

Focusing Therapy

Some fragments in which the whole can become visible¹

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Preface

I have planned to present, here at this conference, Focusing Therapy, Focusing Therapy as a whole, neatly and systematically. In the DAF², the German Training Institute for Focusing and Focusing Therapy, we have now been using the expression "Focusing Therapy" since 1986 to indicate the method of our psychotherapeutic work and our way of psychotherapeutic training. We have published several papers on this subject and gave birth to a whole series of books. The term "Focusing Therapy" is also being used in the meantime by several Northern American colleagues. This year in Germany the First International Conference on Focusing Therapy will take place as part of the International Focusing Summerschool. So Focusing Therapy is in the air. And I am delighted to have the opportunity particularly here, at this meeting of client-centered and experiential colleagues, to explain our understanding of Focusing Therapy.

At the International Focusing Conference in 1994 I have already formulated some essentials about Focusing Therapy. One of them I should like to start with: Focusing Therapy is not just any psychotherapeutic method, for instance the client-centered, plus some Focusing instructions or Focusing exercises. No, Focusing Therapy takes place when - as Neil Friedman (1993, p.1)³ expressed it - "Focusing gives therapy its flavour, its atmosphere, its vibration", or, as I should say, when *the entire therapeutic process is pervaded by what Gendlin developed in his experiential philosophy and in its practical version, the Focusing*. This does not mean that Focusing Therapy is merely based on philosophical concepts. Experiential philosophy itself is an experiential process, experiencing is not excluded by this philosophy, the concepts of Gendlin's philosophy are working *with* experiencing, with the ongoing living process.

Focusing Therapy is a form of client-centered therapy, is part of the person-centered approach. Nevertheless it is specific enough to deserve a name of its own. My desire now is to present this new client-centered form of psychotherapy and I do hope that it will be welcomed and assimilated into the client-centered family.

But, I have to say right at the beginning: there will be no neat, systematic presentation. For two days I have been trying hard to find a thread that would allow such a system to develop. But psychotherapy, especially Focusing Therapy, is a *living event*, varied in form, complex, intricate, a hologram. Focusing Therapy can be looked at from many different angles, every time one will recognize something else, every time one will lose something else. Focusing Therapy is a jungle of which one cannot draw an overall map. To trust maps would mean to get lost, to lose.

But there is even a more specific reason why it is very difficult to write about Focusing Therapy in a common scientific manner. Focusing is connected with and related to a *phenomenological model* of change processes. This model is a metamodel of how we can create concepts. What is unusual, special and new about these concepts created by this metamodel is that they are *more* and deal with *more* than merely concepts. *In* and *with* this metamodel we think *with* and *about* that which is *more* than verbal, logical forms. This "more" refers to that which we are presently experiencing: the feeling of the living body, the sensing of the momentary situation, the existing within relationships. This "more" is what we call the *felt sense* or the *intricacy* (and this is always an "excess"

in regard to logical or linguistic forms). The concepts of this model not only depict the process of experiencing, relationship and change, they *work with* experiencing, relationship and change. Thus these concepts can only be defined *by* and *with* this experiential aspect. Therefore, Gendlin calls them "odd concepts". Odd concepts always are connected with the felt sense.

This is the reason why it is almost impossible to write about Focusing in the usual way. I do know this, but in the first two days unfortunately I tried it all the same. It didn't lead to any proper result. Finally I remembered something I already wrote some years ago in the preface of my book "From Language to the Body" (1992)⁴:

"Many people are expecting that there will finally be something like a Focusing Therapy manual. Even though now and again I also dream of a comprehensive and systematic book ... - God prevent me from ever writing such a thing! It is not just true that - as is always being said - the theory of Focusing is still undefined and the practice not complete; no, the essential, new, original aspects in particular of Focusing demand philosophy and poetry and not rigid syntactic structures and stringent regulations of behavior.

Words, terms, concepts are not only signs, defined by a dictionary, bearing logical proportions to each other, words always also have a „soft underbelly“ - as Gendlin once called the implicit aspects of concepts. This "soft underbelly" of explicit forms wants to be experienced, to be felt: this sensing, this dwelling with the soft underbelly, with the felt sense, gives birth to our sentences - also to our sentences about Focusing - and it gives birth to our actions - also to our actions as Focusing therapists. The truth of our words, the adequacy of our actions we experience through our body: is the "soft underbelly" moving, does it open itself, will a new step follow? Perhaps we also have an "aha-experience" "in our head", an insight, greater clarity, more reality.

We are creating anew explicit words, explicit actions in every situation, in every interaction - here and now. Focusing is interested specifically in this generating process, this coming into being of new sentences and new actions. It is not primarily interested in the sentences themselves, the actions themselves. Therefore there cannot be a manual with a collection of sentences, of techniques and exercises to Focusing and Focusing Therapy."

When this - thank God - again became clear to me I created a distance of half a meter between me and my computer and asked myself: "Johannes, what do you actually really want to say in this very moment about Focusing?" With that a first sentence arose: "I believe that the correct next step in my life will occur if I turn to myself". And from this sentence the following just came by itself. All these sentences together received the title "Credo". As credos usually stand at the end, I shall first present some fragments of the hologram "Focusing Therapy" in which perhaps the whole becomes distinguishable. They came after the credo at least was already there. The first fragment has the heading:

The stupid look that in reality is soft and without intention

In one of our last Focusing seminars for beginners we had a book called "The Magic Eye". Many of you may know it. A participant looked at it when we had a break and afterwards she was overjoyed: "Now I finally understand what Focusing is!" From this event I should like to make a little story, a story about the apparent-ly magical aspect of the Focusing process.

If you pay attention to one of these "3-D" pictures, first you will only see a chaotic swarming of spots, patterns, colours. What is this meant to be? It does not seem very promising. One would prefer to put it away again instantly and to turn to more important and concrete issues. However, a friendly person joins you and encourages you to take a little more time to pay attention to this diffuse picture. He tells you:

"Look at this picture - you don't have to figure anything out."

"Open your eyes, let them become wide - and wait."

"Relax your body - and while you let the image have its effect on you follow your breathing."

"Allow yourself to let the picture blur, stay alert - and don't expect anything."

You breathe and look. Your face starts to relax and you hear yourself saying inwardly: "I hope nobody enters the room and sees me, I must look like a fool, sitting and staring at the picture with this stupid look on my face." Stupid look ... *attentive without intention* the friendly person next to you will call this. Indeed - the picture starts to blur, you discern even less than before - and suddenly it obtains a third dimension, a depth. It turns into space. You feel how surprise is arising within you and how the meaningless image suddenly becomes interesting. It emanates something fascinating as it has started to change somehow "by itself". It has gained depth which first was not discernible. You think: "Ah, now I know how it functions! I *must not* make an effort, I *must* relax!"

"I must not ... I must ..." starts to draw a loop in your mind, once, twice, three times ... - and the picture soon becomes shallow, boring and meaningless again. You hear the friendly person quietly say: "... look at the picture ... you don't have to find anything ... stay with it ... breathe ... wait ..." Suddenly the depth is there again, the space, and in this space a figure turns into a shape, a new shape, something concrete. You hear how you breathe with relief, you feel how your body relaxes and a childlike wonder, a joy is arising in you. You notice how you can look around in this picture which has become a three-dimensional space, just as if you are walking around in it. You discover more and more figures, different levels. This walking around gives pleasure.

Suddenly the door opens, a friend comes in and asks: "What are you doing there?" In that very moment all the shapes, all the levels, the space are gone - and again you only see this shallow picture, bare of meaning. You are irritated by the interruption and you are a little bit disappointed that this submerging in the picture is over, but you know that you have seen something special, that in this chaotic swarming there is a meaning and a sense and you think: next time I shall look again into this picture, but then I shall first shut the door to have *free space* and time to let this remarkable *process* happen.

This story shows many of the experiencing steps that usually happen when you turn your attention to the *felt sense*, that is when you, to express it badly, "do" Focusing. What is a felt sense? I guess most of you know it. A felt sense can come in the middle of your body, if, for example, you ask yourself now in this very moment: "How am I feeling just now while listening to Johannes ... ?" A felt sense is a bodily mood and this mood is always *about* something - in this case it is about the situation "sitting in this room and listening to the lecture". In Focusing Therapy we are always looking for the felt sense which is about the topic the client is dealing with. We do not want to talk about a problem. We want to let come a bodily felt sense about the momentary issue (problem, question, concept,).

Someone who has never experienced Focusing can get an impression of what a Focusing experience is quite quickly by exercising with the "magic eye": how first one always sits as if in front of a gray wall that does not promise anything (that is when you are asking your body: "What is the felt sense of ... (a specific issue you want to work on)?"), and how one stares at it with a stupid look on one's face, first without hope that anything will happen (that is the *attitude of inner mindfulness without any intention*).

The fact that Focusing always begins with this experience which promises nothing, with this "you cannot *do* anything", is probably why always a genuine decision (or a supportive invitation from the person or therapist accompanying a Focusing session) is required to start practicing Focusing. This first phase is often like being in no man's land, like dwelling at an impossible point, a tiny act of dying, during which you let go of all your intentions, your urges, your desire to act and to be successful. This letting go is not a moral requirement, it is an inner necessity. There's no way around it.

Furthermore, the story shows how one needs patience and confidence (that is the *dwelling* with the felt sense); how a friendly *companion* can help you with that; how the gray wall, the felt sense,

suddenly changes into a *space* and an *inner world* comes into being in which one can walk around and perceive how the felt sense suddenly "opens up" and a surprising new step forward is taken; how this step changes the bodily experience (that is the *felt shift*). This new step forward is always *qualitatively* new, it changes the situation, it changes the problem not only on the cognitive level of insight, but it also changes the direct, concrete, always bodily feeling and experiencing, it changes the whole spirit, the whole mood - *die Befindlichkeit* - of the person towards being more alive, more present, more free.

The story also teaches us how important an undisturbed, *free space* is where one can be what one is; and how easily one can prevent those steps from happening, for instance through pressure ("people would laugh at me if I couldn't do it" or, as in this example: "Ah, I must not ... I must ..."). These are the *structure bound processes* which play a leading part in every psychotherapy.

Focusing - and that is what I should like to say with this little story - is more than just perceiving something inwardly. As client-centered therapists, we Focusing therapists also want the client to refer to himself - instead of looking at the therapist and expecting a solution from him. Why do we want the client to pay attention to himself? The reason is that we as client-centered therapists are convinced that the client *in principle* knows himself a thousand times better than any other human being ever could. Even as a psycho-logical expert with all my diagnostic instruments and with my clinical eye I should look like a fool if I should have to say who this client is (we only pretend to know for the National Health Service and the insurance companies). As Focusing therapists however we are not only convinced of this because self-perception always is immeasurably richer than what we can observe from outside. Our conviction results from the fact that the organism - in Focusing-terminology we prefer to say "body", because the organismic experience always is a body-experience -, that the body "knows" more than I consciously have available as knowledge. Why does the body "know" more? I will answer this question in a very brief way in my "Credo" later on.

Our entire client-centered so-called "technique" aims at encouraging the client towards self-exploration and supporting this self-exploration. Self-exploration is commonly understood as a process during which the client gathers inner data, where he finds new information *in himself*, where he gets to know more about himself and during which he communicates what he experiences. One often thinks that increasing self-perception and the increasing of the courage to express these inner perceptions to others adds to self-congruence - and this after all is a kind of goal of therapy. But many client-centered therapists then ask *why* a *quantitative* increase of information about oneself should lead to a *qualitative* change.

This question is answered by practice and concepts of Focusing Therapy. In the Focusing experience it becomes evident that self-exploration is not a linear but a complex, qualitatively changing process, often first perceived as a mysterious one, a living process of bodily change. In the Focusing process Rogers' term "tendency for self-actualization" is experienced immediately and bodily. It no longer stays merely a matter of belief. There is a very basic well-ordered way in which changing steps occur, a way that is not linear, a way that continues in non-logical steps. Gendlin calls this order inherent to changing moves *order of carrying forward*. I will deal with it in the "Credo", too.

To experience this process, this order of carrying forward, again and again, to describe it, to form concepts out of it, to develop methods out of it for accompanying the process, to study the difficulties and details of this changing process with different persons (different clients, different "disorders") and finally also to create the best experiential environment for experiencing, learning and training, all that is a reason for an independent "culture" within the client-centered world - and this culture is called "Focusing Therapy".

Focusing allows us to watch the order of carrying forward "while it is working". And what do we see there? I will try to show you what - for example - I have seen and felt recently during a partnership Focusing session⁵. This following fragment is called:

The red wall and the tiny bubble

In this session my topic - here expressed in somewhat abstract terms - was: How can I feel connected with someone and nevertheless feel free? The *felt sense about* this topic was: I'm not getting anywhere with this, I'm stuck. I would like nothing better than to leave this emotional dead-end, to back up and get out of it.

Nevertheless, my Focusing companion invited me to *dwelt* right there at that dead-end and to wait. All of a sudden this compact, opaque dead-end feeling began to *open up* and an image came to me: I saw what looked like a huge red wall, blood red and alive. Opposite the wall, I saw a tiny bubble, that was me. The bubble had the feeling that the huge red wall wanted to take it in, swallow it up. The red wall was life-threatening. Mustering all its strength, all its little vital forces, the bubble was bracing itself against being drawn in by the powerful wake of the red wall. It had no energy for anything else. No energy for its own life, to live from within itself and for itself, just energy to fight against this threat to its life. It couldn't let up in this tremendous effort. And there it came again, the *bodily feeling* of not being able to go any further, not having any alternative to not being free. But it somehow felt different, it was more transparent, more understandable, more meaningful. Nonetheless, there was no help, no solution in sight. No one else was there. Remaining there, waiting, watching the inner image, sensing the bodily feeling that went with it ... and then an *unexpected statement* welled up, a *surprising* insight: It - whoever it was - said: "You are just a little bubble, but you're alive. And no one, not even the huge red wall can take your life from you. Because your being alive is more and greater than you, little bubble, it is greater than whatever it is that is threatening you, greater than the red wall. Your being alive is indestructible. You are alive, you are here. That is all."

That is more or less the text that was "folded inside" the bodily feeling of great relief, of taking a deep breath, of inner understanding. Those are the *steps* of the order of carrying forward: a bodily felt sense of having reached a dead-end, of being stuck, an unpromising gray wall opens and takes on depth, becomes - in this example - an inner image with colors, shapes and volume. This bodily feeling suddenly gives way to a new one, a *non-logical next step*, an initial answer to the unsolved question on how freedom and connectedness can be lived. This step takes place *within the body*, it is evident in a bodily felt way. It does not come through the - admittedly tempting - act of interpreting the symbols in the image. It comes when we allow the order of carrying forward to take the next step by creating a space where we are present, where we remain, where we focus, focus on what is really there, which means bodily there.

Do all client-centered therapists know what I have described here from their own experience? Are all client-centered therapists experienced in supporting and guiding such processes of their clients? My experience of 15 years as a supervisor of client-centered therapists tells me: no, most of them don't. For this reason it is important to give a name to this experiencing, this being acquainted with, this being able to, this knowing, to save it, to train it, to describe it, to spread it, to develop forms of social support (for example conferences and a journal), in short to establish Focusing Therapy as an autonomous field.

Perhaps the following examples of techniques typical for Focusing Therapy will show that it makes sense to do this and that it makes the client-centered family become richer. I should like to present three different methodical fragments of Focusing Therapy: (1) dis-identification, (2)

the joker questions, and (3) an example from Focusing bodywork and the model of experiencing and acting modalities.

First example: dis-identification

First I should like to describe a technique of verbal Focusing Therapy. I call it in German "partialisieren". It seems to be something simple and small - as actually are all Focusing Therapy methods -, but it can help us in studying some important principles. It is very much connected with a main principle of Focusing Therapy: freeing the "ego", regaining the "I". This is why I present it here, it is not because this technique is the best tool and always successful.

The client from the last example says: "I don't know anymore what to do." Normally a client-centered therapist would verbalize it like this: "You don't know anymore what to do." Or: "It seems as if you are stuck." Or perhaps: "You feel helpless." The Focusing therapist says back: "*There is something within you that doesn't know anymore what to do.*"

We'll divide this sentence in three parts. "There is something" - "within you" - "and this something doesn't know anymore what to do". The structure of this sentence illuminates the entire Focusing specific scenario.

Thus there is a "*something*". With this word we describe a *content*, a content of experience. Furthermore the word "something" indicates that this content is *indefinite* yet. It can carry every possible aspect "enveloped" within it, they are *implicit*. Third the word "something" expresses that it is a "whole", not just some aspect or part, but a whole something.

This may sound complicated, but you surely must know this: you have a problem, an unsolved question, a conflict of decision and feel: There is something there that is important, it is part of my problem, I feel it clearly, but I don't know yet what it is. It is a quite indefinite something, it carries a significance within, but it is as if it is enveloped, not yet unfolded, not yet explicit. By the dis-identificational form of saying back, the client thus is invited to direct his attention to the "soft underbelly", to the felt sense, to the whole something about "not-knowing-anymore-what-to-do".

"*Within you*" indicates that besides this "something" there is also: an "*I*". It is expressed that this "*I*" is *bigger than the content*. The "*I*" has a content, it is *not* the content. By this way of formulating the client is invited to become aware: "Ah, I'm *here* and *there* is a something" (and this something doesn't know anymore what to do). Because of this the client gets as far as to *turn to* the content, to *get in touch with* this content, to establish a *relationship* between the "*I*" and the content. Only now this becomes possible, because first the client identified himself with his content ("I don't know anymore what to do"). To get in touch there have to be always two: here these two are "*I*" and "the content". A distance has grown: between the "*I*", which is free, and the content there is a bit of fresh air. The "*I*" feels: I am free, I can breathe - and now I can, if I like, turn to this funny part that doesn't know anymore what to do.

"This something that *doesn't know anymore what to do*" says: there is something there, a whole something of which we do not know anything yet, apart from "that it doesn't know anymore what to do." That has been until now the *explicit* part, the aspect that is already known, already symbolized, already communicable. This part is already finished, complete, it does not contain anything new. In therapy we have to not talk anymore about this part (but frequently this explicit part of experiencing is what is talked about most of the time).

Through this special form of saying back it is as if an *inner stage* is being put up on which action and inter-action can take place: here is the "*I*", there is a content, between those two there is little distance, a free space of fresh air, the content has an explicit part ("not knowing anymore what to do") and an implicit part, the felt sense, and this *felt sense part is paid attention to by the "I"*.

And that is exactly what we need for the Focusing process, for the process of personal change: the client turns to a content of experience, to a something. This something is a whole and surrounded, defined something - an object. It objects to the client, he can object to it, face it, surround it, touch it, feel it and look at it. This something always also has an implicit part, a "soft underbelly", already felt, but still vague, not yet communicable. Every something has an "edge of experiencing", something *intricate*, still unclear. This is the felt sense and towards this felt sense the inner attention of the client should direct its light. It is in the light of this attention that the felt sense begins to open, to change.

When the therapist says back in this dis-identificational way, the next - and most characteristic Focusing question can be added: "How does this whole "not-knowing-what-to-do" feel?" Or: "While perceiving this part, what do you feel in your body?" Very often this question is not even necessary, because the client may take this step by himself encouraged by this dis-identification. In this way it could be very easy to support the client to reach a true inner process.

Do you feel the big difference created by these two ways of responding: "You don't know anymore what to do" and "*There is something in you that does not know anymore what to do*"? Focusing Therapy aims at getting in contact with an inner something, to pay attention to the already felt but not yet known aspect of this something, to stay with this vague, intricate something and to wait and see what will happen.

Focusing Therapy does not treat the problem, the content itself. The content in itself is rigid, an invariable structure. In Focusing Therapy we direct our attention towards the *relationship between the "I" and the content*. The relation is changed by Focusing. And by the change of this relationship the content is changed. A psychic content is *never independent* of the attitude with which we face this content. Gendlin says: contents are *process aspects*. In this process like unity of content and relationship lies the basis of an important "mystery" of change. It is a decisive factor for the effectiveness of psychotherapy.

Second example: joker questions

A further example of a verbal technique in Focusing Therapy are the *joker questions*. I call them that because the *therapist* can deal them out at almost any moment in the process, in particular when the therapist has the feeling that he does not know anymore what to do. Let's hope that this often happens. Each of us knows this phenomenon: I listen to the client, I accompany him in his process and I myself have an inner feeling as if there is some clarity ahead about what is happening, that I feel space for the next step, that there is a perspective (even if I don't know definitely and exactly what will happen in the next moment regarding contents). This "clarity ahead" now and then just vanishes. In that case I as a therapist either have the impression that we reached a crossroads and I "don't know", I cannot feel which direction we should take; or the forward view is completely gone. It is as if I am driving in the car through good weather and suddenly - out of the clear blue sky - it's raining cats and dogs. For some seconds I cannot see through the window - until I switch on the windshield wiper. The windshield wipers - they are the joker questions.

In such a situation of indecisiveness or of not knowing anymore what to do therapists usually strain their brains and think more or less desperately about what they should say or do. In this way they lose contact with their client and with their own experiencing - and the journey together really is stuck. The therapist maybe reproaches himself and not for the first time feels his own incompetence. Or, and that is not better either: he wants to run away from his helplessness, he quickly looks for a good idea in his inner instruction manual or for a good therapeutic tool from his tool box and he imposes his own good idea or his tool on the client. The result is that the

inner searching process of the client is interrupted, but at least the therapist can maintain the feeling of being a good therapist. You all know this, don't you? I at least experience both in almost every therapy session.

In Focusing Therapy if such a situation occurs we just ask the client: "What could be the next step now?" or, if the client has recently started his therapy and is not yet used to this specific form of questions in Focusing: "If you ask yourself inwardly 'What could be the next step now?', what answer comes up in your body?"

This sounds like a mean trick, like passing on the responsibility. But it is the opposite. Because (1) the question does not concern the explicit knowledge of the client, but his felt sense, that feeling in which the *whole present situation* is folded up, is implicitly there; (2) it makes clear that the therapist is not a wise guy who always looks at the situation from a superior position; the question implies that the client is the one to feel the best where and how the next step can be; (3) it increases the client's attention to what is there now and it invites him to leave for example his structure bound search for solutions and (4) the question points out that the therapeutic situation is really a partnership, the question invites the client to cooperate.

Further examples for joker questions are: "How could it continue now?", "What would suit you best now?", "What would feel right now?", "What would you need now?", "What would be necessary to continue now?", "What is still missing?", "What makes you stuck?", "Where do you feel life inside of you?"

It is very important to accentuate and to understand that these questions are not solutions designed to hide our embarrassment and to save us from helplessness. In the "Credo" I will formulate a basic thesis of Focusing Therapy: The body implies the next step. The joker questions are directed towards the body as if to say: "Dear body, how can I go on? Let me know what would be right now." Through this joker questions we seriously let the order of carrying forward take over control.

Third example: Focusing body-work and the modalities of experiencing

(At some time one has to emphasize that the client could be also a female and the therapist could also be a male (and vice versa). Usually this is said already in the preface. Should I - as a male - choose always the female form? Should I formulate always in both forms? The first sounds like currying favour, the second sounds often unmusically - but to write only in the male form is, thanks God, out of time. These days a movement is spreading called "political correctness" - but if this movement is only obscuring reality is not quite clear yet. So the whole matter remains difficult. At least I want you to know that I am aware of the problem.)

Let's dwell for a moment on the feeling mentioned earlier: not knowing anymore what to do. A client tells you: "I would like to create more space for myself, but I don't know how." As he says this, he makes a *gesture with his arms and hands* as if he were trying to shove or push something away.

Instead of the therapist saying back the client's words or perhaps (in what would be a better response) describing the gesture, she reflects this gesture directly, in an analogous manner, as it were: She *shows* it *back* to him, she makes the gesture, too, perhaps adding a guiding question such as: "How does that feel, what do you feel there inside you when you do this (pushing away)?" This is a very simple example of a body-oriented Focusing technique.

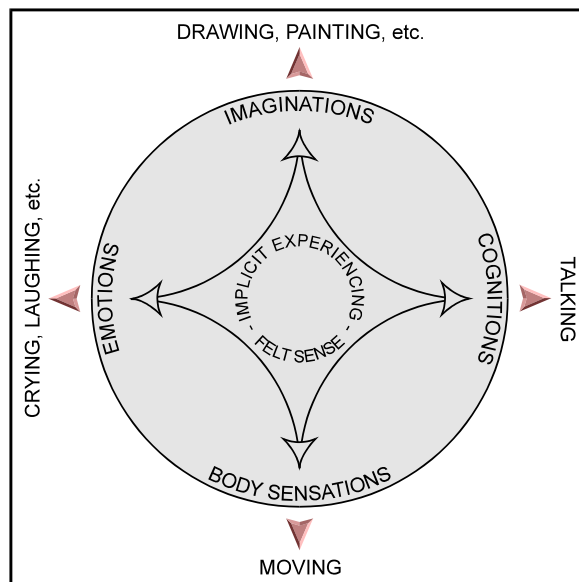
At this point, we could also invite the client to engage in a little *experiment* and offer him physical resistance by pressing against him when he pushes away while at the same time asking him: "What is happening inside you when you push against me like that." Often we also ask the client to do with his body what he tells us verbally (by adopting a posture that fits to the inner feeling

or to express by a gesture what he experiences), in short *to do* something instead of talking. Often apart from accompanying this physical process by words we also do so with our body: we touch the client (for example by holding him, not only with our eyes or our voice, but also directly physically), we accompany the movements of his body with our hands (this can give way to a body-dialogue, entirely in analogy with a verbal dialogue). *In Focusing Therapy almost everything we are used to do with words can be done also with our body.*

When I learned client-centered therapy one of my first questions was: "Why do we (therapist and client) always sit in chairs and why do we only talk?" Hadn't Carl Rogers always spoken about the whole person? And isn't the body an important part of the whole person? Does a person without a body even exist at all? Is talking the only form of action, the only way how persons can communicate? Is the exchange of words the only possible form of relationship? I presumed it should be possible in the client-centered situation to pay attention to the body without having to leave the basic client-centered attitude. I did not want to combine client-centered therapy with bioenergetics, but to complete client-centered therapy. In client-centered therapy the body is evidently missing. Soon I began to look for possibilities to include the body in the client-centered work. Focusing gave me the key to that.

In a simple chart⁶ I shall show how we make the body - and also other modalities of experiencing than feeling and other modalities of acting than talking - live and act in Focusing Therapy.

Please imagine the circle as a spherical space. The sphere is the *space of experiencing*, a person's inner world. The central part of this sphere is the *implicit, the soft underbelly, the felt sense*. The arrows going out from the implicit core depict the four primary *modalities of experiencing* within which the felt sense can unfold: the arrow to the east points toward the modality of experiencing we call *cognition* (which refers to words, sentences, thoughts that occur in our mind), the arrow to the north points toward the modality of *imaginations* (inwardly perceived visual pictures, colors, shapes), the arrow to the west points to the modality of *emotions* (to feelings like rage, grief, joy), and the arrow to the south points to the modality of *physical sensations* (and movement impulses).



modalities of experiencing and action

Now imagine that the "I" is sitting with his inner awareness in a little ship and sailing around in the sphere of the experiential space. Wherever this little *awareness-ship* stops, it perceives something, a concrete bit of experience. If it happens to be in the northern hemisphere, this bit of

experience tends to be more image-oriented; in the southern hemisphere, more physically perceivable. If the little awareness-ship remains more in the center of the sphere, the momentary bit of experience, the given inner datum, is strongly implicit (the soft underbelly is very thick), the character of the experience is holistic but at the same time vague and unclear. If the little ship goes to the edge of the sphere, the bit of experience takes on a more explicit quality, the nature of the experience is clearer, sharper, but the implicit sense of meaning diminishes.

Focusing is like a journey with the little awareness-ship. When it travels from the periphery to the center, we say: I am going to look for the implicit felt sense for an explicit content. When the ship travels from the center to the periphery we say: I am letting come a symbol (a word, an image, feelings, physical sensations) related to the felt sense. When the ship travels from one hemisphere to another (from one modality of experience to another), we call it a *modality change* ("When you see this inner image, is it accompanied by words (or physical sensations, or feelings)?").

Sometimes the awareness-ship lands on the shores of the outside world, the "I" disembarks and does something, it *acts*. The outer world in this graphic model is represented by the square. It is the *space for action* and it, in turn, has different *modalities of action*. They are represented by the dark arrows. Words welling up inside can be voiced, images seen by the inner eye can be painted, feelings that have been experienced can be expressed (e.g. laughing, crying, screaming) and physical sensations can be shown in movements, changes in posture, physical contact, etc. (The modalities of action are not related to the modalities of experiencing in a definite way - as it is drawn in the figure.)

A lot more could be said about the characteristics of Focusing using this simple model. I'd like to stress at least one thing: *sitting, feeling and speaking is just one special form*, one of many possible forms, of Focusing Therapy. By the same token, Focusing Therapy can also be sitting, imagining, painting; it can be standing, moving, feeling and speaking; it can be lying down, sensing, being held, etc. The model shows how we could develop a Focusing imagination- or dream-work, for example, or a Focusing body-work.

Finding the right words and expressing them is not the only way a felt sense can be carried forward. This can also be done by allowing oneself to develop inwardly a physical impulse which is expressed by physical action (movement). The process can be accompanied not only by saying back words but also by acting back (e.g. touching). Experiencing seldom is given in words. Expecting the client always to express in words what he feels and senses is like requiring a huge "translation effort", like asking him to digitize analog experiences. This is often not even possible, especially in the case of "early" types of experiences. They don't extend up to the level of word symbols. It is for this very reason that verbal therapy too often excludes many of a person's most significant spheres of experiencing. That's why it can be very enriching to recognize and know how to support and accompany change processes non-verbally. These bodily processes function according to the same order of carrying forward as the verbal processes. *It is one and the same process, just with different modality dresses.*

The modality model helps us to become oriented within the process while accompanying it. It can help us make suggestions to the client, suggestions not concerned with *what* he should focus on, but on the *direction* of his focus. The modality model is a good *compass* for navigating the awareness-ship. However, that is all it is good for.

And that is important to remember. Because it can be misleading in conjunction with other aspects of Focusing Therapy: We *don't* distinguish, for example, between outer and inner, the outer world and the inner world. We certainly *don't* want to distinguish between "spaces" per se, we certainly don't want to relegate the felt sense to a specific location (here, in the center of the sphere). On the contrary, we emphasize that experiencing, the body, is always *situational* and never something only unto itself, existing in an empty geometric space. That's why we also say

that *the inner process is at the same time a relational process*. All these aspects are missing in this model. The situation is missing. Also missing, for instance, is the therapist who the client is actually there with, there in a different way than if there were no therapist there, in a different way than if another therapist were there.

Anytime we pin something down, anytime we create a little model, new questions, new errors immediately arise. *That is why it is always false to say anything unequivocal about psychotherapy, to assert that some-thing is true*. And that is also the necessary preface to the following precepts of the Focusing Therapy credo. This preface is more important than the precepts of the credo themselves.

(My present) Credo of Focusing Therapy

1. *I believe the next right step in my life will occur when I turn to myself*, when I pay attention to my inner experiencing. I do not believe that you know better than I what that next step will be.

2. Who is "I"? "I" is nothing else but "I". "I" cannot be defined by anything else. Beyond the "I" there is no going back. Nevertheless there is more than "I". But this "more" is only accessible by or through the "I". Notice, that the "I" is not the same as the "ego". The "ego" is an object, the "I" is the subject. The "I" is blank. The "I" is free. The "I" is always there - even if it is sometimes or for a long time withdrawn, hidden or lost. It is neither sick nor healthy. It is always intact, inviolable.

3. What does "myself" signify? "Myself" is what I am presently experiencing, everything I perceive within myself at the moment. What I perceive are *contents*. It is good and it does me good to perceive everything, whatever that may be. However, all that is not what I am, all that is what I "have". By becoming aware that I *have* these contents, I feel that the "I" is free. As long as I do not become aware of what is there, I believe all that is what I am. The "I" then is *identified* with contents and thus becomes an "ego". The "ego" is not able to be aware, is not able to face the "adopted" content. Because of the lack of relationship, of interaction between "ego" and content, the content cannot change. The content remains rigid. The manner of experiencing gets *structure bound*. Therefore this *identification* may give rise to many of those states we describe as "ill". This identification confines us, oppresses us, obstructs us, takes our breath away as well as our space.

4. "To turn towards oneself" means to open towards the inner world, to be silent and attentive. To listen, to look, to feel inwardly. To listen with friendly ears, to look with soft eyes, to feel with free breath. Inner attention. "To pay attention" means: to be aware without valuing, without explaining, without describing. To become aware without words.

5. Turning towards myself in this way immediately gives rise to a bodily feeling of increased freedom and, in the same time, of increased security. A whole mood of greater lightness comes up, even if the words that usually describe the contents which are in awareness sound unpleasant: loneliness, helplessness, tension, irritation, pain, etc. An inner, bodily felt space is created within in which the "I" is able to walk around, to choose, to look, to feel or to separate from something, to drop it, to pass it.

6. If the „I“ is turning towards a content and directing its attention towards the implicit part of this content, towards the felt sense, the „I“ will sense something. This something is obviously already there (it is felt) but it is *not complete, not finished* yet. It is felt but not known, it is felt but not communicable, it is felt but it does not become an action yet. It is waiting for a carrying forward, it is demanding a next step. This step will change the something itself.

7. This step forward will come „by itself“, I don't have to figure it out. Therefore the step comes as a sur-prise. It comes because the body, the whole organism „knows" what it needs, „knows“ what would be right, „knows“ what the next step should be. Why does the body „know" all these things? Our body is not a Newtonian object, no thing in an empty space, but a living process that has always interacted and is always interacting with its environment, in fact it has never actually existed without its environment. There was never first a body that then began to interact with its environment, no, the body was environmental from the very beginning, it is its environment. And thus it "knows" about its environment. Our body is an ongoing living process that grows by itself, that takes steps by interactive processes. It is neither a chaotic bundle of drives that one has to impose an order on, nor it is a white sheet on which environment first has to write its story, nor it is an empty box that is only filled by education, by the gathering of knowledge. Because we understand the organism, the body, the creature, the human being as a process that is environmental from the very beginning and that takes its own steps from this interaction with its environment, we are not working as educationalists, but psychotherapists.

8. All this means: *the body implies its next step*. This is for me, as it were, the first main sentence of Gendlin's philosophy. Gendlin has described this implying, not only within a psychotherapeutic process, but as a philosophical principle of order. He calls it the *order of carrying forward*, in German I call it "*Fortsetzungsordnung*". This order of carrying forward makes us understand exactly the inner logic of changing processes. *The order of carrying forward defines, governs the changing processes, the therapeutic process.*

9. What is this order of carrying forward? This term says that the way the body discovers the next step that will carry forward the present process of experiencing has a certain order. The next step is not a logical result of what is already there, nevertheless this carrying forward does have a certain order. It is an order which is not yet finished. This order demands a carrying forward. The body (nature, felt sense,) is ready for the next step. But it is not easy to find one. Most of the questions or concepts do not lead to an experiential, felt step, do not carry forward the process (body, nature,). In Focusing Therapy we are looking for those concepts (questions, words, actions,) that bring this experiential step forward. Concepts (questions, actions,) leading to a bodily felt step forward give us the inwardly felt *evidence* that only these concepts, questions, concepts are right and "true". What was there before the step is changed by the step. Therefore every step changes the whole body - and the whole changed body, the changed felt sense is again ready for a next new step. Thus a changing process occurs. *Looking backwards* this process seems to be logical. *Afterwards* we can *read* an order (a logical one, a dialectical one, ...) *into* this process. But this later imposed order is not the "natural" order, it is the order made by our construction. The natural order is an order of carrying forward. Each carrying forward step is a new one, not completely determined by what had happened before the step. In this lecture there is not enough space to say more. I recommend to read Gendlin's work. Here I only want to say: *The order of carrying forward governs the process of change, the therapeutic process.*

10. If in Focusing Therapy we use the word "body" we do not mean the body we can see from the outside, but the *inwardly felt body*. This is an entirely different body from the "medical machine" we look at from the outside. "Felt inwardly the body is directed towards the world and towards what has not happened yet, but may happen. ... The body is in the given situation and the situation also is in the body. Feelings are not inner objects, but the life of the body continuing in the environment" (Gendlin 1994, p. 8)⁷ *accessible* to us. This accessibility allows us to watch the order of carrying forward "while it is working". Provided that I or someone else (for instance my therapist) does not block this access.

11. A Focusing therapist will do everything possible to allow a free space in which this crucial process can happen. He is aware not to impede the process, for instance by interjecting intentions, prejudices, theories (for example about what could be right at that moment for the client). Therefore Focusing therapists try to be *free of intentions*. They are waiting to be surprised by the next step the body will take. They can only do so if they accept their own helplessness and trust in the order of carrying forward of the living organism. This confidence also means to accept at any moment the possibility of failure. The body is capable, but not obliged to proceed at any given moment. It may be that the next step won't come now. It is sometimes hard to find the right question, to find the right concept, to find the right symbol that carries forward the process. Insisting means delay, detours are only such in the light of specific intentions.

12. Focusing therapists are nothing more than *companions* in the process of change that is "organized" by the order of carrying forward. It lies within the competence of the therapist, it is the art of psychotherapy, however, to become a companion. But this is not easy. There are two difficulties: firstly, the road to an attentive attitude free of intentions is a long one. Along this road the therapist experiences all the impediments being in the way, he must let go of his own identifications with his contents. And secondly, several attempts are often necessary before the client *allows* the therapist to be his companion. There are many obstacles which impede the client from turning his attention inward. Both roads, that one of the therapist and that one of the client, are the same. The only difference is that the therapist must be the first to set out, he has to start earlier than the client.

13. *Body and environment are one, one living interaction process.* The inner (intrapersonal) process and the relational (interpersonal) process are one process. It is one interaction in which therapist and client take part in the same time. Within the experiencing of each one the whole of both is included. It is always one, one whole process (which could then be divided, on a verbal level, into several aspects). The relationship is thus inseparable from the inner experiencing and vice versa. What happens to the client is thus inseparably connected with the person of the therapist. This means, firstly, that: being therapists we basically "influence" what happens within the client. This makes us responsible. Secondly, it means that whatever the therapist is experiencing, this always has to do with the client. (This changes very basically the traditional concept of „transference“.)

14. Therefore the *therapist's self-experiencing is the main source* for understanding the client, the main source for the therapeutic responses, the actions, for the "technique" of the Focusing therapist. "To accom-pany" for the therapist means to pay attention to the client and, in the same time, to be attentive to his own concurrent experiencing, to the *resonance* in his own body.

15. *In the therapeutic relationship the whole living ongoing is included.* The relationship is more than the client's momentary content of experience. To respond only to the client's contents reduces and reifies this totality and takes away the strength of the one changing process. The therapist's relationship with himself, the client's relationship with himself, the relationship of the therapist to the client (and vice versa), all these factors are various aspects of the whole. The order of carrying forward dictates that *the way* I ask is the way my body will respond. Contents are not independent of one's relationship to them. The relationship also defines how and what is being experienced. *Therefore in Focusing Therapy the relationship is primary.*

16. *Experiencing is expressed last of all in words.* It manifests itself in bodily sensations, in feelings, in inner images – and also in words. Speech is not the only means of expression. Expression occurs

above all directly through the body: in stopping or changing the body (its breathing, its skin and muscles, its posture, its expressions and gestures). It can also occur in painting, in dancing, in playing. Therefore Focusing therapists do not listen primarily to words, but rather to the voice, they also look, they feel and touch.

17. *Focusing Therapy cannot be defined only by methods.* We cannot and should not describe Focusing Therapy by listing specific techniques. *In Focusing Therapy the client comes first* - and after this we also are creating and using specific methods. Focusing Therapy doesn't impose a method on another person. As a Focusing therapist I am always looking for: „Who is this person sitting or lying or standing in front of me? Where in his or her unique experiential situation is this person in this very moment?“ I always want to be exactly at this point where he or she is, being together with him or her, together in dwelling at this point, awaiting together the bodily implied next step. I, of course, only am able to be there with the client when I am connected *with myself*, with my own experiential process, with my own felt sense, with my own body. Therefore we can say that the Focusing therapist always is *at home in his own Focusing process*. Focusing Therapy is, as one of my students said, a home coming, a coming home to oneself - for both, for the client and for the therapist.

Relationship

Actually I wanted to say more about our understanding of *relationship* in Focusing Therapy, especially about two very central aspects of Focusing Therapy that are closely tied to this issue: What we call *resonance* and *response* and what is known as *structure-bound processes*. But since my time is fast running out, I will have to skip them for today. However, I wouldn't think of concluding a lecture on Focusing Therapy without referring to the fundament of the therapeutic relationship in Focusing Therapy at least in an anecdotal way. I should like to read what Gene Gendlin said in regard to this on the International Focusing Summerschool in August 1993. He said it in his mother tongue, in German language. Therefore, I will read it in German language, too.⁸

„Um für jemanden ein Halt zu sein, oder, wie ich es ausdrücke, um die andere Seite von diesem Rohr, das der Prozeß ist, halten zu können, braucht man nur ein Mensch zu sein. Nichts anderes ist notwendig. Das ist sehr wichtig. Denn auf diese Weise weiß man, daß man das kann. Wenn da irgendetwas anderes nötig wäre, dann wüßten wir nicht, wie das zu tun wäre. Aber es ist nichts anderes nötig. Man braucht nicht gut oder geschickt zu sein oder zu wissen, wie man es machen muß, man muß nur einfach da sein. Und wenn man das einmal weiß, dann ist das sehr entlastend. Du kannst nicht fehl gehen, wenn du nur bereit bist, da zu sein.

Aber auch das Da-Sein klingt so, als wäre es eine spezielle Fähigkeit. Aber das ist es nicht. Man muß einfach nur bereit sein: Ja, ich nehme teil daran, ich bin da. Das ist alles. Wenn wir nur verbunden sind, dann geht es schon und alles andere geschieht von selber. Das ist immer so. Man sieht's nur nicht so klar. Aber es ist immer so. Wenn man das weiß, dann ist die Hälfte der Arbeit, Therapeut zu sein, schon gemacht.

Manchmal denke ich mir, es ist eigentlich der Sessel, der die ganze Arbeit macht. Aber das stimmt natürlich so nicht. Denn der Sessel macht die Arbeit nur, wenn irgendjemand drinsitzt - irgendjemand. Es ist wirklich so. Es ist dieser elektrische oder magnetische Sessel, und um ihn anzutreiben, muß jemand drinsitzen. Der Sessel ohne jemand - das geht nicht.

Und auf diese Weise hat man mich gebeten: "Schau, setz Dich doch hin in diesen Sessel. Wir brauchen nur irgendeinen, der da sitzen wird. Alles andere haben wir schon arrangiert: Der Prozeß ist bereit, alles wird gehen, nur brauchen wir jemanden. Und aus irgendeinem komischen Grund bist Du derjenige, der da sitzen soll. Wenn Du wirklich nicht willst, also gut, dann werden wir einen andern rufen, irgendeinen anderen."

Unter diesen Umständen kann man das schon machen. Man braucht nur jemand. Man muß nichts machen, nur da sein. Das tiefste Prinzip der Therapie ist so. Es braucht irgendeinen Menschen, der da ist, alles andere ist schon bereit.

Und dann, natürlich, soll man den Prozeß, der schon ganz fertig da wartet, auch erlauben. Daß ich also nicht wieder davonlaufe, sondern einfach im Sessel bleibe. Und nicht nur körperlich nicht davonlaufe, sondern auch innerlich nicht. Wenn ich z.B. das Gefühl habe, ich muß mich jetzt verstecken, na, also das darf ich nicht. Ich soll schon merken, daß ich mich verstecken will - gut, das ist schon ganz interessant, später werden wir schauen warum - aber jetzt bleibe ich da. Oder vielleicht, wenn wir Zeit haben, schaue ich sogar jetzt, aber jedenfalls gehe ich nicht weg. Das ist alles.

Mehr als die Hälfte dessen, was für die Therapie gebraucht wird, ist einfach ein Mensch, der da ist und der erlaubt, daß aus dem anderen herauskommt, was eben herauskommt. Wenn du wirklich überzeugt bist, daß das alles ist, was gebraucht wird, dann kannst du auch da sein. Wenn du gescheit sein müßtest und normal oder was immer - das wäre ja unmöglich. Der Usus ist, das anzunehmen, aber wir wissen - hier wenigstens - im Grunde alle, daß das nicht wahr ist.

Denn der Therapeut ist natürlich genauso neurotisch wie der Klient, nicht? Das ist kein Geheimnis. Man kann's geheimhalten, das schon. Aber in der Therapie sind wir uns doch alle voraus, nicht? Wir sind viel bessere und stärkere Menschen in der Therapie als sonst. Das muß anerkannt werden. Wenn ich für mich selber arbeite, dann habe ich vielleicht alle möglichen Schwierigkeiten. Aber wenn ich bei meinem Klienten angestellt bin - für ihn kann ich schon, was ich sonst nicht kann. Warum kann ich's? Weil ich es können muß. Denn es ist Berufsethik, daß ich vor meinen Klienten nicht Angst habe. Das heißt natürlich: Ich hab' Angst. Aber ich darf darin nicht steckenbleiben. Man muß also mit seiner eigenen Scheuheit und mit seiner eigenen Schwäche und mit seiner eigenen Angst arbeiten. Ich hab' die Pflicht, meine eigenen Schwächen genug zu überwinden, damit ich da sein kann. Ich muß mir Raum verschaffen, wirklich da zu sein, damit jemand da ist. Und der Jemand, der da ist, der hat alle möglichen Schwierigkeiten und Nachteile, aber jeder hat Schwierigkeiten und Nachteile. Und ich bin halt derjenige, der grad da ist. Wenn ich wirklich jemanden besseren weiß, na, dann sollte ich den Klienten dorthin senden. Aber es ist niemand so viel besser. So muß ich also da sein und ich kann nur da sein als derjenige, der ich eben bin. Und der Klient wird dann halt sehen, wer das ist - no, kann ma' nix machen - aber jemand muß da sein. Das ist ein österreichisches Prinzip: Kann ma' nix machen."

End

Anyone who knows Gene Gendlin's theoretical work will have noticed that almost everything I talked about here actually comes from him. Gendlin in the first place is a philosopher and apart from that also a psycho-therapist. He joined Carl Rogers at the Counseling Center of the University of Chicago not for becoming a psychotherapist but for studying the relationship between experiencing and concepts - psychotherapy as philosophical empiric field-work. As a philosopher he's been working for 40 years on something that he modestly calls "a process model". I am fascinated by this philosophy, as it creates a completely new way of thinking. The process model is not simply a new "model", it is a *principally entirely different* model. It is a way of thinking about experiencing, body, language, change, but *with* experiencing, *with* body, *with* change. This way of thinking is so unusual that it seems to be very hard to understand. But I am utterly convinced that no other way of thinking suits so adequately the psychotherapeutic practice and I believe that here a philosophy is being developed that will achieve great significance in the future. For this reason it is extremely worthwhile to get acquainted with Gendlin's philosophy, to chew and to digest.

Gendlin has said almost everything what we need for psychotherapy. Much he has said as a psychologist, as a psychotherapist and as an empirical researcher. But the most important things he said as a philosopher: not in images, metaphor and stories, but in a stringent form of process

logic, in an abstract way. I consider it to be a defiant and important task to let Gendlin's thinking interact with our own experiencing and to express it in an individual language - everyone in his or her own way. This process means to promote the development of Focusing Therapy. This process of further developing is first of all a personal search and a personal experience of a way, a path ... towards the "simple" being, present as a person. My lecture was meant as an attempt to communicate something of this process to you.

Postscript

Dear Focusing colleagues, let us take care that Focusing Therapy will further develop as a honest and serious way to help people to cope with their lives on this earth - and even more: to become a part of the change which is the essence of nature, society, and life. Gene allows us to get a glance how this change is functioning.

¹ Lecture, presented at the *IIIrd. International Conference on Client-Centered and Experiential Psychotherapy*, Gmunden, September 1994.

Printed in Hutterer, R., Pawlowsky, G., Schmid, P.F., Stipsits, R. (Eds.), *Client-Centered and Experiential Psychotherapy*. Frankfurt/New York: Peter Lang, 1996

also printed in *The Folio. A Journal for Focusing and Experiential Therapy*, Vol.15, No.1. Chicago 1996

Deutsche Fassung: *Focusing-Therapie. Einige Splütter, in denen das Ganze sichtbar wird*. In: Focusing Bibliothek, Studentexte, Heft 4. DAF, Würzburg 1995

nachgedruckt in *GwG-Zeitschrift Nr.98*, Köln 1995

Many thanks to Elisabeth Zinschitz for translating this article and to Mary Hendricks for correcting the translation.

² The DAF (*Deutsches Ausbildungsinstitut für Focusing und Focusing-Therapie*) was founded by Johannes Wiltschko in 1988. The DAF emerged from the former *IFN-Bureau (International Focusing Network)*. The IFN-Bureau was established in 1980 by Friedhelm Köhne (Germany), Agnes Wild-Missong (Switzerland) and Johannes Wiltschko (Austria), appointed as Focusing-coordinators by Gene Gendlin, as an office for coordination of all Focusing activities in these countries. The IFN-Bureau managed the *International Focusing Summerschool* which is taking place every year since 1981. The Summerschool, now organized and directed by the DAF, is the most traditional and largest Focusing event in the world. In the DAF 22 Focusing trainers offer training in Focusing and in Focusing Therapy in many different regions of the German speaking countries. The DAF also is publishing the *Focusing Bibliothek*, a series of books, study papers and videos and, twice a year, the *Focusing Journal*.

³ Friedman, N., Focusing Therapy. *The Focusing Connection*, Vol. X, No. 1, Berkeley 1993

⁴ Wiltschko, J.: *Von der Sprache zum Körper. Hinführungen zur Focusing-Therapie II*. Focusing Bibliothek, Band 2. DAF, Würzburg 1992

⁵ In Focusing partnerships first one partner is the client, then the other; both persons accompany themselves in their Focusing processes in changing roles. Focusing partnerships of this kind often remain stable for a long period of time and offer a successful model for free self-help.

⁶ This model was developed by Ernst Juchli and Johannes Wiltschko in 1982 (*Anmerkungen zur Theorie und Praxis von Focusing und Psychotherapie*. Materialien zur 2. Internationalen Focusing Sommerschule, IFN, Würzburg 1982). The metaphor "awareness-ship" was introduced by Margret Baumann.

⁷ Gendlin, E.T., *Unsere Therapie im Verhältnis zur heutigen Philosophie*. Focusing Bibliothek, Studentexte, Heft 2. DAF, Würzburg 1994

⁸ "To be a support for someone or, as I express it, to be able to hold up the other side of the pipe which is the process, all that is required is that you be a human being. Nothing else. That is very important. Because it helps you realize you can do it. If something else were required, we wouldn't know how to do it. But nothing is. You don't have to be good or smart or to know how to do it; you just have to be there. And once you know that, you feel very relieved. You can't fail as long as you are willing to be there. But even "being there" sounds as if it were a special skill. It isn't. You just have to be willing to be there: Yes, I am taking part, I am here. That's all. Once we connect, things start working and everything else takes care of itself.

That's always the case. It's just that people don't always realize it. But it's always the case. Once you know that, half the work of being a therapist is already done. Sometimes I think it's actually my chair that does all the work. Of course that's not really so. Because the chair only does the work when someone is sitting in it - anyone. That's the actual truth. It's one of those electrical or magnetic chairs and to activate it, someone has to be sitting in it. If the chair is empty, it doesn't work.

It was with this in mind that I was asked: 'Look, why don't you sit down in the chair. All we need is someone to sit there. Everything else is already set: The process is ready, everything will work, but the thing is, we need someone. And for some strange reason you are the one who should sit there. If you don't really want to, ok, we'll call on someone else, anyone else.'

Under circumstances like these, it can be done. "Someone" is all that's needed. You don't have to do anything, just be there. That's the most profound principle of therapy: All that's required is for someone to be there, everything else is already set.

Of course, you also have to permit the process which is there, ready and waiting, to occur. In other words, I can't run away from it, I just have to remain seated in the chair. And it's not just physically that I can't run away from it, but mentally as well. For instance, if I have the feeling I have to hide, well, I must not act on it. I should recognize that I want to hide - hmm, that's very interesting, but let's wait till later to find out why - but for now I will stay here. Or maybe, if we have time, I might even look now, but I will in any case not go away. That's all there is to it.

More than half of what is required in therapy is simply a person who will be there and allow whatever happens to come out of people to come out. If you're really convinced that that's all that is required, you, too, can be there. If you would have to be smart and normal or whatever - that would make it impossible. That is the usual assumption, but we know - at least here - basically all of us know that it's not true.

After all, the therapist is just as neurotic as the client, isn't he? That's no secret. Of course you can cover up that fact, that's true. But in therapy we're all a step ahead of ourselves, aren't we? We are better, stronger people in therapy than we are otherwise. That fact has to be acknowledged. If I'm working just for myself, I might have all kinds of difficulties. But if I'm employed by my client - well, for him, I can do things I otherwise wouldn't be able to do. Why? Because I have to be able to do them. Because it is part of my professional ethics that I not be afraid of my client. Of course in reality I am afraid; I just can't allow myself to become stuck in my fear. In other words, I just have to work with my own shyness, my own weaknesses, my own angst. I'm obliged to rise above my own weaknesses to an extent that enables me to be there. I have to create space for myself to really be there, so someone is there. And the someone who is there is faced with all possible kinds of difficulties and disadvantages, but who isn't faced with difficulties and disadvantages. And I am the someone who happens to be there at this point in time. If I really know someone who is better, I should send the client there. But there isn't anyone who would be all that much better. So, I have to be there and I can only be there as the person that I am. And the client will just have to see who that person is - that's just the way things are - but someone has to be there. That is an Austrian principle: That's just the way things are" (unpublished transcript, 1993).