

## Reflections on Being (Some Sort of) a 'Focusing-Oriented' Therapist

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I came across focusing in 1984 while training to assist on the sort of personal growth courses popular back then in which a hundred people were locked in a room for a weekend and provoked into dramatic catharses. The subtlety of focusing was in stark contrast with the excitement and terror of these experiences and, perhaps because of this, it eluded me at the time. However, some time later, with the help of my ex-wife who was a natural 'focuser', and the experience of biodynamic therapy in place of drama and provocation, I got the hang of it.

So when I came to do a therapy training in 1990, I had been focusing for some time. There being no UK training available in focusing therapy, I opted for psychosynthesis because friends had taken this route and I had thereby gained a feeling for it. It would have been logical to do a person-centred training, as focusing is an offshoot of the person-centred approach. But I knew little of the British person-centred world, and anyway it had somewhat rejected focusing as being too directive.

Psychosynthesis and focusing are eminently compatible, but my evangelical enthusiasm for the latter meant that I judged everything else in the light of it, usually unfavourably – an easy trap for focusing aficionados. But the psychosynthesis people were a kind and tolerant lot, and gave me my counselling diploma. Ignoring advice to start one's career in a particular orientation, I made up my own blend of focusing, psychosynthesis and Jung, who was my original source of inspiration.

Now I have a solid body of experience under my belt. I've done short-term counselling and long-term therapy, post-traumatic stress interventions, workplace counselling and private practice. Focusing has been at the heart of my approach in all these settings. I'm not sure whether I am *really* a 'focusing-oriented' therapist, because I don't know what such a therapist is meant to look like. But I am clearly a therapist who is oriented towards focusing and endeavouring to orient my client towards it.

Having focusing at the heart of my work means that I help my clients to connect with their bodily experiencing in the session. For example, I may invite them to turn their attention inside to the flow of feeling in their body. I may seek to phrase what I say so as to prompt them to look within their feeling body as well as their thinking mind. I often slow my talking and go deeper into my 'felt sense', to find the right words and to model focusing. And much more.

So here I shall reflect on my own interpretation of the term 'focusing-oriented therapy', and in so doing tackle some questions that focusing raises about the therapeutic enterprise.

### **Explicitly teaching 'Focusing' vs. Implicitly encouraging 'focusing'**

'Focusing' began in the 50's when Gene Gendlin, a colleague of Carl Rogers at the University of Chicago, identified it as a self-reflective behaviour that some clients did naturally from the outset of therapy and others didn't, and that correlated strongly with successful therapy outcomes. He devised instructions for teaching this inner attention to all clients, and later these instructions became a method for anyone seeking self-help skills. As self-help, peer-partnership focusing developed, those who followed in Gendlin's wake started putting a capital 'F' on the front. So 'focusing' is the natural skill of listening to bodily felt experience, and 'Focusing' is the learnt method and practice of inner attention that encourages the natural skill.

One way to bring focusing into therapy is to teach it to your clients explicitly, or to send them to another Focusing teacher. I don't do this unless requested, because I am wary of making such a strong intervention that might lead to resistance or compliance in my clients. I don't think anyone in the Focusing world has ever done the research needed to evaluate the usefulness of such a strategy, which is strange as Focusing originally grew out of research.

More importantly, I think it is simplistic to believe that clients taught Focusing the method would then be doing focusing the inner behaviour. Yes, it helps if clients deliberately pay attention to bodily feeling, but this is not a therapeutic panacea. What I've found to be most helpful is for clients to develop their ability to reflect on their felt experiencing – to focus naturally – during therapy. It's a skill that's transferable to other relationships.

The ability to focus on felt experiencing develops from birth onwards through zillions of experiences both in and outside the therapy room. The deliberate learning of Focusing is a drop in the ocean compared to the subconscious learning that takes place in close relationships. So I like the implicit encouragement of focusing – e.g. “does it *feel* right when you say that?” – topped up sometimes with pointing out an aspect of focusing – e.g. “that feeling you have that's hard to put into words, it's important”.

### **Lengthy Focusing interventions & brief focusing moments**

People who know a little of Focusing may think the focusing therapist guides their clients through the sort of step by step process outlined in Gendlin's 'Focusing' book. That's one way, but it is cumbersome. It is much more helpful to make up a guided process spontaneously to fit the moment. And whilst I sometimes guide clients through longer spells of Focusing, much more often I encourage brief moments of pausing to 'go inside'.

The advantage of having clients attend inwardly and silently is that they orient more of their awareness towards the body, towards feeling, and towards the unconscious and the quiet depths from which images and transcendent experience arise – away from intellectualising, words, and the conscious mind. But this can happen naturally in therapy for brief moments, and a balance has to be struck between the client's intrapersonal contact with their bodily experience and their interpersonal contact with the therapist. Of course, the two are not mutually exclusive.

The more seamless the moving from a lively interpersonal exchange to a deeper level of intrapersonal experiencing and back again, the happier I am. I don't like to feel I am doing techniques – I prefer to sense that together my client and I are extending the boundaries of what and how we can communicate.

### **'Experiential' listening: the bees knees in empathic listening**

I learnt Focusing under my own steam in the 1980's by practicing it with my ex-wife, reading the literature and benefiting from my own experience. It was only when I went to Chicago in 1990 to do a week's training with Gendlin and his colleagues that I appreciated their style of reflective listening. It's a sensitive and intimate style, and I came home feeling as if I had found the holy grail.

Therapists may do reflective listening, but we don't necessarily learn how this basic counselling skill can become a creative therapeutic art. In Chicago they called their style 'experiential listening' to denote that the aim is to reflect not only *what* the client says but *how* they are experiencing it inwardly. Responses can point to the bodily 'felt sense' of what is being discussed – e.g. “*something* about all this feels uncomfortable for you”, and

the therapist can stay close to the client who is on the edge of feelings that are hard to articulate – e.g. “yes, yes, it feels sort of ‘zingy’ in there...”.

Especially with painful feelings, I noticed that where the psychosynthesis people remained silent, respectfully but distantly, the focusing people would be right in there with empathic noises and statements like “I can sense that this place needs very gentle care just now”. This close support helps those of us with a tenuous connection to uncomfortable feelings to overcome our shame of experiencing them in front of others. Silence can be experienced as ‘this isn’t really OK’.

I suspect that such close reflection can recreate the empathic responses we may have missed in infancy, so that we learn how to be with distressing or hard to articulate feelings and states in the company of a supportive person. It relates to the area of unconscious right-hemisphere communication between infant and caregiver that is the focus of current neuroscientific study.

### **Focusing delivers transcendent experience**

Focusing (the method), through its inwardness and quietness, frequently delivers transcendent experiences, especially in the lengthy intervention format. Such experience, in which the individual discovers a surprising inner depth, gives a taste of the creative power that lies within. It is impressive in the way that something unexpected and transformative wells up from an unexplored corner of the mind. However you conceptualise it – spiritual, the higher self in action – it is experienced as empowering.

Transcendent experience may not be necessary for therapy to work, but it helps. It inspires and gives confidence that change can happen. For clients who find intimate relationship a struggle, it provides self-esteem whilst they continue the difficult process of learning to relate better. I think it is not absolutely necessary to therapy because it is available outside the therapy room, whereas working through the thoughts and feelings aroused by intimate relationship is not – not to the person who feels they need therapy, at any rate. All embodied transcendent experience involves focusing, and Focusing is a good way to help it happen.

Gendlin believes the unfolding of the bodily felt sense is Jung’s ‘transcendent function’ that lies beyond thinking, feeling, intuition and sensing. I think this is sometimes the case, but it usually takes the lengthy and deep Focusing for this to happen, or a similar process involving symbolic imagery. On the other hand, the bulk of unfolding from the felt sense in therapy comes in the course of dialogue, and is about grounding the ego in the client’s embodied experiencing – a local synaptic re-structuring perhaps, rather than a global transcendental uplifting.

### **“It’s the therapeutic relationship, stupid!”**

In contrast to transcendent experience, much of therapy is of necessity the hard work of going over the minutiae of life experience, unglamorous and often painful. The therapist is not only the provider of comfort and support but also the challenger and the deflater, the one who speaks uncomfortable truths, and the fumbling human being with his or her own inner fault lines.

Whilst my aim is to be both the facilitator of transcendent experience and the companion on whom my client can project what they will, in practice I am more often the latter. If someone comes to see me for a Focusing session, they get the facilitator of possibly transcendent experience. But if this becomes a therapy relationship with its ongoing

dialogue, I become the companion they may feel ambivalent about, and I then have to deliberately change direction to switch the process back into the inner depths.

I now tend to believe that the best cure for a poor ability to reflect on bodily experiencing is the experience of a good therapeutic relationship over time. This relationship can be extended to include focusing, with both parties listening to their felt sense of what is happening in the space between them. Transference can be explored in this gentle, step by step way, with both parties' experiencing being informed by, but also taking precedence over, psychodynamic theory.

### **The theory of focusing is as rich as the practice**

Focusing is better known as a method than as a theory. People want to know what they can do as therapists, and clients want to know what can be done in therapy, that isn't plain old talking about the problem. Focusing offers them an inner process, a way to explore topics experientially, a way to turn one's attention from mind and thinking to body and feeling.

But Gendlin's theoretical ideas are of immense value too. In fact, I haven't come across any better description of what really happens in therapy. Any technique is limited in scope, and this is true of Focusing: there is client resistance, the fact that techniques do not always work as planned, and the fact that therapy is often such a demanding task that we have to abandon our favourite procedures and invent something new to fit the person in the moment. And to create on the hoof, a good foundation of theory is needed: principles, understanding, and experience arising from them, that enable us to do better than make stuff up at random.

There is not the space here to go far into Gendlin's ideas. His paper 'A Theory of Personality Change' is the best place to start if you are interested (to go much further, you have to venture into his philosophical works). I think he undermines his case by not coming to terms with the notion of unconscious feeling, but as an explanation of how new conscious contents emerge in the therapy room, it is brilliant. He shows how fresh feelings, thoughts, images and memories unfold when there is a human relationship and a 'feeling process', and advises the therapist to respond "to what is happening in the client that the client doesn't respond to".

### **Think 'felt sense'**

A key Gendlinian concept is the 'felt sense'. There was no English word for the experience of bodily feeling in the moment until he coined this phrase, though obviously this aspect of experience was known about. It underlies each moment, it's the source of fresh feelings & creative thoughts, and it's the place from which the 'unfolding self' unfolds. But without a name, it has been relatively unavailable for popular consumption. The neuroscientist Antonio Damasio has written a book about it, 'The Feeling of What Happens', and describes it as "the feeling of a feeling".

The term, however, fits with popular language, because we say "my *sense* of this situation" and "it just *felt* right". When the therapist pauses to speak from his or her felt sense, the client is subliminally encouraged to do likewise. And when the client speaks from their felt sense of what they are exploring, then you can be sure that something valuable is happening. We heal emotional wounds by moving between our felt sense of them and our attempts to express them. People come to therapy because they have an experience the felt sense of which they are unable to sit with for long enough to form in consciousness what is implicit within it.

Speaking from the felt sense is not the same as speaking with feeling. 'Feeling' is a concept we have a name for, like 'sadness', 'anxiety', 'frustration', but we may or may not have a sense of it in the moment. 'Felt sense' is the here and now bodily sense of something we don't yet have words for, it's the faltering attempts to find ways to express our experience, it's what gives rise to the odd things we say that don't make logical sense yet 'we know what we mean'.

In the therapy room, the felt sense is the client's meaning that they struggle to articulate, or a vague and incomplete "something..." that appears amidst their explanations. It's the therapist's awareness of the particular counter-transference feeling evoked by this client, the sense that something is too much for the client to talk about just now, or that a kind or a confrontative response is needed. The felt sense is visceral, sometimes powerfully so, other times very subtly so. Effective therapy is the interaction of two flows of felt senses in two people: when this interaction stops, the therapeutic process risks going nowhere.

If you are puzzled, read on, read Gendlin, think about it. I have been mulling over what 'felt sense' really means for years, and I'm still doing so. That's the sort of creature it is - in itself, a shift in consciousness.

### **Keep your head screwed on and have a bodily felt dialogue**

People often bemoan the futility of mere 'talking about', the apparent limitations of words and language to reach the parts where life is deeply felt, and criticise 'being in the head' as if they would welcome placing their's on the executioner's chopping block. We all know the satisfaction that comes with other forms of self-expression - movement, imagery, drawing and so forth. So how do we make the talking meaningful, and how can we orient our talking so that it connects us with our bodies? And if we don't bite the bullet in the therapy room, how will we learn to talk with heart and mind in our relationships and friendships?

Dialogue can be embodied, felt in the body. We can learn to speak from the felt sense, to think from it, and to refer the theoretical ideas and concepts we take from our mental filing cabinets to it. If we don't, these ideas and concepts - all of which once emerged from someone's felt sense - may come to dominate. They need to be brought to heel, to be made relative to the bodily self. Then they are useful helpers instead of tyrannical figures.

Here are some ways I use to keep the dialogue rooted in the felt sense:-

"hold on, let me check I've understood you here..." (and then I say it back from my felt sense of what my client said)

"take a moment to check inside whether it *feels* right to say that"

"what do *you* think?"

"how does what I've said leave you feeling?"

I try to be mindful of the place my speaking is coming from in me, and the effect it is having on my client - and of the place their speaking seems to be coming from in them and its effect on me.

Something that I don't think is well recognised in the Focusing community is that the felt sense is evoked by discussing meaningful content as well as by 'going inside'. If the dialogue is to the point, both therapist and client connect their heads with their hearts and beyond. The longer I practice, the more I want to engage my clients in a lively dialogue where I include my own experience and knowledge.

## **Conclusion**

The use of Focusing and a focusing orientation in therapy brings inwardness, reflection, bodily feeling, moments of reflective silence and transcendence, into the room. If overdone, it can result in the client hiding from the therapist and the therapist hiding behind a procedure. But sprinkled in sensitively, it adds depth and embodiment to other therapeutic methods and to the dialogue. Clients like it, because it feels good when something new unfolds from the felt sense and they can trust an inner resource as well as the outer resource of the therapist.

It takes time to appreciate focusing in depth, and there is no substitute for the experience of peer-partnership Focusing. Many therapists do little bits of Focusing, e.g. "invite an image to come", "stay with it", but I doubt that those not well exposed to it say the following sorts of things to their clients:-

"you had something there just a moment ago, maybe you could find it again..."

"I can see you're really feeling it now..."

So why can't you train in focusing-oriented therapy? Because Focusing on its own is insufficient, as Gendlin himself admits. It's better suited for weaving into a more comprehensive therapeutic training, as we are doing at Regents College on their Integrative and Existential courses. You can study it after qualifying, for example at the University of East Anglia which is running an MA programme devised by Campbell Purton and colleagues (Campbell is also the author of an excellent new book – 'Person-Centred Therapy – The Focusing-Oriented Approach'). Or, you can learn Focusing for yourself and adapt it to your work.

I cannot say if I'm a better therapist for my knowledge of focusing. But I think I orient myself to the task in hand with my clients more easily because of it. It offers many ways to help them experience the therapeutic process as arising from within themselves, and an experiential base for the therapist to mould their theoretical understanding to the particular client.

## **Further reading**

Damasio, Antonio, 'The Feeling of What Happens'. Heinemann, 1999, London.

Gendlin, Eugene, 'Focusing-Oriented Psychotherapy'. Guilford Press, 1996, New York.

Gendlin, Eugene, 'Focusing'. Rider, 2003, London.

Gendlin, Eugene, 'A theory of personality change'. In P. Worchel & D. Byrne (Eds.), 'Personality change', pp. 100-148. John Wiley and Sons, 1964, New York.

Gendlin, Eugene, 'The client's client: the edge of awareness'. In R.L. Levant & J.M. Shlien (Eds.), 'Client-centered therapy and the person-centered approach'. Praeger, 1984, New York.

Purton, Campbell, 'Person-Centred Therapy – The Focusing-Oriented Approach'. Palgrave Macmillan, 2004, Basingstoke.

NB. the 2 articles by Gendlin can be downloaded from [www.focusing.org/fot/fot\\_articles](http://www.focusing.org/fot/fot_articles)

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