

Heavy-weight Dead Ends by Alan Tidmarsh

Eugene Gendlin used “Dead Ends” as the title for the first chapter of his manual of Focusing Oriented Therapy.¹ The image typified the kind of stuck place people can get into and the significance of focusing as a way out of them. In the latter part of my career as a focusing oriented therapist I worked almost exclusively with those whose heavyweight Dead Ends became shrouded in the apparent impossibilities of “trauma”, “addiction” or both. In this paper I aim to express to a focusing audience the convictions that this experience has left me with. I have written elsewhere in academic terms (particularly about addiction²) so on this occasion I will allow myself to express what seems most crucial to me in my own terms, leaving indications of references to the endnotes. The first three sections will set out Dead Ends in the context of a focusing-oriented view. The following two sections will describe a combination of focusing and EMDR in working with Dead Ends. Finally I will indicate the significance for me of focusing outside a therapy room and suggest a philosophy of garden design.

Finding Oneself

I take it as common ground among focusers that experiencing is somehow the heart of living, even perhaps a definition of it. At birth we are thrown into experiencing without preparation or consent and commence the long struggle of making something of where we have been put.³ The challenge of life at that moment (*what it is to be me, to be here?*) comes to us as a bundle of connections - perceptions, thoughts, feelings and actions. As much as we may try to disentangle things, we always need to understand the context and relationships to understand anything at all. A fish out of water is an interesting idea, but a real fish out of water will pretty soon be a dead fish.

As focusers we are constantly attending to that melange of experiencing, recognising the “implicit intricacy” of the connections it involves.⁴ We point people to it, sensing that the greatest potential in living is found when we are most open to the whole of it. A philosopher typified the challenge of every moment of living in this contextual conundrum “*Well I guess we’ll just have to go on from here.*”⁵ To tune into the potential and challenge of such rich moments can be exhilarating and exhausting. Too much for everyday living. For the most part we need simpler rules of thumb, habits of response, abstractions to save us needing to fathom and relearn every situation every moment. A simpler term might be ‘short-cuts’ - ways to operate in a constantly changing environment without having to go through the expensive orientation process (expensive in time and effort terms) repeatedly. In this article I emphasise three short-cuts - cognitive labels (relating to situations through simplified repeated pattern), caricatures of self (simplified views and judgements of the ‘me’ part of experiencing) and dependence on emotions (relatively crude cues that direct attention towards possibly required action).

The significance of such abstractions cannot be overstated when it comes to Dead Ends. Abstractions are not the Dead Ends in themselves, but over-reliance on them can easily lead to a Dead End and stop someone getting away from it. Yet they have their rightful place. It might be helpful to be clear on at least three reasons why the majority of human life can only be lived when mediated through simplified habits and understandings of the situations we encounter.

- One is the simple reduction in effort required. It is estimated that a human version of autopilot operates most of the time at least to some extent - managing habitual actions, familiar circumstances, shared assumptions.⁶ When you are walking a familiar path or

performing a habitual action you can be on auto-pilot for minutes or even hours, only coming to awareness if something unexpected provides a jolt.

- A second is that actual reality often contains at least unpalatable truth if not aspects of ourselves and our lives that we cannot face admitting. We are advised to 'look on the bright side' and 'hope for the best'. It is appreciably more comfortable to live in a world where lots of nastiness isn't even noticed. What might sometimes be called anxiety or depression may be the consequence of trying to live in a totally positive way when harsh negatives can find a person out.
- A third is that whenever it is explicitly available, any particular encounter with reality in life will foreground some elements of the implicit intricacy and leave other truth available for further crossing and dipping.⁷ From a focusing perspective any account of reality cannot hope to express all of the subtleties and connections in a situation. Theories and abstractions are even more selective. So even leaving aside all human desires to manipulate and mislead each other, there will remain much that is unsaid.

My suggestion is that the fundamental orientation question (*how do I go on from here?*) remains the crucial one each day. Focusing is therefore the pause required frequently to re-adjust orientation, re-find where we are and discover what the right next step looks like. However for the most part we used the short-cuts (cognitive labels, caricatures of self, emotional cues) to steer things. These provide various approximations of direction and are false friends - always both useful and essential for daily life, but also being approximations, simplifications and habitual patterns, liable to be misleading. It is depending on living the present mostly in terms of the past. The meandering process of a focusing session provides an opportunity to zig-zag between them and more intuitive connections to experiencing.⁸ Pushing into this 'more-than-can-be-said'⁹ allows life to remake itself before our eyes.

Dead Ends

Gendlin described the dynamics of Dead Ends in terms of a 'stopped process',¹⁰ something 'structure bound'¹¹ and as a 'frozen whole'.¹² His image for this was the familiar picture of a fly that becomes trapped behind the glass of a window. Buzz, buzz, buzz.¹³ Relentlessly it tries to carry forward the moment, throwing itself repeatedly against the obstruction. But its implicit engagement in the world is thwarted and all it can do is to repeat again and again the attempt to connect. Surrounding us are so many chunks of living that have turned into disconnected repetitions, frozen wholes. Some of the short-cuts listed above push us to value the abstracted moment, the disconnected element, the apparent key role of the individual, rather than taking in the whole drama, the interconnected sequence, the unique unfolding of life in its richness. We accord truth to predictable freeze frame views of reality rather than the immersive taste, feel, sight, and smell of the always slightly unpredictable interactions of an evolving process.

At the risk of expressing things too simply, I can typify the tension I experience between the general account of reality contemporary culture and science offers and the understanding of things offered from a focusing perspective. The former sees life in rational terms, constantly urging us to follow abstract truths, scientifically proven generalisations, shining light on the murkiness of the everyday. Individuals are the focus, emphasising their calling to self-actualisation - life, liberty and the pursuit of happiness. Each of us has the capacity to forge their own destiny, choosing goals, directing effort and consuming the rewards of life. Difficulties encountered call for problem-solving skills, intelligence to distinguish the right answer, grasp and determination to persevere. In these terms

the Dead Ends of life essentially come down to failures in the individual, faults that need fixing. Here are three examples:

- **The self** - There is an expectation in this account that everyone has both a right and an obligation to be a success as a person. The challenge is to find out who you are and to be successful in finding your right path in life. Happiness and fulfilment will be achievable if you try hard enough. Otherwise there may be issues that need fixing, character defects, personal weaknesses, illnesses and syndromes that hold you back. Problems are primarily personal and can be abstracted into malfunctions. Being it is the person that is at fault not the interaction, drugs concentrate on treat personal illnesses and therapy seeks to help people resolve cognitive and behavioural faults.
- **Addiction** - In these terms compulsive behaviour is an incomprehensible departure from the rational life the rest of the world is getting along with. Not taking responsibility is a moral failing and the resulting shame should give a person backbone to escape the Dead End. Success lies in abstinence and a constant vigilance to avoid the slippery slope.
- **Trauma** - Whilst there are inevitably ups and downs in life, traumatic incidents are typified as exceptional events totally outside the ordinary. Whilst PTSD has become a surprisingly common diagnosis, it is an individual problem that requires a medical response. Medicines are used to alleviate the symptoms and therapy will restore a victim's confidence in their own security in the world.

By contrast I want to suggest that a focusing perspective understands reality in radically different terms and is therefore able to approach apparent dysfunctions in a more enlightened way. If we take interaction to be the core reality rather than the individual, then the prime aim is not to forge one's own destiny, but to discover a next best step in relating to the situation where we are found. To seek this out a 'more than rational' approach is needed to accept that there will be multiple accounts of reality both between people and in an individual's experience. The factors I listed above (the autopilot, the unpalatable etc.) suggest that deeply conscious attention is not a constant reality, but a skill to be attained and practiced through focused effort.

Taking the focus away from a paradigm of abstracted rationality expressed through individual agency, a more sympathetic understanding can be built that sees human beings constantly needing to orient and reorient themselves to relate well to the situations that face them. We flourish when shared understandings can adjust to meet misfortune, when networks of support compensate for personal inadequacy, when we can stand beside ourselves with compassion if misfortune or disaster has to be faced. A healthy life needs to build in regular moments of reflection and recalibration when the unpalatable is unpretentiously assimilated and we are gently assisted to find satisfaction in the world as it meets us.¹⁴ The three examples of Dead Ends therefore take on a different look:

- **The self** - Taking attention away from idealised abstractions of the successful individual, our understanding of who we are can be more richly embedded in the situations we find ourselves. The challenge is not to live out predetermined social roles, but to discern how best to make the most of the challenge that faces us in the day ahead. Here the 'I' is potentially two rather different things. In the moment the self is simply a prime point of engagement, the sense of being an entity that interacts with everything else. In a particular moment any narrow definition of 'me' needs to recognise also the myriad interfaces a person has with their environment and situation.¹⁵ Then alongside that experiential focus of a self is a concept of a person as a distinct and consistent entity which the world can reify

into a name, a photo, a CV and highlight consistency using social roles and judgemental epithets.¹⁶ I would suggest that those suffering a Dead End arrive in therapy burdened with the latter, stopped process, concept of 'me' and sometimes leave with a remedied experience of the potential so close at hand to the connected unclear self. Authenticity is not living out a personal uniqueness but rather a bandwidth of presence, open to the inter-affecting in any particular place and time, being renewed in unpredictable steps as situations carry themselves forwards.¹⁷

- **Addiction** - One characteristic of Dead Ends, particularly the heavyweight kind, is reification, the generation of an artificial entity which gathers together problematic experience and projects it safely beyond the sphere of a person.¹⁸ This scapegoating seems to allow the best parts to be secured and attention directed on eradicating the malfunction. Rogers remarked on the utility of a 'neurosis' which can appear to both prevent successful living and excuse a person from the burden of living it.¹⁹ Addiction hinges on the way that all human beings manage life by regulating the degree of conscious engagement with it, and find respite by skipping out of engagement all together. Troubles occur when unmanageable to intolerable life experiences lead someone to establish entrenched habits of process skipping,²⁰ that inevitably constrain the only source of renewal, engagement with life itself. Buzz, buzz - we observe the thwarted energy of a trapped fly that cannot move forward. Labelling this as a disease, as being taken over by a malign compulsion, simultaneously absolves the individual of blame and deflects attention from the intolerable experience at the heart of things.²¹ I once read an account that traced the increase in compulsive behaviours back to dis-location – the systematic dis-integration, the debilitating isolation efficiency requires of both consumers and producers in a modern economy.²² It is no accident that one of the most enduring treatments for addiction (provided by Alcoholics Anonymous - AA²³) eschews professional treatments of the disease and focuses on bringing a person back into relationship, with others and with themselves, being held and supported by a voluntary community. The twelve steps patiently provide ways to rediscover connection with the processes of life. (I will refer to this in more detail in a later section.)
- **Trauma** - As all good grandparents know, the wobble and mis-steps that occur with misfortune can be the making and breaking of a person. The best folk tales do not pull their punches, emphasising the life-changing cost in facing up to a world where fickle disasters are unavoidable. So it was only in the 20th century that 'trauma' moved from being a medical term for injury, to a description of the effects of an unbearable experience in life. The concept of PTSD was invented to help the insurance industry cope with a generation who had been shipped to the other side of the world to lose a foreign war and came back broken.²⁴ As with the scapegoating concept described above this definition of trauma medicalises and individualises pain, abstracting it from the rights and wrongs of a context. Making it personal allows the societal accountability to be sidestepped and society sanitised as disaster is constrained as something that can in any decent terms be avoided.²⁵ Thus with war as with sexualised violence, natural social processes of grief, mourning, recrimination, recognition, redress, atonement and renewal are stifled and the burden left for the individual to bear. The wounded and weak are left to face and come to terms with injustice that society prefers to sidestep. The key component in PTSD is the moment when a specific unbearable lump of formative experiencing was set aside to enable survival to be possible. It's symptoms are the times thereafter when the process skipped lump seeks awareness and resolution. A 'complex' version concerns those whose childhood experience of abuse or neglect has repeatedly required such segmentation.²⁶ The trauma industry that has arisen

works with one hand tied behind its back - helping individuals relate to unacceptable reality which society prefers to keep obscured.

In summary I have found focusing and the philosophical stance of Eugene Gendlin to provide a way of understanding the core process of living and the Dead Ends that beset it. This seems to require a sympathetic understanding of the degree to which attunement with the implicit intricacy of the world is the necessity for orientation and a yet habits of semi-attunement and process-skipping will generally predominate. Trying to live in these terms has given me a relish for a radical modesty in life - the way it can open up if engagement and encounter are given priority over identity and abstraction. I feel called to set focusing views of Dead Ends alongside accepted, often medicalised views that see such problems as individual and psychological. As a therapist I have worked successively with clients with substance abuse problems, then those who had experienced sexualised abuse, often in childhood, then finally with isolated men considered a suicide risk. I will now consider how focusing theory and practice has informed the way that the structure of EMDR can relate to heavyweight Dead Ends.

Radical Modesty

As a therapist it has taken me a long time to appreciate how significant a focusing oriented approach can be. Simply it means that all explicit accounts of reality can contribute to a Dead End, no matter how fine they may appear. Many will appear friendly, you will always need some for the journey, but the life of the next step is discovered by going to a place where 'more than can be said' opens up.

If life is a game of cards I have specialised in clients who were not dealt a good hand at the start, then misplayed several times and probably lost any good ones down the back of the sofa. Cheated of security and repeatedly disappointed they both cling onto whatever certainties come their way and yet conclude that nothing can help them. The aphorism among clients in substance abuse services was 'same shit different day'. All rational approaches to treatment want to offer some clarity and certainty, a diagnosis and route to recovery that would allow the false to be jettisoned and the true embraced. As a therapist in such a world it can feel essential to keep one's feet on firm ground for fear of sliding into the pit of despair clients constantly bring.

It took me a long time to realise the full significance of Anne Wiser Cornell's "radical acceptance of everything."²⁷ Coming from a person centred training I had been well schooled in empathy and unconditional positive regard, but when faced with such embodied despair it was hard not to reach for a solution or two. However much they reassured me, they had little effect. Barbara McGavin's piece on relating to the part of self that wants to die was very helpful.²⁸ Slowly I learned to seek out the voice of what could not be said, let alone accepted,²⁹ to make my business 'being-with the being-without'.³⁰

Articulating experience of that voice could invariably open up antagonism, the harsh denial of whatever positive might have been achieved. It took me a long time to recognise this conflict as evidence of being near the heart of the person's Dead End. As noted above, explicit statements provide the necessary sorting up of life in a necessarily insecure and changing world. Understandings of how things are and one's place in them are solidified by significant emotional events from the past and habitual activity on that basis. Here is the way essential personal meaning and security are created. Contradictory accounts are side-lined and suppressed to give the dominant view, associated with a treasured sense of self, the best chance. There are 'elephants in the room.'³¹

Thus the therapeutic process of attending to and understanding discordances within a degree of safety provides a rare opportunity to allow implicitly reality to challenge, adjust and revise explicit accounts that simply don't match with experiencing. In Greg Madison's discussion with Gendlin he describes the dilemma of wanting two contradictory goals at the same time.³² Rather than making a choice he resolutely attends to both of them, waiting for the implicit reality to formulate a third way forward. This voluntary settling to attend to the lumpy, conflicting and murky implicit intricacies of a situation is what the Gestalt approach brings out through "two chair work", taking the client through a careful sequence of voicing opposing positions until the implicit reshapes the explicit.³³

Over time I learned to be more assertive in empathy, seeking out and encouraging the articulation of internal conflicts and unvoiced contradictions, simply holding a person to somatically endure the discomforting 'more than can be said.' I became increasingly convinced that normal focusing practice does not adequately recognise the significance of finding a tangible step to express a sense of the truth in any particular moment. Authenticity here is not the expression of unchanging identity, being true to myself. Rather it is being true just to the being-in-the-world of this moment - authenticity to this situation.³⁴ The question therefore simply arises "if I were to be true to myself and all of this in one step just now, what might it be?"

The person-centred tradition claims a lot about the significance of therapist/client contact at such times, and that is clearly important in creating and holding a space where the voices are prized, where the conflict can be endured, where the most tentative of steps might be welcomed. The characteristics of this human to human process say a lot to me about an archetypal kind of connection not just in a therapeutic context. What is it that human beings need of each other? It is this shared quality of "self-in-presence",³⁵ where the explicit is put aside at the service of supporting each other to address experience, nurturing the potential to encounter more than can be said.

However the more important presence to me is not that of the therapist but of the person themselves. In therapy we have for a long time identified the developmental stages.³⁶ Mindfulness depends upon the ability to have a place from which to observe things arising and passing away. Clients can arrive without this essential self-reflective, stabilising quality and can initially become dependent on a therapist to provide it. At such times it seems as if only someone else can provide enough distance to overcome the lostness and loneliness of someone being tossed around by the currents of reality.

Yet whilst it is easy to stop there this misses the essential quality being sought. The heart of the isolation being presented seems to be essentially existential rather than just the absence of friends and family which others have but one person misses. The external search for human accompaniment is as much a yearning for an internal accompaniment - the ability to be with oneself.³⁷ I believe that whatever external accompaniment a person may seek and achieve, this will only be a partial and transitory stopgap if there is no experience of being able to accompany oneself.

When meeting with a focusing partner I am often very struck by the initial moment when the person invites me to take my turn, affirming how open is the space for me, how available is the time for whatever needs to come. There is certainly something special about the gift of that space from one person to another. However, I recognise that the emotional surge comes as much from the consequential step I can then take, as the partner sits patiently with me, I am enabled to show up for myself in that rich way. I have come to understand that the radical modesty of my partner permits in me a faithful witness of my own experiencing. Attention from one's own otherness thus allows isolation to soften into a rare congenial solitude.

So in this first part of my discussion of therapy for Dead Ends I have identified many aspects that will be familiar to therapists. You may say with justification that there is nothing new here. What is significant to me is the clarity with which fruitful approaches link directly to the repeated existential moment of seeking a connection with the implicit complexity of situations to allow a new step of carrying forward to occur. In the next section I will illustrate the application of this radical modesty to heavyweight Dead Ends.

Smoke and Mirrors

The theatrical structure of therapy has always intrigued me. In some ways the human directness of the process is essential. We are invited to put “nothing between”³⁸ oneself and the person (sitting on a log) over there. Yet the ‘professional’ niceties are also seen as essential. Boundaries, confidentiality, non-directiveness and the strange necessity of the therapeutic hour all serve to mark out the process as different from everyday life. Perhaps the word ‘theatrical’ is too strong, but I do see in normal therapy the adoption of a performative structure of understanding and behaviour that permits the most sensitive parts of life to be approached and altered.

In this next section I will describe a particular structured protocol-based practice of therapy, Eye Movement Desensitisation and Reprocessing (EMDR),³⁹ and show how it relates to a focusing oriented paradigm and can have significant application for what I call heavyweight Dead Ends. In doing so I will largely sidestep the cognitive behavioural theory that underlies it. (This has some legitimacy as the founder of EMDR asserted that the validity of the practice could be recognised independently of its theoretical undergirding.⁴⁰)

In my work the enhanced performative aspects of EMDR therapy seems to provide an essential ‘prosthetic’ support which challenges more traditional therapy and heightens the experience of focusing.⁴¹ EMDR is recognised as a treatment for trauma, but I will not set it out in these terms. I recognise the distinctive dysfunctions associated with the term but find it more useful to address problems from a less burdened perspective such as ‘Dead Ends’. To me relating to human understandings of tragedy, adversity and affliction allow dark experience to be more usefully held in the context of living rather than adopt the strong exception emphasis of trauma. As an accredited practitioner of EMDR I always worked from a focusing oriented basis.⁴² What I describe here draws particularly from the ‘attachment informed’ version.⁴³

EMDR fundamentally responds to the experiential basis of Dead Ends but particularly relates to the level of stuckness I encountered when working with victims of sexualised violence, particularly childhood neglect and sexual abuse. Enduring prolonged periods of intolerable living can demand extreme measures to survive. Knots of painful experience are retained unprocessed and are buried deep. Patterns of process-skipping are built into an enduring sense of self and throughout life the incomprehensible interruptions of ‘flash-backs’ and nightmares undermine attempts to build security. Gendlin’s analogy of the thwarted energy of a trapped fly behind a pane of glass fits this well - the knotted anguish of impossibly - buzz, buzz!

I can highlight here four parts of EMDR that explain how such knots may be untied and I will refer to a fifth in the next section. The first is the use of bilateral stimulation of an emotionally-charged client, either closely following the pendulation of a therapist’s fingers or attends to left-right-left-right physical tapping or auditory pulses. In the ‘processing’ part of an EMDR session such stimulation is experienced in batches of about a minute, rhythmically interposed by periods the client is invited to ground themselves back into the room with the therapist. In theoretical terms a large emphasis is placed on the bilateral quality. However putting that aside I see a direct analogy

with the crucial pause necessary in a focusing session. As all focusers learn, the key move is to step back from the control of cognitive rationality into a moment akin to free-association, allowing a felt sense to develop spanning the whole emotional-somatic-cognitive feeling of a situation. My contention is that this bilateral stimulation proves a focusing experience to this untrained in focusing. Further that the structural props and ritual, the 'smoke and mirrors', provide an essential prosthesis to support a necessary but frightening step into the darkness. Having survived by gripping the knot of pain firmly and keeping it out of attention, here a client is supported to release something of a felt sense, allowing the process to go where it will!

The second key element of EMDR is the identification of targets. When meeting potential clients for assessment I would summarise by saying my approach worked best with clients who met three tests. First a client who had had serious painful experience in the past (I used a four letter word for this). Second a client for whom this painful experience was having a serious impact on everyday life. Third a client who was prepared to go to the dentist. This last analogy came from having met many substance abuse clients with dental issues who carefully eschewed treatment. The third criterion sought to recognise openly how resolution of a heavyweight Dead End requires painful experience to be recognised and faced. I was confident in the step forward that could be achieved in a single session if we could agree a target and the client was willing to sit on my metaphorical dentist's chair.

As a general rule the approach to targets in EMDR was less simplistic than appeared. Starting with what a client felt they wanted to 'fix' we could either find ourselves drawn backward to a catastrophic incident in the past or a contemporary experience of flashback disruption. Effectively if all the Dead Ends a person has to cope with can be pictured as a cake, then the aim is to address in each processing session one slice of the cake and retaining a focus on it, bring it to a carrying forward. So the emphasis is on the moment, the situation, the whole experience where the knot is felt most intently. This usually seems to a client to be the moment of their 'trauma' and often the strongest sensations can be traced to there. However, from an attachment perspective it is often more significant at some stage to use the felt sense to trace back in their memory to a far earlier point where the knot was experienced and the associated configuration of self formed.

However a target is fixed upon the first step is to enhance the somatic, emotional and cognitive elements of it, to bring it alive in the room. A picture of a particular moment is established and the sensory recollections assembled. It is from this that processing occurs. So the setting of targets is a strange mixture of the explicit, harnessing an individual's desires and life priorities and the implicit, tracing back and evoking the experiencing that lies at the centre of things. Whilst cognitions are clearly delineated at each stage, rather than expounding well-worn stories and explanations, the client is invited to attend to the whole feel of a particular moment, and what that says most strongly. To me this part relates to Ikemi's classic description on the key process of focusing - It is very close to the 'crossing' of focusing - *"a special kind of reflexive activity, where one 're-experiences' a situation while being mindful of how one is in the situation, or how the situation is felt in the body."*⁴⁴

The third key element is the journey of encounter that a person takes with that segment of their knotted living. Neither client nor therapist knows where it will take them, but a joint trust accumulates in the way that bilateral stimulation can keep them on track, neither around nor over the problem but through it to a different place. Explicitly or not the client is aware of an almost equal energy within them to avoid or reject what comes up in the sequence of bilateral stimulation. This alter-ego of their desire for resolution is welcomed in the process in different forms, a token of their own need for self-protection and can become the focus of processing itself. So the focusing process that unfolds assists a person to recognise and endure their own ambivalence. In the explicit

facing of this segment of the unbearable clients are surprised to find themselves not destroyed. Rather they learn the calculated passivity of sitting with experiencing - the sensory resonances, the spikes of emotion, the fragments of meaning, pieces of a jig-saw that never could be made.

The process begins with the image of a pivotal life moment and all of the associations it brings. In sequences of bilateral stimulation the therapist and client allow this to unfold and take them wherever it will. Strong feelings arise and the duty of the therapist is to gently keep the process on target, facing squarely the slice of knotted life which has been chosen. From time to time attention is returned to the image where they began. But as the focusing allows the client to sit with a breadth of experience, elements of emotion and meaning take centre stage. Frequently the intensity of this seems intolerable and the temptation to offer reassuring succour is very strong. By contrast therapists learn to assist a client in the opposite direction, to use this opportunity to face what would be true if their darkest fear about themselves were true. This ('realisation' and 'personification'⁴⁵) brings the biggest rewards, allowing the most heavyweight of Dead Ends, those rooted in senses of individual identity, to be carried forward.

Like any focusing process there will be twists and turns, repetitions and surprises. As a therapist I seek to maintain a strong bodily connection, even when meeting online. Where things are very wobbly it is sometimes good to offer bilateral stimulation by sitting before the client and myself gently tapping his knees, left-right-left ... Over the course of half an hour or more the encounter with a dark memory turns over painful emotions and harder personal home truths. The therapist directs attention to the experiencing processes itself and the 'short-cuts' that are associated with it (cognitive labels, caricatures of self, emotional cues). Rather than engaging in a discussion about them, the therapist invites the client to fully endorse and explore whichever seems to be most relevant at a particular time - attending fully and generously to the kernel of truth that it holds, both in that moment and beyond - 'you were so lonely then and you have been lonely all of your life'.⁴⁶ Thus the richness of experience in different moments and fragments of connection is successively honoured. Zig-zagging between them and the directness of experiencing allows new senses of the whole to form, re-making the stuck dead-end place anew. I have talked about living the present in terms of the past. Here the resolution comes from living the past in terms of the present. An old fashioned way of describing this is to talk about 'working through', in the sense of going through something rather than going around or over the top. This is certainly true but I see the 'through' as more significant in focusing terms. This is using the energy and truth caught up in stuck places to bring a person through to a new place in the present. Heavyweight Dead Ends remain stuck because they contain material needed for the resolution - material that resists being thrown away. There is no room for partial carrying forward leaving something behind. Rather the ingredients need to be sweated on the stove to reveal their rich savour and to allow a new dish to be discovered.

Towards the end of the process the therapist is looking out for somatic changes. Focusers talk of a 'felt shift' that occurs when a situation is carried forward. During the bilateral stimulation it seems as if the whole sense of something becomes more endurable and consequently there is more elbow room to relate to it. I am not looking for a whole change in everything, constantly keeping my attention on the slice of the cake, the particular target expression of the Dead End we are working on. Keeping focus on that, sometimes coming back to the original worst moment picture and experiencing that seemed to evoke the knot of it, I am looking for a bodily change. I argue that it is not that emotions change or thoughts change to produce a whole resolution. Rather it is that as a person is allowed to relate to the whole experiencing afresh, they can find themselves taking up a new physical orientation towards it, relating to it from a different place. As a consequence they experience physical change in their living towards it. I can remember a rather small lady working

with the vivid memory of her father's sexual abuse maybe forty years ago. As the process came to an end she was surprised to find herself feeling taller!

Neuroscientists have tracked such transformation and call it memory reconsolidation - arguing that a process actually changes the memory that is held in the brain.⁴⁷ Certainly I can attest that once a troubling knot of stuckness has been through this process we can be assured that this slice will never have the constraining and disabling power it had just an hour ago. Working with the most heavyweight Dead Ends that clients bring also shows that there is a cumulative effect of resolution. When a handful of the most serious have been resolved the person will gain in capability and confidence in relating to other issues. Standing in a different place allows everything to be experienced from a new perspective.

So in summary I have been trying to highlight and explain some of the most significant work that I feel I have done as a therapist. When I was trained to do it the process seemed shrouded by a confusing set of scientific concepts that did not relate to my person-centred background and left me feeling a little at sea. However, I have discovered that a thoroughgoing understanding of this from a focusing oriented perspective allows me to distinguish the active ingredients that are significant in the process. What is more such demystification allows me to see the continuity with the focusing practice I have undertaken with partners for what seems like many years now. There seems to be a crucial relaxation of grip on the apparent security of explicit accounts of reality offered by short cuts and an increasing trust in addressing the implicit intricacy of a situation with such respect that invites its next step to carry forward time and again.

I started off this section with a reference to the theatrical aspect of therapy and this seems particularly relevant to the therapeutic work I have just been describing. During training as a therapist the quest often seemed to be one for authenticity - the congruence of the therapist inviting steps of congruence from the therapist. I gave this section a pejorative title, 'smoke and mirrors', because in accepted therapeutic practice any artificiality appears ill-advised, taking us away from the essential healing encounter. Yet in recent work I came to appreciate the benefits of artifice, carefully constructing a unique abnormal moment in which an abnormal transition can be assisted to occur. It is said that great actors simultaneously conjure both an in-the-moment lived authenticity and a skilled manipulation of the entirely artificial pact of suspended disbelief that actor and audience choose to ignore. I am grateful to Leslie Greenberg and Art Bohart who observed the 'prosthetic' quality of EMDR, encouraging the acceptance of supported authenticity.⁴⁸ For myself I notice the affinity that some of the EMDR process shares with very old traditions. Joseph Campbell⁴⁹ writes about the archetypal 'hero's journey' in which a person is challenged to step out of their known safety and capability, then enters a period of lostness where they face what they most fear and, coming through it, discover a transformation. Shamanic traditions⁵⁰ construct artificial processes to act out change that cannot be accomplished in the everyday. Therapeutic understandings of a transformational emotive sequence⁵¹ seem to parallel this process and certain elements have been identified in the neuroscience research mentioned above. In the next section I will illustrate how a consensual, even playful, agreement to make symbolic resources available during therapy can carry forward in unimaginable ways.

Smuggled Angels

One preoccupation that is frequently evident in the EMDR world concerns not the process of bringing a person through to a resolution of Dead End issues, but a worry about their capability to embark on the journey. It is not difficult to understand that those who have been abused and/or neglected in early life are not just beset by ghosts, but also have been deprived of some of the

essential security and life skills that all adults depend upon. These developmental deficits can hold a person's whole life back and the concept of Complex PTSD was established to point to them.

In normal therapy it can be common for many years of preliminary work to be required to ensure a person has enough personal resources to attend to their most troubling material. In the EMDR world various initiatives have been developed to resource a person before therapy. However there seems to be a Catch-22 here - many clients I come across only seem to be able to discover the resources they most lack as they process problematic material. It is as if the Dead End patterns that cause clients so much trouble are themselves the blockage to clients building resources for the process. I see this connected to the restricted sense of self clients can come along with. Having tried so hard for a lifetime to overcome their own problems, having tried and failed, they are stuck with a pretty negative sense of self. Experience has shown them the consequences of risky behaviour - best just play safe.

While I was working in a drug and alcohol agency I was often impressed by the way that organisations in the '12-step' community, like Alcoholics Anonymous and Narcotics Anonymous built in support and resource building as part of their process. Organising as a non-professional mutual self-help community provides a great foundation. Everyone involved knows the problem from the inside and can offer support as someone engaged in the same journey. A structure also provides new recruits with a sponsor to give individual support and encouragement as a person takes on their following of the step-by-step path. Academic research shows how those undergoing addiction treatment move through stages of self re-evaluation moving from being convinced of powerlessness in the face of compulsions, through the gradual discovery of their own agency, re-discovering lost capability. At the start of treatment those who feel themselves held in the grip of an addictive compulsion are convinced that such agency has deserted them.

In my view the masterstroke of the AA system⁵² lies in the first three steps that adherents are invited to accept.

1. *We admitted we were powerless over alcohol – that our lives had become unmanageable.*
2. *Came to believe that a Power greater than ourselves could restore us to sanity.*
3. *Made a decision to turn our will and our lives over to the care of God as we understood Him.*

When this has been explained to me I find that whilst religious language is used, showing the origins of the process, there is no requirement to for members to take on religious beliefs. Rather there is the simple invitation to simultaneously recognise personal incapacity and the existence of an alternative, a 'higher power' who has the capability so desperately needed. This can be any source of higher power, as long as it has validity in the mind and life of the individual concerned. During each stage of the AA journey a person then puts aside their disastrous impotence and calls upon an external source of power to carry them through.

I want to see this as a marvellous feat of smuggling. Given the life-changing international impact of the AA system on human lives, perhaps it is the best feat of smuggling ever! In a few simple steps an empathetic recognition is given to the experience of impotence, the 'rock bottom' that brings a person to seek help. The need for power is foregrounded and done in a way that makes sense to the individual themselves. It is not an abstract higher power that is needed but one that this person can reach out towards in their own heart. Having worked in a different setting with many people facing up to addiction I can attest that people do over time discover in themselves the agency they most need. Though the journey to find it can be very costly. I am not denying the existence of an external source of power, theological or otherwise, I am just wondering at the sweetness of smuggling into a broken person's life the power that they can find internally and that hitherto they are convinced

they lack. The smuggling seems to work by bypassing a blocked left brain process⁵³ to access reality that the left brain can nevertheless know to be true. Religious language is entirely appropriate therefore. I am reminded of the strange New Testament story of the Road to Emmaus⁵⁴ and the discovery of hope that was considered to be well and truly lost. Bravo!

I want to introduce you to a much more modest smuggling enterprise that I learned as part of an approach called Attachment Informed EMDR.⁵⁵ But it is none the less effective. If the AA approach smuggles the power of God into the lives of troubled people, then this approach perhaps is about smuggling angels. This is not “entertaining angels unawares”⁵⁶ rather these are familiar angels who lend a hand.

The smuggling process begins long before therapy has begun, during the introduction and assessment phase. Clients are routinely advised that, since the process ahead may well be rather demanding, it is useful to have to hand a ‘team’ of support who can be called upon to help us through a difficult moment. Each client is tasked with identifying whom, in their personal view, from however limited experience, would be the best possible. I was taught to invite a prospective client to nominate a team of seven persons based upon three categories. Such persons can be alive or dead, imaginary or real, human or animal.

In the first category I ask the client to nominate three individuals who most distinctively come to mind as expressing the qualities of a ‘protector’ or ‘defender’. Who might they want to have standing next to them if they were attacked, either physically or intellectually. Who might be their defence, their advocate, their protector? Clients have chosen here heavyweight boxers, superheroes, lions and tigers, brawny friends. One person chose Martin Luther King, another chose Elizabeth Bennett (from a Jane Austen novel), another chose their own horse. No attempt is made to seek explanation for the choices made, nor make suggestions. Having three candidates in their category can allow a diversity of protective qualities to be selected.

The second category again asks for three nominees from clients, but this time those who express the sense of a ‘nurturer’ as the client has recognised. This can be a difficult for some clients who have been deprived in early life. Care and patience needs to be exercised to entice them to make nominations. Here clients have chosen maternal and paternal figures from their wider community, figures from films and TV shows, frequently animals. One person chose a polar bear, another a dragon from a fairy story, another chose their own dog. The final category needs just one candidate who represents a ‘wise person’. The emphasis here is not so much on cleverness, but worldly experience. I ask who might be the right person to consult if the client needed advice and support when making a difficult choice.

So far this all might seem like an imaginative indulgence rather than therapy. Here is a therapist working with addicts and victims of sexual violence - folk who have experienced less than their fair share of defence, nurturing or wise counsel. What possible use could their imaginative flights of fancy be when the job in hand is to face up to formative moments of fear and pain?

The answer to such a response lies in the usual place for focusers - experiencing. But to be more accurate I should call it double experiencing, even triple experiencing! During the therapy we have created a structure to focus attention on a most painful episode of life, not in theory or summed up in abstractions like ‘trauma’, but in the sensory triggering, emotionally laden detail of a single moment. I can ask clients to notice the sounds, the smell, the colour of the wallpaper, the tone of voice experienced in that key moment. As we pendulate backwards and forwards between bilateral stimulation and pauses of brief reflection I am constantly asking what a client notices now? What

body sensation, thought , feeling, emotion comes right now? So here is the dual experiencing - the painful richness of that never-to-be-faced crisis and the repeatedly sampled and re sampled texture of being with it right now. I don't let thoughts and history sequences take over too much, I am looking always for the felt sense of all of this now, the constant sequence of BLS probing for re-experiencing, re-sampling from an increasingly inter-mingled sensory palate.

Memory reconsolidation theory⁵⁷ suggests that this is the fruitful place where the long-held emotional grip from the past can reduce and the whole resources of the present allow the actual memory to be reshaped. An make sense of, come to terms with this old sore in a new way. Much of the time I have been working with memories of childhood pain held in the frozen pain of an infant. The EMDR process now mingles this with the whole life capability of an adult sitting opposite me in the room. Someone who has much to bring to the table.

But my team preparation is held in reserve specifically for the moments when the processing falters and stops, when we find ourselves going in circles, repeating habitual emotional or cognitive judgements, potentially just facing again the locked door of a stopped process. At such times I know that lessening the challenge will bring temporary relief but no resolution. I know that the cleverest of suggestions and nudges from me may land as abstract, as cold, as evidence that no-one really understands, that the person is all alone again. So what I need is the third layer of experiencing, some way of evoking the client's own experience of resourcefulness, however limited that may be. What is more I need to avoid the temptation to link in the kind of short cuts that I identified earlier in this article - cognitive labels, caricatures of self, habitualised emotions. Each of these might squeeze the life out of perhaps a fragile exposure to resource. Rather I need to stage-manage a moment that ushers this potential onto the stage and brings it to life.

All this is done at a stuck place in processing by the simple suggestion - *Perhaps a member of your team might help us out just now. Let me remind you of who you chose, so you can get a feel who might be most helpful.* Then when a name has been proposed, I simply ask the client to go back to the stuck point in the situation we were wrestling with and to imagine the resource team member coming through the door. I ask them to imagine what happens next, and then what happens in response and so on. So here is the third level of experiencing being brought to life as the client engages with the nub of the key life problem. I am asking their imagination to call the shots and at each point pushing them to envisage in experiential terms what alternative sequence might have happened.

By definition this triple experiencing will take both the client and myself to places that couldn't have been imagined, working to a logic that is implicit and only becomes clear as they imagined sequence of events unfolds. You would not be surprised to hear that quite often the imagined alternative resolution of a violent incident involves the 'defender' inflicting pain on the perpetrator and much blood can be spilled. In one incident I can recall a detailed description of how the physicality of the client's horse both warded off an attacker and offered the tangible experience of both nurture and escape to the client. In another case Martin Luther King's arrival into a scene of incest, allowed the moral wounding to be faced and answered.

Put simply, as the client chooses from their team members and then imaginatively discovers a revised history, coming to them step by step, they are permitting a new three-layer lived sense of a situation to carry forward. Before using this approach on a week by week basis I would have eschewed the validity of such reliance on the imagination. I would have perceived such a process as ridiculous, even insulting to the horrific experience the client has lived through. Yet I know from experience that such processes can release a person from the stifling head-lock a harshly immovable

combination of judgemental short-cuts - cognitive labels, caricatures of self, habitualised emotions. The triple process allows a person's living to carry forward. As I have said in the last section, once the carrying forward has occurred, this slice of the blocked structure is no longer quite there to be repeated.

So in summary here is an explicit and open act of smuggling, one in which the client is an active participant. It is a process that affirms the imaginative capability of a client and affirms their own intuitions and savouring of validity and resourcefulness notwithstanding the impoverished world they may have inhabited. It is carefully structured to identify and conserve the living edges of their experiencing and deploy them in the most life-engaging way - the spontaneous recounting of a hitherto unconsidered sequence. Here are the angels, ones which have been smuggled by clients under their own noses! It is not too far from the AA approach of smuggling divine capability on the back of an admission of personal incapacity. From the rich soup of triple experiencing neither client nor therapist takes the lead. Both can trust in and wait upon the way that one step will open up to reveal the next. Here is the heart of a focusing insight expressed through a prosthetic, a structure of exploration.

Garden Design

Finally I would like to summarise the key perspective I have been seeking to advocate. Then I will tell a small story to illustrate how this has relevance way outside the constraints of therapy, in the life of retirement and the perspective a pensioner has for the future.

Overall my aim has been to set out the view of a focusing-oriented view of life that has come to be significant to me over a long time. I have taken the liberty of expressing it in my own terms, providing some clues to sources in footnotes. At the heart is Gendlin's insistence on prior attention to the connected implicit intricacy of living, relegating explicit expressions as essential but secondary data. I note that the majority of the world takes an opposite position and that many of the conundrums of life can be unpicked by looking from the explicit into the implicit and not vice versa.

I have illustrated this with some of the therapeutic themes that have been my preoccupation for some time, particularly addiction, trauma and the quest for identity and authenticity as a person. My proposal is that much of the literature on these subjects seems to relegate situational experiencing as a subsidiary issue to the manipulation of theoretical entities which can be the focus of abstracted psychological attention, or preferably pharmaceutical resolution. Thus disaster becomes a problem in someone's brain and compulsive activity understood to be nothing to do with the existential pains of living. Reification offers the potential to keep society uncontaminated and leave the underlying causes carefully unaddressed.

I have tried to distinguish the way that much of life depends upon the three short cuts - cognitive labels, caricatures of self, habitualised emotions. As a category Dead Ends arise from incapacity in using these, particularly the individual reification, mistaking them as solids to be manipulated rather than useful but limited expressions of a rich fruitful reality that constantly needs to be encountered and carried forward. I have used the purposefully woolly idea of 'heavyweight Dead Ends' to suggest that feared issues like trauma are of the same material as lesser Dead Ends. A therapeutic response to them needs to see the experiential issues more straightforwardly and provide a supported, prosthetic structure to address them cogently.

I have set out my experience of being a focusing-oriented EMDR therapist to illustrate how a thoroughgoing focusing perspective can fit well within a structured therapy. This provides a crucible for double experiencing to take place, allowing a person support to reach a new place, a new

perspective. From this I illustrated a simple approach that helps a person to be resourced for such transitions using their own insights and creativity. This triple layering of experiencing again emphasises the crucial way that the carrying forward of persons in situations is the prime heart of therapy, indeed the prime heart of life.

This paper has been written at a turning point in my own life, the year when I gave up work, gave up therapy and chose to embrace retirement as the next stage of life. As with any such transition there has been a degree of trepidation, within myself and my family. Now several months into retirement I realise the gift that this new and unsure departure has given to me. For once having no client dates in the diary, and no career objectives, what would become of me? As one former client mused during a penultimate session - what kind of person will you become if you are no longer a therapist?

I suppose I am writing this paper with some passion now because it has become clear to me that the focusing oriented principles that I have tried to set out above, are to be crucial to me in finding my own answer to my client's question. Will I try and hang onto the identity that has meant so much over a number of years? Will I replace it with other preoccupations that keep me occupied purposefully if not gainfully? Will I develop micro-habits and turn everyday routines into a protective carapace, insulating me from the world?

One thing that has happened provides me with a parable for my future. We have had the garden redesigned. Our home in eastern England has only a small suburban plot. I have been an enthusiastic gardener of sorts for some time, content to visit garden centres and nurseries and come home laden with plants that have taken my eye, soon to be haphazardly installed in whatever space seems available. This 'let's have one of those' approach to gardening has the benefit that 50% of plants purchased are so unsuited to the conditions that they soon give up their space for the next purchases to be made.

Somehow the life-change of retirement led us to wonder how the garden might become a resource for the next stage of life, even a haven for enjoyment. I saw the need for the jumble to achieve some clarity of form and we invited a garden designer to see if she could make sense of the plot. Explicit there was the willingness to allow her freedom to choose the trees and plants. I was giving up that control, along with my haphazard compulsion to acquire plants.

We approved a design that she had prepared and, after some serious work by a landscape contractor, the planting of trees, shrubs and plants is well advanced. The whole thing seems to be turning out a great success. However, the process of it has included surprises that have given me grounds for reflection. I had expected things to follow the rational model of a project - with outside aide we expressed a desire and after investigation and analysis this led to a cohesive plan being drawn up. Once this was approved then success merely should depend upon precise implementation of the plan, until a moment of completion was reached.

Those who know about gardening will not be surprised to hear that in practice things turned out rather differently. First it was only during the contractor's work that we realised one part of the plan wasn't going to meet a key requirement. So the shape of things changed. Then questions kept being asked about the moving and removing of existing planting. At a key point in the design we had one plant that was too big to move and too good to lose. So the project simply adjusted to include it where it was. Then not only did the plant order need to adjust to availability but, when the designer set out the new plants she was guided by her intuition and judgement rather than a strict following of the plan. I can now see these types of fluidity will become the norm, so that the garden design will always be a work-in-process, never quite completed.

So here was a timely life lesson for me, one of particular value just as I was facing the changes of retirement. Hitherto my gardening had been of the impulsive consumer model - desire-purchase-satisfaction-repeat. This took no account of the needs of the plot and those of the plants. So I tried to replace it with the common rational model deploying an expert - desire-analysis-plan-implementation-completion. Whilst this had some advantages it is now clear that crucial factors in gardening will always be more important. Any garden is always a dialogue between human interventions and the changing interaction of a particular location, climactic variations and the organic needs of the plants and entire eco-system involved. Put simply, whatever big ideas may be useful, the success of a garden depends upon the depth of engagement with the site and its contents, and the ability to make a series of good interventions, not just implement a magic master plan.

So look at this as a parable of the whole focusing orientation to therapy and life that I have been presenting. This suggests that interaction with the implicit reality is key and that explicit conceptualisations, personal emotions and representations of self are useful but always secondary to engagement. The advice it gives to a man facing retirement and the last stages of life is the same as it gives to a would be gardener. Take time to be present, both with yourself and all that is around you. Take account of explicit reality, then use it to get a feel for the whole situation you face and, in any particular moment seek out what the whole picture calls for, as much as what you might want. Concentrate not on a grand plan but on taking the one best step for the situation at present, and this includes tolerating the unacceptable and allowing your own precious opinions to take a back seat.

I have called this focusing approach to life 'radical modesty', the repeated practice of humility, pausing for a reorientation to allow the situation to nudge a person out of the latest cosy delusion, to catch the fresh breeze of the present. The first moments of consciousness each morning present the choice in its clearest form. Shuffling around in bed, just as one last snooze becomes evasive, those first few moments can offer a jaded combination. The haunting of disappointments, personal inadequacies and not-quite-resolvable irritations makes is not far away. Considering the day ahead it is so tempting to turn over and semi-pretend to sleep, putting it all off for a disconsolate minute or two.

That is the moment when modesty is most liberating and radical. The simple challenge arises not to be 'me', not to take on the world, to fight the good fight and make it all alright. Modesty permits me to sidestep such burdens and practice a moment of patient curiosity and acceptance. Can I just be here, right now for a moment? Can I notice the concerns that rush in for my attention and pause to allow the moment of being here to free me. Gently welcoming the particular thicket I find myself caught in, the grip releases, the fresh air becomes fresher, I can wait for a moment on the threshold and allow the possibility of a next step to form without being badgered or pushed. Shrugging off the burden of fixing everything I can begin to waken up to a profoundly doable next step - the one thing that I can be released to do today becomes clearer. Whatever it is will be carefully imperfect, a melange of clarified intention and a willingness to embrace the wriggles of happenchance as one step becomes a cue for another, the waltz somehow becoming a foxtrot.

A surge of joy at that point is the tentative confidence that arises unbidden, finding a place waiting for me (just for me) in the new day, slightly both familiar and unfamiliar, yet holding a modest potential which is to be trusted. There is always a tingle of surprise, anticipation and relief to it - a moment where just being will be enough, where carrying forward can be trusted. And so a new, a unique new day begins. I wish you many of them.

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