

Focusing-Oriented Therapy One: Learning How the Body Speaks and Listening so it Heals

Presented Through the Seattle Focusing Institute

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“What is split off, not felt, remains the same. When it is felt, it changes. Most people don’t know this! They think that by not permitting the feeling of their negative ways they make themselves good.

On the contrary, that keeps these negatives static, the same from year to year.

A few moments of feeling it in your body allows it to change.”

- Eugene T. Gendlin, 1986

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Workshop Overview

Focusing is a process of inward bodily listening that allows for healing the most painful wounds and discovering our unique gifts. Focusing-Oriented Therapy is a body centered and relational process that helps therapists keep clients safe and regulated while unwinding chronically stuck and traumatic experiences.

In this workshop, we will teach you the basic steps of Focusing so you can practice with a partner and bring Focusing into your healing practice. Focusing is a journey of self-discovery, amazing self-care and transformational healing. Linked to more than 50 research studies with successful outcomes in psychotherapy, Focusing has inspired much of the somatically-oriented and mindfulness-based work being done today, yet little understood—until now.

Our body is inherently meaningful and implicitly wise. Understanding and working with a “felt sense” (how the body holds living experience about a situation) is the key to moving beyond the typical dead ends of talk therapy. Like mindfulness, Focusing helps us step back and observe our experience and then takes us further into a relational Presence with inner parts and with each other. It fosters a deep connection to self which is the portal to connection with everything.

The emphasis of this workshop is on teaching you the Focusing process. This will allow you to know, from the inside, if Focusing is something that feels right for you to pursue further. There are many ways to teach Focusing. Given that Focusing puts us in touch with our uniqueness it makes sense that each person who teaches bring their uniqueness in to how they teach.

I learned Focusing in early 1983. I learned there were six steps to Focusing. Once you learned those six steps you knew Focusing. As I attended other workshops handouts were shared to help us work through the places where we might get stuck in the process. These ‘what to do when it doesn’t work handouts’ became longer and longer. Twenty years later I met Ann Weiser Cornell. Ann is a linguist and has written extensively about Focusing. She is also the most prolific Focusing teacher on the planet. Her thread of Focusing is called Inner Relationship Focusing (IRF). Developed with Focusing partner Barbara McGavin, IRF is a step by step approach to learning and teaching. This style personally resonates with me. I like little steps. I like to practice skills. I appreciate the language and the structure. Focusing is none of those but they help you find the process for yourself.

Instructions help us find something and learn how it works. Once you understand Focusing for yourself you can make it your own. The instructions are available if needed. To paraphrase Dr. Eugene T. Gendlin, who discovered Focusing, Focusing instructions are a rope across a territory. Once you know the territory the rope is no longer needed. We will start with a rope and instructions. Sometimes the language, phrasing or steps may feel awkward, just notice that. Focusing is bringing attention to our direct embodied experience. It has no steps or instructions but instructions help you find it and work with it. They are there to help you find your own experiencing, support your inner process and there as a guide to get you back on track when needed.

FOT-1 is an introduction to learning Focusing. You learn by doing. You learn by Focusing with a partner. You will be asked to schedule Focusing partnership exchange between sessions with the person you practiced with in the previous session. You will have clear instructions for how to practice with a partner and what is expected. Everyone learns differently. The structure we provide will ensure all of you are able to focus smoothly with any partner. If you continue learning you will naturally let go of the rope.

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Skills Learned in FOT-1

Focusing Skills:

- Understanding the importance of the inner relationship; being able to hold facilitating attitudes for it, including patience, not-knowing, inner presence and inner listening.
- Knowing what to do when you can't hold this attitude.
- Being able to bring awareness into the body, especially the torso area.
- Being able to find a felt sense about an issue.
- Being able to find a felt sense without specifying the issue in advance ("What wants my awareness now?")
- Being able to acknowledge any inner experience, and especially to acknowledge strong feeling as a way of forming a relationship with it.
- Being able to find descriptions for inner experience (allowing symbols to form).
- Being able to check/confirm descriptions with inner experience, as well as checking/confirming whatever else arises.
- Being able to sit with the felt sense with a curious, interested attitude, and ask it questions if necessary without answering the questions mentally.
- Beginning to be able to Focus alone. (This ability develops over the whole training.)

Listening Skills:

- Being able to be present with someone who is Focusing.
- Being able to give listening reflections, some word-for-word and some paraphrasing, without asking questions, leading or interpreting.
- As a Focuser, being able to use listening responses to check/confirm with inner experience.
- As a Focuser, being able to say when a listening response is not right or only partly right, and to use that not-quite-right to sense what is right instead.
- As a Focuser, being able to tell a listener how you would like to be listened to.
- As a Focuser, being aware that the Focuser is in charge of the Focusing.

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Clinical Skills:

- How to notice felt sense moments and respond in such a way that the client slows down and attends to their emerging experience.
- How to help a client dis-identify from their experience using Presence language.
- How to help clients sense for the something more about their situation (get a felt sense).
- How to help clients access their groundedness by noticing physical sensation and breathing.
- Develop a comfort in teaching the client how to use a reflection.
- Develop a Focusing attitude with your clients (ongoing).
- Develop an awareness of your own felt sense of the interaction while listening to your client (ongoing).

Learning Objectives in FOT-1

Participants Will Be Able to:

- Become present through embodiment.
- Define what Self in Presence means and why it is important.
- Demonstrate the use of Presence language in Focusing dyad work.
- Differentiate emotions from felt senses.
- Use language to reflect, invite and support a Focuser's inner process.
- Use reflections to check their inner experience and correct the companion when necessary.
- Describe in their own words what the Focusing Attitude is and how it applies to co-regulation.
- Understand the difference between responding to the process of a session rather than the content.
- Be able to attend to their own inner experience in a way that is friendly so that a felt sense can form and be worked with about any situation.
- Experience and facilitate the stages of a Focusing process as both Focuser and companion.
- Continue Focusing after the workshop with a partner.

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About Eugene Gendlin, Ph.D.

Eugene Gendlin was born in Austria in 1927. At age 11, young Gene watched his father make intuitive choices, trusting one person and not trusting another, that enabled their Jewish family to escape the Nazis, when many other families were blocked from leaving the country and later were sent to their deaths. When Gene asked, "Papa, how did you know you could not trust that person?" his father tapped his chest and said, "I follow my feeling." In 1994 Gendlin told an interviewer, "I was surprised then and also often asked myself later what kind of feeling it is which tells you something. Sometimes I tried to find such a feeling within myself, but I could not. But that I started to look for it had its effect in the end." (Cornell, *Focusing in Clinical Practice*, 2013)

The following is from The International Focusing Institute's website www.focusing.org

Eugene T. Gendlin received his Ph.D. in philosophy from the University of Chicago and taught there from 1964 to 1995. His philosophical work is concerned especially with the relationship between logic and experiential explication. Implicit intricacy cannot be represented, but functions in certain ways in relation to philosophical discourse. The applications of this Philosophy of the Implicit have been important in many fields.

His philosophical books and articles are listed and some of them are available from this web site. They include *Experiencing and the Creation of Meaning*, (in paperback) and *Language Beyond Post-Modernism: Saying and Thinking In Gendlin's Philosophy* (edited by David Levin), both from Northwestern University Press, 1997, and *A Process Model*.

Gendlin has been honored numerous times for his development of Experiential Psychotherapy. The American Psychological Association's Clinical Division awarded him the Distinguished Professional Psychologist of the Year in 1970, while The Humanistic Division of the APA honored him (together with The Focusing Institute) in 2000, and the following year, Division 24 gave him their highest award for Distinguished Theoretical and Philosophical Contributions to Psychology. He has been awarded the Viktor Frankl prize by the city of Vienna and the Viktor Frankl Family Foundation and received lifetime achievement awards both from the World Association for Person-Centered and Experiential Psychotherapies and from the US Association for Body Psychotherapy.

He was a founder and editor for many years of the Clinical Division Journal, *Psychotherapy: Theory Research and Practice*. His book, *Focusing*, has sold over 500,000 copies and is translated into 17 languages. His other books include, *Let Your Body Interpret Your Dreams*, and *Focusing-Oriented Psychotherapy*.

He is internationally recognized as a major American philosopher and psychologist.

Gendlin died May 1, 2017. The International Focusing Institute continues to maintain an online Gendlin library and promote the carrying forward of Focusing around the world.

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Toward a Psychology of Embodiment

At the beginning of this century, John Welwood published a book entitled *Toward a Psychology of Awakening*. He dedicated the book, "To my first real mentor, Eugene Gendlin, who helped me discover and appreciate the subtle beauty and mystery of inner experiencing." (Welwood, 2000)

Welwood's work beautifully describes and integrates Focusing and Buddhism, Western and Eastern ways of experiencing, spirituality and healing. Of course, meditation and Focusing both happen in the body, but too often we skip over our embodiment.

So, what is embodiment? It is direct experience of our present moment awareness of being alive. That experience is embodied. It is directly felt physically, spatially, in process. It is *interaction with...*!

The capacity for Presence in both the therapist and client is a key component of Focusing-Oriented Therapy. "*But before felt senses and symbols, before 'How am I' there is an 'I am HERE, the ground of BEING.'*" (Russell Delman, *personal correspondence*)

We need to distinguish between the physical body AS the physical body and the physical body as the location for the *feeling body*. Before feelings and felt senses, before *How am I* there is *I am Here*, the ground of Being. Our body can orient us to the present by allowing sensations to *ground* the mind.

Peter Afford's work on the cerebral hemispheres has been a wonderful frame for my understanding of this process (Afford, 2016). The right hemisphere is always tracking the body – the whole physical body. Symbolic formation is more in the feeling body and begins in the right hemisphere, then *carries forward* into the left hemisphere as situations implicitly emerge and become more explicit. I teach the practice of bringing awareness to the physical body to all my clients and students. You can always *get out of your head* by bringing awareness to the physical body. Feeling your body's contact, orienting to space and working with your breath. *I am here* adds a lot to *how am I?*

Awareness of the physical body *as* the physical body offers us both connection to proprioception and kinesthesia as well as the vast space of Being-ness or emptiness or ALL out of which the moment arises. If I can stay in touch with the momentary phenomena and my feeling sensing body, my client and I have accesses to greater capacity for holding overwhelming experiences. We grow resources that allow more of the clients' experience to reach us in an interaction of loving kindness, compassion and integration through felt sense.

Focusing Begins With Experiencing

Before cognition, perception or language comes experiencing. Focusing is a process of inward attention to our emerging wholistic bodily felt experiencing. Gendlin's philosophy and psychology directly address the question, "How does raw experience get symbolized?" (Friedman, 2007, p. 3).

Experiencing refers to the raw, present, ongoing (flow) of what is usually called experience. We seldom slow down and bring our awareness to this ever-present feeling quality let alone realize it carries meaning of our living process. Symbolization is the process of bringing raw experience into focus and explicit meaning-making through language, image, gesture, metaphor and story. The flow of experience begins with a concrete felt sense of something that is at first unclear but directly felt. It is implicit before it gets symbolized and becomes explicit in our awareness. For example, we often have a feeling of what we want to say before we have the words to say it. It is in the act of saying it that we feel if our words conveyed the meaning of the situation we wanted to speak about.

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Mindfulness and Focusing

All mindfulness practices are an intentional turning of our awareness away from left hemisphere (analyzing) toward right hemisphere (implicit, felt, emerging experience). While meditating I become aware of thoughts and feelings. These are like clouds drifting by that I may acknowledge but also let go of. I bring my attention back to my ground or physical body; I sense the space around me and I feel my ribs expand as I breathe. I do not follow my experience and I let the clouds go by. I realize I am not my clouds. I have clouds (mood states) and I can let them unwind in the spaciousness of sitting.

Focusing begins with awareness of our outwardly sensed physical body but then asks, *How am I on the inside?* This is the feeling body or the right hemisphere's take on directly sensed felt meaning as it emerges from our situation.

While Focusing, I become curious about the clouds and choose one that feels most pressing. I step back and get space from this cloud and then begin to relate to it as a something wanting my attention. I pull up a chair and create a safe space for this cloud-trouble-worry-puzzlement to show me what it needs to move forward. I refer to this kind of relating as *Embodied Relational Presence*.

What is Presence?

Why is Presence so important? We are almost always in some push or pull with our experience. Suffering comes from wanting the present moment to be different than it is. What if we could simply acknowledge our situation without evaluating it. Acceptance is not an evaluation of rightness or goodness; it simply acknowledges the present moment. At any moment we can accept ourselves as we are without judgment or condition.

Presence is a natural state of being. We are calm, curious and compassionate as we relate to our experience. From a state of Presence, we respond to the world around us with openness, good will, care, balancing needs of self and other with maturity and wisdom. When I am Present, I have access to my deepest self and the doorway to connection with All.

Ann Weiser Cornell has developed wonderful uses of language for the Focusing process. Her thread of Focusing is called Inner Relationship Focusing and she uses the term Self in Presence to refer to being larger than one's problems and emotions, able to explore them with curiosity. She goes on to develop a phase that she calls Presence Language.

Presence language helps us step back and be with our experience instead of being identified with our experience. When we are identified with our experience, we are in it and often swept away by it. For example, if I say to you, "I am so angry" I am identified with my anger. I can tell you how angry I am and perhaps why I am so angry. I may even feel justified to be angry.

For my mood to change it would help to find a way to step back from my anger and relationally be with it. Presence language is one way Focusing enables us to do that – be with and not in our experience with acceptance, presence and empathy.

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Introduction to Presence Language: Developed by Ann Weiser Cornell

We often begin sentences with, “I feel...” or “I am...” In these cases we are labeling our experience and also identified with the experience. I don’t just feel angry, I am anger or I am an angry person. Thoughts and emotions have a known and fixed quality to them, which make them hard to change. If we can take a step back and dis-identify from the emotion then we can begin to relate to it and find out more about what led it to appear as this particular emotion. Take a moment and read the groups of phrases below. Notice how your body feels as you read them.

I’m so angry.
Something in me is so angry.
I’m sensing something in me that is so angry.

I’m so scared to talk with my partner.
Something in me is so scared to talk with my partner.
I’m sensing something in me that is so scared to talk with my partner.

There’s a tightness in my throat.
There’s something in my throat that feels tight.
I’m sensing something in my throat that feels tight.

What did you notice? What changed when ‘something’ and then ‘sensing’ were added?

Try using Presence Language yourself!

Try using Presence language when you begin to notice that something is present in your awareness such as a worry, judgement or other reaction. Pause and say to yourself...

“I’m sensing... or I’m noticing... or I’m aware of... or I’m acknowledging... followed by describing (not labeling) what you are aware of. Then add “Something in me is... or something in me feels... or a part of me is/feels...”

Take a moment to find a problem, conflict or stuck place in your life. Come up with a feeling that describes it. For example:

I feel _____ about _____!

Now say it this way:

Something in me feels _____ about _____!

Now add:

I’m sensing something in me that feels _____ about _____!

Presence Language helps us step back from our experience and be with it relationally. It allows a space to form where something new can come. The word *something* is a wonderful placeholder for an aspect of our experience that is felt but unclear. We can be curious about a particular something, sense it, describe it, be with it so that IT begins to show itself.

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Dead Ends

Eugene Gendlin begins his book *Focusing-Oriented Psychotherapy, A Manual of the Experiential Method* with a chapter titled “Dead Ends”. All therapists and clients know this place. Something is being talked about but nothing is really happening. Perhaps it is just this hour or maybe this has been the case for months. The client is trying to get at what is wrong but goes around and around in a way that is often frustrating for both client and therapist. They are stuck. Now what?

Two kinds of dead ends can happen in psychotherapy:

The first dead end occurs when therapy consists only of interpretation and inference without experiential process. For example, the client might say, “I see; **it must be** that my father was too strong with me.”

The second dead end occurs when concrete emotions are repeated over and over. The client says, “**I’m scared ...**” but never enters into the exploration of what lies under that.

In Freud’s theory, pathology consists of packed pieces. There is an assumption that our emotional difficulties are finite, finished pieces. If that were true, they would not be able to change.

Effective therapists agree that a concrete experience needs to happen in response to an interpretation in order to bring about change. Many therapeutic modalities rely directly on understanding, interpretation and intellectual synthesis but seldom encourage an experiential process that helps the client find and work with their inner experience. It is a client’s direct contact with felt and sensed aspects of their experience that enables them to find something new and fresh in the situation.

Therapeutic change occurs when the client and therapist together are able to pause and attend to the whole way something is felt in the body by the client and how it is processed through words, images, gestures, and memories. When the therapist is able to accompany the client by resonating the felt experience of the client back to the client, the client is able to check to see if those symbols feel right. It is this back and forth sensing in the body that leads to further exploration and an inner knowing of what implicitly lies at the murky edge of change. This allows the client to begin to acknowledge, process, integrate, and let go of difficult areas of experiencing that have caused emotional trauma and dysregulation.

“Every experience and event contains implicit further movement. To find it one must sense its unclear edge. Every experience can be carried forward. Given a little help one can sense an edge in the experience more intricate than one’s words or concepts can convey. One must attend to such sensed edges because steps of change come at those edges.” (Gendlin, 1996, p.15)

A Focusing Oriented Therapist is interested in helping clients make direct contact with the *ongoing-ness* of their present moment experience. By responding to what is present, a client can more easily sense below the surface for something more to be said. This often brings new and fresh ways of describing and experiencing their situation. Thus in Focusing-Oriented Therapy we prioritize process (how) over content (what). The well-worn story and feelings can be entered bit by bit by the client so change steps emerge.

Now let’s turn our attention to the research that led to the discovery of Focusing.

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Focusing Research

Eugene Gendlin was a philosophy student at the University of Chicago in 1952. He was interested in the existential phenomenologists Heidegger, Sartre and Merleau-Ponty. Gendlin was curious about how an experience that comes before words becomes an idea framed in words. For Gendlin, there is a kind of experience that a person speaks from: *meaning precedes concepts* and the *language* to describe the experience. But how does one study the phenomena of a person articulating their experience?

At that time, Carl Rogers was the head of the University of Chicago Counseling Center and was continually engaged in research on client-centered therapy, or as it was later known, person-centered therapy.

Gendlin joined Rogers's team of therapists and researchers as a therapist trainee and client. Although he continues to refer to himself first as a philosopher, **Gendlin went on to become a psychotherapist and has been honored four times by the American Psychological Association.** He received their first Distinguished Professional Psychologist of the Year award.

Rogers, Gendlin and others began researching the question: Why is it that some people make progress in psychotherapy and others do not? They were interested in two key interdependent factors:

1. How the therapist relates to the client and
2. How the client relates to their own experiencing

They recorded hundreds of therapy sessions by many different therapists from different orientations. From the recordings they were able to successfully predict which clients progress after a year of psychotherapy, as measured by the client's self-report, the therapist's report and other specific outcome measures.

Gendlin and his colleagues found that improvements in therapy had very little to do with a therapist's orientation, specific techniques or with the type of problems being addressed. Instead, **the important element of positive change hinged on how clients processed their experience internally and their manner of speaking.**

(See dead ends above and the experiencing scale which follows)

The clients who progressed did so because as they spoke they slowed down, became less articulate and checked their words with how the whole of a situation felt inside their body. **This back and forth process of checking between the whole way something is felt in the body and how to express that through symbols (words, images, gestures, and memories) produces change.**

Focusing is the formalization of what these successful clients did in therapy. Over time, Focusing was developed into a teachable process so everyone could learn and benefit from it. **Subsequent studies have shown that people who learn to Focus have a better outcome in psychotherapy than those who don't.**

The successful clients slowed down and checked for the words that fit their inner experience. What were they checking in with? They were sensing the whole way a situation felt in their body. In Focusing we call that a ***felt sense***.

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Experiencing Scale

Before I describe more about a felt sense, how it forms and how to work with it to facilitate change, I would like to step back and say a little more about what the research team at the University of Chicago Counseling Clinic were looking for and how they were looking for it. Carl Rogers once referred to people as “an experiencing process.” **The research that led to the discovery of Focusing measured experiencing. Gendlin and others developed a key measuring instrument used in this research. He called it the Experiencing Scale.** As you will see it was used to describe and categorize a client’s ability to relate to their experience in the present moment.

“My new scales measured whether there was much “present” experiencing during the therapeutic hour, regardless of whether it was about past or present events. We measured the “relationship” by whether clients said that they felt different here, in therapy, and whether that new experiencing happened only here...my new scales correlated with success in therapy, whereas the old measures did not. This launched a new experiential approach. Fred Zimring and I later developed a seven-stage scale to define observable indices of speech (and patterns of silence) characteristic of direct reference to experiencing.” (Gendlin, in a forward to, Carl Rogers: The Quiet Revolutionary)

Below is a simplified version of the Experiencing Scale with three experiencing levels. As you read it think about your clients or other people you know. Some people naturally feel safer and easily touch into their experiencing while others talk around their issues. Once you have some experience with Focusing this will make more sense. You will also become curious on how you help others deepen their experiencing and improve therapeutic outcomes.

Low EXP Level

Client narrates inner or outer experience with no explicit reference to currently felt meaning. Process feels flat and static. One doesn’t hear about inner process. Characterized by 1) using past tense; 2) reporting external events; 3) describing events and emotions as flat and self-evident. There is little or no curiosity about other people.

Middle EXP Level

Clients mainly describe narrative of events. Emotions are part of the description but are not felt into and are not elaborated on. The event or situation being described comes across as separate from the client. A client may sound this way as they describe a traumatic event in the past that impacted them at that time, but don’t experience it as something to explore further. If the therapist shows interest in exploring it further, the client may push back exclaiming something like, *What good is there in exploring something that happened in childhood and you can’t change now?*

High EXP Level

Clients attend to bodily felt but pre-conceptual senses and wait for a symbol to come for it— instead of guessing or deciding what must be:

- They don’t use clichés or generalized language but do use metaphors
- The main focus is personally felt meaning
- They use present tense
- They use language metaphorically
- They use language that points to implicit— *it, something*, what is sensed but not yet known

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Three Key Aspects of Focusing

There are at least three central aspect of Focusing. Working with and understanding the **Felt Sense**, the **Focusing Attitude** and the philosophy that underpins Focusing, the **Philosophy of the Implicit**. What follows is a brief rendering of each. Let's begin with the felt sense.

What is a Felt Sense?

To describe what a felt sense is often sounds mysterious. When we are presented with something new we want to immediately figure out what it is like and fit it in a known category of experience. The good news is you don't need to know conceptually what a felt sense is to learn and enjoy Focusing. Your clients don't need to either. It is both something that will feel familiar and mysterious. That's because **it is a different way of knowing**. More on that later.

A Focusing-Oriented Therapist helps facilitate the client's sensing below what is already known cognitively and emotionally. Through person centered listening and reflecting they help a client sense the directly felt yet unclear feel of a whole situation. Our body is capable of forming felt senses and will if we can pause the ongoing interaction and sense the unclear edge of a situation. What follows are both descriptions and some compare and contrasts regarding felt senses and emotions. An intellectual understanding of a felt sense is helpful. More importantly is the direct experience of a felt sense forming in your own Focusing and how it changes you! For now let's start with some felt sense descriptions.

Felt Sense Descriptions:

"A felt sense is the holistic, implicit bodily sense of a complex situation. A felt sense contains a maze of meanings, a whole texture of facet, a Persian rug of patterning – more than could be said or thought. Despite its intricacy, the whole felt sense also has a focus, a single specific demand, direction, or point. ... One single thing, one statement, or one next step can arise from the whole of it all."
(Gendlin, 1996 p. 58)

"A felt sense is a freshly forming, holistic sense of a situation that has a 'more than words can say' quality to it." (Cornell, 2013, p. 44.)

"A felt sense is the right hemisphere's take on our here and now inner experience, a subtle quality of feeling. It is holistic (raw perception, before the left hemisphere divides it into separate units)."
(Afford, P. 2014, p. 249)

How clients may appear when they have a felt sense:

- Groping for words while saying things like, *"I'm not sure how to say this."*
- Becoming quiet, looking down or away (while attending to inner experience).
- Gesturing toward the middle of their body.

How clients may sound when they speak from a felt sense:

- Using words like *kind of* or *something* or *here*.
- After a recent loss: *"I feel like 100 bricks are on my chest that contains a broken heart."*
- The feeling of being stuck in life: *"It's like being in snow up to my waist."*
- Describing a part of their life that is not being taken care of: *"It's like there is a glass bubble over the part of me that is starving."*

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Qualities of a Felt Sense

A felt sense forms freshly.

For a felt sense to form, one needs an intention, a pause, an invitation...and when we ask inside, "*How was that for me?*" we do not discover what was already there, but rather we allow something implicit to begin to come into focus explicitly which allows it to now function in a new way.

Felt senses are holistic senses.

Felt senses are about the whole situation. They are an intricate whole that sums up, captures, includes and contains all the aspects of a situation at once; a picture is worth a thousand words! From this whole, strands can be unfolded that bring steps of change.

Felt senses have a *more than words can say* quality.

Because a felt sense contains so much and is so intricate, it takes time to find a description that encompasses it. It takes time to find the right word, phrase, image to capture its fullness. A felt sense is attending to the place of emergent process, where something new and fresh can occur.

Felt senses and emotions are similar in that:

1. They come of themselves; they are not in our control.
2. They are essentially bodily experiences.
3. They relate meaningfully to our lives, to events and life situations.

Felt senses and emotions differ in that:

1. Emotions are nameable and knowable; felt senses are hard to define.
2. Emotions come in culturally expected places; felt senses are unique to the individual person's life situation.
3. Emotions narrow our awareness; felt senses widen our awareness.

"The first and main difference between an emotion and a felt sense is that an emotion is recognizable. We usually know just what emotion we have. When we are angry, sad or joyful, we not only feel it, but we know what it is. But with a felt sense we say, 'I can feel it, right there, but I don't know what it is.'

"A felt sense often contains emotions. Thus one does not find a felt sense by avoiding or trying not to feel emotions. Rather, if there is already an emotion, one lets the wider felt sense form as something that can come with, under, or all around the emotion." (Gendlin, 1996, p. 57)

Additional Descriptions of the Felt Sense and Focusing

"Felt senses can form when we pause ...when we are not feeling overwhelmed or identified with emotional states...when we let go of familiar words or concepts for a while ...when we sense at the body level of awareness...when we can stand it that what we feel is vague, unclear, hard to describe, impossible to explain." (Cornell, 2013 p. 44)

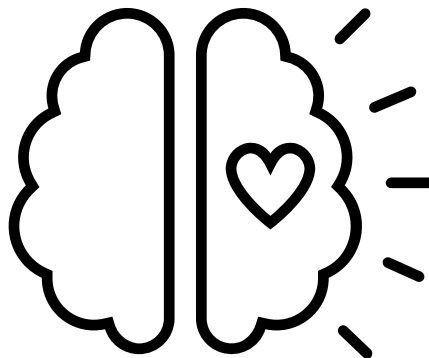
"Focusing is a mode of inward bodily attention that is not yet known to most people...It differs from the usual attention we pay to feelings because it begins with the body and occurs in the zone between the conscious and the unconscious. Most people don't know that a bodily sense of any topic can be invited to come in that zone, and that one can enter into such a sense. At

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first it is only a vague discomfort, but soon it becomes a distinct sense with which one can work, and in which one can sort out many strands ... Focusing is a way to enter regularly and deliberately there where therapeutic movement arises.” (Gendlin, 1996, p. 1)

“Focusing is the process whereby the concept that fits the felt sense becomes clear. Felt sense is a more complex phenomenon than emotion. It may be the inner ‘place’ (body and right hemisphere) from where emotion seems to arise. Emotion, on the other hand, can be left hemisphere biased (such as anger), and it can involve the right hemisphere overwhelming the left with high arousal (such as anxiety, upset) that disrupts cognition – neither of which are focusing experiences. The ease with which we can ignore felt senses reflects the left hemisphere’s ability to inhibit the signals coming from the right. Focusing is a practice that aims to overcome this inhibition.” (Afford, 2014, p. 249)



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The Guest House

By **Rumi**, translated by Colman Barks

This being human is a guest house.

Every morning a new arrival.

A joy, a depression, a meanness,

Some momentary awareness comes

as an unexpected visitor.

Welcome and entertain them all!

Even if they are a crowd of sorrows,

Who violently sweep your house

Empty of its furniture,

Still, treat each guest honorably.

He (or she) may be clearing you

Out for some new delight.

The dark thought, the shame, the malice,

Meet them at the door laughing,

And invite them in.

Be grateful for whoever comes,

Because each has been sent

As a guide from beyond

We are the Guest House and the innkeeper. Our guests or felt senses are our guides from beyond.

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The Focusing Attitude

“If we do not try to improve or change anything, if we add nothing, if however bad something is, if we only say what we understand exactly, such a response adds our presence and helps clients to stay with and go further into whatever they sense and feel just then.” (Gendlin, 1996)

As a therapist, I do my best to be present and attuned inwardly with myself and outwardly with my client. The most important aspect of our relational connection is creating a safe space for whatever comes from the client. I want the client to feel accepted, understood, and empowered to correct me if my reflections miss the mark.

Mindfulness teaches us the loving art of kindness, warmth, empathy and compassion for *what is*. Our issues or contents are seen as clouds that come and go as we observe or dis-identify from them. Holding and embodying the Focusing attitude is important for a felt sense to form. It facilitates co-regulation, a sense of safety and warmth in the therapeutic dyad. It is what makes Focusing and FOT so relational.

In Focusing we want to bring our biggest most spacious self into presence and Be-with our experience in an attuned, relational manner. I keep my client company while they begin to keep company with their inner experience. **Our inner world is not static. It is ongoing interaction and when you bring awareness to it, it unfolds, moves and creates small step of changed process.**

- We listen with our whole body.
- We practice empathy, compassion and acceptance.
- Whatever experience comes is welcomed and turned toward with warmth.
- We prioritize the relationship *with the person* “in there” *not their stuck places*.
- We listen to the contents but respond to the process of the client.
- We keep the client company in a safe relational way, so they can be with their inner experience that way.
- We teach clients to slow down and stay with felt experience. We are helping clients observe and be present so they can form an emotionally safe inner relationship with their experience.

Even when we don't like what we find, we turn toward it, acknowledge it and accept it is there for some good reason. When that happens, these inside places begin to speak to us, to open up and then they change. I bring this attitude to my work with others and encourage them to turn toward something in themselves that needs this kind of attention. It is a great irony that people spend so much time running away from their feelings, when, if they would only pause, sit down in a friendly way and listen to their feelings, they would ease and melt away.

“What is split off, not felt, remains the same, When it is felt, it changes. Most people don't know this! They think that by not permitting the feeling of their negative ways they make themselves good. On the contrary, that keeps these negatives static, the same from year to year. A few moments of feeling it in your body allows it to change.

“If there is in you something bad, sick, or unsound, let it inwardly be and breathe. That's the only way it can evolve and change into the form it needs.” (Gendlin, 1986, p. 178)

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The Primacy of Human Presence

(Eugene Gendlin, 1990. From *The Small Steps of the Therapy Process: How They Come and How to Help Them Come*)

"I want to start with the most important thing I have to say: The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But, what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there. Even if it is a cat or a bird, if you are trying to help a wounded bird, the first thing you have to know is that there is somebody in there, and that you have to wait for that 'person,' that being in there, to be in contact with you. That seems to me to be the most important thing.

"So, when I sit down with someone, I take my troubles and feelings and I put them over here, on one side, close, because I might need them. I might want to go in there and see something. And I take all the things that I have learnt—client-centered therapy, reflection, focusing, Gestalt, psychoanalytic concepts and everything else (I wish I had even more)—and I put them over here, on my other side, close. Then I am just here, with my eyes, and there is this other being. If they happen to look into my eyes, they will see that I am just a shaky being. I have to tolerate that. They may not look. But if they do, they will see that. They will see the slightly shy, slightly withdrawing, insecure existence that I am. I have learnt that that is O.K.

"I do not need to be emotionally secure and firmly present. I just need to be present. There are no qualifications for the kind of person I must be. What is wanted for the big therapy process, the big development process is a person who will be present. And so I have gradually become convinced that even I can be that. Even though I have my doubts when I am by myself, in some objective sense I know I am a person."

A Philosophy of Change

"According to my theory, a 'pathological content' is nothing but a certain lack of further experiencing." (Gendlin, 1996, p. 38)

Focusing is based on a process view of human functioning.

As living beings we are embodied, and our bodies *know* the next steps for living. Again, this is body considered not as a physical object, but as process.

What's the difference between an object and a process? An object doesn't change easily, and isn't expected to change. But a process is always on its way to the next step. Process *is* change.

Try exhaling, and then holding your breath. Don't inhale. Notice how your body *knows* that inhaling would be the right next step, and this *knowing* grows stronger minute by minute. (OK, you can breathe now!)

What do we mean by body? Human beings are living process. Not just alive but living forward into our situations. We are interaction with everything and each of us has an inner sense of rightness that is unique to us. The body knows the way home. We need to figure out how to follow its wisdom.

"Your physically felt body is in fact part of a gigantic system of here and other places, now and other times, you and other people – in fact the whole universe. This sense of being bodily alive in a vast system is the body as it is felt from the inside." (Gendlin, 1981)

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This is the body as felt and sensed from the inside. Most of us don't know how to find this body let alone understand how it operates. The right hemisphere maps the inside of the body but the left hemisphere cast what neuroscientist Damasio calls a veil over our inner workings so we can attend to the outside world without interruption (Damasio 1994). Focusing allows us to pierce the veil and attend to implicit bodily awareness or that which wants to emerge from the unconscious.

"Focusing is a mode of inward bodily attention..." (and) "occurs in the zone between the conscious and the unconscious."

Most people don't know that a bodily sense of any topic can be invited to come in that zone, and that one can enter into such a sense. At first it is only a vague discomfort, but soon it becomes a distinct sense with which one can work, and in which one can sort out many strands ... Focusing is a way to enter regularly and deliberately there where therapeutic movement arises." (Gendlin, 1996, p. 1)

When a new client begins therapy we usually have a conversation about how to work with the problem. The client's problem, discomfort or unwanted feeling is really the body's way of alerting us that something is not okay. It is how our body is talking to us. **Therapy is a process of learning to listen deeply to ourselves and allow our natural growth process to occur.**

I might say something like, *"What you want to get rid of is actually your body saying something about what is wrong. I know it is painful, but it holds wisdom about the way forward."*

"Every bad feeling has potential energy toward a more right way of being, if you give it space to move toward its rightness." (Gendlin, 1981)

The client's bad feeling points to the spot where something can come – it implies what would be right for the client to be more fully themselves. This inner felt implying carries the right next steps in the process for the client. Being able to listen to the bad feeling, the implicit more that is present allows the rightness of the human organism to live its next steps.

When a Stopped Process Forms

All clients come to us with experiences of a stopped process. A stopped process forms when what was implied does not have a chance to occur. Hunger implies seeking, finding and eating food. What happens if that is interrupted?

What Does a Stopped Process Look Like?

Stopped process can be seen in every one of our clients and in our own lives as well. The following are familiar attempts to move forward that do not work because they lack something essential:

- Falling into a repetitive emotional state that doesn't move into something new
- Analyzing, intellectualizing, speculating about the causes of problems
- Addictive forms of eating, drug and alcohol use, and relationships
- Depression, persistent procrastination, low self-esteem, being the victim
- Being cheerful, positive thinking or visualization – but life doesn't change

"Stopped process does not mean the lack of behaving. There may be much behaving—as in addictions and other forms of acting out—that fails to carry forward the situation. Acting-out behavior is significantly not the implied behavior that would truly carry forward the person's

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process. Stopped process can be seen in every one of our clients—and doubtless in our own lives as well.” (Cornell, 2018, p. 18)

Let us consider what happens (or doesn't) as a result of trauma. Trauma is an experience or experiences that overwhelm the organism. If what was implied could not occur, the organism becomes blocked (a stoppage forms) and begins to shut down and/or seek out new behaviors in an attempt to carry forward experiencing. Our organism becomes stuck often at an earlier developmental stage which can interfere with current functioning.

Trauma brings a cascade of protective responses that may include severe inner criticism and vulnerable feelings such as shame, fear and despair, and thoughts like *I'm not good enough; I'm broken, defective or crazy*. Repetitive habits form as unsuccessful attempts to solve life's problems. Depression, anxiety and addictions set in.

A client's self-concept or identity becomes a mix of these failed attempts to move forward. They become identified with their own story of repeating thoughts, feelings and behaviors (attempts at change that fall short). These thoughts and feelings are what clients want to get rid of.

A Personal Story: The following excerpt is from the article *Hidden Trauma: A Personal Story of Living With Dyslexia*

In the fall of my senior year of high school I began my search for a small liberal arts college to attend. I had not been a stellar student. In fact, school had seldom been a place where I felt good about myself. I did however have some confidence in talking about myself even though I was by nature shy and introverted.

I was interviewing with the director of admissions at a small college when he leaned forward and said to me, "I just want you to know that your SAT scores don't mean that you are mentally retarded."

Despite all my struggles with school, I knew I was not mentally retarded. Standardized tests were difficult for me, as was anything to do with reading. My high school French teacher told me to come back "once I learned English." Even my mother sent me off to college encouraging me to "date women who can spell."

It wasn't until my daughter Kelsey was diagnosed with dyslexia that I read the book, *Overcoming Dyslexia*, by Sally Shaywitz, M.D., and had one of those "aha" moments in which my childhood and educational struggles began to make sense. I too, am dyslexic. I have since recognized that most adults come to this realization about themselves only when a child is struggling in school and is diagnosed by a specialist.

My daughter had always been a very confident child and engaged student. When reading became the center of learning in first grade, she changed. Unable to keep up and perform with the rest of the students, she became anxious and developed stomach aches. My wife Esther, an elementary school teacher working in the same school, knew something was not right, but was told just to "Read at home with Kelsey, and she will be fine as she is so smart and capable in so many ways." For my wife, this was a bit insulting as she read to our daughter every day of her life!

Being able to learn how to read would carry forward a life process for a child in first grade. When the implied sequences of being able to read do not occur, the organism adapts in

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predicable trauma responses of fight, flight, or freeze. Anxiety, depression, illness, and behavior problems begin to form as a way of coping with the blocked or stopped process. These very behaviors are attempts to solve the problem that the stopped process presents, but they don't carry forward the life process beyond the stoppage.

Imagine everyone around you being able to do something important and you cannot. In fact the harder you try the more frustrated you become and the further behind you fall. You cannot see what it is others are doing to be successful, nor is your teacher able to explain anything to you other than to encourage you to "keep up" or practice more of the activity that you are unable to do in the first place. All you can experience are your failed attempts to solve the problem. Over time, this situation generalizes into other learning experiences, the way you see yourself, and what is possible in your world.

Learning Focusing is a different kind of education

Although I had worked in the therapy field since 1986, it wasn't until I began my private practice in 2000 that I decided I wanted to study Focusing more deeply. I found a Focusing partner who was studying with Ann Weiser Cornell. I began regular trips to California to study with Ann and became certified in 2006. I appreciated Ann's clearly articulated teaching and certification process. As I learned the deeper structure of Focusing, I encountered the deeper structures of my own being and how I learn. I was able to more fully trust my own experience and to be gentle with myself when I struggled. Focusing allowed me to unwind many tangles, fear, and doubt. My confidence that I could have a successful private psychotherapy practice grew slowly. I also saw the positive results my clients were experiencing as I integrated Focusing into how I worked.

Focusing has given me a way of being with and interacting with my experience, helping me to unwind my tangles, blocks, and shame. Healing is a journey of recovering bits of the fabric of our being and weaving them back together to reform the whole. Focusing has given me a way to encounter my many hurt parts and to know which ones to pick up and weave in and which to let go. Focusing has also connected me to a supportive community with many encouraging teachers. It offers me a different kind of knowing – one that comes from felt sensing and learning to listen deeply inside to what my organism gathers implicitly.

I realize this is not a typical trauma story. How people suffer is not so much about what happened as it is how it changed them. Something stopped and the person grew in an altered way. They became a changed process while at the same time carrying what got stopped or lost (what didn't happen). For many of us things occurred in childhood that should not have happened. We formed beliefs about our self-worth or abilities. What happened and how it changed us lives in our bodies. Attending there in a Focusing way we can feel the constriction, the pain and shame. We can also 'listen' and sense the feel of it so that what was stopped can proceed again, it can fill in what was missing in the interaction and heal.

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A Doorway to Change: Felt Sense Formation and Carrying Forward

When what was implied occurs the organism moves beyond the stoppage. When we allow a felt sense of the whole situation to form we are already living beyond the stoppage. A felt sense of the whole contains the stoppage and the living forward together. There is a filling in of what was missing in the interaction that before held us up. Now the person can become themselves.

What before was only bodily felt discomfort is now a release of energy in one's own unique life direction. Gendlin believes that an organism has an innate sense of rightness unique to that person. Therapy is a process of helping a client differentiate further their own sense of what would have been right.

"When a child is mistreated an inner sense that something wrong has happened may be silenced, but it never wholly disappears. It is discouraged, confused, defeated, weighed down by actual events, but it remains and can be carried forward." (Gendlin, 1996, p. 270)

As therapists, we can learn to facilitate the client's experience of being present; in other words, to help them step back from how they identify with their experience. This is critical to allow for felt senses to form.

Clients begin to observe, relate to, and turn toward their experience with warmth and compassion. They learn to accept it, interact with it, and allow it to unwind in the life-forward direction that has been held up for so long. Little steps come from Focusing moments that lead to change.

Focusing offers a way of being present and facilitating deep contact with fresh bodily-felt experiencing that moves clients forward. Focusing allows clients to step outside their habitual categories of experience and sense freshly the wisdom of their own unique way forward.

I think we as clinicians live for those moments when our clients light up, speak from their unique voice, and live their lives in ways that allow new experiences of wholeness and better health.

The Woman who Was Bitten by a Dog

I presented on trauma at a retreat training in 2017. The next day a woman approached me to say that during my talk, she had a profound bodily reaction to an experience from childhood in a way that was upsetting and puzzling – and she wanted to explore it further.

She had been bitten in the face when she was three by a large dog. The injury was severe and required several surgeries. She said, "I have talked about this before in therapy but I have never been able to actually feel what happened. It's like I just tell the story over and over without anything changing. Yesterday my body kept shaking and I couldn't stop crying."

I worked with her for a little over an hour that afternoon. She was able to enter the lived memory of the event with its terror and helplessness. She 'fought off the dog' with her adult self and found a new strength in herself. Her words were, "I can stand up for myself." Her parents still treated her like a helpless little girl. Her whole body relaxed and she sat tall with a new groundedness and strength.

We met a year and a half later at an International Focusing Conference. This very confident FOT showed me pictures of her family's new puppy that she snuggled with. She even had the courage to attend my presentation on trauma and come to the front of the room with me and shared her story.

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“Every experience and event contains implicit further movement. To find it one must sense its unclear edge. Every experience can be carried forward. Given a little help one can sense an 'edge' in the experience more intricate than one's words or concepts can convey. One must attend to such sensed edges because steps of change come at those edges.” (Gendlin 1996, p. 15)

Neuroscience and the Two Cerebral Hemispheres:

Focusing integrates our experiencing. Talking about the mind-body split is now part of popular culture. Focusing is seen as a process of experiencing by which we can interact through a felt sense with the whole of an experience before it gets split (in the mind) into categories of known experience. I believe our western philosophical tradition from Plato through Descartes has been one of bias toward that which is unchanging and clearly known. This has many advantages including our development of science and technology.

Gendlin has given us a way of experiencing that reconnects us to our body through Focusing. His *Philosophy of the Implicit* comes out of the existential and phenomenological tradition and in one sense is an elaborate explanation of how Focusing is possible for human beings.

In his 2009 landmark publication *The Master and His Emissary*, Iain McGilchrist pulls together research findings on neural lateralization and forms a thesis about the development of western civilization. (McGilchrist, 2009) It is a wonderful description of how our right hemisphere (the master) and left hemisphere (the emissary) process our experience very differently and can create a bias toward how and what we experience. He believes the emissary has betrayed the master leading us to our current state of disconnection from the natural world.

McGilchrist believes the key difference in functionality is that the right hemisphere does broad attention, enabling us to be vigilant for changes in the environment, while the left looks after precise attention, enabling us to grasp what is in front of us - both material and conceptual.

The right is in the present moment. The left is re-presenting experience. The present moment is found through direct bodily experience. The left then divides, categorizes and packages experience in reusable units. It explains experience but is always one step removed from experience.

The Body

Each hemisphere has a different take on the body. The left says, *I have a body* and the right says, *I am a body*. Both hemispheres map the body but only the right maps the insides of your body. When in Focusing we say we are bringing our awareness into our bodies, we are listening to our right hemispheres present moment experiencing. If we can stay with it and let a felt sense form, then we can bring that experience into focus through the left hemisphere. This integration is what in Focusing we refer to as *a felt shift* as the body feels a sense of release.

The Corpus Callosum

Only two percent of the neurons in either hemisphere are interlinked via the corpus callosum, the band of tissue that joins the two hemispheres. This connection allows each side to communicate with the other and it also can allow the side that is best suited for performing a task to inhibit the other side. The left hemisphere is more effective at inhibiting the right than vice versa.

This left hemisphere bias is seen in the virtual world we are creating. The emissary believes it

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does not need the master. The right hemisphere is always offering its take on the world, but the left is listening less and less. It is too busy doing things often important to job functions and getting things done.

A client of mine with a high-powered, stress-filled job said during her evening appointment that she had not been to the restroom all day because “she didn’t have time.” We have become very good at not listening to our bodies.

Trauma

When the brain cannot integrate external sensory signals with internal bodily ones the system is overwhelmed and forms in Focusing what we refer to as a stopped process. Experiencing does not carry forward. The right hemisphere is unable to send any message to the left. Allan Schore refers to this as “dis-integration of the right brain.” The result is dissociation, memory fragments and systems that may seem to have nothing to do with the traumatic episode. The experience is *stuck* or *frozen* in the body.

“In practice, most sticky psychological problems that clients bring to therapy probably involve both right hemisphere inhibition and right hemisphere dissociation. If they didn’t, the client would probably be able to resolve painful feelings and experiences with their own social support.” (Afford, 2014, p. 256)

The Focusing attitude is a way of being with another in an emotionally attuned present manner. This allows the traumatized client to better manage their swings of arousal and begin to feel safe enough to enter into the discomfort of bodily experiencing. Focusing then facilitates a process of hemispheric integration and reprocessing. As the need to tightly control experience eases the organism can dip in and out of explicit and implicit awareness (left and right hemisphere experiencing). This allows memory fragments to carry forward so more of the stopped or frozen experience can now be felt, remembered, and integrated. Traumatic memory finds expression and cognition. Habitual states begin to unwind and open up to new possibilities of movement, thought and emotional expression.

The following is from a presentation by Peter Afford at the 2015 Focusing International in Seattle.

Gendlin’s ‘body’ is the right brain!

If you want to howl in protest at this statement, it may be because your view is skewed towards the left hemisphere – as we all are in the western world at present, it seems. The left hemisphere struggles to think of the right as something very different from itself, an ensemble with body and environment, less in awareness. So it thinks the body is where felt senses arise and wisdom sits.

And because the right brain and body form an ensemble, the right brain/body distinction is often immaterial and your left brain is kind of right anyway. I’m just being technical here.

When we take our attention into the body in Focusing, our left brain turns towards the right brain-body ensemble. It’s a big place - no wonder so many different experiences can happen. The right brain may be emotionally aroused (with fear or grief, for example), it may be overwhelmed in a state of depression, it may be ‘dis-integrated’ in a dissociative state - or it may

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be none of these and is doing what it usually does, which includes having a felt sense of what is happening.

This is why sometimes we find physical sensations, while at other times we have just a vague inkling of something. The felt sense is the way the right hemisphere feels what's going on when our level of emotional and physical arousal is moderate rather than high.

Gendlin's concept of 'body' is not the physical body as such, rather, the body is the doorway to the world of the right brain-body ensemble. Often there is mystery, subtlety, something fuzzy that comes into focus only slowly (in the left brain). You have to practice Focusing to understand this.

Focusing in Practice

Therapy exists for the 'person in there.' The one behind those eyes, who looks out perhaps hoping to and afraid of really meeting you. I had such an experience once with Gene Gendlin as he sat across the table from me during lunch. His blue eyes were so present I both wanted to look and be seen and find a place to hide. I think our clients feel that way at times.

Focusing-Oriented Therapy

Process-Oriented not Content-Oriented. Focusing-Oriented Therapy looks for the 'person in there,' the 'I with no content.' A person is not their situations, not their suffering, family of origin, sexual identity or any of that. That is their stuff, their content. We help them be with that stuff in a way that allows for little bodily steps of change. The way we do that is to be the kind of therapist who can *sit on a log* with our client. Through reflection we help them create some space between them and their stuff (dis-identification). The key is to establish relational contact and our ability to listen *underneath* for what is being conveyed and then reflect that. Gendlin says, *responses point* to meaning in our words can carry the client's experiencing further into their process, bringing fresh responses from them. Felt sense formation is already a changed process and leads to the green shoots of growth:

"To keep the clients' process on its own natural track is the easiest way to avoid dead-end discussions. A therapist must know that it does a great deal just to keep a client company with the exact sense of what the client is expressing. When that is achieved the bodily-sensed effect in the client is one of *resonating*. A safe and steady human presence, willing to be with whatever comes up, is a most powerful factor. If we do not try to improve or change anything, if we add nothing, if however bad something is, we only say what we understand exactly, such a response adds our presence and helps clients to stay with and go further into whatever they sense and feel just then. This is perhaps the most important thing that any person helping others needs to know. It is also the easiest way to avoid dead-end discussions.

"But such responses (called *reflections of feeling*) need the physical checking I just discussed. The client must inwardly check: "Are we together now, with this? Does what the therapist say back to me encompass what I was just now struggling to convey?" When it does, the client will feel a bit of physical relief.

"Hearing back what was said, the client feels that that much has indeed now

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been said. What has been understood exactly need no longer struggle to be heard. *Now it can just be here.* It can breathe. When that happens, there is also a little bit more room inside—room for the next thing to come up from there. Without the client's inward checking, the method of reflecting the client's messages can become mere words.

"If there is an inwardly sensed connection or any physically sensed response to what was said, it is vital to attend to it and stay with it, because further steps will come from *there*—from the inward response, even if it is only a slight stirring without words. (Many therapists do not know to look for such an effect...)" (Gendlin, 1996, p. 11)

Begin with Yourself Focusing is an intentional act. It starts with a pause and noticing how we are in this moment. Take time to pause, bring awareness inward, and inquire, *How am I right now?* Then listen. We can facilitate this process with others when we slow ourselves down and allow more space in our conversations. *Begin to shift awareness to the interaction and the process rather than the content of what is being said.*

For Focusing to be effective in therapy or healing, it is essential that the therapist is also Focusing. I need to be pausing and sensing into my felt sense that holds the knowing about the interaction with the other. If I am doing that, then there is a spaciousness and relatedness that facilitates change.

Reflective Listening

Gendlin says that what is of primary importance is *contact with the client.* This is most easily achieved by closely following the client and reflecting their words exactly or in paraphrase without changing or adding anything to what they said. If we lose contact with the client (become confused), reflection helps us reestablish the connection. Let's look at the process more closely.

First we need to be present in a way that allows us to make a space in our self for the client's words to come in. Something is trying to be conveyed. What is that? What is trying to emerge in the other?

The next is to reflect from our sense of what is being conveyed back to the client. We may reflect their exact words or add something from our sense of what is trying to be conveyed.

We want the client to take in our words and check to see if they fit their experience. This is seldom taught to clients! The client must check, sensing "are we together with this?" If not, the client may correct us until they feel understood. Once understood, the client can pause and sense for the next thing to say.

Tone of voice: A reflection is more than mere words. Language is vocal-music and our tone of voice (volume and murmurings) convey empathetic and relational connection as well as understanding and support.

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Doorways in: Inviting a Felt Sense to Form

“The discomfort of the problem is the edge; it is more than could be said.” (Gendlin, 1996, pg. 17)
As a client talks about their situation (not having a felt sense yet) we use reflections to summarize our understanding of their situation and develop contact relationally. We can begin to use reflections to *point to* what is implicit in the story or trying to be conveyed. For example:

(Client) (after a breakup): “Seeing her after all this time really set me back.”

(Therapist): “Seeing her brings back many feelings that perhaps felt behind you.”

Or, “Take some time to notice that whole sense of being set back.”

When a client flushes with emotion, is groping for words, or pauses naturally, *invite them to stay there and notice what comes*. Perhaps you can touch your chest and say, “What comes here when you say that?”

Not knowing is difficult and uncomfortable. We have all experienced wanting to be clear and articulate, so that we appear to know what we want or what we mean to say. *Focusing comes in those moments when we don't know something clearly yet*, or when we can allow the fuzzy edge of something to be interacted with.

Clients often need permission to slow down and sense inside. Let them know that it takes time to sense something new and fresh. Encourage them to find words that really fit what they are experiencing.

“I don't know” is a common expression. You might reply by saying, “You know something about that — take your time and sense what is there.”

You might model pausing by saying something like, “Something just came there. Let's just pause and notice the whole way that feels.”

If a client is talking without slowing down to sense how they feel, interrupt them! “Hold on, you just said a lot there and I want to make sure I have that. Give a reflection and respond to your sense of what they are trying to convey with their story. Or you might say, “Let's pause for a moment and sense for the feeling quality of the whole situation.”

Begin to use Presence language and the word *something*. “*Something*” allows a little space between them and their experience.

If a client asks you why you're using funny language, explain how it helps them *be-with* instead of *be-in* a problem or feeling. Simply using the word “*something*” allows you to point to their experience in a way that says *something is there*, and leaves it open, vague and inviting to explore a little deeper. For example, “There's *something* about that...(situation) which leaves you feeling uneasy and a bit scared.” **‘Something’ can hold a space for what is here yet unclear.**

Client: “I'm not sure how to describe this feeling in my throat.”

Therapist: “You're sensing something there in your throat.”

Client: “I'm afraid I'm never going to get over him.”

Therapist: “You're sensing something in you that is afraid you'll never get over him.”

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Helping Felt Senses Emerge From Stories

To help a felt sense emerge from a story, we use the phrase “*something about*” with a summary of the story.

- Summary reflection, catching the emotional point of it.
- “There was *something about* _____, that brought up all that for you.”
--- Or ---
- “There is *something about* _____, that brings a feeling of _____.”
- Invitation to stay with that.

Gendlin says, “The felt sense is the client's client.” The therapist keeps the client company and the client learns to keep their inner experience company. Remember the Focusing attitude as you model the kind of relationship with your client you would like them to have toward themselves. Everything that comes in a session is something to welcome into our guest house and be friendly toward. Only when there is Presence and safety can there be felt sensing and fresh experiencing.

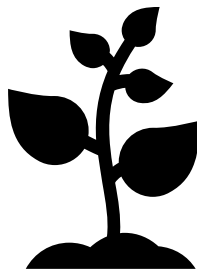
What if a Client Feels too Much or Very Little?

Clients are often unaware of or overwhelmed by their experience. Your response to each state involves helping clients to sense their present moment experience.

One way to support this process (in addition to Presence Language) is through *sensing what's alive in the physical body* and helping people ground their experience through their breath and body sensations. If people are in their heads – anxious, dissociating, story-telling or spacing out – they are cut off from their bodies. *Help them work with their breathing and sensing the weight of their body on the seat.* Have them wiggle their toes, notice their hands, feel their weight down through their sit bones. They are here in this moment. **Present moment experiencing is not in our heads; it is in our bodies (which includes our heads).**

Protecting the Green Shoots of Growth

We are looking for the little steps of experiential change that come when therapy works. Little steps form when a client enters the murky edge of their experience. The *something more* is a green shoot of change felt directly in their body. It is new and precious. It needs to be acknowledged, welcomed and encouraged. The client needs to hear us say, “*There is something about that to hold onto.*”



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Therapy Transcripts

What follows is an excerpt of an article and two other brief transcripts. They provide a peek into Focusing reflections and client process in therapy.

Focusing-Oriented Experiential Psychotherapy: How To Do It

Hendricks, M. *Focusing-Oriented Experiential Psychotherapy: How To Do It* in American Journal of Psychotherapy Vol 61, No 3, (2007), p. 271-84.

On the practical level, an FOT therapist: Looks for and responds to the client's felt sense. This is the baseline and what one would see most of the time.

1. Helps clients attend in such a way that a felt sense can come.
2. Helps protect the *green shoots*, the client's forward direction.

Notice the characteristic marks of a High Experiencing level – the pausing, groping for words, creating a metaphor, talking about the content in the present tense.

Linda is a woman in her fifties who is struggling with some major health problems. She is talking about these problems in this session.

Linda: "I'm scared." (*This is not a felt sense. It is an emotion. We will talk about the difference a bit later.*)

T: "So you have some sense of being scared. Can you sort of step back a little and get a sense for that whole situation with your health, that whole thing about being scared, what's the quality of it?" (*The therapist helps the client widen the emotion to become a felt sense.*)

L: (*Silence as she pays attention to her felt sense of that whole thing*) "It's like I'm scared of all of the medical labels...like I could be trapped in them...it's like they are all swirling around me...I see all these pieces of paper whirling around my head." (*The client has created two metaphors to get at what she means.*) "They are in my way somehow..." (*Now a further felt sense has formed.*)

T: Some sense that all those whirling labels are in your way somehow. (*Therapist touches the fresh edge from which more movement will come.*)

L: (*Begins to cry as movement comes*)..."I have a complex and beautiful body, an open system, that is so much more than any of those labels...I want to hold my sense of my body lovingly and gently and let it heal." (*This is a step of therapeutic change—a felt shift – her forward direction.*)

T: "Oh yes, I see...you want to be connected to your body as open, complex and beautiful. Then healing can come."

Three obstacles and what to do about them

Three kinds of client process especially tend to block finding a felt sense:

1. Intellectual speculation
2. Drowning in emotions
3. Self-attacking

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Here is an example in which the client, Barbara, begins with a felt sense but does not know that she can stay with it in a Focusing manner. Instead she goes off into interpretive speculation. Her interpretation may even be correct, but it does not lead to any fresh movement now. When the therapist helps her to focus directly on her felt sense, notice how the content which comes is very different than what she had originally thought.

Barbara: “I have a feeling like something wants to tear open a wound.” (*Client makes a big gesture with both hands like claws tearing at the middle of her body.*) “I guess that is my guilt again...I’m not supposed to feel better and go on living...that is an old theme for me.”

T: “Could we stay a minute with that gesture and body feeling”... (*T makes the body gesture*) “and just gently ask inside, ‘What is the quality of this tearing open body feeling? What is in this whole thing for me?’”

B: (*Quiet for a moment as she really pays attention directly to the felt sense, rather than speculating about herself*) ...“Actually, it is a feeling of some kind of energy wanting to get out...a sense of wanting to use my strength.”

T: “So there is a big energy wanting to come out...a wanting to really use your strength...does that resonate inside?”

B: “Yes, it does.”

John is a successful professional man in his late fifties. The exchange below shows how a therapist can help him relate to an emotion in a new way without either avoiding it or being re-traumatized by simply feeling it again. The therapist does this by asking the client to form a felt sense of what would be a right relation to the emotion.

John: “I’m going to a funeral this weekend. A friend my age died Thursday morning. It makes me think of my sister dying and also of my heart attack. I am feeling very anxious. I need to cut back at work for my health, my body is letting me know. I guess I need to cut back on my overhead expenses, so I can work less.”

T: If you like we can spend a few moments with the anxiety – can you make a big space and get a sense of what that whole thing is like? (*The client is invited to step back from feeling “very anxious” and find some distance from the emotion.*)

J: “It is a kind of terror, all pervasive, no containment. It is my mother’s terror. She was completely traumatized and paranoid. She survived terrible things but never resolved her own traumatized state. She got it into me and my sister. There was no way to get away from it.”

T: Can you get some sense in your body that that terror belongs to her, not you? (*T invites him to clear the terror out of his bodily felt space by placing it back in his mother.*)

J: “Yes it is hers. But...The quality of her terror is hard to describe...unlike anything else I’ve ever known. It never got better. It got worse for her before she died. She became nothing but tremendous anxiety, nervousness, tapping her fingers all the time. The only thing I can do is to use my rational thinking and tell myself there is nothing in my life now to elicit that kind of terror. But it is all pervasive.

T: “Can you ask inside, in your body, what would be a right place for you to stand in relation to that whole thing about her terror? What would let you have a little space between you and it?” (*Since*

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he has said it is difficult to get any distance from the terror, the therapist invites him to directly focus on what would be a way to relate to it that would feel better.)

J: *(Silence as he senses inside)* "An image comes. When we were kids there were these 'sticky' balloons. If I could have a big sticky balloon to put the terror in and contain it. It would not really contain it because it is all over, but the balloon would be over part of it." *(makes gestures with hands of enclosing it)* "It is like putting it in a big bag which is hanging down – it is still all over but the weight of it is in the bag. That's like the weight I felt in my body when I came in. I feel calmer now."

Sylvia is a retired nurse in her seventies. She lives in a major Midwestern city and does volunteer work at an agency for sick children and their families. Her husband died recently after a long and loving marriage. She often feels overwhelmed with loneliness and sees no way that her life would feel full.

T: "Can you sense inside, what would be really forward for you, a further level of development of you, exactly from where you are right now?" *(A Focusing invitation which directly asks the body for the forward direction.)*

Sylvia: *(She does not pause and actually sense in her body. She responds quickly.)* "Everyone says I should make myself do more things with people. I guess they are right." *(Instead of sensing what is right for her, she tells herself that she ought to do what everyone else thinks would be right for her.)*

T: "Well, you've already said that going backwards to superficial relationships wouldn't be right. What would really feel right for you?" *(Therapist repeats the invitation to actually sense inside right now what would be a right direction for her.)*

S: I need a man to take care of. I don't know how to live any other way. *(Said in a self-critical way, equating herself with the stereotype of dependent women).* "I want to take care of someone...I've always known how to do that really well."... *(This is perhaps the beginning of a forward step)* ... "I guess I'm just a controlling person." *(She closes it down by attacking herself.)*

T: "I'd like to slow us down...I know you are considering wanting to take care of others as a bad thing, but can we make a non-judgmental space...and just let that be here...you would like to take care of someone...What is your sense of that in your body?"

S: "I feel good when I'm taking care of the kids."

T: "OK, so with kids at the agency you use your gift of taking care of people. That feels right for you."

S: "Yes."

T: "So, does it feel right inside to say that you want to connect in a way that makes a difference?"

S: *(Begins to cry)* "That is exactly it. I feel exactly understood."

T: "So, we don't know what else might be like that, but we can hold this sense, that more ways of connecting which make a difference would be right."

S: "Well I don't see how anything like that can happen."

In the last statement the therapist tries to help the client find and hold the sense of a forward direction without yet knowing the form it might have. This might have allowed something to appear

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which would not come otherwise.

The relationship between the therapist and the client is a stable container for the development of the inner relationship of the client to their experience. In Focusing we keep the client company so they can learn to keep their inner relationship company.

Two more examples. The first is from Gene Gendlin. The second is from Marion Hendricks Gendlin. The session quoted below is from *The Small Steps of the Therapy Process* by E.T. Gendlin

Client: "I did not want to come today. I do not have anything more to talk about (*laughs*). Really, there is a level I do not want to touch. I got there once before, and I got into crying and I could not get out of it; I could not stop crying. My therapist did not know what to do. She cried too. I looked up and I could see it and I thought: 'Well, she does not know what to do either'."

T: "You do not want to fall in there again that way."

C: "Right. Usually, I believe in feelings and I think: If you feel it, it gets better. But on this, I don't know."

T: "So we won't say: Just feel it. You did that, and it was not better. Whatever we'll do here, you would like it to be in a different way..."

C: "Right." (And then there is a long silence.) "I can feel it right there, just below where I am."

T: "Let's stay here a long while, just relating to it down there, without going there. Or another way to say it: If we do anything, let us do it very slowly." (Long silence.)

Marion H. Gendlin

C: "The way the whole thing feels is that I am no good, and I am helpless to do anything about it. And I cannot hardly touch that."

T: "That is hard to stand. Go slow. It is hard even just to touch that."

C: "But why in the hell do I get so scared? I mean, I'm just sick to think I have to meet him. I get this feeling like some pressure's gonna come on me. Like...like when I was talking to him on the phone today, he goes, 'I've really missed you.' Wouldn't you think that would make me feel good?"

T: "It feels like pressure, you say. Can you sense what is the quality of that pressure?"

C: "I don't know. I mean...I... I just feel like...like he could make me do something that I didn't want to. Or something. Now what could he make me do that I don't want to do? I don't know."

T: "Why don't we just slow down and see if you can sense that. It feels like pressure, like you could do something you don't want to do. What is your sense of all that?"

C: "Gee, I'm not sure..." (*deep breath*) ... (*long pause*) ... "This is kinda dumb; you know, I'm thinking that...(*tears*)...I mean, what if I even liked him more or something? Or something. I don't know what it is." (*Tears.*)

T: "That you might like him more..."

C: "Uh huh"...

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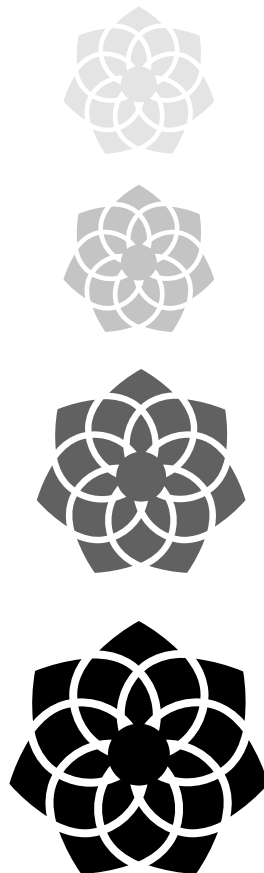
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When people progress in psychotherapy, this is how they usually sound, regardless of the orientation of their therapist:

- They pause and grope for words or images.
- They pay attention to an unclear, but bodily-sensed aspect of how they are in a situation.
- They don't just think about the situation and they don't drown in emotions. They attend to what we call a "bodily felt sense of" a situation or problem. (Words or images arise directly from that sense.)
- What comes is often a surprise.

The Felt Shift

A new aspect of experience emerges, a small step of change that brings a body response, like a slight physical easing of tension, or tears, or a deeper breath. We call this a *felt shift*. This kind of process is one *motor of change* in psychotherapy.



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FOT-1 Practice Sheet #1: Focuser

Focuser leads themselves into present moment awareness and describes their experience.

"I'm bringing my awareness to my body. I'm sensing my hands, what they're touching, how that feels. I'm sensing my legs and my feet. I'm sensing my body's contact on what I'm sitting on and resting into that support. I'm bringing awareness inward into my throat, chest, stomach and below..."

Sensing inwardly using Presence language: "I'm sensing something in me that feels..."

"I'm sensing what's wanting my awareness now."

"I'm sensing...something in me that..."

"I'm acknowledging it..."

"I'm sensing how it would like me to be with it."

"I'm describing it" (with words or images or gestures or...)

I'm sensing if the description fits."

I'm noticing how that feels in my body..."

"I'm just being with it..."

(If there is more than one "something," repeat last two phrases)

(At the end) "I'm thanking my body and my body's process."

FOT-1 Practice Sheet #1: Companion

Companion asks Focuser: "Are you sitting comfortably?"

In person: "How is this distance between us?"

Online: "Can you hear me OK?"

"We have ___ minutes. How many minutes signal would you like?"

Bring your awareness into your own body as you keep your gentle attention with the Focuser

With soft eyes/ears and calm patience, interested, holding a space for whatever is there.

It's ok to make little murmuring sounds if it feels right, but NOT to be helpful (in other words, not coming from a place of trying to help the Focuser).

Reflections: Reflect when the Focuser begins with "I'm sensing..." changing it to "You're sensing..."

Your main intention is to hold a space of interested, warm-hearted presence for your partner, mostly in silence. You are not responsible for the Focuser's session!

"We have about ___ more minutes."

**Practice Sheets have been adapted from the work of Ann Weiser Cornell.*

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FOT-1 Practice Sheet 2: Focuser

Speak for a few minutes about an issue that is puzzling or troubling to you (and of course one you feel comfortable sharing). Now bring awareness into your body and invite a felt sense about what you've been saying.

When you feel ready, slowly describe the felt sense using Presence Language statements like, "I'm sensing, noticing, aware of, wondering about...something in me that is/feels..."

When your Companion reflects your words, offer them inwardly to the felt sense itself. Take time to sense if those words fit exactly and completely, or not at all, or if they're partly right but there's more.

Stay with the feeling, continuing to describe it, and check the description using the Companion's repetition of your words. If you find yourself getting into 'a story,' gently come back to your body.

When you get the ending time signal, let the felt sense know that you are willing to come back to it another time...and thank it.

FOT-1 Practice Sheet 2: Companion

Companion asks Focuser: "Are you sitting comfortably?"

In person: "How is this distance between us?"

Online: "Can you hear me OK?"

"We have ___ minutes. How many minutes signal would you like?"

Remain silent in Presence while the Focuser speaks about a life issue and invites a felt sense about it. When the Focuser describes a felt sense, wait to make sure they've really paused. (about a breath)

Reflect their description back to them, so they can check if it really fits.

Use Presence language in your reflections to support the Focuser's sense of being with something.

"You're sensing something in you that feels..."

"Sensing" can be changed to "noticing, aware of, interested in, wondering about, something that..."

ONLY say back felt sense descriptions. You can repeat their own words when they are based in feeling or sensing. Anything else that the Focuser says, just leave unrepeated.

Remember it is not your job to "be helpful" to the Focuser. Do not give advice, opinions or interpretations.

"We have about ___ more minutes."

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FOT-1 Practice Sheet 3: Focuser

1. Coming In

"I'm taking time to sense into my body, first the outer areas, then throat, chest, belly."

"What wants my awareness now (about that issue)?"

2. Making Contact

"I'm noticing something..."

"I'm acknowledging this something."

"I'm sensing how it would like me to be with it."

"I'm finding the best way to describe it."

"I'm checking the description with my body."

3. Deepening Contact

"I'm seeing if it's okay to just to be with this."

"I'm sitting with it, with interested curiosity."

"I'm sensing how it feels from its point of view."

"I'm sensing if it has an emotional quality."

"I'm letting it know I hear it."

"I'm open to any more it wants to let me know."

4. Coming Out

"I'm sensing if it's okay to stop soon."

"I'm letting it know I'm willing to return."

"I'm thanking my body and my body's process"

FOT-1 Practice sheet 3: Companion

Companion asks Focuser: "Are you sitting comfortably?"

In person: "How is this distance between us?"

Online: "Can you hear me OK?"

"We have ___minutes. How many minutes signal would you like?"

Bring your awareness into your own body. Say hello silently to any of your own feelings.

Wait till the Focuser speaks...and then wait until the Focuser pauses.

Reflect the last whole thing the Focuser said with "You're sensing..." except:

When the Focuser gives a self-instruction (example sentences on the Practice Sheet 1), do not say that back. Leave a space of about one breath in length between the Focuser's sentence and you're saying it back. Use your voice in a way that supports contact and empathy with the Focuser.

If there is a **story** try, "You're sensing something about (aspect of the story) that feels..."

Reflect the essence of what is being conveyed. Be careful not to change or add too much.

"You have about ___more minutes."

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FOT-1 Practice Sheet 4: Focuser

(Have Exercise 3 with you, also.)

Bring your awareness into your body and invite what wants your attention now **OR** begin talking about something that you want to work on and keep checking into your body until you sense "something."

Describe and acknowledge what you're sensing.

When the Companion says back your words, take the Companion's words inside and check if they fit or not, or if they're partly right but there's more. Let the companion know.

Explore what's there with interested curiosity. Notice the kind of contact and distance it would like with you. Sense for its point of view, emotional quality and what it conveys. Let it know you hear it.

When you hear the signal to begin to stop, check inside if there's something more that needs to come before you stop. Then say you will be back and thank what came....

If you lose contact with the present moment try one of these phrases:

"I'm freshly sensing how that is in my body right now."

"I'm sensing how that is alive in me right now."

"I'm pausing and noticing how all that feels right now."

FOT-1 Practice Sheet 4: Companion

Companion asks Focuser: "Are you sitting comfortably?"

"How many minutes signal would you like?"

"What would you like from me as your Companion?"

Bring awareness to your body, noticing your posture and breathing.

Say hello silently to any of your own feelings. You are creating a "field of Presence" for the other.

This time you're going to say something back each time the Focuser comes to a full stop.

Take a breath before you say back the Focuser's words in a gentle but audible voice....

Use Presence Language:

"You're sensing..."

"You're noticing..."

"You're aware of..."

".... something in you feels/is..."

Say back feeling, sensing or body words. Reflect what is being conveyed. If there's a lot, say back just the last whole thing. Stay with the essence of their process. Do not get ahead of them.

Don't ask questions or make suggestions. Don't interpret or analyze. Don't take responsibility for the process. Your job is to be with them in a way that allows them to be with their emerging experience in whatever form that takes.

**Practice Sheets have been adapted from the work of Ann Weiser Cornell.*

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An embodied and relational approach to unwinding stress and trauma

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- All workshops are held online, Fridays from 9:00 am to 12:30 pm

First Year: Focusing-Oriented Therapy

The first year (5 workshops) of the program is called Focusing-Oriented Therapy (FOT). You'll learn how to bring Focusing deeply into your life and clinical practice. You will gain access to the rich inner wisdom that unfolds as you find Presence in your own life, and learn how to facilitate a Focusing-Oriented approach to healing with others, learning to help clients shift from distraction and disconnection to being connected and present. Participants who want to continue this course of study will need to commit to the next four workshops of the five-workshop series. Additional information can be found at www.seattlefocusing.org

Second Year: Advanced Focusing-Oriented Therapy and Complex Trauma

The second year (5 workshops) of the program teaches you how to effectively and safely work with embodied, vicarious and multi-generational trauma while continuing to deepen your Focusing-Oriented therapy and healing skills. Trauma will be explored through the understanding of neuroscience, philosophy, psychology, mythology and native spirituality.

Certification:

I offer certification in cooperation with The International Focusing Institute.



Focusing-Oriented Therapy One: Learning How the Body Speaks and Listening so it Heals

Jeffrey Morrison, MA, LMHC

References:

- Afford, P. (2015). Focusing Integrates the Left Brain With The Right Brain: Notes from his presentation at the Seattle International Focusing conference, 2015. (Personal correspondence)
- Afford, P. and Madison, G. (Ed.). (2014). *The Theory and Practice of Focusing-Oriented Psychotherapy: Beyond the Talking Cure*. London and Philadelphia: Jessica Kingsley Publishers.
- Cornell, A. (2011). *Facilitating Self-in-Presence: Using Language and Embodiment to Help Clients Be Their Larger Selves*.
- Cornell, A. (2013). *Focusing in Clinical Practice: the Essence of Change*. W.W. Norton and Company, New York.
- Damasio, A. (1994). *Descartes' Error: Emotion, Reason, and the Human Brain*. Putnam Publishing, New York.
- Friedman, N. (2007). *Focusing-Oriented Therapy*. Self-published, USA.
- Gendlin, E.T. (1981). *Focusing*. Bantam Books, New York.
- Gendlin, E.T. (1986). *Let Your Body Interpret Your Dreams*. Chiron Publications, Wilmette, Illinois.
- Gendlin, E.T. (1996). *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. New York: Guilford.
- Gendlin, E.T. (1990). *From The Small Steps of the Therapy Process: How They Come and How to Help Them Come*.
- Gendlin, E.T. (2002). Foreword. In C.R. Rogers & D.E. Russell, *Carl Rogers: The quiet revolutionary. An oral history*, pp. XI-XXI. Roseville, CA: Penmarin Books. Retrieved from: http://previous.focusing.org/gendlin/docs/gol_2155.html
- Hendricks, M. (2007). *Focusing-Oriented Experiential Psychotherapy: How To Do It*. American Journal of Psychotherapy Vol 61, No 3.
- McGilchrist, I. (2009). *The Master and his Emissary*. New Haven and London: Yale University Press.
- Morrison, J. L. (2015). Hidden Trauma: A Personal Story of Living With Dyslexia. The Folio, Volume 26, Number 1, 2015.
- Van der Kolk, B. (March/April 2010), *The Long Shadow of Trauma Psychotherapy*. Networker.
- Welwood, J. (2000) *Toward a Psychology of Awakening*. Shambhala, Boulder, Colorado.