FOCUSING MICROPROCESSES

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1. INTRODUCTION: THE ESSENCE OF FOCUSING

Focusing is a special way of paying attention to one's felt experience in the body. By carefully dwelling on which is quite vague at first, one can get in touch with the whole felt sense of an issue, problem or situation. Through interaction with symbols, the felt experience can become more precise, it can move and change, it can achieve a felt shift: the experience of real change or bodily resolution of the issue.

Focusing is a client process, discovered and developed by Gendlin (1964, 1968, 1981,1984, 1990, 1996) partly out of his theory of personality change and partly out of his research on the process of psychotherapy. Comparing successful with unsuccessful therapies made it clear that successful clients were using a specific form of self-exploration (Gendlin, Beebe, Cassens, Klein & Oberlander, 1968). This process was subsequently studied in depth by Gendlin in the hope of discovering principles which could be used in teaching these crucial skills to less successful clients.

Focusing is characterised by, and can be distinguished from other activities by two aspects: the specific object of attention being the *felt sense* and the attitude adopted by client and therapist being the *focusing attitude* (Iberg 1981). Before describing these essential aspects any further, we will give an example from psychotherapy practice.

A 32-year-old woman has been depressed since the birth of her child 3 years ago. She has read a great deal about postnatal depression but the explanations don't touch her. She thinks: "that is probably what I have" but doesn't feel that it fits. The therapist invites her to stop looking for explanations, to direct her attention towards the centre of her body and remain with the question: "What is really the matter with me?" Tears well up in her eyes. She wants to give an explanation for it but the therapist encourages her to wait and remain silently attentive to her body. She spontaneously crosses her arms over the region of her abdomen and heart. The therapist lets her fully feel this gesture. Suddenly an image appears of her little daughter being carried away

immediately after birth. "I don't want them to take away my daughter" she shouts. This verbal expression is obviously right; her body recognizes that this is it, and it obviously relieves her to repeat the expression several times. But that is not all yet; further tension remains in her body. The therapist asks her to keep her attention on her body and to see what else there is. Then she sees herself standing behind glass with, in the distance, her baby in the incubator. She despairs deeply of ever being able to reach the helpless little being in the distance; she cries but with pain and anger at the gynaecologist (while in reality she had behaved 'reasonably'). She now discovers that she was forced to accept the situation of leaving the child behind in the maternity ward. When, two weeks later, she was allowed to take the baby home, it 'wasn't hers any more'. Although these were painful experiences, she now feels very relieved when bringing them into the open. For three years her body has carried this along without finding a proper expression for it. The woman herself had 'forgotten' the events but her body kept carrying them in the form of a depression. Now that this bodily knowledge has been opened up, the woman feels liberated. Her energy returns and, for the first time, she feels love for her daughter.

1.1. Object of attention: the felt sense

Rogers (1961) sometimes refers to this specific object of attention, for example in the following statements: "Therapy seems to mean a getting back to basic sensory and visceral experience" (p. 103) - "The client is hit by a feeling - not something named or labelled - but an experience of an unknown something which has to be cautiously explored before it can be named at all" (p. 129) - "The referent of these vague cognitions lies within him, in an organismic event against which he can check his symbolization and his cognitive formulations" (p. 140).

This internal point of reference is further described by Gendlin, at first as "experiencing": "The process of concrete, bodily feeling, which constitutes the basic matter of psychological and personality phenomena" (Gendlin 1964, p. 111); later as the "felt sense": "The edge of awareness; a sense of more than one says and knows, an unclear, fuzzy, murky sense of a whole situation, that comes in the middle of the body: Throat, chest, stomach, abdomen" (Gendlin 1984, p. 79). "The body referred to here is not the physiological machine of the usual reductive thinking. Here it is the body as sensed from inside." (Gendlin 1996, p. 2).

Thus, therapy is restoring contact with the meaning-feeling body in which existence manifests itself, a process in which the arrested experience is touched upon again, so that it can once more start moving and reveal and further unfold to complete its meaning. The implicit organismic experiencing, which the client feels but cannot express yet, will have to become the object of attention at one time or another in therapy. It is this inner knowing which will open itself in the therapeutic interaction, and from where new meanings will emerge.

1.2. The focusing attitude

The vague, the unformed, the unspeakable can only let itself be known when it is approached in a specific way. Dealing with this inner object of attention requires an attitude of waiting, of quietly and friendly remaining present with the not yet speakable, being receptive to the not yet formed. To achieve this, it will be necessary to suspend temporarily everything which the person already knows about it, and to be cognitively inactive. This kind of attention can also be found in Zen meditation and Taoism, but in therapy, it is directed towards a specific object, i.e. the felt sense. However, many clients offer resistance because they experience this inner process as threatening.

This attitude presupposes tolerance for uncertainty, an ability to give up control and to be vulnerable, since neither the therapist nor the client can anticipate what will emerge from the implicit. Not knowing exactly what is going to emerge is very frightening to people who have been used to keeping emotions down and under strict control. It is obvious that a person will only dare to adopt such an attitude if there is already a good deal of interpersonal security. The focusing attitude emerges spontaneously in some people in a safe milieu. In others, this way of giving attention inwardly, is not spontaneously used but something which they can nevertheless discover in contact with the therapist. (For the development of the focusing attitude, see: Leijssen 1997).

The therapist interacts with the client in an attitude of acceptance and empathy; gradually, in this corrective therapeutic milieu the client learns to adopt a focusing attitude by interacting with the bodily felt experience (the client's inside) in the same friendly and listening way.

Before differentiating types of focusing processes, I would like to emphasize that focusing can only happen if the interpersonal conditions are right. "One can focus alone, but if one does it with another person present, it is deeper and better, *if* that relationship makes for a deeper and better bodily ongoing process. If not, then focusing is limited by the context of that relationship" (Gendlin 1996, p. 297). "The relational space between client and therapist is the living space in which the client's developmental process can occur. In fact, internal and interpersonal processes are not separate, rather they are two aspects of one process. ... If the relational conditions are not good, focusing is almost useless because the inner process is very much a function of the ongoing interactional process" (Wiltschko 1995, p.5 and 1). "Focusing is not an intrapsychic process to be contrasted with interpersonal relating. Such distinction misses the fact that we are alive in our situations and relationships with others, and that we live bodily our relations" (Gendlin 1996, p.

297). The essentially **interactive** nature of the formation of a bodily felt sense in the client, is what Rogers stressed when he said that the client must to some degree perceive the empathy, genuineness and positive regard from the therapist. The inner process is always a function of the interpersonal process.

1.3. Microprocesses

Focusing is a process of finding felt senses and then interacting with them in a friendly way so as to feel movement (Friedman,1995,p.8). Successful clients know how to make contact with a vague but bodily felt sense. In order to teach focusing, Gendlin (1981, 1984, 1996) described a model which involves six process steps, with many details grouped under each: 1) clearing a space; 2) getting a felt sense; 3) finding a handle; 4) resonating handle and felt sense; 5) asking; 6) receiving. Focusing training pays due attention to each step separately , in order to show people how to proceed through the focusing process.

I will cover different steps, not for the purpose of teaching focusing, but in order to describe them as microprocesses or task-relevant processes offered at certain moments in psychotherapy. "They help to establish the working conditions that are optimal for facilitating particular kinds of self-explorations" (Rice 1984, p. 182). It is important for a therapist to learn when and how specific microprocesses can be used at various moments in therapy. This requires a process diagnosis, in which the therapist recognizes the signals heralding the emergence of a microprocess in need of facilitation. My description of the microprocesses is inspired by Gendlin's Manuals (1981,1996) and the Guiding Manual of A. Weiser Cornell (1993). Also the writings of M. Armstrong (1993), K. Mc. Guire (1993) and D. Müller (1995) were helpful in developing a differentiated view on several microprocesses.

I have grouped the various microprocesses into three comprehensive processes which require several skills on the part of the client: 1) finding the right distance to a felt sense; 2) developing a felt sense in all its components (body sensations, emotions, symbols, life situations); 3) fully receiving the felt sense. Clients can sometimes stall at different stages and are unable to let fruitful self-exploration take place. The difficulties which clients may encounter at each stage can be described as follows: 1) the client is unable to find a proper relationship with the felt

sense: the client either coincides with what is felt (too close, overwhelmed) or cannot contact it (too far, out of touch); 2) the client remains stuck in one of the components of the felt sense instead of allowing the full felt sense with its four components to emerge; 3) the client is led astray by interfering ways of reacting (inner critic, superego) which prevent the client receiving the felt sense. The therapist will have to intervene differently as a function of the specific *difficulties* in the client process. I will thoroughly examine each phase in succession and indicate how the therapist can proceed to keep the client on the right track or - where difficulties arise - can introduce the necessary skills in a more directive manner. I will illustrate how each principle may be applied in experiential therapy practice.

The three phases sometimes appear in *hierarchical* order: the client first finds the proper way of relating to the problem before a felt sense in all its components unfolds and is fully received. However, they may appear in a *different order*: thus, work with an interfering way of reacting may be necessary if the client is initially unable to make any contact at all with certain feelings; or the search for a right distance may appear at the end when assigning a more appropriate place to an interfering behavioral pattern. Or, each process may *by itself* take up a complete session or a specific process may be used as *part* of other therapeutic approaches. We are thus dealing with different skills which may be used only every now and then and may come to the fore with varying emphasis.

2. FINDING THE RIGHT DISTANCE

R*ight distance* means: making contact with the experience without coinciding with it. In a first phase we don't work with the content of a problem but with *relating to it*: the client learns to create space between oneself and the problem so as to relate to it as an observing self instead of coinciding with it. Often the client's difficulties have to do with a *wrong way of relating*, a wrong distance between oneself and the experience. Either the distance is too large and the client remains *too far* from the experience, thus 'feeling nothing', or else the distance is too small and the client *is too close* and flooded by the problems so that no 'self' remains to relate to what is felt. "We can describe a continuum of client process from Close Process (overwhelmed) to Distant Process (out of touch), with Middle Process, the Ideal Focusing distance, in between" (Weiser

Cornell 1996b, p.6). The therapist will intervene differently according to whether the client is too far or too close in relation to the problems.

Finding and keeping a proper way of relating is an important therapeutic process which may be applied in different contexts, for example: at the start of a therapy session, during the therapeutic process, in crisis situations or as a moment of contemplation.

2.1. The client is too far

The client is in this process when he/she does not know what to talk about, feeling but little or always doubting the feelings, needing a long time to contact a feeling, loosing that contact easily, concentrating on intellectual processes and speaking from there, explaining a lot of things to the therapist, rationalizing the problem, predominantly quoting external authority, engaging in dead-end discussions. In such cases, the therapist should actively help the client to discover new ways of relating to him or herself. A question such as: "How does that feel?" is mostly not enough for such clients because they don't know how to feel in their bodies for meaning. They look for meaning 'outside' of themselves: at other authorities, in theories or in books. Introducing an approach addressed to the body is often a necessary step in bringing such clients in contact with a new source of knowledge: their own inner authority.

Example: Oskar, 48, tends to talk about events from the past week in a very rational way. He often consults books, looking for an explanation of what happens to him. He starts the 22nd session with a long talk about a friend and tells in much detail how he 'thinks' he should feel furious.

T: You think you should feel furious... but you don't feel any contact with it... Now, could you set aside for a moment everything you thought and we will start with your body and see what comes from there... I will direct your attention through your body... Take your time to close your eyes and take a few deep breaths ... (The therapist lets the client fully feel his body, from the feet up, and invites him every time: "What are you aware of in that part of your body?", letting him simply be the observer of what emerges)... Just notice what you experience... (When the whole body has been covered, the therapist asks the client to bring his attention into the center of his body)... What strikes you most after you have covered your whole body?

C: That feeling in the region of my stomach... that tension there... that is the most powerful.

A valuable way of assisting the client in achieving an inner relationship may be to direct

attention first *into* the body. Gendlin (1996, p. 71) describes several 'preliminary instructions' in order to learn to sense the body from inside. Usually it is sufficient to invite the person to do so at the beginning of the session, using a few simple instructions such as: "Take your time to feel how you are inside your body...", "Follow your breathing for a moment, simply breathing in and out, without wanting to change anything to it...", "What strikes you when your attention scans your body?" The therapist can also ask the client, at the beginning of the session, to close his or her eyes for a moment and see how the different areas in the body feel. Breathing and sensations in the throat, chest, stomach and abdomen receive full attention. Should the therapist choose to let the client start with some form of relaxation, one should see to it that the relaxation does not become too deep; indeed, focusing demands full concentration and keen receptivity. When working with a group, I sometimes start with music and movement, something which carries the participants immediately to a more bodily level of awareness.

A client who does not know what to talk about is sometimes invited to check out whether one would be able to say: "I feel totally well..." Such a provocative statement usually elicits protest whereby mention is made of the issue which prevents the client from feeling totally well. A similar *contrast-experience* may also be elicited by asking the client to state: "All my problems are solved..." whereby problem areas still outstanding come to the fore and can be used as topics of exploration. It may also be helpful to review with the client what is currently happening in his or her life and ask what each topic evokes in the body. Among those, the topic provoking the strongest sensation is choosen. The therapist looks hereby for minute bodily reactions in the client. Indeed, eye movements, facial expressions, breathing, small gestures, change of posture may all be signs of underlying emotional charge which the client may fail to notice unless the therapist draws attention to them.

The client may not only be too far removed from feelings at the beginning of the session, but may also loose this contact *during the session*. The therapist may handle this by suggesting: "Take your time to feel how this lives in your body... What do you sense there?", "Can you say whether the problem is totally solved?", "How is your breathing while you talk about that?", "You say 'it doesn't touch me' but at the same time you make a stamping movement with your leg... What quality of bodily feeling do you find in there?", etc. It is by means of such questions that the therapist redirects the client's attention inwards and more specifically to those sensations which

are likely to emerge from the body. I sometimes ask clients to put their hand on the spot where they can feel it in the body. In this way, I ask them literally to *'hold on to'* the experience. And I add an invitation to direct the *breathing* towards that spot.

By the process directives described above, attention is shifted from 'outside' to 'inside' and an inner relationship is initiated whereby the client learns to move into the position of an observing, non-judgmental self which is capable of sensing certain events inside itself. Gradually the transition is then made from observing simple phenomena such as breathing to complex ones such as conflicts.

2.2. The client is too close

The opposite position can be seen when a client shows, verbally or non-verbally, that too much is coming his or her way or that the experience is too intense. It is not even unusual to see a client switch round from 'too far' to 'too close'. The client is then likely to show aversion for what emerges, or feel anxiety or tension, or feel flooded by something in which one drowns or loses oneself, or else the client may totally identify with the experience, all *markers* that the therapist's help is needed in creating more distance. Indeed, some distance between oneself and one's problem is needed to make an inner relationship possible.

When dealing with a 'too close way of relating', the therapist calls upon man's natural capacity to *'split'* and on the enormous power which may be contained in one's *imagination*. The therapist encourages the client to distinguish *'parts'* in oneself over which one can develop a certain amount of control or to which one can give special care. The use of *metaphors* to make these processes more concretely present is here paramount. (Talking about: 'creating distance', being 'too far' or 'too close' is already using metaphors to describe these processes).

According to the nature of the problem with which the client coincides or which floods one, the therapist's way of facilitating disidentification or creating distance will vary. The metaphors used should suit the client's world. There are several ways of helping a client find the right distance. We first give an *example* of a complete (abbreviated) therapy session in which the client, who is 'too close", is helped to achieve a better way of relating.

Sonja, 39, arrives extremely tense for her 24th session; she is bumping into everything and is unable to think. She does not understand why she should be so tense. Indeed, it is the first day of her holidays.

T: Let's look at that together, quietly... Take your time and follow your breathing for a moment - you may close your eyes if you wish - and simply follow the rhythm of you breathing the air in and out... (silence)... You said you were very tense... ask your body what it is that makes you so tense...
C: Well, it is indeed vacation but I have to do an awful lot of things in the next little while. If I don't watch it, the month will be over and I will have gotten nowhere.
T: OK, we will have a look at what it is that demands your attention... Here you have a notepad... Each problem that makes you tense will receive a name which you will write down on a sheet of notepaper, and next, you will assign the sheet - and thus the problem - a place in this room here, at a comfortable distance from yourself. So, what is that comes to you first?
C: There is load of work in the house, and various things need repairs... the carpenter should come; there is a problem with the heating system; the electrical system needs checking; I have to buy lamps; the curtains need washing...
T: Yes, this is a lot all at once. Take a little sheet for each of these worries, one for the carpenter, one for the heating, one for the electricity, one for the lamps, one for the curtains... and write on each that key word... (silence, C. writes on note paper)... Now assign each of these a place on the floor or somewhere else in this room but while doing so, try to feel how it is to really put aside each one of these worries for a while. You don't forget them but you let them rest, you give them a place... (C. deposits the notes on the floor, within reach, and sighs deeply.) OK, there they are. Now have a look at what else makes you tense. (silence)
T: I have to make an appointment with the dentist; a tooth is hurting me quite a bit and I always postpone it.
T: So, you have to contact the dentist to have your tooth repaired... write that down on a sheet of paper... (C. writes) and give that a place as well... (C. deposits the note next to her on the table)... What else? (silence)
C: I urgently have to talk to my cleaning lady (C. gives a lengthy explanation of the problem with the cleaning lady whereby the therapist helps her clarify what exactly need to be made clear to the cleaning lady)... I want to tell her clearly that she has to stick to what I ask her...
T: Make another note of your conversation with the cleaning lady... and put that down too. (C. deposits the note on the floor on the other side; follows a deep sigh)... Is there anything else? (Several practical problems follow, all of which are similarly given a place.)
C: Now I feel my loneliness weighing heavily on me... I miss hugs...
T: Tell your body that you hear that it misses hugs... and try to breath in a friendly way around the spot where you feel the lack... Give it a soft, friendly breathing space in there... (silence)
C: That feels good... I seldom acknowledge that and harden myself... this feels better... (silence)
T: Anything else?
C: I get frightened because I suddenly come face to face with my father! He is old and needy. I am supposed to take care of him but I cannot after all he has done to me (there was incest with father)... I don't even feel like visiting him... Now that I am on vacation, I don't have an excuse any more to postpone it... It's like a mountain which I dread... It is not by accident that I come out with this after everything else... I always avoid this by keeping very busy.
T: You don't have to start 'climbing' that mountain right away... We don't have the time now to deal with it... if you wish, we could take more time for the problem with your father in the next session... Have a look now and see if you can step back a bit and let this mountain lie in

front of you for a while without having to start your vacation with this heavy climb...

C: It's good though that I briefly touched upon it, but I feel indeed that I have to give myself the time to catch my breath first... I notice that it relaxes me to step back and leave this mountain where it is, for the moment...

T: Our time is almost up... You deposited these various notes here... Have a look and see what you want to do with them, what you would feel good rounding off with?

C: I'll take them home and put them on my notice board in the order in which I want to tackle them. (C. carefully picks up the notes, one after the other, loudly voicing what she wants to do with them and puts them away in her handbag.)

T: Why don't you take briefly the time now to feel how you are and whether it needs something else. (silence)

C: I feel I lost 20 kilos! I have this wonderful feeling that I also have room to enjoy myself... I'll first go and sit on a terrace and have a drink to celebrate my vacation...

The most usual way of creating distance when the client's way of relating is too close, is to ask the client to assign the problem *a place outside* of oneself. Sometimes the simple request to let 'it' go a little further away may be enough. In most cases however, the therapist may have to help the process along more firmly by giving, for example, instructions such as: "Could you give that problem a place somewhere in this room... have a look where you would like to put it."

It may be very helpful as well to carry this out *concretely*, for instance by having the client write down on a piece of paper the name of the problem or by drawing it and then depositing the paper somewhere in the room. Even with sophisticated clients this may have a very liberating effect and is often more effective than just indicating at fantasy level where something should go. In this way, several of the client's problems may be assigned a place in the therapy room. This process of creating distance may be helped along even further at fantasy level by using various metaphors. When a client happens to feel an overload, especially on shoulders and back, one may work with the following image: "Imagine yourself carrying a heavy rucksack full of problems and having a look at it contents; and imagine that you take the problems out, one at a time, and deposit them here... Notice how you feel each time you unload a specific problem and put it down." Or another metaphor when a client feels the centre of the body to be stuffed-up or feels that something grabs one completely: "Try to imagine that you have a space inside of you, a sort of room which is filled that you can no longer move around in it... let us make some room in there... Have a look what is in there that takes up too much room... imagine that you put it out of that room for a moment and give it a place elsewhere where you can still see it but where it does not sit on top of you any more... How does it feel inside when this space is vacant?" Should the problem be very *threatening* or frightening, it may not be enough to put it at some distance but one may have to put up a fence between it and the client. Thus the client who is overwhelmed by

anxiety when trying to speak about her aggressive father may imagine not only that father is put away in the most remote corner of the therapy room but also that a 'cage' has been built around him, as is sometimes done in court with dangerous criminals. Or the client may draw something which he finds very threatening and stick the drawing on the outside of the therapy room window. However when the client is overwhelmed by something 'childlike' in quality or which is very *dear*, then other metaphors may have to be called upon to create the proper distance. Thus it would hardly be compassionate towards the client who coincides with wounds received in childhood to just put these away somewhere in the therapy room. Indeed, the place assigned should be 'outside' while it should also be taking care of that part of the client. Thus one may ask: "Could you take that wounded child on your knee", thus introducing distance while still respecting the sensitivity of the issue.

In brief, the request to put away at some distance what is too close can never be stereotyped. It will always imply a search - in interaction with the client's reaction - for a form adapted to the client's needs, while firmly and inventively promoting distance between the client and the problem.

Another way of making distance is by *having the client*, in actual fact or in imagination, *'step back'* . For example: "Leave everything where it is for the moment and take a step back so that you get some distance." Or, when a client speaks predominantly about being flooded, the following metaphor may help: "Can you imagine stepping out of the water for a moment and sitting on the beach looking at the waves instead of drowning in them?" To *illustrate* this, here is a brief fragment from a therapy session in which the suggestion to 'put the problem at some distance' does not work but where 'having the client step back" does.

Isabelle is 40 and is working on her fear of dying in her third therapy session. Halfway through the session she gets a stabbing pain around the heart.

C: There is a terrible pressure here (indicating her breastbone); I cannot take it any more... it is such a strong counterforce preventing me from living... I can hardly go on breathing!
T: Could you try to push this counterforce a bit further away?
C: I wouldn't know how to do that.
T: Could you give me an idea of how you experience it? Apart from preventing you from living, how are you getting along underneath it or what sort of feeling does it give you?
C: It is an enormous, heavy block of concrete on top of me; I don't get any air under there!
T: OK. Now I understand that you cannot push away something like that! We'll leave the heavy block where it is and you may try to imagine that you yourself step back... Try to imagine

making a step which gets you from under this block.
[C. nods while T. suggests it; such small bodily signs are an indication that we are on the right track.]

C: Yes, that feels good (deep sigh)... I can breath again (silence)... and all of a sudden I also see that the block of concrete is my mother who has always prevented me from living!

In case of strong (painful) body sensation, a third way of creating distance may be indicated, namely inviting *'to breath around the spot in question'*. Creating a breathing space in the body often provokes a tangible shift in the way the problem is experienced. With a client suffering from serious stomach pain which prevents him from concentrating on anything else, the therapist could suggest: "Let your stomach know that you will take care of it... Go around this painful spot with your breath, as if you were putting a soft bandage around it... Now try to find out whether this pain needs anything else before you let it rest for a while..."
The same way of creating space may also be more indicated than simply 'putting it away' in case of something precious or tender facing the client. The client tries to find a good spot in the body for the problem while still not coinciding with it any longer. For example, the client who feels an enormous lack in her abdomen after the death of her baby shortly after birth, is asked by the therapist: "Could you breathe towards that painful spot in a friendly way... Could you make a space with your breath, where this lack gets a place?..." Sometimes this 'space' created by breathing may even be imagined concretely by means of a metaphor such as: a 'cradle' in which 'it' can be put down.

A fourth possibility of helping along the process of creating distance from an overwhelming problem consists of the therapist asking the client to make contact with a *'good spot'*. This good spot can be retrieved in fantasy from the client's past and be connected with an experience in which the client can remember feeling very happy. For example: "In my grandparents' garden there was a big tree in which I felt safe." It could also be something which the client simply imagines, such as lying on a beach or being occupied with one's favourite activity such as riding a motorcycle (McGuire 1982-83, 1984; McDonald 1987). From this favorite spot or activity, in which the client finds enough relaxation, the client is then asked to observe the previously overwhelming problems. Similarly, a good spot may be searched for in the body itself, as with this rheuma patient who is totally overwhelmed by pain and is asked to find a spot in her body that does not hurt. She discovers that her face feels good. While keeping her attention on her face, she is able to continue working on her problems without being overwhelmed by pain. This

method of concentrating on a good spot and keeping the positive sensations connected to it in the foreground is very helpful in cases of real physical pain. It is even said that experiencing the good spot does not only have a pain-killing but also a healing effect for example with cancer-patients (Kanter 1982/1983; Grindler 1985).

Whichever way one chooses to create distance, in no event is creating distance the same as 'putting the problem away', 'forgetting it' or 'repressing it'. It is rather a friendly search for a *good spot* for it in consultation with the client's feelings and images. It is an attempt at establishing a better relationship, whereby the client gets space to look at problems instead of coinciding with them and whereby the energy and healing power of the observing self becomes free to face the problems and get a hold of the situation. By extricating oneself from the problem, the client gets a better view of the exact nature of the problem (one sees more when not too close by) and becomes capable of taking good care of it when needed. Thus, no longer coinciding with the 'hurt child' creates the opportunity for the 'adult part' in oneself to care for the 'child part'. "Those familiar with inner child work will see the similarity. The difference is that there is no need to personify the felt sense as a child. If it feels like a child to the client, that is welcome, but if not, it can still be given gentleness, acceptance and listening" (Weiser Cornell 1996a, p.100). "In fact, real progress seems to involve maintaining a part of oneself that is apart from the intensity, and supporting that part as one explores the intense emotion" (Iberg 1996, p.24). Only when a state of 'having-contact-without-coinciding' is achieved will it become possible to work on the content of the problem.

The therapist helps the client to be *with* the feelings, not *in* them. Focusing works best when the client can 'sit next to' his or her feelings instead of plunging into it. Ann Weiser Cornell (1996a, p.17) gives various tips to facilitate this *being with* instead of letting the client feel engulfed and she proproses the use of Inner Relationship techniques instead of Finding Distance techniques (1996b). "Disidentification is often the first step toward establishing the Inner relationship. The essence of disidentification is to help the client move from 'I am this feeling' to 'I have this feeling'. In most cases, disidentification can be facilitated simply with empathic listening or reflection, in which the therapist adds phrases like 'a part of you' or 'a place in you' or 'something in you' "(Weiser Cornell 1996b, p. 4). When for example the client says:"I am sad"; the therapist can slighty change the verbal expression to: "You're aware of something in you that feels sad". By this special way of formulating the client is invited to turn to the content, to get in touch with

this content, to establish a relationship between 'I' and the content. The content has an explicit part, the part that is already known, already communicable ('sad'), and an implicit part, an aspect that is indefinite yet, not yet unfolded, which is mentioned by the word 'something'. By saying 'in you' , the therapist indicates that besides the content, there is an 'I' that has a content, it is not the content, this 'I' is bigger than the content. (See also: Wiltschko 1996, pp. 61-62). Another kind of listening response for helping the client stay separate from and in relationship with his or her experience, instead of identifying with the experience, includes in the reflection what the client is doing or experiencing right now, by adding a verb - something like 'sensing', 'realizing', 'noticing', 'are aware of', 'feeling' - to describe his or her current experience. When for example the client expresses "It's heavy", the therapist gives the client a place to be with it by reflecting "You' re noticing it's heavy". The **disidentification** is a step towards gentleness, it brings in the possibility of empathy and compassion, it helps the client to develop a relationship to an inner part.

2.3. Clearing a space

Even when the client is neither 'too close to' nor 'too far from' the problems, it may make sense to start with the process of 'clearing a space' in order to grant the body openly the time to reveal what it brings along. Attention is first given to being seated comfortably and is then turned to the body by following one's breathing. Then the client asks inside: *"How am I right now?* What am I bringing along with me at this moment? What comes to my attention?" Every perception, topic or feeling coming to the fore is acknowledged. It is briefly touched upon and given a place without its content being dealt with as yet. This may be done, for example, by naming it out loud, or by writing some aspect of it down as one would on a shopping list, without doing the actual shopping yet. The client may thus put into words those issues which preoccupy him/her and the therapist reflects them briefly. Here too, a more forcible effect may be had by writing each topic down and giving the paper an actual place in the therapy room. One can go on with this until one feels sure all worries have been acknowledged and temporarily put down. After all problems have thus been given a suitable place, clients may experience a deep feeling of peace, rest, life energy and being centered... which may come near to a spiritual/religious/transcendental experience. "Transcendent means moving beyond one's former frame of reference in a direction

of higher or broader scope. The transcendent dimension, found in all human beings, involves moving beyond one's own unhealthy egocentricity, duality, and exclusively towards more healthy egocentricity, inclusively, unity and capacity to love" (Hinterkopf 1996, p.10). Hence the satisfaction obtained from practising this step separately, even if not a single problem is subsequently looked at.

The focusing step of 'clearing space' is comparable to certain techniques of *meditation*. Attention is shifted from outside to inside, from speaking to silence, from thinking to experiencing, and the body is given the opportunity to bring to the surface what it (often unwittingly) carries along. Everything which comes up is briefly given attention but nothing is dealt with. Then everything is put down, the person extricates oneself from the problems, thus creating room for an influx of positive energy and lightness. This process is in itself a healing one; it creates the experience of a 'new me', untouched by difficulties but capable of finding a better way of relating to one's problems from its position as observing self.

As a therapist, I find it very useful to go briefly (10') through this focusing step myself *before receiving my clients*. This brings me in touch with the various experiences which live in me at the beginning of my work. Chances of mixing up my own topics with those of the client are thus decreased. It also helps me to put my worries aside so as not to be preoccupied by them when I should be giving my full attention to my clients. I do the same thing at the end of my work. It helps me to put my client's problems down instead of carrying them home as a big burden. The step 'clearing space' may thus be a form of *'mental hygiene'* for the therapist as well.

The phase of 'clearing space' being completed, one may *choose one problem from the list* to work with, should one wish to do so. This introduces the next process in the focusing movement.

3. UNFOLDING THE FELT SENSE

The usual way of gaining access to the felt sense is through a vague body sensation, such as a feeling of tension, heaviness, shakiness, pressure... in a specific area of the body: throat, chest, stomach, abdomen... or a vague feeling of discomfort which is difficult to locate but does not go away.

In the *example* of Oskar, the client who was initially 'too far' from his experience, the client, after leading his attention through all parts of his body, gets in touch with a feeling of tension in the region of his stomach. We will show here how the therapist assist him in getting in touch with the felt sense in it.

C: That feeling in the region of my stomach... that tension there... that is the most powerful.
T: There you experience something powerful... Why don't you remain there and look what else will come out of it...
C: It wants to jump out of it, as a devil out of a box...
T: Something wants to jump out... (silence)
C: Hate... but that would be very unusual for me.
T: You hesitate to use the word 'hate' but that is what jumps out at you?
C: Yes, hate... that feels powerful... that is it.
T: Hate... that words suits your feeling best...
C: It also gives me power!
T: You notice that your hate is accompanied by a feeling of power.
C: I always withdrew from my friend because he has hurt me so often. (C. tells about an incident in which he felt deeply humiliated)
T: You don't want this to happen again... Something in you wants to keep facing him with power?
C: Yes, that feels good... that is it... (sighs, sits more relaxed, silence)... This has been the last time that I gave him so much power over me... I see him tomorrow and will make it very clear that I wouldn't let myself be pushed aside any more... (C. sits up straight and further considers what he wants to tell his friend)

In the above example, the client starts with tension in the region of his stomach and used the word 'powerful' for it. The therapist values this body *sensation* by reflecting it and letting the client stay with it, introducing in this way the focusing attitude. Then, more comes up; the meaning unfolds through *symbols/images*, such as: 'jump out of it', 'as a devil in a box'. Again the therapist takes them over as they are and leaves silence in order to give the internally felt time and space to unfold further. Then 'hate' comes to the fore, an *emotion* contained in this experience. The therapist leaves the client the time to sense whether the words he uses really correspond to the feeling. The therapist repeats these 'handles' literally. This is important since the slightest change in wording may introduce a nuance which no longer corresponds to what the client experiences. When the client sees his expressions mirrored, he can resonate them against his experience in order to see if they reflect it exactly. He can either agree with the expression or correct or complete it. Next, the client establishes the connection with the *situation* which evokes the feelings. He acknowledges that his friend has often hurt and humiliated him. The therapist leaves the client some room to talk about that situation and brings together some elements mentioned earlier by the client. From this the growth step, the 'new' emerges, whereby

the client clearly experiences (sigh, relaxation of the body) that something in him is changing. This *felt shift* is a sign that the meaning has been fully expressed and that symbolization of the implicitly felt has resulted in an essential step of bodily felt change.

A *full* felt sense usually unfolds through different *components*: a) body sensations; b) emotions; c) external situation; d) symbols/images. Their order of emergence is not that important. Clients have their own preference for starting with a specific component and for stressing certain elements. A *felt sense comes to completion* by letting the connection between body sensations, emotions, external situations and symbols take place. This process of unfolding results in a feeling of relief, a bodily felt experience of something having been freed, whereby a new surge of energy is felt. Real therapeutic change always carries with it the characteristics of this process.

When the various elements do not unfold spontaneously, then the therapist has to *evoke the missing components* in order for the felt sense to become fully present. Often the conversation comes to a halt because client and therapist remain stuck in the same component(s) long after it (they) has (have) ceased to be productive. A therapist who is alert to (a) missing component(s) is able to lead the stagnating process towards renewed movement.
When the *body sensation* is missing, the client can, for example, be helped along by a suggestion such as: "Could you try to sense how all that feels in your body?" or: "How does your body react to that?" or: "Is there a sense in there about..."
A client who does have body sensations but nothing else may be asked: "Which *emotional* qualities are present in this sensation?" "Does it feel like something threatening, or pressing, or pleasant, or which emotional tone does it have?"
The link with the situation in the client's life should always be established if one does not want to get stuck in a series of vague sensations which lead nowhere. The *situation* can be elicited by questions such as: "What in your life feels like that?" or "Do you have a feel for what this is about in your life?"
Symbols often emerge by themselves. When a client does not find any expressions, the therapist may ask whether certain words, images, colours, shapes or movements... come to the surface... (working with drawings, clay, bodily expression... may at this stage be an inviting alternative to a strictly verbal approach, especially with clients who have difficulty finding symbols or who fall back readily into rationalizations. See: Leijssen 1990 and 1992).

The therapist gives the client the opportunity to test whether the expressions of the client or the therapist say 'it' accurately. "Many people are not so clear about the authority their feelings should have over the words that are spoken about them. Some people have an attitude that 'if you say so, it must be right.' This is especially true for some people who as children were consistently told how they felt... You may detect this problem by watching carefully to see the client's reactions to your 'less than your best' responses. ... take the initiative to say something to the effect of 'I don't think I got that quite right. It doesn't seem to fit. Did my wording seem incorrect somehow?' In this way you can invite the client to seek more precision of expression, and you model an attitude of respect for the authority of their own experiencing" (Iberg 1996, p.25). In the focusing proces checking with the body, over and over, all through the session, is an important way to look for confirmation of the words from the felt sense of the client. In this '*resonating* step' we ask the body: 'Does this word fit? Is it like this ?' or we simply reflect the expression of the client with the implicit invitation to offer it back to the felt experience. During expression, the feeling may change and new expressions may emerge which help the felt sense unfold further. The criterion of accuracy always lies in the client's body reactions. The power of the symbol does not only lie in the fact that, through it, the implicitly felt sense is externalized. Symbols are also *'handles'*: they contain the whole feeling, which can then be evoked again by means of that expression. Clients often remember the image that accompanied an important shift in their experience and recall it later in order to contact that feeling again.

When the right symbols that fit the experience are found, the client feels a satisfying sense of rightness. This is a *'felt shift'* : a physical sensation of something moving in the way the problem is experienced. There are many kinds of shifts. (See: Friedman 1996, pp.24-25; Weiser Cornell 1996a, pp.30-32, p.90). On the continuum of *intensities* at the 'low end' there are 'small shifts' which may be very minimal, very subtle, one could easily skip over it if one didn't know about it. At the 'high end' the shift is intense, dramatic, obvious, it's a 'big shift', no one would miss it. There are also different *kinds* of shifts: sometimes the client feels a release or a relief in the body (eg. a sigh, tears); sometimes it is a sharpening of some vague experience or the sense becomes stronger (eg. a general feeling of confusion becomes a clear feeling of anger); sometimes the client feels something moving from one location in the body to another place in the body (eg. a choking sensation in the throat becomes a warm feeling around the heart); sometimes it is an

experience of more energy, excitement, enthusiasm, personal power or new life awakening and stirring in some parts of the body or the whole body; at other times it's feeling more peace, clarity, groundedness, a warm spaetious well-being. The client might also have a new insight about an issue, but we consider this only as a felt shift or a new step, if the insight doesn't happen only in the mind, but is also in some way, a bodily felt resolution. As long as a feeling of tension, tightness, confusion... remains (visible in facial expression, breathing, posture), elements are still lacking or the proper expression has not yet been found. In that case, a friendly wait for what is still unclear or wants to move forwards is indicated.

The therapist may facilitate further exploration by *asking other questions*.
The choice of whether or not to use questioning is made on the basis of a feeling that 'more news' or a deeper release may be coming from the implicitly felt. The questions aim at furthering or fully reaching the bodily felt relief which may already partly be present. These are open questions, directed at the felt sense and followed by a waiting time to see what else may emerge from there. Often, as yet unexpected meanings still come to the fore.
One has the choice between various kinds of questions:

1. General questions, such as: "What is it in all this that makes me feel this way?", "If 'it' could speak, what would it say?", "Is there anything else in that feeling that demands attention?", "Does it want to say more?", "What prevents me from fully feeling it?"
2. Specific questions, such as: "What is the worst in it?", "What is the most difficult part in it for me?", "What is the best for me in it?", "What is the core of that problem?", "What is dearest to me in there?"
3. Movement questions such as: "What does it need?", "What might bring relief ?", "What else am I missing in there?", "How would it look if it were resolved?", "If I were not stuck with this issue, what could it then become?" , "What actions need to be taken?" , "If I contact my 'wise place' what kind of advise would it give to me ?"

All these questions should be asked in a friendly manner and be introduced with something like: "Could you ask that feeling...", "You could try and see whether it wants to answer this...". Asking can be a natural next step if the client seems not to know what to do. The purpose of the questions is to hold an attitude of friendly interest and respectful curiosity, and to direct the attention to what more is there. Asking implies that the client is the one to feel the best how the next step can be. The 'response' from the felt sense takes some time; it can take a minute before it opens and

gives a new step. 'Old information' will be there immediately, but what the felt sense can create is infinitely better, more creative and richer than anything the conscious mind of the client (or the therapist) can think up. The questions create a welcome for new ways of being, a new meaning, new action steps. The bodily felt sense does not 'have' to give an answer; the questions only provide the opportunity for the inner knowledge to fully open up. Clients may not need such questions. It may then be enough to suggest: "You may remain with it in a friendly way and see if anything else comes up."

The following four *illustrations*, in which each client starts from a different component, will make clear how the full felt sense may unfold in verbal psychotherapy.

3.1. Starting from the body sensation

Example: Erna, 44, 18th session:

C: I feel my heart pounding terribly!
T: Something makes your heart pound .. (silence)... How is it to feel your heart like that?
C: (sigh) It feels like anxiety but it isn't anxiety.
T: Anxiety isn't the right word... try to remain with the sense of it...
C: It is rather some sort of nervousness...
T: Something that makes your nervous... (silence)... Have a look and see if that is the word that suits it best... whether other words may still emerge?
C: Tense expectation... that is it! My heart pounds like drums announcing something!
T: You feel a tense expectation... any idea what is being announced? (silence)
C: I know what it is... the party I have to go to tomorrow...
T: That party evokes tension...
C: Now I feel my heart pounding even harder... I, ugh... I hardly dare admit it but I'm going there expecting to meet the ideal man...
T: That makes it exciting! But it isn't a pleasant excitement?
C: No... (silence)... the excitement is also fear that it will again go wrong...
T: It wouldn't be the first time that your expectations don't come out...
C: That makes it even more painful...
T: Could you perhaps ask your body what it would need here in order to relax?
C: (silence, sigh) That I simply go to the party and enjoy the company without wondering whether there is a marriageable man around...
T: Have a look inside and see whether it agrees: simply going to the party without expecting to meet the man of your life...
C: (laughs) Then it even looks like it could be fun... I know a few people who will be there and that may just do... (sits visibly more relaxed)

3.2. Starting from emotions

Example: Ivo, 32, 6th session:

C: I always feel guilty, ashamed and restless.
T: How are you aware of these feelings in your body?
C: It presses in my chest...
T: A feeling of pressure... as a pressure looking for a way out?
C: Yes... (silence, blushing shyly)... I even have an image with it of a huge mother's breast with lots of milk...
T: As if you needed plenty in order to give...
C: Yes, that's it! It suits me so well... (sigh, silence)... when I don't share with others I feel uneasy about what I have.
T: It needs to share with others... Is there more inside that asks to be noticed? (silence)
C: Yes... there is more... I notice I am getting sad but don't know what it is.
T: Just give it some time to clarify itself...
C: I suddenly think I'll never have children (client is gay). I never realized before how much this affects me. That is it! (deep sigh)

3.3 Starting from the situation

Example: Maria, 56, suffers from habitual low self-esteem. In the 23rd session she tells about a situation during a trip where another woman in the group seeks her company. She had advanced several hypotheses as to why this woman should have been interested in her.

T: What about taking the time to put aside everything you have thought around that and so to speak develop a fresh feeling on how it is for you, what you sense in your body when you recall the event with this woman on your trip...
C: (silence) It is some sort of warmth (laughing).
T: It gets warm inside of you...
C: Yes, and also... a kind of cosy tenderness but... very quiet and slow...
T: Something warm, cosy, tender, quiet...
C: Yes... even touching... (silence)... yes, a kind of slowness, as if sitting down on a sod... on a clump of clay...
T: It is touching to encounter yourself as being rooted, which has something slow about it...
C: Yes, and it touches me also that this is allowed... here (sigh)... It was like that too with this woman on my trip!... We had similar roots which isn't what I usually encounter in my environment. (silence)
T: Perhaps there is more around that which wants to come out... Could you ask your feeling whether it would like more or how it wants to proceed? (silence)
C: If I dared, I would let this woman know how great it was with her... but I am not sure it wouldn't be too much of an imposition...
T: Could you first leave some room for that idea... how does it feel when you imagine yourself telling her that you found it great... (silence)
C: Exciting... in fact wonderful... it also feels wonderful to do that to her.
T: It seems like an exciting, wonderful idea...
C: The longer I stop at the thought... the nicer it feels... oh... you don't find me stupid, do you?

T: Did you really think so?
C: Not really... It is rather that I haven't felt so young in ages...

3.4. Starting with symbols

Example: Rudy, 28, often uses metaphors when speaking. The therapist usually has a hard time at helping him reach a full bodily felt experience. This is the 29th session:

C: I live with a shadow which I cannot amputate.
T: Could you tell a little more about what you experience around that?
C: Simply that it is always there.
T: Something of an unpleasant feeling which you cannot get rid of?
C: Always something dark that accompanies me.
T: What is it in your life that you feel is always with you as something dark? (silence)
C: I don't know if it is that... but the first thing that comes to mind... is my father's suicide.
T: Your father's suicide... that feels like a shadow hovering over your life... could you take the time and check whether your body agrees with that?... (silence)
C: Yes... that has influenced me so much, marked me so badly; I can never undo it...
T: How do you feel this influence, this mark in your body?
C: I just feel the lack... as if I had no backbone... no direction in my life.
T: In your body you become aware that your father is missing - no backbone, no direction, you call it ...
C: Yes and his suicide remains present as something dark, like something that is hanging over my head... as if I, too, may end up committing suicide...
T: It hangs over you - you say - and it seems like it is whispering in your ear that suicide is also your final destination. We may have to go further into this soon. But I would first like to ask you: How does it feel there, inside you? (silence)
C: That is a big empty space.
T: A big empty space... where does this feeling mostly sit?
C: Hm (silence)... Here in my abdomen mostly (shows the spot with his hand).
T: Yes, why don't you put your hand on the spot where you mostly feel it...(silence). Do other characteristics of this space strike you? (silence)
C: Cold...
T: May I suggest something? Can you try to go into that space with your breath, as if to warm it up with your breath... Would you try?
C: Hm... (silence, deep sigh)... that feels good... as if I were making a little fire in this room... yes (smiles) in this way it could even be a place to come home to...

The above fragment puts the therapist in a dilemma as to whether to follow the client in the image of what is hanging above his head or to delve further into the inner bodily felt sensations. In this example, the therapist gives priority to 'rooting' the client in his own body and promoting there the development of a good spot.

Words coming from the 'deeper inner voice' are easily identified. Not only by the fact that they come from the center of the body but also by arriving much more slowly, a few at a time, by sounding surprising, new and sometimes irrational, and most of all by causing a feeling of relief and new energy. The difference with 'voices coming from outside' is further elaborated in the following focusing phase.

4. RECEIVING AND DEALING WITH INTERFERING WAYS OF REACTING

This process consists of receiving everything that emerges in the experiencing process. In order to give a new experienced element a decent chance, the client has to maintain a friendly, welcoming attitude. Remaining present in an interested and friendly manner does not mean approving or liking everything. The client may, for example, dislike something painful but nevertheless remain friendly towards the part of him or herself that suffers the pain; or the client may not approve of a solution involving agressivity towards someone else yet continue to listen with interest. Therapist and client remain attentively present (focusing attitude) with what is about to be expressed. If a client has a tendency to gloss over something or does not take it in, then the therapist may invite more receptivity by means of suggestions such as: "Give yourself some more time to remain with that and to see how it feels, without judging it immediately or fitting it into what you already know."

However emerging changes and new developments may encounter tough resistances in the client. The obstacles most often encountered are called - in focusing terminology - the inner critic or interfering characters. Gendlin (1996, p. 247-258) describes the part that attacks from within and interrupts a person's every hopeful move, as 'the superego'. "The superego absorbs the aggression and violence that the conscious person rejects. .. Many lovely, sensitive people are inwardly brutalised and oppressed by their superegos. They would never treat others as their superego treats them" (Gendlin 1996, p.249). "When thought of as a manner of experiencing, the superego is inherently 'not me'. What we call 'me' pulls back, defends itself, hides, and becomes constricted under the attack" (Gendlin 1996, p. 250).

These 'disturbing' ways of reacting demand special attention and guidance as they put the client on a side-track and, when they become dominant, lead to an unproductive process. They are ways of reacting which have once helped the client but have now become 'structure-bound',

which means: they show up any time, whether appropriately or not, regardless of the situation; they perpetuate old patterns of behaviour which are no longer adapted to the current situation. Should the therapist not deal with those right away, then the client may keep getting stuck, always in the same way. Recognizing, exploring and making ineffective such non-helpful ways of reacting is a complex and often recurring process, in which different steps can be taken with the utmost care. The therapist has to intervene actively in order to assist the client in: a) identifying interfering ways of reacting; b) disidentifying from them; c) visualizing them or giving them a concrete form or putting a 'face' to them; d) exploring what function they had or still have; e) assigning a new place to them; f) returning to that part of the person that was/is in the grips of the interfering character.

a) Identifying interfering characters

Interfering ways of reacting can appear as self-criticism, self-doubt, distrust, rationalizations, denying, ridiculing... They are characterised - and can thus be distinguished from a felt sense - by their predictability and stereotyped expression. For example like a recurring voice saying: "Don't be silly", "Be reasonable", "It will fail anyway", "This isn't allowed", "You have to be independent", "You're no good at anything", "Be peppy", "That is stupid", "That is not a solution"..; or recurring negative thoughts and feelings such as: "I am worth nothing", "I was born under an unlucky star", "Nobody likes me"... etc. "The pattern is characterized by guilt, shame, humiliation, blame, fear, the inability to act freely, the avoidance of competition, the wish to give up one's power, the convinction that one can never get what one needs, the habit of stopping oneself from acting to get what one wants, and many other variants. These avoidances of life and living are related to superego attacks" (Gendlin 1996, p. 256). "The superego...has attitudes. It is usually negative, angry, hostile, attacking, mean, petty; it enjoys oppressing a person" (Gendlin 1996, p. 255). Interfering reactions are characterized by their unfriendly, demanding, humiliating, depressing, nagging, sharp, fast, loud tone of voice... thus smothering or suppressing the softer, more tender voice of inner knowledge. They make sure the client will feel worse; they keep one below one's potential, inhibit one, prevent one from fully living, or else they let one feel good only after having satisfied their demands. They do not take care of the child's best interest or of its vulnerable or vital aspects, as inner knowledge often does. The difference in manner of speaking between the two becomes obvious when a client hesitates, for example, to perform a task and hears the interfering voice say: "You are lazy, you are no good at anything!", whereas

the voice of inner knowledge might react in a much friendlier way: "You seem to have a difficult time at this task". The therapist should first and foremost be capable of recognizing the interfering character when it emerges. This being done, the therapist can then choose to leave the interference aside for the time being and direct the attention to the more central experience of the still developing felt sense, by trying to get back to what the client was feeling just before the attack. "It comes down to simply bypassing the superego's attack... The main procedure is to move the superego out of the way of the process" (Gendlin 1996, p.257-258). But often this simple strategy doesn't work and more long-range ways to process the inner critic are necessary. The therapist can follow the client in the attention to the interfering character while helping the client develop an alternative coping strategy, as will be described in the following steps.

b) Disidentifying or distancing oneself

A client who is confronted with the voice of an interfering character has to be helped by means of a message or instruction which should enable one to detach oneself from the voice 'which speaks to' oneself or see these negative thoughts and feelings as 'a part' of oneself with which one does not fully coincide. Simple rephrasing by the therapist may already change the emphasis and invite the client not to coincide any longer with the interfering reaction. The client who says: "I hate to be so weak" may hear the therapist reflect: "There is a part of you that does not tolerate the idea of you having weaknesses... Could you have a look and see what is in there that wants your attention?"

Apart from naming it 'a part' of the person, the therapist may make the disidentification more concrete by asking the client to imagine putting 'it' in front of him or herself. In this way, most clients reach an insight fairly quickly. They gradually see something meaningful emerge. Discovering meaning is strongly encouraged by the following step which usually follows very closely after disidentifying or distancing oneself.

c) Putting a 'face' to it, or giving it a concrete form

The client is invited to describe what one 'sees in front of oneself' when one puts the voice or the thoughts at some distance; or whether there is a face, figure, person or shape fitting it. The client may be asked to draw it or mould it in clay or to get up and portray the character, using one's whole body. Or, in group therapy, one group member may instruct another to take the 'role' or to keep the character safely away. Usually clients are remarkably apt at giving a concrete

description of 'the figure' which emerges. Such figures may be the real-life parents. Often they are figures which symbolize the severe, hard and demanding, but also the solid, the protecting, the safe, such as schoolteachers, policeman, soldiers, old aunts... Sometimes the client sees an animal or a more abstract shape such as a parrot, a snake, a watchdog, a block of granite, a high wall, a waterfall.

d) Exploring the past and present function of the interfering character

Interfering characters are powerful parts of a person who either were taken over from a parent or important authority figure (introjected parts) or else were created for protection or survival in difficult or painful circumstances (self protection parts). Many times the interfering characters are unhealed parts of the client, that have been cut off from love and acceptance. They often served the important function of helping and protecting the 'vulnerable child' or keeping unbearable feelings from emerging, but have continued doing so even when no longer required. They do not differentiate nor do they see things in perspective, but they act in an 'all or nothing' way. With the therapist's help, the client discovers how the interfering character came into being and how it has 'served its function'. When exploring the interfering character, one first lets it know that one 'has heard' what it has to say. This often allows the client to take a more relaxed attitude towards the 'disturbing part'. The 'good intentions' of the voice or the thoughts are looked for. These will provide additional knowledge about how to tackle the next step.

e) Assigning a new place to it

In the case of introjection of what has been seen at home, clients usually feel relieved quickly when they see through it and they may have few problems letting go of it or putting it aside. A simple instruction from the therapist to put 'it' further away or a request to leave 'that' out is generally responded to positively. However, when it refers to a part that was created to protect the vulnerable child, the therapist will have to exercise more caution. It would bespeak little respect to simply put aside a part that has been the client's ally. In such cases, acknowledgement of how the interfering character has helped the client is needed first and it makes sense to express gratitude for it. Subsequently, the client will have to decide to what extent that character is still needed; learn to differentiate between circumstances where the character's protection or help is still required and those in which that same way of reacting may become troublesome. This process mostly consists of a shift of power, the client acquiring the final say over the character

rather than remaining 'in its grip'. The client decides again in which circumstances the reaction of a specific character is appropriate.

f) Returning to that part of the person that was/is in the grip of the interfering character
Here the transition is made to the part of the client that was dominated by the interfering character and to how it feels to be in the grip of such a severe, demanding, critical... part. Here the question is also asked what the dominated part really needs. Often a great deal of anger or sadness comes to the surface and the discovery is made that one would like a comprehensive, loving, supportive part instead. It may help some clients to find a metaphor for this 'substitute', such as: a warm comforting mother, a supporting father, a friendly elephant preparing the way, protective wings around oneself... etc.

In clinical practice it may not be possible to separate these various aspects of working with interfering characters as neatly as we have done here. It may not even be necessary to go through all these steps. It is important that the therapist offers alternative ways of reacting to the interfering character instead of letting the client react in his or her structure bound way. Certain aspects may receive more attention than others, according to the nature and origin of the interfering character. On the one hand, the therapist may have to steer a bit and make sure that the client develops a new kind of interaction; on the other hand the therapist should always follow the emerging new meanings and put the authority of what 'feels right' with the client.

A few *examples* of how interfering characters appear during therapy sessions and how the therapist may respond by emphasizing various aspects may illustrate how the above looks in clinical practice. The fragments are reduced to the essential steps of working with a particular disturbance and thus give a simplified picture of what is sometimes a difficult attempt at putting an interfering character at some distance and getting to know it better while keeping it separate from the deeper-lying felt sense which the client carries in him or her.

Brigit, 28, was sexually abused by her father between the ages of 6 and 16. In one therapy session she gets in touch with 'a deep feeling of hurt inside'. While talking about it, a sharp mocking voice comes up in her, saying: "Don't exaggerate! Are you sure it's true, everything you are telling here?" (step a). She knows this voice very well because that is the reaction with which she usually erases her feelings. The therapist asks her to put the voice in front of her for a moment (step b) and see whether she can put a face to it (step c). Almost immediately the client

sees the picture of her mother who reacted like that every time the young girl tried to inform her of what father did. The therapist now asks the client to put the image of mother saying such things still further away (step e) and provides an alternative message: "You felt deeply hurt inside; try to give that more space; let's listen to that some more..." (step f). The client succeeds subsequently in expressing her anger and pain.

Hans, 38, tells how annoyed he is with his partner. He senses anger coming to the surface but immediately cuts the feeling off with: "That's not fair towards her, it's not right to be angry with her" (step a). When the therapist asks him to put in front of him that part of himself that is not allowed to be unreasonable (step b), he answers: "But that's all of me! I cannot put it in front of me because that is precisely what I am, that reasonable man!".

T: You feel you are totally coinciding with that reasonable part... As if the unreasonable part were totally pushed away underneath it. Is that how it feels?
C: Yes, that's right.
T: How does that unreasonable little boy feel underneath it? (step f)
C: In fact, he is very angry but is not allowed to show it. (client starts crying)
T: Go ahead and let the little boy express his anger.
C: Goddamn, at home nobody was ever angry; only sadness was allowed... (cries again)... I feel so alone.
T: When you felt something like anger, you got yourself in an isolated position at home?
C: No one in the family ever showed anger; mother cried a lot, especially after father's death (client was 8 at the time)... and I was seen as the smart, reasonable boy... especially after father passed away, I behaved very reasonably... everybody found it great that I, as the eldest, could also support my mother. (step d)
T: But in fact, this boy was also angry at father, at mother? (step f)
C: I knew I was not supposed to feel it that way because father couldn't help it that he was dead, but nevertheless, yes, I was very angry indeed that he left us to fend for ourselves, and angry at mother because she cried so much; she remained totally stuck in it and kept repeating what a good man he was... (deep sigh, silence)... I am fed up with being nothing but the reasonable and smart one! This has lasted long enough! (step e)
Damned, after all I was only a little boy myself and wanted an ordinary father, not a dead ideal!

Guus, 42, speaks enthusiastically about a new plan which he just came up with. Suddenly his mood changed and he says: "O well, it wouldn't come out anyway." (step a)

T: Where does that suddenly come from?
C: I always get this. I'm so used to it. I think: 'Don't put up your hopes, it wouldn't turn out well anyway!'
T: Could you also visualize what comes up then? (step b and c)
C: In the past, I totally sank away in it but recently, I started noticing because you asked me to, and now it always feels like a parrot sitting on my shoulder pecking at my ear.
T: Thus you don't coincide with it any longer but it keeps bothering you.
C: Yes, and I don't get it to shut up.

T: Could you ask it why it always wants to be with you? (step d)
C: It pecks exactly at my weak spots...
T: It feeds itself with whatever is vulnerable in you?
C: It prevents me from being hurt, being disappointed... it always anticipates that.
T: Aha... it protects you against disappointments... Could you let it know that you heard exactly that it tries to protect you from being hurt or disappointed?
C: (relaxes, silence) Yes... but it also prevents me from being enthusiastic; it drags everything down.
T: It ended up with a lot of power.
C: I just don't have the power to silence it.
T: How would you feel about portraying it in clay or in a drawing? (step c)
C: I could draw it because I see it clearly in front of me.

Therapist gives client a big sheet of paper and coloured crayons and clients starts drawing a parrot. It gives him obvious pleasure to draw it.

C: Already by drawing it, I start to find it grotesque, not as powerful as I had expected... I'll surround it by a cage too... And in the margin I'll write - as in a comic strip - all the rubbish it is saying. I find it funny to see it like that, as a strip figure... (step e)
T: Now it feels like you have more power over it?
C: Yes, I find it ridiculous now.
T: Do you still want to keep it or what would you want to do with it?
C: In the cage, it's all right. I can put it away when it exaggerates... I don't want to get totally rid of it yet because I sometimes find it funny. It has a sense of humour which makes me popular with the colleagues.

In fact, the whole gamut of *therapeutic skills* is required when working with interfering ways of reacting. The client has to feel exceedingly safe in the relationship with the therapist before dismantling an interfering character. Indeed, it is an important defence against interpersonal threat. The therapist should communicate strongly the Rogerian basic attitudes whenever an interfering character comes to the fore; here empathy and respect for both the interfering character and the underlying part of the client are necessary. Interfering characters have often served the function of keeping overwhelming emotions under control; thus, these will come up again once we open up what is hidden under the interfering character. The principle of finding the right distance from the interfering character is an essential element in letting the client work with it without coinciding with it, while nevertheless having enough contact with it to make exploration possible. The different elements with which a felt sense can be completed also apply to exploring an interfering character: an image evoking emotions and body sensations comes up and is usually followed by the memory of the situation in which the interfering character originated. The return to the underlying part of the client is also marked by the situation in which that part got suppressed; in the process, certain emotions and body sensations come to the fore and often a new image or symbol is called upon which suits the underlying part better. During

the whole working process with an interfering character, the therapist's authentic presence is very important: the therapist's solidarity is needed to hold both the powerful interfering character and the deeply hurt 'little child'; also the therapist often has to give an authentic and lively counter-argument which provides room for the client's healing process.

Remarkably, the sessions devoted to working with an interfering character are always experienced by the client as an *important turning point*. Immediately afterwards, mention is made of noticeable changes in their life and at the end of therapy, that process is often vividly remembered as a 'key event' of the therapeutic process.

5. CONCLUDING REMARKS

In *concluding* a therapy session, the focusing attitude of taking care of what is present can be emphasized once more. The therapist could, for example, suggest: "Would you let the feeling know that we will end soon and see whether it needs something else before we can end?" When the process is not yet fully completed and session time is up, the session's final experience can be specially highlighted, or an expression which appeared to be very meaningful during the session may be drawn into the foreground. For example: "The expression: 'face him with power' seemed to touch you particularly... If you wish, you could hold on to it and try to find out how it goes on from there, or, we could return to this next time." Often an image used during the session seems to stick and can be worked with during several sessions.
Sometimes the client is asked to conclude by seeing what wants to be remembered from the session or what in particular wants to be taken home. In this validation process, the road covered during the session is sometimes briefly gone over to help the client internalize the therapeutic events and use the therapeutic tools for him or herself. Attention should also be given to helping the client preserve a friendly attitude towards the process once the session is over. For that purpose, a metaphor can sometimes be used. Thus, when something vulnerable remains present with the client at the end of the session, the therapist may suggest to carry it with as 'a child in a carrier'; or something precious may be taken along in a 'jewellery case'. New material emerging at termination is no longer dealt with, but the client may be assisted in providing a good place for it where it can wait until later. Finally it may make sense to say a word of appreciation for the process which just took place, even though only a small step already was made.

In the meantime, the reader will have become fully aware of the fact that focusing consists of a multitude of complex processes. However, the therapist should not try to review all the steps with the client because this generally results in overlooking what the client really needs. It is however important for the therapist to be 'in full command' of the microprocesses in order to refer to them should the client's process require it to do so. The spirit of working in focusing-oriented therapy can thus be described: "We do not abandon the client-centered axiom that the client is the final authority about what is 'really' going on. ... I hope to guide the client to more effective introspection. Ideally the interaction should be non-directive: the client makes improvements, rather than being directed to do so by the therapist. The specific method I use to minimize directiveness is a two step approach. The first step is a simple empathic reflection of the event. ... The second step may not be needed, since when a process event is well reflected, the problem may resolve itself. ... If the client does not find an improvement in the process, I then make guiding suggestions. ... The kind of process improvement in question here is evaluated by the client. ... I recommend reaching a confirmed understanding of a process event to give the improvement every chance to come spontaneously from within the client, but if it does not, I make a suggestion, rather than letting the client proceed oblivious to a small change which might bring improvement" (Iberg 1996, pp.22-23). Adding focusing suggestions may be totally consistent with the way many therapists are already working, or it may represent somewhat of a shift in attitude and language. Although: "The combination of any therapeutic method with Focusing is not as easy as it seems at first glance, because the point with Focusing is not the technique but rather specific Focusing attitudes, and they cannnot be achieved so easily... A Focusing therapist is in contact with his/her body, with his/her bodily resonance, the felt sense, about the whole person of the client, the client's ongoing experiencing and self-expressing. This is because all therapeutic 'techniques' emerge from this implicit resonance. The therapist's felt sense is the source of Focusing Therapy techniques (provided that the therapist is exactly perceiving the client's verbal and non-verbal expression). These 'techniques' are not only listening and guiding methods but also *authentic responses* towards the client's person" (Wiltschko 1995, p.2 and p.6). "Focusing-oriented therapy is not therapy that includes brief bits of focusing instruction. Rather, it means letting that which arises from the focusing depths within a person define the therapist's activity, the relationship, and the process in the client" (Gendlin 1996, p. 304). In a focusing process the therapist models and repeatedly encourages the client to

listen with friendly attention to oneself and to take care of what emerges from one's felt sense. In this way, the client gradually learns to take over the therapist's task and to acquire the attitudes by which he/she can become one's very own therapist.

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