

STAYING IN FOCUS

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Another Milestone--Our Work in Suriname, South America

By MARTA STAPERT, Coordinator, Holland, and JASMIN WESENHAGEN, Coordinator in Training, Suriname

For you to understand a little bit of the situation in Suriname, I'll tell you something about the country, which lies on the Atlantic, just north of Brazil. Suriname is a beautiful tropical country with still unspoiled and protected jungle for the greatest part. Until their Independence Declaration in 1975, Suriname was a Colony of the Netherlands. They speak their own languages, although Dutch is still the official language, and children learn Dutch in school. There is a strong connection between Suriname and Holland. About 500,000 people live in Suriname, most of them in the capital of Paramaribo. About 300,000 Surinamese people live in Holland. Almost everybody in Suriname has family in Holland. Since independence, Suriname is in an ongoing struggle to find their own way of living in democracy and how to keep it that way. They went through a military coup and a civil war, in 1980 and in 1995. They now have a government with an elected president. There is a lot of poverty, unemployed people, and HIV is also a major problem.

My husband Ynse and I went to Suriname for the first time in 1990. Ynse taught a group of supervisors, as part of the cooperation program between the postgraduate department of the University for Professional Education in Amsterdam, Holland, and the Suriname Organisation for teaching practice.

In a second visit, I followed in his footsteps to begin Focusing courses, initially at the invitation of Mrs. Liesbeth Venetiaan, who, as Director of the Medical Pedagogical Council for Families and Children, invited me to train her staff in Focusing. A few years later she became the first lady in Suriname.

In November 2005 we ended our ongoing training in Supervision and Focusing in Suriname. I would like to describe how the situation is at this moment.

Just before we finished our activities we got the opportunity to visit Liesbeth Venetiaan as the President's wife. I was able to give her my book, *Focusing With Children*, in Dutch (See picture on page 6). We talked together for almost an hour about the difficult political situation, about the devastating poverty, especially in



Marta Stapert, fourth from left, front row, with her husband and the participants in her Suriname workshops. Marta is also Coordinator of The Children's Focusing Corner (<http://www.focusing.org>) and has conducted TFI certification training programs in Romania and Hungary, as well as in Suriname.

childcare, and about what we have established in Suriname and how Focusing has had an influence and can make a contribution to development in Suriname.

The Harvest: Certification of Six Focusing Professionals: All of our graduates add “Focusing therapy and training” to their rosters of professional activities.

Jasmin Wesenhagen-de Back, Social Worker, Higher Education in Management, Supervisor and Coach. Jasmin has her own Centre “Panta Rhei” from which she gives training and consultations to different profit and non-profit institutions and organizations. Focusing training will be arranged from her organization. The Focusing groups which Marta and Jasmin teach are a booming business.

Shakuntala Sardjoe-Kalloe, psychologist/psychotherapist for adults, children and families. Focusing increases the effectiveness of her therapeutic approach so much.

Firoza Ashruf, teacher Spanish for high school. Firoza is using and teaching Focusing at school all the time, in the classroom as well in individual sessions with the students. She is planning to bring the school Focusing program into schools.

Julia Blackman, Reiki master. Julia is seeing a lot of people in therapy as well giving courses.

Lila Soerjoesingh, teacher and mentor at the professional Education for Medical Analyst. For Lila, Focusing changed her approach to students--in the classroom as in individual meetings. Further on I will tell you an experience she had with an 19 year old boy in the middle of the other students.

Tieneke Sumter, Social Cultural Worker, specialist on women’s issues, supervisor. Tieneke recently started her own Centre for training and consultancy after many years of experience as director of the organization, Stop Violence Against Women.

Most of them started the Focusing training as an addition to their basic professional educations, with a mix of methods, NLP, Past Life Therapy, Reiki, and Hypnosis. It took them a rather long time to understand and to feel from within the quite different approach of BEING WITH in Focusing, and to transform the “expert knowing better, pushing, quick solution oriented approach” into going slowly with awareness inside, furthering their own process and the process of the Focuser.

On the other hand they were convinced from the beginning that Focusing contributes to the development of a democratic society, in the public politic as well as in their behaviour toward each other. The Suriname society is still rather hierarchical and authoritative, in families as well as in schools.

From the six New Focusing trainers, Jasmin and Shakuntala are ready be coordinators in training with me accompanying them. Together they will cooperate in Jasmin’s Centre ‘Panta Rhei’, to continue and expand Focusing in Suriname, for adults and for children. Together with the Focusing trainers, they feel ready, authorized and passionate with their certificate in hand, to offer Focusing to organizations, institutions and schools.

Design of our last training: In the three weeks Ynse and I were just there, we gave them 55 hours of training. Their preparation was to design and to give a basic Focusing course before we came.

- Each time we came together one of them guided the group in a Clearing-A-Space experience.
- We spent time for individual Focusing, guiding each other.
- They could reflect on and share their questions and difficult moments from their basic Courses.
- They presented a part of the basic course, with us as group members, using the triangle of experiencing, modeling and conceptualizing
- They also participated as assistants in the 20 hours training, Focusing With Children, for 20 participants.
- They shared the philosophy and theory of Focusing.
- Together we prepared the organization and design, and they gave an Introductory Presentation in Focusing of two hours for people who were interested in Focusing.

Because their basic courses are taking place under my supervision, I needed to co-sign all their Certificates of Attendance. Together we reached 45 participants. On our last evening they gathered their 45 students together with the 20 participants in the Children Focusing course. Some of them were in both trainings, because the basic Focusing course requires participation in the Children’s Focusing course. We used this evening to hold this group of people who were so impressed by the change and space Focusing brought in themselves, their families (Focusing for the children!), and their work. They were convinced it could bring change in their society.

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FOCUSING AND GROUP DECISION-MAKING

By KATHLEEN MCGUIRE-BOUWMAN, PH.D., TRAINER USA

Back in the 1970's, I did my dissertation at the University of Chicago under Gene Gendlin on integrating empathic listening and experiential focusing skills into task-oriented groups. It was titled *Expression of Negative Feelings and Explication of Meaning As a Function of Contingent Interruptions and Contingent Listening Responses in Task-Oriented Groups* (Boukydis, K., 1975).

The title says it all. Bitter experiences in feminist and leftist groups of the time had shown me that liberal idealism contributed nothing new to group process. Work group members still attempted to dominate through interruption and to win their way through argument rather than coming up with the best decision for the group as a whole.

At the same time, I was participating in the decision-making meetings of the first listening/Focusing community or Changes group (Boukydis, K., 1984). Here a kinder, gentler, less competitive process did prevail. Meetings were calm and nurturing rather than brutal and critical. In the client-centered tradition of process research, I decided to listen to audiotapes of both kinds of meetings to specify the behaviors that made the difference.

In general, I found that, in the Changes group, people listened instead of interrupting. Because of the relative peace and quiet, people could speak from their "felt sense" of the whole issue or decision, without fear of interruption, judgment, criticism, and embarrassment. They could carefully explicate the murky, implicit edge, the "feel" of the whole situation and possible creative solutions, rather than simply arguing the same pro and con polarized positions until one side "won" by quieting the other.



*Kathleen McGuire-Bouwman Ph.D., formerly Kathleen Boukydis, is a retired clinical psychologist with many years experience starting support groups based upon the exchange of listening/Focusing turns. She has published articles on group process and Focusing-Oriented therapy and has presented workshops in the US and Europe. She lives in Rogers, Arkansas. Her manual, **Building Supportive Community: Mutual Self-Help Through Peer Counseling** (available from the Focusing Institute bookstore at www.focusing.org) tells how to start a listening/Focusing support group, and how to use the skills for interpersonal conflict resolution and creative group decision making*

until one side "won" by quieting the other. New ideas and insights, including concerns and negative feelings about proposed solutions, could be shared. Out of this, new, more cooperative solutions could arise. These decisions, because they were crafted from and were thus in tune with the "bodily felt sense," the wants and needs of participants, seemed to have a higher likelihood of actually being carried out.

Specifically, out of the analysis of the audiotapes, I came up with "How To's For Groups" (Boukydis, K., 1975, pp. 132-134; McGuire-Bouwman, 1981), which basically instructed members to:

- (1) Choose a "process monitor" who would keep a list of those wishing a turn to speak, stop interruptions, and limit speaking turns to three minutes.
- (2) Instead of interrupting with their own opinion, ask the speaker to "say more" about the words that were concerning or upsetting to them.

Using the "How To's" as a teaching tool, I intervened in three different task-oriented groups, treating each as an "organism" in a multiple-baseline design (Risley & Wolf, 1973). My goal was to decrease interruptions and increase listening responses, including both reflection

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THE FELT SENSE CAN RELEASE PHYSICAL SYMPTOMS*

By *DORALEE GRINDLER KATONAH, Ph.D., Focusing Coordinator, USA*

There is so much we don't know about physical disease. If we begin with the assumption that we are one whole organism interacting with environment, culture, and spirit, then physical disease is also in interaction as well. I want to highlight in this case an example of what can happen when we treat a physical symptom as a Felt Sense, i.e., the physical symptom carries bodily felt meanings that imply further living.

John is a 45-year-old man who has been learning Focusing. He has recently returned from Arizona where his father died and was buried. He is married with two children. He begins the session.

Client 1: I didn't feel like coming today. My chronic bronchitis is acting up again. I am so stuffy I can hardly breathe. I've been living with this all day at work. I'm tired. I just want to go to bed.

Therapist 1: So it's important to allow that tiredness and stuffiness to be...to acknowledge in a gentle way that your body has been carrying this all day. And you are wondering whether you should have even come today...

Client 2: Yes...(silence)...(deeper breaths, deep sighs).... It feels a little better just being with it.

In C1 the client is describing uncomfortable physical symptoms, but he hasn't yet brought his awareness into his body. In order to create an inner sense of being with his body as it is, I invited him to notice and acknowledge how it is in his body. Just this inner act brings a gentle movement or a shift from being stuck or static to an easing and more of an opening. In C2 the deep sighs and the deeper breathing express this easing. I notice this bodily communication, which tells me he is ready for a felt sense to begin to form.

Therapist 2: Could you describe what **THAT WHOLE THING** is like; living with this stuffiness, the chronic bronchitis?

In phrasing my question in this way, I am broadening the empathic field to include not only physical sensations and physical states, but also what it is like to live with the physical symptom. This will have many intricate aspects to it--his history, how it impacts his relationships, his daily living and much else. I am opening up the possibility that the physical symptoms have an edge, which will become a Felt Sense; in other words, I do not assume that this is purely a physical state, but that it can also carry meaning. I phrase my invitation such that he can move from just talking about the physical distress to noticing what it is like to live with the chronic bronchitis. This phrasing points him towards his felt sense of ALL ABOUT THAT.

Client 3: Well, I feel this tightness all up here (pointing to the sides of his nose), and I feel constrained here (placing arms over upper chest area)...it's hard to breathe... (SILENCE with a focused attention on chest area).... And there is a kind of despair. I've had this problem ever since I was in junior high. It interfered with my playing sports...and...I just wish it would go away.

T3: So there is this acute awareness of the physical tightness and constriction in breathing, and then there is a kind of despair about how long you've been struggling with this...how it affected you as a youth...

C4: (Nodding in silence, eyes closed)

Notice the movement that emerged as he attended in a nonjudgmental way to the physical symptom. He says: "And there is a kind of despair." Notice his use of "kind of." This phrasing expresses that he can sense there is a



Doralee is on the core faculty of the Illinois School for Professional Psychology, where she teaches Focusing-Oriented psychotherapy. She is also on the staff of a holistic wellness center where she teaches Focusing to patients and medical residents.

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Focus On: CAMPBELL PURTON, Ph.D.

By JAN K. HODGMAN, Trainer, USA

JH: How did you come to Focusing?

CP: I was trained as a philosopher, but after the philosophy job market dried up, I enrolled in a person-centered counseling training course. There was a one-afternoon introduction to Focusing, and I was interested enough to buy Gendlin's book, *Focusing*. But like many people I was rather put off by the talk about "the body." I came from a scientific background, and to me "the body" meant a collection of cells and neurons, and so talking about the body interpreting dreams, for example, didn't make any sense.

Then I came across the work of the Japanese therapist Fujio Tomoda at an international conference in Gmunden, Austria. He had a novel view of how person-centered therapy worked. The therapist aimed to create a space in which the client could be alone with their experience, a way that was more within the person than between people--that was how it came across to me at that time.

This was breathtaking for me, but immediately I thought, "There is nowhere that I can learn this way of doing it in Britain." When I told someone about this, she said, "Oh, but Focusing is a bit like that." So I went to some of the Focusing presentations at the conference and could see that Focusing was indeed a bit like that.

I trained with Barbara McGavin, developed a long-term Focusing partnership with Rob Foxcroft, and began systematically to read Gendlin's work, both the therapy and the philosophy books and articles. This was very integrative for me, as my philosophy training up till then had no connection to my counseling. When I came across Gene's philosophical work that really began to bring it all together. I came to understand what Gene means when he emphasizes the role of the body. He thinks of the body not in a physiological scientific way but as the felt body, the body felt from inside.

JH: How did you introduce Focusing into your university's counseling curriculum?

CP: I felt that my way of being a person-centered therapist changed as a result of my doing Focusing. I was doing a lot more of just helping people to stay in touch with their own experiencing. I used to do some of that, but that wasn't the primary objective.

Then it was difficult because what we were doing in the counseling training course didn't have any of this. We only had a one-afternoon introduction a bit like the presentation that was my own introduction to Focusing—just a brief glimpse, then nothing was done with it. I became aware of a split between what I was doing myself and what we were doing on the course.

I felt it was time to try to present what seemed to me to be a valid alternative to the standard interpretation of person-centered theory in Britain. This led to me writing *Person-centred Therapy: The Focusing-oriented Approach*, which was published last year by Palgrave. [Note: the book is also available through the Focusing Institute bookstore online.] At the same time I began to introduce Focusing in our full-time Counselling Diploma course. It moved from being one or two sessions in the year to being a significant component of the course, running throughout the year.

The way we introduce it initially is as a personal development component. The students can use it for becoming more aware of their own process, for the first two or three months. Then we encourage them to take something of what they've learned, just as much as feels right, and bring it into their client work, not in a formal



Campbell Purton is Director of the Masters Program in Focusing and Experiential Psychotherapy at the University of East Anglia www.focusing.org.uk is The British Focusing Teachers website: Dr. Putron's website is www.dwelling.me.uk.

way like going through the six steps or anything like that, but just giving more attention to that way of working with clients. So they gradually integrate it into their own client work. It has changed the quality of the course. The counseling supervisors (who are not directly involved in teaching the course) say the students seem so much more aware of their own process. It has had a great impact. We now have students saying things like, “In earlier years, how did people ever learn to be person-centered without the Focusing training?”

JH: How did the advanced degree program in Focusing-Oriented Psychotherapy, which you offer at the University of East Anglia, come about?

CP: My colleague Judy Moore had been interested in Focusing for some time and together we attended a conference of the British Association for the Person-Centered Approach. Mary Hendricks gave a presentation on Focusing which generated a lot of interest, and people asked where they could learn this form of therapy in Britain. The answer had to be, “Nowhere,” and this determined us to set up a training course in Focusing-Oriented Psychotherapy at our university. After some administrative struggles, the course, which can lead to a diploma or (with additional units and a dissertation) to a Masters degree, has now got off the ground.

JH: What advice do you have for those who want to set up a similar course in Focusing-Oriented Therapy?

CP: We were lucky because we had a person-centered counseling program running for about 12 years now, which is quite widely known and respected. So we didn't have any problems with the university. Their only concern was that we would get enough students to run the course. The School of Education, where we are based, was very sympathetic. I think it's helpful if there are already other courses implemented--then you can ride the Focusing ones alongside them. Our diploma in counseling is a basic qualification for practicing as a counselor in this country. The Focusing diploma and Master's program are for counselors or therapists who already qualified, and have some counseling experience. They come to it as a professional development course. They either take it as a diploma or they can add on some research units and do a dissertation, and come out with a Master's degree (an MA in Focusing and Experiential Psychotherapy). We have thirteen students this first year. They are a really good group, and several of them are doing the MA. They all keep up their Focusing partnerships throughout the year. Five or six are registered with the Focusing Institute as trainers-in-training. The amount of experience in Focusing in the course is enough for them to qualify as trainers by the end of it.

JH: Please tell us about your work in India.

CP: There is an Indian man at my university who comes here once a year and spends three months, and the rest of his time in India. He's a drama therapist. I thought it would be nice to do this the other way around—maybe I could spend some time in India each year. Through that connection, in January 2005 I did a weekend introduction to Focusing for the Chellamuthu Trust, which is a large NGO that provides community and residential psychiatric care in Madurai. Then a more important connection was made with Montfort College (attached to Bangalore University) where they are trying to develop counseling courses. I did Focusing as part of the input for that, and they are really interested in it. They'd like to make it a regular part of their program and put it at the beginning of the year so that the students get the feel of a Focusing/person-centered approach before they get into the harder psychology parts. That has tremendous potential. Bangalore University has a great demand for their courses because very few places in Asia have anything like person-centered or Focusing-oriented therapy courses.

JH: What are your “Ladybird Guides”?

CP: *The Ladybird Guides* were written in the context of a course I taught in Scotland with Rob Foxcroft and others on the philosophical background to Focusing. They are introductions to Gene's books, *Experiencing and the Creation of Meaning* and *A Process Model*.

JH: What else is coming for you now?

CP: Next year I plan to reduce the time I devote to counseling practice and concentrate more on the theory of Focusing and the philosophy which underlies it. I think it is very important that as Focusing-Oriented psychotherapists we should be able to explain to other kinds of therapists why Focusing works, and why incorporating the Focusing-Oriented approach into any form of therapy may determine if the therapy is likely to be effective. At the same time I am more and more fascinated by Gene's philosophy itself, and its roots not only in phenomenology but in Aristotle. We can't return to a pre-scientific Aristotelian view of the world, but perhaps we can become more aware of what we have lost and find ways of recovering a more personal, experiential world-view without going astray in New-Age silliness. I think that Gene's work--and Focusing--can contribute much to this.

MARTA STAPERT, SURINAME, *continued from page 2*

We asked them to form partnerships, and the first open Focusing meeting could be planned.

I still need to tell you about Lila, how she used Focusing in the classroom. One of the boys (19 years old) was most disturbing with jokes all the time, especially personally embarrassing ones directed at Lila. The students were already familiar with Focusing from group experiences. At a certain moment Lila asked the boy if it felt alright to ask inside what was going on inside when making jokes and attracting the laughing attention of the other students. He agreed, and the students agreed to give him their time and non-judgemental attention. He let his awareness flow inwards, stayed with that bodily resonance about the whole of it. He started crying, discovering how badly he feels about his visible disease, and how he needs Lila's attention. Some of his classmates were crying too, moved by his honesty and discovering what can be behind disturbing behaviour. The atmosphere in the group was cleared afterwards with much more real, respectful attention for each other. Lila's colleagues experienced the change in this group and in this boy. They are interested in Focusing, and Lila will get the opportunity to teach them Focusing.

We know that Focusers are now "infiltrating" many agencies, organizations and institutions: the head of the children's department in a Hospital, four workers in the Stop Violence Against Women Agency, teachers in many schools, children's protective institutions, offices, salesmen in a chain of supermarkets, etc. Most of all we feel moved by many changes in the families even when only one of the family members brings Focusing into the home.

You can imagine how grateful Ynse and I were on our flight back. Finishing our last ongoing training in this way is a treasure. We also leave many dear friends, knowing we will stay connected through Focusing.



Marta Stapert, left, and her husband Ynse, right, sharing her book in Dutch, *Focusing With Children* with Liesbeth Venetiaan, center, the first lady of Suriname. Marta is Coordinator for Holland, Hungary, Romania and Suriname and helps organize the Focusing for Children conference every other year--next, in 2006, in Romania

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("So you are saying...") and "asking for more" about words said ("Can you say more about...?").

I hypothesized that, without the threat of interruption, participants would be freer to pause to find words directly from their "felt sense" of the whole situation. I defined this "explication of felt meaning" behaviorally as a pause of three seconds or more between words during a speaking turn ("It's ...uhh...(3 seconds) something like..."; "Let me see...(3 seconds)...it's sort of like..."; "I was thinking...ummm...(3 seconds)...it would be better to..."). Gendlin's work with The Experiencing Scale (Gendlin & Tomlinson, 1968) and his model for the creation of new meaning out of direct reference to "felt experiencing" (Gendlin, 1962; Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968) indicate that explicating from the fresh, experiential "felt sense" increases creativity and problem-solving in individuals. I extended this assumption to explication in group decision-making.

I also hypothesized that the decrease in interruptions would allow participants to express "negative feelings," concerns and disagreements with proposed decisions or with the group process itself. Increasing the expression of disagreements had been shown to increase the quality of decisions in other research (Hoffman, 1962, 1964) by avoiding premature closure and increasing the pool of information available.

This was a process experiment. I did not actually collect data on how the changes in process affected long-term outcomes in terms of decision-making. However, the research of others (Hoffman, 1965; Hoffman, Burke, & Maier, 1965; Hastorf, 1968) suggested that the intervention would lead to greater satisfaction with decisions by group members when they felt they had been able to participate fully in the discussion. Research (Shaw, 1962, 1961; Hoffman & Maier, 1964) also indicated that the actual quality of decisions made, in terms of accuracy and successful action, increased when minority opinions could be expressed.

Although there was a trend toward decreased interruptions and increased listening responses, and a concomitant increase in explication of felt meaning and expression of negative feelings in some groups, the data were muddled by the fact that baseline measures could be changed simply because a particular group member did not come to a meeting. For instance, the number of interruptions might decrease simply because a high-interrupting member did not come to a meeting. Also, some members came irregularly and did not have the full benefit of training in the new behaviors. So there are problems implicit in treating a group as a single organism, when the makeup of the group might change from week to week.

However, I have taught the “How To’s” to the many Changes communities which I have started since the 1970’s (McGuire-Bouwman, 1981). They have proven very useful in allowing for the swift resolution of decisions that come before such a group (such as when and where to meet, whether to have snack or not, how to start on time, whether to invite new members, whether and how to plan a weekend retreat). They have also been used to deal with interpersonal conflicts arising within the group and other issues involving the whole community.

I also used the “How To’s” when I was chairperson of a non-profit organization which had larger decisions to make about staffing, budgeting, programming, and fund-raising. Again, the model allowed for surprisingly efficient, non-contentious, and short board meetings as well as success in terms of reaching major goals.

Gendlin’s Focusing integrates well with other methods for enhancing group process and creative decision-making. I look forward to seeing the listening/Focusing model carried into all manner of task-oriented group situations and in combination with many other methods of enhancing group performance.

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more there beyond the single word, despair. This more that the word points to is the FELT SENSE. This is concretely felt in the body but at first conceptually vague--there are no words yet.

T4: So we want to keep company with all of that... This is important. You first have to just be with the Felt Sense--the whole feel of it without words. And then more begins to come.

C5: Yeah....and I think of my dad--he wasn't around much back then, and now he is dead. (There is sadness in his face and some tears) He died so soon after I felt we were getting to know each other better.

T5: So as you attend to your physical distress it brings up your dad...and sadness about his distance from you as a child and now about his death.

C6: yeah...(deep breathing)....

T6: As you are sitting with your sadness and the tightness and difficulty breathing...perhaps you could SENSE INTO THE tightness RIGHT NOW, ASKING inside what more is in the tightness and sadness now? He begins to connect his bronchitis to a longing for a better relationship with his dad as a child and now how his death is especially sad because they were finally becoming close. All of this is still just the beginning. What is felt on a bodily level still contains more than what has been said so far. I want to help him continue to stay with the bodily felt sense...not just talk. Asking an open question is one way to invite the felt sense to speak, to form into words or images.

C7: (Silence).... Usually after asking an OPEN question, there is a time of waiting while attending to the Felt Sense. The Felt Sense opens in a slower time zone. The usual way we think fast doesn't enable a Felt Sense to open. A slowing down and just being with, with no pressure for answers is necessary for something to emerge from this felt level of experiencing.

C7: continuing: Oh, (deep sobs)...I'm remembering being in the hospital room and seeing how emaciated my father was...(sobs)...I didn't want to see that.... he used to be so strong and big.... (sobs)...I felt so scared seeing him like that.... This is my father.... (deep sighs)...(silence).....WOW! I can't believe all that came just now...I had to hold all that back before while at the hospital. I knew I had to be strong for my family-- my mother and children--so I blocked all that out...

T7: Such relief now to let yourself really acknowledge what you felt seeing your dad so emaciated...seeing him dying....

C8: Yes...(eyes brighten and for the first time he looks out at me) I can't believe it. My sinuses are all clear now.

Here a whole new experience emerged into full consciousness. But this doesn't say it quite, because until it emerged just now, he hadn't really been able to live this experience. It had been carried in his body, but not known. By letting it constellate as a Felt Sense and attending to it in such a way that language emerges directly, the body releases. He is living this deeper meaning and breathing freely. *Excerpted from D. Katanah, "The Felt Sense as Avenue of Human Experiencing for Integrated Growth," L. Hoshimand(ed.), *Culture, Psychotherapy & Counseling*, Sage, 2006.