

Two Interwoven Miracles:

The Relational Dimension of Focusing Oriented Psychotherapy

by Lynn Preston

INTRODUCTION

My new apartment was piled high with boxes. Yet even with my aversion to disorder, I felt compelled to attend a workshop on “experiential psychotherapy” led by Gene Gendlin. It’s difficult to recall the details of this life-changing event that occurred almost thirty years ago, but I do remember that a listening round was introduced in which each participant responded with careful attention to the heart of what the next person in the circle was trying to say. Gendlin also showed us something about a new method he was developing called, “Focusing.” I immediately felt like I had come home – like I had found the missing link that, as a young therapist, I was looking for. I had been studying many helpful approaches to psychotherapy, but I sorely needed some fundamental understandings of what made psychotherapy work that could tie all these methods together. I knew from this first workshop that this approach would provide me with the cohesive element I was missing.

I discovered that empathic listening is not just tracking, not only checking that you are understanding correctly, not only establishing a working relationship with the client, although these are vitally important. Empathic attunement is also a “tapping into” some flow of life process that is always present just beneath the content of what is being said. I began to actually recognize this life flow in the “*feeling sense*” of the whole *bodily mood* of myself in a situation. When I was listened to for that mood - which has come to be called “a felt sense” - and invited to speak from it, I experienced a special kind of connection to myself and to a forward moving process. I found a direct line of access to the “underneath feeling self” - the self that is sometimes hard to find, sometimes hard to bear and often hard to comprehend. I learned to touch into myself in this way and this *self*, amazingly came forward clearly speaking its own truths. New steps of awareness emerged

organically, leading out to a hopeful, fresh, unexpected creativity. I call this “*tapping into*” **THE FIRST MIRACLE.**

Over the years, I have developed my understanding of this miracle and have taught it in many settings to clients and therapists. It has always been my touchstone. As I worked with this focusing miracle, I noticed something very intriguing. As the “felt sense”, or the “underbelly” as Gendlin sometimes calls it, is evoked and heard and carried forward, a unique quality of therapeutic relationship evolves - a most intimate, delicate and powerful interactional dance, from which the client is not only able to *be* more *himself* but is able to find a new, more alive, more trusting, open and resilient self.

I wanted to know more, from the inside, about the experience of the powerful intensity and vitality that an emphasis on the therapy relationship itself could provide. I was drawn to psychoanalysis because I hoped that its attention to transference and countertransference might lead me in the direction I wanted to explore. But I found myself repelled by the authoritarian pathologizing aspects of how it was practiced at that time. Through the years, as the field of psychoanalysis began to change, and after numerous frustrating false starts, I was finally able to find a therapy relationship that “felt right” to me as a client. With this therapist, I was encouraged and helped to take interpersonal emotional risks. I was invited to give voice to my need for loving contact, to my fear of losing myself in those needs, and to my conflicts about asserting myself when I was feeling dependent. And, in this risk taking, trust building process, I discovered fresh and surprising ways of being, that I recognized as a “new me.” I experienced first hand that the building of new relatedness is a birth process in which two people, working closely together, are able to catch and nurture new life as it unfolds. I call this amazing kind of *therapeutic connection* **THE SECOND MIRACLE.**

During these times of heightened engagement and intimacy, I was not centered on the inward attending that I associated with my “tapping into” miracle. Rather, my attention was primarily devoted to being open to the surprises that came out of authentic heartfelt interaction. It seemed therefore at first, as if these were two separate miracles, associated with two different approaches to

psychotherapy. The focusing emphasis called upon me as therapist to pay close attention to the client's inner experiencing process. The relational emphasis seemed to call for dynamic emotional engagement - primary attention to building a team. It took me some time to begin to see how these two fulcrums work together. It took even longer to discover that these two miracles are one living process. I then realized that they had been integrally interwoven all along.

For many years I have immersed myself in both the focusing tradition and the traditions of self psychology and relational psychoanalysis. It has been my aspiration to understand as much as I can about these interwoven miracles, along with the concepts and skills that come from them. This paper is an invitation to join me on a journey. We will start with what it means to be a "focusing oriented therapist"(F.O.T.) and then explore the workings of relationality, and how focusing and relationship are inseparable. I want to show the actual hands on usefulness of understanding how what we "tap into" - the deep, private unique individual recesses of our inner selves - is already utterly relational.

WHAT DOES IT MEAN TO BE A FOCUSING ORIENTED PSYCHOTHERAPIST?

Some preliminary thoughts

We may start with the simple, straightforward statement that a focusing oriented therapist is one who uses focusing to orient the process of therapy. When we look at the issue more closely however, it becomes quite complex. Questions arise such as: "Is focusing a self help or peer partner tool, and if it is, how can it inform a psychotherapy practice?" "What do we mean by the term *focusing* in the context of psychotherapy? To be a focusing oriented therapist, must I "teach" my client focusing?" "How do I integrate focusing into the particular kind of work that I do?" "Is the influence that focusing has on my personal life, which is reflected in my attitudes and way of working, that which makes me a focusing oriented therapist?" "Must I be explicit about focusing?" "Is there one kind of therapy that is a focusing psychotherapy?" "Is it a client centered therapy?" The nature of focusing oriented therapy becomes quite complex. These questions must be explored in depth in order for us to take full advantage of the rich cross-fertilization available to us as focusing oriented psychotherapists. Although I'm not going to specifically address each question, in this paper, I want to share with you some of my thoughts about what being a focusing oriented

therapist means to me and how I integrate focusing into my work as a relational psychotherapist.

Let's begin with some preliminary assumptions:

1. **Focusing is not therapy.** As Gendlin puts it, "Focusing is a "door" and psychotherapy is a relational world that encompasses both sides of sides of the door." The term *focusing* is sometimes used to refer to focusing instructions - a series of steps designed to help one contact ones inner resources - and it is also used to pinpoint a micro moment of contact with that "feeling self." A "focusing moment" can happen inadvertently. A palpable connection with "inner knowing" can take one by surprise. A focusing informed therapist is alert to these moments and catches hold of them, points them out, highlights them.

2. Focusing is a *practice* which comes out of a far reaching and encompassing philosophy - the Philosophy of the Implicit. Focusing oriented therapy "F.O.T." is one child of this philosophy. We might say that Focusing and F.O.T. are siblings sharing the same parent.

3. Although knowing focusing is not sufficient for psychotherapy, it enhances, enriches and deepens every other therapeutic approach.

4. In order to have a focusing oriented therapy, it is necessary for the therapist to know focusing not the client.

5. Focusing oriented psychotherapists come from many psychological traditions and carry those traditions forward by integrating them with focusing understandings. One of the most striking characteristics of the philosophy of focusing , is its "*crossability*." It lends itself to being *crossed* (Gendlin's term for a kind of cross fertilization process) with almost any theory or approach. This integration process is quite complex, however, because focusing isn't something simply added on like another technique. It is an underpinning that informs the way a therapist experiences the nature of human life and the process of growth. It includes assumptions such as:

a. Every bit of human experience has a further step of movement implicit in it.

b. Our bodies are not self contained machines, but open receptive environments registering vast knowledge of the situations in which we live.

c. We are capable of tapping into this "bodily knowing."

Speaking from our feeling sense

A nutshell version of a focusing orientation is that it is a therapy centrally concerned with

helping the client to speak *from* his *feeling sense* rather than about his feelings.

This little statement pivots on the special meaning of the words *from* and *feeling sense*. How does one speak from ones' feelings? In his paper "Befindlichkeit: Heidegger and the philosophy of Psychology," Gendlin uses Heidegger to show that feelings are a "being in the world," not an internal event. The common German word, "befindlichkeit", refers to "affect," "mood," or something like "how we find ourselves." Gendlin uses Heidegger's thinking to talk about the kind of feelings we work with in psychotherapy and what it means to speak from these feelings.

Here we only have room for a skeletal version of this discussion. First, we must recognize that the feelings we want to explore in psychotherapy are not simple emotions. When the client says, "I am sad," we want her to scratch the surface of the "sad" and find the complex and specific "mood" of the feeling there. "It is a scrunched up feeling, not a full one. It is like a sort of wistful left out feeling - a little yucky - I probably wouldn't have even noticed it if you hadn't asked." Lets look briefly at some of the characteristics of this richly textured and uniquely constituted kind of feeling:

a. It is holistic - containing thought, emotion, and a bodily sense - a palpable atmosphere. Notice the visceral quality of the words the client uses that come from the feeling. A unique atmosphere begins to impact us.

b. Befindlichkeit is also holistic in the sense that it is not split into self/other, inner/outer, or even past/present. This particular "sad" may belong to a childhood situation which is also now. It is not only intrapsychic, but is part of a relational situation. As she speaks, the feeling is "in the room."

c. The feeling provides its own path of opening and unfolding, its own seeds of further experiencing. d. It is not conscious or fully unconscious. It is implicit - both known and unknown. It is from this horizon line that something new can come. The sad feeling is known and felt, but hardly noticed because it hasn't fully emerged yet. As the client tunes into it, its intricacy takes shape for the first time.

e. It has within it, its own languaging - the client knows when she has "found" the right words to express it and open it up.

f. It has its own understanding implicit in it. We want to know what the feeling means from *its perspective*. This scrunched up, wistful yucky feeling has something to do with "left out." The client might go on to say that there is no "reason" for her to feel left out, then we can begin to see why "it"

feels that way.

g. This kind of feeling is uniquely the person's own, and its articulation carries with it a sense of an authentic self. As the client unfolds the feeling, there is an aliveness that comes with the inherently self delineating process of finding/making the uniquely sculpted bit of experiencing.

h. The particular ambience of the affect has implicit in it more strands than could be spelled out. *But the lifting out itself is therapeutic.* The exploration of this kind of feeling is not merely a means to an end - i.e, insight about ones state of mind. The explication of the strands of feeling *itself* is a further living, a forward movement.

i. Its articulation requires a *sensing into* - an inward welcoming, waiting, and receiving the words and images that resonate with the feeling. The client may pause for a moment as if to look into the pond of the feeling and then say, "its so familiar - almost like an invisible cloak I am wrapped up in." This *sensing into* is the complex movement that we associate with focusing.

WHAT DOES IT MEAN TO BE A "RELATIONAL" FOCUSING ORIENTED PSYCHOTHERAPIST?

I often quote Gendlin as saying that we don't focus inside ourselves but inside an interaction. "The client's present experience is always with and toward the real other person even if verbally he seems only to explore himself. " Focusing is a self responding, but the self that is being responded to is not an entity, a package of things. It cannot be reduced to an internal process. It is larger than its traits, perceptions, the way that it organizes experience, its issues or problems. Gendlin uses the term "person " to talk about this larger open relatedness that a self is. He speaks of the person as "the one who looks out from behind the eyes." This *more* that a person is, is not static but always becoming. It is a unique and individual articulation of life process. A person cannot be separated from culture, language, temperament etc, but is always more than these. As a relational therapist I am exquisitely aware of the interactive nature of selfness.

THE RELATIONALITY OF FEELING SENSE

Let us return to the mini definition of focusing oriented therapy as centrally involving helping our clients to speak from their feeling sense rather than about feelings. Some people mistakenly believe that a focusing orientation is only concerned with "inner processes." (In the

language of psychoanalysis - a “one person system.”) As we have seen in our discussion of *befindlichkeit*, this couldn't be farther from the truth. Gendlin's philosophy is radically relational. Let us look more closely at the interactive nature of feelings.

1. Feelings unfold relationally

When I look inside myself, I don't find some pure pristine “me”. I find “a me-with-you.” My experience of myself is facilitated, shaped and delimited by this “me-with-you.”

Many years ago Neil Friedman introduced me to a workshop exercise in which the participants focused with three different partners - We sat silently for two or three minutes in the presence of our partners, attending carefully to whatever came up inside us. Although this was done in silence, when we shared later about it verbally, it became clear that we all had notably different experiences with each partner. Each “other” brings a unique ambience - a personal presence that is inseparable from our experience of ourselves. It wasn't just that one partner was more or less helpful than another, or that I could go further with one person than with another, it was that each person lifted out a different aspect of my self experience. I find the implications of this experience to be quite far reaching. Here are some understandings that come to mind.

a. Therapy is not just a matter of being a skillful guide to another's process. Who I am as a therapist - my personality, temperament, aspirations, vulnerabilities, relational style, history, longings, needs and fears, as well as my theoretical convictions and reactions to the client in the moment - all of this is part of the client's unfolding therapeutic process. The therapist - the whole person - is a part of the unfolding process.

b. If I am inevitably a part of the mix, my very effort to keep myself “out” will have specific meanings to the client and to the process. Although I certainly want to put myself to the side at times in order to allow the client to take center stage, it is most important to me to be aware of the nature of my implicit participation. (Eg: when my client is suffering a relentless depression - feeling helpless and despairing for months - I want to ask myself “who am I in this?” Perhaps I am someone who is threatened by depression and trying to move the client along. Or perhaps I am suffering from my own underlying depression and the client and I are connected in our sense of despair. Perhaps he has to resist me to hold onto himself. Perhaps my role in my family was to be the cheerleader and I am feeling helpless and frustrated with my client for not being cheered up, and

maybe my feelings of helplessness and frustration are part of his despair).

c. Who I am as a person has its own particular gifts and difficulties - different ones for each client. Every therapeutic pair is unique and has its own particular obstacles, meanings, resources - its own particular journey. Each partnership has to find its own path of development..

d. The “me with you” is not a merger, a mush of “usness.” In Neil’s exercise I recognized myself with each partner as a unique and vastly intricate self. I was always completely *me* - not a static *thinglike* me but a new emergent me. I was an open, exquisitely context sensitive me, yet clearly, palpably, substantially myself in each step of my becoming. Gendlin’s concept of “interaction first” refers to this open-ended nature of the self. He says, “I do not mean that there is no subject, no self, no inner world... What I do mean is that self and interaction are not two things... If we think of experience as interaction, we can say that no experience is “just subjective,” just inside us. Experience is always *experiencing*, always an ongoing interaction... All living bodies consist inherently of interaction ...nothing human is merely inside.” In a world that until recently took for granted the either/or -ness of reality - the bifurcation of inner and outer, self and other - some people find it difficult to conceptualize a self that is not its contents, but an opening out of “being in the world.”

e. To say that the essence of psychotherapy is teamwork is not to say that parts of the client and parts of the therapist combine to form the new self of the client. It is not a simple internalization in which the client takes in a new perspective, a more empathic view of herself, etc. - although these do usually happen. It is more like the therapeutic partners find/create a new “living” experience out of which the client emerges.

2. Feelings are constituted with and through essentially needed bonds

I remember vividly the sense of surprise and recognition when as a young woman, I read Alice Miller’s book “The Drama of the Gifted Child,” in which she said that we often have the most important experiences of childhood for the first time as adults in psychotherapy. Usually, it is not that we don’t remember the early events in some way, but that we can’t have the *feelings* of and about them. Perhaps the feelings we might have had would have been threatening to the relational bonds that we vitally needed. When Gendlin explained his concept of “the new was,” he used the example of someone saying: “I see now that I *was* angry.” The angry feelings were not there in the

past but were perhaps implicit in the situation, and could be felt only later in a context in which they could be received.

Robert Stolorow, an intersubjectivist, uses the term *unvalidated unconscious* to talk about the nascent experiences that lie dormant, waiting for the sunlight and water of empathic recognition and relational safety before they can emerge into consciousness. Feelings are not simply *there* inside of us waiting to be articulated. Experiencing is a most complex interactive process.

Not only are our feelings embedded in situations in which we are living with and toward others, our experience takes on meaning as it is understood and emotionally responded to by them. In order to feel fully human and unfold ourselves in our wonderfully human ways, we need to know that our feelings are shareable and understandable - that we can emotionally connect with others. We need to be sure that our feelings matter. The need to communicate, connect, belong is inherent to the feeling process itself. Daniel Stern, the infant researcher, talks about this primary need as an “intersubjective motivational system.” Feelings are not only inside us, but between us and when there is no receiving other, either they don’t emerge at all or they can seem “beside the point.” The meaning and importance of a feeling already has embedded in it the response that is anticipated, as well as the response that is needed. If my life experience has been that there is no room for my unhappiness, I may not notice when I am unhappy, or perhaps a sense of shame will be an integral part of any complex multi- faceted experience that includes unhappiness.

3. Feelings and the response to them make up a discrete unit of experience

Feelings require feeling responses. Implicit in the baby’s cry is the comfort of an adult. Implicit in the client’s silent withdrawal may be the need for a concerned inquiry from the therapist. Anger may be a plea for redress. Pride may require appreciation. Of course, as we have shown before, feelings are much more complicated and intricate than simple anger, pride, or withdrawal, and they imply exquisitely specific needed responses. Through focusing we know that our experiencing process is dialogic (there is a back and forth between thinking and feeling, the explicit and the implicit, the self and the “deeper” self, the head and the heart). Often, as we listen to that “inner self” we find that “it” needs some kind of response from another (or another part of the self). For example, my client might say, “I need him to really see me.” Or, “For once in my life I want to just tell them off and make them feel sorry for how they treat me.” In therapy, the response that is

needed must often come from the therapist. We often don't know what kind of response is needed until it isn't forthcoming and the client or the therapist notices a flatness, a glint of disappointment or protest - perhaps a downcast glance, a reluctance to speak, a constricted atmosphere. Only when the therapist inquires can the client contact a sense of the kind of response that the feeling is "asking for".

An intense young woman became more and more urgent about her worries. For several weeks her anxieties escalated in urgency and vehemence, as I pursued an accepting, calming, inquiring attitude. Finally she screamed at me, "What do I have to do to get a rise out of you - to get you to take my problems seriously?" This exclamation clarified the kind of response that she needed and the problematic dance we were doing in which she became louder and louder and I became calmer and calmer. We could then begin to find/make the kind of energetic response in me that her feeling needed. "Oh!" I said. "I see you've been waiting for me to show some feeling about this, not to just quietly explore it." This recognition allowed both of us to settle in.

It is almost unnoticeably basic that feelings emerge in relation to other people's feelings (whether the other person is verbally expressing them or not.) It is not just that "feelings are catching" or that "your feelings trigger mine." We find the uniqueness of our own feeling selves with and through the particularity of the feelings of the other.

Gendlin suggests that self limiting, repetitive behavior patterns can be seen as "stuck interactions." The problematic feeling state has not been "answered" and so it "asks" again and again, "Am I special?" "Is it all my fault?" "Is it ok for me to be successful?" Of course these questions precede the relationship with the therapist and are the expression of early lived experience and life long organizing beliefs. One of the marvelous and awesome aspects of psychotherapy is that the therapist is often cast in the role of "representative of the universe." When the therapist shows his upset at a client's childhood humiliation, it can feel to the suffering part of the client as if finally there is an empathic resonance available in this world. It is not merely the content of what the therapist says that answers the need. It is rather the larger feeling response of the therapist, which may include her thoughts and opinions, that answers the need. Often "interpretations" are helpful not because of the therapist's superior grasp of the truth of the situation, but because they convey a certain feeling response that echoes the client's longing.

THE “SPEAKING FROM” EXPERIENCE

With this broadened view of feelings, we can go back to the issue of speaking *from* them. Knowing that feelings are always already *with* and *toward* the other, we can glimpse the incredibly complex interactive dance that generates and informs our self states and life situations. The dance is always going on whether the feelings are fully in the room or not. Even when one is totally out of touch with the bodily incipient feeling state, it is informing this dance.

Often people seek therapy because they don't have access to a living, breathing, mutually informing connection between their feelings and their situations. Their lives seem to just happen to them. They feel mystified by the reactions that other people have towards them. For example, my new client Emmy begins by saying “My relationships never seem to work out. It happens over and over so it must have something to do with me, but I don't really know what it is. I've been told that I'm too controlling and it must be true, although I don't know what that means.” Emmy's thoughts about her difficulty are centered in what “must be true,” not in the conviction of her felt truth. Yet I can pick up the emotional atmosphere of the problem in her tone and body language as well as in the words she uses. This mood seems to include something like bewilderment, shame, helplessness and banishment. As a focusing informed therapist, I have my feelers out for this *more* of the communication and am ready to use my own visceral sense to point toward her felt sense of the moment. I am also aware of what this feeling seems to call for from me and some of what it calls up in me. Is Emmy worried that *I* will also find her controlling? Is she hoping that she will at last, find an ally who will defend her? I half notice a tension - perhaps it is a slight feeling of suspicious cautiousness in the room, as if there was some barrier between us - like something in the way of feeling all there. While I am listening to her, I am also wondering about this feeling. “Perhaps I am sensitive to issues of control and in some way I dread the requirements that this relationship could place on me.” My tone, body language, pace and so forth are informed by more strands of relational information than can be articulated. Much of my responding remains in the implicit realm. So without her awareness, the feeling dimension is influencing her communication and without full awareness I am responding and contributing to her feeling sense. Is this speaking *from* our feelings? No *it* hasn't happened yet. The implicit realm is always informing the interaction, but we haven't touched into it yet. I want us to be able to enter this realm - to speak from the inside about what is there. I stay as close to my felt sense of her experience as I can because I know that empathic attunement is the perfect tool for entering the implicit.

Later in the session, Emmy tells me she is never at ease with people. I become alert to her tone - an almost imperceptible feeling that *it* is about to come. I probably show this alertness in ways I am not aware of like shifting in my seat, or taking a breath, or making more intense contact with my eyes. As she says this she sort of curls into herself, and I feel the tension more clearly. Now it has become a “precariousness” as if we are perched on the edge of a cliff. I say softly, “no ease - I guess especially not now with a totally new person.” She looks up and says hesitantly, “This is very hard for me.” There is a silence in which we both seem to be just *with* that hardness - letting it hang in the air. She then looks up and says “ Actually, I feel like I’ve been pushed under the water and I can’t breathe. I’m sitting here calmly and I’m panicking and trying to scream. But when I open my mouth of course the water floods in.” She stops abruptly, “I’m sorry,” she says sharply, “this is crazy talk.” There is now a new presence. The feeling level has entered the conversation. I recognize it in the stirring in my body. I recognize it also in the fresh often poetic uniqueness of its language, its non linear kind of logic, its own particular perspective. What Emmy referred to as “crazy talk.”

The *speaking from* experience is subtle and hard to define, but it is often quite unmistakable. It is as if, suddenly, sometimes unexpectedly, this feeling level peeks out through and between the words, or overflows the cup of content. Sometimes it enters as a surprise without warning but often it needs to be coaxed like my cat Romeow who comes indirectly in his own sweet time after a place has been made for him on the bed, and he has been noticed, meowed to repeatedly, patiently awaited and welcomed. It takes persistence to engage him - he usually looks away, pretends not to hear me, walks around and finally jumps into the place I have made for him with a responding meow. So this *befindlichkeit* level often requires recognition, welcome, acceptance, appreciation, and persistent pursuit. The uniqueness and transforming power of psychotherapy lies chiefly in the validation and engagement of this level - the earned expectation that through trial and error, rupture and repair, and practiced teamwork, feelings can safely emerge and be attended to.

The presence of this feeling level turns a disembodied “figuring out” interaction, or an unreflective repetitive, emotional outburst into a moving forward, connected and connecting experiencing process. It turns a flat, intellectual conversation into a fully engaged dialogue.

A focusing orientation provides a continued awareness of the proximity of this feeling level. Like an invisible string it fastens the therapist’s attention to this felt sense dimension. The practice of staying focused on the moment-to-moment detail of experience acts as a center of gravity in the twists and turns of the therapeutic dance. It is this central position - this entreating,

treasuring, courting, waiting for, pointing to, recognizing, being enchanted by, believing in, anticipating, respecting, poetizing, always remembering and pursuing which calls forth the “speaking from.”

HOW DOES A RELATIONAL FOCUSING ORIENTED PSYCHOTHERAPY WORK? WHAT IS THE THERAPY BOND MADE OF?

My life as a long time psychotherapist, client/patient, teacher and supervisor is involved on a daily basis with the workings of the therapy relationship. Yet whenever I stop to try to articulate its essential nature I am caught up short, always amazed and tongue tied. How can it be that spending an hour or two each week with someone, listening, responding, being with and being for that one, has the potential to grow the kind of togetherness that can provide life saving and transforming interaction? I have come to the conclusion that as with other “miracles,” it is always more than we can say and yet what each of us can say is concretely helpful.

1. It is a *REAL* - Larger than Life- “selfobject” Relationship

My client Jane reproached me, blurting out with vehement outrage, “You aren’t a *real* friend who would call me just to see how I am doing, who would make me soup, or invite me over to eat popcorn and watch a video with you. You are a paid helper! Why should I expect you to *really care* about my loneliness? We don’t have a real relationship!”

Something in me wanted to defend myself and our therapy relationship from what felt like an attack. It wanted to say something like, “Of course this is *real*. I have *real* feelings for you and I am a *real* person here. But it’s a different kind of *real*. Not real as in a strand woven into the fabric of daily life, but brimming with the reality of a heightened awareness of our authentic feeling selves in the present moment.” But this defensive voice was having trouble explaining this strange “super-real” even to myself. I didn’t verbalize these thoughts to my client, because I wanted to enter into the sphere of that larger reality where the truth of her feelings could lead us forward, where contradictions lead to new intricacies, where new life is always waiting for the empathic resonance it needs to enter awareness. I shifted my attention to this larger *real* - to the message of her accusation in order to carry it further. I took a stab at the crux of the message with a statement like, “You are feeling so alone and friendless and my way of being with you is not only vastly inadequate, but also seems somehow false.” Or “You need me in your real daily life where I can be of some good to your

loneliness.” As I pursued the felt sense of her experience of me, I paid close attention to what Gendlin has referred to as “fire engine words”: “paid helper,” “really care.” I hoped that from this “deeper real” the client’s feeling sense could begin to have a companion who does care about its “reality.” In this larger than life reality, my client can protest a lifetime of exclusion and neglect and be heard. I am not only my unique, individual ordinary me (the one whose limitations are in the foreground), I am a witness - one who sees the reality of what the inner self is up against.

I am a representative of “the other”, “the universe,” “the old parent” or “a new parent,” the “friend.” (What I am describing here is a contemporary way of talking about *transference* - without the limiting connotation of “distorting” the present with the past.) It is most important for this larger me to be genuinely interested in the feelings and the story of the feelings - to be on the side of the feelings, even when they are protesting against me. I am a witness, and it is important for me to be emotionally responsive and present as both my small self and my large self - the representative self.

Kohut spoke about this larger than life nature of therapy as what he called selfobject transference. His idea of the selfobject was quite radical at the time he developed it (in the seventies). His odd term refers to the experience of the kind of connectedness in which one’s sense of self and sense of the other’s feelings toward that self are inseparable. The reactions and responses of these others have the power to bring one alive and form a context in which one feels empowered and whole. And sometimes the smallest disconnect or misunderstanding with these vitally needed others can result in a sense of depletion and enfeeblement. Selfobject relationships are experienced as part of one’s own inner self. These empathic connections are emotional nutrients providing self esteem, well-being and the sense of self cohesion. Kohut said that they are “as important to psychological life as oxygen is to biological life.” They are our lifeline from birth to death. In the charming old film “A Member of the Wedding”, the heroine, Frankie, a little girl of about twelve describes this experience as “the we of me.” The stuff of selfobject relatedness is empathic attunement - the feeling of being *deeply* understood. Kohut was not talking about mere intellectual understanding, but the feeling grasp of the underneath layers of experience. He said that a therapist must be free to respond with “deeply reverberating understanding and resonant emotionality” to be available for this kind of bond.

2. It is the *Doing* in the *Saying* that is Mutative.

We have been saying that therapy is not just a talking about, but a living out, or living further. It is the creation of new relational experience infused with new possibilities - new expectations of self and other. Gendlin uses the example of a client complaining “Nobody understands me Nobody listens to me!” If the therapist says, “But don’t I listen to you and understand you?” then the therapy experience becomes reiteration of the client’s negative view, because the client has just said that “*nobody understands.*” If, on the other hand, the therapist responds with something like: “There’s no understanding or real listening, not even here with me,” then the actual interaction holds some new experience. If a timid, self effacing patient is being told by her therapist “Be assertive! Stand up for yourself!”- then the interaction is the same old pattern of the client being put in her place and told what to do. If, on the other hand, the therapist shows genuine interest in the nearly hidden hints in what the client does assert, the doing is a new relational being. What will come from the uniqueness of this particular client, the doing is a new relational being.

My supervisee, George, feels stuck and annoyed with his depressed patient Bob who is constantly berating himself and lamenting, “I am such a jerk! I can’t do anything right! I can’t even take care of myself. I know you just want to get rid of me. Nobody can stand me.” George feels sucked into a terrible spiral - a world of self contempt and helplessness. He finds himself angrily protesting “You have to be nicer to yourself. Stop beating yourself up!” He keeps wanting to say “It’s not so bad”. These sessions often end up with George recommending relaxation techniques, meditation, and focusing books to read. As George talked about how he feels during these tirades, he allowed his feeling sense to take shape, to speak, and be heard. He recognized that he feels blamed in these moments like when he was a child and his alcoholic father turned his drunken self loathing onto George and George felt helpless about changing the situation or even defending himself. As we unfolded George’s experience, there was more room to look at the dance between George and Bob. We wondered if when George tells Bob to be nicer to himself, he is becoming one more voice of criticism. When he makes suggestions out of desperation, perhaps Bob experiences it as being “sent away?” What can be helpful here for both of you?” I ask, in a focusing kind of way. George knows how to “ask inside” and listen to the nuance of thoughts and feelings that arise. He looks up, brightens and says he feels “back on track”

The giving of advice can function as many different kinds of doing. At times, it is facilitating a selfobject experience for someone who needs to feel guided (an idealization need). It is helpful in

these instances for the therapist not to become invested in the advice itself, but to pay careful attention to the “doing” which is the gesture of *offering*, and how that gesture is being taken in by the client.

In situations where a client is overwhelmed and chaotic, the therapist may be inclined to give advice in order to clean up the overwhelming mess. My supervisee Jim, for example, felt compelled to continually give advice in order to extricate the dyad from the feeling sense of chaotic fragmentation. In supervision he began to recognize that the more he cleaned up his patients’ mess - ordering the pieces - an even bigger mess would appear. He discovered that instead of working to clear away the client’s clutter of decisions that couldn’t be made, appointments that couldn’t be kept, bills that couldn’t be paid, it might be more helpful for him to *take in the feeling sense of chaos*. Perhaps he was being called upon to tolerate the mess in order to deeply understand and partner with his client. In a process of listening to, making space for, and bearing these feelings, a new path might be opened up.

3. Making an Us

THERE IS ALWAYS AN US

The message of this paper is that there is always an us. There cannot be an “I” without an “us”. Why then, do we have to “make one”? What does it mean to make one? By “making an us,” I am referring to both the process of cultivating an awareness of the detail of the “us”(the felt sense of the intersubjective field) and the work of enriching, developing and explicating the partnership.

Making an “us” is the same sort of therapeutic movement as “pointing” to the feeling sense level that we do in “making a something” in focusing. It is a highlighting of this particular implicit dimension that “lifts it out” of the whole vast web of experience and invites it into awareness. As we stand on the unclear edge of the ocean of “us-ness”, and sense into the “intersubjective field,” what comes is newly constituted relational truth. And even if it’s a problematic truth, it brings “opening”, “give”, “freedom”, and “groundedness.” As the sense of the “us” gets thicker, more complex, more meaningful and precise, the individuals become more their unique, particular selves.

We have all had the experience of someone in a couple or a group taking the risk of putting their own personal, unexpected perhaps, “out of the box” “I” feeling, into words. The authenticity of expression shoots through the interaction, sparking feeling reactions, associations, and further movements - instantly making a new living space and new individuals. In order for this transformed

space to be safe and alive with possibilities, the dyad or group must be able to take in, and make a place for the new feeling sense - to meet it openly - as Winnicott says “without retaliating or collapsing.” Notice how the “us” is enriched by the personal expression of an “I” statement. Although the therapist’s voice, whether articulated in words or not, is always an integral part of the “us,” the heartfelt personal expressions of the therapist have special power. I like the way Gendlin puts it: “Most powerful...is a real other person! Who is himself another dimension along which the client’s incipient reactions are carried further into lived out interaction with an environment.” There is much to explore about the importance and intricacies of the personal self expression of the therapist which I have referred to elsewhere as “expressive relating.” (I will say more about this in my sequel to this paper “Making a Relationship with the Client’s Client”).

CULTIVATING AN AWARENESS OF THE “US”

As a New Yorker I take for granted a bodily awareness of the presence of other people on a dark street at night. Their number, distance, speed and even mood are subliminally in my consciousness no matter what else I may be doing. As a focusing informed therapist I am aware, no matter what else I may be doing, of the felt sense level and how it is informing the therapeutic moment. As a relational therapist I have a visceral awareness of the micro movements of relational interaction, whatever else I may be doing.

The sense of the “us” is vital dimension along which experiencing occurs and we humans are subliminally aware of more strands of relational information than could ever be said or even thought. Somewhere we register, for example, the imperceptible shrinking away, or breath of release, or slight tone of disappointment in the other, as well as our own tinge of defensiveness, pleasure, concern, anxiety. As a relational therapist, I want to cultivate the accessability of this felt sense of the interaction. I want to “feel in my bones” the micro movements of the partnership in its striving to connect, to grow and to be free. Like the childhood game in which we looked for a hidden object and were guided with prompts like “You are getting warmer”, or “You are getting colder,” I rely on my sense of how hot - close to the palpable experience - we are at any given moment. When I have the impulse to say something to my client and I don’t know if it will be helpful or distracting or even hurtful, I can sense into this “hotter” or “colder” access to find guidance. When I do say what is on my mind, my close attention to the reaction of my client includes tuning in to the “usness” living in me.

MAKING THE “US” EXPLICIT

As therapists, we always want to come from a position of partner and accompanier, although sometimes it is better to leave the workings of the partnership implicit (especially when issues such as separateness and independence are in the foreground.) At these times it can be more helpful to focus verbally only on the client. We can usually “feel” the importance at these times, of letting the client fill the stage of the therapy session with undistracted attention to himself. The explication of the “us” can be powerfully helpful, on the other hand, when the client needs to feel a sense of secure belonging, or when relational needs and struggles are in the foreground. Sometimes what is most needed is the experience of the shared project of healing and growing the client’s unfolding inner self.

In my early twenties, I first went to see a therapist - a young man assigned to work with me from my neighborhood clinic. He introduced himself by saying “I will be your new therapist. “I remember my wonder and secret forbidden delight that I didn’t have to be responsible for myself, all by myself anymore. Here was this “other”- an unskilled but warm person - who was also responsible for me. I had a feeling that there was someone else whose job it was to take me on, to engage, to care for that problematic self that I didn’t know what to do with. That message was by far what was most useful about my therapy experience then.

The “us” can be explicated in very simple ways with the use of “we” statements. “We need to find...We don’t yet know...Perhaps we need to go gently there...We seem to run into trouble when...” Acknowledging that “we’re in it together” is sometimes exactly what is required to move the process forward. For example, my new client, Jill, spoke for several sessions in a rapid and detached way about feeling isolated and alone. Then after taking the risk of approaching a man she found attractive at a party and being rebuffed, she came to her session in brokenhearted tears. She berated herself for being “fat,” “ugly,” and “unappealing.” “People just don’t like me,” she cried. I pulled myself back from an urge to reassure her, tried to attend to her experience just as it was. I wanted to make a little space between her and her feelings by “making a something.” I said, “This part, that took a big risk feels squashed down and like it’s all your fault.” “There is something that says there must be something wrong with you!” Although this approach is often helpful in pointing to the feeling level as a “part” and not the whole picture, it didn’t help this time. Jill felt misunderstood and said I was minimizing the severity of the situation. I began to more deeply appreciate how alone she felt and said, “This feels like some bottom line of ‘who you are’ and *it* must be reckoned with.

We have to work hard to understand all the strands of this and not leave anything out.” The promise of a team to work on it brought visible relief, and enabled us to get some breathing room.

It can be particularly helpful to make “we” statements when there is conflict or impasse. Gendlin comments that he is apt to bang his fists together as a gesture to the client saying, “We are like this right now.” This gesture acknowledges the adversarial feeling and his participation in it. It gives the message that oppositional interaction is not to be avoided - he can bear the struggle and wants to work with it.

LOOKING CLOSELY AT THE “US” THROUGH THE LENS OF INTERSUBJECTIVE SYSTEMS THEORY.

Robert Stolorow and his colleagues offer a systems perspective in which we are asked to look at the therapy process through the lens of mutual influence. This gives the implicit experience of the field a central position. According to this perspective, therapy takes place on the playing field of what the patient brings and what the therapist brings to the interaction. The therapist and client make an “indissoluble unity.” Of course, the intersubjective field is vastly larger than just two people. It is nested in systems and subsystems that include families, communities, heritages, cultures, histories, etc. But looking at the particular strands of how the client and therapist “cross” or “intersect” can be powerfully helpful especially when the therapeutic dyad is in trouble. Instead of looking at what’s wrong with the patient, we are encouraged to focus on the field, which also includes the therapist’s contribution to the difficulty. The pivotal movement here requires self reflexivity on the part of the therapist. A therapist can dip into her own implicit experience of the interaction and find new pathways to open up the exchange. This view emphasizes that although the nature of the relationship is asymmetrical, it is always mutual - both partners are contributing to the dance.

One way I have introduced this theory in my classes has been to ask students to pick cards on which are written what Stolorow calls “organizing principles,” and Donna Orange refers to as “emotional convictions.” These terms refer to deep seated nonconscious relational fears and expectations. On a recent occasion I invited two students to volunteer to play therapist and client. Mary, the therapist, turned her card over and read, “I feel that anger is destructive and I must avoid it whenever possible.” The patient Dan’s card read, “I need to get to all the feelings underneath the feelings.” I then asked the class to imagine what issues might arise in this relationship. “What

might be the challenges of this dyad?" They speculated that perhaps the therapist might side-step angry feelings and the patient might feel that the negative underneath feelings are not welcome.

After Mary became comfortable with this game, she confided to the class that she herself felt anxious about the emergence of anger in her work. She flashed on a patient whose brother had committed suicide. The therapy with this client had gone well while the feelings of mourning centered around sadness and loss. But when the patient began to feel angry at his brother, Mary became anxious. Just that morning he had ended his therapy session by saying that he was thinking of stopping - that he felt therapy wasn't helping him anymore. Mary came to class feeling troubled and bewildered about what had gone wrong. As a result of the class discussion something seemed to click into place for her. She felt enlivened as she glimpsed a new aspect of what might be going on between her and her client. She realized that perhaps she had subtly dissuaded him from bringing his angry feelings to her. "How does this help her?" another student asked. She is still going to have trouble dealing with her client's anger. "It has already helped me," Mary said. "I feel less confused and helpless. This larger way of looking at it has shifted something inside me. I am imagining that I can ask my client if he is experiencing me as discouraging his angry feelings. It seems possible now to have a different kind of conversation about it."

An intersubjective sensibility infuses therapeutic exploration with an attitude of openness and emotional availability. It promises that a sustained heartfelt curiosity about all the ingredients of relatedness will lead to new openings.

4. Theory is a needed *Mother* in the process

Even when we have not clearly articulated our theoretical frameworks, or perhaps even when we pride ourselves in not being "theoretical," theory is always present. Theory is an unavoidable ingredient of the intersubjective field. When it is explicated and used experientially, it can be a wonderfully helpful map, orienting us, and showing us good places to dig for treasure.

My supervisee, Sally, was troubled about her feelings toward her client Sue. She confided to me that she finds herself "backing up", wanting to "pull away" from Sue's urgent entreaties to be cared about and *really* helped. She then feels guilty and inadequate about her feeling response and sometimes tries to make up for it by being "extra empathic." She told me that Sue laments her life as the child of a holocaust survivor, "always having to be the grownup - the one who holds things together." There was no room for her needs in a family exploding with unspoken grief and anxiety.

“I just can’t do it anymore,” she tells Sally. “I need someone to take care of me! It seemed to Sally that Sue was handling her life quite well, but now in therapy her need to have someone parent her - to make up for all the generations of trauma - was escalating to the boiling point. In every session she seemed to be threatening to fall apart before Sally’s very eyes. “Maybe I’m not the right therapist for her,” Sally said, looking at me pleadingly as if to ask my permission to get out from under the tension of this frightening burden.”

Sally’s fear, helplessness, shame and mounting resentment were palpable. Such feeling states are of course quite familiar to me in my own work, I was aware of a heaviness in my body - the sense of layers of profound tragedy and pain which Sue’s situation brought with it for me. I said to Sally, “Let me see if my theoretical understandings can be helpful here. You are fully in it with her - feeling the intensity of her need to have a mother at last - to finally have room for the burdened child to grow. Sally said thoughtfully, “Yes it isn’t only that Sue wants to be helped, she wants someone else to pick up the whole package!” “Yes, I see that,” I said emphatically, “ and of course you can’t make up for all that deprivation.” After a pause I added, “But you can rely on the theoretical idea, that you, being really there, feeling her and feeling with her can be a “holding environment” or a “selfobject experience” - a larger than life, healing bond. In this way an hour a week can provide what was lacking for a life time. So you can know that *you* don’t have to take on being the mother she never had. The theory can be the mother for both of you. Theory can lead you to a place where you can sense this healing process really happening.” Sally listened quietly and I asked her to sense how my theoretical story had impacted her. She said after a few moments that she felt much calmer and strangely more secure even though I hadn’t said anything new to her. She said something was soothed as I spoke. Even though the story didn’t change anything, she felt more able to be with and for her client. She felt more confident that a healing bond could take place.

How does theory do this? How does it act as a *holding environment* (Winnicott’s term) and a *selfobject experience* (Kohut’s term) for a therapist and a client? Ideas - frameworks - theories, carry their own worlds with them and if they are potent ones, can carry us along to new places and help us to experience the places we are in, differently. I remember in college how my friends and I earnestly sought “an idea for which to live or die.” Ideas have changed the world again and again and can change our own personal world in an instant. The instant of grasping a new idea, or it taking hold of us, “switches on” as it were, a new channel inside of us. We see new meanings in our situation and

find doors that were previously not there.

Ideas of course also have great destructive power. Theories can imprison us and lead us far astray. I remember as a young therapist being told that I shouldn't work with my fragile client's rich frightening dreams or "go too deep" because she was said to be "borderline" and "manipulative" and I was in danger of "fostering dependency" and perhaps would bring on a "malevolent regression." I felt the *wrongness* of this theory, but even so it made me constricted and self conscious and the juice of our therapy relationship dried up.

When I refer to the *wrongness* of the theoretical ideas that dried up my work with my client, how can I say they are wrong? Do I have some inside scoop on the rightness and wrongness of psychological theories? I have learned from the philosophy of the implicit, a very helpful principle: What it is = how it functions. A *true* or *right* theory is one that functions as a good mother. We know it by its fruits. My definition of a *poor* theory is one that doesn't change anything, and a *wrong* theory is one that narrows the space, disempowering and constricting us. A theory may be right with one client at one moment and wrong with another one. Using this principle we can make good use of many theoretical ideas - even contradictory ones.

The *rightness* or *trueness* of a theory brings with it an unmistakable sense of *give - movement - loosening* up of constriction. It frees us up inside. I think of the famous saying of Jesus. "You shall know the truth and the truth shall make you free." I grew up thinking that this meant that when you find the right theory - the right interpretation - then you will be set free. Now I understand it as "you will recognize something as "truth" in that it sets you free." This theoretical freedom and sense of opening, lightening, deepening, and movement, is like the experience we have in focusing when we find the *right* word or image to carry a felt sense forward

CONCLUSION

Miracles? Isn't this language a bit extreme? Yes it is, but aren't we in the business of miracles? As therapists, we go to work each day prepared to engage not only with the satisfying experience of facilitating developmental steps, but also with the awesome task of participating with whatever suffering, brokenness, and trauma is presented to us. Is this not because we believe, that no matter what has gone wrong, how dark the road, how desolate the lived experience, people have the ability to heal, to change and grow? And even more surprising, that we, therapists, can meaningfully participate in this renewal?

Perhaps my two miracles are subsumed under the even larger wonder of what it means to be

human. We discover that it is our nature to have direct access to the implicit processes of our own unfolding. We have called this the “tapping into” or “direct access” miracle.

We discover ourselves as beings who don’t stop at the borders of our skin, but extend out, permeating the world through our interactive nature. Gendlin’s term for this openness is “*interaction first*.” This “interbeing” (Thich Nhat Hanh’s term) generates the miracle of the therapy partnership.

We have seen that, the “felt sense” is not intrapsychic - that is, only inside of us - but is a feature of the relational field. It is inseparable from its interpersonal and cultural context. It isn’t right to say that there is an “it,” an inner emergent process, and a separate context from which “it” comes. These are not two things, but one human living process that is “individual unfolding” and “interbeing” at the same time. I have found this intersection to be brimming with new ways of thinking and working therapeutically

“THE NEW US” is my way of talking about both miracles at once. The therapist/client bond creates a new living, a new context, new air to breathe; The new “us” is the birthplace of the new “I”. The goal of therapy is this new “us.” We want this “us” to be one that is open, receptive, resilient, permeable and attentive to the feeling level. We want it to be able to engage, welcome and carry forward the new emergent self.