

Some Basic Statements on Focusing-Therapy

by Johannes Wiltschko

Preliminary remarks

I want to discriminate five different ways of applying Focusing: (1) *Focusing as a self help method* (Focusing by one's self, Focusing partnerships, changes groups, using Focusing in everyday life, using Focusing in creative processes and in anyone's special profession (e.g. nurses and doctors in hospitals; social workers, managers, teachers etc.)); (2) *Focusing teaching* (group teaching and/or one-to-one teaching to persons who want to use Focusing in way # 1); (3) *using Focusing in psychotherapy* (any therapist can use Focusing as an additional method to his or her favorite one, and Focusing also can help him or her to experientialize his or her work as a whole); (4) *Focusing Therapy*; (5) *training in Focusing Therapy*. All these different ways of applying Focusing are important and valuable. But, it is necessary to make distinctions between them because they require different settings, different skills, different conditions for attendance, etc.¹

In this paper I will only deal with #4 and #5: Focusing Therapy and training in Focusing Therapy.

In the German speaking countries Focusing was absorbed from the beginning on mainly by psychotherapists, especially client-centered ones. Therefore we have a long tradition of practicing and teaching Focusing together with psychotherapy. My view about Focusing and psychotherapy has developed in the last 15 years - I have been a Focusing coordinator since 1979 - in cooperation with many other colleagues. This paper presents the official position of the DAF. The DAF offers - beyond the standard Focusing teaching (#2) - long-term trainings in Focusing Therapy now for 8 years and I published a lot of papers about Focusing Therapy in German language.

Since I was feeling the need for Focusing Therapy at the 1994 Focusing Conference and as I met many colleagues of other countries who are asking themselves if there should be something called Focusing Therapy and how that could be organized and what a training program in Focusing Therapy should look like, I want to share our experience with Focusing Therapy. The DAF wants to cooperate with all colleagues who are concerned with Focusing Therapy so that the label "Focusing Therapy" will mean the same thing in essence all over the world. We want to attend to the essentials, standards, and training formats. Focusing Therapy must be a recognizable kind of psychotherapy.

¹ Of course there are much more possible distinctions, for example concerning #2: special trainings for different professions, special trainings for different applications (e.g. decision making, creativity, dreams, spirituality, body awareness), special trainings for different settings (e.g. one-to one and group teaching, training in special institutions). Also #3 needs a distinctive training format. I will mention this in paragraph 4.6.

Plea for the term „Focusing Therapy“

As you certainly know the term „Focusing Therapy“ is not undisputed.

(1) Gene wants to save the word „Focusing“ for the special, narrow 6-step-process and he claims that Focusing could be applied in any kind of psychotherapy, combined with all other techniques that help people. Gene worries about that nobody would want to get Focusing, if he/she has to learn a complete new therapy method and has to „forget“ his/her previous way of working therapeutically. He points out that client-centered therapy almost disappeared in the United States because client-centered listening and reflecting was not offered as an additional method for all therapists. Instead, one was forced to learn a completely new method, and almost no one wanted to.

Gene's view is true, we don't want to say to anybody that they must learn a completely new method and forget their old one. But the opposite is also true. In Germany, client-centered therapy is the most widely-used therapy method because there are detailed training programs and client-centered therapists are well organized. So I agree with Gene's view but it is only one part of the whole truth: it is #3 *using Focusing in psychotherapy*, and should be pursued and worked out. #3 is an important application setting and should be preserved for the future and a #3 training format should be provided. But we should also cultivate and elaborate #4. Besides, this #3 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 are the specific Focusing attitudes, and they cannot be learned or achieved so easily.

(2) Secondly, Gene is scared by the term „Focusing Therapy“ because „the worst danger is that people will think that Focusing *is* the therapy. Therapy is *first relating, second client-centered listening*, and only third Focusing. 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“. I totally agree with this statement. But this is also true for the „simple“ Focusing. The inner process is *always* a function of the relational process. In psychotherapy which is usually a long-term process this dependency becomes merely *more* obvious, more crucial. We never should neglect relationship, neither in Focusing nor in Focusing Therapy. And, of course, every practice and every training in Focusing Therapy has to deal with relationship as the primary phenomenon.

(3) Some client-centered therapists don't like the term „Focusing Therapy“ either. They emphasize that Focusing should stay a part of the whole client-centered approach and therefore it shouldn't become a separated and specially named method. Nevertheless I want to use the term Focusing Therapy. I will deal with the reasons for this later on.

I will now present some very brief essentials about Focusing Therapy, as an overview, without going into depth.

Twelve essentials about #4: Focusing Therapy

(1) Focusing Therapy is not Focusing #1 plus psychotherapy, it is not simply implanting some Focusing sequences or Focusing instructions into a standard therapy session. Focusing Therapy is not just an addition of Focusing to client-centered or Gestalt Therapy or any other therapy method, it is not just a combination of Focusing with another therapy method. This is #3. The power of Gene's experiential approach is not the technique of Focusing/listening but his very basic findings about changing processes. Therefore, Focusing Therapy is happening if *the whole therapy process* is penetrated by and connected with the essence of what Focusing is.

(2) Now the question is what are the essentials of Focusing Therapy? The basic principle can be expressed in one phrase: *The body implies the next step*. This is one way to summarize Gene's philosophy on changing processes. Another way is - and it means the same: *The order of carrying forward governs the therapeutic process*, and not only this process but all living processes. It is very important to really understand this statement. All other statements about Focusing Therapy are based on this one. Therefore, it is necessary to study Gene's articles, not only those which are dealing with Focusing from a practical point of view but also the theoretical ones.

(3) Now we have to add a condition, so that this statement (2) becomes therapeutically valuable. The body is always implying, whether the person knows it or not. But in a therapeutic context we need *the person (the client) to be aware of the ongoing inner bodily experiencing*. The „I“ (ego), the center of the person, the willing, the intentional and acting person must refer to this inner process, so that the order of carrying forward will interact, will be concerned, will be busy and working with the intending person. In psychotherapy we always want the person, the client, to become the subject of his/her own life. The client should become and be the governor of his/her own therapeutic process, he/she is the center of his/her situational world, even if the living process is „more“ than he/she him-/herself. This is one of many paradoxical statements which are so typical of life and of therapy.

So the third essential is: *The client has to be mindful, has to put his/her attention on whatever is present in his/her inner bodily experiencing*. There should be awareness, mindfulness, in regard to this order of carrying forward. This is our main goal in Focusing Therapy. At the same time as a Focusing therapist we should not have any goal, any intention, we should only be present as a person, giving space to the person „client“ without forcing him/her to do anything (see paragraph 8). This is a paradox, too - and therefore it sounds right to me.

(4) Focusing describes very exactly which conditions are necessary for the condition mentioned in (3): the conditions a client needs to be able to be aware of the bodily experiencing: *The person has to have inner space*. This means the client must become able to *inwardly* sense his/her body as a space in which he/she can walk around, look around, sense around, in which he/she is able to direct his/her attention to different places.

Creating this inner space has some more specific distinctions:

(4.1) The person must be able to *refer to a given inner datum* - whatever it is - so that this datum is becoming a content, a „something“ which is facing the „I“, the inner person. In other words this means, that there is a certain *distance* between the mindful „I“ and the inner datum (the content, the something). This is a condition *sine qua non* and not always easy to achieve.

(4.2) Mindfulness means a *welcoming attitude*, a friendly, interested attitude towards this „something“. The person shouldn't intervene, should not evaluate the content of awareness. This is a rather old Buddhist-like attitude and it is not easy to achieve either, because it is the opposite of what we are used to doing in our culture.

(4.3) At the same time creating an inner space doesn't mean only a passive, receiving relationship towards the content. *It is necessary to face the content*. An *intentional relationship* is required: The person has to look at the content, the person has to breathe, his/her breath should get in touch with whatever he/she is sensing inwardly.

Now, what are the conditions which allow the client to do all these difficult and unusual things? The most important condition is the *relationship* the therapist is offering to the client and the specific *attitudes* which allow the therapist to do this (see paragraph 8).

(5) When the client becomes aware of himself, a whole and complex *inner world* starts

opening up. In this inner landscape we are primarily looking for the *felt-sense-quality of ongoing experiencing*: the implicit, intricate, vague, integrated („whole sense“), bodily sense („body sense“) meaningful sense („felt meaning“) which is always intentional (in the sense that this felt sense is always about something). The expecting for the felt sense, the time allowing it to form, the being with the felt sense, its opening up, its symbolizing and explication is the *core* of any Focusing process. In this paper, speaking to Focusing people, I don't need to say more about this central phenomenon. Focusing Therapy is really the therapeutic work with the felt sense, it is „*felt-sense-therapy*“.

But, „the“ felt sense is not a special area in the inner space, *the felt sense is not a „thing“*; it has no „thing quality“. This will be easily misunderstood, if we are usually speaking about „the“ felt sense. Rather, any given inner datum, any bit of experience, has two aspects: a more implicit one and a more explicit one. Every inner experiential datum is in fact *bipolar*. Whatever a person is noticing right now in the moment has a felt „soft underbelly“ (as Gene calls it sometimes) and this is „the“ felt sense. So the process arising from being inwardly aware can start at every point of ongoing experiencing. And every next bit of experiencing brought up by the order of carrying forward will have these bipolar characteristics, too. This view leads us to some important methodological improvements in Focusing Therapy. One of these I will now draft briefly.

(6) As shown above there is always also an explicit aspect in ongoing experiencing (provided that the person is directly referring to an inwardly perceived something). Therefore, as Focusing therapists we must be able to deal with the more explicit aspects, too, respectively we *need skills to accompany inner processes leading from implicit to explicit experiencing*. As we know, these explication processes arise in interaction of felt-sense-quality experiencing with „symbols“. For therapy processes it is important that we don't consider only words or images as valid symbols but also *body sensations, body movements, emotions, actions* and - and this seems to me the most valuable way of symbolization - the client's inward *attention*.²

Focusing Therapy is not only about looking for words fitting the felt sense. It is also about looking for breathing, for posture changes, for movements, for crying, for laughing, for images, for actions fitting the felt sense ... and particularly in Focusing Therapy we are looking for a safe silence which allows the client to watch, to feel, to stay with the inner process movements, the opening up, the growing and arising of his/her very special inner world. And this means: the arising and growing of experiential „impulses“ tending to come out as an action into the world.³

It is very important to attend to these outside directions, because expression and action are basic modes of life and they have to be supported by any therapy. Otherwise Focusing tends to be too much a way of withdrawing, of introspection. And this is only half of being alive, of growing and developing.

If we are working from a Focusing attitude, these different modalities of experiencing and acting⁴ will „show“ us how to deal properly with them. As Focusing therapists we

² This point of view is a result of Gendlin's *Theory of Personality Change (1964)* which is absolutely a basic for Focusing Therapy

³ In our DAF Focusing Therapy training program we put a special emphasis on *Focusing body-work*. This is because nonverbal (preverbal) processes are very important and helpful in psychotherapy. In Focusing body-work it is crucial to not consider the body as a physical „box“, as a thing. The body is not only a supplier of implicit information which has to be put into words. The body is a living process by its own, producing steps of changing. Therefore there is also a Focusing process without words. In Focusing Therapy we mean the body as an inwardly felt body which is always in a concrete situation, bodily experiencing is the inner aspect of the outside situation.

⁴ More about the *modalities of experiencing and acting* will be explained in the second part of my remarks on

will learn rather quickly from the inner process what therapists from other therapeutic schools already have „wrapped up“ - as Gene puts it. All that is needed is to listen carefully to every clients experiencing and to my experiential response to it.

(7) What I said in (6) means that as Focusing therapists we are able to create and develop a lot of *different and specific therapeutic techniques*, verbal ones and non-verbal ones, and we need to describe them and to have an exchange about them. But, at the same time, we shouldn't make a definition of Focusing Therapy based on methods. *Focusing Therapy should never be a list of specific techniques*. It is, rather, a network of essentials, of basic statements. Because of this and the small space of this paper I will not say more about Focusing Therapy techniques (but see also paragraphs 8.2., 9, 10, 11).

(8) Picking up where I left off in (4) I now have to mention the importance of the *specific relationship between client and therapist*. This is, besides working on the felt sense, the *main* aspect of Focusing Therapy. It is the main condition for any living process and, of course, for therapy, too. As any living process is an ongoing interacting process, a human process, a human therapy process needs interacting between human beings. 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*.

What specific kind of relational space is required in Focusing Therapy? Carl Rogers was the first therapist to describe this specific relationship very well. He really made a *revolutionary turn* in the view of therapeutic attitudes. This radical person-centered attitude is still the *most powerful source* we have in working with clients. We always should be really centered in this power. Focusing Therapy has developed within the tradition of client-centered therapy, and still is. Gene had formulated specifics about this relationship, sometimes in a theoretical way, sometimes in a very poetic and practical way.

Let me give you a short list of very brief formulations about the specifics of therapeutic relationship typical for Focusing Therapy. I will look at this relationship only from the side of the therapist: his/her relational offering, based on his/her attitudes.

(8.1) The therapist is *present as a person*. This is easily said but difficult to do. To me it seems to be a lifelong goal. Nevertheless it is an attitude which the Focusing therapist wishes to fulfill at every moment.

(8.2) The therapist holds *half* of the relational space for him-/herself being aware of his/her own body, his/her own experiencing and he/she allows the *other half* of this space for the client, putting his/her attention on the clients expression (see paragraph 9).

The therapist doesn't consider the client only as a person who does Focusing. *The client is first a person who is living and acting on his/ her own*. The client is always acting towards (and sometimes "against") the therapist. Therefore, as a Focusing therapist we must be willing to deal with this concrete living person and not only with the Focusing part of him/her. To deal as a whole person (therapist) with the whole person (client) is even more difficult than being a good Focusing guide. To be a real companion for the client's developmental process is much more than practicing common listening and saying back (see paragraph 9).

(8.3) The therapist is *free of intentions*. The therapist makes room for every aspect of the client's personality, of client's experiencing and expression. The therapist doesn't force the client to do anything, he/she doesn't impose anything on the client - not even Focusing as a set of therapeutic techniques.

(8.4) Further aspects are: He/she *invites the client to be inwardly aware*. He/she has a *welcoming and holding attitude* for whatever comes up in the client (this is to provide the conditions for the client to feel safe enough to let go the outside world and put attention inside, and it is to invite and to be prepared for the more implicit aspects of experiencing. He/she *knows* about and *trusts* in this inner *process of carrying forward*. He/she is able to sense his/her inner bodily *resonance* in regard to the client (see paragraph 9). He/she is able to recognize *structure-bound processes* and is able to work with them (see paragraph 11).

(9) As a Focusing therapist it is necessary to put 50% of the attention on one's own experiencing while being with the client (the other 50% stays with the client). 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. These personal responses have to be carefully shaped by feedback processes with the participants in a long-term Focusing Therapy training program.

(10) A Focusing therapist may of course *use methods from other therapeutic approaches*. He/she can use anything which might be helpful for the client. But using these other techniques *must not disturb or insult any of the essentials* listed above. Therefore Focusing Therapy can never be merely a simple combination (an addition) of different methods. A Focusing therapist is not the better or the more competent, the more techniques s/he is able to offer to the client. Picking out a therapeutic tool from the therapeutic toolbox always has serious and important consequences for the therapeutic relationship. This picking out is very often done only because the therapist has a stuck feeling which he/she doesn't dare to express and bring into process. Therefore Focusing Therapy students should be encouraged not to use other methods until they are well trained and experienced in the Focusing Therapy essentials.

(11) In any *long-term process* intra- and interpersonal phenomena will emerge which are usually felt as uncomfortable, difficult, disturbing, etc.. These phenomena play an important role in any psychotherapy. They are usually labeled with terms like „*transference*“, „*resistance*“, „*character structures*“, „*compulsion for repetition*“, „*games*“ etc. These phenomena have in common that *they don't change over time*. They tend to stay invariant and constant, they have a *structural* characteristic. These structural phenomena can be found (a) in the client's manner of experiencing and behavior, (b) in the therapist's manner of experiencing and behavior, and (c) in the therapeutic relationship. Any serious therapist has experienced these structural phenomena a hundred of times and usually it seems difficult to deal with them. But, in fact, they are the most important parts of any therapy. They lead us to the client's central issues. The question is only how to access them, because most of the time the client (and the therapist) are not aware of them and are not easily willing to refer to them.

These phenomena must be acknowledged also in Focusing Therapy. This doesn't mean that we have to acknowledge the old concepts about them and the traditional ways of dealing with them. Rather, we can understand these phenomena in a new way when we consider them experientially. Gene created the term „*structure-bound*“ to name this manner of experiencing *which is not part of the process and exactly this is the crucial point of these phenomena*. Therefore Focusing therapists have to know about, must be able to recognize and to deal with *structure-bound* phenomena.

(12) To summarize all these essential statements I will put it in the formula: In Focusing Therapy the person of the client comes first, the relationship between client and therapist is primary, then comes the looking for the felt sense aspect of the client's problems and all the techniques we have created (and will create) in Focusing Therapy. We should never impose our method on the client, we have to serve the client's person as a person (who is beyond this able to use Focusing Therapy methods (and other methods)).

Common standards for psychotherapy

In this brief overview on Focusing Therapy I have to at least mention that there are some common indispensable standards for any kind of psychotherapy and of course Focusing Therapy has to fulfill them as well. The following list is far from complete.

(1) Therapists must know about and be aware of their personal limits and of the limits of psychotherapeutic settings. Therapists should be modest in regard to their abilities and in regard to the possibilities of psychotherapy as *one* mode of psychosocial services. They should know when and how to send a client to another therapist or to other helping institutions.

(2) Therapists should know about and be aware of the importance of the therapeutic setting. It has to be clear and transparent for the client. Only distinct boundaries allow a free space in between, only a clear setting allow the client to feel free in the therapeutic situation. Without this clients will often act out issues (especially structure-bound ones) in softening and weakening the boundaries, and the client and the therapist then will have no good opportunity to bring up these issues during the session.

(3) Therapists should know about and be aware of their power deriving from their role and function. They should be very clear about the dignity of the client's person. Respect for this unique person is the first requirement for the therapist.

(4) Therapists need a solid training in and knowledge of psychology and in some medical, social and legal issues. This knowledge is not provided by the Focusing Therapy training, they must be acquired at universities or professional schools.

(5) Therapists, including experienced ones, need to be in ongoing exchange processes with colleagues to get feedback about their work. Supervision is a lifelong part of working as a psychotherapist.

These and some more points are, of course, also relevant for the training in Focusing Therapy and this will be my next chapter.

Six essentials about #5: training in Focusing Therapy

(1) Training in Focusing Therapy is a *long-term group process*. It goes over a minimum of 4 years. This is because it takes a long period for the trainee

(1.1) to restructure his/her attitudes towards him-/herself and towards other people gaining the *basic Focusing attitudes*;

(1.2) to get in touch with his/her deep inner person,

(1.3) to process his/her *structure-bound* frozen wholes;

(1.4) to be involved in deep *interpersonal processes* with other trainees;

(1.5) to *experience Focusing processes* in an ongoing and deep way;

(1.6) to get ongoing *practice in accompanying Focusing processes* with different persons (other trainees);

(1.7) to get ongoing *feedback* about at first working therapeutically with other trainees (first three years) and then with clients (beginning with the fourth year) by trainers and by other trainees;

(1.8) to connect the *Focusing theory* with his/her own experiencing;

(1.9) to gain *identification* as a Focusing therapist.

(2) The training group has to be a *stable and constant group* (constant participants and constant trainers) for the whole period, and in addition there could also be some special workshops with other trainers and/or other participants. This is because most of the points above can only be actualized in constant and long-term relationships. The most important and difficult issues in psychotherapy don't arise in a single session but in the long-term therapy process.

(3) Besides the training group there are four other important elements of any psychotherapy training:

(3.1) *being a client* in a Focusing Therapy,

(3.2) ongoing participation in a *peer group* (Focusing partnerships, peer supervision, etc.),

(3.3) getting *supervision* by experienced Focusing Therapy supervisors/Focusing Therapy trainers,

(3.4) studying *literature* on psychotherapy in general, on Focusing, experiential philosophy, etc.

(4) There should be two possible ways of concluding the Focusing Therapy training: without and with a *certification process*. The trainee should be free to merely participate in the training program (without earning a certificate). If he/she wishes to become a certified Focusing therapist he/she can voluntarily include the process of certification. This process consists mainly in supervision of ongoing work with clients, going into depth with specific issues on Focusing Therapy and honest and truthful feedback by the trainer and by other trainees. Thus, the certification program should be separated from the Focusing Therapy training. It takes place after the regular training program and is not limited in time (because of the different needs of each trainee). The specific procedure of certification shouldn't be the same all over the world. It has to be adjusted to the different regional and national requirements (e.g. laws).

(5) *Trainers in Focusing Therapy* must be well trained themselves in Focusing Therapy. Since the first generation of Focusing Therapy trainers cannot get training in Focusing Therapy, they must have a profound training in a related psychotherapy method (e.g. client-centered) *and* a profound training in Focusing. They must be experienced in practicing psychotherapy for many years and they must be deeply involved with experiential philosophy. Since teaching psychotherapy is not the same as doing psychotherapy, Focusing Therapy trainers *need a special training in becoming a Focusing Therapy trainer*. The best way to do this is to be at first an assistant then a co-trainer (for several times) in a Focusing Therapy training program.

(6) When a Focusing Therapy training format is created, it is important to know in advance if it is created for beginners or for persons who are already psychotherapists. In a training format for persons who don't have already a psychotherapeutic training we need to observe some additional points: e.g. first interview, issues about diagnostics and indication, issues about settings, documentation of therapy processes, specific supervision of test sessions, etc.

On the combination of Focusing with any kind of therapeutic method (#3): How can *psychotherapists* learn Focusing in a shorter format than #5 (becoming a Focusing therapist), so that they become able to use Focusing as a special technique among their usual methods? In

our DAF-training format they are invited to attend our *basic Focusing training program* which is open for all persons (4 four-day workshops) and/or they are invited to attend *individual series of workshops which are part of our complete Focusing Therapy training program* (e.g. „Felt Sense“ (4 four-day workshops) or „Body“ (4 four-day workshops) or „Dream“ (2 four-day workshops) or „Structures“ (4 four-day workshops)). So we don't force anybody to participate in our whole Focusing Therapy training program. But only the persons who complete the whole training and the certification program are allowed to call themselves „Focusing Therapists“.

Some reasons why we need Focusing Therapy

- (1) Focusing, Gene's theory of personality change, of relationship, his experiential process theory hold great treasure for psychotherapy. We should use this treasure not only for Focusing as a self-help method but also for professional psychotherapy.
- (2) Gene's theoretical work interacts with his practical therapeutic work and - of course - with his own personality. It is really a valuable and necessary undertaking to let this philosophy interact with our own therapeutic background and with our own therapeutic experiences, and with our own personalities. Experiential theory is a powerful tool for creating concepts and methods for psychotherapy. We should not expect Gene to do this huge work alone, and for himself. We have the capacity to at least support him, to develop our own ways of creating this therapeutic approach together - Focusing Therapy. Connecting experiential philosophy with our practice of psychotherapy will change the basics of psychotherapy on a very deep level. To me this seems important also in regard to future social and political developments. It is really a „revolutionary“ process.
- (3) We need „social“ possibilities to work on this exciting process, to exchange experiences and concepts, to develop Focusing Therapy (e.g. networking, conferences, journal, training).
- (4) Because this costs time, money, and energy it is helpful to do all these things under a specific „label“. I suggest the term „Focusing Therapy“⁵. „Experiential psychotherapy“ is a too common term (almost every psychotherapist will call himself „experiential“) and it is not translatable in other languages. Besides „experiential“ is very often mixed up with „experimental“. The term „Focusing Therapy“ will help us to become more „visible“, it will give us more power to support each other and to build up a *synergistic* movement.
- (5) Although Focusing Therapy is based on client-centered therapy it is not merely an appendix or a special technique within client-centered therapy. Gene's philosophy reformulates Rogers' theories on personality, relationship, and psychotherapy and makes them more exact, more elaborated and consistent. Focusing Therapy theory and practice allow much more distinctive therapeutic actions than they are possible in standard client-centered therapy. Nevertheless Focusing Therapy remains a member of the client-centered family. Focusing Therapy should accept and acknowledge its membership in the client-centered approach.
- (6) Psychotherapy is a responsible profession, not a hobby. Therefore it requires a thorough training based on a serious psychological education and professional clinical experience. Focusing Therapy training is a different thing from some Focusing workshops

⁵ This term was also used by Kathy McGuire (Focusing Folio, XII,2, 1993) and Neil Friedman (Focusing Connection, X,1, 1993).

for laypeople. It requires a special format, special didactics and special conditions for permission to attend and to conclude the training.

(7) Perhaps the most important aspect of all this for me (and you?) is, that working on Focusing Therapy is a living and exciting process. It's a pleasure (for me) to be a part of this important pioneering work.

Conclusion

I hope you feel that these statements are connected and that they are building a meaningful network, even if I haven't been able to formulate this in a sufficiently explicit way (because of language problems, because of the limited space and because it is a really difficult thing to do).

At the end I want to express my main request: The „I“ is not a content. The „I“ is in principle free from contents. But the „I“ frequently is identified with contents. Then the „I“ is becoming an „ego“. Focusing and Focusing Therapy are processes which are freeing the „ego“ and regain the „I“. And this also means that our „I“ should not be identified with Focusing. If our „I“ is identified with Focusing, we will become missionaries. Focusing then will become an ideology, a religion. And that is the beginning of any kind of fascism. This is the opposite of what Focusing means. Let us take care not to go in this direction. Letting go Focusing, freeing the „ego“ - this is like a daily exercise. It is in fact practicing Focusing.

And this request is also the transition to the second part of my remarks on Focusing Therapy which will be published in the next issue of the Focusing Folio.

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