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Focusing-Oriented Psychotherapy

A Contemplative Approach to Healing Trauma

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Even when one is overcome by the impact of a traumatic event, the *wholeness* of the person continues and holds the potential to integrate the trauma in a transformative way. The healing of trauma is expressed when life becomes *more* meaningful, alive, and purposeful. A strengthening of character, a deepening of faith, a grounding in one's inherent goodness, and the feeling of empowerment to express one's deepest desires are the fruits (Levine, 2010). Contemplative approaches to work with trauma aim to create a connection with this *wholeness* and release the resources already available within each person.

I believe that even when faced with trauma one can find direct access to this *wholeness* through interacting with the *felt sense,* which opens the pathway to integration (Gendlin, 1997). Survivors of unresolved trauma experience a deep loneliness and require the compassionate presence of another person who is able to resonate with this bodily level of experiencing.

The focusing-oriented approach (Gendlin, 1996) to psychotherapy is an embodied contemplative practice that posits a living body that is an undivided whole that knows what is needed next for development. This "living-body" approach draws upon mindfulness, neurobiology, relational connection, and spiritual potential as a unified process. It values directing our nonjudgmental attention to the *felt sense*, the bodily source of a more integrated kind of knowing—a knowing that carries forward the well-being

and growth of the whole person (Gendlin, 1969). This chapter introduces this contemplative therapeutic method through a detailed presentation and commentary on a series of verbatim clinical exchanges demonstrating a focusing-oriented approach to working with a childhood rape trauma. I hope to define and demonstrate elements of the focusing process that enable the integration of past trauma and that restore a person's connection to her or his deepest purpose in present living. Specific process interventions are illustrated and explained with an emphasis on their impact on personal and spiritual transformation.

Context

Research shows that talk therapy alone does not access the wisdom of the body (Ogden, Minton, & Pain, 2006; van der Kolk, 2006). Neuroscience research finds that after situations of extreme stress and trauma, when there is a reminder of the events, only certain regions of the brain are activated. Intense emotions, accompanied by physical arousal, activate the limbic system while deactivating the areas of the brain that integrate sensory experience with motor responses, that modulate physiological arousal, and that generate language and flexible assessment of one's current situation (van der Kolk, 1996). Discussing the results of his positron emission tomography (PET) scan study of people with posttraumatic stress disorder (PTSD) who are exposed to trauma-related stimuli, van der Kolk (1996) reports:

> There is an increase in perfusion of the areas in the right hemisphere associated with emotional states and autonomic arousal. Moreover, there is a simultaneous decrease in oxygen utilization in Broca's area—the region in the left inferior frontal cortex responsible for generating words to attach to internal experience. These findings may account for the observation that trauma may lead to "speechless terror," which in some individuals interferes with the ability to put feelings into words, leaving emotions to be mutely expressed by dysfunction of the body. (p. 193)

This biological adaptation to an inescapable situation interferes with one's ability to integrate the reality of a past trauma, to formulate the meanings of the experience that promote growth and vitality in one's present living.

The focusing-oriented approach guides the client to a *felt sense* of the situation, which isn't the same as emotions per se. Tapping into the *felt sense* automatically increases physical relaxation. This allows the formation of a more subtle sense of the whole of the situation, directly felt but without words or symbols. The *felt sense* carries dimensions of the experience that have not been able to be symbolized meaningfully. As clients are

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able to "be with the *felt sense*," rather than just reexperiencing a traumatic aspect, words, images, gestures, and sounds form that express meaning. Each emergent symbolization is then checked back with the *felt sense* until it (word, image, gesture, etc.) resonates exactly with this bodily knowing. Thus the focusing-oriented approach works exactly at the felt edge of a bodily sense of the trauma and moves back and forth between the *felt sense* and the fresh symbolizations. This back-and-forth process enables an unworded body sense to become known through meaningful symbols that continue to resonate with the body, opening the whole organism to the possibility of integrated growth in the present.

Spirituality is now recognized as a significant dimension of human meaning (Pargament, 2007). Measures of spiritual and religious beliefs and practices are positively correlated with mental and physical health (Saunders, Miller, & Bright, 2010). Our natural religious desire is to reach out, beyond ourselves, to seek larger sources of healing and perspective on the significance of our lives. When suffering cannot be explained or easily relieved, people are more likely to pray, to speak to a spiritual advisor, and to return to or seek out a religious or spiritual community (Pargament, 1997). At the same time, under situations of trauma, people are more vulnerable to a crisis of faith, in which past religious beliefs and resources are questioned and people may feel abandoned or betrayed by God. Spiritually sensitive care responds to the client's own search, questioning, and desire for a relationship to the transcendent (Pargament, 2007).

William James provides an understanding of the dynamics of spiritual transformation when facing a life-changing crisis (James, 1961). He believed that forms of religious life are developed in response to direct experiences of the Divine that are felt to be deeply personal. He makes a distinction between the religiosity of the once-born and that of the twice-born. Each typology reflects a pattern of how one relates to suffering and evil that grows out of such spiritual experiences.

The once-born is grounded in the experience of God as near, and the joy of this presence permeates all experience "whose soul is of this sky-blue tint, whose affinities are rather with flowers and birds and all enchanting innocences than with dark human passions" (James, 1961, p. 79). To live the once-born pattern, suffering and injustice are dealt with by turning away from the suffering and concentrating one's mind on the good (James, 1961, p. 86).

However, according to James, this "sky blue" spirituality is precarious. What happens when suffering is so great that it can't be turned away from? James found an example in Leo Tolstoy. Around age 50, Tolstoy was struck with a sudden loss of a sense of vitality and purpose to his life (Tolstoy, 2010). He was beset with the question, Why? Tolstoy wrote: "I felt that something had broken within me on which my life had always rested, that I had nothing left to hold on to, and that morally my life had stopped"

(James, 1961, p. 130). As James says, "the sense that life had any meaning whatsoever was for a time wholly withdrawn" (James, 1961, p. 131).

The process of facing the question of human suffering transforms current beliefs toward wider meaning. The twice-born faces suffering and death and through this process finds that suffering and death are not victorious over a faith that arises and proclaims the preciousness of life. This potential for spiritual transformation can be accessed through the *felt sense* (Grindler Katonah, 2006).

Theory

Focusing-oriented psychotherapy is an emerging family of psychotherapies inspired by Gendlin's discovery of focusing as a predictor of successful personality change (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968) and by Rogerian psychotherapy (Rogers, 1961) and refined by focusing-oriented psychotherapy outcome research reported in a review of more than 80 studies (Hendricks, 2001). Further studies investigate *clearing a space*, the first step of focusing (Grindler Katonah, 2010, 2012).

The roots of focusing-oriented psychotherapy are in Gendlin's philosophy of the implicit (1996, 1997), which illuminates *how it is possible* for the process of living to form something new that brings change in the direction of further development. It is the body sensing itself living and functioning to further the life of the whole organism. "An organism is an environmental interaction that continuously regenerates itself. It does not follow from the past, but it does take account of it. We can show that the regenerating is a kind of precision. We call it 'implicit precision'" (Gendlin, 2012). If you pay attention to your body, the *felt sense* forms from this implicit precision and becomes known and explicated. Thus a *felt sense* is not just perception, not just feeling, not just sensation, not just cognition; rather, all come together as a felt intricacy that knows more than what we can say in the usual way about what is needed to further life now. Speaking directly from what is felt draws upon language and concepts in new ways, unique to the person, while remaining connected to the *felt sense* of what needs to emerge next.

Focusing-oriented psychotherapy (Gendlin, 1996) engages the *felt senses* that form in response to one's situation, felt in the body just below the normal level of consciousness. The term *felt sense* refers to this "bodily felt whole" of one's situation. When first accessed, the *felt sense* is concretely felt but conceptually vague. It is a bodily sense that is an undivided whole, including unfinished potential meanings that further development felt as an undifferentiated mesh.

The therapist invites the client to *pause* and bring her or his attention to the body. The client learns to cultivate a manner of attention that

includes qualities of nonjudgment, gentleness, and curiosity. This *pausing and attending* helps the person to develop the "right distance" from the problem, creating the ability to *be with* what is felt rather than inside the problem. Direct access to this felt level is precisely what a trauma survivor needs to regain the ability to symbolize his or her experience in a titrated fashion.

After *pausing and attending* and allowing a *felt sense* to form, information emerges freshly from different avenues of expression, such as images, words, gestures, art, and behaviors. When the *felt sense* is connected to trauma memories that cannot be verbalized, descriptions of the qualities of the felt sensations or sounds and body gestures function as explicit symbolizations that move the process forward. The new symbolizations are checked back with the body for accuracy and are confirmed through a bodily resonating. This process of symbolizing and checking is what moves the whole organism forward into further action or expression of meaning. New meaning is lived, not just known, thus freeing the person from fixed action patterns that constrict one's current living. Physiological release (deeper breathing, easing of tension) and increased confidence and hope accompany this shift. In the therapeutic encounter the process moves back and forth between sensing and symbolizing, checking and waiting.

The *felt sense* is inherently *relational. Felt senses* form within both client and therapist, mediated through their relationship as it lives in each session. This relational mesh includes the client's experience of nonjudgmental presence communicated by the therapist. It also includes difficulties that arise within the therapeutic relationship that may also express the meaning of the relational difficulties experienced by the client. However, each *felt sense* also includes a sense of something wanting to emerge fresh, beyond the problem. Many therapeutic models emphasize relational difficulties as they are recreated in the interaction between client and therapist. In the focusing-oriented therapeutic model, the therapist is attending to his or her *felt sense* of what wants to grow or develop within the client. Often this "growth direction" is expressed by the client as a "still, small voice," whereas what is problematic carries more intensity. The therapist registers this communication from the "still, small voice" in the body and speaks *from* her or his sense of this forward direction (Gendlin, 2004). The therapist learns to *attend, pause,* and *notice* fresh symbolizations within him- or herself and communicates their emergence with the invitation to the client to check for resonance. If accurate, this communication from the therapist resonates with the implied step of change within the client. Thus the therapist's *felt sense response* carries forward growth directions in the client. When the therapist pays attention in this way, something distinctive emerges that he or she was not previously aware of or likely to think about. Through this process a deep trust grows in this level of bodily implying that pulls both people toward further development. Both the therapist and

the client discover something new that brings further aliveness. This therapeutic process is constituted by this larger interactive process that moves beyond our individual knowing.

Focusing has directionality. The *felt sense* always implies the next step of living. *Steps of change* that emerge from the *felt sense* are unique to the person and cannot be derived from a protocol, nor a culturally constructed meaning, nor a theoretical perspective per se. Rather, they express an intricacy of meaning that moves the person's particular purposeful aliveness forward. The small *steps of change* bring the person back to the present with greater capacity to fully engage in his or her present life with renewed meaning and purpose.

Case Example

Introduction to the Case

Mary (pseudonym) obtained my name from her insurance company and spoke over the phone in an agitated tone. She had recently experienced a panic attack and was given a prescription by her physician. She related her symptoms to what she had experienced a year previously after a relative died in a car accident, leaving behind her husband and daughter. Through our phone conversation she recognized that her symptoms might be expressing unresolved grief, and she scheduled an appointment.

At our first session, I saw a woman of medium build who appeared burdened by sadness and fear. She was 30 years old and reported a happy marriage. She was a teacher who seemed popular among friends and within her church community. She described her grief reaction, saying: "Why wasn't it me? Why did God do this?"

I learned that this sudden loss was not the only trauma Mary was facing. Since the death of her relative, she began having flashbacks to a childhood rape at age 11. She had been visiting a family member at a lake resort and was walking home at dusk from a park when she noticed a boy, whom she had met earlier, following her. She felt some uneasiness when he approached her, but nothing in her imagination could have prepared her for the violent rape that occurred. Currently she experienced sleep disturbance related to the resurgence of rape flashbacks that would haunt her at night.

By the third session, she revealed that she had suffered a miscarriage. She feared she would never become pregnant and raise a family. This loss of a lifelong dream to become a mother, along with the death of her relative and the remembrance of the childhood rape, created a complex trauma picture, which included a loss of faith.

She was raised in a Christian family. She recalls that she went to church and always "loved God." She delighted in God and believed God wanted

her to make everyone happy. Her faith had been strong and unquestioned until now. She feared she was turning away from God.

The therapy progressed over the course of 1 year. I worked to create a safe space through my listening presence and communication of unconditional regard. With my guidance, through attending to a *felt sense* of her grief in the moment, Mary became open to a broad range of emotions. Gradually, she developed a capacity to be with her experience in a focusing-oriented way through cultivating an interested curiosity, an ability to hold an experience at a little distance while remaining relatively calm, and to approach difficult memories and emotions with compassion rather than judgment. Also, during this time, I emphasized inviting her to sense what she needed for her self-care. Rather than prescribing a particular practice or behavior, I asked her to sense what was needed and to listen carefully to the symbolizations that emerged and resonated. She recalled always wanting a dog as a child, but her parents had never responded to this desire. She actually found a puppy, and the bodily connection that was generated with this animal gave her a sense of safety she hadn't experienced before. Because she found what "fit" or "resonated" for her, it became easy for her to regularly attend a yoga class. The regular body practice and the increased sense of inner safety helped her develop a capacity to be with a *felt sense* of a difficult memory without falling into intense affect and repetitive thoughts. Thus aspects of the trauma were felt, reflected upon, and released in a gradual manner.

Still, she continued to express hopelessness about becoming a mother and trusting in life again. The injustices of the untimely death of her relative and of her rape led to a crisis of faith: Where was God when she needed Him?

The following series of therapeutic interactions demonstrate how a focusing-oriented approach furthers integrative processing. Each vignette segment is followed by a commentary to highlight the steps of the process.

After this first year, Mary suffered another panic attack, and she came to this session agitated. She looked pale and sad. She reported that just prior to the panic attack, she was spending the day with her best friend, who had just heard that her niece had been raped.

I noticed that as she was talking she stroked her neck and her voice had a labored quality to it. I invited her to bring her attention to her body and notice what was there.

CLIENT: I feel all this tension; a kind of tightness here in my neck. . . .

THERAPIST: So, let's make some space to notice all of that in your neck. Take a moment to let it be as it is.

CLIENT: (*Deep breaths . . . legs uncross . . . eases into the chair . . .*)

By making space to notice the body sensations, I am supporting the developing mindful relationship *within* the client—her ability to be with what is occurring in her body with attitudes of nonjudgment, compassion, and curiosity. This ability allows a connection to what is felt without falling into it or distancing too much. New information now can emerge in a titrated way.

THERAPIST: You may want to notice how your body responds to your words . . . tension/tightness. . . . As you say them again to yourself . . . is there a sense of "fit," resonating in your body?

Recall that the focusing approach works in a back-and-forth fashion. When a "content" such as a word or image emerges from the body, one does not automatically accept this symbolization as an accurate fit with what the body knows. Rather, the therapist invites the client to "pause" and check the words back with the body to see if the body resonates. If there is not a "fit," then the therapist invites the client to try another word, gesture, or image. This is an important step in the process because, when there is not this fit and the client continues to talk, the body process shuts down.

CLIENT: (*silence, inner checking*) . . . Well, that isn't quite right. It's more like: "I can't breathe." (*Takes a deep breath, head nods slightly, noting the bodily response to the "fit."*)

THERAPIST: "I can't breathe. . . . " (*Repeats the client's language to resonate with the body.*)

Notice that through checking, the first symbolization didn't resonate. A more accurate symbolization emerges, and the body confirms the fit through such responses as a deeper breath, head nodding spontaneously, and so forth. Mary also notices the resonance as this awareness further allows the bodily process to continue.

CLIENT: (*quiet for a while*) Oh, I felt like I couldn't breathe. . . . His hands grabbed my throat. . . . I wanted to scream but I couldn't. . . . I thought I was going to die. . . .

THERAPIST: Take a moment to allow your body to sense all of that . . . how much you wanted to scream . . . but you couldn't. You thought you were going to die.

When a new meaning unit emerges, it is important to give the body time to integrate what happened. This is a form of titration. If you move

too quickly to more language, often the person comes out of a body process.

CLIENT: (*Takes another deep breath.*) I don't know why I didn't run away as soon as he approached me. I wish I had just run away . . . it's like I just couldn't for some reason . . . like I was supposed to be nice . . . yet, I didn't know that what was happening was even possible. . . .

THERAPIST: So even now you sense how you wished you could have run away . . . wished you could have done something . . . then maybe this wouldn't have happened. (*Pause.*) I am wondering . . . how would you say this the way your body is carrying it right now? You may even want to move your body to express this.

CLIENT: (*Slowly stands up.*) . . . (*Pushes out with her hands.*) . . . (*Shouts.*) I'm not going with you! . . . (*Turns body and starts to cry.*)

THERAPIST: Let's just make room for what emerged. You took a big step just now . . . expressing how you wished you could have acted . . . sense how that feels to move like that. . . . (*Again, the pausing and attending supports the integration.*)

CLIENT: I hardly ever cry. My throat isn't as tight. I feel more alive now. (*Sitting down, deeply breathing.*)

This step of change includes a body movement with a verbal communication. An important aspect of integrative processing is to access how the body "knew" how to act if the circumstances had allowed it. This expression into behavioral action now restores her capacity to act on her own behalf.

Acting on Her Own Behalf in the Present

During the next several sessions Mary talked about a colleague in her current life who had made sexual advances toward her. In the prior session she had found a *felt sense* of how she wished she could have acted on her own behalf when facing a sexual violation. Now a similar issue in her current life surfaced. At first, she was anxious about this. She talked about this encounter and realized she could no longer ignore that she did not want to be solicited in this way.

THERAPIST: I want to invite you to sense how it would feel in your body if this situation went differently, the way that would feel best for you.

CLIENT: (*pausing while sensing inside*) . . . Strong, tall . . . and safe . . . like I can protect myself.

THERAPIST: "Strong, tall . . . and safe . . . like I can protect myself." (*Said with same pacing and voice tone as client.*)

From the wholeness of our being we already know what it would feel like in our bodies *if* we could live from a sense of what is best for us or in alignment of our fullness of being. Here Mary found a *felt sense* of this new way of being. After this, her behavior changed, and she began to take stands on her own behalf. She was able to speak strong words to set a boundary with the colleague.

The Explicit Functioning of the Inner Relationship

Through this careful processing of the traumatic memories, Mary was able to develop an inner relationship of compassion with the "young girl" in her who was raped. She began to talk about this young girl inside who "died back then." Not only had she lost her "carefree innocence," but she was also "stuck in time," unable to grow up.

THERAPIST: I invite you to bring your attention inside with a quality of compassion and interest. . . . How do you sense that young girl now? The girl in you that was traumatized and no one was there to comfort her. . . . How is it inside now when you notice her?

CLIENT: I can sense how scared she was. . . . It's like I'm saying to her. . . . It's OK to feel scared. . . . Mmmm. That feels good . . . to talk to her like that. It's like I feel young again . . . there is a little energy there . . . like I'm coming alive a little.

THERAPIST: So there is a new sense of feeling young again. . . . Maybe it fits to say: "I'm coming alive a little. . . . " Check inside.

CLIENT: Mmmmmm . . . I'm coming alive a little! (*deep breaths, shy smile*)

Remember that the bodily process continues in relationship to the exact fit of the symbolization. Therefore, it is crucial that the intended empathic responses do not go even a bit ahead of the person's symbolization. To say "I'm coming alive a little . . . " is staying right with the tentativeness of what is emerging and nothing more. It can be seen in her next response that her body responded to my response with more openness.

CLIENT: Yes, she's smiling, looking up at me.

The next week Mary reported that she took the step of sharing her rape experience with a friend. This is an example of an experiential step. From the bodily experience of "coming alive a little," she had found what was needed to carry this aliveness forward in her present life. The young

girl part of her who was stuck in time made a genuine connection with a friend that week. Now this trauma was more integrated with her present life, as she no longer had to hide her childhood trauma.

Spiritual Transformation

Several sessions later, Mary brought up again that she didn't want to have children anymore. She had looked into *in vitro* fertilization, but "it probably wouldn't work," she said. I listened to how the death of her relative, the uncertainty of life and death, frightened her. She also was afraid to risk renewing her faith by turning toward God and bringing her deepest longing to God.

Suddenly, I felt a strange sensation, like a warm wind blowing through me. As I attended to this new *felt sense* arising in me, the biblical story of Elizabeth and Zechariah popped into my awareness. The appearance had a decentering quality, as though it came from a different realm. . . . I don't usually quote scripture. However, I felt compelled to tell her this story in the Gospel of Luke I:8–14 (Revised Standard Version), about how an angel came to Zechariah and told him that his wife was with child and that, after years of barrenness, she would give birth. I noticed that her eyes widened and she listened intently.

I wondered with her whether her faith could be a resource now.

This is an example of how the therapist attends to her own emergent symbolizations and is able to sense from a "larger knowing." The implied growth step in the client interacts with the therapist's *felt sense* such that, if the therapist is listening in this way, something beyond the therapist's personal knowing is able to arise into symbolization in the moment that, when shared, carries forward the client's potential for living out her deeply felt purpose.

Mary reported to me the next week that she went to Church that Sunday and that this same scriptural passage was read. This convergence of hearing this story both from me and her minister touched her deeply, and she felt her bitterness releasing. She reported feeling a connection to her longing to have a child and a sense of hope. I invited her to check inside with her *felt sense*. What she found was a desire to pray to Mother Mary.

Several weeks later she announced that she and her husband had decided to pursue *in vitro* fertilization. She expressed confidence that she was in a different place now. She spoke about her prayers to Mother Mary and the aliveness of her faith.

The egg retrieval occurred without any complications. She reports this dream: She saw a mother with child sitting at the feet of a statue of Mary and a light reflected all around. The next day a viable zygote was implanted. Her pregnancy occurred without complication. She gave birth to a healthy girl.

An amazing spiritual event occurred that grew out of a deeply integrative process. Through listening deeply to bodily formed meanings, she integrated the significant aspects of her life experience so far: the death of her relative, the childhood rape, her longing to become a mother, and her loss of faith. Her "twice-born" faith deepened through facing her trauma. Her body became open to creating a child, and her marriage achieved a deeper level of intimacy. A transformation occurred as she actualized her deepest desires.

Conclusion

Even when faced with trauma, the wholeness of the person continues. Focusing-oriented psychotherapy fosters a connection to this wholeness by cultivating a nonjudgmental and interested attention to a whole sense of "something" felt in the body, that is, the *felt sense.* Words, images, and gestures further symbolize the experience. Symbols are checked back with the body to resonate with the *felt sense.* With this contemplative approach one allows what is arising from the body to form and thereby gains access to a larger wisdom, directing the whole person toward integrative growth. As the trauma is integrated, specific steps of change in the client's present life are generated naturally from within the person, restoring the capacity to live fully in the present with authentic purpose. The therapist communicates an empathic resonance with the trauma survivor to create the safety for this integration and to nurture the capacity for further growth. In a manner consistent with the research in neurobiology, the focusing-oriented approach integrates mindfulness, relational connection, and spiritual potential in a unified process that brings symbolic expression to previously mute traumatic experience and frees the client to live more fully and authentically.

Focusing-oriented psychotherapy is known as a contemplative approach to trauma work. It is also applied to clinical areas such as work with children; depression and anxiety; adaptation to living with AIDS and cancer; pain management; short-term psychotherapy; and cross-cultural models of community wellness, including teaching focusing to nongovernmental organizations in Afghanistan, barrios in Ecuador, and the bush in South Africa. For information on training and further resources, see *www.focusing.org.*

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