

Crossing Some Eastern Concepts With The Implicit and Focusing-Oriented Psychotherapy (FOT)

Murasato's Theory of the Co-Grounding of Art, Life, and Mental Illness

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Introduction

Yasuhiro Suetake



For more than five years, we have been holding an academic meeting in Tokyo called "Gendlin's Philosophical Cafe." We have read and studied Eugene Gendlin's *A Process Model* (1997) and his other philosophical articles, and discussed the meaning and significance of his work.

Recently we have published two books (in Japanese): *The Origin of Focusing and its Clinical Applications* (2009), edited by Morotomi, and *An Introduction to Gendlin's Philosophy As the Basis of Focusing* (2009), edited by Morotomi, Murasato and Suetake.

Now we are preparing to found the "Japan Gendlin Association."

For a presentation at the first World Focusing-Oriented Psychotherapy (FOT) Conference, we held numerous discussions. Finally we decided that at this time we would focus on one of our members generating theory—Tadayuki Murasato's co-grounding theory of human beings and mental illness—because we think his thought has significant connections and implications for the philosophy of the implicit and FOT.

The following presentations are only partial reports of our discussions so far.

First, Murasato presents his theory, then other presenters comment on it, and extend it in their discussions.

On Understanding Mental Illness within a Wider "Being" Model of Life

Tadayuki Murasato



The following is a title unusual way of presentation. You might find it like a nesting, or a *matreshka*, a Russian wooden doll. It is a product of the reading group which we have been holding for five or six years focusing on Gendlin's philosophy.

Let me start by explaining the theory behind the title "On Understanding Mental Illness Within a Wider 'Being' Model Of Life."

We meet many clients who are troubled by various kinds of mental illness that can be seen as failures, breakdowns, or disorders of mental and bodily functions. Human beings, however, cannot be clearly divided into "healthy" and "ill" groups. Even people who belong to the "healthy" group sometimes experience psychotic episodes such as delusions, or hallucinations, if only for a short period of time. In terms of mental well-being, we humans share more similarities than differences. Therefore, when we try to understand clients with mental disorders, we must endeavor to understand ourselves.

In order to do so, we have to consult philosophy, which has changed radically since the latter half of the 19th century, the conception of experience shifting from theoretical and abstract. Why is phenomenology most important? It is important because it explores our experience as phenomena of the unperceived relation between our knowing and our objects.

We want to explain my understanding crossing Western phenomenology with Eastern, especially the Japanese version, which began with Kitano Nishida and has been continuing, although in a poor way. Nishida's philosophy is in a sense a philosophy of Nothingness which has its roots in Buddhism. Another characteristic of Buddhism is to comprehend everything to relate everything by everything. These two characteristics are in contrast with the Western way of thinking of Being until Gendlin. However, I think we can cross these two ways of thinking with each other if we think everything with our "experiencing" which co-grounds our experiences.

Dilthey's hermeneutics and Husserl's phenomenology opened new horizons in Western philosophy. Husserl found that the function of human beings is not only to acquire an empirical sense of objects, but also to uphold distinct belief systems as part of a wider world. Yoshihiro Nitta, a Japanese philosopher, called this "nonsymmetrical understanding," in which our body always discovers our objective knowledge. Following Husserl's phenomenology and Freud's discovery of the unconscious, we must take both our explicit and implicit knowledge into consideration. Phenomenology has always sought the implicit knowledge that has been forgotten in modern times. Prior to Nishida and Gendlin, phenomenology had criticized the ways of modern science and philosophy and aimed to open a new horizon on which everything shows itself quite differently from the way it appears in modern science. However, it could not show how to progress beyond that. Nishida explored the vertical planes of the implicit knowledge of our body. Gendlin found a new way to approach the subjective as a counterpart to the supposed objectivity of modern science. In that sense, Nishida's philosophy and Gendlin's philosophy are continuous philosophies of so-called phenomenology. Phenomenology has developed in spite of the spread of post-modern philosophies, and must continue to develop if we are to find our direction into the future.

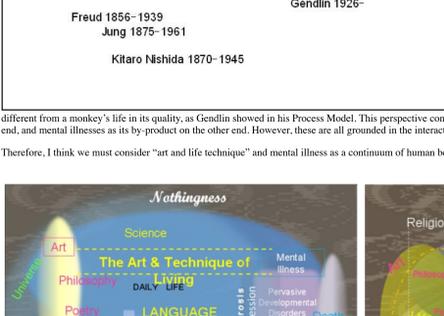
My aim here is to offer a macroscopic explanation of mental illness from the point at which Nishida and Gendlin meet. I think that Nishida and Gendlin developed new directions in phenomenology which can be crossed with each other quite productively. For example, I think that they can help us understand mental illness in the context of the whole phenomenon of living.

According to my understanding, developed from my practice, mental illness and art are not separate from our daily life, but can be thought of as parts of the art and technique of living. This seems to have been not so complicated as it is now, although it was of course quite different from a monkey's life in its quality, as Gendlin showed in his Process Model. This perspective consists of a continuum with artistic activity, namely the condensed bodily-mental activity, on one end, and mental illnesses as its by-product on the other end. However, these are all grounded in the interaction between the body, imagery and language.

Therefore, I think we must consider "art and life technique" and mental illness as a continuum of human beings' behaviors and actions.

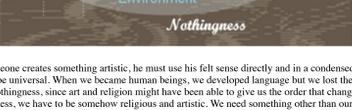
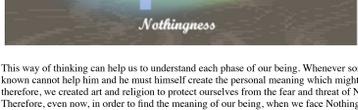
History of Phenomenology

by Tadayuki Murasato



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This way of thinking can help us to understand each phase of our being. Whenever someone creates something artistic, he must use his felt sense directly and in a condensed way, because what is already known cannot help him and he must himself create the personal meaning which might be universal. When we became human beings, we developed language but we lost the protection of instinct; therefore, we created art and religion to protect ourselves from the fear and threat of Nothingness, since art and religion might have been able to give us the order that changes Nothingness into Universe. Therefore, even now, in order to find the meaning of our being, when we face Nothingness, we have to be somehow religious and artistic. We need something other than our daily language—we must step our daily usage of words. This, however, requires so much energy that it sometimes results in mental illness, just as happened to Van Gogh.

On Art. Here, I want to try to explain my thinking on art. The Japanese neuroscientist Makoto Iwata wrote in his book *Seeing Brain and Drawing Brain*:

In many cases, creativity in an individual emerges within an area in which we follow the action-mnans which regulate our social activities. It is difficult for it to emerge in a way which deviates from the common norms. In rare cases, however, an individual deviates from the regulation and creates something quite new, and his or her creation has originality.

As for carrying out in practice their own most humanklike trait of seeing and drawing, artists have always been ahead of neuroscientists. In other words, in the mental activity of seeing, we can say that artists have practiced the thinking processes of problem-finding, but neuroscientists practiced problem-solving. Neuroscientists have to follow what artists have already done.

This is a explanation of what arts do for human beings. I want to ask myself again what arts do for human beings. For example, the day before yesterday, we went to a concert by the Berlin Philharmonic conducted by Simon Rattle, and were very moved by listening to Brahms's Symphony No. 1. What does this mean? For what do we pay much money? To have an experience which we cannot have through other activities. Especially in the case of music, the sounds fade out just after they emerge, but the patterns of sounds, these are something special which remain and continue to affect the listener's mind and somehow change him or her. Perhaps the listener might begin to think that fighting between human beings is meaningless, or find something else. But in any case, we know we have received something good. Through our body-sense, we know that something good, beautiful and true happened, and at the same time we can see clearly that the good, the beautiful and the true are inherently co-grounded. This is an experience from which we can reach "Being" rather than "Nothingness." In Eastern thought, Nothingness has been emphasized, but I think it was not emphasized just for its own sake. Touching absolute Nothingness is supposed to be an essential gateway through which "Being" can be reached ([see Morotomi's presentation](#)).

On our ordinary life: Even in our daily life, whenever we want something new or we are located in a unique situation, we have to consult our felt sense, namely, our action-intuition. These are occasions when we use Focusing and TAE (Thinking at the Edge) most effectively and meaningfully (see Tokumaru's presentation).

On mental illness: It seems that the more complicated our way of living has become, the more stressful our lives have become, and this has produced more and more mental illness. There is even a hypothesis that human beings have suffered schizophrenia since the Enlightenment, the era of rationalism. The recent increase in mental illness is related to how complicated and stressful our "art and technique of living" is now and how nervous and sometimes even neurotic modern arts are. Therefore, separating mental illness from our "art and technique of living" might mislead us into losing our inherent co-groundedness. But if we are not misled, we still have the possibility of finding the implicit relations between them.

When we are mentally ill, our felt sense, our action-intuition and *jikaku*-intuition do not fully function. This is true whether the illness is due to either a neurological problem or a psychological one. For example, I have a client who suffered from depression and a personality disorder. I asked her to feel her felt sense. She answered that she couldn't, and she would think in her head.

Generally speaking, the situation we are experiencing now seems to be too complicated and too difficult for us to live a healthy life. Therefore, this situation needs to be changed into a healthier one. In order to understand this, we must consult our felt sense and what Gendlin calls our deliberateness. It is not enough for us to only treat a client's mental illness. We have to help our clients with a multifaceted approach and must sometimes provide collaborative therapy with the many resources available to the client.

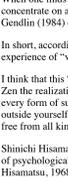
I have done this in my therapy, especially in psychotherapy for clients with pervasive developmental disorder or schizophrenia. In many cases, we can help them recover to the point that they can continue and finish their high school or university education. They with their felt sense difficulties in finding and keeping a job. Therefore, we should ask society and companies to help them people with such of our tasks, outside yourself, but it is originally and already realized in your self, here and now (Abe, 1985). At the level of ego, a person has many troubles and sufferings. But at the level of true self, he/she is in fact free from all kinds of troubles and suffering.

Shinichi Hisamatsu, one of the greatest Zen masters in Japan, called this level of self "formless-self." And after a dialogue with Carl Jung he said, "Psychotherapy is an approach which pursues the cause of psychological suffering and gets rid of the sufferings one by one. ... In contrast, Zen makes one free from all kinds of sufferings at once through awakening to a self which has no constraints" (Jung & Hisamatsu, 1968).

From this Zen point of view, we can say that Tomoda's concept of "vacuum" is a kind of stoppage because it is a place of nothingness. But "vacuum" is also a kind of "therapeutic stoppage" because it is a place of the realization of absolute nothingness, a place of small steps of self-awakening of the true self. (See also Suetake, 2010.)

How We Can Apply TAE (Thinking at the Edge) to Ordinary Life

Satoko Tokumaru



From a non-pathological standpoint, I'd like to present one case to show how a young healthy student feels more alive through experiencing a felt sense in the TAE process.

This 21-year-old female student used TAE to write a short essay. In the beginning, she was not certain how she could put into words things that she forgot about most of the time. In her TAE process, she encountered emotions and memories she had long forgotten, arising one after another. She was aware of how something hard to describe became true for herself through checking for the right description, and through looking from a different angle. According to her, describing helped something intangible to take shape, something distant to come closer. Moreover, she found it thrilling to get the exact right word which was true to her felt sense. Also, she realized her process was carrying forward; at first, words just scattered around, separate from each other; but gradually, those words collected at one place, and then started to be connected and incorporated into a single essay. At the end of the TAE process, she got the whole sense of "A Toy Box in Greenery." She felt confident that she could write an essay from that whole felt sense.

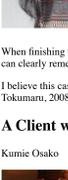
Notes she took during the TAE process helped her keep the whole felt sense when writing her essay. Based on the notes, she wanted to communicate her felt sense vividly and precisely to other people. She was paying more attention to "colours" in her writing. She did not want the memories to fade away once they had come into awareness. Also, by getting a felt body sense of "me in childhood" in an experience such as catching butterflies and dragonflies in the fields, she realized that "me now" was seeing the world somehow differently from those days. "I have always been growing," she thought.

When finishing the essay, she got a sense of accomplishment, feeling her vividly felt sense fully described. She came across a variety of "colours" here and there in her childhood memories. Even now she can clearly remember what she wrote in the essay. Writing freshly and bodily with a recollection of one childhood event brought a sense of inner enrichment to her.

I believe this case is a good example of how TAE helps ordinary people feel more alive. It might be interpreted as an instance of the body to be lived, the time to be lived in phenomenological terms (see Tokumaru, 2008).

A Client with Mental Illness who Barely Sustains Daily Life

Kumie Osako



I will show how we can understand mental illness as something not separate from life, as Murasato explained before, through a case study of a female client who was overwhelmed and preoccupied with many symptoms such as dissociation, panic disorder associated with a kind of traumatic experience, and some self-harm behaviors.

My biggest concern in this case was to help her maintain her daily life activities.

I hope you will forgive me for omitting the details of the following chapters: I. The outline of the case II. The assessment tests III. The sessions, and described the relationship between the client and therapist and also the therapist and the supervisor, through understanding some dreams of the therapist.)

IV. Discussion

I learned many things from this case. In fact, in the initial phase of therapy, I was confused by the client's manner of behaving rather than what she was saying. When she called to cancel a session, I felt relief. There seemed to be no progress during our sessions at all. There was no change. It might be the reason that the client came to therapy. It was very painful to be with her, and I tried to endure it. She said to be hospitalized several times, but I did not agree to her requests, even though I was right in decision. I was afraid that if she were away from her work, her symptoms would become worse. Then she might have difficulties in getting back to real life and might have to lead the life of a "mentally ill patient." I wanted to avoid that. Even though hospitalization might give her some relief and rest, it was highly possible that she would be fired, because of the economic depression and high rate of unemployment.

It was very difficult for me to build an appropriate relationship with her. I knew that our relationship was not therapeutic and decided to be supervised on this case. After I started my supervision, the process started to move forward. And we, the client and I, started to share our feelings timidly at the beginning, but honestly. I came to understand her and our relationship through my dreams and the counter-transference which happened in my dreams.

This client was a person who was somehow managing to sustain a normal life, even though she had her pathologies. Our relationship started with an intense involvement. But in retrospect, we might have met in order to be separated and for each of us to lead a life of her own as a professional and as a well-functioning person in her environment.

"Art and Technique of Living" and Manner of Experiencing: Focused on Schizophrenia

Hirotaki Sakuramoto



I would like to discuss the various functional levels of "art and technique of living" in relation to different manners of experiencing. This discussion will be based on Murasato's theory (previously discussed) and focuses mainly on schizophrenia.

Manners of experiencing can be roughly categorized into the following three types. In the first type, felt sense and conceptual frame interact with each other in a balanced fashion (Fig. 1).

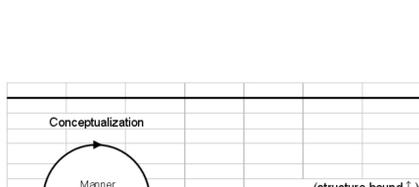


Fig 1. The first Type

In the second type, a conceptual frame binds the person, and the interaction between felt sense and conceptual frame is stagnant (Fig. 2).

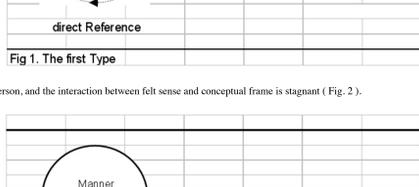


Fig 2. The second Type

In the third type, it is the felt sense that binds the person, and the interaction between felt sense and conceptual frame is stagnant (Fig. 3)

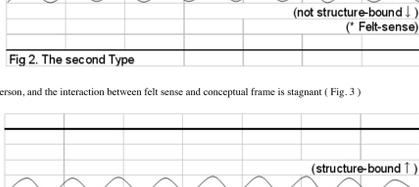


Fig 3. The third Type

The first type is often found in psychologically healthy people. In contrast, neurotic people often demonstrate the second manner of experiencing wherein a conceptual frame binds them. The third manner of experiencing applies to people with schizophrenia primarily because they lack conceptual frames and they are held back in a pre-conceptual experiential world.

When we explore Murasato's "art and technique of living" in the context of different manners of experiencing, we can see different ways this "art and technique of living" functions depending on the manner of experiencing.

Psychologically healthy people exhibit the first manner of experiencing. They have a more well-adapted "art and technique of living" than people with the other two types of manners of experiencing, because their felt sense and their conceptual frame interact with one another in a balanced fashion. In the second type, neurotic people have some functional "art and technique of living" but their adaptation is compromised because they are not in touch with their felt sense and their conceptual frame. In the third manner of experiencing, which characterizes people with schizophrenia, individuals are in touch with their felt sense but lack a conceptual frame that translates their felt sense into words or into social life. These people's "art and technique of living" is not functional. Their adaptation is nil.

Focusing-Oriented Therapy (FOT) is often effective for neurotic clients because FOT helps them get in touch with their felt sense that was abandoned (Fig. 4).

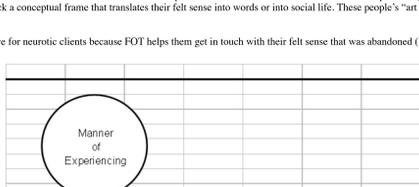


Fig 4.

This technique leads to improving the existing "art and technique of living" functions that are based on self and adapted to social life.

The opposite approach is necessary to treat clients with schizophrenia. Therapists should reinforce the client's conceptual frame in order to help the client recover their lost "art and technique of living." (Fig. 5)

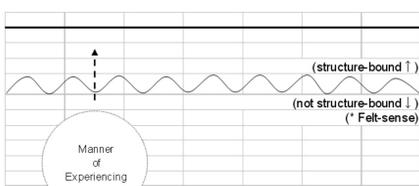


Fig 5.

This conceptual frame helps their felt sense be translated into words or into social life.

Let me present a case. (Permission to present the case in this article has been given by the client. Personal information is modified for protection of privacy.)

The client is a male in his twenties who has been diagnosed with schizophrenia. In the beginning phase of psychotherapy, he remained silent during the entire duration of the session and often pushed his hand against his head. When I directly referred to my own felt sense regarding the situation I shared with him, one image occurred in my mind. The image was that of "the client helplessly floating around in a dark ocean at midnight." Then a voice said, "Leave me in peace. Don't make the turbulence worse." Following my own felt-sense, I refrained from active intervention and remained silent during these initial sessions. After several silent sessions, he muttered, "There is a buzz." When I asked, "There is a buzz?" he replied, "There is a buzz in my head." I interpreted that he symbolized one aspect of his enlarged felt-sense as the word "buzz" with his maximum effort. Since this session, I attempted to conceptually and socially reinforce the word "buzz" as a basis for connecting his felt-sense to society, instead of facilitating his direct reference process. For example, I communicated with him in the following manner: "How is the buzz today? Is it worse than usual? What is helpful to cope with the buzz? Did you tell your doctor about your buzz? I could let him know if you would like." The client gradually learned to "communicate" with me using the word "buzz" since then. He gradually became more stable. He was able to develop the "art and technique of living," which in his case was to utilize the word "buzz," to communicate his "sense of struggle," i.e., his felt-sense. Ultimately he was able to receive assistance.

FOT generally facilitates a client's direct reference processes. This third approach, that binds felt sense to structure, may appear contradictory to FOT. However, the objective of all orientations of psychotherapy, including FOT, is to improve the client's "art and technique of living." Focusing is a means to attain this goal. Focusing itself is not the goal. Reinforcing a conceptual frame in order to bind the felt sense does not necessarily appear "focusing-oriented." I believe, however, that this is a valid FOT approach based on Gendlin's theory. Murasato's concept of "art and technique of living" could lead to examining the fundamentals of all orientations of psychotherapy including FOT and to exploring the use of FOT to a greater extent.

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