

Lee, Robert L., PhD.:**Focusing Oriented Psychotherapy: A New Kind of Orientation**

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Focusing Oriented Psychotherapy is an emerging family of psychotherapies inspired by focusing and its roots in the philosophy of the implicit (Eugene Gendlin), psychotherapy outcome research, and Rogerian psychotherapy. Fundamental to this orientation is the explicit attending to a bodily felt sense of an issue (focusing). It is the body sense which carries the whole of a situation. New information emerges from this felt sense and resonates with the body such that meaning is lived further (not just known). Further steps of change are possible from this new opening. Because content does not define the methodology, the unique aspects of the person in the client and in the therapist become more central to the psychotherapeutic process. This felt sense level of change is going on within all human processes; thus, focusing brings depth to any psychotherapeutic approach. When focusing and the function of the implicit in psychotherapeutic change are not known, then psychotherapy (no matter what the orientation) may lose its potential to initiate deep and lasting change. This is because insights, emotions, and behavioral change are not checked with or modified by the bodily sense. Only if there is a resonance in the body (i.e. embodied beingness) does a person “feel differently” and “live differently.” For example, clients have said: “We went over and over the same material. I have a lot of insights into my past, but I don’t feel that I have really changed.” or “I worked and worked on changing my thoughts that went with my anger, but I still feel angry.” (Doralee Grindler collaborated on this paragraph with me.)

A focusing-oriented psychotherapist knows how to enable a client to bring attention to this bodily level and to find the steps forward which come from that. This skill has been developed out of the therapist’s own practice of focusing partnership. Usually it is not possible to use focusing well in psychotherapy without some practice in focusing partnership first. The professional use of focusing needs to be from the inside out. Focusing oriented psychotherapists know how to distinguish between felt sensing and related but different things such as: emotion, physical sensation, imagery, Jung’s 4 functions, hypnosis, meditation, catharsis, energy work, and inner dialogue. (Gendlin, 1996)

History and Research

Focusing-Oriented Psychotherapy “grew out of a collaboration in the 1950s at the University of Chicago between Carl Rogers, the founder of Client-Centered Psychotherapy and philosopher, Eugene Gendlin. Coming from the philosophical tradition of Dilthey, Dewey,

Merleau-Ponty and McKeon, Gendlin developed a Philosophy of the 'Implicit' and applied it to the work Rogers was doing. He asked what is actually going on when empathic conditions are present. Out of this interaction came a further theory of personality change (Gendlin, 1964) and psychotherapy (Gendlin, 1996), which involved a fundamental shift from looking at content--what the client discusses--to the manner of process--how the client is relating to experience. From examining hundreds of transcripts and hours of taped psychotherapy interviews, Gendlin and Zimring formulated the Experiencing Level variable. A Process Scale and eventually The Experiencing Scale (Klein et al 1969; 1986) were developed to measure it. The hypothesis was that clients who are more successful in therapy will show an increasing ability to refer directly to bodily felt experience To their surprise and dismay, some findings indicated that Experiencing Level early in therapy predicted outcome. [i.e. therapy did not improve experiencing level] Clients who began therapy already able to speak from their inner experience did well and those that started unable to do this didn't necessarily learn and had a poorer outcome. In response to the problem that failure could be predicted from the outset, specific instructions were developed to teach people how to do this important process, which was named, 'Focusing.'" (Hendricks, 2002)

The teaching of focusing led to the development of an egalitarian partnership practice to sustain and deepen the ability to refer to and speak from inner experience (Gendlin, 1978).

In this practice one person (the

focuser) uses body felt sensing to explore an issue and to find forward steps while another supports the process with experiential listening which is similar to but also different from a Rogerian style of listening. Listening to oneself carefully (what the focuser does) became one description of focusing, and learning to listen carefully to another listening carefully to themselves (the listener's process) became more and more important in assimilating this practice and in adapting it to other contexts.

Focusing became synonymous with both this learning to access the body felt sense in working on an issue, AND with the partnership practice which emerged as the primary way that people could sustain and extend this learning rather than forgetting it.

Focusing practice has led to applications in many areas—psychotherapy, self-help personal growth, medicine, education, spirituality, creativity, organizational development, bodywork, theory building, and philosophy—to name some. Psychotherapy is the most developed area. The research on focusing and psychotherapy continued and focusing oriented psychotherapy extended into many countries with consequent elaborations coming with extensive use of focusing in psychotherapy.

Further Research. In a review of over 100 studies which have been made on focusing and psychotherapy, Marion Hendricks reported: "The finding that Higher EXP and Focusing [ability] correlate with success holds across cultures, therapeutic orientations, different patient populations and different modalities of outcome measures. The client-therapist relationship is well recognized as a major factor that makes therapy successful, aside from specific effects of orientation. Focusing [ability] seems to be another such cross factor. Whether the client is processing at this body felt sense level should be taken into account, regardless of therapeutic orientation." (Hendricks, 2002)

Focusing Oriented Psychotherapy (FOT) has had an interesting diffusion history. For some 20-30 years focusing has had a small and slowly growing presence with psychotherapists in many different countries. Besides the USA where it was founded, it has had cadres in Germany, Austria, England, Switzerland, Spain, Japan, Canada, Chile, and Argentina. There is an open spirit about the emergence of FOT. There is little sense of a hierarchy formalizing and controlling FOT. Consistent with the Rogerian tradition, there is a value for egalitarianism and restraint from creating too much hierarchy.

Focusing Oriented Psychotherapy is, then, not only the brilliant theory of Gendlin (1964, 1996) but is an emerging set of common but differentiated practices simultaneously coming out of a remarkably diverse and international set of psychotherapy practitioners over an extended period of time.

One brief example. Agnes Wild-Missong is a Swiss Psychologist who encountered Gendlin and focusing in the 70's. She has taught the process independently and used it in psychotherapy ever since and is acknowledged as one of the founders of focusing in Europe. She has also crossed focusing with shamanism which is one of her passions. Her version of psychotherapy is easily recognizable as focusing oriented psychotherapy, and yet it is unique at the same time.

This commonality but with differentiation is in fact, particularly characteristic of focusing oriented psychotherapy and it is a part of the philosophy of the implicit in terms of how theory can develop spherically—moving out in many directions from a point rather than linearly. [from Gendlin and his concept of Thinking At the Edge (TAE), and First Person Science. see www.focusing.org]

In order to capture this aspect of diversity of Focusing Oriented Psychotherapy I will present it in 4 Faces. These faces are designed to convey the fluidity and differentiation which makes FOT such a new kind of orientation.

Four Faces of Focusing Oriented Psychotherapy (FOT)

Face 1: FOT as an elaboration of Rogerian psychotherapy.

Much of the Rogerian tradition is retained. Client as source of change, the egalitarian relationship, 3 conditions of growth (empathy, congruence, and unconditional positive regard), value for the person, social-political relevance of opposition to authoritarianism, are still present. The critical difference is the notion of felt sensing occurring at an unclear edge and having an embodied presence which can be entered and leads to forward steps. Moreover, a willingness to be directive but in a process oriented, not a content oriented way, is also different. Gendlin's unified field view of psychotherapy also comes out of this base in Rogerian Psychotherapy. (See his discussion of avenues in Focusing Oriented Psychotherapy, 1996)

Face 2: FOT as focusing Interacting With_____:

A) Orientations (e.g. self psychology, behavioral medicine, body centered psychotherapy)

B) Modalities (e.g. group therapy, marriage therapy, child therapy)

C) Specific Issues (e.g. Cancer, Anxiety, Trauma)

Focusing is extraordinary in its capacity to join with other orientations (Lee, _____) (2A). It opens up modalities beyond individual psychotherapy serving as a route into these, and as a way to elaborate them (Lee, 2000, Winhall, _____). It is a fertile source for creation of special methods to work with all kinds of issues and themes in psychotherapy. This 'interacting with' can be as simple as making suggestion toward felt sensing or it can lead to specific elaborations or to a fundamental and fertile crossing. (Gendlin, 1995) (See "Stages of Development in a focusing oriented psychotherapist" later in this presentation)

Face 3: FOT as "In action" Focusing

by the Psychotherapist during the session (e.g therapist uses his/her felt sense of client to choose the kind of intervention that fits). To be able to utilize felt sensing fluidly without time and accompaniment, which is the situation for the therapist during psychotherapy, usually requires extensive practice in focusing partnership and

extensive use of focusing in psychotherapy to the point that felt sensing is being referenced regularly in whatever situation and that finding steps forward can happen in marginal time not requiring the typical formal pausing and complete attention to the felt sense. Focusing in the situation of a therapist helping a client implies how to be, what intervention to use or not use, what orientation to use or not use. New ways of working can regularly emerge. (See Gendlin's *Let Your Body Interpret Your Dreams*, 1986, for the use of focusing with the major dream orientations in working with dreams).

Face 4: FOT as psychotherapy combining with Focusing Partnership Training

The potency of focusing partnership training where someone learns to guide themselves toward and into felt sensing, and they learn to listen and accompany someone who is focusing has many implications for psychotherapy. Focusing Partnership Training for the client can function as: a) a preparation for therapy in order to utilize this costly process more efficiently, b) a concurrent separate training to accelerate therapy and to promote positive outcome, c) a concurrent training embedded in psychotherapy, d) a postlude to therapy for continuing deep psychological exploration, e) as a substitute for psychotherapy in some circumstances.

All these faces could be functioning in a particular psychotherapist. The faces are useful for deciding what is central, what is emphasized more by certain groups of FOT's, but having one FOT face as your principal home does not prevent you from having the others in a secondary way. For example, having your main FOT home, as an elaboration of Rogers (Face 1) does not prevent you from having FOT as an interacting with other orientations (such as self psychology) or with other modalities (marriage therapy) or with specific issues (such as anxiety) which is Face 2. Having a specialization in FOT and self psychology (Face 2) does not prevent you from valuing a Rogerian emphasis on self-actualization (Face 1). Having a specialization in focusing partnership training as a collaboration with FOT (Face 4), does not prevent you from developing special applications of focusing to group therapy (Face 2). Having a specialization in the use of felt sensing as the psychotherapist for choosing interventions (Face 3) does not prevent you from caring deeply about following the client (Face 1-Rogerian). More, each face gives you an idea of how FOT functions differently with that emphasis and it gives you an idea of the diversity that makes this orientation a new kind of orientation.

Stages of Development of Focusing Oriented Psychotherapy.

Focusing Oriented Psychotherapy tends to be used differently in each face and to pass through stages.

Stage 1—Tool.

Initially, therapists with training in focusing, use focusing as a tool or technique to help in their other orientations and specializations. This stage can last a long time. Often, another orientation or therapy family or area of interest is their primary identification—Adlerian, self psychology, Buddhist psychotherapist, rogerian, humanistic psychology, behavioral psychology, behavioral medicine, IMAGO therapy, EMDR.

Stage 2—Elaboration.

In stage 2, a therapist begins to discover the fertility and adaptability of focusing (See "Joinability of Focusing", Lee) and typically creates elaborations of their orientation or specialization. For example, a therapist in this stage might create a way of bringing focusing into cognitive counter statements (a behavioral psychotherapy technique) which improves that technique. In this stage, focusing becomes a junior partner or equal partner to one's other orientations and specializations.

Stage 3—Fundamental.

In stage 3, the fertility of focusing is in full bloom functioning in elaborating other specializations and also focusing and FOT get elaborated by a crossing in the other direction. In this stage, new theory and practice is often generated, focusing and/or the philosophy of the implicit, is a fundamental organizing principle. Direct reference to experiencing is an ongoing continual way of living. FOT is at least a full and equal partner to other orientations and specializations. However, even at this stage 3, FOT does not require abandonment or even subordination of other orientations.

Delineating the Faces with these stages elaborates further how FOT functions.

Stages of therapist use of FOT in the Four Faces

Face 1: FOT as an elaboration of Rogerian psychotherapy

Tool: e.g. “What is that like in your body” as a question for finding the felt sense Primary identification is with Rogerian psychotherapy or with Humanistic Psychology

Elaboration: e.g. Therapist helps a client develop active listening as elaborated by focusing in couple sessions. Now the listener senses in their body as they listen.

Fundamental: E.G. Unconditional Positive Regard, a key term in Rogerian Theory, is now defined and used in a new focusing way that enriches Rogerian Theory and Focusing Theory.

Face 2: FOT as Focusing Interacting With_____

A) Orientations (e.g. self psychology, behavioral medicine, body-centered)

Tool—e.g. working with a headache, the therapist asks how the client feels in their torso.

Elaboration—e.g. the therapists has the client describe the felt sense effect of each anti-pain intervention Fundamental—e.g. the therapist creates multiple focusing interventions with headaches and combines those with typical behavioral medicine structures, baselines for example. Creates a theory about small change leading to big change.

B) Modalities (e.g.group therapy, marriage therapy, child therapy, duo therapy)

Tool: e.g. Therapist teaches Client to listen actively to marital partner in marriage therapy

Elaboration: e.g. In conflicted situations the therapists develops a way of using felt sensing to make that more effective

Fundamental: The therapist develops a style of marriage therapy which is implied by focusing but not already in it. It is based on the little recognized ability of felt sense entry to elicit empathy.

C) Specific Issues (e.g. Cancer, Anxiety, Trauma)

Tool: e.g. The Therapist uses the first step in teaching focusing, Clearing a Space, to help manage anxiety in a session, suggesting the client try to set it aside.

Elaboration: e.g. in using controlled breathing to manage anxiety, the client first checks their felt sense and describes it. As they go forward with their exercise they continue to periodically describe the felt sense which helps the client to notice progress sooner.

Fundamental: e.g. The therapist develops a theory of anxiety as frozen meaning in condensed sequencing. They use subtle aspects of focusing toward unfolding and undoing the problem elaborating what is anxiety and elaborating new aspects of focusing in the process.

Face 3: FOT as Focusing by the Psychotherapist

Fundamental: (requires that a therapist can do focusing in short spaces (10 seconds) and/or in the background while being present with the client) Therapist chooses timing of intervention, orientation which fits the particular client, intervention, with help of felt sensing. Interventions already have linkages to focusing or therapist spontaneously develops them. Other general orientations (humanistic, behavioral, psychodynamic,

developmental, cognitive, transpersonal) are chosen to fit the client in each epoch of psychotherapy or in a session. This process is largely seamless. Orientation and focusing already have linkages which get further worked out with further practice. This face of focusing is usually only seen when focusing has become a fundamental organizing principle (stage 3).

Face 4: FOT as psychotherapy combining with Focusing Partnership Training

Tool: e.g. Clients are sometimes referred for Focusing Partnership Training

Elaboration: e.g. Clients are referred for Focusing Partnership Training as prelude, conjunct, postlude, or substitute for psychotherapy depending on the collaborative assessment between client and therapist.

Fundamental: e.g. Teaching focusing partnership may be integrated seamlessly into psychotherapy. Advanced focusing training is the true termination of psychotherapy.

Limitations in focusing skill are seen as clues to character flaws.

Eugene T. Gendlin and the philosophical background

Before doing an experiential focusing exercise, I want to say a little more about Eugene Gendlin and about the philosophical roots of focusing and what all these faces have in common.

Gendlin is the founder and was, for many years the editor of *Psychotherapy: Theory, Research and Practice*. For his development of experiential (or Focusing Oriented) psychotherapy, he was chosen by the Psychotherapy Division of APA for their first "Distinguished Professional Psychologist" award. Other Distinguished Psychologist awards from APA have followed. What is remarkable is that psychology is his second field. His first is as a philosopher. His books: *Experiencing and the Creation of Meaning*

(), *Thinking Beyond Patterns* (originally a long chapter)

(), and the still unpublished but culminating *A Process Model*,

along with many articles are the articulation of a Philosophy of Entry into the Implicit. He characterizes this as an after-postmodernism philosophy. It is the first philosophy in a long time to carry a practice with it (focusing partnership). Gendlin has recently developed a 2nd practice, *Thinking at the Edge (TAE)* for building theory out of experiential knowing in one's area of expertise (Gendlin, 2001)

Let me try to orient you to the philosophical roots of focusing oriented psychotherapy but with the caveat that I am not a philosopher.

Philosophical Roots: In the philosophy of entry into the implicit of Eugene Gendlin, an organism and its environment are mutually implying (Gendlin, 1997). That is, they are originally interaffected and coordinately differentiated (terms of Gendlin in bold). In this world view, "objects" are derived from living process. The subject-object dilemma of traditional science in only knowing from observation and the post-modern efforts of "inter-subjectivity" to get around this dilemma are transcended from the very beginning. (Gendlin considers his philosophy as part of an after post modernism movement). Thus psychotherapy is a mutually implying process like all others living processes, from the beginning. It cannot be understood in unit model categories only from observation by a spectator as if it could be understood like a machine. Rather in the paradigm of Gendlin, logic and experiencing must have an ongoing partnership.

While Gendlin's philosophy implies a different kind of science, it is actually more friendly and appreciative of the accomplishments of traditional science than post-modernist theories.

Focusing's already mentioned history in traditional research is evidence.

A second fundamental coming from the philosophy of the implicit for FOT (Focusing Oriented Psychotherapy) is that there is an implying in life that can lead to a carrying forward. For human beings, your situation has an implying which can unfold into forward steps. This is the microlevel of change, i.e. larger change extends from this microlevel. This carrying

forward in steps in complex situations from the implying is fundamental to life. It is not simply an add-on. Creativity and innovation are not add-ons. They are fundamental to life. The third philosophical root is the distinguishing of experiencing or body felt-sensing from emotion. I have touched this earlier on a practical level with focusing. Gendlin's philosophy locates this distinction in the panorama of the evolution of life. He makes a careful distinction between culturally slotted emotion, and felt sensing. Culturally slotted emotion is kind of what your culture tells you to feel in a situation. While this is not as simple as a computer program, there is a patterning in this kind of emotion which does not carry forward, does not move out of the box of what a culture tells you to be. Becoming a person, for Gendlin, and Focusing Oriented Psychotherapy, means finding this felt sense level which is trans-cultural and which holds the complexity of a situation including one's cultural limitations. (Gendlin, 1997)

An example of felt sensing despite cultural limitations

I grew up in the USA. Until moving to Costa Rica at age 50, I was monolingual, I spoke one language fluently. My international relationships were limited by a narrow sense of what it is to function in a second language (the rest of the world was trying its damndest to speak my language, why learn another?). Nonetheless I could still move to a level of complexity in a situation involving international communication even though my awareness of communication in a second language was primitive in relation to most everyone who doesn't speak English as their native language. A culturally slotted emotion in contrast might have been "frustration" that my colleagues think so simplistically (without recognizing how speaking in a second language can simplify one's communication since I did not know that then.)

But I could still sense "more" in these cross-cultural interactions than my emotion of frustration. Eventually, this "more" played a role in making it a priority to learn another language and another culture which led me to move to Costa Rica (from Boston) in 1999. Focusing Oriented Psychotherapists vary in their understanding of the philosophy and its relationship to focusing. However, they are influenced by the philosophy nonetheless and there is a growing interest in understanding the intricacy of this new worldview. Focusing oriented Psychotherapy does not describe a box or template or a pattern which focusing oriented psychotherapists follow. Less like a box and more like the ever expanding sphere coming from a point, FOT gets elaborated in an amazing diversity of ways which further define and extend it. FOT is not a static process. It is a unique flowering coming from the crossing of focusing into psychotherapy. Focusing itself and particularly focusing partnership is the practice of a new philosophy and worldview. As a psychotherapist enters this worldview further (stages), the crossing of focusing with their way of working becomes more fertile and profound and adds to the diversity of the Focusing Oriented Psychotherapy Family. Four Faces of Focusing were articulated to present this diversity. How the stages of development of FOT come into the Faces as tool, elaboration, and fundamental, was further explicated. Psychotherapy Outcome research, diverse but coordinated development of FOT internationally, and strong roots in philosophy, complete the picture of this new kind of orientation.

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1.1.2 Bio

Robert L. Lee, Ph.D. is a licensed psychologist in the United States (Massachusetts and Arizona). Before moving to Costa Rica in 1999 where he currently lives, he had a private practice in Andover, MA for 10 years. He has been a Coordinator for the International Focusing Institute for 12 years. He has taught focusing in 3 continents and 2 languages in schools, churches, conferences and centers. He is a Certified Group Psychotherapist and has extensive experience in facilitating group psychotherapy. He has been a Board Member of the Consortium for Diversified Psychology (which represented 17 humanistically inclined universities, psychology departments, and professional associations) now named the Council for Humanistic and Transpersonal Psychology. He was a founding member of the National Psychology Advisory Association, an organization for graduates and students in the CDPF graduate programs. He served on the board of NPAA for 11 years, twice serving as chair.