

The Use of Focusing During Psychotherapy

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Abstract

Focusing consists of specific steps of instruction to enable someone to attend to the bodily sense of a problem, then to get a phrase or an image which helps hold on to that bodily sense, and through further specific steps to process the problem experientially. Focusing stems from research with the EXP Scale which showed that successful clients do something like that. Instructions were developed for those who do not. However, one need not interrupt the psychotherapy process with didactic instructions. The paper shows how the more usual therapist responses can be modified so that focusing will be taught. An excerpt is presented and discussed.

The Use of Focusing During Psychotherapy

How does anyone change? If people were only the defined contents they experience, reflect upon, and exhibit, there would be no change. They might rearrange this or that, perhaps see new alternatives here or there, but the basic stock of "pieces" would remain unchanged. It follows that people are not really made up of "pieces" of any kind. Or, we can say, the pieces are not the most fundamental level. There is also an unclear as yet underdefined level of human experiencing (Gendlin:1962,1964).

But to speak of experiencing as in some way underdefined does not mean indeterminate. Of the contrary, what is not yet conceptually defined, not yet reflectively defined, is already organized by biological evolution, by human history and the personal past. Therefore what is felt or sensed, but not yet defined, is very highly ordered, very finely textured, very rich in complexity.

Every situation and every problem is lived with one's body. The whole of a situation is sensed, felt as a whole, and only very little of it can be thought at one time. This vast bodily organization is sometimes called the "unconscious", (though it is conscious, directly sensed, but cognitively defined).

Psychotherapy could not be successful if it were not for the role which this bodily lived complexity plays. If we had only what is clear to work with, psychotherapy would be impossible, and indeed, when only what is clear is worked with, it does fail. The "edge", the sensed but not yet known, must be brought into the therapy process in some way.

Different methods have different ways of involving this as yet unfamiliar and implicit complexity. The oldest way, free association, enables the patient to run into a block. What is a block? It is again something directly felt and sensed, but puzzling. Suddenly there is a blank. The chain of associations has led to a directly sensed "something" which is closed for the moment to thought. Then certain statements or questions lead to its opening, something from the "unconscious" enters into consciousness. (At least this is how Freud practiced free association. The procedure is not one of letting the patient ramble while the analyst gains insights and interprets them as mere explanations to the patient. That is mere mind-wandering, and cognitive explanation. The patient must remain

with the directly sensed block until the energy shifts (dynamic shift) and something enters into full consciousness. Unfortunately free association has come to mean mere verbal rambling from one thing to another and another, without remaining with what is directly sensed, but still implicit.)

Newer methods include role playing (more emerges in the person's experiencing that what is deliberately and familiarly brought to the role), dreams and imagery (which, once formed, then have an impact on the person greater than what is familiar and known), and personal interaction (in which more is generated than the person would normally experience.) No method of therapy can manage without, in some way, bringing in something from the person that is not among the pieces, contents, patterns, definitions, and reflected-upon data with which the person is familiar.

This is also true of any problem. If one has only the givens, only what is clear about the problem, it cannot be solved. Often one can prove that solution is impossible. The person tells about the problem, everything that is clear about it, then comes to the end. The doctor should solve the problem. But this "end" is only the beginning of any psychotherapy process. There (where the telling about the problem ends) is a directly sensed unease, a bodily experienced complexity. Only by in some way working with that can the constellation of the problem change.

In recent years we have found that all the different ways of bringing this implicit complexity into play come down to one central question: does the person spend some time directly attending to something bodily sensed, implicitly complex, but unclear? When any of the other methods work, this happens. When it is not happening, the methods don't work.

This central activity has, until now, been too difficult to state, too vague to think about, too unfamiliar and odd to formulate. Even now many readers will have found the above puzzling, and I hope to make it clear in the rest of this article. All the different methods of bringing the "edge" into the therapy sometimes fail because this has not been made the central issue. One can role play without allowing one's unclear and unfamiliar experience in. One can free-associate and not meet or stay with anything directly sensed. One can "work through" interpretation after interpretation without ever allowing one's attention down into the directly sensed unclarity which is the body's way of concretely living the problem. Then all these methods fail. It is time in our development of psychotherapy to give our main attention to the direct attainment of this kind of process.

I call it focusing because at first what is attended to is vague and fuzzy; and then it comes into focus. Suddenly it is some thing. I will describe it more exactly.

In the last fifteen years exact instructions have been developed, and research measures to test its teachability have also been devised. I will shortly explain the research derivation of focusing in more detail.

Focusing consists of specific teachable steps for paying attention to the body-sense of a problem. This is not just body, like some sense of fluidity or tension somewhere in the body that one might have without any sense of meaning. Rather it is a felt meaning. It is the body-sense of what one is talking about, or of a situation, or of some aspect of one's life that is in difficulty. It is a bodily sensed meaningful complexity.

This body-sense is not the usual thoughts and feelings which are parts of the problem, not the emotions which are in the problem. Rather, is the whole of the problem, as lived by the body. Only as a body-sense can one have the whole.

There is now a book and numerous other versions of specific instructions to learn focusing. It requires a little practise. One's attention must be actively sent into one's body. One must actively move past the usual thoughts and feelings. One must ask for the whole: for how "the whole thing" is sensed in the body.

One way to do this is to ask: "Do I, perhaps, feel all right about this whole thing in my body?" Then one must attend in one's body, and it takes a few seconds for the body-sense of the whole problem to form. In the middle of one's body, in the stomach or chest, one then senses a specific quality, usually an unease of a quite specific character. It is an unpromising sort of unclear sense, not quite comfortable or perhaps very uncomfortable, and to the inexperienced it would not seem likely that anything worthwhile could come from it. Nevertheless, this is what can shift, in a very few seconds, unmistakable in the body, open up, and from it can emerge what would traditionally have been called "unconscious material".

It is my claim that only in this physical way does real change occur. Our difficulties are physically in our bodies, we live our lives with our bodies, we take in any situation in a total bodily way. That is why intellectual answers are usually so ineffective. That is why feeling and suffering the same emotions over and over again doesn't help. The problem must change in how it literally sits in the body. When that changes, one senses a stirring, a seeping, a physical shift.

My support for this claim comes, among other sources, from a series of research studies with the EXP Scale, which have shown that one can predict success or failure in therapy from early interviews, or from any throughout therapy. Focusing consists of instructions to do exactly that, which differentiated the successful cases in these studies. It is now possible, and at least one study has shown, that we may reverse the failure prediction of low EXP by teaching focusing to the client, after which the EXP Scale rises. Whether the outcome is then actually the predicted success has not yet been established.

We are constantly asked: "But how does the therapist use these focusing instructions during therapy? Do your hours consist of silences while you give instructions? How does a focusing therapist work with a client in therapy?"

Indeed, just teaching focusing is not therapy. It takes a limited amount of time, sometimes an hour, sometimes four, and then the person knows focusing. But what is the psychotherapy like which employs focusing?

Focusing is much easier when there is another person present, even if only friendly attention in silence is given. Even better is a person who can listen, that is to say, can respond in a client-centred way, when anything is said out loud.

One can usually focus only for something like ten minutes, or fifteen, then if not before, one wishes to talk. Conversely, it helps to talk a little first, then focus. Focusing therefore fits into psychotherapy. It is the process of silent inward groping and sensing – that process every therapist wishes the client would do, at least sometimes during a session. But most therapists do not know

exactly how this process works, and do not know the vital differences between feelings and body-sense of the whole.

Of course it is still vitally important, as it always was, for the therapist to respond listeningly, to receive whatever the client says. In this sense I disparage neither intellectualizing nor the usual feelings and emotions.

From a body-sense, when it shifts and opens, new and different thoughts and feelings will emerge. Certainly I don't disparage these. The therapist must again respond receptively to these.

But it is vastly easier to work with a client who knows focusing, who has at least once or twice had the experience even if it is still difficult for the client to attend in this specific way.

Therefore the therapist who knows focusing will teach it to the client – perhaps not all at once as a ten minute set of instructions, but bit by bit, now and then, in the early hours.

It is then often quite enough just to slow the talking down now and then. The therapist can respond to a meaningful spot more slowly, as it were savouring or slowly sensing the significance of what was said. During such a slower responding the client is quite likely to do the same thing, to sense inwardly how the words fit, or don't fit, and what more there is.

We have also found it helpful to invite the client explicitly to “check” what we, as therapists, say. “Sense it again, and see. Is that really just right?” Both in therapy, and in our more informal listening – training, we teach not only how to listen, but also how to be listened to. The person listened to must know not to stand on politeness, must know to check inwardly what is said back. “Sense it again, is that really right?”

In this way, also, the client learns in the first few hours that the therapist is willingly, even eagerly, corrected by anything within the client.

In addition to slowing down and inward checking, the focusing instructions can be made to fit in, so they can be given bit by bit where they can fit. For example: “see, now, if you can keep quiet inwardly too, and just relax, and see if you can sense this whole thing in your body.”

Such a short request might be met with an immediate bit of focusing, or the client might only look puzzled and go on talking. If the latter, the therapist would respond in a receptive way to whatever was said, and try focusing again later on.

In this way, over some hours, if the client comes close to focusing, there will also be opportunities to make the instructions more exact, for instance: “I know you really feel this anger now. (Client nods.) It's not new. (Client: sure isn't) See now if you can relax some, and instead of only the anger, let yourself sense everything that goes with it, the whole business, everything that makes you angry and what it all means to you, all together. What does the whole thing feel like in your body?” (Client: It's...) (Therapist interrupts) “You'd have to take a little while, to sort of relax and sense what it's like in your stomach and in your chest.” (Client sits back, stops talking and exhales a long breath.)

Or, in the above example, the client might have said, “Let me finish what I want to say.” The therapist would respond something like, “I'm interrupting you, go ahead.” And the therapist would

listen again for a while. At times the therapist might notice and respond to something like, “You don’t want me to push this on you now.” Or “You’re mad at me also, for telling you what to do.”

The last example shows that what occurs in the client continues to have priority over anything else, and that the therapist would notice, respond to, and accept any interactional events that would arise from this giving of instructions. However, this is rare. When given once and then not pushed, such instructions are not pushy.

Notice also that focusing instructions are never about the content, what is focused on. They are always only about how the client might try to approach something that is already there or might come up. This distinction is important. A therapist might be an expert on the therapy process can work, but could never, in my opinion be an expert on another person’s experience. Anything about the content had best be a tentative question instantly corrected by what arises in the client.

Focusing instructions can be inserted in something like the same spirit, even though the therapist is an expert. They are swiftly dropped and whatever the client expresses is responded to, instead.

Client-Centered Therapy, in our use, is a base-line for, and a precondition of anything else whatever. If priority is faithfully given to whatever arises in the client, many other procedures become quite safe and helpful to try. This must be limited also in frequency, otherwise the self-propelled therapy process cannot develop. But if done rarely, other dimensions can be tentatively tried. Among them, focusing instructions is an instance.

Client-Centered responding is like keeping one’s eyes on the road while driving an automobile. One can do much else besides, but watching the road has priority. In this way what happens in the client has priority, and must be responded to first. What further develops then must also be permitted to develop. Then, later, something else can again be tried.

I have here given only an extremely brief summary of focusing because elsewhere the specific steps and exact approaches are available.

One such specific approach, which I do want to mention, consists in creating what we call “a space” for anything that arises. Suppose some seemingly overwhelming emotion arises. One knows to make a large space for it, as follows. “Yes, that is there, it’s more than I can take up all at once. It will be there a while, sure. I’ll approach it bit by bit. Meanwhile it can be there, over there, where I won’t lose it and also not all inside it.”

Focusing involves this middle position, neither running away nor sinking in. There is always a way of being next to anything, to let it have a space, a place, a being there.

I will now give a series of examples from therapy. The first one will illustrate this space-making, and all the examples will show what a large difference the seemingly quite small focusing instruction bits can make.

A client came to get help with a major conflict: to overthrow existing relations for the sake of a new relationship. Her pull to the new person had not yet been openly shown to the person. “When I have something like this,” she said, “I usually go be by myself. I withdraw till I work it out. But to do that

here I'd hurt him, I'm hurting him now, turning away all the time like that. And also, I can't find out anything more. I don't even know if he cares about me. Yes I do. No I don't."

Of course, the other side was equally strong and right there. "It's unthinkable. Not for me. What am I doing? I'm crazy."

The first hour the therapist reflected in a client-centred way and nearly did nothing else. Especially when a person is in conflict about an action, it seems to me that there is a special horror and absurdity at the thought that some decision in that person's life would be made because the therapist happens to be biased one way or the other. How silly such a therapist seems to me! The person must live life for many years after the decision, the therapist need not live that person's life. How ugly, if she says later, that it all came about because at the crucial moment there was this therapist, who said...

But the therapist did do one focusing procedure and that many times. For each feeling that came – at first for the two sides of the conflict – the therapist said: "make a good, large, friendly place for that. Put it in front of you and let it be there. Yes, sure... that's one thing, all right."

And so it came that some twenty minutes into the hour she breathed better and her body was, for the first time in some weeks, more whole and free. Instead of desperately thrashing and running round the circle, she could sit and be silent for some time, quiet inside herself as well, I think. Of course, in such a silence the underlying body-sense of each part of a situation can be sensed. Each time it is sensed whole, "all that" as it is in my body. (Later I will try to explain how each part is a whole in this way.) That day she made no decision, nor would any decision have been right, probably, on that day.

The next week still there was no decision, but she said much about how all week there had been space, "so much space." Within four weeks she had her decision and it felt wholly right. Of course I know that everything else here was done by her, except for the listening process and that small, but I think crucial addition from focusing.

Sometimes, nothing like such fast results are obtained, of course. Many steps over a long period are needed, but these many steps, all the more, cannot happen as easily without the space given to each facet, as it comes up.

Let me cite another decision conflict. This instance concerned a woman trying to decide whether to use her maiden name professionally, or her married name. This, on the surface, might seem a superficial problem. Again the space-making contribution from focusing, this time also a little more: focusing itself. Having given each of the waves of feeling a place, as they came, having gotten her body somewhat freed, the therapist asked her to take the whole of the conflict and, supposing that it were all one whole business, to sense in her body what comes there, in relation to the whole of it. After a silence of a minute or so, she exclaimed, "oh....oh...yes... I am not sure about being with him." This was what she had suspected, what she had inferred before, what others had told her sometimes, and she had often searched inwardly but it just wasn't there. Now, in one minute of focusing, there it was. That time much listening followed, and mostly listening. As I will show in these examples, there is often a very slight addition in the direction of focusing, which probably also occurred during the listening I don't know how much the listening helped, and I don't know to what

extent she resolved her ambivalence with her husband, but she looked and sounded happier and more solidly in her marriage. At any rate this wasn't due just to listening, but to much working through this couple had done in these weeks. And her name problem? It was still just as unresolved!

She had, of course, by this time, examined all the advantages and disadvantages of both sides, and had done this many times. She knew her reasons for and objections against both sides. Furthermore, in accord with my principles, I asked her if she viewed this in terms of a women's issue and wanted a women's group, and it seemed to me that she did know. Other facets were similarly and tentatively asked.

Then, when the issue was again raised, I asked her to focus. First we took one side. Suppose the maiden name was really totally fine and OK to use, what would be your whole sense of that? As she began again to say that side I stopped her and asked her, instead, to sense "that whole way it would be," in her body. To do that takes a little while, perhaps a whole minute or so, until such a sense forms. It was an "excitement." That was the word that seemed to fit best. She stayed with it for a while and a number of dimensions came out of it as it shifted somewhat. She wrote those down.

It is always striking how such a brief period as focusing requires raises something new, virtually new, although one has been over and over the ground with the same reasons and the same emotions, so often and for so long. That she wanted to write these things down brings home how good it feels to arrive at something new and deeper, more oneself, than the repetitious emotional circles.

Then I asked her: "Now sense what's in the way of that. Of course, you know, but let that wait. Just pretend you'll go this way, and see what comes in your body." Subsequently we did the other side. What came there was a good solid feeling of being "a married woman." She kept that one too, for a while. And then "What's in the way of going that way?"

In this example the therapist is doing a great deal of directing and intervening, giving instructions now for this and then for that. Of course this would have stopped the moment she stopped experiencing it as continuous with her and her own feeling of the situation. Also, between these instructions there were, of course, periods of listening, as the ramifications emerged.

What is most important, here, is the surprise, relief, and body-release that comes from touching, and then sensing the shift in, the bodily sensing beneath the usual emotional circles and the same old self-torments.

Having given examples of perhaps the least, and perhaps the most amount of focusing instruction within an hour, I would like to give some tape-recorded excerpts of more regular therapy interaction. Often, in these, the focusing addition is so slight that I might have to point it out, so that it becomes noticeable to you, and so that you can see the very different events which happen immediately after that.

The client is trying to find a job in her own field, meanwhile working at something she doesn't care about. She says: (This excerpt has been altered to make it unrecognizable.)

C1: I'm still avoiding those job interviews (in her field). And men too.

T1: There's something similar about your avoiding in those two areas.

C2: Yes. I think I'm not willing to take the chances of failing. I go on til there's a real opportunity, and then I run away. I get nervous.

T2: Nervous is the word that fits it.

C3: Yes. Uh, well... I run away.

T3: Run away is it.

C4: Yes, being nervous isn't what does it.

T4: The nervous doesn't make the running away.

C5: No

T5: So we don't know what the wanting to run away feels like, what it is that wants to run away.

C6: Well, I think it's that I'm scared to fail and that makes me fail. I'm scared to find out that maybe I won't be any good where I really care about it.

T6: Can you feel the wanting to run away now, if you imagine going ahead?

C7: Yeah I can feel I want to run, but if I decide not to go ahead then I don't need to.

T7: As long as you don't think you'll go ahead, that need to run isn't there. And you suspect it's that you're afraid of finding out you're not really good at it.

C8: Right!

T8: I was also interested in just the feel-quality of it, for a minute you could feel the wanting to run, just now. Can you still?

C9: Yeah. I could feel it.

T9: Lets tap it lightly and see what it turns up.

Here you can see that the therapist mostly follows the client, saying each message back as exactly as possible, correcting himself as soon as he sees that what he said was not exactly what she feels.

"Nervous" is just the sort of body-sense that focusing is all about, but no. She says the wanting to run is more important. The therapist follows exactly, reflecting how the nervous feeling is not the casue. (Up to T4)

Then there is a response which attempts to move toward focusing (T5). "So we don't really know what the wanting to run away feels like, what it is that wants to run away."

This is exactly as invitation to focus, although it doesn't ask the client to do anything. It is not really a client-centered response. Not only does it invite her to inquire into the wanting to run; the response also refers to an entity, a something, "what it is that wants to run away."

The response implies that there is such a “thing,” that it is not totally identified with her, and that she could go inside and find this “something” which wants to run, and that she could wonder what it is while she senses it.

Although one may just have talked about something directly sensed, it quickly becomes only a thought and a memory. The therapist next invites her to focus with a method for bringing the direct sense back again. T6: “...imagine yourself going ahead,” he asks her, knowing that quite probably the feeling of wanting to run will then come in directly again. That is another aspect of that same response.

However, she does not accept this invitation to focus. Instead she says what the wanting to run is, with no pause between. She thinks she knows what it is. The therapist said: “So we don’t really know...” she answers: “Well, I think it’s...” And she has a well worked out explanation that makes perfectly good sense.

The therapist realizes that he has not yet responded to her explanation, and he does so, this time fully. (T7): “As long as you don’t think you’ll go ahead...” and the rest of her explanation. She say, “Right!”

Now the therapist tries for focusing again, openly says (T8): “I was interested also in just the feel quality of the wanting to run.” And (T9): “Let’s tap it lightly and see...”

Of course, this client knows the way to focus, has done it before, knows that she doesn’t have to do it if it doesn’t fit in with her, didn’t do it til she wanted to, and she understands the phrase the therapist uses here.

(Silence)

C10: I’m bad, I feel crummy about me.

T10: You feel crummy to yourself.

(Silence)

C11: I can feel it right under there, this crummy. It comes and goes. I can feel OK too, and if the crummy comes, I can ignore it and feel OK to, if I want. (laughs)

T11: The crummy is right there, just underneath, and you don’t have to feel it.

(Silence)

T11a: Let’s just be with this crummy, just hear from it, why it feels crummy.

C12: I used to dance when I was little, just my own way around and around, but they said I was showing off.

T12: They called it something bad.

(Silence)

C13: I used to fight with my mother. She would get very upset. She even went to a psychiatrist. One time my father came and said to me, "Look what you're doing to your mother!"

T13: He made out you were doing something very bad to her.

C14: I was only going along my way, not fitting in with what she wanted.

T14: You were just going along but it was supposed to be very bad for her.

C15: Like I was hurting them.

T15: Made you feel you were hurting them.

(Silence)

C16: It was always like that...

T16: This part of you experienced that many, many times.

(Silence)

T16a: Can you now really be glad this part of you came and that it is speaking to us and can you welcome it?

(Silence)

C17: It would rather run away than feel so crummy and bad.

T17: It has to feel it's bad, it would rather run away.

(Silence)

C18: Well. That's sure different, than I thought.

From this excerpt it can be seen how focusing can be combined with client-centered therapy. Really, of course, focusing can be combined with any method, without much loss of that method.

What were the small but crucial focusing interventions? I tried to point them out as they came up. Let me discuss them more generally.

First of all the therapist makes a special effort to name and refer directly to the client's directly sensed unclear edge of the problem. As a client-centered therapist he responds to everything the client communicates, but he spends extra time with some one word or phrase that seems to refer directly. In our excerpt it was at first the word "nervous" and then the phrase "running away." The therapist may ask the client to attend to that further, or the therapist merely repeats that word or phrase again, more slowly, after having responded to everything else.

Secondly, the therapist imagines a "something", which could be there, which the client could focus on. If the therapist is used to focusing, this happens naturally without any deliberate attention to just how anything is phrased. Nevertheless it is noticeable in the phrasing. This therapist responded by talking about "what it is that wants to run." This implies that although she might not want to run, something in her that she could focus on, does want to.

Thirdly, if the direct sensing is no longer immediately present, the therapist has ways to help it come back. If you imagine going ahead, then whatever opposes going ahead will make itself directly felt. If you imagine that the whole thing is all right, quite soon whatever is not all right can be felt.

Fourthly, one can directly request the client to focus: "Stay with that sense for a moment, just touch it and wonder what it is." Of course there are many ways one can convey this basic focusing way: to sense what it needs and wants. There are various questioning ways to attending to, being next to, such as as yet unclear sense.

Fifth, there are focusing ways of receiving whatever comes from such an at first vague sensing. It is important to be glad that it spoke, opened up, came out, much as one would receive another person who had been long silent and at last speaks. This is quite crucial. There is always an adult person in the client who needs to receive whatever comes from inside in a friendly way. It is an attitude of "right now we're not doing anything, we're only listening, anything it might say is all right, it's welcome." Sometimes this is called making a friendly space for it.

Finally there is also (not in our excerpt) sometimes a need to say: Let that be here and let it wait a while. You don't have to deal with it all at once. You can put it down and let it wait, and take it up bit by bit, over a period of time.

There is a great relief sometimes felt when a person discovers that this is possible, that one need neither run from something nor push into it immediately. It will stay there, where one can touch it, and yet one can be separate from it, get a breath, one can know it's there, but there is time.

When focusing is taught to large groups, this attitude makes it possible for people to let come up whatever happens to come. Otherwise a newcomer to focusing might find something arising which is too big to deal with, and then it is difficult to go on with the rest of the day. Yet this attitude is easy to discover and can be taught in a few minutes. There is relief with it. "You mean I can put it down and I'm still able to be in touch with it!" Focusing involves this third relation to an inward sense, neither pushing in nor running away. It is – if you don't mind spatial metaphors – a being next to, being along side of. It is there, you are here. It won't go away, neither will you.

When people suddenly grasp this as a possible way to be, they usually exclaim something like: "Oh, it's not me, I'm something more than that."

Let me now try to say again what focusing is.

There is a distinct difference between the thoughts and feelings one usually circles around in, and the body-sense of the whole. The body is a unity, and senses any concern as a unity. All of one's life experiences, all one's thoughts, perceptions and values, are all present in the body, and participate in a relevant way in forming this bodily sensed whole. My life-experience enters in, in this way, when I sense anything. Of course, whatever I focus on rearranges this mass of life-experience into a different whole, a different organization. If I ask myself what is my direct sense of some person I just met, all my life experience will be arranged in a certain way and a distance sense of that person will form. It will be a felt sense from which I might form some phrase, or a paragraph-long description, or I might write many pages - - words will still never equal that bodily sense I have now of this new person. But another person I next meet will also generate in me just such a sense, only a different one. Again it will be a whole, a wholistic sensing. And so it is also, when I focus on some situation.

For the moment my problem –just how I sense some detail of some situation. For the moment my wholistic sensing body is taken up with this detail form. Again it is a huge whole, however small the detail.

Therefore it helps to get this bodily sense, if one asks oneself, “Do I feel totally all right about this?” Usually one already knows that the answer is No. Nevertheless, asking the question in this way, and attending in the middle of one’s body, allows that wholistic sense to form.

The body senses any situation or aspect of living in a wholistic way. By this I mean two aspects: that everything that is relevant is sensed together as a totalled whole, and also, that this whole is a forward-moving one. When one holds one’s breath, there is not only a total sense of holding one’s breath, there is also the distinct directionality toward exhaling. The body not only totals up, it totals forward, toward what is needed, what should happen, what would be pro-life, what would be the next step. When this concerns bodily functioning, it is perfectly clear. Exhaling is the next step, or eating when one is hungry, or sleeping when one is tired. When a complex human situation is sensed, the next step is needed is not so clear. Nevertheless it is sensed, it is an aspect of the total sense. Thus, one asks, “Does this whole thing feel all all right now?” What comes and is then sensed as a unique quality is not simply one of the many facets that might be wrong with the situation. It is rather just that, which is in the way of the body’s forward-moving, just that which is in the way of a totalled allrightness.

In this way focusing is different from struggling helplessly inside a difficulty. Instead, one lifts the whole of the difficulty. One allows a body-sense of that whole to form (it isn’t just there, waiting, usually). As it forms, the diffuse bad feeling centers, the body as a whole feels better, cleared, there is a breath, energy flows from underneath. Verbally it sounds odd that one feels so much better, since perhaps what one senses does not feel good at all. Nevertheless the process of focusing feels freeing, like fresh air, new energy, a sensing oneself again, underneath, as wider and different than what has been oppressing one.

Much has been said in recent years about “getting in touch with one’s feelings” which has been wrongly considered as a synonym for “getting in touch with oneself.” Of course, if one has been closed to one’s feelings, getting in touch with them is a great step forward. But focusing is a different, further step. The body-sense of the whole shifts and opens up into the crux, what’s in the way, and what needs to happen. And, beneath and separate from even these central “feelings” is a sense of oneself as quite different, with fresh life energy flowing in. “Oh, I have that whole thing, I am not that whole thing.”

If one knows focusing, then what are seemingly very minimal additions to the therapy process can greatly facilitate it. Moreover these focusing additions can be provided by the client even with a therapist who doesn’t know them, as well as of course by the therapist.

Reference Notes

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