Making therapy experiential:
On the practice of integrating focusing in psychotherapy[1]

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Summary

Bringing focusing into therapy does not mean doing therapy with now and then a focusing session. It means making therapy experiential in nearly all, even the smallest interventions. In this presentation I want to show this with many concrete small examples. A client in a therapy session may be close to the experiential level, or he may be far away from it.

A client is far away from the experiential level when he is only describing happenings in the outside world, for example, or only keeps asking reassurance from the therapist. The client brings his personality difficulties into the relationship with the therapist. There are several layers of pre-experiential functioning. When the client is far away from the experiential level the therapist cannot use the usual focusing suggestions. At these layers we must help the client, gradually and with respect for his pace, to come bit by bit closer *in the direction of* the experiential levels. This will be the first group of examples.

In the second group we will see examples where the client brings his personality difficulties in the relationship with himself. For example, the client says in a demanding and blaming way: "I must be able to accept that". It requires specific activities from the therapist to help the client to *work through this inner blockage*. We can develop focusing oriented questions that gradually unfold the different experiential layers stored away in this sentence of the client.

The third group of examples show how to intervene when the client is in the neighbourhood of the experiential level; in this area there are not so much experiential blockages but rather *a lack of focusing skills* or *not using them*. In the focusing ability innumerable small bits of focusing or subskills of focusing can be distinguished, and these may be brought in by the therapist where they may be helpful.

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Introduction

Practice and research have shown **[2**[3]**]** that therapy is only effective when the experiential body is involved, this means when the body-as-it-feels-meaning is involved (Gendlin, Beebe, Cassens, Klein & Oberlander, 1968; Hendricks, 2002). Therapy must be made experiential[4]. The client must be helped to come to and to work on his experiential level, on the higher stages of the experiencing scale (Klein, Mathieu, Gendlin and Kiesler, 1969). But we will see that much finer distinctions may be made in the levels of low or high experiential functioning than those made by the experiencing scale.

Helping the client to come to and to work on his[5] experiential level means bringing focusing into therapy. But bringing focusing into therapy does not mean doing therapy with now and then a focusing session (Gendlin, 1977; 1996; 1997). It means making therapy experiential in nearly all, even the smallest reflections/suggestions. How to bring the client to and into his experiential level or e-level[6]?

By 'making therapy experiential in nearly all the interventions' I also mean that real experiential therapy is not only applying, for example, clearing a space in therapy, but rather: placing each intervention in the service of the client's e.

In this presentation **[3]** I want to show this with concrete small examples of possible or actual interventions (reflections, suggestions, …). I want to show how experiential therapy works in practice. I simply want to show what I try, what succeeds, what partly succeeds, and what doesn't succeed. But always in search of *specifying what works*. I do individual psychotherapy, as a psychiatrist, with clients referred by family doctors; thus outpatients. I try to do therapy with each client. I see each client in sessions of 45 minutes. When they start therapy many of them are functioning far from their experiencing.

A client in a therapy session may be close to the experiential level, or he may be far away from it. Let us look at the example of a psychosomatic client **[4]**. "At the start of the therapy such a client typically speaks about their[7] uncomfortable body sensations (…). It is a 'speaking about'; it is not even about feelings, let alone from feelings. The client doesn't involve their person and their situations in what they say.

This client makes a little progress when they talk not only about their body but also about the outside world; it is still an 'about', but the client's scope is broader: they involve the

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3 See the PowerPoint.

4 One may say that a client is always in *an* experiential level but a level not high enough to be therapeutic; then he is in a structurebound experiencing mode. But for the ease of the discussion here I call the therapeutic fruitful level experiential, and the low levels non-experiential or pre-experiential (see below).

5 'His' can everywhere be substituted for 'her', 'he' for 'she', and 'him' for 'her'.

6 I will often use the abbreviation **e**, alone or in compounds, to indicate '**e**xperiential', an **e**xperiential datum, an **e**xperiential referent, what comes from the real **e**go and not from the inner critic for example.

7 Singular they (only in this quote).

world in it. Later on, they will talk about their outside world. This means that the client is now able to talk about their situation, and that they already involve their person in their talking, but it is still a speaking about and an externalizing (…).

The next step might be that this client begins to speak about their position in their situations. Here they are already reflecting (…); they realize that a situation affects them, and that they can have an effect on a situation. The client's attention goes in the direction of their being affected. (…).

It is another little step further — and closer to themselves — when the client no longer speaks about their position but from it: they are able to speak from what they feel about their situation (S2b). Very likely the client will first bring emotions here, for example being angry; they can feel and express their anger. But after that the client may be able to make contact with personal meanings; they can catch more precisely that about which they feel angry, the precise nuances of the situation which makes them angry, and feel them in a bodily meaningful way. The client can put some of this into words, but for other aspects they have to wait because they are unclear. They have to wait and to let a ..... form, and to let this unclearness exist, this unease, this whole set of implicitly felt nuances (S3). Now the client is focusing, attending to a felt sense, which is a cluster of felt meanings. After some more inner work, they can symbolize these implicit meanings (S4)" (Depestele, 2005, p. 49).

Schematically:

1 C typically speaks *about his* ***uncomfortable body sensations*** (S1[8])

↓

2 " also about *the* ***outside*** *world* (scope broader; involves the world)

↓

3 " about ***his*** outside world (his situation, and his person)

↓

4 " about *his* ***position*** in his situations (S2a)

↓

5 C no longer speaks about but ***from*** *his* position (S2b)

↓

6 C may first bring ***emotions***, e.g. anger

↓

7 C reflects on and speaks about ***that about which*** *he* feels e.g. angry

↓

8 C can wait and let form a ***felt sense***, and let exist it (S3)

↓

9 C can ***symbolize*** the implied meanings (S4)

[8] See the scheme of therapeutic spaces (Depestele, 2004; translation into Spanish 2007).

What a big difference between level 1 and level 8 where the client speaks from a felt sense. And you see, there are many levels between these two.

Such a scheme could be made not only for the psychosomatic client but also for other kinds of problems. In the scheme you see **[5]** that at the highest levels (5-9) the client is functioning experientially, this means that the client somehow is attending inwardly, is with his experiencing (somehow this seems to be introduced at level 4). The lowest levels (1-4) are *several layers of pre-experiential functioning*.

When the client is far away from the experiential level then the therapist cannot use the usual focusing suggestions. At the pre-experiential levels we must help the client, gradually and with respect for his pace, to come step by step closer *in the direction of the experiential levels*. We cannot bring the client with one single intervention/reflection to the experiential level. Often there are many steps between where the client is on the one hand and his experiencing (his experiential levels) on the other hand.

So there are many steps between the pre-experiential functioning and the experiential functioning. And *each step has its own value*. For example in the scheme above step three is important: the person herself begins to come into play; this is necessary because the experiential speaking at step seven will come from the person himself.

My presentation will have three parts, three groups of examples **[6]**. The first group will be of helping clients who are far from the experiential level to come bit by bit closer *in the direction of* it.

In the second group we will see examples where the client is closer to the experiential level: he tries to be reflective but has no free access to his experiencing.

In the third group we will see examples of intervening when the client is in the neighbourhood of e but does not find the way to it.

We start with the client who is far from his experiential functioning because it is known least of all.

1. First group of examples: *The client is far away from experiential functioning*

Example 1.1 Inviting/encouraging the client to *start* speaking

A client may remain silent at the start of a therapy. The basic thing therapy needs if it wants to become experiential, is that the client speaks of his own accord (see also the notion self-movement – 'zelfbeweging' - Depestele, 2000). Often, when a first sentence is said the next one follows easily. When we invite the client to say something we help him to make a small step *in the direction of* the experiential level, even when he is still so far away from it.

Example **[9]**. The client has a dejected look on her face, puts on an aggrieved expression; she is stuck with something but she doesn't tend to say anything about it. The danger is that she remains in this unproductive silence (the silence as blockage). I invite her to tell something anyhow. She starts reluctantly and eventually she brings the story.

Example 1.2 Inviting/encouraging the client to *continue* speaking

A client **[10]** may speak for a while, and then become silent (again). A silence may last a long time. It seems to be difficult to start speaking again from a silence. Also she doesn't seem to be with something inwardly. In this situation sometimes I ask:

To what is your attention directed now?
What draws your attention now?
What needs your attention now?
What's on your mind now?
What are you thinking about?
Where are your thoughts now?
What is in your thoughts now?
What did your thoughts come to?

These are questions that invite the client to say something more. If the client is able to work reflectively he is invited by the question inwardly, and to attend to …, and to come out with something. The process is made fruitful again.

In the scheme of the psychosomatic client the not-experiential functioning can be seen as different obstacles to the experiential levels. And this was already more differentiated than the stages of the experiencing scale.

But here, in these examples, we see that the obstacles can be differentiated still much finer than in the scheme of the psychosomatic client, on a more basic level, the level of single human actions: starting to speak, continuing to speak, asking a question (see below), etc. The therapist can look and listen much more carefully to the client's functioning in the session, moment-per-moment. When the therapist knows these possible fine obstacles, he can intervene much more precisely.

Examples 1.3 The client asks questions or avoids the reflective attitude in another way **[11]**

Also if the client has started speaking (see example 1), there are many ways for the client to *not come to an own, genuine speaking*.

One way is, for example, *asking questions*[9]. In the first sessions of the therapy the therapist can explain why asking questions doesn't help him and that it is better to try to come

[9] Direct addressing (Depestele, 2006, p. 60).

to a speaking of one's own accord. Later in the therapy the therapist lets it pass. Instead the therapist may suggest: what do you want to say (here) with this question?

The client stops speaking and *looks at the therapist* for the continuation. The therapist may ask: what makes you look at me? The client may answer that a question from the therapist could help him. The therapist may answer: it is important to speak from the issues which actually are in the foreground of your feeling life.

Or the 'what' in the therapist's question 'what makes you look at me?' may bring the client inside himself in a reflective way. A variant of this question may be the suggestion: you look at me for the continuation, but you might want to try to look into yourself and not at me for the continuation.

It will be necessary that the therapist repeats these suggestions several times, shows the right way repeatedly. These examples also show that the client may make a step forward but may fall back into his old pattern again. They also show that getting a therapy started may be more complex than just make contact with 'the I in there'.

Another client asks an *explanation about 'his problem'*, his 'disorder'. Sometimes he only wants an advice. Or he wants to be said what he must do. At other times he speaks about his difficulties[10] as an entity, an illness, an ailment (for example fatigue). For example, the client says: "Doctor, I have borderline"; you see how far such a client is withdrawn from his own person, and how far he is from the experiential level.

There is a whole attitude of being far from the experiential level at these aspects. This whole attitude needs to be changed for a psychotherapy being effective; this will ask many subsequent interventions from the therapist (see example psychosomatic client).

Another example of a client who doesn't 'enter the therapy' immediately, is someone who says after two or three sessions: "*I have already told everything*. What can I say more here? I think that next time I will say the same thing". Often the therapist must try different ways to get the therapeutic speaking started. Often a question that may help is: what is this fatigue (this …) *about*, 'the about question' (see example below).

Sometimes a client explicitly says that he *expects guidance from the therapist*, in the sense that the therapist says what the client should do or not do to become better. Also here the therapist may explain how therapy works, and how the client can work fruitfully in the sessions. Later the therapist may reflect: "You want me to take the position, for example, of the leader?" "You want to get me there?" Or: "Which effect do you want to have on me?"[11]. These are attempts to bring the client in a reflective attitude.

Later on the question may become: "*What* in you is it that wants to get me in the position, for example, of the leader?" This is a next possible move that may make the client

[10] Indirect addressing (Depestele, 2006, p. 60). All the examples of the first group belong to S1 of the scheme of spaces (Depestele, 2004).

[11] In these questions the therapist points to the client's desire: '*you* want (…)', '(…) do *you* want (…)'?. This is different from creating 'an us' as Lynn Preston does.

experientially reflective. Via a reflection of the client's *impulse* (58) which is *directed to the therapist*, the therapist tries to bring the client in a reflective attitude, inviting him to look inside, and thus to make a small experiential opening. Instead of *being* the impulse (or acting out the impulse), *the impulse is made to something which the client may start to think about, to 'feel about', to question, to reflect on it.* This originates a difference between the impulse and the client; the client is no longer totally the impulse (being it), he now can 'look at it' (being *with* it; and later asking it questions in a focusing way).

For a long time a client can try to make me, the therapist, the leader, but also many *other kinds of transference figures* (often the therapist may not be aware of it at first; it works implicitly for a while before the therapist becomes aware of it). It is possible that we cannot make the client immediately experientially reflective, and that the client needs some time to stay in the transference attitude. But with a few clients we need to make clear our own position at a certain moment: "You want to make me into this (and I show 'this' with my right hand on half a meter beside me) but I am 'here'". This is a variant of the message 'I don't want to be that figure', for example, the leader[12].

Sometimes you meet a client who causes *serious relational difficulties* with the therapist, for example by blaming and verbally and nonverbally rejecting the therapist. Also here much *relational work will be needed before* the client can work reflectively on the experiential level. The therapist will try to help to work through meaningfully this tense situation. On a rare occasion this will require some struggle.

All this work and occasionally this struggle is needed because therapy is something that occurs within certain limits, within a certain frame: certain things are only possible when other things (for example getting answers to certain questions, getting reassurance, etc) are not happening (any more).

Example 1.4

The client **[12]** is a man who behaves docile. In the session he wants that I take the lead, and give him advice. He tells that his wife presses him to stop working and to close his garage, but he tries to oppose this: "Always being with her, never being able to go out, I don't like the look of it". I take this point to show him that not I, the therapist, can give him good advice, but *that exactly now he feels inside* what he really wants, what he really feels as right for him, and *so that his best advisor is in there*. In this way I try to show him the way inwards and to bring him to an experiential moment.

[12] In a psychoanalytically oriented therapy it is likely that the therapist will not say this, and that one will work for a long time with the transference. But we want to bring the client as soon as possible - and in respect for the pace of the client's process - to the experiential level where he can explicate *that from which* he makes the therapist into that figure.

Example 1.5 **[13]** (from about an entity to …)
A client repeatedly brought the complaint of tiredness. She could describe the complaint and speak about it, without any transition to her experiencing but with the implicit request to the therapist: take this complaint away from me (e.g. by medication) (a form of not-experiential functioning). Repeatedly I have shown her the way to the reflective-experiential level: *Looking behind the tiredness, which situations are difficult in your life currently? Which current situations do you feel (that) the tiredness could be connected to? Which situations, what all in your life tires you currently? What in all about your life right now, tires you?* This is a 'what … about' question, not a 'why' question (see below). I often use this question to invite the client to move up from a determination to an experiencing. But this transition doesn't always succeed immediately.

Later in therapy, in a particular session this same client starts to speak about her tiredness but spontaneously she makes the transition on her own: "I have to work on another point. Who do I want to be? Who am I? What do I still want to do? But in order to do that I first have to resolve something else, that is I need to free myself from the established patterns which I live in, because my wanting to do everything perfectly pulls me down completely (tiredness)". So here she herself could move from the not-experiential to the experiential.

Example 1.6 (from talking about to …)

The above is an example of a general problem in therapy (in S1), namely the client is talking *about* instead of speaking, talking *about* his state/condition or about himself, and not speaking. In Dutch we can say it succinctly: 'be-spreken' instead of 'spreken' (in German: 'besprechen' instead of 'sprechen'. In Spanish: 'hablar de' instead of 'hablar'?).

The client **[14]** is spending the whole first part of the session describing her complaints, talking about. She needs the therapist making an opening in order to be able to start speaking *about personal issues* (later *from* personal issues). These are things she feels guilty about. Later she says that she doesn't get so easily to speak spontaneously. Both issues come from her education, from what her mother forced upon her.

So for a long time we see in the first part a not-experiential speaking, a resistance. The resistance comes from the fact that in her education, because of her mother, she was not allowed to feel what she felt and she was not allowed to speak about what she really felt: her mother was not interested in it.

2. Second group of examples: *when the client is reflecting but has no free access to his experiencing*[13]

In the first group **[15]** of examples we have seen how the client brings his personality difficulties into the relationship with the therapist (see also Gendlin, 1968, p. 209). In the second group we will see examples where the client brings his personality difficulties in the relationship with himself.

When the client comes on the reflective level or when the therapist gets the client on the reflective level, away from how the client – by his personality difficulties - tries to 'deform' the relationship with the therapist (see examples above), this doesn't mean yet that the client is able to work and to speak purely experientially. Often then the client meets his personality difficulties inside[14] (where they, in my opinion, also originate), in his relationship with himself, in his inner relationship. He meets his personality difficulties in their reflective version. For example a client with a tendency to control the relationship with another person or with the therapist, will also have a controlling attitude toward himself: he wants to control the own feelings and emotions. Other problems at this level concern, for instance, the critical voice, rationalizing, analyzing in search for causes, loosing oneself emotionally, various forms of self-alienation, etc **[25].**

The (relational and reflective) personality difficulties must at first be allowed to form in the sessions, in order to be able to be worked through.

Example 2.1

For example a woman says in the session in a demanding and blaming way: "I must be able to accept that"**[16]**. She tries to manipulate aspects of her experiencing, or we can say: an occupying urge forces her to manipulate her experiencing (Depestele, 2009). The sentence is a prototypical example of what happens in these moments of a therapy: unfree reflecting (Depestele, 2004; 2005).

The sentence comes in the following context: "The client's daughter leaves for Paris for three months, and the daughter had not been willing to spend her last evening with the client. This was so painful for the client that she took pills, drank, and then went for a drive in her car. Nevertheless, in the session, she demands of herself: "I must be able to accept that" —

[13] The examples of this group are situated in S2a (Depestele, 2004).

[14] "Most attempts to work on a personal problem only duplicate the problem. One works very hard to get rid of some way of being or feeling—the hidden essence of which, in the first place, is some impossible attempt to get rid of some part of oneself that needs integrating. One works hard to arrange and organize oneself, all the time missing the fact that what is really wrong is one's tendency to arrange and organize instead of allowing genuine motivation to rise up in oneself" (Gendlin, 1978, p. 323).

and she does not attend to the other side of her experiencing, where she would feel the pain of that. Somehow she blocks herself" (Depestele, 2009, p. 96).

Let us look at the sentence **[17]**. In all this work I have learned to appreciate the value of single sentences. What is happening there? When somebody says such a sentence what is happening to/in this person? This is the very first question. It is a sentence that occurs while the client is in the reflective mode. The sentence occurs in the first place in relating to oneself not in the relating to the therapist.

We must look at sentences and study them, make an analysis of them, not a linguistic analysis but an experiential analysis. What does the sentence say about the coping of the client with herself? What is *the experientiality* of the sentence? These questions are not just theory. Really hearing and listening to the sentence is a moment of contact with the client; it is a wanting to understand the client as precise as possible. The wanting to connect to 'the person in there' is a continuously going on; it is implicit background throughout the sessions. Hearing and listening to the sentence occurs in a specific contact with the client and with the client's e, in an intensive contact looking for carrying forward this e-moment of the client.

The next question is: How can we intervene in an e-promoting way? How can the therapist meet the client deeper, and chiefly how can the therapist help the client to meet herself deeper, continuing from a sentence like 'I must be able to accept *that*'?

Because in saying this the client leaves herself in the lurch, leaves herself alone, takes distance from herself. By the way we also see this in the sentence structure. The sentence has three possible *experiential parts*: 'I must', 'able to accept', and '*that*' (below: I, II, and III). The last one, *that*, contains the core experiential load. Before coming to *that* there are hindrances.

It requires specific activities from the therapist **[18]** to help the client to work through these inner hindrances. The following are *possible* reflections or interventions. They may come in an order following the progress of the client's process. But of course they are left when the responses of the client take another direction. So we follow the three parts of the sentence. To the first part (I) the therapist may respond:

I (1) "Okay, you feel <u>you must</u> be able to accept *that*".

Then a possible passage to II:

(2) "Other than this demand what all does *that* evoke in you? What more does *that* effect in you?"

II (3) "Next to that part, you might make a space inside yourself for the fact that it is <u>difficult to accept</u> *that.* Can you make a space for these feelings?"[15]

Possible passage to III: **[19]**

[15] "By doing so the usual self becomes free somewhat, makes a free space for the other self, and the other self can speak" (Depestele, 2009, 97a).

(4) "Now that it seems less difficult, can you try to look *in the direction of* the other side, in the direction of *that*, where the most pain is?"

(III) (5) "If possible can you make a space inside yourself for the whole painful *that*?"

(6) "Can you ask inside: What does it really mean to me that my daughter has not been willing to spend that last evening with me? In which various ways did it affect me?

(7) "Can you stay with the *that*, and ask the question 'what all is in the *that*, in that pain?"

You see what becomes possible **[20]** when we can develop focusing oriented questions that gradually unfold the different experiential layers stored away in the original sentence. We help the client to make a space for the subelements of the avoided experiencing, and this occurs in the order that they become available.

This is a possible route for an unfolding of the whole experiencing which the sentence points to. We see also that the route has layers, just like we outlined for the psychosomatic client. But when we compare, the layers under the psychosomatic experience seem to be at a macro level, while the layers under the sentence experience are at a micro level!

Now let us look at other examples where the client tries to cope with his experiencing but is not (yet) able to do that in a free way. This speaking is thwarted, for example, by the inner critic/critical voice[16]. Or feelings cannot get a chance because of the client's analyzing way of coping with himself.

The two following examples show a losing oneself in emoting, and a losing oneself in rationalizing.

Example 2.2

A client **[21]** tries to come to terms with the suicide of her husband one year ago. Her speaking is one flood of emotions and of nearly constantly crying and talking agitatedly, everything mixed up, jumping from one point to another. I let her 'rage', but I *pick up certain sentences from the flood of emotions*, sentences which convey a meaningful feeling, and I reflect them.

I my view they are meaningful e-points (experiential points), the sources from where the strong emotions come and to where I want to bring back the client. For example she says in her emotional state: "He has left me (…) left alone (…) left behind (…) I haven't deserve that (…) he has done that to me (…) it's ugly what he has done (…) I am angry and not angry (…) I feel very very guilty (…) he has only been thinking of himself (…) that's not square".

These are the meanings I reflect, through the emotions, or after I tried her to be calm for a moment. *I try her to come in touch with these meanings, even for a short moment.* This

[16] I am tempted to write: when the client comes into the reflective mode, he spontaneously wants to go to the free experiential feeling and speaking but the urge (e.g. the critical voice) interferes. For example a client says: I must be able to accept that.

client knows and feels and says what it is about: The meanings are there, but she loses herself in the emotions which arise from them. I must draw the meanings to the fore and help her to feel them and in that way let them move.

Gradually she became calmer in the sessions, she became able to put/(express) painful feelings into words, she didn't avoid any longer certain feelings she didn't allow before, she was able to come to terms with part of the pain, and she became stronger.

Example 2.3 **[22]**

It's important to pay attention to the way the client is speaking, and to prick now and then the 'crust' of the client's usual manner of speaking. A client may speak in the manner of 'explaining (a matter)', arguing, reasoning. One may try to prick this now and then, in order to make small openings to the experiential level, small pauses. But often this is not easy.

Examples 2.4

Let us look now at some examples of the critical voice and how to cope with it. The critical voice is an example of an urge that often comes to disturb the free experiencing. "The urge may be a desire to control everything, an urge to overeat, or a delusion (…). (T)he creation of a symptom occurs in the internal relationship of a person with his self (…). Another example is the inner critic on the one side and the pained, criticized part on the other side" (Depestele, 2009, p. 97).

Example 2.4.1

With a client **[23]** who struggles in the session with the comments of the inner critic, often I propose to take a piece of paper, and to divide it in two parts. The right half is entitled 'CV' (*c*ritical *v*oice), and the left half (the nearest one for a right-handed client) is entitled 'E' (*e*xperiential aspect; *e*go: I). First I invite the client to write down on the right half the comments of the inner critic. This is making a *space for the inner critic*. Then we go to the left half. I invite the client to ask inside: "Apart from what the critical voice thinks and says about the situation, what do I myself feel about the situation? Let the comments of the critic aside, push them back there if necessary, keeps them outside, and make a free space for yourself, here at this left half, to feel free about the situation, and to allow your personal meanings about the situation to come. Write them down. Try to stay in this half as long as possible, and to let come as much aspects and meanings as possible". This is making a *free space for e*.

Example 2.4.2 How small sentences of the therapist may be helpful

In this therapy **[24]** the issue of the critical voice came up, being occupied by it. After some work with the therapist, the client says: "I don't want that something has such a power on me". It is the client herself who discovers this way of distancing. Further she says: "It would

be helpful if I could 'place' this/put this in a place". Therapist: "Then you would have the power instead of the critical voice". The client asks how she can take these apart. Then I show her the little scheme. Client says: "That could be well confronting". Therapist: "Instead of such a hard word, you could also say: it will bring insights, openings, possibilities". Client confirms that.

I bring in the scheme when, via our exchanges, the process from itself, from the inside comes out at this point in the session, and not because I have scheduled this before; that would be an intervention from the outside the process.

For other aspects of how to cope with the critical voice, see Depestele (2009).

2.5 Now let us look at some other examples of making a free space for e[17] **[26]**.

2.5.1 Making a free space for e

2.5.1.1 Making a free space FROM *under, next to, or from* the symptom

2.5.1.2 Making a free space FOR …

2.5.2 The therapist implicitly keeps or explicitly makes the 'frame' (the free space) open

2.5.2.1. Implicitly

2.5.2.1 Explicitly

2.5.1 Making a free space for e

2.5.1.1 Making a free space FROM under, next to, or from the symptom

Example 2.5.1.1.1 **[27]**

T (summarizing). You all three were so unsure.

C: That can also be explained very well.

T: But your point is that you regretted that.

C: Sure.

In this short fragment we see that the client is dealing rationally with the first intervention of the therapist. But the therapist doesn't follow this, and in contrast he cuts off this path and invites the client to go to her experiencing, *from under the rationalizing.* He guides her through her tendency to explain to the deeper layer, to the experiential layer.

Example 2.5.1.1.2 **[28]**

I encourage a client to go to the *places that he avoids* (behavior therapy) since the passing away of his girlfriend, with whom these places are connected. It's not enough to talk about it; the client must actively go through it, literally. Living through it bodily. Also this process is

[17] Making the first free space in S2a (Depestele, 2004).

purely experiential. Exposure must have a bodily effect. Exposure is another way of saying "stop" to a structure-bound pattern.

Example 2.5.1.1.3 **[29]**
The client has great difficulty to resist and not let her get *carried away with something new and interesting* that pops up. In the long turn she doesn't find herself any more. I suggest to bring in a pause each time, and to wait half a day before she promises something, and always ask inside: "What does the 'big' whole of me want now, and not what does a part of me want now?"

Example 2.5.1.1.4 **[30]**
The client's husband sometimes is threatening with suicide. He is *very dominant and demanding. She is unable to cope with that.*
I suggest: "Try to feel inside but without saying it: 'It's your responsibility; you should not intimidate me with that'. Feel it but don't say it".
So this is trying to bring this e in the client mere implicitly. This also is a step.

Example 2.5.1.1.5 **[31]**
The client is always engaged in *tuning in to the expectations of others* and adjusting himself to that. Also often justifying. For this client it is important to learn to become aware of this, to help him to bring the problem *from 'the unawareness'*, from '*the automatic*' to the fore. For that it may be helpful to write down daily - as a reflective moment - what turned out well and what didn't.

Example 2.5.1.1.6 **[32]**
The client has a history of struggling with boulimia, of being ragged at school, and of missing acknowledgment and support from her parents. During periods she feels good, but at certain difficulties she comes to a point where in her experiencing *everything is negative, i.e. a lot of 'urges' come to occupy her*. I suggest her: When you become aware that you are at this point again, try to call to mind that the cognition 'everything is bad' is not correct because not everything is bad. This is *making an e-space next to* the negative, next to the many 'urges'. (use of cognitions: see chapter 18 in Gendlin, 1996).

2.5.1.2 Making a free space FOR …

Example 2.5.1.2.1 **[33]**
In the therapy with this client a pattern comes up of making high demands on herself, evaluating continuously, planning, adjusting, critical voice. Slowly I managed to make it clear

to her that there is also another side: *Making space* beside the coercing *for* the unconstrained, for what is not useful, for what is playful, for making music that serves no purpose (the client is music teacher), only for pleasure (S2a work).

Example 2.5.1.2.2 **[34]**

The client is very tense in the first part of the session and she tells agitated about a mistake she thinks she has made. The agitation stems from the anxiety because of the mistake, and is followed by self-reproaches: "I am not worth a penny (the urge of the critical voice)"; and by an anxiety to be rejected by colleagues.

In the second part of the session she is nearly completely calm. We have worked explicitly on (1) accepting the so-called mistake or in any case the feeling-of-mistake: to *give the mistake the right to exist*, to give it a free space where it may exist. And on the other side we have worked on (2) standing one's ground against the negative self-reproach (keeping this at a distance) and against the idea that other people reject her: "You have to keep these two things ('the negative self-reproach' and 'the idea that other people reject her') away from your feeling about the mistake, and in so doing you keep this feeling pure and 'free'" (this is pure S2a work).

Also the fact that the therapist stays calm with the whole described situation, works implicitly. This is the effect of the implicit relational influence (Depestele, 2008): this attitude of the therapist passes some sense of putting things into perspective, of accepting, and of 'it will resolve itself'. But, I think, only this relational factor is not enough; the explicit work as is shown above is essential.

Having knowledge about what happens in S2a may be very helpful for the therapist, I think.

Example 2.5.1.2.3 **[35]**

The client has a traumatic past with his mother.

T: What would you want to say to her now?

C: I would want to ask her …

T: But what if you would *say* instead of *ask* her something?

Because in saying something may come from the client's experiencing. And asking leads to nothing, because there doesn't come an answer.

Example 2.5.1.2.4 **[36]**

This client in fact doesn't feel any psychological safety with anybody; certainly not with her mother: It's always possible that something from the environment approaches her menacingly. It is never being at ease. It is not being able to be certain that it will be good. It is a feeling safe nowhere.

The client feels desperate because she never can think ‘it feels good’ and cannot be completely relaxed. She asks: How can I get rid of it? I think it is *already a first step that the client can name this, that this experience can come to the surface.* ‘Not being safe anywhere’ is her continuous background. The therapist helps this coming to the fore. This background is made aware; so it is making a piece of free space for it in S2a.

Example 2.5.1.2.5 **[37]**

The client lives with a vague desire for her husband but since years also with a psychological pain (she was cheated repeatedly by him). She would like to bury this pain in her, or leave it behind her, or …. But all this remains pain-oriented, and so it is likely that it will become a repetition of the same. I suggest that she makes a space next to that, next to the pain and next to the repeating of the pain: What do I do next to that? Must the pain always keep occupying the whole space?

So, ‘*next*’ is an important pattern (see also the scheme for the critical voice above). ‘Next’ is a step in the solution to a stopped process: The therapist opens the door to something next to it; the client alone doesn’t come up with that (see also 2.5.1.2.1).

Example 2.5.1.2.6 **[38]**

With a client we work with the scheme critical voice-e (see also example 2.4.1). I point out to her that the critical voice is powerful, and continues to interrupt powerfully when she dares to feel an e even for just a moment. I use an additional argument to encourage her to make a pause for *the e-part of the scheme*, to pay attention to it, to feel it, and to explicate it by writing, namely that she must help this side, that she must give it strength because until now it has always tasted defeat: “You must encourage it, aid it, guide it”.

Example 2.5.1.2.7 **[39]**

This client with complaints of strong tiredness and pains everywhere in the body speaks about “that continuous stress in my body, stress that makes my body acid (…)”. At the end of the session she says: “If I can speak in this manner, *I feel my body deacidifying* [desacidifiqúese] and my head clearing up”.

2.5.2. The therapist implicitly or explicitly makes or keeps the free space (the ‘frame’) open **[40]**

2.5.2.1. Implicitly

Example 2.5.2.1.1 **[41]**

The therapist shows that he is with the client, that he keeps the ‘frame’ open; presence.

In this session the therapist is rather silent but he closely follows the client's e-speaking. At a certain moment he says something anyhow (he gives a summary) to show he is along with her. *Also this is one of the functions of the therapist's wording.*

Sometimes just the therapist's presence creates an open opportunity, a frame, a frame kept open, without much intervening. An open opportunity which is sufficient: Then the client has a space in which he can speak. The client's speaking is made possible by the space/'frame' co-created by the therapist's being-with.

2.5.2.2. Explicitly

Example 2.5.2.2.1 **[42]**
When the therapist asks: "What do you think of this and that?" this client often begins by saying: "My husband says …" or "My children say …" instead of saying what she thinks. *Then the therapist stops her* (to say 'stop' to a structure-bound pattern the contact with the person-in-there must be good). Later in the session this issue comes up again and she says: "I hide myself behind that; I am afraid when I say what I think about it that people will disapprove it. I always have the impression that I have to cover myself in all directions". We see that *the e becomes free from behind her automatic pattern.* It had become an automatic reflex. And this keeps her off her own e.

Example 2.5.2.2.2 **[43]**
While the client is speaking about a possible rejection by a man, she says: "Didn't I get enough yet! However …". This 'however' follows *immediately*, without any pause. I say: *stop and wait and stay a while with* the sentence 'Didn't I get enough yet!'. The client answers: "I don't like it to be there".

Here we see how an e comes forward just for a second and get formulated, but how the client immediately leaves it again with starting a new sentence that announces kind of an opposite. The 'however' announces kind of an opposite, a weakening of that which she doesn't like to feel.

Sometimes a client doesn't let me have my say; maybe this has sometimes to do with the fact that the therapist could bring in a confronting e (exposure) while the client wants to prevent this.

Example 2.5.2.2.3 **[44]**
(repetitions; as if by the repetitions the client tries to grasp a deeper e)
C starts the session with: I prepared stew. It was a failure. I was very angry. Like a frustrated child. I couldn't put anything into perspective.
C repeats the same, with other sentences. He brings nearly ten different ways to say the same.

T "*Do you want to pause for a while; and feel again the scene* when you found that it was a failure, and ask inside: where exactly did I feel so affected by that?"

C is silent. And eventually he can clarify his e better and deeper.

3. Third group of examples: *intervening when the client is in the neighbourhood of e* [45]

What is the difference with the second group? In the third group the client is not forced by an inner urge (e.g. critical voice) to suppress e. Something in the client doesn't block his access to e. But nevertheless the client is not yet freely accessing to and speaking from e, because he doesn't have the focusing skills or (for some reason?) he doesn't use them.

The point here is: How to help a client who is in the neighbourhood of e? How can the focusing suggestions be introduced here?

Now that we are close to the e-field, let us look at the 'instrument' with which we may approach it. The general focusing skill can be divided in subskills. How many subskills can we differentiate? The more we can, the finer this 'instrument' may be 'used'. First I show you a distinction into two, then into five, and then into innumerable subskills.

First let us look at a difference in the kind of reflections. There are e-forming-reflections and e-content-reflections. E-forming-reflections help to *form* an e or an experiential datum. E-content-reflections help to *express* the experiential datum[18].

Example of a content reflection **[46].**

C "He lets me wait such a long time for what must come from him. It must come from him. For him it must be: I determine. I may not make a proposal myself, I may not ask for it. And when I don't react anymore and think 'I've had enough', then he comes with it".

T "As if first you have to surrender"

C "Ha! Constantly that power game". The word 'surrender' clearly fits for the client. She becomes silent. It's visible from her bodily reaction that she gets a shift and an insight. At the end of the session she comes back to that word - 'surrender' - and describes it as a clear shift. And she says: "I had experienced it that way, but I did not have that word yet".

This example shows the wording of mere e-content **[45]**. Here the therapist's words 'come in' and express the e of the client. If, on the other hand, the therapist gives a reflection that invites the client *to come to e* than the reflection of the therapist helps the client to let form an e; we can call this a *'form reflection'*. If the therapist helps the client *to word an e*, than it is a *content reflection*.

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[18] Although, strictly speaking, expressing an e is a further forming of it. Also in other words we can say: Forming an e is an implicit symbolization (direct referent: ECM; PM, Ch. VIII). Expressing an e is an explicit symbolization.

So, being oriented to e can be specified. The therapist gives attention to the client's further development of an e (e-content work) (→: development). Or he mainly gives attention to the clients connecting with e, which means to let form an e (e-forming work) (↓: going from surface to depth).

Certain reflections are mixed: They contain the two kinds of reflection. In certain reflections the therapist gives also a form suggestion beside the content: They are mixed. For example, by reflecting/saying back or 'translating' "I am sad" by "You are sensing something in you that is sad" (Weiser Cornell, 2005) the therapist not only reflects content but he also wants to influence the inner process of how the client relates to his experiencing.

Forming an e is giving it the right to exist. This may happen by the client, directly or indirectly; and by the therapist **[47]**. The inner space is made at the same time as/in the same movement with the new e-sentence the client is saying. In other words the client is giving himself explicitly such a space. Better: the sentence itself (1) directly makes a space for itself (just like a newborn).

Or the inner space is made (2) more indirectly. A client tells that she herself found a way to help herself with her anxieties, her pain, and her guilt feeling: "I look at myself in the mirror and I say 'I may be with what I am; (I may) give love to what I want". This is how she herself forms a free space[19].

But it may also form via an (3) inviting suggestion from the therapist, for example: "Give what you feel now (e.g. in your difference with the other person) the right to exist. Make a free space for it".

So, the inner space is made at one time with the new e-sentence that the client says; or the client gives himself such a space, or the therapist helps to create it. Sometimes the therapist can help the client many times *to create and to word* an e from *a flowing e-stream* (chiefly content), at other times he helps the client many times *to free and to create* an e *from under or beside*, for example, a critical voice (chiefly form work).

So far for the distinction between forming reflections and content reflections in therapy; so we have two kinds here. But now we will see that focusing shows us that we can distinguish more than two kinds of experientializing interventions.

The many diverse interventions that bring the client to and into e can be traced, I think, to five kinds of interventions or suggestions **[48]**. These go back to the five main stages of a client's fruitful coping with his own experiencing:

(1) stop, interrupt the usual way of coping with situations and with ourselves[20], and *pause*;

[19] See also Depestele, 2009, p. 100-101; under 2.2: 'from occupied to neutral position'.
[20] See especially Gendlin (1978).

(2) *inner attention* or orienting the attention to what may become implicit meaning or to what may become an e; letting an implicit feeling form; inner attention is attention for something 'bodily', for something what the body-as-it-feels-meaning can bring. Or:
    2a. to go inside
    2b. to wait (this specific kind of experiential waiting) …
    2c. … for an e coming or forming[21];
(3) *let the implicit feeling choose* wordings/expressions/explications (select symbols: Gendlin, 1962, ECM, p. 119); in other words, let wordings come, search wordings or get them handed;
(4) let the implicit feeling *check* the wordings that came (arbiter the symbols: ECM, p. 119), and pay careful attention to and receive the answer of the body-as-it-feels-meaning (the meaning-feeling-body), up to …
(5) … the *symbols come that carry forward* the implicit feeling/felt sense.

Each of these substeps must have a bodily effect.

This scheme of five substeps may function as kind of a general guidance for working with focusing in certain moments of therapy.

Besides the distinction into two and the distinction into five subskills, it is possible to discern many more subskills in the general focusing ability. Nearly ninety subskills can be distinguished (exclusive of 'the first movement'), collected from several focusing training programs (from the *practice of focusing teaching*); this **list** is in Dutch. We could take the list at hand, and search how we could find from there on, from '*the theory*' as it were, possible experientializing micro-interventions for therapy. From the knowledge of the subskills we could search for those places in the therapy where we could bring in such a subskill, in other words search for those small 'hooks' where we could 'attach' such subskills.

From my own practice (from a *practice of experiential therapy*) I have collected many fragments and searched for common aspects and made an inventory of them, thus an **inventory** of possible experientializing interventions.

Overview of examples group III: What the therapist can do to help the client into the free e-space

3.1 Hearing e, listening to e
3.2 Opening e
3.3 Bringing the speaking of the client in contact with e (again)
    3.3.1 From the words *to e*
    3.3.2 *From e* to the words; touching lightly …
3.4 How does the therapist work with the client's e?

[21] Forming an e = 1 to 2c.

3.1. Hearing e, listening to e

Example 3.1 **[49]**

A client says: "Now I am calmer. But when I read the newspaper *suddenly it goes too fast*. Or at the newscast after fifteen minutes I have only remembered a couple of items. I, the therapist, note '*suddenly it goes too fast*'. This is part of a sentence. It refers to an e-piece that occurs in several situations. It is an e-piece that suddenly finds a wording. I gave this back to the client and he agrees that it comes back in several situations.

The sentence part '*suddenly it goes too fast*' is like a piece of wood you as a therapist suddenly see in the waves when you're walking along the water on the beach, the waves being the sentences the client is saying in the session. When you are making contact with what is happening in the 'mass of water' or in the 'mass of e' of the client you are trying to follow, making contact with what is happening *in the sea of not-e-sentences or half-e-sentences, suddenly a real e-sentence occurs. As a piece of wood you suddenly see surfacing and rocking in the waves*. First you are not sure if it is a piece of wood. But then it becomes clearer, and it shows itself better.

Why as a therapist can I see the 'piece of wood' or the e-sentence? I feel it from the whole of how I have heard the client up to now in this session and the sessions before, from the felt meaning that has built itself up in me, from my relevance felt meaning (Gendlin, 1962, 127-134).

3.2. Opening e

Example 3.2.1 **[50]**

'Right' in what respect/sense?

Client tells about her automutilating. I wonder: what is the implying, the motive, the real desire? And I ask it.

T What is in that desire?
C Seeing that ….. That is relieving.
T What is 'that' [in 'seeing that']?
C That wound, it gives a feeling that it is right.
T 'Right' in what respect/sense? [This is a deepening question. It is an attempt to open an e].
C That it is how it ought to be/should be.

Example 3.2.2 **[51]**

Client tends to stay a long time in describing and in searching for somatic reasons. For example (when the client keeps talking about symptoms) I ask: "What do you think the depressiveness is *about*?". And he answers: "Because I was pushed around since a long time". *He answers with 'because' instead of 'about that'*. Only when I put the same question a few times he brings the situation which the depressiveness is about: "Perhaps they will give me a job that doesn't fit me and then I will be found inadequate in the long term". You see, it is *painstakingly/scrupulously/meticulously paying attention and working with words*. You follow the client very closely via his language.

Example 3.2.3 **[52]**

The therapist formulates the reflection in the 'I-form'/gives the reflection with the 'I'-term. He reflects something such that the client receives and experiences it in the I-form; *the 'I-formulation' guides the client's attention directly to himself and to his experiential inside*; it strengthens the invitation to the client to reflect. I use this often: The client knows that I am not speaking about my own 'I' but that I voice/represent the 'I' of the client.

Example 3.2.4 **[53]**

Possible questions when there is a silence without subject (S2b). Beginning of the session: where are your thoughts *going* to?/Where is your mind wandering to? Later in the session: Where *are* your thoughts *with*?/You might wonder: what's on my mind now?

The term 'thoughts' seems strange in this realm of feeling but the goal is to bring the client to his own current experiential issue. I use the term 'thoughts' as an alternative for 'attention' that *goes to* or that *is with*.

Difference with example 1.2: Example 1.2 [slide 10] is from a blocked client at the beginning of a therapy. Example 3.2.4 [53] is from an ongoing therapy.

Example 3.2.5 **[54]**

What in the sentence brings you to this feeling of 'pooh'?

C I am betrayed somewhat by my own enthusiasm, my tendency to go along [with something new].

T I am betrayed somewhat by my tendency to go along.

C Pooh.

T What in the sentence brings you to this feeling of 'pooh'? [deepening question; cf the question 'what in the situation …?']

C Simply that going along.

T It is a very charged word now.

Example 3.2.6 **[55]**

'*What in* that 'giving explanation' gives …?'

C Mentions some places on his body that feel like burning.

T 'What does my body feel in general?'/'How does my body feel as a whole?'

C (Many things come) gives an example: Giving explanation to a new colleague; is an effort, burning feeling, pressure.

T *What in* that 'giving explanation' gives you these sensations?

C (Silence) … The bearing of: the *umpteenth* colleague in the list that I have to settle in (…).

The phrasing 'the *umpteenth*' comes back time and again in this session.

T (Asks to focus on this phrasing:) The *umpteenth*: What does it evoke?

C Discouragement; burns up the energy; 'the *umpteenth*' … the bosses take it for granted; they don't see me.

Example 3.2.6 **[56]**

The therapist sometimes needs to propose something to get to an e-cluster and to put it on motion. I suggest the client to imagine that she is stronger than her boss and that she is fighting with him. To imagine that she is beating him.

Client suffers again from headache, irritability, and a mild depressive mood, now she has to face her boss again after her holiday. At a certain moment I feel that the client maybe should be able to express her anger. *I suggest this* to her, and the first thing that comes is: *I am angry at myself. When I insist a little bit, she says: [I am angry] in the first place at my father, and in the second place at my boss *"but he cannot help that much".

I point out to her that she hardly can feel her anger because it is followed immediately by a smoothing-over ('but he cannot help that much'). I suggest omitting this smoothing-over, and then she succeeds to imagine her speaking to him [her boss] and mentioning some six points for which she blames him.

Afterwards *she has a hard/bad time of it; she has difficulty to accept the anger she has expressed, to give it a space. I then say: maybe you are afraid for the outburst of a still bigger anger that you could not control. I also say (after she had said that she reacts depressively): "The oppression leads to a depressive reaction".

Then I think for the second time that it would be good that *I myself make a suggestion here*, and I suggest her to imagine that she is stronger than him and that she is fighting with him. To imagine that she is beating him. At a certain moment during the imagination experience she can say spontaneously: "I keep hitting him until he is in the ground". I insist that she would feel her power really bodily. At the end she says: "Good riddance to bad rubbish"/("That's things nice and tidy again"). I respond, playing with the Dutch word 'opge-ruim-d' ('ruim-te' is space; in 'ruim' you see the English word 'room'): now you have space again. She says: like it was before that.

At the end of the session I suggest her to recall these two moments - the six reproaches, and this imagination experience - in the next days, to return to that. And also not to say anything about it to anybody.

So sometimes the therapist himself must propose something to reach and to move the e-cluster. If I had remained nondirective and had not acted processdirective, this process could not have happened.

3.3. Bringing the speaking of the client in contact with e (again)

Example 3.3.1 **[57]**

A sentence that comes straight from the e-field is an opening made by the process itself (see also slide 47)

This client speaks about her obsessive-compulsive behavior, how she wants to have everything organized, how she likes mostly to stay at home in the evening and in fact doesn't go out: "It's only the little dog that provides me affection". I am not sure if I (therapist) have reflected some need or not. It is possible that the client has said the following spontaneously: "I lack something enormously, a child: being there for somebody". This sentence is a typical example of an e-sentence[22]. First the client gives a description, and then *a sentence comes straight from the e-field*. It is an opening made by the process itself. The therapist picks up this sentence immediately and handles it as an opening to further explore this point in the e-field or on the e-level.

My examples in the third group are explicit points of contact with e in the session, are points where 'the session' (i.e. the work of the client and the work of the client-therapist-exchanges) makes contact with the client's free e, with the client's *source of existence*.

Example 3.3.2 **[58]**

Therapist asks to substitute 'of my weakness' – because it implies a judgment about an own feeling.

C I may not let see/I may not allow me to show that I am really hurt here; that is dangerous: They could take advantage of my weakness.

T I ask if she could try to substitute the words 'of my weakness' – because they contain a judgment of an own feeling - for other words.

C … of my goodness; … of my feelings;

T Of my sensitivity?

C Yes[23].

---

[22] An e-sentence is a new, fresh, authentic, freely said, experientially felt sentence by the client. This is in contrast with repeating the usual, with saying his usual things.

[23] Possible criticism: you change what the client is feeling. No, I indicate that I have heard her hidden e, hidden under or cloaked in judgment. I help to free this e from judgment.

3.4 How does the therapist work with the client's e?

Example 3.4.1 **[59]**

When one works close to the e-field, it is best to *keep the sentences brief*, limited to the essence; this is more evocative.

One example is the therapist's reflection: "And that's why it must stay in the distance". '*That's why*' refers to: to be able to remain strong. But the therapist doesn't repeat this in his reflection and substitutes it for 'that's why'. The client doesn't need to hear these words again; 'that's why' is sufficient to evoke the referent. *Not the words but the experiential referent is important.*

Reasons:

1) Each redundant word may disturb, may be too much, in the sense that it may hold the attention away from e.
2) A small word group works here evocative (to guide the attention inside: *form* or *form-ing*; and to evoke further implicit e's: *content*) and semantic (evoking and expressing meanings) at the same time.

   Example 3.4.2 **[60]**

   For e-work words and brief parts of a sentence are more important than sentences. Words and brief parts of a sentence are more evocative (see e.g. the handle), because they are *closer to the semantic* than sentences (the more 'sentence' the more syntax). With sentences the client has to take along the syntax (thinking, following a reasoning). It's a matter of making openings in the e-field.
3) A brief vital sentence also works as a good summary: It is powerful (cf a theory is at its best if it is simple and reduces a complexity to something simple). Perhaps this is also an important principle in the interventions: Reduce a complexity to the essence and to something simple (the essence in simple sentences).

Example 3.4.3 **[61]**

When 'it' stays being up in the air in the session (and doesn't come to e): A summarizing reflection.

Sometimes in a session I give a summarizing reflection (1) when in fact there is *no 'e-thread'*. This reflection can underline the positive. For example: "From the whole story it appears that you have much resilience". Also positive in the sense of a reflection towards the future (after the client had only spoken about the negative at present and in the past): "You want to be free" (because this is implied in the negative).

Or (2) if 'it' lingers in the session (without coming to an e) I make a neutral summarizing reflection.

Example 3.4.4 **[62]**

The therapist suggests to the client a reflective 'task' for after the session

An application of therapeutic writing[24] is with a client with somatisations; a somatization is a bodily complaint without medical explanation. In the first interview she has a note with a list of twelve somatizations. For each one she has a medicine. At the end of the session I suggest her the following homework: "Each time you feel something somatic, try to ask yourself 'With which situation may this complaint have to do, and with which personal difficulty in that situation may it have to do?' and write it down briefly".

In the second session, to my surprise she has been working very fruitfully with this suggestion. She is enthusiastic and says: it was a golden clue to ask for the situation with each complaint. *Because until now with any painful event I tended to push it away instead of feeling it.*

Now she did the opposite. For example, her sister is visitng her with her family for dinner. During the aperitif she becomes dizzy. But she succeeds to reflect on her situation. She asks: "What is upsetting me now? I am sitting here alone, across (from) a family, sitting there opposite to me. Being single, without a family, is a failing. I don't comply with the expectations of the prevailing standard".

She did this reflecting work in different situations. Each time she writes it down briefly. She says: "At the moment I can name it, the tension diminishes and after one hour the somatic complaint has disappeared completely, or it has strongly diminished, or it becomes totally unimportant".

In the sessions she showed me several small notes where she has written down these new experiences. And so she continued to do a lot of therapeutic work on her own in each period of three weeks between the sessions.

At the end of the twelfth session she says: "My life has changed very much in positive sense in a few months, and that is not self-evident".

Examples 3.4.5 **[63]**

To a client who continues to chatter the therapist suggests waiting a couple of seconds between two sentences.

Client chatters and chatters. Here we must teach the client to pause (...). But this is not easy. This client chatters and chatters, dwells and repeats, away from the central issue. The therapist can hardly say a word/hardly gets a word in. The client *chatters at a distance from e.* The therapist tries to get him to the central issue: "The word that says everything is

[24] Part of my contribution to the panel 'One process, many avenues: Therapeutic paths for carrying forward in FOT', on The Second World Conference on Focusing-Oriented Psychotherapies 'Living the Practice', November 10-13, 2011, Stony Point Center: Stony Point, New York.

'programmed/scheduled'". The client confirms this. But in chattering he has contact with e only now and then. Or with another chattering client the therapist just says it through his chattering, for example "The lack", in order to bring him back to 'it'. Or with still another client the therapist really has to say "Stop"; and invite him to take a pause to feel the essence of what he wants to say.

3.5. Bringing back the process to e

Example 3.5.1 **[64]**
Client wants to be able to share more things with her mother but she doesn't visit her and mentions some reasons for this, with which she leaves her e. The therapist answers: "But these reasons don't take away the desire to share it with her". The client confirms this.

3.6. Examples of single interventions

There are many micro-interventions that may be *brought in to the client's current speaking*, and *this may bring the client to e.*

Example 3.6.1 **[65]**
C The situation at home was again spinning around in my head the whole week.
T *What exactly from the situation …*?
C That I don't have a decision in it (C can specify it immediately)

Example 3.6.2 **[66]**
T It feels like a rejection.
C Maybe she does not mean it like that.
T *But it ís the feeling which it evokes in you.*

Example 3.6.3 **[67]**
Client has just become a father and describes the intense contact with the baby.
C The baby is not separate …
T Not separate but …
C … a consequence/result of me (and many more meanings come)
The 'tool' I am using here is 'not separate but …': I use these words to invite his reflective attention inside, to bring the *attention to the three dots* 'above the spot' where the implicit may come into focus and reveal itself.

Example 3.6.4 **[68]**

Client: the first anniversary of his father's death comes closer.

C Everything comes back (…). I feel the whole film at once, and that is too much.

T How do you feel all that *at the moment*?

C I know that I cannot change anything about it, but *it* hurts tremendously.

T *It* … what in particular?

C *Something could be done, and they didn't do it* [This is the client's conviction] (…). [In this way the client comes to the core of the pain].

Example 3.6.5 **[69]**

C (tells about mother's reaction after she announced that she was pregnant)

T (asks her:) *what does it effect in you*?

C (repeats how mother reacted; T acknowledges this)

T (after three repetitions T says:) *It's not easy for you to come to* what it effects in you.

C Disappointed that she was not happier, that she was not very happy.

So the therapist tries to stop the client's repetitions and reflects the difficulty itself.

Example 3.6.6 **[70]**

C Being with my mother, I am still rebelling. But when I am with her, I enjoy for seventy percent her presence.

T Her presence.

C Yes (…)

T *What in her presence is it* that makes you enjoy?

C I don't know … her humour when she begins (…). We put music on and then we sing; I find that smoothly (…). She bosses much less; I have resisted that.

Example 3.6.7 **[71]**

C "I *should* have been able to support my daughter better against her [violent] father" [client suffers heavily from self-reproach concerning this point].

T "Could you 'translate' this sentence in 'I would have *wanted* to be able to better support my daughter against her father'?"

C Nods

T "Does this feel as a small difference inside?"

C "Yes. Because it shows that maybe I was not able to do anything about it (…) maybe that it is not all my fault".

Example 3.6.8 **[72]**

C1 (…) I lack desire of living (…) I must urge myself to do something during the day (…) [a statement; a finding]

T Could you convert this sentence into a question to yourself: 'what in my life do I lack in order that I would have desire?' [we make an e-form, an invitation inside; ánd we work with the same word 'desire'; a reflective invitation inside offers more possibilities]

C2 (…) I think [I lack] appreciation and affection (…) having to do éverything alone (…) not being able to share with anybody (…).

Example 3.6.9 **[73]**

C I can get very angry up to verbal violence (gives the example of a car that pushes him as a biker out of the way, and that he did hit the car and calls them all sorts of names)

T That car *forces* me [reflection in I-form] to go out of the way entirely, like an authority (as the authority of your father) did force you.

C (Silent … Aha-Erlebnis …) You are good, eh. I have said it to my girlfriend: he is good. Yes, yes, yes. C'est ça ('That's it'). Look, yes. That anger is there all my life already.

Example 3.6.10 **[74]**

C I did find that a bit ... [softening] (…). I did find it …

T Try to put a word on it: 'I did find it …'

C 'Injuste' in French.

T 'Injuste'. Unjust.

Example 3.6.11 **[75]**

The client is anxious that a new standpoint of her may not be taken by the other person. The therapist suggests: imagine that he doesn't take it. Imagine this, but *don't let you be overwhelmed* by the fact that the other doesn't take it. Return to yourself from the moment that you have the image of the other not taking it. And look inside which answer forms there in yourself.

So the imagination may not lead to a being overwhelmed by the standpoint of the other, but to an immediate return to yourself. The aim of it is *to let grow an own (implicit) answer* …

Example 3.6.12 **[76]**

C Client sighs.

T "You sigh".

C "Concern".

The therapist reflects small things: 'piano' touch.

We may ask: What if the therapist had not reflected that? Then this step would not have come. Saying it makes a difference in the client. Otherwise it remains unformed in the client. First it was only sigh, only nonverbal body. Now it is fully meaningful body. In the moment of the sigh the client doesn't know that it is about concern. Now he does. And this step came by a small 'piano' touch from the therapist, by a small touch that makes the client reflective, by a small e-opening touch.

This is a super small intervention, the smallest possible intervention, a small touch, an e-touch … it is an e-touch … just touching e.

So: see and reflect the smallest detail. The smallest intervention. One word. One nonverbal act, e.g. a sigh.

3.7. What language and e do with each other

Example 3.7.1 **[77]**

Indefinite ('it', 'something') or non-specific ('strange') words, and going to a wordless e.

This client speaks about her husband and about a therapy session they had together some time ago. In this individual session with the client the therapist asks "what does it effect in you?" The client answers: "It is quite *strange* … when I see that" (she means when she sees the contrast between his very high performance in his job and his inability to understand what a therapist asks). I pick up the word 'strange' and reflect it. It is a possible entry word to the e-field of the client. When I ask about it, she clarifies: "Mostly it makes me closing off and getting angry at him. This time it evokes something protecting".

Example 3.7.2 **[78]**

I always try to go with the client to a wordless e, to open a wordless e. When the client uses a word like 'it', 'something', 'strange', these are words which refer to something while this is something unclear, while this is something indefinite. *Such words are indefinite ('it', 'something') or non-specific ('strange'): They ask for a specifying.*

Such a word is very valuable. It is the first word with which the client can say something from his feeling, and therefore it is an important word and it must be respected.

Subsequently the therapist may invite the client to ask inside and to feel for a while what he wants to say here with, for example, 'strange'; and the therapist may add immediately: "First nothing might come, it will remain unclear; don't force it, just stay with it, stay with the 'wordless' under 'strange'".

An invitation to specify it may bring the client further; thus an invitation to orient the client's attention to the e-field from where, for example, the word 'strange' originated.

Or, for example, a client says: "But it is so much. And I don't mean that negative". This is an opportunity to open a wordless e. The therapist may then ask for example: "You

say ‘it is so much and I don’t mean that negative’, how do you mean it, then?” If the client takes the question along inside, a clarification may come.

Example 3.7.3 **[79]**

‘That was so …’ is a small onset sentence.

Client: “Someone has passed away. I was often with his parents, each Sunday. He was there. That was so ... (‘Dat was zo ...’)”. The small sentence ‘that was so ...’ is an expression that possibly allows to come to an e or to let an e form. The small sentence is not finished; it asks for more. And it is an indefiniteness. The therapist repeats the sentence and asks the client to complete it. Client: “That was a warm nest so [English?] (Dat was een warm nest zo)”. So the original inviting sentence was – the original mould – in fact was: ‘That was … so’.

Thus the original mould is also or may become an initiating sentence, an onset sentence, and e-onset. The therapist repeats the onset sentence and asks to complete it.

An onset sentence – *something wants further* - differs from a broken-off sentence – *something wants to stop/hide.*

Example 3.7.4 **[80]**

Under the words and the sentences an e-field may come

The e-field is: under the words and sentences e’s and felt senses can come, an e-field can come; the client can get contact with it.

An e-sentence: after a brief description how she has felt yesterday the client says: “I think that I have come out of the dumps, but it is not completely at an end. I don’t really feel very strong yet”. After the description of yesterday this is a sentence that is purely e, a pure e-sentence. It is that which the client says directly from his experiencing (in Dutch: ‘spreken’). It is not a discussing (‘be-spreken’).

Definition of an e-sentence: an e-sentence is not a sentence that describes something external but a sentence that conveys something of the person, something of an own (felt position in his) situation; then this implicit (the felt implicit intricacy) can come along and cooperate (see also Gendlin, 2008, 367).

Example 3.7.5 **[81]**

A sigh is unifying (unification).

After an enumeration of all kinds of examples of conflicts at home, of being reproached etc. (the client is not really on the e-level, while the therapist is searching an entry to it) suddenly the client gives a sigh. The body makes this spontaneously. Such a sigh is an honest (this means genuine, own) non-verbal e-response (non-verbal e!) of the body to the current total-situation (whole situation), a unifying response (all actual implyings unify into this sigh). The sigh is the first ‘word’ the body forms (cf supra: ‘it’, ‘something’, ‘strange’). It

is a *non-verbal summarizing, uni-fying reaction of the body*. It is the non-verbal as the *bearing ground for the verbal*, which will come from it.

The therapist asks: "What is this sigh?" A therapist is needed to make such a reflection; otherwise the client just continues. Also very likely he is not aware that he sighs and passes over it. The therapist could also have said: "You sigh", so a pure reflection. But the client could have responded: "Wouldn't you?" and thus not gone to the content (making it to something relational). The question 'what is this sigh?' invites him to go inside.

The question brings an entry to e, a possibility to come in a deeper level, to come to the verbal e under the non-verbal. Focusing would be good here, but the client doesn't take that silence spontaneously, he wants to continue to speak. The therapist has to return a couple of times to that sigh; but if you must return then the forming of (the entry to) the underlying e is already perhaps much more difficult.

And to the question about the sigh the client says: "Disappointment, the chaotic, some powerlessness" and he elaborates that, now and then returning to another example again of being reproached, etc. Thus the client goes back and forth between describing and exploring e.

Example 3.7.6 **[82]**

Reflecting non-verbal body-'text'; the therapist reflects starting from the non-verbal language of the body.

For a reflection I don't always rely on what the client says. A client tells, for example, about problem situations on her job but she doesn't get down to say what it does effect in her and what it does for her. Instead of relying on 'her text', I read indignation from/on her face and reflect it to her, reflect her non-verbal body-'text'. But she doesn't take it up.

I also say: "You also find it incorrect (that she must fulfill this and that task in the place of her colleagues)". A moment later I read sorrow from/on her face just for a while. And this time, she recognizes it. Still later from what she has said, I reflect: "You don't feel acknowledged" and she recognizes this too.

With another client the therapist derives from his facial expression that he feels emotionally charged, and he reflects this to him. The client confirms it and starts to specify how he feels. Here it concerns the *reflective non-verbal*, namely the non-verbal as the representation/'portrayal' of the inner state and as a possible first stage of the road to reflection to e. The *relational non-verbal* is the non-verbal expression as message to the present other person, for example, an angrily expression to the therapist. But an angrily expression may also be a reflection, a representation of how the client feels about what he is describing. Thus one needs the context to be able to determine it.

Example 3.7.7 **[83]**

The non-verbal reaction with which the client begins the session

Instead of looking at the first sentence the client says in the session, we can also look at the *first non-verbal reaction*. This client laughs at the start of the session out of shyness. I ask 'what makes you feel shy at this start of the session?'. She can develop it. (…) The shyness is not passed over, it has not been 'overcome', has not been put aside. Instead it is put into words.

Example 3.7.8 **[84]**

C says something, checks, until a right word comes

The client speaks about the person with whom she is in love. When the therapist asks what in that person is so appealing for her (the client), she says: "The first thing that comes is the mysterious. The mysterious, the discreet. 'The mysterious' is in fact not a good word: the discreet". This is a pure example of what happens in e: a word comes, automatically (this client doesn't need to make a conscious effort for it) the client checks inside, and a correction comes.

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