

## Chapter 13

„It is what it is, says love ...“

### Mindfulness and acceptance in person-centred and experiential psychotherapy<sup>1</sup>

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If there is something bad, sick, or unsound, let it inwardly be and breathe. That is the only way it can evolve and change into the form it needs.

Eugene Gendlin

**Abstract:** *Mindfulness and acceptance are key terms within person-centred experiential psychotherapy and focusing. Here, this subject is looked at from three different angles: How does the therapist in person-centred experiential psychotherapy succeed in being mindful and accepting (the aspect of therapist variables)? How can the therapist facilitate the client to be more mindful and accepting towards him- or herself (the aspect of the client variable)? How can the client learn to develop a mindful and accepting attitude towards him- or herself (the aspect of self-help through focusing)? The therapist core variables (unconditional positive regard, empathy and congruence) are presented, with an emphasis on unconditional positive regard. Presence, a variable which has been discussed since the eighties, is understood and described as a basis variable. Eugene Gendlin generated a re-orientation within person-centred psychotherapy. The attention of the therapist does not focus so much on the person expressing feelings and opinions. Instead, what is sensed on a bodily level, even if it is still vague, is put in the centre of attention and is considered as the origin of change processes. This makes it possible for the therapist to intervene in a more accurate way by referring to the felt sense. Such a reference to the bodily sensed inner experiencing in the present moment, even if not very clear yet, leads to a decisive change in the concept of person-centred psychotherapy: the “dys-identification” or the development of a constructive inner relationship. In focusing, which enables clients to apply the core variables of PEPT towards themselves and to initiate a constructive inner process of experiencing and changing by themselves, these changes are summarised in a condensed form. With regard to the issue of “mindfulness and acceptance within the person-centred concept”, the author refers to statements by Rogers himself, but also by Gendlin and more recent authors like Greenberg, Hendrix, Iberg and Moore. A comparison between PEPT and Buddhism is made according to the example of the Japanese person-centred psychotherapist Kuno. In this discussion, differences and commonalities of the two concepts are compared. The author goes deeper into the theory of Thich Nhat Hanh and Kabat-Zinn, and compares these with statements made by Rogers and Gendlin.*

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<sup>1</sup> Translation from the German by Elisabeth Zinschitz.

## Introduction

Person-centred psychotherapy (better known as client-centred psychotherapy) was initiated by Carl Rogers (1902-1987) in the forties of the last century. It emerged at about the same time as behavioural therapy and it is the most important representative of the Humanistic Psychotherapies. Its basis is a view of human beings which emphasises the capacity for self-development as well as the freedom of decision and self-responsibility. Different from e.g. behavioural therapy, person-centred psychotherapy puts the relationship between the therapist and the client at the centre. It considers certain fundamental attitudes and ways of behaving with which the therapist meets, or rather encounters, the client, to be a healing force which generates change. In this way, she creates a healing atmosphere.

Like other therapeutic schools, person-centred psychotherapy has undergone fundamental changes over the past few years; specifically through Eugene Gendlin, who, complimentary to Rogers, explored the question what clients must do in order to ensure a positive therapy outcome. Based on his research, he focuses on the body and on bodily experiencing in the present moment as a main authority of human change. "Experiencing" the way it is sensed in the present is the quality which is prompted in the client, and thus what the therapist must refer to. Nowadays, this view is shared by many therapists. Apart from this, Gendlin developed a method which helps clients to learn systematically how to behave in therapy in order to achieve a positive therapy outcome. This method he called focusing. More recent theoreticians like for example Leslie Greenberg and Robert Elliott (process-oriented and emotion-focused experiential psychotherapy) combine the basic attitudes of person-centred psychotherapy with elements from focusing and gestalt-therapy.

In the following article, I shall look at the topic of mindfulness and acceptance in person-centred psychotherapy from three angles:

- In which way can the therapist in person-centred psychotherapy be mindful and accepting (aspect of therapist variables)?
- How can the therapist facilitate the client to be more mindful and accepting towards him- or herself (aspect of client variable)?
- How can the client learn to be mindful and accepting towards him- or herself (aspect of self-help)?

I would like to start by pointing out that it is undisputed that also in the western linguistic, therapeutic and philosophical sphere (Europe, USA), the terms "mindfulness" – meaning taking care, being careful, paying attention, being alert – and "acceptance" have an important function as well as their own value and their own tradition. In person-centred psychotherapy, they even are fundamental. As will have to be demonstrated, the meaning of these terms differs little from their definition in the Eastern cultural sphere. Jon Kabat-Zinn, for example, defines mindfulness as a special form of directing attention: Conscious and intentional attention is given to experiencing in the present and in a non-judgemental way. (Heidenreich & Michalak, 2003; Kabat-Zinn, 2003).

## **Mindfulness and acceptance in the behaviour of therapists**

### *The classical therapist variables*

In person-centred psychotherapy, which was developed by Carl R. Rogers, the client and the therapist do not concentrate their common efforts on how to apply methods or on training modules. Instead, the experiencing and the experiences of the person are in the focus of their shared attention. Rogers developed central criteria for therapist behaviour which generates a process of constructive change in the client. These attitudes and relationship offers in person-centred psychotherapy are considered as necessary and sufficient conditions for constructive processes of change – not only for persons with mental illnesses, but for all sorts of clients. Rogers view always was in principle a positive and optimistic one. And thus he was profoundly convinced that certain attitudes offered by the therapist, the so-called “core variables of personal encounter”, generate a process of growth in a person in the direction of a higher level of integrity and of health. In each person, there is a power which facilitates healing and further development. Rogers called this development-oriented characteristic the “self-actualising tendency”.

Nowadays, the basic variables for effective therapeutic behaviour which he formulated and which have often been tested on an empirical level are considered to be essential features of a helping relationship and generally of constructive human relationships. They are the basic attitudes: unconditional positive regard, empathy and congruence (authenticity).

### **Unconditional Positive Regard**

Unconditional positive regard describes the attitude which a client-centred psychotherapist offers towards a client. Rogers has repeatedly described the attitude of unconditional positive regard:

“The kind of acceptance (sympathising, caring) which I am speaking of here is most helpful when it is not possessive, not a judgmental way of sympathising, but when it is rather similar to the kind of care parents experience towards their child. Even if children behave badly in the eyes of their parents, they respect the child, consider him to be a valuable person, love him and take care of him independent from a certain way of behaving.” (Rogers, 1992, p. 25)<sup>2</sup>

Here I would like to point at an essential differentiation which is easily forgotten when using the terms which have become customary in the German language area. In the original American version, it is called „unconditional positive regard“, meaning that this is a non-judgemental positive attention or care which is not subjected to any conditions. The German expression is „unbedingte positive Wertschätzung“ (which the author of this

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<sup>2</sup> This was translated from a German text into English, as the original was a transcript from a presentation Rogers gave in Vienna. The original transcript was not at our disposal.

article is using in the German version). This, however, contains a judgement: "Schätzen" means that the person is appreciated. Such an attitude is also healing, but in all more limited. Whoever is "appreciated" runs the risk of losing this appreciation again or may have the impression that he or she has to earn it. For a therapist it is too much, if she has to appreciate a client all the time. My attention can, however, be positive and not connected with conditions. This is an attitude which I can control and offer myself. The person I am working with can be treated with respect and acceptance by me, but whether I appreciate him or her, I cannot guarantee. To demand this from myself would sometimes collide with my authenticity.

Nevertheless, positive regard and attention are experienced as appreciative. "Regard" and "attention" give birth to a shared space which is experienced as positive and which disappears again when the "regard" stops, when the person "turns away". Cameron (2001) has pointed out that when the therapist "turns away" or when the attention wanes, sometimes the client experiences this as an emotional injury.

### **Empathic listening**

Empathy/empathic listening is defined as feeling the inner world of the other person. "It is an experience of taking part in the emotional state of the other person in an immediate way and of thus becoming able to understand it. At the same time, in spite of this taking part, the other person's emotional way of being still clearly belongs to him or her" (Binder & Binder, 2003, pp. 82). In the German speaking area, this variable is also called „Spiegeln“ („mirroring“), „Reflektieren“ („reflecting“) or „aktives Zuhören“ („active listening“). In my training, this was still called „Verbalisierung emotionaler Erlebnisinhalte“ („verbalisation of the emotional content of experience“). Empathy implies mindfulness, care, and acceptance. In order to be able to enter the world of another person in a healing way, the therapist needs to adopt an attitude of friendly, appreciative and respectful mindfulness, of "being with " the client. This is very well exemplified by the skills of the figure of Momo, a character from a novel by Michael Ende:

"Only very few people are able to really listen. And the way in which Momo knew how to listen was utterly unique. Momo was able to listen in such a way that not so clever people suddenly had very clever thoughts. Not because she said or asked anything that evoked such thoughts in the other person. No, she would just sit there and listen, with all possible mindfulness and sympathy. At the same time, she would look at the other person with her big, dark eyes, and he or she would feel how all of a sudden thoughts began to emerge which he or she never suspected to exist in him- or herself." (Ende, 1973, p. 15)<sup>3</sup>

Rud (2003) calls this capacity of empathic listening a contemplative state which leads to transformation.

### **Congruence**

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<sup>3</sup> The translation was done by the translator of this article; the page number refers to the German version.

For the core variable “congruence” Rogers also used the term “genuineness”. The person is in tune with his or her way of being. When his or her own experiences are symbolised accurately and are integrated into the self-concept, the self and the organismic experience become congruent. The more congruence is present in the different areas of a person’s experiencing, he or she will start acting in a more mature and self-responsible way, and his or her perception will be more differentiated and more open, or also less defensive against his or her own experience. In the context of the necessary and sufficient conditions for personality changes, Rogers (1991) demanded that the psychotherapist, apart from conveying empathy and unconditional positive regard, also be genuine in the relationship. Later, Rogers called this the most fundamental therapeutic attitude. Congruence lends empathy personal colour and depth, and congruence/genuineness functions as a “barometer of interaction” for what is happening in the here and now of the relationship between client and therapist (Lietaer, 2003, pp. 79).

The core variables merge into a holistic basic attitude in which, in different situations, different aspects come to the fore to a larger or lesser extent. Congruent behaviour helps the therapist to be a real person. Then a symmetrical relationship can develop between the client and the therapist. The therapist is transparent in a particular way and does not act like an inscrutable expert. The quality of unconditional positive regard conveys a deep involvement of the therapist with the client as a person. By means of empathic listening, the therapist tunes in with the client as a person and endeavours to see the world with the client’s eyes. By really trying to understand that world and to make it more understandable to the client, she creates a climate of constructive steps of change. Empathic understanding, empathising with the client and his individual world enables the therapist to convey her attitude of positive regard to him. (Wiltschko, 1992).

### **Mindfulness and acceptance as implicit aspects of the core variable „unconditional positive regard“**

In particular the attitude of “unconditional positive regard” can be seen as an immediate equivalent of mindfulness and acceptance. With regard to this variable, Biermann-Ratjen (2003, p. 333) explains that it is not a technique of the therapist and even less only a part of the method of client-centred psychotherapy. She states that it is an essential element of the interpersonal relationship which is a necessary and sufficient condition for self-development. The need of a person for unconditional positive regard begins at about the same time in life when a child starts to develop his or her awareness of self (Iberg, 2001). This attitude of unconditional positive regard cannot be forced or be turned on and off automatically; it develops in way of process. It can grow in the course of the therapeutic relationship and assume different dimensions. It is regulated by the therapist’s congruence.

The meaning of unconditional positive regard lies in its power to develop unconditional positive self-regard or to repair any damaged self-value within the person who receives it. According to Rogers’ notion of self-concept, the unconditional positive regard which a

person receives from another exerts more influence on his or her developmental process than when this person experiences inner congruence and authenticity.

However, the unconditional character of the positive regard towards that person must be very inclusive (Wilkins, in Iberg 2001). It must accept all elements of the client's experiencing and feeling, even including that element or those elements which do not want to change (Iberg, 2001, p. 114). Bozarth considers unconditional positive regard to be the "curative factor" in (person-centred) theory.

Rogers' theory of pathology emphasizes UPR's capacity to restore the even more basic actualizing tendency inherent in the client (Bozarth in Iberg, S. 114 – emphasises the capacity for unconditional positive regard to even restore or repair an inhibited or damaged actualising tendency (Bozarth, 2001).

Even if clients do not always act in a constructive way, we can still assume that this reliable phenomenon which makes clients act in a constructive way happens in a context (or as a result of) a relationship that provides unconditional positive regard and empathy (Iberg, 2001, p. 114).

### **Unconditional positive regard and its closeness to and its relationship with Zen-Buddhism**

The fact that the attitude of unconditional positive regard is close to and related with the attitude of the mindfulness which Eastern tradition displays is underlined by the estimation of Japanese client-centred psychotherapists of Buddhist orientation. In the Japanese school of person-centred psychotherapy since its introduction in Japan, a special focus is put on the quality of unconditional positive regard (Kuno, 2001). Kuno, who represents the stance of Buddhism-based psychotherapy, recognises in Rogers' unconditional positive regard the core of Buddhism. However, unconditional positive regard is also equivalent with the Christian concept of love (Murase & Hosako, 1990, quoted by Kuno, 2001). Kuno interprets the different elements of unconditional positive regard from the Buddhist perspective:

„Unconditional“ means that a person is accepted exactly the way he or she is, independent from whether he or she expresses „bad“, painful, anxious or abnormal feelings or a “good“, positive, adult and trusting way of experiencing. To approach another person in an unconditional way of being also means that the therapist herself must learn to accept her own negative feelings in the same way as she accepts her positive feelings.

Buddha's teachings show that everyone can reach this state of mind, if he or she can fully understand the „Four Noble Truths“, which Buddha wrote down after he reached inspiration.

The Four Noble Truths:

- the Truth that there is sadness and distress
- the Truth that there is a reason for sadness and distress
- the Truth that there is an end to suffering
- the Truth that there is a way to end suffering

In order to obtain a better understanding of the third truth, Kuno quotes Brazier's (1995) interpretation of the second Truth which is based on the following logic: If one does not suppress or unnecessarily enhance the emotions which come with suffering, these emotions will gradually disappear without leaving a trace. However, normally we endeavour to escape our suffering, the final result of which is that we aggravate it. Buddha also teaches us to face our suffering with calmness, to exercise self-control and to make efforts to choose the right way in daily life.

Apart from „unconditionality“, Kuno also describes, as a second element, the core variable of “positive regard” from a Buddhist perspective: Rogers described positive regard as “a caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist's own needs. It means a caring for the client as a separate person, with permission to have its own feelings, his own experiences”. (Rogers, 1957) According to Kuno, Rogers' notion of positive regard corresponds with the teachings of Mahayana-Buddhism in that sense that priority should be given to saving others before saving one's own soul. Kuno says that many Japanese, from the perspective of Mahayana-Buddhism, understand the variable “unconditional positive regard” in a natural way. In person-centred therapy, the feelings, the experiencing and the experiences of the client have priority over the feelings and experiences of the therapist. The therapist encounters the client with a behaviour which corresponds with the „Four Means of Embracement“, which are „to give“, „mild words“, „philanthropic deeds“ and „connection with others“ (Kuno, 2001).

Also in the western sphere, some authors point at the parallels between the variable „unconditional positive regard“ and Buddhist practice. The English author Judy Moore, who in her work combines client-centred psychotherapy with Soto-Zen-Buddhism, emphasises in her article „Acceptance of the Truth of the Present Moment as a Trustworthy Foundation of Unconditional Positive Regard“ the deep need for acceptance of the truth/truthfulness of inner experiencing. According to her, this is of existential significance for human growth. Moore designates this attitude of unconditional positive regard an exceptional letting go, an inner softening/melting, a way of forgetting or losing the Self. If it is understood in this way, unconditional positive regard is a core variable. It makes it possible for a special inner attitude of acceptance and letting things happen to develop also within the client.

Extensive case studies can be found in the writings of Iberg (2001), Moore (2001) and Sikkema (2002). They show how the variable of unconditional positive regard can be applied in difficult therapeutic situations and can generate a significant change within the client. They substantiate how in therapeutic situations where a client cannot be reached anymore by means of words, staying with the client, simply being there with her, can carry the therapeutic process forward. To simply experience being seen, being held and being carried by another human being is healing. When the therapist is “with” the client while maintaining a certain attitude and, together with the client, „listens to her inner experiencing“, inner transformation processes can take place.

### **Unconditional positive regard as a joy about the truthfulness of the other person**

Iberg (2001) quotes Thomas of Aquinas, who in the 12th century wrote about beauty: „Beauty pleases us upon being seen“. Iberg (2001) distinguishes between beauty which gives us joy and beauty which we admire. The joy of experiencing beauty only implies seeing the object – a kind of joy which is not possessive or controlling. Joy about beauty is without an agenda. It does not want to possess, to own, to consume or to control. We are happy observing the object, looking at it. This attitude resonates in Carl Rogers' work and in the work of many others, when they describe the attitude of a person who offers unconditional positive regard to another person. Santorelli (1999, quoted by Iberg, 2001, p. 124) adds another specific aspect: „When we stay closely and non-judgementally with someone exploring pain, we find beauty in the midst of the 'ruins'." It is touching to be present, when a person confronts him or herself with their problems in a truthful and genuine way. It is the truthfulness, which "opens the heart" of the other person present and which evokes feelings of appreciation and respect in him or her. The description of the three core variables – in particular the variable of unconditional positive regard – makes it clear that mindfulness and acceptance are indispensable implicit features and basics of person-oriented experiential therapy.

## **Presence**

When he was already at the end of his life and also under the influence of his intensive discussions with Eugene Gendlin, who was his assistant and had done a lot of research, Rogers put up hypotheses about a further significant variable which he called „presence“. This additional feature is one that exists in the area of the mysticism and spiritualism (Rogers, 1979; 1980; 1986). He describes in "A Way of Being" (1980) what happens in a helping relationship, when he is very close to his "inner intuitive self":

"... When I am somehow in touch with the unknown in me, when I am perhaps in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my *presence* is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, ... it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present." (Rogers, 1980, p. 129)

Rogers did not elaborate on an understanding of presence. He was just in the course of developing this, when he died. In an interview with Baldwin (which was published in the year 2000), Rogers reflected on a possible essential nature of presence: „I am inclined to think that, in my writing, I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy – when my self is very clearly, obviously present." However, we shall see that this attitude also reflects itself in the experiential approaches and in focusing.

The „characteristic of presence“ has been considered from different perspectives by client-centred authors. Thorne (1992) considers it to be a possible fourth condition of a comparable quality as the three other conditions; Mearns (1994, 1997) sees it as a mixture of the relationship conditions; Moore (2001) again describes it as a deepened form of unconditional positive regard and a “blending together“ of all variables into one single inner movement. Geller und Greenberg (2002), however, discuss this variable under the premise of a fundament for the three basic conditions.

### General description of presence

The variable of presence cannot be found exclusively in client-centred psychotherapy. It also is considered to be one of the greatest gifts a psychotherapist can offer to her clients. To be entirely present and humane towards another person was seen as healing. In psychotherapeutic literature, „presence“ is considered to be essential for good psychotherapy and a key for being a good therapist (Geller & Greenberg, 2002).

Bugenthal (1978; 1983; 1987; 1989, quoted by Geller & Greenberg, 2002) defines presence by means of the components of availability (being at the others disposal, being there with the other person); being open for all aspects of the clients’ experiencing; being open towards one’s own experiences/experiencing, while being with and next to the client; as well as the capacity to respond, to be tuned in and to react to the client’s experiencing.

Therapeutic presence is also defined as bringing one’s whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind. (Craig, 1986; Hycner, 1993; Hycner and Jacobs, 1995; Kempler, 1970; Moustakas, 1986; Robbins, 1998; Webster, 1998, quoted by Geller & Greenberg, 2002)

### A working model for therapeutic presence (according to Geller and Greenberg)

Geller and Greenberg (2002) criticise that the above mentioned definitions of presence are merely global and are based on theories. In a research involving experienced therapists – who all favour the concept of presence – a qualitative analysis was done of reports given by these therapists. On this basis, Geller und Greenberg developed a working model of therapeutic presence.

The model of therapeutic presence in the therapeutic relationship contains three steps in order to represent three main domains which were filtered out of the enquiry.

Domain A includes – as presented in table 1 – the aspect “laying the fundamentals for presence“, or also „preparing the grounds for presence“. The presented measures refer to the preparations which are to be made immediately before the session as well as to a general attitude in life.

**Table 1:** Domain A: Laying the fundamentals for presence (preparing the grounds for presence)

<b>Before the session*:</b>	<b>In life:</b>	<b>*Goal:</b> To encounter the client with an attitude of
➤ developing the intention	➤ assuming a	

<p>for presence</p> <ul style="list-style-type: none"> <li>➤ clarifying the inner space</li> <li>➤ putting aside one's own worries</li> <li>➤ Bracketing (theories, assumptions, therapy plans)</li> <li>➤ Adopting an attitude of openness, acceptance, interest and a non-judgemental attitude</li> </ul>	<p>philosophical responsibility towards presence</p> <ul style="list-style-type: none"> <li>➤ personal growth</li> <li>➤ practicing 'presence' in one's own life</li> <li>➤ Meditation</li> <li>➤ Continuous care for oneself and one's own needs</li> </ul>	<p>curiosity, openness, interest and acceptance, and in a non-judgemental way. This attitude is also called 'empty mind', 'Zen mind' or 'Spirit of the beginner' (Hycner, 1993; Welwood, 2000). (Some theorists have termed this quality empty mind, beginner's mind or Zen mind, when approaching the session.</p>
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Domain B (Table 2) marks the process of presence. It distinguishes and differentiates between the following categories: "receptivity/susceptibility", "capacity of directing the attention inwards" and "capacity to extend and establish contact".

**Table 2:** Domain B: The process of presence (what do I do/how do I need to be, in order to establish a state of presence? Which qualities do I need to develop?)

<b>Receptivity/susceptibility</b>	<b>Attending inwardly</b>	<b>Extending and establishing contact</b>
<ul style="list-style-type: none"> <li>➤ being open, accepting, permissive</li> <li>➤ sensorial/bodily receptivity</li> <li>➤ listening with the "third ear"</li> <li>➤ extra sensorial perception/communication („intuition")</li> </ul>	<ul style="list-style-type: none"> <li>➤ using the Self as an instrument</li> <li>➤ increased spontaneity/creativity</li> <li>➤ trust/believe</li> <li>➤ authenticity/congruence</li> <li>➤ returning to the present moment</li> </ul>	<ul style="list-style-type: none"> <li>➤ being at the other's disposal</li> <li>➤ meeting someone there where he or she is at (also "encounter")</li> <li>➤ transparency/congruence</li> <li>➤ intuitive responding</li> </ul>

Domain C. (see table 3) describes the quality of experiencing of presence and includes the skills "immersion or being deeply involved", "expansion and enhancement", "grounding" and "be with and be there for the client".

Therapeutic presence implies that the therapist involves his entire self in the encounter with the client: To be whole in the present moment on many different levels – the physical, the emotional, the cognitive and the spiritual. Therapeutic presence is grounded

in the therapist's own Self while he takes in the fullness of the client's experiencing in the moment. Therapeutic presence makes it possible to sense the emotions and the experiencing in a kinaesthetic and emotional way by connecting with the client at a deep level.

**Table 3:** Domain C: Experiencing presence (*Experiencing: How do I feel in a state of being present? Direct experiencing of presence in the session*)

<b>Immersion</b>	<b>Expansion, enhancement</b>	<b>Grounding</b>	<b>Being with and being present for the client</b>
<ul style="list-style-type: none"> <li>➤ absorption</li> <li>➤ deep experiencing but at the same time with non-attachment</li> <li>➤ being centred in the present (closeness/intimacy in the present moment)</li> <li>➤ aware, awake/alert, focused</li> </ul>	<ul style="list-style-type: none"> <li>➤ being timeless</li> <li>➤ energy and flow</li> <li>➤ inner spaciousness/extensiveness</li> <li>➤ improved awareness, feeling and perception</li> <li>➤ improved quality of rational and emotional experiencing</li> </ul>	<ul style="list-style-type: none"> <li>➤ being centred, being constant, being grounded</li> <li>➤ inclusion, to be able to include/involve something (this means to expand one's centeredness, stability and being whole, also if a range of different difficult feelings need to be taken in at the same time)</li> <li>➤ trust/belief and contentment/naturalness/ease</li> </ul>	<ul style="list-style-type: none"> <li>➤ having a healing intention</li> <li>➤ reverence, respect, love</li> <li>➤ absence of awareness which is caught in the self</li> </ul>

The inner state of taking in is the ultimate tool for understanding and sensitive responding to the experiencing and the needs of the client. This state improves, when therapists put aside their own needs, hopes, beliefs or assumptions or when they shift the focus away from themselves. When, instead, they concentrate their entire attention directly on the client's process and on what happens between them in that very moment. Presence means to be simultaneously with oneself and with the other, and not become confused or to lose oneself.

Presence can be considered as a way how therapists can observe their own experiencing. By means of an enhanced sensitivity/receptivity for the client's experiencing, therapists can use their Self as a tool for understanding and responding to the client. In the same way they can sense how their responses influence the client. When he or she is therapeutically present, the therapist's bodily experiencing is a reflection of an inner synthesis of the experience the client expresses and feels plus of the therapist's own

experiencing plus of her professional expertise. In therapeutic presence the therapist's body is a receptor and a guiding factor in the process. We shall find this aspect as well in focusing. The body is an instrument; it is "tuned in" and develops a resonance – consonant or dissonant – to whatever is being communicated to it.

### **Therapeutic presence and Rogers' relationship conditions**

In their research, Geller and Greenberg (2002) take a look at therapeutic presence from the perspective of it being a basis for the relationship conditions: empathy, congruence and unconditional positive regard.

In the state of being present, the therapist's receptive position allows him to take in the experiencing of the client and to be open for what the client presents in that moment. Presence makes it possible to offer a framework which enables the client to hear and feel in a more lively and more empathic way. Receptivity is considered as the necessary basis for accurate understanding, for acceptance and for congruence.

Apart from unconditional positive regard, empathy and congruence, therapeutic presence seems add the need for receptive emptiness, thus enabling the therapist to be open and to receive the client's experiencing as a whole.

Therapeutic presence adds a quality of grounding to the relationship conditions. This includes that the therapist trusts his own sensed and expressed way of experiencing. In a state of presence, the therapist is as close as possible to the client's experiencing while he is able to maintain a sense of his Self as being separate and whole.

Presence – if we follow Geller's and Greenberg's view – can be seen as a superordinate entity or condition by means of which empathy, congruence and unconditional positive regard can be expressed. They see the relationship conditions as a possibility for the therapist to convey to the client that he is "fully present in the moment". The existence of presence is communicated by means of the relationship conditions. It is possible that empathic communication for example is not only the way for the therapist to say to the client "I hear you", but also "I am open for everything – whatever you may want to express."

The transparency component of congruence can express: "I am open and connected with what I experience during my encounter with you, and I respect you enough to share that with you." These responses can also communicate: "I am here for you in this moment; I am here in a healing encounter with you and for you."

Here, the therapist functions as a model which enables the client to experience new ways of behaving, new healing experiences and relationship offers by being present and being as he is.

### **What does mindful and accepting therapist behaviour focus on?**

If, in the above, it was expounded to which extent mindfulness and acceptance influence the basic attitudes within client-centred psychotherapy, in the following we shall look into the question what element in the client these therapeutic attitudes refer to.

## The Experiencing Scale

A considerable extension and a new aspect was introduced into person-centred psychotherapy by Eugene Gendlin. Gendlin, different from Rogers, although being Carl Rogers' assistant in the University of Chicago and later his successor as the holder of his chair, investigated the question what clients do to make a therapy successful. He discovered that already in the first three sessions it was possible to make a prognosis of whether a client would be able to end the therapy successfully or not. Consequently, in 1969 he developed a procedure – called Experiencing Scale – which allows this behaviour to be measured. The Scale measures to which extent clients focus directly on their present sense: on this vague feeling for which no words or images are present as yet. This focusing on implicit, i.e. immediately sensed experiencing which, however, has not unfolded itself yet, is a decisive step towards therapeutic change. The client reaches high marks on the Experiencing Scale, if he

“disposes of a clear image of his immediate experiencing and is capable of understanding the meaning of his experiencing for himself, and when he can allow this experiencing to be the basis for his behaviour.” (Dahlhoff & Bommert 1978, p. 4).

On a high level of experiencing, clients refer to the implicit meaning of their experiencing. This is not a speculating effort to “discover” something or even a deductive reconstruction. Nor do recognisable emotions play any role here. The implicit meaning lies in a concrete, bodily felt “experiencing”, the felt sense of the entire situation. This is pre-verbal, a bodily felt “whole” which is not immediately clear. When clients struggle to find words or say „It is so difficult to put it into words ...“, when they „explore“ their experiencing, go over words again and again until they “fit” and they “listen” to their inner world, they have a higher chance to go through a successful therapy process (Hendrix, 1986). In 1975, the Experiencing Scale was translated into German by Dahlhoff und Bommert (1975; 1978). In the German-speaking area, Sachse (1992) has done research about the efficacy of focusing. For this, he used the measuring tools developed by Gendlin and others (Klein, Mathieu, Gendlin & Kiesler, 1969), but he also created some methods of his own.

### *The meaning of presently sensed bodily experiencing*

It is true that in his further research Gendlin has not changed anything in the basic attitude of person-centred psychotherapy – which places the person at the centre of attention. However, he made it more precise by asking which element in the other person we relate to. What is it that effectuates change? Gendlin states that it is necessary to direct a person's attention inwards in a friendly way and to stay with the bodily felt sense of a problem. In one of his presentations he also called this “to stay beside it” (Gendlin, 1997). The present experiencing of a person, as she senses it in a certain moment on a bodily level, is the agent of the process of change. Experiencing, according to Gene Gendlin, expresses itself as a bodily felt “something”. In his article “The Client's Client: The Edge of

Awareness" (1984) he asks where the changes in the therapeutic process come from. He thinks that the side of the client in this process of change until then had been only been discussed starting with the question what in the client the *therapist* should react to. The usual reply in person-centred psychotherapy had been "to his feelings". However, this notion can be confusing. According to him what brings about the steps of change are not exactly feelings. At least not well-known feelings like fear, anger, joy etc. which can easily be identified. He thinks that the steps of change rather come from an unclear "edge", a "sense" of more than what someone says or knows. Gendlin calls this unclear „edge" a "felt sense" and says that it is unclear, ambiguous and, in comparison with our usual feelings, of low intensity. There is typically also a strange kind of gratefulness which comes from this bodily unease, as if "it" were grateful for the attention its owner gives it. (Gendlin, 1984). The bodily sense of a situation (the felt sense) is always new, fresh, the way the body experiences the problem now, always in the presence. A typical feature of the felt sense is its wholeness. Processes of change which emerge from that have a surprising wisdom and creativity. This felt sense is "the edge of awareness", the centre of the personality. It steps in between the usual, conscious person and the deep universal dimensions of the human person. It feels like "really me" (Gendlin, 1984). It is this felt sense to which we refer in therapy. It is the „client of the client"! In this inner space it is possible to experience "consonance", "authenticity", wholeness and being healed. The felt sense is the bodily sense of a situation, a problem, any aspect of one's life.

"Usually a felt sense must first be allowed to come; it not already there... It is not (for example) the scared feeling – though the scared feeling is part of it, as is every other aspect of the whole problem. It is not the heart pounding, not the memories, not the desire to approach, not the anger about your inability. If attention is put in the middle of the body, the felt sense can be allowed to come. It comes, so to speak, 'around' or 'under' the anger or 'along with' the heart pounding or as the physical quality that the memory brings with it....

With the emergence of such a single bodily sense comes relief, as if the body is grateful for being allowed to form its way of being as a whole. The bodily sense becomes something in and of itself, a fact, a datum, something that is there.... It is something you *have*, not something you are. Now you are the new living that is ongoing....

When a step comes from a felt sense, it transforms the whole constellation ..... Such a change of 'shift' is experienced unmistakably in the body. One has a sense of continuity, the sensed whole is altering, and one senses this altering directly and physically.

In such a step or shift one senses oneself differently. There is more to be shown about what 'self' means in this kind of experiential step. Such a step is a (perhaps small) development of the centred whole of the person.

As one comes to have a sense of this whole as an object there comes to be a difference between oneself and that sense. 'It is there. I am here.' There is a concrete disidentification.... 'Oh.... I am *not* that!' A felt sense lets one discover that one is not the felt sense. When one has a felt sense, one becomes more deeply oneself....

...when a person's central core or inward self expands.....strengthens and develops...  
The person – I mean that which looks out from behind the eyes – comes more into its own (Gendlin 1989a, pp 20-21)

Gendlin says that a person who pays attention to his or her bodily felt problem with an attitude of unconditional positive regard focuses on the felt sense. It is the bodily felt sense which one can trust to move the client in the direction of health, satisfaction and further development (further living). So, the concept of the "bodily felt sense" is one which Gendlin has created with great care. It is closely connected with the self-actualising tendency, which has a very long history in person-centred thinking, but it is much more specific. The bodily experienced felt sense refers to a remarkable bodily capacity: It registers all relevant considerations and influences of one's personal history as well as the external circumstances on any given occasion, under special circumstances, as a holistic sense, and to include the meaning of the situation. The actualising tendency, however, has a connotation of the organism moving and pushing to a certain degree in the direction of using all one's capacities/abilities/developmental possibilities.

Moore (2001) writes that the deepest changes take place when what happens on an experiential level within the body is accepted. This distinguishes itself clearly from all other levels of experiencing. Starting from this place, we are able to offer the purest and deepest form of unconditional positive regard. Iberg (2001) recommends considering the bodily felt sense as something which we can encounter with an attitude of unconditional positive regard.

When the therapist prompts the client to refer to his inner experiencing, she gives him the possibility to experience inner consonance. Not just acceptance of what is there, but "to be in tune with oneself", "to consent with oneself within oneself", to experience an inner conviction and to commit to what I feel, is the result of "listening to oneself within oneself on the basis of a bodily experienced felt sense", as Gene Gendlin emphasises in his entire work. His commentary to Rogers' theory in "Experiencing and the Creation of Meaning" (Gendlin, 1997) reinforces Rogers' own opinion about the importance of listening to the bodily experiencing and to allow meanings to develop from within, instead of accepting them from outside (Moore, 2001, p. 202).

Again and again, many persons fell into the trap of interpreting their experiencing only by means of stereotype concepts, while neglecting to a large extent the present flow of experiencing (Gendlin, 1997, p. 17).

The concepts themselves are not important, but how they feel inside and in the end can be experienced. This experiencing gives birth to new steps and convictions.

Gendlin (1997) emphasises that such bodily-based experiencing of an inner change does not only carry implications for the questions or the situation which were originally focused on, but also for the entire experiencing of a person. "I am not this anxious feeling", "I am not this bodily sense of the entire situation", but rather "I/the person, that which out from behind the eyes, that is the new life which continues."

## *Disidentification or the development of a constructive inner relationship*

When something is experienced as unpleasant, confusing, torturing, or stuck, then I make this become something which I can look at. I am not simply inside of this way of being; I pay attention to it as if it can give me information about this moment. (Gendlin, 1968, p. 223)

Weiser Cornell (1996) suggested as a keyword in Gendlin's theory the term „Disidentification“. About this inner movement she says:

“The essence of disidentification is to.... 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, 1996, p. 4)

Wiltschko (1995) discussed the same idea with regard to the “I” which must be distinguished from the content of experiencing.

Weiser Cornell (1996) describes three more “inner relationship” techniques: “Acknowledging” what is there, “resonating” and “sensing from the other’s perspective”. These three techniques distil the essential features of what Gendlin describes in detail in the movements which are meant to help to guide someone through the focusing process (Gendlin, 1981).

Acknowledging what is there only includes acknowledgement without judging or selecting. Apart from noticing every aspect in our experiencing, Cornell emphasises “making a gesture of acknowledgement”, like for example saying “hello”, or “I know you are there” – to every aspect of the experiencing. Cornell has discussed this also with regard to the word „presence“.

Presence is what we call the state of non-judgmental awareness which can accompany every part in us ... we reserve the word ‘I’ for presence, like in ‘I feel something in me which wants to say to him that he should go to hell.’

In most cases, all you need in order to go into a state of presence is to acknowledge both (or all) parts by using the linguistic present tense: ‘I am perceiving/experiencing that something in me wants to say to him that he should go to hell, and there is another part in me which is not so sure about that.’ ‘I am acknowledging/perceiving that part in me which wants to go back to school and the other part in me which feels like: ‘Oh, that is a huge change.’ ‘I am aware of that part in me which wants to find the right person and the part in me which feels as if it wants to give up.’

Presence must be maintained throughout the entire process. It is not something to which one turns once and then forgets about it again. If you catch yourself being judgmental or taking sides or determining ‘who is right’, then you have lost that presence and you must find it again. (Weiser Cornell, 2000, a contribution to the discussion list of the focusing Institutes)

“Resonating” means to check whether a word or another symbol or a larger sense fits in with what the felt sense feels. In order to do this, the person who is focusing must be in immediate contact with her felt sense and adopt the perspective of a neutral observer (i.e. not one of a victim).

Sensing from its point of view:

... is a powerful and empowering move, when the client is able to shift from her point of view (which may be ‘overwhelmed’ or ‘victim’) to the felt sense’s point of view. This brings in the possibility of empathy and compassion. The aspect of self which has the capacity for empathy and compassion is not a victim (Weiser-Cornell, 1996, quoted by Iberg, 2001, p 5.)

Inner experiencing can be observed from a witness stance.

One can learn from a “disidentifying” distance that one is more than just some symbolised part of awareness and that it is easier to stay in this position than to understand the content of one’s experiences and behavioural patterns in familiar ways. The stance of a witness can consist in listening respectfully, friendly to all parts of the inner experiencing – even if they are in an inner conflict. The therapist’s unconditional positive regard is directed towards the person who is in this position and relates to the whole of the processes which takes place within herself. From this intrapersonal relationship we can often see how a healthy “further living” can develop (Iberg, 2001).

#### *The attitude of mindfulness in experiential therapy*

The term “mindfulness” connected with the adjective “unintentional” was introduced into the language of experiential psychotherapy and focusing only in the eighties by Wiltschko (2001). He writes that he encountered these formulations in his Hakomi-therapy training and when he studied Buddhist practice. Gendlin himself did not use this term. He simply says: “direct your attention to ...” or “check within your body”. Gendlin’s intention, however, is to create a “safe place”. The attitude with which he encounters the client creates a space of security. In a workshop he once formulated it in the following way:

And so we say that we treat our inner way of being like a shy child who needs our protection, our attention and our understanding. Something which really wants to be seen without being required to change. – And sometimes we put our arm around it. Then it will make little steps all by itself, it will grow and its development will surprise us, astound us, and often deeply touch us. (Bundschuh-Müller, 2000, S. 31)<sup>4</sup>

By prompting the client to “be mindful with what is there”, we aim in experiential psychotherapy at stimulating and supporting the client to establish a constructive inner relationship with herself. Or, as Wiltschko says (2001): “Focusing invites the other person to regain herself as a subject of her own (inner and outer) world (ibid., 2001, p. 3).

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<sup>4</sup> Translated from German by the translator of this article

Mindfulness and focusing are attitudes and ways of behaving which help to “hold” certain contents – instead of identifying oneself with them or letting oneself be directed by them. Mindfulness and focusing are ways of proceeding; they are instruments which enable the client to become aware of things, of contents, to understand them, to live with them.

To “hold” something in a mindful way, whatever it may be, is the best we can do in the present within and with ourselves and with others. It is this attitude which leads to steps which are reflective and healing at the same time, as says Gene Gendlin” (Wiltschko, 2001, p. 3)

Mindfulness, however, is not something static. It does not mean that one remains at one and the same place. It means doing something, moving. Mindfulness requires will-power, it requires looking for certain perspectives, to direct one’s attention towards something, and to hold it, to condense it, to expand it – to keep anything on a distance which interferes in a judgemental, interpreting, construing way, and to hold onto anything towards which one is mindful. So, mindfulness means both: To hold something in one’s mindfulness – as suggests the term holding as it was used by Winnicott (1973) –, but at the same time “to hold on to”, to persist, to select. Mindfulness is like a muscle which needs to be trained. It must remain resilient, whether it is active or passive, it must grasp, hold and let go. And: to direct one’s attention to something – an inner object of reference –, this process alone can already lead to a further step. “To inhabit in a mindful way that which has not yet been said, not yet been formed, leads to growth, development, change” (Wiltschko, 2001). So, being mindful implies perceiving things the way they present themselves. – “It is what it is, says Love” (Erich Fried).

### **Focusing or “being a good friend to oneself”**

#### *How focusing was developed*

On the basis of his empirical findings, Gendlin developed a method which should make it possible for every person to obtain access to their bodily felt inner experiencing. He called this method – which consists in six steps or movements – „focusing“. From a historical perspective, Gendlin’s primary goal was to give the client a possibility to contribute to his therapy process in a more constructive way and to make it more successful. In his later writings, Gendlin more and more starts to “give therapy away” (Gendlin, 1995). He wanted the principles of successful therapy to be made accessible to every person and to become teachable and learnable. For him, this is a political matter. He himself says that he did not invent focusing: He *found* it. Focusing is the process which takes place within a person when she changes. In principle, all persons have access to the capacity of focusing on their inner way of being, “to place into focus” their bodily sensed way of being with regard to a certain topic. Just like the sense of what is right and in tune, this is a natural skill. These skills only have to be re-found and be considered as valuable and meaningful to the person himself. Focusing is most helpful when it is experienced in the context of a

partnership – where each partner accompanies the other. He has repeatedly emphasised how important the relationship is (1968). Focusing is increasingly used as a method to help oneself, but in the first place it has become a steady element within psychotherapy and counselling.

### *Description of the method*

Focusing – to say it in simple words – is a certain form of attention for oneself in which a person learns to apply the principles of person-centred theory to their own experiencing. Focusing does not simply mean to be in contact with emotions or feelings, nor does it mean to think about oneself “in one’s head” and to create hypotheses. It is rather a matter of developing a bodily sense – a felt sense – about how a person feels in a certain situation in life.

It is hard to describe in clear words a procedure which relates to experiencing. There is a risk that one appears to be exaggerating and „unscientific“. Huppertz (2003, p. 376) writes that it is „risky to speak and write about attitudes and experiencing“. What is essential cannot be described; it must be felt and experienced. Everybody must experience this themselves. When knowledge gained through experience is put into scientific words, it loses some of its richness, its “more than can be expressed and felt by everyone”. The description of this kind of experiencing often requires being supported by the “as if” of images, comparisons and metaphors. Equally, everyone needs to listen into themselves and feel how their organism feels, when focusing, and experiential therapy are described. In order to add precise information to the following description, the Focusing Manual ([www.focusing.org](http://www.focusing.org)) was added as an annex: An accurate instruction how to make focusing steps, in the way it is offered on the homepage of the International Focusing Institute in New York.

### The focusing attitude

In order to enable a felt sense, the fundamental quality of human sensing, to evolve, a certain attitude is required, an atmosphere, a mood or an orientation which are the basis for the development of further steps. The basis for the focusing process is the radical acceptance of everything that is there. The focusing attitude consists in assuming a mindful attitude towards oneself as a person. This attitude involves kindness, softness, non-intrusiveness, a non-judgemental attitude, non-violence, curiosity, acceptance of what happens in the present moment, what comes up in a person’s experiencing. There is no right or wrong – that which happens is that what the organism is capable of. It is also acceptable, if “nothing” happens. The aspiration to achieve a certain outcome is given up. The focusing person develops a “good distance” to and a “good relationship” with his problem: He is not too close nor too far away. He does not fall into the problem or is overwhelmed by it. He assumes the position of a loving, mindful, careful observer or moderator. He can feel: “I have a problem, but it is not that I *am* the problem”.

We can also say that we turn towards our inner world as something specifically valuable and fragile, like for example towards a little child which needs gentle care, or towards a

good friend. With some authors we can also find the metaphor of the „inner child“ (McGuire, 1991)

### The role of the partner

As a focusing partner we are only „present“. We are a partner and we help to protect the inner space of the person who is focusing. We are there to help her maintain a mindful, loving attitude and the “right distance” to her inner experiencing. The focusing process is leading the partner who simply follows it. The partner only intervenes, if the process gets stuck. His role is to support it. Astrid Schillings (2000) writes that she sees focusing as linking eastern and western theories. This parallel is also seen by Judy Moore (2001) and Barbara Chutroo (2003).

### Introduction into a focusing session

Usually, a focusing session will be introduced by a small relaxation exercise. However, it is better if the person is not too relaxed, focusing requires her to be awake and to be mindful, even though relaxed. The symbolising process takes place in a “zigzag” pattern: On the one side, one is aware of one’s own body centre and of one’s organismic experiencing (“zig”); then one moves to finding a meaning of what one feels by asking: How does this feel? With what, with which words and images can this experience be compared? (“zag”)

### The first step: Creating space

In a first step, a further condition is established in order to be able to be relaxed and be mindful to one’s inner experiencing: We create an inner space.

The person receives the instruction to sense into her inner space and to pay attention to everything and all issues which emerge in the present moment, also to feelings which are in the background. These issues, problems and disorders are welcome in a mindful way (“say hello to them ...”) and put aside in a respectful manner. The maxim is „Also if you are carrying a backpack, you are allowed to put it down. The burden does not become lighter, but the body can recover a bit.“ Even if it is not possible to appreciate disturbances, it might still be possible to register them and be aware of them: They are there. It is possible to make an inner inventory or to organise your feelings inside. The person then imagines “putting aside” or “pack up” all issues. The person is stimulated to find a “good place” for them. The issues which were “put aside” need to feel they are in a safe place and “can be picked up” again after the focusing session. Further, the person is asked what would need happen in order to make them feel safe and protected in that situation. An important aspect is the relationship with the focusing partner. If that is not a reliable and trustful relationship, the person cannot in an open way focus on her inner world without intention in an open way.

### Inviting a “felt sense” to come

In the free space that now has been created, the person invites a situation or a subject to emerge and asks how the body feels inside while carrying this issue. But he can also ask his inside in a mindful and friendly way: "What asks to be seen at this moment?", "What is it that would like to have my attention?", and then wait to see what comes up. About a minute is needed until the body can develop a reaction which can be sensed with regard to an issue or a situation. When a focusing person cannot stay with his inner experiencing in a friendly and gently caring way, no felt sense will manifest or develop itself. The bodily felt sense about an issue or a situation is always vague or ambiguous. It is new, unpredictable and unexpected, like a primary process, sometimes unusual: It cannot be explained with logical categories. It challenges inner voices against which it must be protected. It is shy and fragile, at the edge of awareness and easy to "over-sense". Other forms of experiencing are more unambiguous, clearer, more convincing. The felt sense, the client of the client, requires mindfulness and acceptance in order to be able to develop.

### Describing the felt sense in a good and right way

When such a holistic sense of "everything about this issue, this situation, this inner experiencing" has developed, we try to describe its quality which can be sensed on a bodily level. Where in the body can the felt sense be experienced, which features does it have? While assuming an attitude without any agenda, an attitude of "keeping oneself company", the person allows himself to let words, terms, images, moods, fantasies emerge and to develop out of the felt sense. The decisive criterion for a "good description" is that one can "sense its rightness". The body knows when it fits. When the bodily sensed experiencing of the meaning of an issue or a situation is symbolised in an adequate way, this evokes within the body a sense of relief and relaxation of which one is clearly aware. When a bodily sense feels that the description fits, then a "resonance" emerges, an inner "being in tune". This is called the "felt shift", a bodily sensed change and it leads to an increased confidence in one's own judgement and capacity of making decisions as well as of one's own experiencing of congruence. "The body shows me the way of what for me is right and in tune." I learn to listen to it. For that I must succeed in becoming silent and in "listening to that inner voice", to respect it and to foster it, to soften towards this inner place.

### An example of the felt sense and the felt shift:

I meet another person in the city and at first I cannot "place" her: From where do I know her? I am sure that I know her. At this point, a bodily feeling of discomfort or tension emerges, maybe in the chest (felt sense), but I cannot remember from where I know her and what is her name. An inner searching process is initiated. When I finally remember where I know her from, I experience a bodily sensed relief (felt shift).

### Connecting the accurately described felt sense with the issue

In order to develop it further, I can ask questions to the accurately described felt sense. I can connect it with the original issue. What does the situation/this issue have to do with the felt sense? How can I implement in life what I sense? From these questions new small steps can develop – when the organism is ready for that –, which often can lead to a change, to new thoughts, new actions, an adequate solution, a clarification or a decision.

“Welcoming” the result, honouring and protecting it

A focusing process has its own dynamics and development. It develops according to laws of its own: in a creative way, maybe chaotic, meandering, unpredictable, but always towards a solution and a further development which fits for the person. The focusing process is like life itself: it carries its own direction of growth within itself. That is something one can rely on. The body knows more than we know that it knows. We must just create the right framework conditions. What we have learnt from it and the new experience it has given us wants to be „welcomed“ in the same way a newly born child wants to be welcomed: with kindness, gratefulness and care.

In order to bring this process to a „good“ end, the person who focuses needs to allow himself to review the stations of the journey in his mind. What exactly has he felt and sensed, at which points have bodily sensed changes taken place? These can be “marked” inside. In such a way, it is possible to return to those points: the quality of the felt sense can be retrieved from the bodily memory.

Processing the focusing process

In order to “round it off”, the person who is focusing should now allow himself a reflection phase in order to preserve what he has found and to use that in a meaningful way. On the “adult” cognitive level, he can reflect about what it could mean if he were to transfer the results which he found – on a creative and maybe encoded level – to real life and to concrete ways of behaviour.

Where focusing can be applied

The focusing method is already being successfully applied in many areas of medical science, psychotherapy and prevention of illness, in stress prevention (Müller & Feuerstein, 2000), for pain treatment (Müller & Feuerstein, 2000), in trauma therapy (Armstrong, 2000; Coffeng, 2000; Levine, 1998), in psychosomatics (Ringswelski, 2003), with headaches (Baerlocher, 2002), with cancer patients (Grindler-Kathona, 1999).

Special applications focus on creating an inner space (e.g. in case of anxiety and overstimulation, Grindler-Kathona, 1999) or they use focusing in order to acquire a higher level of self-confidence (Bundschuh-Müller, 2000) and to reduce the fear to speak up (Berckhan, Krause & Röder, 1993). An interesting approach is described by McMullin (1986) in an essay about cognitive focusing. Here the step of “creating space” is turned around: Everything which is kept in drawers is unpacked with great care. With these

contents, which so far have been avoided, the person will have to confront himself now. Focusing has also been used in complex situations for decision making and as a training for problem solving (Müller & Feuerstein, 2000). A further area of application is art therapy (Groddeck, 2000).

### **Status of empirical research**

Carl Rogers was one of the first who connected psychotherapy with empirical research. Also his disciples feel obliged to continue this tradition. In this article, a special emphasis is put on experiential therapy and on the focusing approach. An overall view of the present status of research can be found with Hendrix (2002).

The Belgian research group around Germain Lietaer at the University of Louvain has been making special efforts to investigate the discoveries of Eugene Gendlin's experiential theory and to integrate it into classical person-centred therapy. Therefore, the comprehensive term "person-centred experiential psychotherapy" is used more and more frequently. Also the World Association of Person-Centred Psychotherapists has adopted its name (PCEPC – Person-Centred and experiential psychotherapy and Counselling). A special position has Leslie Greenberg from the University of Toronto. It is true that he is closely connected with the client-centred concept and considers it to be the basis of his therapy, but he does not only combine it with focusing, but also and in particular with the methods of gestalt therapy – which belongs to the humanistic approach as well. A main principle of its founder Fritz Perls (1893–1970) was to work in the "here and now" and to act out one's feelings.

In Germany, client-centred psychotherapy – one of the most important therapeutic approaches in the German speaking area – now is on the verge of finally receiving the recognition it deserves and to being into the category of the recognised therapeutic approaches within the health system which are considered worthy of refunding by the Social Assurance System. Since October 2002, the efficacy of client-centred psychotherapy (for adults) has been proven. Consequently, this was acknowledged by the Scientific Advisory Board. There is consensus about the fact that scientific client-centred psychotherapy is an enrichment and makes it possible to extent and differentiate the therapeutic forms of treatment.

### **Discussion**

In person-centred psychotherapy, the basic principles which are unconditional positive regard, acceptance, respectful non-judgemental listening, gentle care and non-intrusiveness have always been the basis for a constructive change.

Client-centred psychotherapy also always takes place "in the situation", in the "here and now". Terms like "presence", "mindfulness", "acceptance towards all experiencing in the present moment", "openness towards inner experiencing", "staying in the present moment", "creating a free space", "feeling it is right", "I have a problem, but it is not that I *am* the problem", these terms have been developed as client-centred and experiential therapy and focusing were developed and refined more and more. Eugene Gendlin,

originally a philosopher in the tradition of existentialists like Dilthey, Binswanger and Heidegger, has introduced this extension of person-centred psychotherapy by shifting the attention towards experiencing: What is sensed on a bodily level? He developed this on the basis of Carl Rogers' multiple discoveries.

This change of the therapeutic focus (the felt sense is the client of the client) requires a different way of relating between the therapist and the client as well as in the client's internal way of relating. In the immediate relationship with the therapist, she is not anymore the person as a whole. Only part of her is focused on in that relationship: The conscious, judging, acting, "adult" Self which mediates between the therapist, the world, the other and the situation. The therapist becomes, amongst others, a moderator who makes proposals to the client how to treat herself in a good way, in order to generate changes. The "internal" part is the client of both. This leads to a "dis-identification". An "inner relationship" is developed. The "inner part" of the client needs to be met with a certain attitude so that it can change. This attitude is characterised by mindfulness and acceptance. The client and the therapist have to "stay with" the "felt sense" – an created expression which refers to that which is sensed in the present moment, but is not yet understood. They are to "stay with" it and "be present".

So, the similarity between experiential person-centred psychotherapy and the concept of Buddhist "mindfulness" can be found even in the vocabulary which is used in both approaches. Various authors (Chutroo, 2003; Kuno, 2001; Moore, 2001; 2003 and Schillings, 2000) think that Gendlin's theory builds a bridge between the Eastern and the Western world.

The following quotes by Thich Nhat Hanh (Steps of Mindfulness, 1998) clearly show that in this topic it is not necessarily clear what is the theoretical origin – person-centred or Buddhist – of these statements.

"Only in the present moment we can really touch life. ... Mindfulness is the capacity to be really present in every moment of our life. Mindfulness allows us to recognise what is really happening in the present moment in us and around us. If you cannot love yourself, if you are not able to take care of yourself in a good way, how can you then love another person and take good care of him. If the power of mindfulness and of empathic listening is in you, your presence can have a healing and calming effect on other people. You only have to sit there and to listen to the person who trusts you ... Therefore, to live means to look deeply into another person. Then you will recognise his problems, his suffering, his pain and his deepest longings. In order to reach that you must be really wholly present.... If you succeed in being wholly present and if you touch with your presence and mindfulness what is there, you will discover the true nature of what you are looking at. You will understand. ... The deeper you look, the more you will discover, because in you is the source of wisdom, of understanding and of wakening, you only need to touch it."<sup>5</sup>

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<sup>5</sup> Translated by the translator of this article

Similar descriptions come from Kabat-Zinn (2003), who is a behavioural medical doctor and in particular specialised in integrating the concept of mindfulness in a modern form of stress coping therapy. He writes that “mindfulness” is connected with special features like mindfulness and consciousness which can be cultivated and developed by means of mediation. His operational working definition of mindfulness is as follows: Consciousness is focused on the evolution of experiencing on a from-one-moment-to-the-other basis. The basis for this is the fact that attention is paid intentionally within the present moment and without judgement. Here we can find a parallel to Gendlin’s statement “Experiencing starts within the body”.

Mindfulness was called “the heart” of Buddhist meditation. The words for “mind” and “heart” in the Asian language are the same. Therefore, the term mindfulness implies that attention is paid in a warm-hearted, empathic way. Mindfulness includes a feeling of open, friendly presence and an equal interest. It is a non-violent practice and in a certain way active – a deep, penetrating non-conceptual looking into the nature of mind and world.

Baer (2003), in her presentation of an overall view of mindfulness and acceptance in behavioural therapy, points out that many professional authors encourage people to direct their attention to their internal experiencing – bodily experiencing, thoughts and emotions just as they emerge in the present moment. All propose that mindfulness should be practiced with an attitude of non-judgemental acceptance. Heidenreich and Michalak in their article “Mindfulness as a goal in behavioural therapy and behavioural medicine” describes (2003) mindfulness in the sense of an awareness of presence as comprehensive as possible.

“A mindful attitude is marked by being as open as possible towards all experiences of the present moment ... and not to identify oneself with ones feelings and thoughts.”

Person-centred and experientially oriented psychotherapists define the similarity with Buddhist thinking as follows:

1. Moore (2001, p. 12) for example writes „....“I believe that Gendlin’s work offers a bridge between Eastern and Western perspectives on the Self within the person-centred approach. Zen Buddhism lays particular emphasis on the physical experiencing of feelings within the body. Dogen said: “Attainment of the Way can only be achieved with one’s body.” (Perry, 2000, quoted by Moore, 2001) While focusing does not aim at individual illumination, it offers us the possibility to go deeper into ourselves by directing our attention to our inner bodily experiences, to listen to “the still small voice”, as Gendlin says (Gendlin, 1964, p. 139). To listen to this “quiet, little voice”, I think, is simply a vital aspect of congruence in the sense of person-centred and experiential theory.
2. Chutroo (2003) sees as the main aspect of the relatedness that some people find “rightness” through what they call an inner voice: “the calm and quiet inner voice”. This voice is not heard in the ear or in the mind, but is more a “feeling” or a mood within the body. It is something that signalises somehow through the body that a given action is “right”. Meditative concentration which has a calming effect like

making space in focusing, wash away the usual mind-body activities which are in the way. The calm and quiet voice which in focusing is called "felt sense" requires such space. Only then it becomes possible to experience it. It is only this space which allows for that. Hendrix (2003) calls this "taking a break", taking a break from the usual behaviour and feeling, taking a break from the cultural history of one's life. It is part of the process which opens space for a new way of understanding, a new action, a new idea which can take shape. The felt sense or the "quiet, little voice from within" comes into this space of "taking a break", of pausing and of listening and sensing. In this place of space/spacious awareness, the signals from the body can develop their "rightness" through a visceral sense, the inner feeling of relief or of "letting go".

A possible further development which indicates itself is that experiential person-centred psychotherapy and mindful meditation can work together in a useful way (Geller, 2003).

Focusing and experiential Psychotherapy do not have great goals like Buddhism has. Focusing is a method which aims for problem resolution and a change – no life principle, anyway not primarily. Focusing and experiential therapy aim at actuating processes. Mindfulness and acceptance are the ways to reach this. Gendlin (oral communication) says: "If we pay attention to the felt sense in a friendly way, it will start to change." In particular in focusing we follow a goal: We want to create a positive learning situation. The "lack of intention" is intentional. I once called this "creating a magic circle". Creativity and development only emerge in an area without stress and fear. Curiosity and joy to explore and discover can evolve only in a state free of anxiety. In order to get away from stress, tensions and expectations, we need an attitude without intentions, with inner permission and friendliness towards errors.

As the focusing-trainer Clemens Steier expresses it: Focusing is mindfulness for the Western world. We are more goal- and solution-oriented. In this respect, mindfulness helps a lot to stay in the present moment. "Undesigned intentionality" is a bit of a paradox. In order to be able to change something, we must first become entirely without intention and assume an attitude of letting it happen and of being aware. Then everything else will happen by itself.

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## Annex

Focusing Manual – accurate instructions of the Focusing step, as they are presented on the Homepage of the International Focusing Institute in New York

The inner act of focusing can be broken down into six main sub-acts or movements. As you gain more practice, you won't need to think of these as six separate parts of the process. To think of them as separate movements makes the process seem more mechanical than it is – or will be, for you, later. I have subdivided the process in this way because I've learned from years of experimenting that this is one of the effective ways to teach focusing to people who have never tried it before.

Think of this as only the basics. As you progress and learn more about focusing you will add to these basic instructions, clarify them, approach them from other angles. Eventually – perhaps not the first time you go through it – you will have the experience of something shifting inside.

So here are the focusing instructions in brief form, manual style. If you want to try them out, do so easily, gently. If you find difficulty in one step or another, don't push too hard, just move on to the next one. You can always come back.

### Clearing a space

What I will ask you to do will be silent, just to yourself. Take a moment just to relax . . . All right – now, inside you, I would like you to pay attention inwardly, in your body, perhaps in your stomach or chest. Now see what comes *there* when you ask, "How is my life going? What is the main thing for me right now?" Sense within your body. Let the answers come slowly from this sensing. When some concern comes, Do not go inside it. Stand back; say "Yes, that's there. I can feel that, there." Let there be a little space between you and that. Then ask what else you feel. Wait again, and sense. Usually there are several things.

### Felt sense

From among what came, select one personal problem to focus on. Do not go inside it. Stand back from it. Of course, there are many parts to that one thing you are thinking about – too many to think of each one alone. But you can *feel* all of these things together. Pay attention there where you usually feel things, and in there you can get a sense of what *all of the problem* feels like. Let yourself feel the unclear sense of *all of that*.

### Handle

What is the quality of this unclear felt sense? Let a word, a phrase, or an image come up from the felt sense itself. It might be a quality-word, like *tight, sticky, scary, stuck, heavy,*

*jumpy* or a phrase, or an image. Stay with the quality of the felt sense till something fits it just right.

### Resonating

Go back and forth between the felt sense and the word (phrase, or image). Check how they resonate with each other. See if there is a little bodily signal that lets you know there is a fit. To do it, you have to have the felt sense there again, as well as the word. Let the felt sense change, if it does, and also the word or picture, until they feel just right in capturing the quality of the felt sense.

### Asking

Now ask: what is it, about this whole problem that makes this quality (which you have just named or pictured)? Make sure the quality is sensed again, freshly, vividly (not just remembered from before). When it is here again, tap it, touch it, be with it, asking, "What makes the whole problem so \_\_\_\_\_?" Or you ask, "What is in *this* sense?"

If you get a quick answer without a shift in the felt sense, just let that kind of answer go by. Return your attention to your body and freshly find the felt sense again. Then ask it again.

Be with the felt sense till something comes along with a shift, a slight "give" or release.

### Receiving

Receive whatever comes with a shift in a friendly way. Stay with it a while, even if it is only a slight release. Whatever comes, this is only one shift; there will be others. You will probably continue after a little while, but stay here for a few moments.

If during these instructions somewhere you have spent a little while sensing and touching an unclear holistic sense of this problem, then you have focused. It doesn't matter whether the body-shift came or not. It comes on its own. We don't control that.

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