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CHAPTER 1

A Theory of Focusing-  
Oriented Psychotherapy

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**Introduction**

Conventional major theories of psychotherapy elucidate a specific set of assumptions about human living—what is optimally human, what is “normal” and “abnormal,” or what personality “is” and how it developed. For example, Sigmund Freud portrayed the person as driven by unconscious, infantile, and libidinous impulses. In contrast, Carl Rogers portrayed the person as being on the way to actualizing her or his own self. A self to be actualized existed for Rogers, but not for Freud. These basic views of the person give rise to theoretical models of what psychotherapy is and how it works.

Is there such a coherent psychotherapy theory in Focusing? The Focusing literature is explicit with the practice of Focusing and its applications, but psychotherapy theory tends to remain implicit in the literature. Eugene Gendlin has written on this topic, most notably in the book *Focusing-Oriented Psychotherapy* (1996), but much of Gendlin’s other writings since the late 1990s are in the field of philosophy, and these papers are difficult for many psychotherapists to follow and understand. It is the attempt of this chapter to weave together a somewhat coherent sketch of a psychotherapy theory from some of Gendlin’s writings.

The enterprise of this chapter needs to be carried out with care and caution. The coherent theory, which this chapter hopes to arrive at, will not be like a “product” comparable to other products, that is, other psychotherapy theories. This is because Focusing assumes

a different *kind of theory*. For instance, if classical psychoanalytic theory could be symbolized as an Audi engine, and person-centered theory as a Ford engine, Focusing theory would not look like an engine at all. It would be more like gasoline, which could make both Audi and Ford engines run. This is because Focusing is about *how we have experience*, and not about the contents of *what we experience*. So if one were to ask if one's experience is related to a Freudian libidinous unconscious or a Rogerian actualizing self, the reply would be that it can be one of the two, both or neither. Focusing is concerned with *how* it is that one finds libidinal forces, or an actualizing self, operating within experiencing. A close investigation of this process may reveal that it is indeed one of the two, or an entirely new and unique concept emerging from this investigation. In short, Focusing theory is not a *content* theory, it is a theory of the *process* with which contents arise and change. Nevertheless, this does not mean that there is no view of the person at all in Focusing. Thus far, we already have a view of the person as an experiencing subject from which concepts can emerge.

Gendlin (1990, p.208) writes of a need "to communicate how very different our philosophical assumptions are, compared to everything else in the field." According to Gendlin, this difference has resulted in some of the difficulty that Focusing approaches have in communicating with practitioners from other approaches. What exactly are these philosophical or theoretical assumptions that are so different from everything else? Gendlin *doesn't* write much about it in his psychological works. For example, the book *Focusing* is mostly practical, showing the readers how to *do* Focusing. It does include a "Philosophical Note" which is Appendix A, two pages only. Similarly, in *Let Your Body Interpret Your Dreams*, theory appears in Appendix A (Gendlin 1986, pp.141–162), not in the main text. In this appendix, Gendlin writes:

If you don't like this theory, don't let it get in the way of the experiential steps the book describes. They are not based on theory. You don't need the theory for them. That is why it is an appendix, here... Theory does not ground what I described in the book. I love theory, but it does not ground life. Many people think everything is "based on" theory. If that were so, what would theory be based on? (p.141)

Yet the “Theory of the Living Body and Dreams” that appears in this appendix is 21 pages in length and very rich in content, requiring some background in philosophy to understand it.

“Theory does not ground life,” Gendlin writes. Truly, most of what we do in our daily lives are not “based on” any theory. I love listening to jazz, but that is not “based on” any theory, for example. Yet theoretical concepts point to phenomena, they enable us to see things in ways that otherwise would be difficult or impossible to see. Moreover, with concepts, we can begin to see the relations between one concept and another, which is theory. Theory is not something that is to be “based on,” but something to be “built.” (I recall that Gendlin used to teach a course called “Theory Construction” at the University of Chicago. It has now developed into TAE, “Thinking at the Edge.”) We cannot translate or reduce a person’s life into theory, but a person can reflect on their lives and build theories that bring new light to their lives. Thus the attempt of this chapter is not to reduce, nor to “fit” a person into a set of concepts. Rather, the theoretical elaborations woven in this chapter may serve to see therapy, our lives, and our client’s lives, in ways that are implicit in Focusing-Oriented Psychotherapy.

### **A view of “personality”**

Psychotherapy orientations are often grounded in their personality theories, and these are usually mutually exclusive. One needs to adopt either a Freudian view of personality as basically regressive or a Jungian view of the progressive nature of the process of individuation, for example. One cannot have both, without making major revisions in the theories. As mentioned above, Focusing espouses a different kind of personality theory, which can make use of both Freudian and Jungian concepts and more. How is this possible? And what exactly is the personality theory that enables the use of supposedly mutually exclusive concepts?

For Gendlin, personality is “a theory of *how* people live, rather than *what* they are and do. People are their living, not the products, not the facts and the concepts they make... The existential view [which Gendlin advocates] denies that any theory can render what a human person is, since that is always in the making by living, and

thus radically open. Theory is made by people, and can never be such that people can be derived from it” (1973, p.329). Further in this article, Gendlin writes: “to study the person apart from community, to conceive of ‘personality’ as purely internal machinery, are errors” (p.330). “Psychological maladjustment is not the classical neuroses, nor any ‘bad content’ inside...” (p.331).

To understand these assertions, we need to discard the classical view of personality as an “internal psychic apparatus.” Together with this, the view of psychopathology as pathological contents “inside” that causes malfunctioning of the psyche must also be abandoned. If “personality” is not *inside us*, where is it then?

Personality is not so much “what one is,” as how one carries oneself forward in further living, further feeling and self-responding, and further interpersonal relating... Personality is not stuff inside, but the capacity to carry forward in words or acts what is experientially felt as focal and next. (Gendlin 1973, p.333)

Gendlin strongly upholds the philosopher Martin Heidegger’s concept of *being-in-the-world* (Heidegger 1962). The hyphens in that term “are meant to indicate that one being, one event, is both the person and the situations (or environments and universe) in which the person lives. Human beings *are* encounterings in the world and with others... Sartre (1956) discussing sadness, says that it is ‘...a situation too urgent’” (Gendlin 1973, p.323). Thus, Gendlin cites the philosopher Jean-Paul Sartre in asserting that an emotion such as sadness is not a feeling inside, but a situation. Humans *are* the situation, the relationships.

When I feel frustrated in a relationship, the frustration is not inside me. The frustration is the way this relationship is. Thus to work on this frustration would not be a personal and internal process. Rather it would involve changing the nature of the relationship with the other person involved. Contrast this view with a more popular view, which I shall refer to as the “representationalist” view. In that view, the frustration I feel in the relationship *represents* another relationship of which I cannot recall, thus unconscious. That unconscious relationship must have occurred at a prior time, so the frustration must be a *manifestation* of an *earlier* frustration in

a significant relationship. In this representationalist view, an “inner” world of contents is presupposed and an “internal psychic apparatus” that preserves memories and prevents certain memories from coming into awareness is assumed.

In the phenomenological and existential view of personality espoused by Gendlin as above, no such inner world is assumed. Personality, as quoted above, is about “how one carries oneself forward in further living,” which is concretely our living, our *existence*. It is popularly assumed that the manner with which we project ourselves into further living must be determined by what we have learned in the past. Gendlin, however, would not agree to this. In an article entitled “Three assertions about the body,” Gendlin asserts that “we have plant bodies,” and the characteristics of a plant body are as follows:

A plant does not have our five senses. It does not see, hear or smell. And yet obviously the plant contains the information involved in its living. It lives from itself; it organizes the next steps of its own body-process, and enacts them if the environment cooperates to supply what it needs. (Gendlin 1993, p.25)

In the first line of this excerpt Gendlin rejects the commonly held notion that what we know must have come into us from our senses. Commonly, we believe that information has to be put in, “inputted,” through our five senses. In this popular view, there is no organization in human nature, unless information is inputted. Gendlin has repeatedly argued against this popular view. The body is in constant interaction with the environment, even before perception. Through this ongoing interaction, the plant knows exactly how to live, even though it has no perceptual input channels. Ikemi (in press) discusses this assertion with an example of a sunflower:

The sunflower turns to the sun, although it does not have eyes to see the sun, although nobody has taught it to do so. It grows taller and sometimes a little sideways, so that leaves of other plants do not get in the way of the sun. If you go to a field of sunflowers (or any flowers) you will notice that each sunflower plant is a little different from the others... They are not identical to one another, like products produced in a factory. Each plant processes the various and delicate information of soil, water,

sunlight, wind, temperature, insects and so forth, and they generate their own bodily living.

Memories, past events that we do not even recall, our language and culture, “historicity,” are all involved in the body’s generating of the further steps of living. They are like minerals in the soil for the plant. However, the plant’s living is not totally “determined by” any one of these minerals. The plant organizes what it needs and uptakes just what is necessary for the living that it is generating. *Pre-reflexively*, that is, before we can reflect and think about it, our bodies organize whatever is available to them to generate the next moves to live further in the situation.

Ikemi (in press) discusses how, with each and every step of the walk that we take, the body generates a further living process.

...if you observe a crowd of people walking, you will notice that each person has a somewhat different way of walking. Persons have their own delicate balances of so many factors involved in walking. Weight and mass of different parts of the body; the length of the legs and arms; size and shape of the feet (which may even vary from left to right foot); muscle tones in the calves, thighs, hips, shoulders, neck, and other parts of the body; the structures and conditions of so many joints; respiration; circulation; digestion; the person’s current emotion and schedule; the type and fit of shoes; bags and other items carried; climatic conditions as temperature, humidity, wind chill, wind velocity; results of modeling and learning...this list is probably inexhaustible. All these delicate and multi-faceted information affect the walk. More precisely, the walk is the processing-generating, the living-forward of all these information. Pain in some part of the body, or fatigue in the muscles of the thighs, indigestion, a slight elevation of the street, for example, result in an instant adjustment of the walk. Like plants, human bodies process and generate their own living, with every step that they take!

Much in our living happens *pre-reflexively*, that is, before we dwell on and reflect about it. I may feel like taking the afternoon off today to just relax. When asked why, all I may be able to say might be “I just feel like it.” This does not indicate, however, that my feeling

is dominated by an irrational unconscious motive produced by a "psychic apparatus" inside me. Rather my body is organizing and generating my afternoon living from as much information as it has. Moreover, when I *reflect* on this feeling, I may discover what *was implicit* in it. And the *explication* of what *was implicit*, may change the way I live my afternoon. For example, upon reflection, I may discover a certain tension in me that is making me feel heavy and tired. With this explication, I may now feel that I would like to talk to someone about this tension, rather than "just relaxing." We discover what *was implicit* by *reflection*, and expression changes what *was* there. Such expressions that change "what was" will be referred to as *explication*.

Theories can greatly help explication. In the book *Let Your Body Interpret Your Dreams* (1986), Gendlin puts forth a way of using different psychotherapy theories for explication, instead of reducing people's experiences (dreams) to theoretical constructs. Thus, instead of interpreting people's dreams by fitting them into theory, theoretical interpretations can be formulated as questions to be checked against the person's felt sense of the dream.

A client dreamed, four years before our session, that her tongue was cut off, like a sparrow in a Japanese folktale. The dream bothered her for four years. The therapist asked the client to recall the folk story. She told the gist of the story: an old man takes care of a sparrow but since it eats the fruits of their farm, his wife, the old lady, cuts the tongue off the sparrow. The sparrow goes away... The therapist asked her if the following made any sense to her: your father takes good care of you, but your mother is aggressive to you. "Wow!" she said, and let out a loud sigh of relief. "Yes," she said, "that really feels right!" This part of the dreamwork took only five minutes and yet the uneasiness about the dream she had had for four years dissolved instantly. More work was done about what came from the dream in the later portion of the session, exploring the way she lived her relationships, particularly with her parents.

Rivalry with the parent of the same sex and the love and caring experienced with the parent of the opposite sex is an Oedipal theme, first articulated by Sigmund Freud. Asking the client to tell the Japanese folktale is an application of a method used by Carl G. Jung called "amplification." These usually mutually exclusive theoretical

models can be combined when they are used in the service of the client's experiential explication. Rather than fitting the client into a theoretical schema, these theoretical concepts and methods are checked against the client's felt sense to see what is brought forth when their experiencing is crossed with the theory. When the meaning of the dream is carried forward with these concepts, it is actually the client's living that is being carried further.

## **A view of psychotherapy**

### *Reflexive awareness and the manner of experiencing*

If personality is the person's living, how does it change? A person changes "by living differently" writes Gendlin (1973, p.341), a seemingly tautological but obvious answer. And how does a person live differently?

Persons live differently, first, by reflecting on the ways they live. The first step to change is to become reflexive about oneself and one's living in the situation. As a result of this reflexive endeavor, the person may visit a psychotherapist, or any other types of professionals, to aid them in their reflection and in their generating of a different living. For example, I may realize that I am out of shape and out of energy and decide to seek advice from a gym trainer to prescribe specific workouts for me. As a consequence of training, I may start to feel healthier, more energetic, more outgoing and my living and relationships may begin to change. The first step here is the reflection that I am out of shape and in need of exercise, from which gym training ensued. If there were a lack of such reflexive awareness, there would have been no change, and living differently would not have happened.

Psychotherapists aid the client in their *reflections* of life. Psychotherapists do not give answers or "explain away" symptoms, or solve the issue in place of the client. The therapist explores together with the client, and attempts to understand each step of the client's reflection.

Sometimes, clients do not seem to enter a reflexive mode of awareness even when they are in therapy. It has been my experience that some patients in hospitals take a "doctor-centered" position, assuming that the doctor will give them solutions. "What's wrong



with me, doctor? Can you cure me?" is the kind of verbalization that such patients mention. Psychotherapy is difficult in such cases because of the lack of reflective awareness on the part of the client.

The Experiencing (EXP) Scales, which are research measures that played an important role in the development of Focusing, actually measure the degree to which clients are able to be reflexive about themselves and their situations. Table 1.1 shows the characteristics of the stages of the EXP Scales, from Klein, Mathieu and Kiesler 1969 and Miyake, Ikemi and Tamura 2008. Studies using the EXP Scales found that clients who had low EXP levels tended not to be successful in therapy, while clients who were rated higher on the scale showed successful outcomes. The differences between these two groups were evident from very early in therapy. A detailed review of the literature of these studies appears in Klein, Mathieu-Coughlan and Kiesler (1986).

EXP levels 1 through 3 in Klein *et al.*, and LOW in Miyake *et al.*, portray a mode of awareness where clients are not reflexive about their feelings, situations or their living. "I suddenly had this pain here and I went to a doctor and she told me I had gastritis," may be an example of level 2 experiencing, or VERY LOW level in Miyake *et al.* When asked "What do you feel about that?" or "What do you think led up to the gastritis?" the client may say "Oh, I don't know. I'll just do what the doctor says, I'll be alright."

As in this example, clients may fail or refuse to reflect on what was going on in their lives that might have led up to the problem. In this condition therapy is difficult, as predicted in studies using the EXP Scales. This does not mean that successful therapy is impossible with low EXP clients. The manner of the relationship between therapists and clients affects clients' reflexive capacity. Active or experiential listening is powerful in engaging the clients' reflexive awareness. Ikemi (2011) articulated a *reflecting mode of consciousness* that is elicited when symbols used to explicate one's experiencing are reflected back through listening. Other responses made by the therapist attempt to engage the client's reflexive capacity in some way or another. Particularly, responses originating from the therapist's felt sense, sometimes called "genuine" responses or "personal resonance" (Schmid and Mearns 2006) are also effective in eliciting the client's reflexive awareness. We will return to this in a later part of this chapter.

*Table 1.1 Characteristics of EXP stages*

Stages	Characteristics (Klein <i>et al.</i> 1969)	Stages	Rating criteria (Miyake <i>et al.</i> 2007)	Overview
1	Content or manner of expression is impersonal (e.g. abstract, journalistic account of events)	VERY LOW	External events with no reference to feelings	Event-centered
2	Association between speaker and content is explicit, but no reference to the speaker's feelings			
3	Description of the speaker in behavioral terms with added comments on feelings	LOW	External events are narrated; feelings are reactions to events	
4	Clear presentation of feelings. Feelings or experiences of events, rather than the events themselves	MIDDLE	Feelings are used not as reactions to events but to express the self. Characterized by richness of feelings	Feeling-centered
5	Purposeful exploration of the speaker's feelings and experiences	HIGH	Feelings are used as referents for self-exploration, or as a hypothesis for understanding the self	Creative
6	A synthesis of accessible, newly recognized, or more fully realized feelings and experiences to produce personally meaningful structures or to resolve issues	VERY HIGH	A new facet of the feeling arises as in an inspiration. Laughter and excitement are often seen, indicating confidence in the newly emerging meaning	
7	Expanding awareness of immediately present feelings and internal processes. Speaker can move from one inner reference to another, altering and modifying concepts of self or feelings			

*Note:* This table shows the author's summary and translations of the EXP Scales. Klein *et al.*'s 1969 version is a relatively early version of the EXP Scale. Later versions, notably the 1970 and 1986 versions, exist, but the 1969 version is chosen here for relatively easy comparison with Miyake *et al.*'s scale.

### *Felt sense*

Attending to, and letting words (symbols) arise from the *felt sense* is vital, and is characteristic of Focusing and FOT as seen throughout this book. In level 4 of Klein *et al.* and in the MIDDLE stage in Miyake, the person is attending to a bodily felt sense that is more than what is captured in a word. “It’s not really anger, it’s...” is an example to indicate that what the client is sensing is more than what the word “anger” can carry. This expression is not a reaction to an event, but explores what it feels like to be oneself in this situation.

Explicitly exploring what might arise from the felt sense is level 5 in Klein *et al.* and HIGH in Miyake *et al.* This level is observed in Focusing sessions, when the focuser asks the felt sense, “What might this felt sense need?” “What is the crux of this?” or any one of the “asking responses” in Focusing.

When symbols (words) arise newly from the felt sense, a breakthrough results with a newly emerging understanding, accompanied by a physical sense of relief. This is called a *felt shift*, or an *experiential step*. The felt sense changes or may undergo a series of changes with each experiential step. This is levels 6 and 7 in Klein *et al.* and VERY HIGH in Miyake *et al.* “It’s not really anger, it’s... wait a minute, maybe it’s loneliness. Yes! That’s what it is! I *was* feeling lonely all this time!” This sentence is an example where the felt sense is *carried forward* with the word “lonely.” In this *explication* a new understanding arises that changes the way one “was” before. *Now*, the client realizes that it was not anger, it *was* loneliness. As Gendlin (1997a) points out, this “was” is a carried forward kind of “was,” because the “was” emerges only after explication. The forward movement of explication changes what one “was” before. Hence, a new person, a new and different living results. Now, here is a lonely person, not the angry person we had a few minutes before.

Attending to the felt sense is actually a *re-experiencing* (*nacherleben*) of situations in life. (*Nacherleben* is a term from Willhelm Dilthey, a philosopher who Gendlin took up in his master’s thesis (Gendlin 1950). *Re-experiencing* may not be an accurate translation, the Japanese translation is *tsui-taiken*, or *follow-experiencing*.) It is a special kind of reflexive activity, where one “re-experiences” a situation while being mindful of how one is in the situation, or how the situation is felt in the body. While the client re-experiences the situation, the

therapist also re-experiences the client's re-experiencing. This will be discussed in more detail in Part II.

### *How therapists can carry forward clients' experiencing*

What difference does the therapist's presence make to clients' explications? How can clients carry forward their experiencing with therapists in ways which they could not have done alone? The role of the therapist needs to be articulated in relation to the process of experiencing. Gendlin refers to the philosopher Dilthey in this interesting passage:

Dilthey said that we can understand the authors only if we understand them better than they understood themselves, and this happens only if we carry their experiencing forward with our further understanding, when the author's experiencing is reconstituted by our experiencing—accurately but enriched by ours, as ours is enriched by theirs. Or, as I would say it: these cross so that each becomes implicit in the other. (Gendlin 1997b, p.41)

If we substitute "clients" for "authors" in the passage above, a view of the interactive nature of understanding unfolds. Therapists can understand clients only when therapists understand clients better than clients understand themselves, and this is achieved when clients' experiencing is carried forward with the further understanding of the therapists, when clients' experiencing is reconstituted by therapists' experiencing. Gendlin introduces the term *reconstituting* in his famous 1964 article "A theory of personality change." He describes it as: "in whatever respects it does not function (is structure bound), responses are needed first to *reconstitute* the interaction process of experiencing in these respects" (Gendlin 1964, p.132). Thus "reconstituting" signifies regaining the interactional nature of experiencing through the responses of the other. The therapists' experiencing can reactivate clients' experiencing, when they *cross*, by which Gendlin means: "each becomes implicit in the other."

Ikemi (2013) uses this model to understand what Carl Rogers meant by "presence." In the therapy demonstration where Rogers discusses presence (Rogers 1989), Rogers can be seen as *crossing*

with his client Jan. In so doing, he refers to an aspect of Jan (a naughty girl) that strikes Jan as a particularly important aspect of her, yet unrecognized as such until Rogers pointed it out. Ikemi (2013) describes his own experiences in a session where the focuser who was new to Focusing voices a similar surprise:

After the session, when we shared our experiences of the session with the whole group, she said: “You know, this person (me) is a total stranger! I only met him a couple of hours ago. How can it be that he knows so much about me!”

In a transcript of a session with a different client provided in Ikemi (2011), the client says in several instances, “How did you know that?” These instances are often described as “intuition.” However, an alternative explanation is possible. In these instances, the therapist *re-experiences* the clients’ re-experiencing. In so doing, what was implicit in the client becomes implicit in the therapist. When that which was implicit in the client is carried further by the therapist’s explication, the client’s experiencing is carried forward. Just as “each becomes implicit in the other,” *each is carried forward by the other*.

From the discussion above, two directions of therapists’ engagements can be indicated. One direction is to enhance the reflective capacity of the client. Reflective listening is particularly powerful for this purpose. The other direction is where therapists carry forward their own experiencing of their clients’ experiencing. This may happen with “genuine responses,” “personal resonance,” or Focusing along with the client in the therapy session.

Instead of a model of therapy where the therapist “analyzes” the client’s past to make sense of their relevance to present events, or instead of the model of cathartic discharge, FOT illuminates a model where the client’s understanding is enriched in the experiential interaction *with* the therapist. Again, analyses, catharsis and many other “avenues” *can* carry forward the client’s experience, as seen in the book *Focusing-Oriented Psychotherapy* (Gendlin 1996). Yet, as shown abundantly in that book, FOT sees carrying forward as central, that is, analysis, catharsis, and other processes may work in the service of carrying forward. When experiencing is carried forward, a person’s *living* is carried forward. From there, life continues to generate itself newly.

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CHAPTER 2

## The FOT View of Change

### What Is Therapeutic about Therapy?

*Anna Karali and Pavlos Zarogiannis*

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#### **Introduction**

Focusing-Oriented Therapy (FOT), an inner experiential process, centers its attention on the inwardly felt body that knows how life should be lived. Its essence is therefore largely beyond the talking cure. In fact, the theory and practice of FOT incorporate pre-linguistic or non-linguistic factors that facilitate the client's carrying-forward process. As a consequence, we differentiate between internal aspects (e.g., felt sense, implicit, interaction, felt shift) and external conditions (e.g., socio-political, philosophical) to illuminate the therapeutic aspects and the process of change itself in FOT.

#### **Part I: FOT practice**

*Anna Karali*

I am a weak, ephemeral creature made of mud and dream. But I feel all the powers of the universe whirling within me... (Nikos Kazantzakis, "Ascesis")

One might briefly outline Focusing-Oriented Therapy (FOT) as having its roots in the findings of two important studies (Kirtner and Cartwright 1958a, 1958b), which strongly suggested that it is possible to predict, from the first few sessions, whether a client was likely to be successful in therapy. Much seemed to depend on the

personality of the client and “on how the client *related* to their own experiencing” (Purton 2004, p.55; emphasis added).

The sine qua non of this research led to a fundamental change: the shift from the *content* (*what* is discussed during the session) to *how* the clients talked. Based on these results, Eugene T. Gendlin’s major contribution is his pointing to the relation of the individual with his/her felt meaning (as he initially called it), coining later the term *felt sense*. Gendlin (1996, p.63) described the *felt sense* as a bodily sensation, not a merely physical sensation, like a tickle or a pain, but a sense of a *whole* situation, or problem, or concern, or perhaps a point one wants to convey. Not *just* a bodily sense, but rather a bodily sense of the [...].

Gendlin uses the device [...] (“dot, dot, dot”) to depict the *implicit* that has not yet been made explicit; sometimes he also refers to the implicit as “the more,” while the process is stated as *experiencing*, to stress its fluid, active qualities. Hence, in Gendlin’s words, “a good client-centered response formulates the felt implicit meaning of the client’s present experiencing” (1961, p.241).

Therefore, it is argued that FOT is quite different from psychoanalytical approaches, as it is not concerned with “making the unconscious conscious” but with “making the implicit explicit” (Purton 2010, p.89). Accordingly, Gendlin contends, “Every experience and event contains implicit further movement. To find it one must sense its unclear edge” (1996, p.15).

To accomplish this effect of moving experience forward, an FOT therapist has to keep the client gently in his/her experiencing process. Still, for one to go further, and engender a new experiential step, a series of FOT therapeutic basics have to be pursued. I will present these only briefly, to leave room both for the FOT key constructs (terminology) and my commentary. In Gendlin’s language, this commentary will come from the *crossing* of his thinking, through my own experience, acquired through 23 years as a psychotherapist.



## *Therapeutic basics*

### 1. THE RELATIONSHIP

#### a) Within the therapeutic process

Carl Rogers (1951) was the first to point at the importance of the therapeutic relationship; nowadays almost all of the contemporary approaches consider it as the core of successful therapy. The FOT therapist also relates to the person; not to *his/her experiencing process* but to the person attending to his/her experiencing process. On the other side of the relationship it is the therapist's felt sense of the therapeutic situation that determines how he/she responds, and to which aspect of his/her experience and knowledge he/she can best draw (Purton 2007, p.60).

#### b) In the client's inner interaction

In FOT nothing is more important than the "person inside." Therapy exists for the person's inner being; it has no other purpose. When that inner being comes alive, or even stirs just a little, it is more real and important than any diagnosis, or evaluation (Gendlin 1996, p.23). That is to say, the felt sense is the "client" inside (the "client's client"). Our usual conscious self is the "therapist," often a crudely directive one, who gets in the way of our inward client all the time (Gendlin 1984).

### 2. THE PRESENCE OF THE THERAPIST

According to Daniel Siegel (2010, p.34), "presence" is our openness to the unfolding of possibilities; by attuning to others and taking their essence into our own inner world, the other will sense our attunement and will experience "feeling felt" by us. Furthermore, Gendlin deeply touches into the human core when he claims, "The essence of working with another person is to *be present as a living being*" (1990, p.206; emphasis added). As a person-centered and focusing-oriented therapist, I have deeply experienced, acknowledged, and learned to trust the outcome of both interactive and inner friendly *presence*. This falls in line with my view that Rogers' six therapeutic conditions (1956, pp.827–832) are critical in creating a pertinent atmosphere in therapy and this usually initiates a process of constructive personality change.

### 3. THE “REVOLUTIONARY PAUSE”

For a client to go *inside* and ask, “What is ‘my sense’ of this situation?” he/she needs the ability to pause the ongoing situation and create a space in which a felt sense can form (Hendricks-Gendlin 2003). This pause may often initiate the possibility of an inner dialogue.

### 4. DISIDENTIFICATION

To avoid the client’s tendency to over-identify with his/her experiencing, the FOT therapist needs to reflect the client’s feeling in a way that points towards his/her felt sense. This encourages the client to attend to their felt sensing in a way that facilitates an experiential step. This therapist reflection is called *experiential response*. Example:

C: My mother has driven me crazy again...

T: *Something* in you is feeling driven crazy...

C: Well, yes, crazy...though it might also feel a bit worried...a sort of uneasiness...

### 5. “CLEARING A SPACE”

In this procedure, the FOT therapist takes a kind of inventory of the client’s concerns (i.e., what is—just now—in the way of feeling good in the middle of one’s body). To do this, the client attends to their body experientially rather than cognitively, and senses what is in the way of feeling good. Every acknowledged blockage is addressed gently and then “placed” somewhere close to oneself. A physical relief emerges in the center of one’s body as soon as each of those blockages gets named and externalized. In the resulting free internal space the client may then invite a felt sense to form unencumbered by other concerns.

### 6. “HERE AND NOW” PRINCIPLE

According to Gendlin (1996), the *here and now* process affirms that the past is not a single set of formed and fixed happenings. Every present does indeed include past experiences, but the present is not simply a rearrangement of past experiences. The present is a new

whole, a new event. It gives the past a new function, a new role to play.

Before reviewing the fundamental FOT terminology, note that Gendlin, owing to his philosophical origin, has drawn on the work of a rich and diverse array of thinkers to develop his experiential phenomenological approach for the understanding of the human body. His readings of Merleau-Ponty, Dilthey, Husserl and others have deeply influenced his work in psychotherapy.

### *Key constructs*

- *Implicit*: This construct refers to the *implicit* (present but unspoken) texture of experience.
- *Interaction first*: This principle asserts that what each person is within an interaction is already affected by the other (Gendlin 1997b).
- *Carrying forward*: In such an interaction, what occurs when the “implicit” changes is called *carrying forward*, so that what was implied is no longer implied, because “it” has occurred (Gendlin 1997b).
- *Felt shift*: It denotes the “opening” of the felt sense, its “shift,” which is experienced physically and always has a freeing quality to it, even when something painful unfolds.
- *Structure-bound*: This refers to psychological disturbance, due to the client being caught in specific forms of thought and emotions that are not open to modification by his/her immediate lived experiencing. His/her experience has been *frozen* into specific forms, so that in certain areas of his/her life the creative interplay between form and feeling has ceased (Purton 2004).

### *Clinical application*

An FOT therapist attempts to assuage the client’s suffering by gently encouraging him/her to relate, in a friendly manner, to his/her own experiencing. We have to remember that clients struggle to be congruent with “their own” organismic self.

This core process of relating is exceptionally well portrayed by the *I and Thou* tenure of Martin Buber (2004), who argues for two basic ways of relating, which he called I-It and I-Thou. In the I-It mode, the other is an object or a means to an end. In the I-Thou encounter, the other ceases to be an object and we are drawn into a deeper kind of relationship. When we relate to another as an It, Buber adds, the I that goes forth is very different from the I that goes forth to meet a Thou. In my understanding this suggests that therapists can only “heal” the other when they themselves are in contact with their own inner selves. We can encounter our clients only as deeply as we come from within ourselves.

### *Commentary*

From the many different contexts I have worked with over the years, I have chosen to concentrate on my work with cancer patients. I would like to describe an approach that is counterintuitive to the general public’s attitude towards this disease and which attempts to challenge the reluctance to nurture a “friendly” encounter with the body part being assaulted by the disease.

My practice covers both private sessions and group therapy. In both situations I initiate therapy by allowing space for the clients to share their own feelings and personal “stories” (no traditional clinical interview). Most of the time, they become overwhelmed by their feelings at some point, so I invite them to take a moment and create a little pause for turning inside, in the torso area. From here I engender the disidentification process by saying: “Something therein seems to be feeling much pain (...feeling lost, being frightened, trembling, etc.). Would it be possible for you to welcome it, stay by it and keep it company?” The wording of this request is strongly affected by culture and language. In Greek, I had to change the friendly “welcome” invitation (almost no one acknowledged it) to the phrase: “Would you like to attend to ‘it,’ from a safe distance, and make an effort to ‘comprehend’ it?” (Although this language may sound strange, it is central to FOT.)

Some clients may accept this invitation, pause and turn their attention to the space of the “border zone” between the conscious and the unconscious. As soon as the client allows the space for the

felt sense to be formed, an inner dialogue may be initiated between the client's interactions with the bodily sense of the situation and the words that arise from it, as the [...] is full of possibilities that are not yet realized.

According to Gendlin (1961), genuine psychotherapy begins at this point, beyond an intellectual approach, when the patient is facilitated to attend to an immediate, present experiencing of his/her condition. Indeed, the client does more than just become familiar with emotions and experiences; he/she is being mindful to observe the emergence of something new. When this directly sensed, but cognitively unclear *felt sense*, makes the experiencing moment a defining one, the client experiences a physical relief (i.e., felt shift) and a movement may carry him/her forward into a new step of holistic change (i.e., change-steps arising from the felt sense).

I may then gently invite him/her to sense: "What difference has that movement caused?" or "How is this new 'thing' for you?" This might enable a successive step. This is, in Gendlin's words, a "zigzag" process that consists of new steps of movement. Eventually these steps will bring one closer to being oneself.

Keeping clients in their experiencing process of the moment primarily depends on their therapist, as we are not just working together, we are an ensemble. Only if the presence of, and relationship with, the therapist is a trusted one, will they follow his/her invitations. By doing so they will hopefully attain a feeling of self-empathy for "whatever" emerges inside there that is uniquely *theirs*. This is significantly related to therapeutic outcome. Yet the clients do well as a result of what they themselves do, not only because of what the therapist does. I strongly muse, therefore, that when they find this inner thread, they are led to themselves, their dear, though at the moment incongruent, selves.

One might assert that the major strength of this approach is the "wholeness" that the clients may experience, as a result of their inner relationship; a *sense*, that all of their "parts" are there to underpin their wounded part, and to unconditionally accept it. This acknowledgment often brings vulnerability and a courageous compassion that enhances the perception and consequently the behavior of the clients towards their "disease," or their blockages in general. Now, they are no longer "fighting" this assaulted part,

instead they are caring and looking for new positive life energy to support it.

Obviously, not every client is well suited for this approach. For some clients it can be difficult to attend to their experiential process so that a felt sense may be formed. This could be considered as a limitation of this approach.

In summary, the basis of FOT is that *change-steps* arise from the *felt sense*, followed by the client's "zigzag" process. The critical therapeutic element of FOT is founded on the *inter- and intra-relating* of each, the client and therapist.

## Part II: FOT as Heterotopia

*Pavlos Zarogiannis*

Zeus, who guided mortals to be wise, has established his fixed law—wisdom comes through suffering. (Aeschylus, *Agamemnon*)

Beyond these "inner-therapeutic" variables (Part I), which FOT recognizes as important conditions responsible for therapeutic change, there are also "outer-therapeutic" factors, that is, a priori conditions that may not explicitly belong to the narrative of FOT, but nevertheless make FOT's presence and existence possible, as they make possible psychotherapy per se. Furthermore, these external conditions influence FOT; they contribute implicitly to its therapeutic outcome and guarantee to some point its validity.

In this part of the chapter is illustrated what is therapeutic in FOT (and probably in every psychotherapy) from such an "outer-therapeutic" point of view by exploring the socio-political space of FOT. FOT, as clinical practice, is first and foremost a socio-political "institution."

### *The location of psychotherapy*

A short, epigrammatic Foucaultian genealogy (Foucault 1994) of psychotherapy would describe several historic-political circumstances (modern society, bio-power, bio-politics), concrete sovereign discourses (literature, philosophy/aesthetics, medicine, theology) and established discursive practices (Socratic dialogue, confession, medical interview) as those constitutive conditions which gave rise,

at a certain historical time, to psychiatry/psychology (eighteenth to nineteenth century) and psychotherapy (nineteenth to twentieth century). However, while psychiatry and psychology “easily” institutionalized themselves and found their place in universities as sciences, psychotherapy as the practical application of those disciplines—being a relatively new practice—needed to find and define its own social space (Cresswell 2004; Lefebvre 1991). This space didn’t exactly pre-exist; it had to be “construed” or “invented” accordingly to the unique nature of psychotherapy, which can be described in the following way.

Psychotherapy is presumably neither just science (theory) nor just an ordinary activity in everyday life (the phenomenological *Lebenswelt*/lifeworld). Thus, its “application-space” cannot be either quite public or just private. It must be something else, a wholly new social space, which is actually created when these two different spheres meet/cross. Exactly in the inter-space, in the marginal *intricate crossing* between pure theory (science, psychology, language) and ordinary life (reality, mundane life, action, speech) psychotherapy found its suitable existing-place and dwelled, offering from now on a new place, wherein both spheres (theory and life) can further interact, cross, encounter and suspend each other, can be confirmed and/or changed. In this new created, liminal, multilayered psychotherapeutic inter-space theory grounds itself, finds application, proves its validity and becomes a living experience, while life—at the same time—becomes subject to observation, reflection, questioning and reorganization. This space is an in-between, transitional, temporary, different, better, ideally real space; real, as long as one resides in it—imaginary, when one goes away from it; a space which exists and at the same time doesn’t; a space which therapist and client create anew every time they meet. This space is another space, a heterotopia (*hetero* = other; *topos* = place) (Foucault 1967, 1994, p.xviii; Lefebvre 1972, p.138).<sup>1</sup> By appropriating the liminal space

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1 There are doubtless many other ways to symbolize, classify, and describe this other place, such as the *in-between* space (Bhabha 2005, pp.1, 38), *third Space* (Bhabha 2005, pp.36–39; Soja 1996) and *non-places* (Auge 2009). However, in this article I’ll focus on Foucault’s *heterotopias*, since these other concepts have come after heterotopia and are influenced by it, with a lot of similarities and analogies, despite their differences.

between theory and life, psychotherapy becomes itself a liminal space—a heterotopia.

Heterotopias are “real places—places that do exist and that are formed in the very founding of society—which are something like counter-sites, a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted. Places of this kind are outside of all places, even though it may be possible to indicate their location in reality” (Foucault 1967). They have the property “to suspect, neutralize, or invert the set of relations” that they happen “to designate, mirror, or reflect” (Foucault 1967). Furthermore, they have a double functionality: they are producers of knowledge as well as sites of resistance. “By juxtaposing and combining many spaces in one site, heterotopias problematize received knowledge by destabilizing the ground on which knowledge is built” (Topinka 2010, p.54).

Conceptualizing psychotherapy as a heterotopia, it wouldn't be an exaggeration to assume further that its therapeutic value lies exactly and essentially in its heterotopic quality: psychotherapy functions really and truly therapeutically, because it is, in principio, a heterotopia.

Only as such does psychotherapy have the power or possibility to question, transcend, and change old structures and generate new ones: by transforming in its own space already existing facts and conditions (architectural place, conventional discourses, concrete practices...), psychotherapy establishes/generates within the given socio-political status quo (fixed, predominant, one-dimensional rules, behaviors, emotions...), an-other space, a new socially acceptable safe space wherein this status quo can be questioned, reversed, criticized, so that (personal) transformation/change can occur.

In other words, by interrupting ordinary life (the repetition of the same/given), psychotherapy creates a necessary interstitial distance (Critchley 2007, p.114; Topinka 2010, p.66), that is, a space wherein usual ordinary life can be...suspended, contested, and inverted. And so can our suffering (everything that happens to us) lead us, through reflection, questioning, and reconsideration, to increased wisdom: to new meaning, to a real and more truthful knowledge about ourselves.



However, describing psychotherapy as heterotopia doesn't necessarily mean that psychotherapy always remains one. As we know, psychotherapy has by now institutionalized/instrumentalized itself and become (often) another normalizing mechanism. In this case psychotherapy seems to be rather satisfied with a superficial version of itself, even at the expense that it betrays its fundamental essence and becomes just a normalizing practice, a technocratic managerial contact, an administrative operation, some advice-providing agency, that is, a "technology of self" (Foucault 1988; Rose 2000). Only if psychotherapy undertakes the demanding status of a heterotopia does it remain a liberating social activity, an emancipating practice, aesthetics of existence (Dreyfus and Rabinow 1987, p.267).

### *FOT as heterotopia*

The world is large, but in us  
it is as deep as the sea

(R.M. Rilke)<sup>2</sup>

What is valid for psychotherapy in general applies especially to FOT. FOT is (could be) an experiential, socio-political heterotopia. Heterotopia—par excellence. FOT is, accordingly, neither theory nor ordinary life; neither entirely social, nor just personal. It's both and at the same times something else, different, more: a carried forward possibility of their *crossing*, their fusion, their *intricate interaction*.

Furthermore, by inserting a rupture/pause within the same (given social order, old structures, repetitive convention), FOT as heterotopia creates a new space, an-other space and by becoming itself this other place allows the other (new structures, the new, fresh, personal) to emerge (Gendlin 2012). But "otherness" in FOT is not just an "external" quality, only a socio-political condition/potentiality that FOT, as psychotherapy, actualizes (or not). Otherness resides inside FOT, in the core of its philosophy, theory and practice. It's called *implicit intricacy*. FOT is, thus, not just an "external" heterotopia. Moreover, in FOT the therapeutic process/interaction/crossing, by

2 From opening quote of the essay "Intimate Immensity" (in Bachelard 1994, p.181).

creating an (inner) experiential distance (Ikemi 2000), points to the (possible) existence of an “internal” heterotopia characterized by the implicate order of intricacy.

As known, FOT puts in the center of its therapeutic efficacy the *carrying forward* or the *reconstitution* of the relationship with *experiencing*, that is, the interaction of feeling with symbols (words, events...), in cases when this interaction has been either distorted, interrupted or even blocked from the very beginning (Depestele 2000, p.78; Gendlin 1962, pp.242–244, 1964, p.22; Purton 2004, pp.56, 96, 125, 177), so that (new) meaning/understanding can occur. But experiencing doesn't have only this reflective dimension. Experiencing is a complex, dynamic concept including simultaneously two distinctive levels: the explicit, linguistic, cognitive, reflective level with a symbolized corporeal materiality *and* the implicit, pre-conceptual, pre-reflective feeling level with an immaterial situational corporeality. Experiencing is, thus, always an interaction, a double process, that is, unseparated multiplicity *and* distinctive singularity (Gendlin 1997a, p.16), implicit meaning *and* symbolization, experience *and* language, immediacy *and* passage, immanence *and* transcendence.

Although both levels of experiencing are important and interconnected, the “implicit” is the most significant level for FOT. In a broader sense, the term “implicit” points to the intricacy of life; it refers to the immediacy of our being, the primordial wholeness, the *pure experience* (Davis, Schroeder and Wirth 2011; Nishida 2001), the potential of our existence, which can never be entirely actualized, that is, transformed by symbols, because it is always more than its *explication*. Furthermore, the implicit is present although absent; incomplete, yet meaningful; mute, yet with sentient voice; intricate, yet potentially precise. It inhabits us; inscribes itself in our bodies, leaves traces behind as *felt senses*, that is, “incarnate meanings, materialized significations” (Castoriadis 1984, p.10). It is body and language together, undivided; our pre-conceptual, pre-social, quasi pre-linguistic side; our not-yet manifested, explicated, actualized potentialities, which *can* carry our life *forward*. To put it another way, the implicit is a dimension of our other/whole side, of our intricacy—a dimension of an “internal” otherness/heterotopia, of an “internal” (*third*) *space*, of an intermediate area of experiencing

(Winnicott 1951, p.230). Therein resides our potency and freedom (Agamben 2000); the potential of our existence, that is, the intricacy of our being and life, which has the power to carry forward the fixed conceptual, social, linguistic norms and give birth to/generate new concepts, behavior, words, society.

FOT, based on its theoretical/philosophical background, constitutes, accordingly, in its clinical practice an alternative place wherein the experiential occurrence of the implicit intricacy as the other is possible. That means, FOT creates the most adequate environment to meet this other, accept it, symbolize and understand it, and (eventually) be healed by it, exactly because it is something else, new, different, personal: that is, the implicit/intricate side of life; our not-yet symbolized possibilities; our very own meanings/ethics/truth (Agamben 2007, p.10). It offers therefore a necessary frame to experience this implicit intricacy, this “internal” heterotopia, this otherness and start living through it—otherness in every possible form or expression: other space, speech, time, body, self/identity.

Within the FOT therapeutic space an-other speech (not the language of the others) is possible; a speech in and beyond language, experiential, unique, personal, private, metaphorical, perhaps even unintelligible outside the therapeutic setting, wired, crazy, with voids, pauses, silences, close to the immediate experiencing: a heterology or—otherwise—a micro-hermeneutics of words/sentences/everyday life. In addition, a heterochrony arises gradually. Time (chronos) becomes Kairos (experienced or experiential time) and as such it transcends the usual time categories and limitations and includes everything: memories, events, passed traces, present references, hopes, dreams, wishes. FOT time is never stable; it never repeats itself exactly the same way. In every meeting, in every FOT session time has its own experiential duration which either expands or shrinks. Past invades present, present invades future and vice versa.

The body that inhabits such a space can neither be the pure biological body, the utopian body (Foucault 2006), nor the unconscious body of psychoanalysis (Dolto 1992; McDougal 1981). It's rather a “heterotopic body,” that is, a body which confirms, transcends, questions, suspends, negates, and expands its own biological limits. It's the other body within the body, “inner space,” “inner” world, real enacted utopia, materialized

possibility, architectonics of sense (Nancy 2008). This is the body as potentialities that actualizes/materializes itself beyond its sociopolitical construction, its gendered performative normativity (Butler 2006), its textuality/signification (political, linguistic, social, historical, behavioral, psychological...). The heterotopic body, as the situational, phenomenological Leib (Waldenfels 2000), is neither signifying machine, nor signified essence, but, most likely, the zero point of meaning, which—being that—makes every meaning possible; *pure existence*, or “the plastic material of spacing...where existence takes place” (Nancy 2008, p.63); an *event* that comes to presence in the heterotopic space of FOT. It is the body which carries implicitly all life-intricacy, is life-intricacy (Gendlin 1992).

Finally, “therapist” and “client” could be described, within this therapeutic context, as “heterotopic” or *hybrid* identities (Bhabha 2005), that is, liminal, open, fluid, processual, changeable, provisional, interactive, inter-subjective positions.

### Conclusion

The therapeutic in FOT lies exactly in its heterotopic quality (nature, power, possibility). This quality should be understood as a dialectical relationship, a parallel carrying-forward process: while FOT as a social practice becomes an “external” heterotopia, as a clinical practice it facilitates us to discover our “internal” heterotopia, our internal third space, our implicit intricacy. This is the intricacy as the potential of our existence: possibility, ethics, contingency, freedom.

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CHAPTER 3

Thinking and Practicing FOT  
in the Twenty-First Century  
Challenges, Critiques, and Opportunities

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In this chapter I explore central questions regarding Focusing-Oriented Psychotherapy (FOT) in contemporary times. As the title suggests, my aim is to sketch out the influence of FOT in the professional psychotherapeutic community and the forces involved in keeping FOT at the margins of contemporary psychotherapy practices. A secondary but no less important aim is to respectfully challenge FOT by marking what I see as our most potent possibilities for a future that is sustaining and engages other theoretical positions and professionals.

To date there has been no systematic study of FOT as an approach to psychotherapy that might help us to understand why this amazing process appears to have little standing in the marketplace of therapeutic practices. Possibly the only published commentary on why Focusing is little understood today comes from Weiser Cornell (2005, pp.253–256). A respected and well-known teacher of Focusing, Weiser Cornell outlines five simple reasons why so many have not yet heard of Focusing: it isn't flashy, it is too general, the original steps are frozen as they were when *Focusing* was first published (Gendlin 1978/2007), it is too radical, and it appears in a person's life somewhat mysteriously, "when needed," not as a "tool" or skill.

Recently Gendlin has encouraged the building of bridges between Focusing and other theories and groups that hold similar

humanistic values (Gendlin and Johnson 2004). He refers to all those ideas and practices that hold the person as central to be members of a “Town” (Gendlin 2006). Focusing is but one neighborhood in this town, as are Non-Violent Communication (NVC), relational psychoanalysis, Dynamic Facilitation, and so forth.

However, Focusing continues to “hide out” in the corners of what appear to be fresh and exciting developments instead of being recognized as foundational to many of these same emerging approaches.

### **Psychotherapeutic zeitgeist: then and now**

I suggest that we can “read” FOT against the backdrop of the social and cultural themes of the mid-twentieth century when Gendlin laid out his major philosophical and psychological works. It was a period that saw a fomenting populace getting ready to unleash itself upon an unsuspecting “establishment”—and this included the established psychotherapies. By reading FOT in this way we open up a richer territory for its assessment and critique. It will help us understand how FOT may realize its potential to influence psychotherapy in the future.

The emergence of Gendlin’s seminal philosophical works, most notably *Experience and the Creation of Meaning* (Gendlin 1962), occurred within a cultural zeitgeist marked in particular by pragmatism and secular humanism (Tarnas 1991). The doors were opened for an intellectual, spiritual, and sexual revolution that ultimately redefined power, freedom, and ethics. The establishment (or hope) of new societal, political, and academic views that embraced a liberated personhood and the rise of the self-awareness and human potential movements (Elliott and Farber 2010) are deeply part of FOT.

Carl Rogers (1902–1987) is undoubtedly key to understanding FOT and its place in contemporary psychotherapies. Rogers and Gendlin came together at the University of Chicago during a very interesting period. It was without doubt a time of profound change for American psychology and the wider global community that would challenge how we regard equality, fairness, power, and the political, economic, religious, and professional structures maintaining the therapeutic status quo (Tarnas 1991). Of particular importance



to understanding Rogers, Gendlin, and FOT is the hard fought struggle for civil and human rights that took hold and flourished while what we know today as Focusing (Gendlin 1968, 1969) and Focusing-Oriented Psychotherapy (Gendlin 1968, 1970, 1996) were being developed.

We see humanistic values throughout FOT; the values of acceptance, congruence, and positive regard that are at the core of Rogers' client-centered (later person-centered) psychotherapy (Rogers 1951, 1959). Rogers, and it is fair to say Gendlin, were deeply concerned about social change. Rogers finally withdrew from his work in the person-centered movement to work for years outside the United States to help generate new thinking about peace building and the building of small-scale egalitarian communities (Elliott and Farber 2010, pp.18–20).

Rogers' core ideas are in part a reaction to the over-controlling approaches to psychotherapy found in psychoanalysis and behaviorism. Gendlin, not surprisingly, infused FOT with a similar spirit of hope and radicalism, helping to establish The Focusing Institute in the early 1980s, based upon minimal procedural rules, the protection of diverse training models, organically emerging applications, and a leadership who value local independent decision-making.

### **Contributions that FOT makes to the field of psychotherapy: a distinctive practice**

I have pared down the many significant contributions to a few representative ones. From here we will explore the challenges and promises in more detail:

1. The felt sense
2. The client's change process
3. The experiential process philosophy

#### *The felt sense*

By far the chief contribution FOT makes is bringing the felt sense to the field of psychotherapy. Gendlin describes the felt sense in

this passage from *Focusing-Oriented Psychotherapy*, “The felt sense is the wholistic [sic], implicit bodily sense of a complex situation. It includes many factors, some of which have never been separated before. Some of those factors are different emotions” (Gendlin 1996, p.58).

The felt sense is a living touchstone, which we sense in the here and now. It is the feeling we have of what we’re saying and experiencing in the present moment, even before we can put it into words. Ann Weiser Cornell defines it similarly: “A felt sense is a fresh, immediate, here-and-now experience that is actually the organism forming its next step in the situation the person is living in” (2013, p.11).

There are two key elements to the felt sense that add something distinctive to psychotherapy practice: intentionally sensing the immediacy of bodily felt experience with its initial lack of accompanying symbols (e.g., words, emotions, gestures, etc.) accompanied by its potential to then *generate* those same symbols (also including concepts and actions).

Described as “the client’s client” (Gendlin 1984), the felt sense freshly forms as we direct our attention inward and pause to let it form. In other words, the felt sense only comes into existence when we take a little pause to pay attention to our inner experiencing. It is a deliberative act that entails attention and pausing. Once formed, the felt sense constitutes the client’s best inner guide.

Felt senses are not to be confused with somatic experience, mere emotion or thinking. Rather, the felt sense is a multivocal feel we have of this moment prior to symbolization. Emotions, words, gestures, and the like are already “cut”—symbolized—from the more basic level of our ongoing experience of this moment. It is the attention paid to ongoing experiencing and the therapist’s support to contact it that constitutes a significant addition to psychotherapy.

In a way, the felt sense is nothing new—human beings have been having felt senses all along. Yet it was Gendlin (1968) who first named it after nearly a decade of research on what makes for successful psychotherapy. It wasn’t until Gendlin and his team came along that a clear articulation of how the felt sense functions in therapeutic change entered into the field of psychotherapy.

### *The client's change process*

FOT offers a unique understanding of what facilitates client change. To clearly understand and appreciate this claim it is important to note that it is based upon several tenets embedded in the values of humanistically oriented psychotherapies. First is the notion that people are the best judge of their own lives and should be empowered to gain the confidence needed to make important life decisions. Second, persons are irreducible to the sum of their "parts." Third, humans are creative and can evolve under the right circumstances (Greening 2006). Gendlin further clarifies and expands upon these broad principles in the practice of FOT (1997b) where acceptance, curiosity, and "welcoming" are foundational.

In contrast to other models of therapy that emphasize the expression of feelings or rationally exploring thoughts, FOT works quite differently. FOT practitioners encourage the felt sense to form, rather than any particular emotion, thought, or memory. FOT therapists by and large don't actively pursue intensity of somatic states either. Gendlin explains it this way:

People change through feelings they *have not consciously felt and expressed before*.

The steps of change and process do not come directly from the recognizable feelings as such.

They come, rather, from an unclear, fuzzy, murky "something there," an odd sort of direct datum of awareness. But most often there is no such datum at first, when people turn their attention inward. Typically one finds the familiar feelings and no indefinable sense. (Gendlin 1984, p.77; emphasis added)

A new bodily sensed datum of experience is found freshly, not as something familiar or "from the past." Change comes from the *unclear*. This insight into what constitutes change in therapy is key to understanding FOT and what it brings to psychotherapy.

The *bodily sensed datum of experience* or felt sense involves a great many aspects of our past, including the social conditions in which we have lived and live currently, our age, gender, sexual identity, the person(s) we are with, etc. and is yet more than these. When I speak of a joy in my life, for instance, the words I choose include the many

memories, feelings, thoughts, and ideas about that happiness but are not limited by these.

The FOT practitioner recognizes that the symbols (e.g., words, gestures, concepts, etc.) our clients use to represent their experiences often get in the way of the change they wish to *be*, particularly if they are repetitious emotions and cognitions. When a client uses her finger to point (a symbolizing of something as yet unclear) to that place in her chest that aches when she thinks of a lost loved one, she is using the gesture to literally point to something much broader in her experience than a single feeling or memory.

### *The experiential process philosophy*

Gendlin's great philosophical accomplishment has been to articulate how a process of symbolization accompanying genuine present moment experiencing actually opens up new steps in life. His is an actively lived philosophy.

The primary philosophical home for the FOT approach is phenomenology (Gendlin 1973), which can be defined as the philosophical study of present moment embodied human subjective experience and consciousness. Gendlin's phenomenology includes existential thought, and is highly influenced by the American pragmatist Dewey and pluralist McKeon. This rich foundation underlies FOT and gives intellectual basis to the essential principles of the practice of FOT.

FOT is an outgrowth of Gendlin's mutual interest in philosophy and psychology (Gendlin 1961, 1996, 1997a). His philosophy emphasizes that human beings are not separable from the environment, including the people, places, and situations in which they find themselves. As Gendlin succinctly puts it, all living things are interactions first (Gendlin 2004). Parker states it this way, "Human beings, including you and me, *are* ongoing interaction. We don't exist separately from our environment and then start interacting with it. We *are* interaction between body and environment" (Parker 2007, p.10).

Gendlin has described his philosophy as having a process orientation, which understands human life and meaning making, including the bodily sense we have of our inner world and the

extended world, as one ongoing reflexive development. A process approach can be contrasted to procedural approaches found commonly in the marketplace of contemporary psychotherapy theory and research. A procedural approach emphasizes a rational-linear way of understanding consciousness and human development. Gendlin's approach offers two unique facets that distinguish FOT practice.

### UNIQUE ASPECTS

FOT requires us to adopt a fairly strange starting position. The practitioner and client must start with being comfortable with not knowing what will elicit change. The therapist has to be accepting of the client's process as valid as it is revealed, to refrain from advice giving, to let go of knowing what should happen. We must be able to dispose ourselves to the client's world as they experience it—even though it may be quite unusual to us, even alarming.

Second, for the FOT practitioner the notion of interaction first is critical because it frees us from having to be a psychological detective. In framing the client's lived world as interaction first, FOT practitioners rarely concentrate on the contents of the client's history, for instance. Without question other therapeutic approaches employ many of these same principles, but it is the FOT philosophical grounding that provides additional rationale for asserting such principles as essential to successful therapy outcomes (Gendlin *et al.* 1968) and how they are of use in areas beyond therapy.

### **Challenges to FOT's place among other psychotherapies: double-edged conditions**

Some of what makes FOT a unique worldwide approach brings with it a set of conditions to which other therapeutic approaches appear exempt. FOT's unique organizational and certification structure encourages pedagogical training diversity and responsiveness to local conditions (needs, economies, political realities, racial, ethnic, and religious conditions). Creating and supporting such worldwide presence has not come without its challenges.

### *Decentralized*

FOT has an organizational and professional training structure unlike most of its counterparts. This is largely due to FOT having embedded in it a social-transformative advocacy for a profoundly heterogeneous, non-hierarchical, non-ideological, and secular approach. This has led to a prolonged period where FOT has remained at the margins of psychological practice.

Offered to the world marketplace of therapeutic ideas, FOT could be hobbled by its very roots, for example the absence of visible leadership (a president or chairperson at the helm of a non-existent governing organization). Who is the face of the approach? Simply put, there are many faces. But this is a shortcoming only if assessed from a vastly different worldview where theoretical approaches are treated and promoted as a form of commerce.

This situation has changed in the past decade whereby now there are more and more crossings between FOT and other established approaches. Nonetheless, there are many new therapists in training programs that will likely never hear of FOT because their training has come from a homogeneous model that has tended to sideline process approaches.

The difference decentralization makes in a “marketplace” of practices is profound. While The Focusing Institute clearly honors the creation of localized training models and organizations, its foundational identity as an anti-organization has hindered FOT in becoming recognized as important among other more traditionally organized approaches. However, it is double-edged. After all, this dilemma also expresses the deeply held conviction of the *centrality of personhood* over structures, and the *acceptance of all persons as they are* over the tendency to reify and conform what is “normal” to what is conventional.

### *Diverse FOT training models and mixing with others*

Protecting the diversity of training models while simultaneously crossing FOT with various practices such as Somatic Experiencing (SE), NVC, or relational psychoanalysis creates an unintended problem for FOT. The intention to create new bridges to other, like-minded approaches could dilute the FOT method or its values.

To guard against dilution other approaches have developed more centralized training and rigid certification processes, a very unlikely road for FOT. While The Focusing Institute has consistently supported diversity in the training of Focusing professionals and FOTs, this laudable stance may contribute to FOT's lower visibility among other professional organizations and therapeutic approaches. It is possible that FOT is in danger of losing its distinctiveness through cross-fertilization as much as through standardization. Once again, it is worth noting that this is a double-edged situation. At this moment, the movement is toward creating more bridges to other approaches with the hope that FOT will gain recognition and be a continuing force in the field.

*The felt sense is universal and is hard to describe*

In one important way the felt sense, the core of FOT practice, is ubiquitous to being human and yet it remains elusive and difficult to describe. Talking about something so pervasive in human experience to other professionals or to our clients is not easy. In one sense, the felt sense is always potentially there ready to be touched. In another sense, it is unclear, hidden, fuzzy and without any standard way for describing it to others. Describing the process and its benefits to clients constitutes an ongoing problem for the FOT practitioner. It is odd, isn't it, to describe a process that is by definition occurring without words, with words?

This reality makes it very difficult for FOT to find and hold a place in contemporary theory and practice because, although many might be genuinely interested, it is simply too difficult to grasp the approach without continued experiential practice with a teacher or therapist.

*FOT trades in the uncertain*

To the FOT practitioner, acknowledging uncertainty renders useful a powerful vulnerability that paradoxically transforms the perceived "weakness" of vulnerability. As with Focusing, FOT developed in an era where certainty and predictability were highly sought and prized. This cultural context offers a primary source of challenge and also the promise for FOT in the twenty-first century.

As a psychological and philosophical practice, FOT encourages and engages us in a life-long curiosity about what is implicitly present yet “not-yet-known.” As I’ve mentioned earlier, this stands in stark contrast to the current psychotherapeutic zeitgeist that prefers methods and approaches driven by theoretical expectations, rather than by subjectively grounded practice. In truth, it may be years, even decades, before the subjectivity of persons is again honored in mainstream psychotherapy. A shift will take time because of the dominating adherence to a mechanical view of life where there is suspicion of any approach that prioritizes the unknown and elusive.

Related to the emphasis on implicit experiencing is the fact that speaking and conceptualizing in a way congruent with the felt sense often produces non-standard language. This is fine for most as long as this odd way of speaking from the felt sense stays in the therapy room. However, FOT theorists writing about therapeutic practice also produces meaningful, but “idiosyncratic” descriptions of their work. This is yet another double-edged sword as the FOT theorist’s orientation demands that words “fit” the experience but the conceptual-professional language expected by other schools of psychotherapy and other disciplines leaves FOT writing in the margins at best.

## **Opportunities for the future**

In this part you will notice that several themes mentioned as challenges above appear here as opportunities. Below I first lay out what I see are the foundational promises for FOT from which more specific areas of development may arise.

### *Foundations*

#### DIVERSITY

In most organized approaches in psychotherapy there is a tendency to codify practices early on so as to protect the original ideas from too much interference and to trademark “the brand,” thus securing intellectual property rights. I have mentioned earlier the FOT disinclination to embrace a single authority/leader and its support of new FOT groups that are self-organizing and determining their own training structure as appropriate. This ideal keeps at the fore



the person-to-person interaction in a profession otherwise overly constrained by impersonal structures, obsession with regulation, and dehumanizing approaches to mental health care. In this way, FOT remains a standard bearer for the retention and inclusion of the human element in all aspects of health care and the protection of diverse approaches to the theory, research, and delivery of that care.

### VALUING

A second promise lies in the valuing of human experience. The philosophy behind FOT maintains that history or culture does not constitute humans. Rather, humans are originally occurring in the present. This means that FOT emphasizes the possibility of change regardless of the psychological issue or whether one conceives of treatment solely as a response to disorder or socio-cultural conditions. The possibility of change is not only a humanistic value, but stems from the existential-phenomenological perspective as outlined by Gendlin (1964). In this manner, FOT profoundly respects the rights of the other in the service of forming a deep understanding of that person's living. This will always remain central to FOT and be the foundation for its promise in the future.

### *Futures*

#### EVIDENCE AND RESEARCH PRACTICES

The contemporary striving for evidence-based practice and empirically supported treatments, while arguably necessary, has resulted in the myopic push for narrowly defined, mechanical kinds of research protocols.

FOT has the capacity to be an alternative voice, yet, like all practices that hold a different epistemology and philosophical stance, it is challenged to conform to conventional standards. There is a strong possibility in FOT for championing what amounts to a correction to the overwhelming preference for verification through objectivity. Insisting that the co-subjectivity of practitioner and client be part of any evidence for treatment success is increasingly put forward by some researchers (Elliott, Greenberg, and Lietaer 2004; Greenberg and Pinsof 1986). Bringing co-subjectivity into the fore

of the verification process of research could place FOT within the center of progressive change in the profession going forward.

As Hendricks (2001) reports, there have already been over 50 complementary studies at the time of her review and there have been many more since. It will be the central role of bodily felt sense awareness that will distinguish FOT researchers from other contemporary research. However, this has yet to fully take root in the general psychotherapy audience, much less the governmental funding agencies that control funding of most innovative research (Krycka 2012).

### FIRST-PERSON SCIENCE

Gendlin outlines a proposal for first-person research practices that help articulate the subtle levels of human experiencing (Gendlin and Johnson 2004). He calls for what is essentially a paradigmatic shift from favoring *content* to pursuing knowledge of and about human *processes*. This shift entails finding unique, purposeful ways to give voice to the implicit, sensing self.

### LISTENING AS A HUMAN TECHNOLOGY

Our profession is at risk of forgetting the value and importance of listening. It is unfortunately rarely taught in training programs outside the “humanistic” traditions. The FOT practitioner listens in order to hear and understand rather than categorize and circumscribe. Listening in this manner supports the dignity of persons no matter what their situation or problems are, nullifying the trend to homogenize. Having a listening foundation doesn’t preclude “listening to diagnose” but it clearly directs diagnostic listening as a further articulation of listening-that-hears. Listening as praxis is thereby less about skills acquisition and more about supporting a way of being that raises the dignity of the persons we treat (Fiumara 1995).

Listening requires embracing dignity, valuing, and caring. Recently, listening is re-emerging within psychotherapy as a powerful force resisting the leveling of human experience to a few, narrowly construed approaches to treatment and research. Listening is a quintessential *human technology*, one that will outlast the treatment manuals we create. Listening is already part of FOT

practice, epistemology, and research and should be emphasized in our communications about FOT. Here FOTs excel and should not be shy about claiming this expertise.

### **Final comments**

I conclude this chapter with a question I believe is central for the future of FOT practice and research: why isn't FOT better known? It is critical that we ask whether it is the primary aim of psychotherapeutic practice and research to formulate and then test hypotheses or to be involved in discovery. FOT is a practice that *is* a form of discovery that holds openness, attentiveness, vulnerability, and humility at its core. FOT practitioners make few truth-claims due to the fact that FOT does not embrace the authority of truth-tellers or truth-sellers in the typical sense. FOT stays open to the field of possibilities, of objective and subjective personal truths, instead of forestalling discovery and dialogue with the rubrics of certainty. And in this lies its biggest problem in the marketplace of ideas and practices. Having a preference to refrain from the absolute truth statements seen in evidence-based practices, or from copywriting its training models, FOT presents as a powerful counter-narrative that may simply still be too counter-cultural.

### *Why isn't FOT better known?*

You can see how the FOT approach, grounded as it is in philosophical reasoning and an era of deep societal and personal change, may not find an easy home in the current marketplace of therapeutic ideas and practices. FOT prefers praxis that is relationally savvy and process-oriented. FOT is a challenge to trends in psychotherapy management and research practices that have become entrenched. However, FOT is not averse to forming bridges with these practices. It will never likely be an approach that defines its processes to the exclusion of others, thus encumbering its marketability in the competitive world of psychotherapies.

Let's recall that Gendlin and his colleagues created Focusing and FOT out of concern for understanding human change. Early research provided something radical in the sense that it challenged the predominant paradigms influencing psychotherapy research and

practice and offered an entirely original way of conceiving of and speaking about human change (Gendlin 1964). There are many contemporary pioneers in psychotherapy who take Gendlin's work and create new avenues for practice in our field. Weiser Cornell (2013) discusses several current therapeutic approaches informed by Gendlin's work (e.g., somatic, cognitive, empathic, relational, etc.), several which refer directly to Focusing. But by philosophically dwelling on fundamental issues about meaning-making and the processes of experiencing and symbolization of experience, the Focusing approach continues to inspire a whole new generation of thinking about psychotherapy. This is the nexus where FOT can shine.

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