

Focusing-Oriented Psychotherapy: A Manual of the Experiential Method

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CHAPTER 2: Dead Ends

Two kinds of dead ends can happen in psychotherapy: The first occurs when the therapy consists only of interpretation and inference without an experiential process. The second dead end happens when there are quite concrete emotions, but they are repeated over and over. In this chapter I discuss these dead ends further. I call the first a dead-end discussion.

Dead-End Discussion

At a party you may see an attractive stranger on the other side of the room. You want to approach this person but find it impossibly difficult. If you do approach the person anyway your actions will be awkward and you will feel the lack of your usual abilities. You might think, "My superego is too strong. It still identifies with my father who prohibited my sexuality when I was small. Now that I am not small, my superego should stop identifying with his prohibition, but it doesn't" (Freudian vocabulary). Or you might say, "I am afraid of being rejected. It's just an old fear. If I am rejected, I will be no worse off than if I go home without trying! I ought to try" (common sense vocabulary). But using this vocabulary and this logic does not change anything because you are engaged in a dead-end discussion. Your intellectual interpretation does not change your hesitation or awkwardness.

Therapists may draw people into dead-end discussions; we all do it at times. We may use Freudian theory to do it, or Jungian, cognitive, or any other theory, or just common sense. But a good therapist would not try to get a client merely to substitute a sophisticated psychological vocabulary for a commonsense one, if the words are the only difference. Seen in this way, no one would argue that the mere substitution of one ineffectual line of thought for another can constitute successful psychotherapy.

In our example a longer discussion might ensue in your mind, but it would still change nothing. For instance, is it your fault, your responsibility for your failure, or should you blame your parents? This is a very important question, but not one that would effect a change. Should you call it "cowardice" or a "dynamic" problem? Again, issues like these have great importance for how we view life, but in this case nothing would be changed by accepting either position. Should you adopt a sociological theory - the norm in your culture (or subcultural group) might be that one is not supposed to address strangers of the opposite sex, and that this is why it is hard for you? Perhaps this is a social norm that one is supposed to break, but it can be taught too well. Or should you say that your

difficulty is a lack of "security," that your self-esteem would collapse if you got rejected? Any of these interpretations would probably leave you quite unchanged.

To bring this home I will ask you to imagine the dead end when one or another of these interpretations is accepted by a person. In our example, say that you became convinced of the truth of one of these interpretations. The interpretive machinery might be quite powerful, even fascinating. Then you say, "OK, if that's why it is this way, what can I do about it?" You now seem to know the "cause" but you still have no direct grasp of how to counteract it.

There was hope before: If only you could know the cause, you could do something to it, perhaps hack it apart, or break it, or fix it. But now you have found what the trouble is, and it is something you cannot directly get at. That is what I call a "dead end."

Much ineffective therapy is only an accumulation of many such dead ends without any direct contact or change. This lack of direct contact is often indicated by the word "must." One says, "I see; it must be that my father was too strong with me. I know he was. That must be what's doing this now." To say, "It must be" is an inference. People do not say "It must be" when they are directly in touch with the connection. They say, "It is," or "I feel." Of course this verbal difference only indicates the real difference. In the next chapters I will explain what direct touch is like and how it comes about.

There are still therapists who are satisfied with a plausible interpretation if the client accepts it. They do not wonder, nor do they teach their clients to try to sense inwardly, whether an interpretation is a dead end or not. To fail to wonder whether an interpretation brings direct inner contact makes everything a dead end and "therapy" becomes just "talk."

A good therapist should be very unsatisfied if the client agrees to an interpretation and then a dead end ensues. "Yes you are right; that is what it is," the client says. "But now what? How do I change it?"

Even worse than accepting a client's mere agreement, many therapists impose interpretations that seem plausible only to them, not to the client. Then they send the client home after an hour of arguing. Even if the client becomes

convinced of the therapist's interpretation, change remains very slow and rare with this approach. There are many thousands of clients who experience no major change through years (9 years, 14 years . . .) of therapy, several sessions a week.

This critique applies not just to classical psychoanalysis. Some existential therapists also merely talk and argue. Instead of saying, "This is your oedipal prohibition," they say, "This is your failure to confront choices and encounter real others." With either kind of interpretation little or no change occurs.

Therapists who call their method "transactional" use psychoanalytic concepts, but in a more popularized form. Instead of the "superego" they talk about the "bad parent in your head." But many of them only argue that one ought to overcome that bad parent. If the client asks, "how?" the therapists have no answer. There again is the dead end.

More recent methods (such as "cognitive restructuring" or "refraining") show you how to think differently about a problem. They would help you (in our example) construe the situation in some new way, for example as a challenge, or as an occasion to practice overcoming your obstacle. This sometimes works, and sometimes not. To determine whether the refraining is effective, you must sense whether it has brought a *bodily* change or not. You must sense what actually comes in your body in response to a refraining. A real change is a shift in the concrete bodily way you have the problem, and not *only* a new way of thinking.

The field of psychotherapy today is very diverse. In recent years it has been increasingly recognized that interpretations are not sufficient to bring change because they usually lead to a dead-end discussion. The newer therapies all have ways to engender actual experience, which can bypass dead-end discussions. (These therapies often fall prey to the second dead end; I discuss it in the next section.) Some therapists of the older orientations are also adopting the newer techniques. Some contemporary psychoanalytic authors are quite aware of the pitfall of dead-end discussions and add ways to cope with it in their methods. Kohut's addition of Carl Rogers' "reflection of feeling" enables patients to sense their concrete present experiencing and enter further into it. Many Jungian therapists have added Gestalt therapy's "two chair" method (see Chapter 13). In every method there are some therapists who are concerned with "the process" of therapy, that is to say, with just how anything concrete actually happens.

In each method there are some therapists who know the bodily dimension I speak about and some who do not. We are going to discuss exactly what client and therapist can do when there is a dead end discussion in order to bring about the concrete steps of experiential processing.

First Conclusion

Moment by moment, after anything either person says or does, one must attend to the effect it has on what is directly experienced. Does a given statement, interpretation, cognitive restructuring, or *any* symbolic expression bring a step of change in how the problem is concretely, somatically experienced? If it does, the directly sensed effect must be pursued further. If there is no effect, we can discard what was said or done. We can thereby avoid a dead end discussion or try to curtail it if one ensues. This bodily checking should apply not just to verbal interpretations but to most anything therapists or clients might do. All therapeutic interventions require the client to check for the intervention's concrete effects. Some interventions have a genuine effect and some do not. Similarly, what clients themselves do or say needs this bodily checking. It is often difficult to show clients how to check inwardly, in a bodily way, whether what they have just said has had a bodily effect or not. We will discuss how to help them to do this.

The first conclusion is not new in itself; only how to bring about the inward checking is new. Freud emphasized that the aim of interpretation is to bring up the missing experience. Interpretation is mere "scaffolding" like that which is put up around where a building will rise and taken down when the actual building is here.

The psychoanalytic author Otto Fenichel (1945) has also described this process:

In giving an interpretation, the analyst seeks to intervene in the dynamic interplay of forces, to change the balance in favor of the repressed in its striving for discharge. The degree to which this change actually occurs is *the criterion for the validity of an interpretation*. (p. 32, emphasis added)

Effective psychotherapists from Freud on agree unanimously that a concrete experience must occur in response to an interpretation; otherwise nothing has been achieved by the interpretation and it should be at least temporarily discarded.

But despite the fact that Freud so long ago said that a therapist had to attend to the effect of an interpretation, this requirement has not been well understood. One implication of it that is often missed is that a therapist can use many interpretations and many methods, not just one! Because there is an inner touchstone that will show the success of any intervention, namely whether a bit of movement comes, a therapist has the option to try interpretations or procedures derived from many methods and theories. If one of these fails to move something in the patient, the therapist can try a technique from another method or theory. With the multitude of theories and methods that exist today it is arbitrary to choose one theory and then impose it on one's patients. Checking for a physical effect happens to be a nonarbitrary touchstone. With it the therapist can make use of what the various approaches have to offer - and swiftly *discard* anything that does not have a physical experiential effect.

At times the therapist may want to continue with an interpretation, even when it has no immediate effect. But most of the time, if there has been no experiential effect, the therapist can discard whatever was said and bring the person back to the spot just preceding. ("Oh I see, it doesn't do anything to say that. Well, as you were saying...") In that way a whole hour (or even 5 minutes) need not be lost in arguing or confusion.

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

But such responses (called "reflections of feeling") need the physical checking I just discussed. The client must inwardly check: "Are we together now, with this? Does what the therapist says back to me encompass what I was just now struggling to convey?" When it does, the client will feel a bit of physical relief. Hearing back what was said, the client feels that that much has indeed now been said. What has been understood exactly need no longer struggle to be heard. *Now it can just be here.* It can breathe. When that happens, there is also a little bit more room inside - room for the next thing to come up from there.

Without the client's inward checking, the method of reflecting the client's messages can become mere words. Then it is a dead-end discussion, although brought about by the client rather than by the therapist's intervention.

After anything the therapist has done or said, the moments immediately following reveal whether there has been an experiential effect. By this I do not mean that the person has agreed with the therapist's assertion. The question is rather whether what therapist or client has said connects with what the client senses concretely. If not, then what has been said is not on the mark.

If there is an inwardly sensed connection or any physically sensed response to what was said, it is vital to attend to it and stay with it, because further steps will come from *there* - from the inward response, even if it is only a slight stirring without words. (Many therapists do not know to look for such an effect, let alone train and ask the person to look for it. They talk right on through such an effect even when there has been one!) If there is an effect therapist and client must instantly stop talking. The client needs to attend silently to it, stay with it, and pursue it.

For example, suppose client and therapist have been stuck at the same spot for some time (minutes or months). Both people have said numerous things that made no difference; nothing budged. The therapist has said this and tried that, but what the client sensed has remained unmoved. Let us suppose that the therapist has many more things to say. Suppose one of these (at last) brings a slight loosening in the client's sense of the problem. Something stirs in there, in that heretofore dead place. Shall the therapist now go right on talking so that the little bit of movement is lost again? No, we want to stay with what stirred in that place. We want to attend to it, sense it, let it open, and allow it to move in a new way. I will show exactly how a therapist can aid the client to enter that place where concrete experiential change can come. The need for this has not been understood by many therapists. They might agree that whatever is said needs to have an experiential effect. They might agree that such an effect is the purpose of the work being done. And yet they do not seem to know how one finds it directly. And if it does come, they will fail to notice and pursue it.

The failure to pursue such a directly sensed opening leads us to the second kind of dead end I mentioned.

Dead End: Unchanging Feelings

People in therapy often have strong emotions and "gut feelings" that are quite concrete and experiential. They are not just talking or intellectualizing. Yet despite the fullness of their emotional content, it does not change; they feel the same feelings over and over again.

The central theme of this book concerns what can be done about the dead end of unchanging feelings: how to obtain the little steps of experiential change that characterize psychotherapy when it works.

There are now many psychotherapeutic methods for engendering deep physical feelings, both from the past and in the present. These methods often result in intense emotions being felt and expressed, yet these feelings often do not change for many months and years. Others of the newer methods tend to flood the person with emotions but leave what would be called the "ego" as small and brittle as it was before. Sometimes these flooding methods are combined with "integration sessions" - mostly old-fashioned discussion. But the steps of actual change are to be found neither in mere verbal discussion nor in flooding experiences, nor in mere emotional intensity.

Dead-end feelings arise and remain unchanged most commonly because they seem quite clear and final; there is no murky edge to them that asks to be explored. The client does not say, "I'm scared but I don't know why; there's a lot more to it but I don't know all of it." Instead, the client says, "I'm scared of it," and the therapist responds, "Tell me more about it. Please go into it further. Just what is it like to be scared in this way?" The client says, "I'm scared, that's all. Can't you understand that? Haven't you ever been scared? Well? That's what I feel."

Now what? Of course the client can talk about why the fear seems to happen, when it happens, early memories, other times of being scared, and so on. But the fear may remain just as it is, as if it were a completely packaged, finished experience, without internal complexity.

Although every therapeutic method has some way of moving past dead end feelings, and these methods sometimes work, sometimes they also fail. And despite their differences they share the same goal: therapeutic movement. The therapeutic movement is described in terms of the various contents of which personality is supposed to consist according to the different theories. But people do not really consist of the contents the various theories posit. Nor does therapeutic movement come in the gross forms in which it has been so variously described. Rather, it comes in tiny steps. I will show how we can employ all the extant methods, despite their contradictions, once I have shown how the little experiential change steps work. We will then also see exactly how they are sometimes brought about in each method.

The change steps will also let us think about human experience in a new way: Every bit of human experience has a possible further movement implicit in it. Human experience is never complete. It is never just as it appears. It never consists only of already-packaged things.

One of my favorite psychoanalysts once asked me, "After one has been in analysis one knows where all the things are, and one can get in touch with them and reopen them again. Just what are you saying that's more than this?"

He asked me this question because he heard me speak of a process whereby the client does more than become familiar with emotions and experiences and learns to touch them again and again at will. My assertion that there could be more than this puzzled him. In his own analysis his inner contents did not change; they only became known, touched, and capable of being touched again. Of course, as Freud said, this is in itself a great development. To have touched something experientially many times does liberate energy, and it does engender enlarged perspective and new behavior. Nevertheless Freud missed the little steps of change that can occur inwardly in what one "touches." Either this process had not occurred in his analysis, or perhaps he did not describe his analysis well.

The change Freud looked for was limited to a coming to awareness. No change in the content itself was expected. The content was thought to be perhaps an infantile wish, or something that had occurred in the past. Freud held that the content does not change, but in coming to awareness it "loses energy." The "ego" gains this energy. This description does sometimes fit, and with some things it may describe all that is likely to happen. But all of psychotherapy, change, and growth cannot be understood merely in terms of energy loss by otherwise *unchanged* "contents."

In Freud's theory pathology consists of packed pieces. If our problems were packed pieces, then indeed they might not be *able* to change; they might only be able to lose energy. But this theory leaves some vital theoretical and also some very practical issues unaddressed.

As I will show, when therapy is effective we soon also observe something else: steps of change in what the content seems to be. We want to know how to engender such steps of content change.

Theoretically, we want to understand how experience and events are not fixed packages, that is, how change-steps are even possible.

Present experiencing is not just an assemblage of past pieces of experience. This is a widespread error inherent in the current mode of "explanation." One explains an event at a later time by going back to some earlier time and finding there the same units. The event of the later time is "explained" as a certain rearrangement of the units from the earlier time. We are accustomed to this kind of explanation from physics and mathematics. If we are to get an answer of 96, we require that the answer come from 96 units, whether it be 6×16 or 3×32 or 8×12 or 1×96 or $192 \times \frac{1}{2}$. Also, in physics, the sum total of energy and matter in a reaction is conserved," so that any change can be traced back to some energy or matter or forces that were there before and are still here now, only rearranged. When something changes we break it down into smaller pieces that did not change - that were only rearranged. When we can locate these unchanged elements, then we feel we understand; we have an explanation.

But there are other kinds of explanation that do not require this assumption of packaged pieces or units that remain the same. For example, we can explain an event by showing how it fits into a larger picture. Say someone does something puzzling. When we know the broader situation, we may see how the behavior makes sense. Then we say we understand; we have an explanation. But these are not the only kinds of explanation and understanding. From the change-steps I will describe, we will see a different kind.

Mathematics and logic work only with fixed units. In multiplying or in logical deduction one must not throw in extra units, or lose any that one had at the start. But experience and situations do not come in neatly divided and fixed units. Any situation can be cut up in a great many different ways to get very different logical inferences. One can always notice one or two additional elements, so that what seemed a logical proof falls apart. That is the reason why logic does not give necessarily correct conclusions about human experience. If you slice the facts a little differently, logic is overthrown.

For therapy and change it is of course very fortunate that nothing past or present is ever packaged so as to have only one shape with fixed results. Therefore nothing is ever quite finished. All events and experiences can be carried further, and when this happens there is also a change in what they had been. Such changes could not follow logically from what they seemed to have been at an earlier point, and yet these changes are truthful and not in the least arbitrary. But they usually have many more facets than their earlier form.

The past is not a single set of formed and fixed happenings. Every present does indeed include past experiences, but the present is not simply a rearrangement of past experiences. The present is a new whole, a new event. It gives the past a new function, a new role to play. In its new role the past is "sliced" differently. Not only is it interpreted differently, rather, it functions differently in a new present, even if the individual is unaware that there has been a change. To say it pungently, present experiencing changes the past. It discovers a new way in which it can be the past for a present.

The present is always a new whole, even if the individual is explicitly reliving a past. Emotions and memories from the past come as part of the *present* person. The past changes in a new present. Even if the past is wholly implicit and unnoticed, it can be carried forward into a new whole as part of the new, the process of present experiencing. Events of the past are not thereby falsified retroactively as was done in the Soviet Encyclopedia, but their role in the body can acquire a new function.

Second Conclusion

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

We will discuss what to do when there seem to be no edges and therefore no steps. In a seemingly complete experience, how does one find where it can be carried further? How does one help a person find this edge, this sense of intricacy more than one can as yet say? We will discuss exactly how to find the edge, and how to engender the steps of change that can come at such an edge. Change hardly ever comes in one step; rather it consists of many small steps and now and then some large ones.

I have tried to describe two typical dead ends: the dead end discussion without experiential concreteness, and the dead end of emotions and feelings, directly contacted, but repetitious. In contrast to these, we want to be able to recognize and bring about a series of experiential change-steps. What do such steps look like? What exactly can one work with, when such steps are not happening, to bring them about?

CHAPTER 3: Eight Characteristics of an Experiential Process Step

To understand the change-steps of the therapy process we must consider them from inside. We examine the patient's process and we postpone discussion of therapist interventions.

The view from inside may be unfamiliar to some readers. It is the standpoint of the person sensing, coping, and struggling with an outer and an inner field of experiencing. There we find thoughts and perceptions, and along with them there is also some directly sensed bodily experience. The bodily experience becomes more distinct if attention is paid to it.

The Directly Sensed "Source"

Something can emerge from the unconscious without one's being able to sense its source. For example, one may recall a dream, a thought may come, an image may "pop in," strong emotions may suddenly well up. Actions and role play may arise spontaneously. It is commonly assumed that these come from "unconscious levels" so deep that one cannot sense their source. But it is also possible (at various depths) to sense the source directly. There can be a direct awareness of the "border zone" between the conscious and the unconscious. For example, if one cries, one can turn one's attention inward and sense "the crying place" from which the tears are welling up. Or if a strong emotion comes, one can focus on the inward sense of which that emotion is a part. An image that "pops in" need not remain only visual but can be accompanied by a physical sense, a quality perhaps, an aura. Such an image is not purely puzzling and incomprehensible or explainable only by interpretation. There will also be an inward understanding that is not conceptual and cannot be spoken. The image can lead to its own direct sense of significance.

Even in simple conversation an individual can attend inwardly so that something directly sensed can come in. One can stop and sense the place that one is trying to "get at," the place that one is speaking from. This sense is always much richer than what one says in words, and one cannot know all that it is or could be in it. This is what I mean by "the implicit."

Without such direct sensing of the source the client can experience only what has emerged. Then one can only add interpretations to it. The client has no direct experience of the source and no direct impetus to further steps. There is only the material and the therapist's interpretations.

Instead we will see here that the source of what emerges can be directly sensed. It will turn out that this can make very important differences in therapy and in the development of a person. In what follows I will try to describe the characteristics of this direct sensing.

The Initial Lack of Clarity

The direct sense of the implicit source is always unclear at first: vague, fuzzy, not recognizable as a distinct emotion or a familiar feeling. Nevertheless it is sensed distinctly.

To experience something that is as yet unclear differs from experiencing an emotion; we know clearly that we are angry, or sad, or joyful. It also differs from familiar "feelings" even when these do not fall into universal categories. "How I feel when..." may be quite familiar. What one senses at the "border zone" is unclear, in that one does not know what to say or how to characterize it. Yet it is definite in that one senses unmistakably that it has its own unique quality. One cannot be talked out of this unique, unnamed quality, and one cannot be talked into feeling it as something else. In that respect it is very definite.

Consider a person who tells you about a problem. After 20 minutes perhaps the person stops. Everything that can be said about it seems to have been said - and yet . . . the problem is felt as more than that. The edge is felt but it is unclear. At the moment the person may not have been able to enter further into that edge, but it is there. The discomfort of the problem is the edge; it is more than could be said. The person may now fill the time with talk because remaining quiet is uncomfortable. During such talking the person may lose the bodily sense of that edge.

We can see the unclarity of the edge with the fear in our example about approaching the attractive person at the party. For some people it would have this unclear edge: "I think I know what goes into that fear; it's that I've always been scared just to make a decision on my own. I'm scared it will be wrong. But . . . uhm . . ." This person has a sense of the edge. "Uhm" is the felt sense. Or, if nothing seems to be there a distinct but unclear sense can soon come in.

Sometimes a person's experience does not seem to have any edges for a long time. More often the edges seem missing because the pace of the person's talk is too rapid. To stay

with something directly felt requires a few seconds of silence. It can be anxiety producing. People are likely to go on talking, and to move to something else, and soon again to a still further point. In that way people mostly stay outside of themselves. Another way clients stay on the outside of themselves is to berate themselves as if they were an external critical voice. They are angry at the trouble and although they sense it directly, they do not invite the direct sense of the trouble to speak to them further. They ignore the edges and repeat the main packaging (Hendricks, 1986).

But I will show how we can help them to stop, to enter inside, and how to help the coming of a directly sensed, unclear edge.

It Occurs in a Bodily Way

A direct sense of the border zone occurs *bodily*, as a physical, somatic sensation. It is sensed in the viscera or the chest or throat, some specific place usually in the middle of the body. It is a special kind of bodily sensation, and I will describe it more exactly later. It is sensed inwardly, not as an external physical sense such as tight muscles or a tickle on the nose (these do play a role, but a different one).

Oddly enough, many people cannot sense their bodies from inside. For example, some people can sense their toes only if they first move them. Some say they must press their toe against their shoe. Certainly these people also have intense emotions, but they locate them "all around," or in and around their head. Without some special procedure in these cases, the body may remain uninvolved in the therapeutic process. But such a person can soon learn to sense the body from inside ("How is it in your chest or stomach now?") and will then discover that every concern can form a unique bodily sense. It is characteristic of this sense that it is at first unclear, but soon it proves to be the source from which the experiential complexity of any given concern will emerge.

Freud's term "preconscious" referred to something different from this: what *we can* be aware of if we choose, such as available memories and feelings. In contrast, he thought that "unconscious" material *cannot* be sensed anytime we like. Freud thought in terms of the content, the "material." For him the preconscious was the realm of available material.

What I am referring to is the layer of the unconscious that is likely to come up next. This is at first sensed somatically, not yet known or opened, not yet in the "preconscious." Freud had no term for this layer. Nor has there been a term for it in the common language. We now call it a "felt sense." Sometimes I have called it a "direct referent." Freud's free association and Jung's active daydream techniques sometimes lacked this somatic character. Other times it was included but not specifically noted. For example, in free association a "block" would occur; Freud would then interpret the block. Implicitly the patient focused on the block - perhaps a directly sensed discomfort that seemed at first impenetrable. But this direct sensing was not emphasized. A correct interpretation might then shift and open the block.

To some of my readers the inward attention examined here will be familiar. They will know how it is to turn away from one's words and thoughts to attend in the body, or at least attend to feelings. Other readers may need a little help following it. As an example, sometimes you decide you are hungry because you have not eaten for a while. But usually you sense directly in your body whether or not you are hungry. Similarly, you can check directly to see if you are comfortable inside.

A direct, at first unclear bodily sense at the border zone is not quite the usual bodily sensation; it is not an emotion, not a thought, not a definable content.

Our usual way of thinking divides experience into discrete entities: thoughts, feelings, memories, desires, body sensations, and so on. In our example at the beginning of the chapter, you *think* there is nothing to lose by approaching the person. You *feel* tense and scared, and also angry at yourself. You may *remember* other times this has happened and perhaps some childhood memories as well. You *desire* the person or you want to make an approach. You have an *image* of doing so. You have the physical sensation of your heart pounding. These experiences are cut apart from each other. If you were now to say to yourself, "How do I *physically* sense this situation *as a whole*?", even the question is confusing. It involves an unusual way of sensing. We are used to letting "physical" and "body" refer to just sensations. Can we *physically feel* a situation? We usually think of "situation" as outside, and we split that off from our inside.

Suppose your belt feels too tight. You loosen it and feel better. The tightness was the physical sensation. But suppose you loosen your belt and the tightness remains? Then that is your physical sense of a situation.

By "feel" we usually mean well-known emotions such as being "scared" or "angry." But one can also have a very distinct feeling that has not yet opened to reveal what it contains. That is a bodily felt sense.

Sometimes we have experiences that cross the lines between thought, feeling, desire, image, and sheer body sensation, but not often. Nor is a felt sense a combination of these many together. Although it can come along with any of them, and also lead to any of them, a felt sense differs from them all. It is a bodily sense of some situation, problem, or aspect of one's life.

Usually a felt sense must first be allowed to come; it is not already there. A felt sense is new. It is not already there as a bodily-sensed object. It *comes* freshly, in something like the way tearfulness or yawning *come* in us.

The felt sense in our example is not the scared feeling - though the scared feeling is part of it, as is every other aspect of the whole problem. It is not the heart pounding, not the memories, not the desire to approach, not the anger about your inability. If attention is put in the middle of the body, the felt sense can be allowed to come. It comes, so to speak, "around" or "under" the anger or "along with" the heart pounding or as the physical quality that the memory brings with it.

With some amount of practice one can let this odd kind of experience come, which we now call a "felt sense." Many people in psychotherapy and outside of psychotherapy have learned this or found it (see Gendlin, 1981). With some commitment of time it seems that any type of person can learn to isolate the felt sense, from hospitalized persons labeled "psychotic," to college students, children, and creative artists - seemingly anyone.

The Felt Sense is a Whole

A characteristic of this felt sense is that it is experienced as an intricate whole. One can sense that it includes many intricacies and strands. It is not uniform like a piece of iron or butter. Rather it is a whole complexity, a multiplicity implicit in a single sense.

With the emergence of such a single bodily sense comes relief, as if the body is grateful for being allowed to form its way of being as a whole. The bodily sense becomes something in and of itself, a fact, a datum, something that is there. The person *has* that "something that is there." It is something you *have*, but not something you are. Before you *were* that way of being. Now you are the new living that is ongoing, as you sense how you were. How you were is now something you *have* in front of you. It has become the object to which you attend.

Change-Steps Arise From the Felt Sense

When a step comes from a felt sense, it transforms the whole constellation. It might be a big dramatic step or a very small one, but it is a change in the nature of the whole. Such a change or "shift" is experienced unmistakably in the body. One has a sense of continuity, the sensed whole is altering, and one senses this altering directly and physically.

A Step will Bring One Closer to Being Oneself

In such a step or shift one senses oneself differently. There is more to be shown about what "self" means in this kind of experiential step. Such a step is a (perhaps small) development of the centered whole of the person.

As one comes to have a sense of this whole as an object there comes to be a difference between oneself and that sense. "It is there. I am here." There is a concrete disidentification (that is one way of putting it). "Oh . . . I am *not* that!" A felt sense lets one discover that one is not the felt sense. When one has a felt sense, one becomes more deeply oneself.

Steps Are in the Direction of Growth

A step has its own *growth direction*. One cannot legislate the direction. Yet it helps greatly to know what a direction of growth is.

For the moment I am content if the reader wishes to interpret my claim that there is a direction to the process as a value that I (and therapists like me) read into the process. Let

us postpone the argument as to whether I put it in, or whether it emerges. Either way it is a necessary characteristic. It is the development of the person.

A contrast with catharsis will help convey what I mean. Suppose a person is awash with intense anger and fury, more anger than the person can possibly control or manage. In therapy this may involve screaming, kicking, or beating a pillow. Later the person may feel better. People also find that anger does not destroy them. But during the expression of the anger the person may feel swept away like a nutshell on an ocean.

In contrast, when a person's central core or inward self expands (i.e., in a direction) it strengthens and develops, the "I" becomes stronger. The person - I mean that which looks out from behind the eyes - comes more into its own. The increasing strength and development of the person is essential to a successful therapy.

With catharsis the person can also develop, but frequently it leaves the person feeling as small and tenuous as before. Then the person may be "in touch with feelings," even very "bodily" ones, and yet growth has not happened.

One develops when the desire to live and do things stirs deep down, when one's own hopes and desires stir, when one's own perceptions and evaluations carry a new sureness, when the capacity to stand one's ground increases, and when one can consider others and their needs. The last item here is not contradictory to the others. One comes to feel one's separate existence solidly enough to want to be close to others as they really are. It is development when one is drawn to something that is directly interesting, and when one wants to play. It is development when something stirs inside that has long been immobile and silent, cramped and almost dumb, and when life's energy flows in a new way.

But how does this growth first come about? Of course, if the growth continues for a long time, we can easily notice the result. But how can the beginnings of that growth be recognized, so that we can aid it, or at least not get in its way? What are its first green shoots? What is the person doing that might not look too dramatic but leads to this result?

Before such development is obvious, there are many small stirrings, many tricklings of energy that strive to live and develop. They can come with most any little step. We can see it in the following example from a first interview:

Client: She said I was insensitive. She said it for years before we were divorced. And it's true, she'd see all kinds of things in other people, and I wouldn't see anything.

Therapist: It seemed true, what she said.

C: Yes, it was true. I would like to change my insensitivity. It's one reason I'm coming into therapy. I don't want to be an insensitive person. *I've come a long way, though. When I was young I didn't know anything about feelings.*

T: When you look back you feel pretty good about how far you've come.

C: I've also made it to my present job, which is near the top, and I'm not known to be a hard person.

T: You've done it without being a bad person.

C: (*Cries*) I'll be damned. I don't know why I'm crying. That's dumb.

T: Something wells up in you that says, "I'm not a bad person!"

C: Is that what it is?

Some therapists would not have known to pick up on how he feels he has already come a long way (see the italicized statement above). Then he would not have said the other positive things. Some therapists are accustomed to work only with what is wrong; they often ignore the positive stirrings of the person.

In this example it is easy to see what I mean by growth direction because he said more positive things, and because the result was dramatic. His inner being comes alive as his good motives and efforts are recognized by the therapist and by himself. As he is inwardly moved, he cries.

One need not take sides; the therapist did not say that he is not a bad person, or that his ex-wife was wrong. It was enough to respond to the client's perceptions as distinct from those of others. One finds that those perceptions have internally coherent meanings. Here this much criticized person is given some recognition of his own perceptions. It leads him also to give his own perceptions some recognition. As a result, his inner being, long put down and silenced, wells up. He is surprised and does not know how it happened.

But something like this effect can occur less visibly. It is generally good to take in and say back positive things clients manage to say of themselves. This also applies to anything clients are especially interested in, anything they love, or anything that is unique about them. We may or may not see their inner being stir, but we can sense that responding to those things makes a moment of contact with the person inside.

Nothing is more important than the person inside. Therapy exists for the person inside; it has no other purpose. When that inner being comes alive, or even stirs just a little, it is more real and important than any diagnosis or evaluation.

In the transcript I present in the next chapter, you will note that the therapist actively suggests certain values. I think you can probably judge that this is not what causes the result. Later we will discuss this question carefully. Here I am concerned only about showing how a growth direction is a characteristic of the process.

We do not need a metaphysical assumption that human process always moves toward health. We do not want sloppy optimism. With so much suffering and destructiveness all

around us, optimism is an insult to those who suffer. But pessimism is an insult to life. Life always has its own forward direction, whatever else may also be occurring.

To follow or encourage a growth direction is very different from promoting a set of values, an idea of "good" or "bad." Contents do not stay static. What seems bad soon opens and alters what we think is bad. Therefore good and bad must be rethought just as all notions of content must be rethought.

Theory cannot direct the process we are discussing because it has its own direction. But theory (a new kind of theory) can find this "direction" even though it is not definable in terms of its content.

I am aware that it is unconvincing to say that the bad will open into something good. I would remain unconvinced myself if all I had to go on was what I have said here. The transcript I present in the next chapter will enable us to study such a step in detail.

Steps Can Be Explained Only Retrospectively

What a process step will be cannot be deduced or inferred in advance. It is almost always much more specific and finely textured than any theory would infer, even in the rare cases when one guesses correctly. In retrospect once a step has occurred, it is possible to interpolate logical steps retroactively, to relate to how the problem appeared before the step was taken. After the change one can understand the progression. But in advance one cannot prefigure it. One has to wait for the step to come concretely.

Here is a summary of the eight characteristics of a felt sense:

1. A felt sense forms at the border zone between conscious and unconscious.
2. The felt sense has at first only an unclear quality (although unique and unmistakable).
3. The felt sense is experienced bodily.
4. The felt sense is experienced as a whole, a single datum that is internally complex.
5. The felt sense moves through steps; it shifts and opens step by step.
6. A step brings one closer to being that self which is not any content.
7. The process step has its own growth direction.
8. Theoretical explanations of a step can be devised only retrospectively.