

*An excerpt from*

# FOCUSING IN CLINICAL PRACTICE

## *The Essence of Change*

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### **Chapter One: The Essence of Change**

“Focusing” is a particular process of attention that supports therapeutic change, a process that has been linked in more than 50 research studies with successful outcomes in psychotherapy (Hendricks, 2001). Facilitating Focusing in our clients can enable natural and adaptive change in body, mind, and behavior. The rest of this book offers practical support in bringing Focusing into your clinical practice, no matter what modality of psychotherapy you follow. But first, we’ll have a look in this chapter at what sets Focusing apart, what makes it unique, what gives Focusing its particular power. To do so, I will give an example of Focusing and then introduce some new concepts for understanding the process of change.

What change is, and what brings change, are key questions for all clinicians. Our clients come to us faced with life situations that feel burdensome and unshiftable, struggling with emotional states that are sometimes out of control and frightening in themselves. They have anxiety, or flashbacks to traumatic memories, or they are shut down, hemmed in by defenses that have been their best way of getting by until now. They may be finding some measure of relief in addictive or obsessive behaviors that nevertheless are problems in themselves. Their lives may be mostly on an even keel except for one troublesome area that somehow underlies the whole system, or they may feel close to a frightening disintegration, hanging on by their fingernails. Some may experience emotional overwhelm, others a puzzling lack of emotion, and others a persistent sense of worthlessness and shame, dogged by an inner critic. Some are quite self-aware and able to talk at length about their own contributions to their issues, while others aren’t even sure they have a problem at all, as in: “My spouse wanted me to see you. . . .”

Often we see our clients change, and nothing is more deeply satisfying than being a part of and a witness to someone’s life becoming better. In some mysterious way our own willingness to be present for our clients, to bring our own selves up to the line every day, makes a difference for these often courageous, often struggling people.

As therapists, we go to work each day prepared to engage not only with the satisfying experience of facilitating developmental steps, but also with the awesome task of participating with whatever suffering, brokenness, and trauma is presented to us. Is this not because we believe, that no matter what has gone wrong, how dark the road, how desolate the lived experience, people have the ability to heal, to change and grow? And even more surprising, that we, therapists, can meaningfully participate in this renewal? (Preston, 2005, p. 22)

When I interviewed psychotherapists for this book, I asked them, “What drew you to Focusing? What made you want to bring Focusing to your clients?” I heard from them about wanting to empower clients, to offer them a self-aware, self-regulating way of being, one they could continue to bring to their lives outside of and beyond psychotherapy. Most people also mentioned how valuable Focusing had been to them personally. As one clinician said, “My life with Focusing for the last few years has been so tremendous in terms of what it opened up, how I’ve changed my sense of self, how I’ve opened up my way of being in the world, that it makes me trust that there really is something about this that will work with others.” Most of all, though, people spoke about the theoretical power of the Focusing concepts. Preston writes about this first encounter with Focusing:

I immediately felt like I had come home—like I had found the missing link that, as a young therapist, I was looking for. I had been studying many helpful approaches to psychotherapy, but I sorely needed some fundamental understandings of what made psychotherapy work that could tie all these methods together. I knew from this first workshop that this approach would provide me with the cohesive element I was missing. (2005, p. 1)

So what is Focusing? Let’s start with an example.

### **The “Left Behind” Feeling**

After a number of weeks, Brian has gotten to what feels to him like the central point of what brought him to therapy: a kind of holding back or inner aloofness that manifests in all his relationships. Sometimes the other person seems to be the one holding back; sometimes Brian finds the holding back in himself. It is a mystery to him. He doesn’t know where this came from, and he would really like it to change.

The therapist invites Brian to pause and “get a fresh feel for this whole thing, a kind of holding back in all your relationships.” Brian knows by now that he is being invited to let this “fresh feel” simply come, without words at first. He is willing. There is a silence. Then Brian’s hand moves to his chest. “This in me feels left behind,” he says.

“Left behind,” repeats the therapist, slowly. This is new. There had not previously been a connection between the holding back in relationships, and feeling left behind. Both Brian and the therapist resist the temptation to speculate about this, and Brian simply stays with what is there, open to more coming from it.

Memories come of times when he was left behind. These memories are not new, but they come now as instances, as if the left-behind feeling is showing them. There were many times when he was supposed to be picked up after a school event by his father, and his father would arrive hours late, leaving him standing there as darkness fell and all the other kids were picked up and went home. As Brian tells the story, he becomes aware of an aching in his chest, in the left-behind place. He says to it, “I sense how hard that was, to be left behind like that.”

Supported by the therapist, Brian senses how it—the left-behind feeling—feels, from its point of view. “It wants me to know *that was wrong*, to be left behind like that. . . . I’m letting it know I hear it. . . . I’m sensing that it thought IT was wrong. . . . If they left it behind, it must not have done what was needed to keep them around. . . . I’m saying to it, ‘No wonder it’s painful if that’s what you believe.’”

The therapist invites Brian to sense what kind of contact this place wants. “What comes is: a long hug,” Brian says. Then there is a deep full breath. “Ah! That’s what would have been right . . . if my father had given me a long hug after I had waited in the dark for hours. He just drove up like nothing had happened. If I had gotten that long hug from him . . . like he knew what I had gone through, and he was sorry.” There is a change in the way the body feels. The ache is gone. Brian takes time to sense how it feels now in his body.

Now another step comes: Brian senses that “it” no longer wants to wait. “It says, ‘I don’t have to wait!’” There is a quality of surprise and freshness that he can feel in his body. It is a complete change. He says it seems to change everything, all the way back into the past. Now he is sitting up, his eyes bright, shoulders back. “I don’t have to wait!” In the days and weeks to come, Brian will discover how “I don’t have to wait” plays out in his life. He will experience the difference in his relationships and his life choices. He doesn’t know all this yet. But in the chair in the therapy office his organism has already changed, and both people can feel that.

You might be thinking that Brian is a sweetheart of a client, any therapist’s dream come true. Yes, he is. He is self-aware, inwardly attentive, willing to stay open to new meanings. He is able to be strong and caring in relation to his more vulnerable parts. He can pause and wait at the edge of something felt but hard to articulate.

You would be right to wonder, at this point, how to help clients who have more trouble with self-attending than Brian did, who are analytical, caught up in stories, or overwhelmed by emotion. That is what the rest of this book is about. But first we need to know where we are headed, and why. So we’ll look at Brian’s session as a kind of ideal example—of course only one example—and draw out from it some characteristics of Focusing.

The change began with the left-behind feeling that formed in a deliberate pause. This was the key change, the forming of a felt sense. Before that, Brian could have talked on and on about his trouble with relationships—speculating, talking about examples,

wondering. He might have felt and expressed a range of emotions, from sadness and longing to frustration and anger. But when he paused instead and allowed a felt sense to form, something quite new began to happen.

What a felt sense is, and why its forming is at the heart of change, is the key concept of this book, and I will say much more about it. For now, let's simply say that a felt sense is an experienced sense of a whole situation. Often a felt sense is unclear at first, hard to articulate, requiring fresh metaphors and possibly images or gestures to capture its quality. Clients will say, "I don't know how to say this," or "Uh-h-h-h-h . . ." Sometimes, as in Brian's case, a description comes nearly immediately.

*Brian's hand moves to his chest. "This in me feels left behind," he says.*

There is a bodily component—the client gestures toward his chest—but the felt sense is not in the musculature as such. This is not a muscle-held memory—though of course it relates to the past, since this body wasn't born in this moment. The felt sense has formed freshly, now. There is implicit meaning and coherence to it, from the start. It is "here," the gesture says: present, right now, in the experienced chest, in the lived-from body. "In me."

Supported by the therapist, Brian keeps his awareness with the felt sense with the same quality of open attentiveness that allowed the felt sense to come in the first place. He could have talked about it instead, guessing and speculating about what "left behind" meant. We will learn, later, how to help clients move back into inner contact if they leave it in this way. Brian's example shows what can happen when the client does not move away, but stays in an open, allowing, interested contact with what is felt. In the context of this open, allowing quality of attention, "more" emerges.

In this case, pertinent memories are part of what emerges. They are not new memories—this is typical—but the fact that they come from attending to the felt sense gives them a new context. "This is connected to that." It is as if the felt sense is showing what it is connected to, and its communication can be received in that same spirit. "I see what you are showing me."

A kind of inner relationship develops, in which Brian begins to describe his felt experience as an "it," as if it were communicating with him. Facilitated by the therapist, Brian stays in an empathic relationship with this "it," letting it know he hears it. What emerges is a kind of knowing of what was wrong and what would have been right in that childhood situation. A childhood experience is being processed, one that emerges naturally (without prompting) because of its relevance to the present.

In the context of this new kind of attention from both client and therapist, the client has new possibilities that were not available before. The left-behind boy had been waiting, waiting in his current life just as he waited as a child. Now, he no longer has to wait. What was longed for, and what was possible only in potential, can now happen. We

don't have to know what that is, or what it will be—yet we can be confident it will be a positive outcome for Brian somehow.

### **Characteristics of a Focusing Process Within Psychotherapy**

- A felt sense forms, and its forming is already a change in how one “has” the problem.
- There is an inner relationship, in which the client is “with” something that he feels.
- The client is able to hold qualities of compassion and curiosity toward her inner experience.
- The “knowing” of what was wrong and what would be right instead emerges, and the past is re-understood.
- The “body” is involved, but in a different sense from the merely physiological body.
- The therapist’s relationship with the client mirrors and supports the client’s inner relationship of openness, compassionate curiosity, and direct sensing.
- The change that emerges is in a particular kind of direction, one that we can call “the client’s own change.”

### **What Focusing Is**

Focusing, as defined in this book, is not a set of techniques or a therapeutic modality of its own. Rather, it is a way of understanding and facilitating what some human beings naturally do—and all have the capacity to do—when up against the need for change.

Focusing was found, not invented. It was discovered by listening to tapes of client sessions and comparing subtle differences between the clients’ manner of experiencing in successful versus unsuccessful courses of treatment. The researchers found (Gendlin et al., 1968, Hendricks, 2001) that the client’s experiential manner of process in the first or second session tended to be predictive of success in psychotherapy. “Focusing” as a facilitated process grew out of a desire to bring this manner of experiencing to clients who were not naturally doing it.

Many in psychotherapy today would agree that the relationship between client and therapist is an important factor in the client’s successful change process, and that for the therapist to stay in close empathic connection with the client’s experience—“experience-near,” as Kohut put it—is a second key factor. However, the research done by Gendlin and his colleagues showed that close empathy in a context of mutual relatedness was not alone predictive of successful change. These two factors are crucial, yes—and a third factor is also crucial. The client also needs a certain manner of contact with his or her own experiencing. Clients who do not have that essential manner of contact in the first or

second session of therapy do not come to have it later, and tend not to succeed in therapy, no matter how empathic and genuinely present the therapist is. Gendlin found this result so shocking that he became determined to find a way to facilitate this key manner of contact, and thus “Focusing” was born.

What is that key manner of client inner contact? Why is it so highly correlated with successful change?

In the research that led to the development of the Focusing process, clients who would later be successful in psychotherapy sounded—at some point in their early sessions—like this: “I don’t know. . . . It’s like . . . not exactly sadness . . . uh . . . [gesturing toward chest] . . . kind of like . . . like a little kid left out of the party. . . . Yeah, that’s it. [Deeper breath.]”

When people do well in psychotherapy, this is how they usually sound, regardless of the orientation of their therapist. They pause and grope for words or images. They pay attention to an unclear, but bodily-sensed aspect of how they are in a situation. They don’t just think about the situation and they don’t drown in emotions. They attend to what we call a “bodily felt sense of” a situation or problem. Words or images arise directly from that sense. What comes is often a surprise. A new aspect of experience emerges, a small step of change that brings a body response, like a slight physical easing of tension, or tears, or a deeper breath. . . . This kind of process is one “motor of change” in psychotherapy. (Hendricks, 2001, p. 221)

Clients who pause in the midst of talking and allow a fresh “felt sense” to form about the life situation they are wrestling with, and then continue to pay attention to it, tend to do better in psychotherapy than clients who don’t. This finding has been replicated in more than 50 studies (Hendricks, 2001).

The body was the key. Successful clients were in touch with something they could feel at the bodily level, something more than thoughts alone. But this body-felt experience was also more than mere emotion. And although it was experienced bodily, it was not what we would call merely physical or somatic. Gendlin redefined “body” as “interactional living process.” Your body is your lived experience. This is a radical departure from understanding “body” as merely physiology.

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, so we (like all living things) are both body and environment. And for humans, the environment includes other people, language, and culture. (Parker, 2007, p. 40, italics in original)

Successful clients pause, and felt senses form. What is happening in this pause, what is actually going on when felt senses form, turns out to be the key—because it is not merely “getting in touch” with an emotion, image, memory, or thought, and it is not

merely sensing in the physical body. There is an adaptive organismic process occurring when the felt sense forms that changes the whole constellation of the problem.

This is not the usual way of conceptualizing change, and to understand it, we will need to take on some mind-bending new concepts like “implying,” “stopped process,” and “carrying forward.” Some of these concepts can be a bit hard to grasp at first. But bear with me, because the benefits of seeing change in this new way will be immediately evident in how we facilitate the conditions for change in our clients. Let’s start with something called “manner of experiencing,” or the way clients talk about their issues.

### **The Way Clients Talk About Their Issues**

It has frequently been observed—I am sure you yourself have noticed—that the way that clients talk about their problems and their lives has more bearing on whether they make progress in therapy than what they talk about (Gendlin, 1996; Purton, 2007). The observation connected to the development of Focusing was that this way of talking is not so much a matter of emotional or intellectual processing as a matter of contact with an emergent, not-yet-clear felt experience—in other words, with a felt sense.

One way of expressing what it is that the more successful clients do would be to say that they make direct reference to their felt experiencing. The client who is simply externalizing, talking about the events of their week in an “external” way, gives most of their attention to the narrative of the story and does not give much attention to how they were feeling at the time or to how they are feeling as they tell the story. Similarly, the client who analyzes their situation may speak *about* their feelings but does not speak *from* the feelings. The client who simply emotes is different, but they are typically reliving old emotions without connecting to how it feels right now, freshly, today. In all three cases what seems to be missing is an ability to be in touch with one’s immediate felt *experiencing* and especially with that *experiencing* as a whole. (Purton, 2007, p. 13, italics in original)

In order to measure and do research on this type of client process, an Experiencing Scale was developed by Gendlin and Zimring (1955), later elaborated (Klein et al., 1969) into what has been called “perhaps the most widely used and best-researched observer-rated measure of client involvement in the therapy process” (Lambert & Hill, 1994, cited in Hendricks, 2001).

In an earlier article, Hendricks gives examples of client excerpts at different experiencing levels:

#### **LOW EXPeriencing LEVEL**

One day he [the doctor] called me and said, “I’m afraid she won’t last long. She’s spreading like wildfire.” They couldn’t get all of it. It was too late. And so that’s about the extent of it, you know. She went into a coma, she lasted for about three or four months. All together from the time she became ill, the entire

time was about two years. After he performed the operation he said, "I'm surprised she lasted that long." We didn't know it had gone all the way back. There was no sign of it, nothing. But it was there all the time. Can you imagine that.

#### MIDDLE EXPeriencing LEVEL

A\_\_\_\_ and I . . . spent about two hours talking over the luncheon about his problem. And I've never known him, until that time to be so low and despondent about his future in science. He said, "You won't believe this Dad, until I tell you, that it has been over six months since I had a test-tube in my hand" . . . and after listening *I was very much disturbed* by what he said because this was a very serious conversation, and it dealt with what I felt had to do with a decision he had to make regarding his work and his marriage, and they were both at stake. . . . I said, "But A\_\_\_\_, don't you think if J\_\_\_\_ were made to realize how desperate the situation is that she would elect to allow you to do more of your science . . ." And there was silence for a moment or two and he shook his head, and said, "She will never change." Now when he said that I felt he had already made a decision . . . to divorce rather than to continue. . . . *I felt absolutely consternated by that* because I knew they really loved each other, I knew they could have a harmonious relationship for many years to come if only she could understand.

#### HIGH EXPeriencing LEVEL

*It's almost like . . . it kind of feels like . . .* sitting here looking through a photo album. And, like each picture of me in there is one of my achievements. And, I think [inaudible] because I wasn't achieving for me. I was always achieving for . . . someone else so they'd think I was good enough. It's like it feels right to me to say . . . that . . . *I don't know quite how to say it. . . . It's like the feeling is there, but I can't quite put words on it. It feels right somehow to say it's like* I've chosen this man as my challenge . . . knowing that I'd be defeated. That this person wouldn't respond to me in the same way. So that I could kind of buy right back into the photo album being flipped through. I didn't have what it took (T: Uhhum) to get what I wanted. Which is kind of . . . (Hendricks 1986, pp. 143-144, italics in original)

We notice that at the low EXP level, the client narrates events that we would expect to bring up emotions but without any reference to emotion, and without any sense that the material is being sensed into or processed. "Events are described as flat and self-evident. If emotions are acknowledged, they too are seen as obvious, self-evident, just what they are" (Hendricks, 1986, p. 144). It is a matter-of-fact sort of telling-about. At the middle EXP level, there are emotions in the narrative, but we don't hear the client sensing into them or exploring them. We are left wondering what it is about his son's marriage failing that brings up these feelings for him, or rather what it is about him that his son's divorce

touches him so. And at the high EXP level we can see, even in the transcript, the unmistakable signs of a client in direct contact with something not only being felt but emerging freshly, unclear, hard to articulate, yet carrying the person's process further as it emerges.

Before we turn in the rest of the book toward how to facilitate this kind of process, we need to say more about what is really going on when the client is in the kind of inner contact in which a felt sense forms, and what it has to do with real, lasting change in the client's own direction.

### **The Client's Own Change**

Psychotherapy is a place of change. People come to therapy looking for change—or at least part of them does. But when we ask what the change is, the answer is not simple.

To start with, we can say that successful clients become stronger in a grounded way, more able to handle their own lives, less reactive to stressful triggers. Their relationships become more a source of support than burdens or torments. This much is noncontroversial. But when we get into the details, paradoxes emerge. The direction of positive change for one person might be a setback for another.

One is the person one's living has made, and only by living differently does one become different. But the way one wants to change isn't just from one category to another, or from being like some people to being like other people. One wants to change precisely into oneself, into more of oneself than one has been able to be so far. (Gendlin, 1973, p. 342)

A person, withdrawn and emotionally closed most of his life, is able because of therapy to find a new ability to connect socially with others, and yet does so in a way that still honors his need for keeping himself company. Another person, dependent on having people around her, is able because of therapy to find a new ability to tolerate and even enjoy her "alone time," while still embracing her nurturing connections with others. What seem to be opposite outcomes are both movements in a positive direction and match the unique process of the particular person in a way that no generalized formula could get as precisely right.

People are missing different things, we can say, and therapy fills in what is missing. Gendlin (2011) says, "Therapy *is* going beyond your ways of being stuck." By this he means that in the process of therapy itself, there in the room with you, your client is (when therapy works) already developing in new ways. And those new ways of living are—need to be—the client's "own" change, change that emerges from that person and fits him, change that is what the client was missing.

The direction of change can surprise us. It should surprise us. Life can't be predicted or legislated in advance. But once it is happening, change in the direction of the client's own next steps has a characteristic "feel" to it. There is a rightness to it. It brings a bodily relief, a deeper breath, a feeling like fresh air—to therapist as well as to client.

This is a good reason to be somewhat humble as a clinician. You may know a fair amount about how to help. But you cannot know in advance this person's way forward. You may know a lot about typical patterns and common difficulties, but what will bring forward movement for this person is likely to be something unique, individual to her. Trying to be the one who knows can actually get in the way. Of course we don't want to forget what we know. We'll keep it on one side in case we need it—but we won't let it get in the way of tracking this person's meanings and feelings, and supporting this person's growth direction as it emerges.

So, not just any change. What clients gain from therapy is something we can call "the client's own change." And does this change come all at once? No, it seems to come, and be observable, in incremental steps, each one in the direction of growth.

### **Felt Shifts: Steps of Change**

We know that measurable changes in a client's life may take a while to show up. But if we pay attention, we can see small changes, what Gendlin (1990) calls "steps of change," in segments of single sessions. The client may not be aware, cognitively, that anything has happened—but her body process shows the change. In Focusing, these steps of change are also called felt shifts. They need to be protected when they come, and they can be facilitated. Over time, a number of felt shifts add up to large change. Many steps make up a whole journey.

There are observable indicators of these incremental steps of change. We see moments of relief and release, with physiological indicators such as deeper breathing (even a sigh of relief), shoulders dropping, pinkness in the cheeks. The client may say something like "Wow," or "That's new," or "I didn't know that," indicating that an insight has occurred. But not always—steps of change are not invariably accompanied by insight at the time they occur. (Conversely, insight can also come without real change.) New action, behavioral change, opening up of life possibilities—these can come later as well. An important learning from Focusing is that steps of change can be felt, and observed, before they manifest in insight and behavior. A client can say, "I feel more relaxed but I don't know why" and later realize that that session was the opening of new possibilities.

The bodily felt sense of some problem or difficulty will move of its own accord. It will shift, and release. There will be an overall change in how the body feels, a release of energy. There is a relief. Energy flows again as it had not for some time. Along with this there is often an involuntary exhaling of breath, a "wheewww . . ." Simultaneously with such a release, there is a new emergence of words, or images, or aspects of the problem. These are a by-product. Usually the problem now looks different; often the problem is not even about what one thought it was about. Now one can connect backward to explain from here how one had been, how one had seen the problem, why it had seemed as it did. But there is no logic with which one could have come from there to

here. The problem now posed in new terms may still not be solved; it may look worse (but it feels enormously better). . . . That is a step of experiential change.

It feels like one would feel, after having long sat in a cramped position, as one permits oneself to shift. It feels like the body doing what it needs and want to do. It feels like something happening that is exactly what the previous cramped constricted way of being was the lack of. (Gendlin, 1978, p. 328)

Whenever we look at what is alive, whether we are looking at a tree out the window or a laughing child running across the yard, we see life process moving forward. There is a natural process for moving from potential to actualization. What happens now was, a moment before, ready to happen, in potential. Yet what happens is not determined. There are possibilities, and while those possibilities are specific to that person, in that life situation, in that context, within that specificity, there is enormous creative potential.

We need a way to talk about the idea of change that occurs in a precisely ordered yet surprisingly open way, with a kind of order that is neither deterministic (“exactly this must happen”) nor chaotic (“anything can happen”). To be able to talk and think about this kind of change, we need a new concept: “implying forward.”

### **Implying Forward**

Something that is alive is always in process; always taking in, always responding, always changing in the direction of further life. Life doesn’t stand still; there is always something *next*, and what is next emerges from what came before in a very particular way. Every breath you take changes your cells throughout your body, in the way that the cells were ready to be changed. Even in your sleep, the ongoing processes of your living do not stop. As process, something alive is fundamentally different from something manufactured like a chair—or anything that has an on-off switch. Something alive is already preparing for its next step in its very tissues.

Focusing has a term for this: *implying*. Gendlin (2007) says: “Living process always ‘implies’ forward.” Because this is a new kind of concept, we don’t have a familiar, easily understood word for it. We might be familiar with the word “implying” from the domain of logic, but it is new to use it to point to the deep structure of emergent change in living process. Some examples may help us take in this odd concept.

Consider the act of walking or running. When you are walking, and even more when you are running, your body leans into your next step. This is a metaphor for the process of life itself—we are always “leaning into” our next steps. When we inhale, our bodies are getting ready to exhale. The process of inhaling implies forward to exhaling. And of course the process of exhaling implies forward to inhaling.

What if we try to stop that process—what happens? As an experiment, try exhaling and then holding your breath rather than inhaling. The result is a feeling of discomfort—becoming stronger and stronger as time goes on. (Okay, you can inhale now!)

Another example of implying is the experience of hunger. Hunger is the implying of eating, taking in nourishment somehow. If we don't eat when we are hungry, hunger sharpens, food-seeking behavior intensifies, and eventually, if food is not found, there are body tissue changes. But if we do eat when we are hungry, the implying changes—we are no longer hungry—and there is a new implying: for digestion, we could say. (And perhaps a nap.)

The very fact that living process always implies forward tells us something about our client in her chair across from us. She too is implying forward. Our examples so far have been physiological: breathing, hunger and eating. But human beings imply forward in complex and subtle ways, at all levels. We imply meaningful connection with others, loving and being loved, being valued and respected, having joy and purpose in our lives. Babies are born implying a complex interactive sequence of attention from and with caregivers (Wallin, 2007).

When what is implied happens, we call this *carrying forward*. Carrying forward is the Focusing term for the satisfying experience that occurs when what is implied actually happens. What happens—what we do and what we encounter—takes its meaning from what was implied. If we are hungry, then eating is a carrying forward. If we are not hungry, eating is something else. We will also be using the term “life-forward direction,” which refers to organismic implying in the direction of further life.

Implying can be felt, especially when it is not being satisfied, when it remains unfulfilled. If implying is not carried forward, there is, if you pause and sense in a subtle way, the feeling of something missing. In the feeling of something missing there is a “knowing” of what is missing, what would bring forward movement.

### **A “Problem” Is the Missing of Something Needed**

From a Focusing perspective, we see that a bad feeling implies its own change.

What is called a “problem” is actually the missing of something needed, something that would allow further process in the organism's life direction. What is missing may be something quite new that has never existed before, yet in a funny way the organism “knows” what is missing. There is a way forward that hasn't yet been found, and although the way forward can't yet be articulated, we can say that the experience of having a problem is a kind of knowing of what is missing. When you see a picture hanging crookedly on the wall, you get an uneasy feeling of wrongness that contains within it what would be right instead, and even knows the action—walking across the room and straightening the picture—that is needed.

Gendlin wrote in 1981, “Every bad feeling is potential energy for a more right way of being, if you give it space to move toward its rightness” (p. 76). That sentence, which sounds poetically optimistic and even a bit naive at first reading, is actually a statement of Gendlin's philosophical position on human change. By “right way of being” and “rightness,” he is referring to the way that organismic process “knows” its next steps, just

as your state of hunger “knows” that eating would be right. The oddly generic phrase “every bad feeling” points to a person’s inner experience of something unpleasant, uneasy, painful—any contractive or difficult emotional or physical state. And when Gendlin says that every bad feeling *is* potential energy for a more right way of being, he is stating the tenet at the heart of his work: that nothing alive just “is.” Life is always leaning toward—implying—its next steps, and life tends to move forward in a way that fits or emerges from what is implied, yet does so creatively, freshly, in a unique way.

The “problem” is the missing of something—and so is the “bad feeling” that points to or emerges from the problem. When you think of a certain colleague and your heart sinks, and you have a quick longing for the meeting with that person to be canceled today, there is something there. If you pause, take some time, explore, you could form that “something” into aware knowing. Perhaps you realize that the sarcastic way that colleague talks about people who are not present reminds you of your brother, and you recognize that you have some more inner work to do about your difficult relationship with your brother. Realizing this brings relief, clarity, a shift in how you feel toward your colleague and in your possibilities for action in the current situation.

Pausing and sensing and articulating took a bit of time, but it was all contained as potential in the first feeling. Your “bad feeling”—your heart sinking—had a “knowing,” which even included a knowing (in potential) of what direction would be right.

This is already a radical notion, that an uneasy feeling contains—more precisely, it *is*—a “knowing” of both what is wrong and what would be right. We are, however, going to say something even more radical: When this uneasy feeling forms, in a context of awareness, the person is thereby already living beyond the problem, already living in and toward what would be right for her.

### **Stopped Process: When Life Doesn’t Move Forward**

Clients in psychotherapy have issues more serious than a sarcastic colleague or a crooked picture on the wall. But even the most serious issues that bring a client to psychotherapy can be understood as stopped process, the stoppage of an implying forward (Suetake, 2010). When what is implied does not happen, the *implying* remains unchanged, and all the processes that would follow after this one cannot happen either, like when a big rig truck jackknifes across all the lanes of the freeway, and all other traffic stacks up behind it.

Stopped process does not mean the lack of behaving. There may be much behaving—as in addictions and other forms of acting out—that fails to carry forward the situation. Acting-out behavior is significantly not the implied behavior that would truly carry forward the person’s process. Stopped process can be seen in every one of our clients—and doubtless in our own lives as well.

A stopped process is not “good” or “bad,” it is simply that our lives become blocked from time to time. Not all stoppages need help from a therapist. But

there are times when we have lost touch with our experiencing, with the richness and intricacy of our situations. Then we respond to a situation in a very limited, stereotypical way. If this goes on for a longer period, it is as if our experiencing has become frozen into a particular form, a particular way of being, thinking, feeling, and our inner life circles around in fixed structures. (Geiser, 2010, p. 98)

As Geiser points out, when stopped process persists it results in the person losing touch with the intricacy of fresh experiencing, and with the possibility of carrying forward. Fixed (or frozen) structures are stereotypical ways of responding to partial aspects of a situation when stopped process has shut down our ability to respond to the richness of fresh detail in the current situation as it actually is.

It is not only that I react poorly to authority. Rather, I react this way to *every* person whom I perceive as an authority. And, more important, I react *only* to his being an authority, not to him as a person, and to the very many present facets of him and our situation which are different from any other situation. (Gendlin, 1964, p. 121)

When you are inside the frozen structure, all the things you do—including all attempts to solve the problem—are just examples of the problem all over again. A person tries to solve her problem with loneliness by getting people to like her, when her very efforts to be likable are what put people off. Or a person works hard to arrange and organize himself out of his difficulties, when it turns out that those same difficulties essentially arise from a tendency to arrange and organize instead of allowing his own genuine motivation to emerge.

We think in the terms and pieces of the problem as we have it cut up. And it is just these terms and pieces *that would change* if the problem moved toward resolution. Therefore, there is often no way to think about a problem except in a way that simply reinstates it in the very act of thinking it, and draws it, in heavy lines, all the harder. (Gendlin, 1978, p. 323)

The thoughts and beliefs that the client is conscious of, and can talk about, are only the tip of the iceberg. They emerge from and are instances of a deeply ingrained way of living that expresses itself in every situation the client finds herself in. No wonder our clients can feel frustrated, helpless, angry, as if they are going in endless circles or digging deeper in a hole they can't get out of. This is not just bad luck, and it is not being bad at something or defective in some way. It is an inevitable consequence of being "inside" the problem, stuck at a limited, stereotypical level of processing. The Focusing process is a way to shift levels, step outside the box of preset categories, and experience one's own change emerging from within, so that one is already living new possibilities that were exactly what the problem was missing. (See Parker, 2007, for a beautiful example of psychotherapy along these lines with a violence-prone adolescent in residential treatment.)

The forming of a felt sense makes experiencing available for the next steps of the client's own change, which takes the client beyond frozen structures.

### **Felt Sensing Is Going Beyond Frozen Structures**

So, having said all this, what can we say is happening when a felt sense forms? What makes Focusing the essence of change? When the felt sense forms, what was frozen is becoming free and available again. *When the felt sense forms, it is the person's next step of change already happening.*

Life situations (including relationships), and the way we live in them, can feel stuck, blocked, burdensome, impossible. If we can't find our way forward (however hard we try), we can get discouraged and depressed by what seems to be our inability to change. Yet human beings also have the capacity to shift levels, stepping outside the box of our narrow, frozen ways of thinking and feeling, living in new ways that are responsive to the current situation, which emerge naturally from the present living. This can happen because living process has the ability to form its next step. The next needed step can form as a felt sense before it can be planned or thought.

Hendricks-Gendlin (2003) describes a shift in levels that occurred when she did not simply respond to a challenging situation in an expected way. A few hours after her daughter was born, Hendricks-Gendlin was asked by a nurse to give permission for blood to be drawn from the baby again, a procedure that caused the baby visible distress. Instead of saying yes automatically, Hendricks-Gendlin said, "Wait, I need time." After considering and asking why the blood needed to be taken, she refused permission. There was a huge fuss, but she stood her ground. Later she found out that the blood drawing was not for the health of the baby but for the doctor's own research.

The felt senses that form with Focusing are not just the usual emotions, and are not just the bodily impact of familiar, repetitive thoughts. A felt sense is a very special kind of inner act or movement, which happens in a *pause*. Putting our usual ways of thinking and feeling "on pause," we stop and invite a whole sense of a situation. We wait for it—because we cannot command it to come. When it comes, it may be surprising, unexpected, difficult to put into words. We may need metaphorical language and gesture to describe it. We want to treat it with care, because something very important and precious is happening—a movement out of stopped process to a level where the rich detail of the current situation can function freshly, and thus new possibilities can come forward. All through this book there are examples of how Focusing allows a shift in levels from a narrow, fixed perspective to a wider, possibility-rich perspective.

In Brian's session recounted at the start of this chapter, there were many further steps after he got the left-behind feeling. All of this was important. But the key moment, what made all the rest possible, was his pausing and allowing that first felt sense of being left behind to form.

<b>The Focusing Process</b>
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1. The precondition for Focusing is supportive relationship, externally (between client and therapist) and internally (within the client).

The therapeutic relationship needs to be a safe (holding, supportive) space for new awareness to emerge. This means that the client's own perspective is respected. Being treated with respect, as a person in one's own right, and being safe from criticism, attack, dismissal, and abandonment, is a precondition for all kinds of learning and positive change, from schooling to relationships to therapy. There is more about this interpersonal space in Chapter 2 and Chapter 10.

In addition to being empathic to the client, the therapist also supports the client's inner empathy to his own experiential process. A supportive inner relationship means that the client is able to be with his or her experiencing, rather than being merged with or taken over by the experience. There is more about this ability, and how to nurture it, in Chapter 5.

2. The first moment of Focusing is the coming of a felt sense. A felt sense is a freshly arising, immediately felt, more-than-words experience. There is much more about felt senses in Chapter 3. Felt senses can be (a) invited and (b) nurtured when they come.

3. The client stays with the felt sense, sensing it directly—instead of “thinking about,” analyzing, internally arguing, evaluating, reacting to it with fear or impatience, and so on. This quality of aware contact can be facilitated and supported by the therapist. We will see how to support this in Chapter 6, and what to do if it's difficult in Chapter 7.

4. Describing the felt sense, often using odd combinations of words and fresh metaphors, allows further contact without interpretation, and takes the process to the next stage.

5. From this nonjudging, nonanalyzing contact with the felt sense, new awareness emerges. There are shifts in the client's immediate experience (“The tight gripping in my stomach has relaxed completely now”) and fresh perspectives are possible, along with new kinds of behavior. This takes many forms; we will see how to facilitate this phase in Chapter 6.

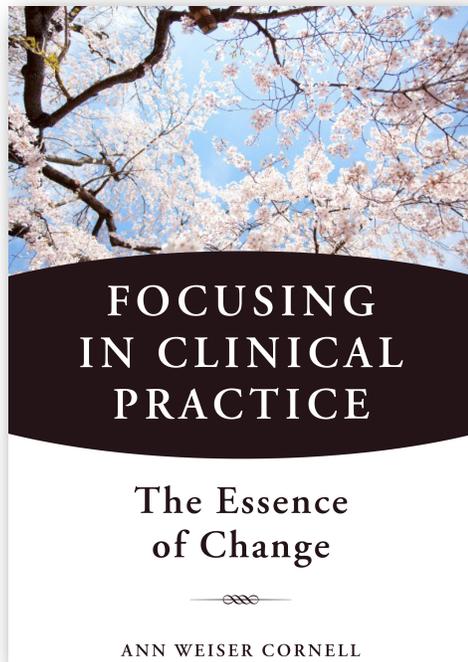
6. At the end of a Focusing process, there is an integration and completion-for-now that can help protect new awareness from old or critical voices and make space for new steps of behavior in the client's life.

This list of six stages makes it sound as if the Focusing process is always, or should be, complete in this way, with a beginning, middle, and end. On the contrary, Focusing can happen in moments, and one can move seamlessly in and out of other modes of processing. There is more about blending Focusing with other modalities in Chapter 9.

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