Focusing-Oriented Experiential Psychotherapy: How To Do It

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The Focusing Institute

The concept of "Experiencing" was introduced into the field of psychotherapy in the 1950s at the University of Chicago in a collaboration between Carl Rogers, the founder of Client Centered therapy and philosopher Eugene Gendlin. Coming from his book on "Experiencing and the Creation of Meaning," and after listening to hundreds of tape recorded sessions, it became apparent that successful clients pay attention to their experience in a specific way. They pay attention to what is at first vague but is a definite *bodily felt sense* of some problem or situation. They pause, grope for words to get at it, often create a metaphor. When they get words or an image that "gets it exactly," there is a felt relief and sense of meaning and movement. Success correlated not with the content (original family, relationship with the therapist, past or present events) but with the manner in which the client discussed these contents.

The Experiencing Scale measures the manner of client Experiencing. In many subsequent studies (Hendricks 2001) a high manner of Experiencing correlated with successful outcome, physiological indices and measures of ego strength.

Gendlin has received three awards from the American Psychological Association. This work has influenced clinicians and theoreticians in many orientations including Cognitive as well as Relational models of therapy. It is now widely understood that the client's process itself generates therapeutic change, not only the therapist interventions. There are many resources for further readings (Gendlin,1996; Wiltschko, 1996; Leijssen,1998; Friedman, 2000; Purton, 2004)

Example of High Experiencing

Here is how a successful client sounds. You can notice her **attention to her bodily felt sense before knowing what it is about**. Then she lets **words emerge directly from that bodily sense**. As the words come they are experienced as movement. The original feeling eases. This is called a **"felt shift"** or **"carrying forward."** A felt shift is often accompanied by a deep breath, or tears of release.

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

(C has a bodily felt sense which does not yet have explicit content.)

T: You might spend a minute with the "yucky tense", asking gently, "What is in this tenseness? What is the quality of this yuckiness? (T is inviting C to pay attention to this bodily felt sense and see what comes from it. This is a focusing invitation.)

C: (silence as she pays attention)…it's a constricted, rigid, all-in-my-head feeling…(Words come from the felt sense rather than a speculation or interpretation)

T: So a constricted all-in-your-head quality…you could sense more what is all that about? (A listening response and another Focusing invitation.)

C: 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? (Client gives herself a Focusing invitation) …its like I have a chorus of angry, screaming, condemning voices about her 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 …(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…(C 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 works to receive what is there for the client and to invite her to sense more into it. The therapist could not possibly have guessed what the situation was, and even after it is named – "the situation with my sister" – the therapist still could not ever have predicted what comes next from the client. The movement comes from the client within the context of a safe relationship. The therapist recognizes and supports this manner of client process.

The most important thing to say about Focusing-Oriented Therapy (FOT) is that the therapist relates to the client as that particular person "in there," knowing that the person is never reduced to or exhaustively explained by any theory, including the theory of FOT. The touchstone at every point is the client's own felt experience stirring from inside or in response to the therapist. The client is not judged and is therefore safe to articulate her implicit intricacy. The words and symbols that come directly from the body sense often surprise client and therapist and are little steps which carry forward the client's life. This way of working is inherently kind and respectful. Clients are safer when the therapist is sensitive to this level, regardless of the therapist's orientation.

How does one do FOT?

I am going to define several of the basic processes with an example of each. Then you will be able to try out what I describe with your clients right away. But to really understand FOT involves learning how to reliably access your own felt sense and to recognize when words, images or gestures come from it. In our post graduate training we spend most of the first year helping the therapists to find the process in themselves.

Weekly Focusing partnerships are part of this training. We also teach the Philosophy of the Implicit which gave rise to FOT and Gendlin's "Theory of Personality Change" (Gendlin,1964).

What does an FOT therapist do on the most practical level?

- Looks for and responds to the client's felt sense. This is the baseline and what one would see most of the time.
- Helps clients attend in such a way that a felt sense can come.
- Helps protect the "green shoots," the client's forward direction

Here is a list of some of what someone watching a video tape would hear.

- You might take a minute and bring your attention in the front of your body and sense 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?
- Let's make a space to check whether your words resonate in your body and feel like they get at your sense. (Therapist then says the client's words out loud.)
- I am holding your phrase (image) and just want to say it back so your body can know it got heard.
- You have a sense of a something right there with no words yet.
- Let me slow us down so I can take in what has come. (T 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?"

The verbatim session examples in this paper will give you more concrete phrases the therapist might say.

Recognizing and responding to the felt sense

A felt sense is a distinct feeling about a situation without as yet any words or images with it. It is bodily-felt and quite tangible, but one does not yet know what it is. It's just "that thing there."

All people have the experience of a felt sense – e.g. when you forget someone's name but it is on the "tip of your tongue". Or you wake up with the sense of a dream, but you can't remember the content. Or all the formal criteria say yes to a business deal, but your body says no. Similarly, when you have made a point and the listener doesn't understand, you throw out your formulation and allow another version to form from the same felt sense. Whenever people pause and say, "I can't put it in words" they are referring to a felt sense. In all of these instances, if you lose contact with your felt sense you cannot go further e.g. you don't remember the name or your dream, you cannot reformulate your point.

Even though we all find a felt sense in these special situations, most people don't 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 can stay in relation to it in a variety of ways e.g. sense further into it with a variety of questions or just pay attention to it in an open way. Explaining this or pointing out when the client has a felt sense can help the client know the kind of thing we are looking for.

In the next example you can pick out for yourself the felt sense, the emergence of words from the felt sense and the little step of change that comes. 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. She is talking about these problems 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)

T: So you have some sense of being scared. Can you sort of step back a little and get a sense for that whole situation with your health, that whole thing about being scared, what's the quality of it? (The therapist helps the client widen the emotion to become a felt sense.)

C: …(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.)

T: Some sense that all those whirling labels are in your way somehow. (Therapist touches the fresh edge from which more movement will come)

C: (Begins to cry as movement comes)…I have a complex and beautiful body, an open system, 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.)

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

If one is unfamiliar with this process, saying back the client's words can seem like a silly mechanical exercise. But it has a deep function. Not all words are said back, only those which have freshly come, directly from the felt sense. Saying back the client's words makes a space in which the therapist has time to really take in what the client is sharing. That time also lets the client feel whether those words resonate in her body, whether they get at what she meant just exactly. If they do not, other words may come which get it more exactly. If the words or images are exactly right, then there is time for whatever will come next to arise. If a client is talking non stop she is not focusing.

Three obstacles and what to do about them

Three kinds of client process 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 that she can stay with it in a Focusing manner. Instead she goes off into interpretive speculation. Her interpretation may even be correct, but it does not lead to any fresh movement now. When the therapist helps her to focus directly on her felt sense, notice how the content which comes is very different than what she thought.

Barbara: I have a feeling like something wants to tear open a wound. (Client 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.

T: Could we stay a minute with that gesture and body feeling…(T makes 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?"

C: (Quiet for a moment as she really pays attention directly 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.

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

C: 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 generally 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 at certain culturally patterned situations. The needed new movement that would shift the pattern which gives rise to the emotion does not happen. To simply feel an emotion may only further heighten the emotion without any movement. The client can become re-traumatized by regenerating the old emotion.

Going beyond emotions to form a felt sense is a new human development. It is an expansion of human capacity to feel a whole context as a "this." In Focusing we can help "pause" the emotion by inviting the client to sense more than the emotion, to sense the whole situation in which the emotion is arising. How is that **whole thing** directly sensed right now? In this wider sensing something new forms that has never happened before. The stopping and attending generates new possibilities, whereas an emotion is part of the pattern which generates it. Being in the emotion cannot change the pattern which gives rise to it. (Gendlin, 1996).

The exchange below shows how a therapist can help the client relate to an emotion in a new way without either avoiding it or being re-traumatized by simply feeling it again. The therapist does this by asking 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 bsister 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.

T: 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.)

C: 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.

T: Can you get some sense in your body that that terror belongs to her, not you? (T invites him to clear the terror out of his bodily felt space by placing it back in his mother.)

C: 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.

T: Can you ask inside, in your body, what would be a right place for you to stand in relation to that whole thing about her terror? What would let you have a little space between you and it? (Since he has said it is difficult to get any distance from the terror, the therapist invites him to directly focus on what would be a way to relate to it that would feel better.)

C: …(silence as he senses inside)… An image comes. 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."

Notice that the therapist could never have predicted the image that came to contain the terror. The body makes its own healing steps when we pay attention. 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 can be made that change one's situations, even if only a little. Two weeks after this session John said that he was feeling less like he needed to hide and that as he came out of hiding he was finding that he liked the person he is!

A third obstacle gets in the way of Focusing when clients attack themselves with harsh self criticism. Self hate, self loathing, shame, 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 can help the client shift from self attacking by inviting the client to form a felt sense of the situation. An example in the next section will show this.

Protecting the "forward direction"

This concept of "forward direction" or "carrying forward" is central to the philosophy which gave rise to FOT. I will show what this looks like in an example and then discuss some of the philosophical understanding of the body which gives rise to this concept and practice.

We have already seen the way the body comes up with its own forward direction in each of the examples so far. Marge went from feeling angry and accusing towards her sister to feeling kindness and care. Linda went from feeling scared, to holding her body gently with a sense of open possibility for healing. Barbara went from a destructive tearing open to a sense of her own strength. John went from an all pervasive terror to a sense of the terror being partly contained, giving him a little easing in his body. The forward direction emerges directly from the client's bodily sense of the situation and is not predictable or prescribable by the therapist. But in the example below the client's green shoots need protecting by the therapist. There are a number of typical ways in which we trample on incipient forward steps --through self attack, or through not recognizing the opening, or dismissing the step as just fantasy. "There is no way that could happen so forget it."

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. She often feels overwhelmed with loneliness and sees no way that her life would feel full.

T: 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 body for the forward direction.)

Sylvia: (She does not pause and actually 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.)

T: 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 to actually sense inside right now what would be a right direction for her.)

C: I need a man to take care of. I don't know how to live any other way. (Said in a self critical way, equating herself with the 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 it down by attacking herself.)

T: 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?

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

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

C: Yes.

T: So does it feel right inside to say that you want to connect in a way that makes a difference?

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

T: 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.

C: Well I don't see how anything like that can happen.

In his last statement the therapist 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 which would not come otherwise.

Focusing-oriented supervision

We all know the experience of feeling tense about supervision. We gather all the "case history" material, write out a pre-formulated presentation and hope we won't look like fools or display our own pathology. In FOT supervision we try to replicate the same kind of process as in therapy. We 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, she can be invited to focus on exactly what kind of response she wants from the group or supervisor. She might ask for a listening response from the supervisor or ask for all the theory anyone knows at a certain stuck place, or ask to hear any experiences of others that have come up.But in any case, the 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?

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

Instead of the supervisor structuring the process, asking questions from her theory so she can diagnose the problem in pre-given terms, a safe quiet space can be made for therapist to sense into his felt sense. Neither he nor the supervisor know what will come from the felt sense.

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

T:…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.

S…Just gently, can you sense more into that whole team meeting thing…

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

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

T: It makes me sad. I need to affirm our connection whether she is a multiple personality or not. Yes, that feels right. Thank you. Now I would like to hear more about what a multiple personality is.

The Philosophy of the Implicit

Because Gendlin approached the field 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 like, "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 yet, and why is it important to do that?"

The situational Body:

At least in the Western world, we think of bodies as separate self contained entities which stop at the skin. In contrast, Gendlin offers a model in which our bodies are originally and always interactions with the environment, never separated. **Body-situation is one event first.** The body is not first a static self contained object which is then placed into situations. Breathing is neither just in the lungs or in the air; walking is neither just in the ground or in the legs. The lungs imply air; the feet imply ground to press against, the newborn implies a mother's nursing. We don't first have a baby who then mysteriously somehow in the great plethora of objects in the universe finds a breast. Baby and mother come together. Likewise, we are not skin-bags full of feelings and inner states which we somehow attach to situations. Rather, the bodily felt sense **is already** a direct sense of our situation. Since the body is always actually body-environment, a body sense is situational.

The body implies its own next steps of forward movement.

Further, in this new way of thinking the body always and in every moment implies its own next life-maintaining step. Thirst implies something to quench thirst in a

way that lets the body go on living. In digestion, eating 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. Our felt experiencing has this same implying of next steps in our interpersonal interactions.

If what is implied cannot form, the bodily living is changed in some particular way, but the missing event is still implied. What is implied by the living body is neither determined nor just arbitrary. For example, when thirsty many events may occur which satisfy our thirst, from drinking a glass of cold water, to drinking orange juice, to receiving intravenous fluids. In this sense what is implied is not fixed and determined in advance. It is possible even that some new event that has never happened in the history of the world could occur that would satisfy thirst. In this sense there is a radical openness to new possibility.

On the other hand, what will satisfy thirst so that life can go on, is also not arbitrary. Just drinking any liquid will not do. Drinking some fluids like motor oil or an acid may kill us. What "carries forward" life is very precisely ordered and yet not determined. Because what will carry the body forward is implied but not pre determined a client can hold the implicit sense of what would be right without yet having an explicit form for it. We are taught in our therapy training that we must help clients accept, grieve and come to terms with their losses. This is of course true on one level, but the power of

the living body to be carried forward is lost if we do only this. Asking inside, "what would now carry forward this longing or need?" is missed. [1]

This new understanding of the body lets us say the following:

- Attending to a bodily felt sense brings some "whole" complex situation
- 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.

The Philosophy of the Implicit contributes a unifying ground for the many current techniques and orientations: An experiential use of theory

Focusing-Oriented Therapy is unique in that it has been developed by a philosopher. Because of this, the concepts apply not only to one particular orientation or therapeutic modality. The body's implying of its own next steps lets us use **any** psychological theory to find a meaning that does actually carry forward. Rather than just learning a theory we become able to think about the role of theory in relation to experience. To use **any** theory experientially, is **a "zig-zag" process**. We may respond to the client on the basis of a theory, but then we are immediately interested in how that response impacts the client's experience. We **go on together from what is now concretely felt**, rather than going on just from the theory. The sequence is always from experience to theory and back to experience, never just from concept to concept. Even if what we or the client have said does carry forward the client's experience, what arises next may no longer fit that theory. We let go of the theory and go on from the client's experiencing.

[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."

The experiencing side of the zig-zag is always implicitly more intricate than theory. It is **more finely organized than any set of concepts** and it is an **implying for a further step which has not yet formed.** At different moments different theories may help therapist and client to an explication which **carries forward** the client's experiencing. Therapists should be trained in all the (rather few) theories that we have. Then they are less likely to reduce the client to a theory. With many theories one can see more than can from one theory.

Philosophically derived concepts ("implying" "implicit intricacy", "carrying forward" "zig-zag", "finely ordered") can unify the field because the implying of a next step may be carried forward by interpretations, reflections, cognitive reframings, images, body work, dance movements. **It is the experiential use of these which explains why they can be equally effective.**

A Community Model, not just private practice

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 ordinary people for their own use. By specifying exact steps for Focusing, partnerships and community structures (Boukydis, 1984) it opens these healing processes to anyone, in developed and in third world countries. Several books, including *Focusing* and *The Power of Focusing* (Weiser,1996) have been written for the lay person. *Focusing* has been in continuous print for more 25 years and has been translated into 14 languages, including Dari and Chinese. Focusing is being 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 more traditional community-based cultures, Focusing is immediately taken home and used in the family and community.

"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." Afghan villager

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