

**Integrating Experiential & Brief Therapy:
An Introduction to the SOFT (Solution Oriented Focusing Therapy) Approach***

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With the advent of managed care and limited funds for long term therapy, there has been a growing movement toward more short term, constructive, solution-based approaches to creating change and movement in psychotherapy, especially in the field of Brief Therapy.

Concurrently, there is some doubt on the part of those who practice longer-term, experientially based psychotherapy, that the Brief Therapy approaches may be more of a band-aid and less of a cure for long-standing issues. Some clinicians feel that the Brief models, with their emphasis on brevity and focus on finding solutions, do not take enough time to explore the causes, affective states, and experiences of the client; the skepticism, therefore, is connected to the question: *Can lasting change happen - briefly?*

The solution, so to speak, comes in the form of a both/and approach, rather than an either/or position. There is choice. There is room for both, and integrating Experiential components into Brief Therapy models is both a natural and harmonious process, and in fact, supports very effectively the ever-increasing trends toward a holistic mind/body approach in psychotherapy.

In order to start thinking more creatively about new possibilities for change, I would like to highlight two models, Focusing Oriented Therapy (Gendlin, 1996) and Solution Oriented Brief Therapy, comparing, contrasting and showing how and where the models are similar, different, and ultimately complimentary. The Focusing Oriented (Experiential) approach allows clients to maintain ongoing contact with their inner, in-the-moment, experience. The Solution Oriented (Brief) approach explores options and possibilities for change. Used together, clients are able to shift and maintain change – both briefly and deeply. I call this integrative approach SOFT (Solution Oriented Focusing Therapy). I hope you will find this material practical, useful, and an enhancement to your professional work.

Many thanks to Glenn Fleisch for the acronym SOFT, a term that emerged in our joint work together early on in the development of this process.

Laying the Foundation for Integration

Orientation: The key word in explicating the interface of an Experiential approach with a Brief Therapy approach is the word ‘oriented’ which implies leaning

* This paper is based on Dr. Jaison’s work and book *Integrating Experiential and Brief Therapy: How To Do Deep Therapy – Briefly and How To Do Brief Therapy – Deeply.*

toward, in the direction of, so inclined. Both models are 'oriented' in a similar direction...

- Both models are oriented in a positive, life-enhancing direction.
- Both models can be termed "wellness work", avoiding pathologizing, and helping the client move toward:
 - in Focusing: *What feels right*
 - in Solution: *What works*

Philosophy and Attitude: Both models are based on a firm philosophical foundation of respect: Valuing, acknowledging and believing that the client has within a wealth of inner capabilities, strengths, experience and direct inner knowing. Hence, in theory, both models are client-centered.

Both models have an attitude toward clients that is affirming and non-judgmental, creating a sense of safety and openness.

In both models, there is an implicit message of empowerment - clients *know*. They know the way, and they know the next right steps to take along the way. Both models work to help clients access what is already 'there', waiting to emerge.

Process of Change: Both models share the belief that the client's inner knowing has a path of its own that, when followed, leads to steps of change. Both models look for *small manageable steps*, encouraging the client to look for a *right way*:

- in Focusing: What feels like relief, new energy, "fresh air"
- in Solution: What will work, what the client is wanting

The Cornerstones of Each Approach

Focusing Oriented Therapy

One of the major tenets of Focusing Oriented Therapy is to help clients consciously experience, in-the-moment, what they are feeling. The emphasis is more on personal growth and inner change, rather than symptom relief. While relief from the issue is important in all Experiential approaches, it holds a second place to what we might loosely call being true to oneself or having inner integrity, by helping clients experience congruency between what they are thinking in relationship to what they are feeling. In the Experiential models, they must match. I call this "think/feel".

Eugene Gendlin, Ph.D., both a student and colleague of Carl Rogers, developed a distinctive process of listening inside oneself to help clients notice if what they were feeling and thinking *fit* or *matched* their *direct inner experience* (what Gendlin termed the "*felt-sense*": the body's holistically registered experience of a

situation or issue). Recognizing how to interact with the felt-sense came to be known as Focusing, from which Focusing Oriented Therapy evolved.

Part of the theory behind the model is based on the premise that everything we experience from the moment of birth is registered in the body in a cellular way - whether or not we consciously remember it. By paying attention to, "*keeping company*" with, and listening attentively to what the felt-sense has to say, we can get new and valuable information that we could not possibly receive from the cognitive mind alone. Change, in this model, stems from *experiential understanding*, that is, a bodily felt "aha!" experience (what Focusing calls a *felt shift*).

A hallmark of the Focusing Oriented approach is a brilliance in listening. Clients are encouraged to stay in touch with their inner experience through the process of what Gendlin calls "*experiential listening*". The therapist is reflecting much more than just the client's words; what is further reflected is the client's "*felt meaning*", *underneath* the words. By using his or her own felt sense as a mirror, the client is able to see and feel what they are inwardly experiencing reflected back. The outcome is profound, and a major component of Focusing Oriented Therapy.

Solution Oriented Brief Therapy

The Solution Oriented approach centers around the concept of change: What makes change, disrupting patterns that inhibit change, co-creating with clients new actions or *action steps* that will produce further change, and supporting these new patterns of thinking and consequent behavior that will maintain change. These steps are always small and manageable and built upon progressively, according to the client's sense of what works.

The process of change is constructed around observing and pointing out what the client is already doing that *is working*, and building (the action steps) upon it. Brief work is primarily interested in change and uses a variety of modalities to find change: therapeutic paradox, double-bind theory, circularity of systems, disruption of homeostasis, and staying focused on the positive in resolving the presenting problem.

Another significant feature of the Solution Oriented (and Brief Therapy models) is around the concept of clearly defining current and future goals and expectations. Great care and time is taken in setting out and developing manageable goals, whether it is geared toward the over-all future, or just for this particular session: "*What would you like to see happen?*" "*When it is happening, what will it look like?*" "*What will be different for you when this is happening?*" The trend of these questions is always pointing toward creating and building a more positive future, i.e. how it *will be when*...

A unique feature of the Solution Oriented approach is in finding exceptions to the problem: *“When was the last time this wasn't happening?” “What were you doing differently, then?”* or *“What was different, then?” “Given the incredible stress you've been under...I can't help wondering how you have managed so well up to now?”* The point: always finding what is right, what tiny exception, what small ray of light can be built upon to create more glimmers of hope and a more positive vision and expectation of the future.

The Strengths of Each Model

Where Focusing Oriented and Experiential models work best:

- Exposing clients to the process of processing
- Exposing clients to the language and welcoming attitude toward the Self: safety; space; making room for what feels not-ok; non-judgment; permitting/allowing
- Understanding of parts: critic, inner child, holistic Self
- Working with the felt-sense
- Teaching the above explicitly

Where Solution Oriented and Brief Therapy works best:

- Pattern Interruption: old, negative, worn-out patterns and behaviors
- Creating Change: repeatedly stuck in same-old-thing, “more of the same”
- Helping manage overwhelming and uncontrolled feelings
- Limited time and/or funds to pursue long-term therapy
- Learning how to consciously re-construct situations and issues into a more positive workable vision for the future

Bringing the Models Together: The SOFT Approach

The purpose of this next section is to outline Solution Oriented Focusing Therapy. The key tenet of this approach is that any Brief Therapy model can be made experiential through the use of timing, phrasing and linguistic application – *and* – Focusing Oriented Therapy can be formatted to work more briefly by revising Solution questions to fit the experiential style.

Language

Each model has a specific way of using language, unique to its style, and phrased for a desired effect. At first glance, it would seem that the different phraseologies would steer clients in totally different directions. Remarkably, by weaving the two styles together, the client gets to the exact same place of *knowing*.

In Solution Oriented work, language is very specific and specifically used. It is geared toward change and positive expectation about how it will be when these new changes occur. There is an emphasis on words like *“will”*, *“when”*, *“yet”* and

*“then”: “How will it be for you when you are less depressed or feeling better?”
 “Although it hasn’t happened yet, imagine a time in the future when the problem is solved...what do you imagine you will be doing, then...”*

Conversely, the Focusing Oriented (and all Experiential) model tends to stay more focused on the present and what the client is experiencing in the moment. *“Can you take a minute to sense what’s there for you, right now...”* or, *“Of these issues, can you sense which is the most alive for you, right now.”* The purpose of phrasing questions in the present is to help the client sense the issue freshly, as the body carries it now, rather than having clients recount to the therapist what they remember the problem to be as they thought about it yesterday.

Added to this is an interesting point regarding precision vs. imprecision of language. The Focusing Oriented approach often uses language that is specifically vague and fuzzy: *“So it’s something like...”* allowing the client to fill in the exact right word. Perhaps it is “anger” or “sadness” or “heavy”. The therapist simply reflects, for example: *“So there’s a feeling there of sadness...”* And the client might respond, *“Well yeah, it’s something like sadness...”* The therapist in this model will stay with the “more” of it until the client gets it exactly right, in a bodily-felt way. Therapist: *“So it’s something like sadness...but that’s not quite it...can you just spend some time with that something-like-sadness place and see what fits....what feels right for you....inside.”*

The value in utilizing vague and fuzzy language is in the scope it gives to the client, allowing him or her to search and internally grope for the exact right inner match that invites congruency between thought and feeling. Interestingly, the exactness of language in the Solution Oriented model achieves a similar result by pinning down what the client means, followed by action steps: *“What do you imagine are some things you can do, between now and the next time we meet that will help you to feel less sad and more hopeful.”*

 *Integrating Approaches:*

Asking Solution Oriented questions in the Focusing Oriented style gives the client time to ‘take in’, ‘sit with’ and find a felt-sense:

<i>Solution Question</i>	<i>Focusing Style</i>
<ul style="list-style-type: none"> • When it is right, what <i>will</i> that look like...? • What do you imagine <i>will be</i> different when the issue is no longer happening...? • What small steps can you take that <i>will be</i> helpful to you in getting some relief from this issue...? 	<ul style="list-style-type: none"> • Can you sense <i>in your body</i> what <i>it will</i> look like, <i>feel like</i>...when it is right... • Maybe...see if you can <i>sense (right now)</i> how <i>it will be</i> when the issue is no longer happening... • See if there’s a <i>sense inside</i> of what <i>feels like</i> a small step toward fresh air or relief...

Directionality

The Focusing Oriented approach is generally more inclined to follow the process of the client in whatever direction that process happens to go. While the Solution approach respects the client's process, the therapist in this model takes far more responsibility for keeping the sessions "on track" through a certain "directionality" (my preferred word). Hence, the type of questions asked and the awareness of the client's stated goals determine the direction of the session - whether for one session only, or for the whole course of therapy in general.

The Focusing Oriented approach tends to leave the direction that the session will take up to the client, making a lot of room for the client to decide how and what they wish to do with the therapy hour. The up side of this approach is in the philosophy that stands behind it: Clients, if respected and listened to (by the therapist) deeply and effectively, will find their own right way. The downside is if the work is going nowhere, the clinician needs to step in and *do something different*, offering some skilled direction to move the process forward. The Focusing Oriented approach has a brilliance in *listening* that is unequalled by any other model – and - its parallel in the Solution Oriented approach is an equal brilliance in *asking* questions. Combining them both illustrates well the old adage, "The whole is greater than the sum of its parts".

Use of Affect in Therapy

The biggest gap between the two models, and the most interesting to interface, is in the area of affect.

The Focusing Oriented approach takes the time for process and felt-experiencing.

The Solution Oriented approach sometimes bypasses affect by keeping the client focused on the action steps necessary to reach the desired goals.

The two models can be particularly complementary in this area.

The harmonizing aspects can be best understood if we think in terms of parallel universes or parallel planes. The Solution work tends to be cognitive and imaginative, using the concept of *visioning* to see new possibilities. Similarly, at a parallel but different dimension, the Focusing Oriented approach specifically focuses on how one *feels about* all that.



Integrating Approaches:

We can ask the same exact questions, but at different levels of awareness:

Solution: "What do you imagine you will be doing differently when it is all OK?"

Focusing: *“Can you sense what it will feel like when it is all OK?”*

Solution: *“What else will be helpful for you in managing this...?”*

Focusing: *“Can you sense if there’s more that wants to happen...”*

Relationship Dynamics

It is important to note that the Focusing Oriented approach to therapy follows an intrapsychic perspective: *“Who am I?” “How do I feel?”* The Solution Oriented approach is based on systems theory, and therefore always has a relational component: *“How am I in relation to you?” “How do I feel in relation to you?”* Clearly, both orientations are needed, and need to be addressed. We are generally in relationship to others in some form, so the consideration of the I/you relationship is essential – and – in order to be in a right relationship to others, we need to know how to be in right relationship with ourselves. Definitely a BOTH/AND...

In the case of couples, combining the two models helps each partner understand both the internal implications of how he or she is feeling ‘coupled’ with how each is feeling in relationship to the other. The process is deepened through “dialoguing” – sometimes dialoguing internally with one’s self, sometimes dialoguing interactionally with a partner, and sometimes dialoguing in imagery with a partner who doesn't happen to be in the room: *“What do you imagine he would say needs to happen for the relationship to improve...?”*

Some Closing Thoughts

Good therapy is not based on any particular model. Good therapy is based on being attuned to a client and his or her needs and using whatever works, in the moment, to adapt to a client’s natural way of working. There is no ‘right’ or one-way. If the client is experiencing the same old thing that you've been over many times before, a Solution Oriented approach is very useful for pattern interruption. On the other hand, if a client needs time to simply be with, process, pay attention to, and not immediately fix the problem, taking time for an experiential intervention is what may be in order.

I have experienced clients actually asking for what they need from both ends of the spectrum. Using a Solution-type question at the wrong moment, I have had clients say, *“I’m not ready to find a solution, yet. I just want to explore this more...”* Conversely, I have offered a Focusing time-to-be-with moment and had the client say, *“You know what - I’m sick to death of this. I don’t really care what it’s about, I just need a solution!”*

Flexibility, adaptability, and deeply trusting the resources of the client is the foundational element or “bottom line”. Either way, both models espouse and honor the process of taking small steps.

What Experiential work gives the Solution Approach:

- Grounding in the knowledge and awareness of the experience of processing, and taking the time to explore the inner felt-sense of an issue.
- Time and permission to work with what doesn't work, what's wrong (instead of what would be right). Paying attention to resistance, negativity and stuck places.

What the Solution Oriented and Brief Therapy models give the Experiential Approach:

- Directionality, purpose, intention and better understanding of what exactly the client can and will do toward creating positive change.
- Lowering of the volume on affect when it is too intense and out of control by adding cognitive and behavioral components.



Integrating Approaches

The beauty of the Focusing Oriented approach is in its gentleness, respectfulness and explicit teaching of an “attitude” towards the Self that permits and allows a free, safe space to explore whatever wants to unfold. Focusing Oriented Therapy honors the wisdom of the felt-sense and works actively with various parts in order to integrate them into the whole, thereby helping clients move toward healing and growth.

The beauty of the Solution Oriented approach is in its respectful, positive and non-problem focused orientation. The model provides a safe structure to explore and create new, more constructive possibilities. The skillful use of language allows clients to access, in a brief and time-efficient way, what they *do want*, rather than what they don't want.

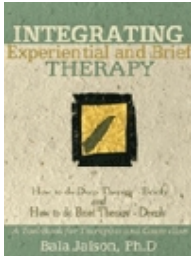
The integration of the two models allows the client to experience the gentle process of Focusing with a Solution orientation. The resulting experience for clients is an increased awareness of self and an enhanced sense-of-hopefulness: finding workable and manageable solutions to seemingly impossible situations. The purpose of this integrative SOFT approach is in making room for both!

Bala Jaison, Ph.D., is a psychotherapist for individuals, couples and families, Director of Focusing for Creative Living in Toronto and a Certifying Coordinator for the International Focusing Institute. Based on twenty plus years of clinical experience and research, she has developed the innovative therapy approach, Solution Oriented Focusing Therapy (SOFT), which she teaches to professionals both here and abroad. Dr. Jaison is an internationally recognized lecturer, trainer and workshop leader, specializing in providing leading-edge training in Focusing, Focusing Oriented Therapy and the SOFT approach. In addition, she works extensively in the business community and the school system, translating this work into programs on Conflict Resolution, Problem Solving and The

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For more information on Dr. Jaison's upcoming training programs and specially designed courses, please see the "Training and Events" section of this website.

For information on Dr. Jaison's book:



Integrating Experiential and Brief Therapy: How To Do Deep Therapy – Briefly and How To Do Brief Therapy - Deeply

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