

# What is Focusing Therapy?

Questions and Answers to some essential Aspects<sup>1</sup>

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**Abstract.** Focusing Therapy is described as a complete psychotherapeutic procedure within the person-centered approach and as a method which is also open to further extension. Its function as a meta-model and a meta-practice with integrating force is pointed out. Some of its essential aspects are described in more detail: the significance of the “I”, but also of inter- and intrapersonal relationships and of structure-bound processes. It is an attempt to deal with the one-sidedness in the practice of focusing-oriented psychotherapists on the one hand and traditional prejudices among client-centered psychotherapists on the other.

**Keywords:** Focusing, Focusing Therapy, Experiential Therapy, Gendlin

## Where does the name “Focusing Therapy” originate?

Like all names for psychotherapy movements, “Focusing Therapy” is merely a label which gives little information about what it refers to. It only points out that “Focusing Therapy” has to do with “Focusing” and thus with Eugene Gendlin.

In 1953, the young philosopher Eugene Gendlin called on Carl Rogers at the Counseling Center of the University of Chicago and already brought with him a rather complete outline of a philosophical and psychological theory of “experiencing” that he wanted to test in psychotherapy practice. Out of the “crossing” between his philosophical concepts with the practice of client-centered psychotherapy a whole number of new aspects arose – both in empirical research, in concrete therapeutic action and in theory construction.

Even though the productive co-operation between Gendlin and Rogers was not continued when Rogers moved to La Jolla in 1964 (and Gendlin was hardly ever quoted again in Rogers publications) Gendlin did not see himself in an opposite position to Carl Rogers. On the contrary: he definitely wanted to keep *all* of the basic principles of client-centered psychotherapy. He took them with him and *with their assistance* continued his search beyond Carl Rogers. Regardless of what he found he still saw himself as a client-centered psychotherapist (Gendlin & Wiltschko 1997, 17f; 1999, 139f).

Originally Gendlin called his further development of client-centered psychotherapy “experiential psychotherapy” only to reject this name later because he considered it to be too vague. Which psychotherapist (at least humanistic) would not call her- or himself as “experiential”? That is why he decided in 1996 to change the name of his psychotherapy into “focusing-oriented psychotherapy”.

In 1988 – after being in personal and professional cooperation with Eugene Gendlin for over 10 years – I decided together with our colleagues at the “*Deutsches Ausbildungsinstitut für Focusing*

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und Focusing-Therapie“ (German Institute for Training in Focusing and Focusing Therapy) to choose the term “Focusing Therapy” because it is short, simple and also expresses our own understanding of how Gendlin’s theoretical and practical work could be realized in psychotherapy<sup>2</sup>.

## Does Focusing Therapy differ from other efforts to use Focusing in psychotherapy?

### *What Focusing Therapy is not*

All over the world there are psychotherapists who use Focusing in their work in different ways. However, often a simplified and reduced understanding of Focusing (and sometimes also of psychotherapy) is found. This tends to happen because Gendlin’s publications which are very complex and intricate are not or adequately absorbed. This is why it is not surprising that certain misunderstandings persist among client-centered psychotherapists, for example: that Focusing people are too directive and manipulative or that they lose sight of the client as a person and their relationship with him/her.

Focusing Therapy is neither an “experience-enhancing” appendix of client-centered psychotherapy, nor is it using the 6-step pattern that Gendlin only developed for didactical reasons. Furthermore it is definitely not just offering Focusing exercises or a therapeutic talk where the client is occasionally asked about her or his body sensations.

Focusing Therapy is an extensive and complete psychotherapeutic procedure, rooted in the person-centered approach and in Carl Rogers’ client-centered psychotherapy. Afterwards it developed in Gene Gendlin’s “school” with its methodological precision in phenomenological thinking and in therapeutic actions. Both Rogers and Gendlin have always encouraged us not just to copy what they found but rather continue developing based on personal experience. And not just to continue developing but to discover it in a fresh and new manner and to express it in our own way. This encouragement and challenge we take very seriously: Only a “beginner’s mind” keeps ideas alive.

### *Specifics of Focusing Therapy*

As an example we have greatly expanded the range of therapeutic possibilities with the help of the “*Modell der Erlebens- und Handlungsmodalitäten*” (model of modalities of experiencing and action). We do not only work verbally sitting in chairs but also non-verbally, using bodily processes, movement and drawing, expression and action even including systems-constellations, which are all elements of Focusing Therapy. With these we have further developed and illustrated Gendlin’s idea of therapeutic “avenues” (Gendlin 1996a, 170f) which roughly means the different ways into a person and back out again - and we have concretized this in practice.

Beyond this the development of Gendlin’s concept of *structure-boundness* enables us to work with experiential and behavioral patterns, which have remained resistant to change over years or even decades but which are of course the crucial part of every psychotherapy. Moreover we give that which we call the “I”, theoretically and in practice a position of central importance. We also attach great significance to the *relationship aspects* of the therapeutic process and to deepen our *phenomenological understanding* of what happens in the therapeutic situation. Finally *training* in Focusing Therapy is one of our main concerns.

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<sup>2</sup> Both Neil Friedman (1993) and Kathy McGuire (1995, 1996) also suggest this term to name their adaptation of Gendlin’s work within psychotherapy.

### *Focusing Therapy happens in a relationship context*

Focusing Therapy takes place in and with the relationship between client and therapist, in and with the relationship the client and – equally important – the therapist have to themselves. In this complex situation the client as a person is the center of attention and the way *how* he or she refers to what he or she experiences. For us this “how”, this *relationship between the subject and the content* (of experiencing) is *the* decisive factor in the therapeutic process. In reference to the “what”, we invite the client to pay special attention to what has not yet been conceptualized, not been thought, not been said, not been done. It is what is sensed but not yet known. It goes without saying that this mode of experiencing is not “unconscious”; Gendlin called it “implicit”.

If you refer directly to *something* in the stream of implicit experiencing a very interesting and potent experiential phenomenon develops – up to now unnoticed and unnamed. Gendlin gave it a name: Felt Sense. This term describes something that everybody has come across somehow, something ordinary but only by giving it a name the ordinary can become part of a process that lets experiencing expand and deepens insight. To notice something wordless but ordinary and to put it into words could be one possible way to describe what is meant by Focusing.

## **What is exactly meant by “Felt Sense”?**

Usually it means a bodily sensation that is triggered by “something”. In psychotherapy this “something” is usually a problem, a conflict, an inability. However, this understanding is not complete.

### *The Felt Sense is an interactional phenomenon*

A Felt Sense is the “inner view” of a situation. With *situation* we understand the (inner and outer) complex whole, in which a person exists in the ongoing concrete moment. When we refer directly to how we sense this situation, how it feels from inside, in other words, when we pay attention to this still wordless feeling, then we can experience what we call a Felt Sense.

When the client chooses a specific *theme*, this theme becomes an important factor in his/her situation and this will contribute considerably to his/her Felt Sense. But of course all other factors of the given situation exist implicitly in the client’s Felt Sense. In the case of the psychotherapeutic situation this is primarily the experiencing of the relationship to the psychotherapist as a person. Every Felt Sense is naturally an *interactional phenomenon*.

### *A Felt Sense is more than just bodily*

To describe a Felt Sense as “bodily” (as in the everyday use of the language) is a theoretical short cut which leads to a restriction in practice. Not every person wants to feel inside his or her body (i.e. clients who have experienced physical violence or those who have eating disorders) and almost nobody understands the word “body” the way Gendlin does. The essential characteristics of a Felt Sense is not that it is manifested in the body, but rather that it goes beyond of what we already know, think and are able to express. We perceive this “more-than-the-known” as a sentiment, or as a notion, as a direction in which something in us wants to move forward. The fact that we call these perceptions bodily is because we want to distinguish them from cognitive thinking in *already conceptualized* words and phrases. To perceive oneself with an inner awareness does not always mean one feels something bodily. Also in creative thinking and in imagery we

can reach the edge of what we know explicitly and that is where we can let a Felt Sense develop. That all these perceptions are at the same time “leiblich” (bodily) – as in Gendlin’s new definition of the term “body” – is basically correct, but bodily sensing does not always have to be the most suitable way for everyone to have access to implicit experiencing.

*The Felt Sense is not a “thing”*

Furthermore it is the expression of our common way of thinking which tends towards reification, to assume that “the” Felt Sense is lying around in our body waiting to be discovered. This is a misconception. We *create* a Felt Sense by directing our attention towards something that we feel but are not able to express. Every content of experiencing has something that we can describe and express but also much more, that we sense and feel, but can not yet put into words. Every bit of experiencing is as it were “bipolar”: it has explicit and implicit aspects. Through the direct reference to the implicit aspects we create an experiential whole that then stands as a wordless “. . . .” opposite us. For this “. . . .” Gendlin created the term “Felt Sense”.

*Felt Senses do not exist without a subject*

Normally it is said: if a Felt Sense interacts with so called “symbols” (words or inner images), then a “Felt Shift” would occur: a positively felt change in ones “Befindlichkeit” (sentiment) combined with deeper insight and expanded understanding. But a Felt Sense can also interact with *bodily* “symbols” such as touch, gestures, movements, and actions and can be carried forward though these. If these possibilities are taken into consideration, a wider field in the practice of Focusing opens up immediately.

However, all these interactions of a “Felt Sense with . . . (something) . . .” are preceded by and based on – and this is very fundamental – *the interaction between the Felt Sense and the subject*. The very first interaction happens between *me* and the Felt Sense. *This* interaction is the basis for everything else that follows. If this occurs, a deep feeling of coming-home, of being-in-me and being-with-me arises. This alone is already a “Big Shift” – even before what is so called “symbolizing” takes place.

The interaction between – now I have to introduce a new term – the “I” that perceives and the Felt Sense that is perceived by the “I” is very interesting. The “I” can stand opposite the Felt Sense, look at it from a distance or interact with it and touch it, the Felt Sense can open itself to the “I”, the “I” can go inside, become its center, drift in it and much more. The “I” can also make suggestions to the Felt Sense, ask it questions. The initially amazing thing is that the Felt Sense answers back. It responds in a well-ordered manner. It is a wordless answer that implies a step, a step of the “right” way of living further. Gendlin called this order which is inherent to the interaction between the “I” and the Felt Sense the “order of carrying forward”. He described it in a phenomenologically exact manner as an order principle of living (Gendlin 1996b, 1997; Gendlin&Wiltchko 1999, 178f).

A Felt Sense never exists only by itself, it is not only an *inter*-personal but also an *intra*-personal relationship phenomenon, something that develops out of the interaction between “I” and implicit experiencing.

## **It is often criticized that Gendlin uses concepts that are not clear and often inconsistent. Why is that?**

### *What is goes beyond concepts*

If you examine the concrete ongoing carefully, the terms become blurred and flow into each other. This may seem confusing at first. However, what is is of course more than language, more than words and concepts. Our experiencing goes beyond our concepts, even when our patterns of language and thinking function within experiencing. We perceive “more” than our words tell us. Gendlin pointed out to us that there is something that surrounds our words and concepts and exceeds them and that we can refer to this “more”. This “more” is not a confused chaos but is “more than ordered” (Gendlin 1986). There are people who have the urge to find a term for this and want to call it “spiritual”. But it is really nothing special. It is everyday life, the ordinary, the obvious and has nothing to do with esotericism.

### *Concepts are process functions*

Concepts are not constant, lexically defined units; they have a function in the progress of experiential and cognitive processes. They carry these processes forward and at the same time they are changed by them. This is exactly what is described by Focusing and can be experienced through it: the interaction between experiencing and concepts creates language, creates concepts and these concepts change experiencing which in turn can lead to further new concepts. This is why Gendlin cannot and will not build a rigid frame of terminology.

He formulates “odd” concepts that can only be verified through and with experiencing and at the same time let the experiencing process continue. To read and to understand Gendlin can only be successful if you are willing to allow your own experiencing to take an active part. This is unusual for most people.

### *Words alone do not proclaim the truth*

Gendlin emphasizes that Focusing is a being with what is felt and sensed as meaningful, without knowing yet, without being able to articulate what it is, what it means. Out of this being with “....” steps develop, steps of thinking and healing all at the same time. It is good to recall this simple sentence when you are in the danger of getting lost in the jungle of words and concepts. If you practice being with “....“, everything else which is to be said about Focusing Therapy follows gradually. But it only follows if you say (or write) it, if you use words and concepts. These do not only portray experiencing, they change it and carry it further. And that is why they often only last for the next few steps: when you penetrate through them deeper into what you experience and explore, then these words and concepts no longer fit and you have to find new ones. Through this process you discover more and more and a whole trail of words is left behind. This trail does not proclaim an everlasting truth, but it does help to find the place where you have to continue working. When we misunderstand these trails of words (i.e. those of Carl Rogers or Gene Gendlin or even these here) as the proclamation of truths or misuse them to enhance our own profile, we lose ourselves in the futile, exegetical debates that libraries are full of. Instead of discussing “theology” it would be better “to pray“ which means to put your own experience into words - and show interest in what others mean with what they say and write, in what they *want* to express.

## Is the reproach true that in Focusing not the person, but experiencing is the center of attention?

This is a considerable misunderstanding to which, however, some Focusing people themselves have contributed. They are too fixed on what the client is experiencing and too fascinated by the changes in experiencing during a Focusing process. That is why the *person*, as the subject of any experiencing, gets often lost.

### *“I”, the subject*

I would like to emphasize that the partner of the Focusing therapist is the *person* of the client. At this point it might be helpful, theoretically as well as practically, to again introduce the term “I”. A person has many aspects: roles, capacities, self-concepts etc. But: in every single person “dwells” the “I”, as one could say metaphorically and mistakably. This “I” is not, as the term inevitably tends to imply, a thing, an object. It is the subject itself and nothing else. It is he or she who perceives, who chooses, who acts, who thinks and feels, who experiences. One cannot step back behind the “I” and see it as an object because this would again be *someone* who steps back and sees. And this “someone” we want to name the “I”.

### *The blank “I”*

In Gendlin’s early version of the theory of experiencing (1964) he says that the person *is* his/her experiencing; he/she “consists” of it. The image of a person as a closed thing is liquidized in the permanent flow of experiencing processes. The idea of the ego is abolished and it is dissolved in a multiplicity of interactional processes. A change of paradigms is expressed here, which was in the air at that time – just think of Gregory Bateson and the so called “Palo Alto Group”. This change of paradigms opened up numerous opportunities both in theory and in practice. However, even if a term for the subject does not appear in Gendlin’s experiencing-theory – of course you cannot simply abolish it and Gendlin definitely did not have that in mind. On the contrary. He says for example (Gendlin&Wiltchko 1999, 147f): “If *no one* is there, then I am not interested” or “In therapy, *someone* has to sit on the therapist’s chair; who that is, is not that important” or “there is someone in every person who tries to lead a life” or “*someone* is always looking out of his/her eyes and is looking at you; the curtain or lamp is not looking at you”. “Someone” is this or that concrete person, not a role or a capacity, but a living subject, as a blank “I” (Wiltchko 1992, 1996a).

### *The “I” as the subject of experiencing*

The person may be his or her experiencing, the “I” however is the subject of experiencing and thus must be distinguished from it: The “I” *has* experiencing. It always has a very specific relationship to what it experiences. Or expressed in a different way: the “I” feels what it is experiencing at the moment in a very specific way. This implies *what* will be experienced.

This is a law of the world of experiencing: *that the quality of the relationship to the contents of experiencing shapes them*. The possibility of change in experiencing – and thus in every psychotherapy – is based on this law.

In Focusing Therapy we invite the client to *notice* this relationship to his/her current experiencing: “How do you feel with this ... (content of experiencing)?” “How would you like to deal with this ... (content of experiencing)?” We should direct our attention to the fact that not the

experiencing as such is so important but rather how the client (the person, the “I”, the subject) feels with this specific experiencing and how s/he would like to comply with this.

#### *Focusing Therapy is “I“-centered*

When the client notices the quality of his/her relationship to his/her content of experiencing, most of the time the tendency to change this relationship in a *certain direction* appears *all by itself*. This “all by itself” and this “certain direction” is a mystery, a natural marvel of life. Out of this “mystery” arises the whole person-centered approach and thus also Focusing Therapy: When one notices and accepts, how it is, what is noticed changes into a positive life enhancing direction. The relationship changes and the point of reference (the experienced content) changes, too. The relationship changes in the direction that Carl Rogers described as: The person wants to accept, to appreciate, to understand, what is, s/he wants to connect with what is, to feel it as her/his own. Depending to what extent this succeeds, the contents of experiencing changes or more specifically, the *meaning* that the experience has for the person (where as “content” and “meaning” are terms that describe just different aspects of one and the same phenomenon).

Focusing Therapy is therefore not primarily experiencing-centered but rather “I-centered”. By the way, this is another reason why we decided not to use the name experiential psychotherapy.

### **Obviously there are some manners of experiencing and behavior that cannot be changed very easily. How does Focusing Therapy explain this?**

Yes, this is definitely the crucial point in any psychotherapy. Almost every kind of therapy has developed concepts and methods for this phenomenon of resistance against change – only client-centered and focusing-oriented psychotherapy have abstained from this. For very good reason, because here the door is opened for deterministic, causal explanations, to typing, to make pathological and diagnostic attributions – and Carl Rogers developed his approach to counteract such attempts.

#### *Structure-bound experiencing*

In Focusing Therapy we have adopted Gendlin’s term (1964) for this important issue that he himself did not develop further: that the manner of experiencing can be *bound in its structure*. This means that the relationship between the “I” and a content of experiencing is rigid and stereotypical and thus the content of experiencing is unchangeable. At best, it could be routines that make everyday life easier, but worse, habits that are not life enhancing and in the worst case, these rigid patterns of experiencing and behavior cannot even be perceived by the person.

In Focusing Therapy it is important for us that we accept the fact that structure-bound experiencing is possible (and not ignored out of misunderstood optimism), further, that we have criteria to recognize it and thirdly that we acquire methods in order to make it accessible for inner awareness. This is a pre-condition to create space between the “I” and structure-bound experiencing. Space (Freiraum) is the antagonist of structure boundness.

#### *The “Ego”*

When certain experiencing processes are structure bound, meaning the “I” and contents of experiencing are tied to each other; there is no space out of which the “I” can take up different

perspectives to what is experienced. The “I” then always feels the same with these contents and sometimes it ceases to feel itself: it identifies (or dissociates) with experiential contents, almost like drowning in it. It loses custody of itself, its status as a subject and that is why I have named the identified “I” “Ego” (Wiltchko 1992). The Ego behaves automatically without reflecting. It always has the same answers. It skips the implicit aspects of the situation and therefore cannot be modified by it.

An old issue between psychotherapists and spiritually inclined people can be solved as follows: yes, we want to get rid of the ego but not of the “I”. Even if it is temporally merged in a “more than I”, however you want to name that, there is still someone here who lives, who is the subject of the merging in what is under, over, behind or maybe even in the “I”.

#### *Focusing Therapy liberates the “I”*

Psychotherapy is about liberating the “I” from its structure-boundness. This liberation is like an inner sunrise. The “I” arises in the Ego and goes beyond. All of sudden there is light and the world and space and fresh air. The “I” becomes flexible, can perceive and is able to act, is able to make decisions and has willpower. This process can happen suddenly but is never really finished. It needs to be performed again and again, for a lifetime. The fact that the “I” continuously re-identifies itself anew is not like an illness but rather a necessary life and learning process: this is how we get to know the inner and outer world. Only through the unnoticed attachment (or chronic detachment respectively) with experiencing and behavior, one-sidedness, biases, illusions and so called “disorders” develop. Focusing – and this is another way to describe it – is the process of liberating the “I” from the Ego.

#### *Hopeful “places”*

Structure bound phenomena, such as symptoms or so called “resistances”, “transferences” and in a broader sense “character formations” or “personality disorders” are places in experiencing that are particularly disturbing and inaccessible, but at the same time have a high potential for development: hopeful places where life processes have got stuck and are waiting to finally be allowed to continue. For this they need adequate responses. The therapist’s task is to create the conditions to enable the clients to find these answers on their own and sometimes the therapist, as a substitute, may have to supply them for a certain period of time.

It is our main concern – in the true sense of the word *person-centered* – to listen to the “I” of the client, in other words to the story teller and not to the story – to listen, to appreciate, to address and to challenge the “I”. Focusing Therapy is an empowering venture that supports the client as a person so that s/he can become the *subject* of his/her world. This is expressed concretely and manifold through our concept of “space” and in our practice to create and maintain it.

Our concepts with reference to so called disorders are not concepts as regards content but as regards process. That is why we do not have to draw up diagnostic and pathological categories. This would be a relapse into the pre-Rogerian age.

### **Are techniques used in the practice of Focusing Therapy?**

Yes, but “techniques” is probably not the right term, however we do describe therapeutic methods. And as soon as you say this, you are black-listed by some client-centered therapists, because allegedly only therapeutic attitudes may be demanded and described. At least some think so.



Attitudes are, so to speak of, hidden in the person and not directly visible for others. But luckily these attitudes always express themselves through behavior. Only through behavior and by its effect attitudes can be verified. That is why we describe therapeutic methods. It is traditional nonsense in the conflicts between the different directions in the person-centered approach, to separate attitudes and behavior/methods and to use them against each other.

In Focusing Therapy we have divided the main therapeutic methods into three categories: (1) *Listening* (trying to understand what the client means and wants to express, with reference to his/her implicit experiencing), (2) *Guiding* (to make suggestions to the client as regards the process and not the content), (3) *Responding* (expressing the therapist's own experiencing in connection with the client as a person or in connection with his/her experiencing). Within each of these categories we have described a number of therapeutic methods. These can be transformed very specifically into all modalities of experiencing and actions (e.g. verbal and non-verbal modes, imagery and dreams, movement, drawing etc.) An extensive repertoire of therapeutic behavior is thus created (Stumm, Wiltchko, Keil 2003; Wiltchko 1996a, 1996b, 1998, 2002, 2003).

We have not explicitly defined these methods for good reason. They are not "techniques" in the usual sense. Through them our concepts of attitudes, relationship and process are expressed. We describe them as general, formal patterns that must be adapted to each individual situation. This does not relieve the Focusing-Therapist from the fact that s/he has to be present, spontaneous and creative in any given moment.

Describing therapeutic methods helps the trainees to learn and to practice and thus be able to really experience and realize person-centered attitudes. And it also helps psychotherapists to orientate themselves in every day practice and to be able to reflect on this. It is not enough to claim that one realizes the right attitudes, without observing the own behavior or having observed by others what one says and does in a specific situation.

## **What is the aim of Focusing Therapy?**

Focusing Therapy does not have any aim regarding content. It is open for a process that develops in small steps within the client and between the client and the therapist. We create the conditions so that these steps can *emerge in and come out of the client*. We do not guide the client along a predetermined path to an already fixed goal. Gendlin described in detail which conditions of relationship and which inner acts are necessary that these steps can happen. He discovered that they follow a specific order, the *order of carrying forward*. These steps take everything with them which is already there and beyond this show something really new.

Every psychotherapy is dependent that something new arises, because the client has tried – sometimes over years – to solve his or her problems with the existing thoughts, feelings, and actions – without success. In Focusing Therapy the new does not come through good ideas and suggestions from the therapist; it comes out of the client, out of his body. With "body" Gendlin understands the inwardly sensed body, which has always interacted with its environment – and actually *is* this interaction. That is why the body "knows" more than what we know conceptually. The body knows it pre-verbally, pre-conceptually as a whole feeling, as a Felt Sense. This is the source for new steps, but also the "benchmark" for impulses and ideas – for the client as well as for the therapist. Because in every situation, no matter how intricate, *this* body always searches for the best way to go on living. These steps, these answers, implied by the Felt Sense, are life supporting, soothing and solution orientated. They are surprising because they often do not correspond to our expectations which are nothing more than what we already know. The Felt-Sense-answers sometimes force us to revise our preconceived goals. That is why therapy cannot

just consist of methods that only help us to reach our already fixed goals. Not even managers use this approach, at least not the good ones.

## **Is Focusing Therapy just another psychotherapy method or is it a whole new therapy school?**

The answers depend on the perspective. It is helpful to differentiate between at least three.

(1) Focusing Therapy definitely belongs to the family of different psychotherapy directions within the person-centered approach. It contains enough individual characteristics to be considered an independent member of this family.

(2) Parts of Focusing can also be “utilized” as “small pieces” in every kind of psychotherapy. Even a behavioral therapist or a psychoanalyst can use certain methods and aspects i.e. “creating a space” or “relating to a Felt Sense” and thus by integrating them enrich their work. If s/he does this successfully, a subtle change in his/her whole practice can take place gradually. But I would not call this Focusing Therapy.

(3) On the other hand, we in Focusing Therapy use all sorts of personally accessible therapeutic methods. Psychotherapy for us is not just using a specific method but rather trying to do everything possible to help people. If we use methods from other “schools” this is always to support this *one* process that is experienced through and described with Focusing: that the interactional and situational body finds the “right” steps for the best way to go on living. This process is probably universal, the forms however, to accompany and support it, depend on history and culture.

One cannot describe or even define Focusing Therapy through the methods we use. Not what we do but *how* we do it determines whether something is Focusing Therapy or not. In this sense Focusing Therapy is not a new psychotherapy method but rather a meta-model and a meta-practice that has a huge integrative force. Focusing Therapy describes and practices how integration happens: not as a sum of therapeutic methods but rather through their “experientializing”. This means, to keep it short, to shed their school specific conceptual context and to relate them to that experiencing which is happening here and now in this concrete therapeutic situation. The criterion always remains the client, his/her “I” and its experiencing. Does s/he *want to* accept the therapist’s suggestion and *can* this suggestion move the experiencing process forward?

Almost all of what we developed in Focusing Therapy has already been said or at least suggested by Gendlin in many ways: in the seminars he held in our Focusing Summer Schools (Gendlin 1996b, Gendlin&Wiltschko 1999) and in numerous, often not easily accessible publications. Here a rich treasure lies in front of us and we do not do anything but slowly raising it: we try to understand the details, make them our own and put this all into practice. And as, with all treasures, those who excavate them are changed and at the same time what is excavated is also changed.

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