe relationship. The therapist works to receive what is there for the client and to invite her to sense more into it. The therapist recognizes and supports this manner of client process.

FOCUSING-ORIENTED SUPERVISION

We all know the experience of feeling tense about supervision. We gather the "case history" material, write out a preformulated presentation, and hope we will not look foolish or display our own pathology. Focusing-oriented supervision tries to replicate the same process as in therapy. The supervisor might say to the therapist, "spend a minute and freshly sense what you want to work on. What would feel most important or helpful?" Once that is clear to the therapist, the supervisor can invite the trainee to focus on exactly the type of response wanted from the group or supervisor. The trainee might ask for a listening response from the supervisor for the theory that applies to a certain stuck place, [or ask to hear any experiences of other trainees that have come up]. In any case, supervision is felt as directly relevant to the supervisee, instead of an intimidating routine to be "gotten through". Here is an example of FOT supervision..

Supervisor: *Do you want to take a few minutes and freshly sense what you want to spend the time working on?*

Therapist: *I feel uneasy about my meetings with my client . . . I know we've been in a good connection . . . now it feels like something is wrong, but I don't know what. (A felt sense.)*

(The supervisor attempts to create a safe, quiet space for the therapist to pay attention into his felt sense. Neither therapist nor the supervisor know what will come from the felt sense.)

Supervisor: *Can you get a sense, in your body, of that whole situation with you and your client? Right now, what is the feel quality of that "whole something wrong"?*

Therapist: *I feel like it has something to do with the team meeting about the client two weeks ago . . . before that I felt like we were OK and connected but not since.*

Supervisor: *Just gently, can you sense more into that whole team meeting.*

Therapist: *Oh . . . I know what it is . . . (deep breath) . . . at the meeting someone said my client has a "multiple personality disorder" and I don't even know what that really is, but it scared me and made me feel like maybe I can't trust my client. . . . I got all stiff and not trusting our connection.*

Supervisor: *You got scared that the connection wasn't real and you got all stiff.*

Therapist: *It makes me sad. I need to affirm our connection, whether she*

has a dissociate disorder or not. . . Yes, that feels right. Thank you. Now I would like to hear more about what multiple personality disorder is.

THE PHILOSOPHY OF THE IMPLICIT, A UNIFYING GROUND, AN EXPERIENTIAL USE OF THEORY

Eugene Gendlin's focusing-oriented therapy is unique in that it was developed by a philosopher. Because of this, it does not apply to one particular orientation or therapeutic modality. The body's implying of its own next steps lets the therapist use *any* psychological theory to help the client find a meaning that carries forward. Rather than learning a particular theory, the therapist becomes able to think about the role of theory in relation to experience. To use *any* theory experientially is a process in which the therapist may respond to the client on the basis of a theory, but becomes immediately interested in how that response impacts the client's experience. The therapist and client go on together from what is concretely felt, rather than going on just from theory. The sequence "zig-zags", always moving from experience to theory and back to experience, never from concept to concept. Even if what the therapist or the client says carries forward the client's experience, what arises next may no longer fit the theory. The therapist releases theory and goes on from the client's experiencing.

The experiencing side of the zig-zag is always implicitly more intricate than theory, and is more finely organized than any set of concepts. It implies a further step, which has not yet formed. At different moments different theories may help therapist and client to an explication that carries forward the client's experiencing. To achieve this, therapists should be exposed to many theoretical models.

Philosophically derived concepts ("implying", "implicit intricacy", "carrying forward", "zig-zag", "finely ordered") can unify the field because the felt sense may be carried forward by interpretations, reflections, cognitive reframing, images, body work, and dance movements. Little signs of change may come in any therapeutic modality. The experiential use of these explains why they can be equally effective.

The Western private practice model severely limits access to therapy for poor clients. Focusing can be taught, not just to therapists in training, but to lay people for their own use. By specifying exact steps for focusing, partnerships, and community structures (McGuire-Boukydis, 1984) these healing processes are open to anyone both in developed and in third-world countries. Several books, including *Focusing*, which has been in publication for 25 years and been translated into 17 languages, and *The Power of*

Focusing (Weiser Cornell, 1996) have been written for the lay person. Focusing is taught in the barrios of Argentina, in prisons in the USA, in education and women's centers in Afghanistan (funded by UNIFEM) as psychosocial education and trauma relief. In these traditional cultures, focusing is taken home and used in the family and community. In the words of one Afghan villager, "I listened to my sick uncle and he brought all his medicines for me to see and I listened to him. He was very happy and told me his whole heart."

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