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## Affect in Focusing and Experiential Psychotherapy

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### INTRODUCTION

This chapter represents Eugene Gendlin's experiential therapy as worked through this author's own personal emphasis upon the catharsis of emotion as a healing factor. I have asked Gendlin to write a free-standing chapter on his own view of emotion in psychotherapy. He was also generous enough to make detailed comments on my original draft of this chapter. His comments have helped the two of us to see the one area where we do have a substantial disagreement. This is in my emphasis upon catharsis as a change factor and almost as a goal of focusing. Gendlin sees catharsis as a repeating of emotion that often gets in the way of the less dramatic unfolding of body steps, which he sees as basic to focusing. A fuller description of this difference occurs at the end of my chapter.

### ROLE OF AFFECT IN HUMAN FUNCTIONING

#### Distinction between Emotion and Felt Experiencing

It is important for the purpose of this chapter to begin by making a distinction between "sheer emotion" and "felt experiencing," as these concepts will be used in this chapter. Gendlin (1962) makes the distinction as follows:

Let us also compare "experiencing" with the common term "emotion." We said that "experiencing" is a felt datum, and this word "felt" may suggest that it must be an emotion. Often, some emotion is the most important aspect of some present "this" or experiencing. However, just as often, a client will refer to "this feeling" and when he comes to conceptualize it later it will turn out to be a complex of many meanings (such as "I know what is really at the bottom of it, it's that I feel so inferior in action and people will despise me because . . ." and so on at length). In this last-mentioned example, it is clear that the client has for some minutes been trying to "get at" just what the "feel" of what he is talking about is. This "feel" isn't just an emotion (in this case). It is a directly *felt* datum that *implicitly* means a great deal. Therapy is largely the process of directly referring to, "getting at," "feeling out" the feel of what the client first talks about. Thus, "experiencing" may be defined as the (directly referred-to) "feel" of some situation, concept, object, personal relationship, content, or the like. (pp. 243-244ff., n.9c)

In the general literature, the terms "affect," "feeling," and "emotion" are used indiscriminately and confusingly to denote these two different types of human functioning. It is usually "sheer emotion" that is talked about and studied, while "felt experiencing," and the subtleties of meaning that arise from attempts to articulate it, is overlooked. Yet, it is from contact with felt experiencing, not from sheer emotionality, that the possibility for change in psychotherapy arises.

#### Function in Human Living

Sheer emotion, as an automatic and visceral reaction to a stimulus situation, probably at the most primitive level functions to throw the organism into "fight or flight" as necessitated for the survival of the organism. These responses can occur outside of conscious awareness. In their function of alerting the organism to danger, emotions can be elicited by very minimal evidence of danger in the stimulus situation. This is adaptive in that "fight or flight" can be initiated quickly enough to avert possible danger. It can be maladaptive for human beings inasmuch as perceptual schemata that classify situations as dangerous and evoke an emotional reaction, once developed, become very difficult to change. A minimal stimulus evokes avoidant behavior, and the organism has no chance to be exposed to new information in the situation. It becomes difficult for the person to learn that, while certain stimuli signaled danger in earlier situations, there is no such danger in present situations and that emotional reactions are no longer adaptive.

While sheer emotion is a narrow, primitive, repetitive response, felt experiencing is a broader bodily sensing of the personal context, past, present, and future intending, as it is functioning in the present moment. Its role in human functioning is to give meaning. It is of felt experiencing

that a person can ask: "Why does this particular situation make me so angry?" and find an answer in terms of personal history and personal values: "Oh, because this person reminds me of my father, and, when my father acted this way, I really was in danger of annihilation." It is in relation to felt experiencing that the person can re-evaluate the situation: "I'm not in danger now. I'm bigger. I can handle it." It is such re-evaluation that leads to personality change. Note that a re-evaluation arises from a change in felt experiencing, not a reconstrual, which can be arrived at through logic without reference to the preverbal.

#### ROLE OF AFFECT IN PSYCHOTHERAPY

##### Emotion, Focusing, and Catharsis

To the psychotherapist, sheer emotion signals the presence of a trouble spot—an area of unprocessed and repetitive response to pain. Tears in the eyes, anger in the voice, they say to the therapist: "Whatever we're talking about now is important. It evokes emotion and a defensive reaction of fight or flight to the pain."

The experiential therapist will want to go to the felt experiencing implicit in emotional areas so that bodily living can be carried forward. "Experiential focusing" is the technique used in going from sheer emotionality to felt experiencing: "Can you get a broader sense of that anger in your body?"; "Can you stop and sense into the meaning of these tears for you?"; "Ask your body: 'What's this anger all about?' and wait and see what comes." Emotionality, without this step of focusing upon the felt experiencing implicit in it and creating a new whole sense within which the emotion is newly experienced, will repeat and repeat without changing. Similar events will stir the same emotional response over and over again. If "catharsis" is just such a repetition of the original emotion without the step of deeper focusing upon the felt meanings implicit in the emotion and the creation of a new, bodily lived whole, then catharsis will not lead to personality change.

An example may help to delineate between the repeating of sheer emotion in an unchanging way and the carrying forward of experiencing as that emotion is experienced within the new whole created within the therapeutic situation.

A client talks about her anger at her partner for making the decision to leave his individual therapy without consulting her. This angry emotion is a familiar one, arising in an unchanging way in similar situations. It repeats and repeats and is not productive in terms of resolving the situations:

CLIENT: Yes. I felt both ways, and I said both things 'cause I didn't know how they fit. No, the process was rotten. When I made the decision about here: I'd come to the point where I was going to talk to you about changing what we were doing, I let him know. I didn't ask for his approval or, but I let him know how I got to it, and was willing to hear. And it definitely had to do with things that concerned him. So he said he could see how he did it really badly, and he was genuinely sorry . . . I was remembering the time about graduate school that he called up and told me what he was thinking of doing and I just said, "I don't want to talk to you." The thing just seemed so off the wall.

The therapist asks the client to focus, to try to get in touch with the larger felt whole that underlies the repeating emotion of anger:

THERAPIST: Could you just right now try to feel what all your feeling is about? It seems like almost this whole hour there have been tears right behind your talking, and I've been trying to figure out what they are and I haven't come up with it. It's like you're strained still with something.

The client comes up with a larger contextual whole. There are tears in her eyes; the angry emotion switches to sadness or hurt:

C: Well (*tears in eyes, voice cracking*), I know the hard places for me are being left out because I am one step away from being not wanted . . . (*voice fading*)

From touching upon the felt whole, she comes up with many more aspects of the situation:

C: And I said that it was the same thing about Linda [the other woman], the same thing about things happening . . . Losing somebody that you love and not being able to protect (*tearful, voice cracking*) them or yourself from it, (*crying*) (*long pause*) whether it's some accident or somebody deciding, (*crying*) you know, saying they're not going to do this [relationship] anymore. (*crying*)

The therapist asks her to focus upon the felt whole again:

T: Can we stay with the deciding one maybe for a while because we've done the, having someone die, but it seems like it's a different case to think, the feeling that the person could just decide to stop loving you or could push you out of his life . . . It seemed the second one is more of what it was like in your family, that they would just decide not to love you

anymore, decide to leave you on the outside, that there wasn't anything you could do.

The client enters a deep state of grieving:

C (*long pause, crying*): I don't know how other people decide things. (*crying*)

Here she is not simply recycling the angry emotion but is feeling within the present new whole, which includes her capacity to look at herself empathically as well as the therapist's support, a sadness for her past pain and confusion.

With continual focusing instructions from the therapist, which ask the client to attend to the broader feeling under whatever emotion she is experiencing, the client goes through the following steps, often accompanied with deep sobbing and sometimes laughter (often after healing catharsis).

C: It has to do with losing people and it has to do with being lost myself.

T: Being lost yourself?

C: It seems to be two sides of it—one of losing people that I love and the other side of it is what it feels like to be lost and not wanted by people . . . I always—when we'd travel or we would do anything, I always thought—they were my parents and my sister, I always thought of them as three and me. My sister has said (*laughs*) that she thought of it in totally another way, that she never felt connected to them (*laughing*). I said, "No, it was you and them," "Oh no, it was you and them." (*laughing*) I always—I remember they would sit in the front of the car and I would always sit in the back so I talked to my reflection in the glass, (*laughs*) . . . ough . . . and that must be a lonely isolated place to be. I really took that as meaning something very deep that I always was in the back by myself. So feeling left out and cut off and pushed away—those are very hard things . . . Or even unconsciously, but when people are around who do it, there's always the possibility that the next moment they will love you. That must be what battered kids—you know how they keep loving their parents because they think if they get through this, the next instant . . .

T: Can you feel that feeling, that there's always the chance that maybe they'll love you?

C (*laughing*): I don't want to. (*laughing*)

T (*laughing*): What a grim little feeling to go around with!

C: That's why it's so different when Frank is around, you know, and in one of his withdrawn places, or if he's at work, you know. I mean that's how

it used to be those beginning years when he was around and just totally remote like on some ice cap, and I figured if I could just get through this, any minute he could be warm and loving. It amazes me how far people will go. Those were some of the hardest times in my life I think, waiting for things like that to change. (*pause, crying*) That's why I've tried to do it so differently with Will [her son]. A couple of nights ago, I was cleaning up after supper or something, and he said, "You know, I think I just need to be a little closer. I feel like we're too separate," (*laughing*) and you know we had been doing separate things, and for weeks it won't matter. I said, "OK, what do you need?" He said, "I just need a hug and just to be a little closer." . . . And what a wonderful thing, you know, (*voice cracking*) to be able to walk up to somebody and say, "I need to be closer," and they say, "Oh terrific. I'll be closer then." Can you imagine? (*laughs, sighs*)

T: Can you imagine what that would have been like in your situation?

C: (*laughs*) I'd feel like it was a miracle. (*crying, pause*)

T: But in your case, you felt that way—"I need to be closer" and there wasn't anything you could do except wait for them to change.

C: It was so hostile and so cold and so punitive—that's what I remember. (*crying*) It comes from such terrible places. (*crying, pause*) I see this mouth just shouting and judging and shouting and shouting.

T: That was your mother?

C: (*nods*) (*crying, pause*)

T: And there wasn't anywhere to go for warmth?

C: My uncle \_\_\_\_\_. He was very erratic. Sometimes we saw him once or twice a year.

T: That's not much warmth!

C: But I don't know any other place. (*sighs, long pause*) I'm really glad I came out (*laughs*) being able to do what I can do. You know, having it and being able to give it away. (*pause*) And seeing how different it can be for somebody else when they get it (*voice cracking*). I was really determined that I would never do that to anybody, and that it would be different for Will. (*pause*)

T: Do you have a sense of whether that place in you can ever be healed or what it would take to ever heal it?

C: I think to be with somebody (*voice cracking*) for a long time, and just to—be safer—I don't think it would take it away, but I think it would probably make it as good for me as it could be, and I'll make my peace with it, you know.

The therapist continuously brings the client back to the "sore spot," encouraging more tears, anger, and laughter, but in the context of focusing upon the broader felt sense and finding a word or image that can carry the experiencing further. It would be "sheer emotionality" if the therapist

had encouraged the client to beat a pillow in her anger or simply to "cry as much as you can" without asking for focusing ("What is that anger?"). The client comes to a moment of resolution, of being able to imagine a next step that would heal the old hurt. She is slightly changed in her entire bodily way of living the issue.

The bodily felt whole within which the client is living in the moment includes past painful experiences, connections with present painful situations, comparisons with more positive outcomes in how she deals with her son Will, the client's capacity to feel for her past self and to imagine a future solution, as well as the therapist's nurturing attention. Gendlin points out that it is inadequate to label this a reliving of past experiences. It is a new living, a carrying forward. However, he does not give value to the changing, healing quality of the tears, sobbing, and laughter that accompany the bodily shift in the way the issue is lived. He equates this kind of catharsis with the nonproductive repeating of the emotion of anger with which the client started. This author would like him to give more attention to the qualitatively different nature of these two forms of "emotion."

### Direct Reference to Felt Experiencing

Gendlin, in his seminal work *Experiencing and the Creation of Meaning* (1962), and in many later articles (Gendlin, 1965, 1965/1966, 1966) is the theorist who has best delineated the realm of felt experiencing and its relationship to cognitions, emotions, images, and other symbolic phenomena. Gendlin distinguishes among the many forms of human symbol making (behavior, emotions, cognitions, images, environmental situations, perceptions) and the presymbolic ground from which symbolizations emerge and in reference to which symbolizations acquire their meaning. "Felt experiencing," or the preverbal, preconceptual ground of being, exists independently of symbols and can be referred to directly (Gendlin, 1965). It is in such moments of "direct reference" to felt experiencing that the possibility for the creation of new meanings, and, thus, of personality change (Gendlin, 1964) resides. Direct reference includes those moments when one sets aside symbolizations and stops to attend directly to the experiential feel of a particular symbolization.

If someone is asked, "What's the meaning of 'democracy'?" he/she will probably pause for a moment, refer to the bodily felt experiencing that contains every nuance of meaning of that word acquired through years of personal, lived experiencing, and then begin to respond by forming words and images out of that felt experiencing. If I ask you, "How are you today?" and you stop for a moment and tune into your bodily feel for the day, then you will form an answer that arises as an accurate symbolization of the wealth of information preconceptually accessed in that moment of pause.

If a client is asked, "What makes you so sad?" the therapist does not want him/her to answer with pat intellectualizations that are ready to hand. Instead, the therapist hopes that the client will refer directly to the felt sense of the experience of the sadness in this moment and only then attempt to form words or images for expressing it.

There is a distinction between these moments of direct reference and sheer emotion as outlined above. The literature on the felt side of human functioning ignores this distinction between well-defined emotions, such as anger, sadness, joy, and the bodily sensed, unclear whole, which Gendlin calls the "felt sense."

#### Gendlin's Theory of Personality Change

In his "A Theory of Personality Change," Gendlin (1964) describes the following process in which change occurs. It is a process that moves back and forth between symbols and the presymbolic, felt ground of meaning. Here is this author's summary of that process, especially as it applies to therapeutic work with emotion:

#### *Direct Reference*

First, there must be a moment of direct reference to a "felt sense," the preconceptual bodily feel of an issue, which is without words or other symbols. Such direct reference may be asked for explicitly through a focusing instruction ("Can you stop for a moment and just get in touch with the feel of this whole issue?") or it may be stirred up indirectly by any number of therapeutic techniques aimed at the arousal of emotion ( Gestalt role-playing, Freudian interpretations, Rogerian reflection of felt meaning, Lowenian bioenergetics, Jungian dream analysis, etc.). If emotion is stirred by the latter array of techniques, then the focusing step must still be taken. "It seems emotion has been stirred by what we have done. Can you stop for a moment and just sense into the broader whole of that feeling?" Galvanic skin response tests show a drop in anxiety with direct reference, even if the content focused upon is of a seemingly upsetting nature (Gendlin & Berlin, 1961).

#### *Explication of Felt Meaning*

After direct reference to a felt sense, comes "explication of felt meaning," or the careful crafting of words, images, or gestures that are exactly right in expressing the felt sense that has been referred to. Explication may involve several attempts at symbolization, each reflected by the therapist and checked against the felt sense.

#### *Felt Shift*

When explication reaches the point where the symbolizations created are exactly right in capturing the nuances of the felt experiencing, then the client may experience a "felt shift," a moment in which there is a bodily experience of release and change in the felt referent. Electroencephalographic recordings show changes in wave patterns, both during direct reference and during felt shifts (Don, 1977). The felt shift, whether it is a barely perceptible release of tension or a dramatic cathartic unfolding, is the crux of personality change. It is as if the issue has been turned 180° and can suddenly be seen from a different perspective. The felt shift is a *physical* event, again, preverbal. While words, images, and emotions follow immediately, it is the physical event that is healing. While a felt shift is often marked only by a sigh, or a relaxation of tension in the shoulders, it is also often accompanied by a much deeper kind of physical catharsis in the form of intense sobbing, often mingled with laughter at how good it feels for this sadness to be releasing. It is this kind of catharsis, as distinguished from the repetitive stuckness of sheer emotion, that is part of the deepest kind of healing on a bodily level.

#### *Global Application*

After the felt shift, there may be some moments of "global application," as a flood of symbolizations and memory follow upon the bodily release. The person may make many connections between different areas of conflict or between past and present situations. There is a quality of truth to these "emergent insights," of "Oh, yes, this is how it is; I know it now," as opposed to the hypothetical nature of much earlier exploration: "Maybe I feel this way because of how my father treated me." It is important to note that global application follows upon and is almost a by-product of the felt shift. It is a symbolization of change that has already occurred at the bodily level. Global application, though it may occur, is not necessary to personality change. It is the felt shift in the way the issue is carried in the body, rather than any intellectual insights, that determines the changes in behavior, emotion, and cognitions that will be manifested as "personality change." Intellectual understandings, unaccompanied by a bodily felt shift, do not cause change. So we have the client who arrives in therapy, often after a "successful" analysis, saying, "I know that I can't be sexual with women because of my mother's symbiotic and suffocating relationship with me but nothing has changed. I still can't be sexual with women." The healing step in therapy will be to go back to the bodily feel of the interaction with the mother and to carry forward that experiencing through many small steps of direct reference and explication of felt meaning.

### THERAPEUTIC TECHNIQUES

#### Focusing and Direct Reference

While the felt shift, when accompanied by a cathartic bodily process, is a dramatic moment of personality change of special interest to this author, it is the often less dramatic moments of direct reference to felt experiencing that are the true catalysts of personality change. The work of the experiential therapist is to produce such moments of direct reference. If direct reference can be facilitated, felt shifts in experiencing will eventually follow, often in their own unpredictable way.

As mentioned above, Gendlin emphasizes the slow steps of direct reference and not dramatic moments of catharsis. Felt shifts may be (but are not always) dramatic. Gendlin might even say that such deep catharsis could happen without there also being a felt shift in the way the issue is carried in the body, although this author disagrees. However, it would be easy for attention to become focused upon such dramatic happenings. Felt shifts, dramatic and subtle, are a product of many small steps of "focusing" upon felt referents, and it is upon this focusing that Gendlin wishes to place emphasis.

Focusing is a technique for setting aside already known symbolizations and attending to the fresh, bodily experience of an issue. Gendlin invented the focusing technique when research on the process of psychotherapy (Rogers, 1967; Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968) showed that the success of clients in verbal psychotherapy could be predicted within the first few sessions of psychotherapy, and predicted more accurately on the basis of the client's own capacity to focus upon and to speak from bodily felt experiencing than on the basis of particular therapist interventions. Clients who started therapy high in this capacity for direct reference, as measured by the Experiencing (EXP) Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969), more often succeeded in therapy, while clients who could not refer to felt experiencing most often failed.

#### Focusing Training

Gendlin decided to concentrate his energies on teaching clients to refer to felt experiencing. He developed the skill called focusing (Gendlin, 1981), which basically instructs clients to set aside existing symbolizations and to refer to the felt sense of the entire situation. As in the steps of personality change outlined above, focusing proceeds through a process of steps:

1. Clearing a space.
2. Finding the felt sense of the problem.
3. Finding a "handle" word or image (a symbolization).

4. Resonating the handle against the felt sense until the symbolization is just right for the felt sense.
5. Asking open-ended questions of the felt sense, ("What's the worst of this?"; "What's in the way of this being all OK?"; etc.) and waiting for symbols to come from it.
6. Receiving whatever has come in a gentle, accepting manner (see Gendlin's book for an in-depth presentation of the focusing steps).

When practiced alone or in the company of another, focusing can lead to felt shifts in experiencing and, thus, long-term changes in cognitions, emotions, and behavior. Gendlin has developed a focusing workshop where focusing is taught as a skill, outside of the context of ongoing psychotherapy. Trainees work in small groups and one-to-one sessions practicing each step of focusing. An entire day is spent just learning to "clear a space," a first step. Clearing a space involves learning to "put down" issues that are being carried as bodily tension until the body can be experienced relatively free of tension for at least a few moments. Trainees are instructed to lie or sit in a comfortable position, to close their eyes if they wish, and to relax their bodies. Many different kinds of relaxation exercises and guided imagery techniques may be used, and some trainees might have to spend hours or weeks simply learning to relax and to tolerate the bodily sensations and images that arise from a relaxed body. Other trainees, who can quickly go into a very deep meditation or hypnosis-like state, may have to learn to relax *less*. Focusing is only possible in an in-between state where attention can still be placed upon various inner processes.

Once trainees have entered this in-between state of focused attention, they are instructed to clear a space, using any one of a variety of images for making a list of issues and setting them aside one by one. For instance, trainees may be told to imagine that they are sitting on a park bench with a big sack full of parcels (Neil Friedman, personal communication). The parcels represent the issues they are carrying as physical tensions that day. They are instructed to imagine taking the parcels out of the bag, one at a time, each time describing the parcel as a particular issue and getting a feel for the way they are carrying that whole issue in their body. After a moment of feeling the bodily quality of that issue, they are instructed to imagine placing that particular parcel on the park bench at a comfortable distance from themselves and, using that image, to put that bodily feel outside of the center of their body for a while. The point now is not to attempt to solve the issue, but to have the bodily experience of "setting it down" for a while and being able to feel what the body feels like when it is momentarily free of carrying this issue.

Within Gendlin's theoretical framework, a person cannot work on an issue when he/she is totally immersed in it in a bodily way. The person

must be able to get a little bit separate from the feel of the issue, and then to relate to that feel in a focusing way, asking it "What are you all about?" or "What is the worst of it?" or "How are you stuck?" and waiting until words, images, or gestures arise directly out of the bodily feel. These symbols are then checked or resonated against the bodily feel and modified until they are "just right." "Just right"-ness is experienced as a bodily shift in the tension associated with the issue.

In a focusing workshop, after learning how to relax and how to have the experience of a "cleared space," trainees continue guided practice in the other steps of focusing: (1) choosing one of the issues, or "parcels," to work on; (2) bringing the feel of it back into the center of the body and getting a felt sense for the whole of it; (3) finding symbols that seem accurate in expressing the felt sense; (4) resonating, checking, and modifying the symbols until they are "just right"; (5) gently receiving whatever feeling or information arises during the felt shift; (6) checking with the felt sense of the issue again, seeing how it has changed, and starting another cycle of focusing upon it if desired. This is the barest outline of the focusing steps. For further understanding of the focusing process, the reader is referred to Gendlin (1981) and McGuire (1981).

### Experiential Psychotherapy

Focusing can be practiced alone or in a peer context. It is a careful process for learning to discriminate among several different inner processes. However, many clients would balk at the introduction of such extensive instructions for making distinctions in inner space. Clients who have a lot of fear and resistance around feeling things in the body (this author has seen this to be especially threatening to some who have been physically or sexually abused, but it is also difficult for many others who have simply been told that feelings are bad, weak, or useless) may need a longer-term combination of focusing instruction with other techniques of verbal psychotherapy. In "experiential psychotherapy" (Gendlin, 1973, 1974, 1983; McGuire, 1984), intervention with focusing instructions happens more subtly within the flow of ongoing verbal psychotherapy. As the client describes a recent event and shows signs of emotion or implicit meaning at some point in the description, the therapist says, "Can you stop and just feel into the sense of that whole upsetness?" or "Can you just sense into the meaning of that argument for you?" and so on. When an interpretation, a reflection, or the use of an image stirs some sign of emotion, the therapist again asks for focusing: "Can you see what all of that feeling is about? Don't answer from your head. Just stop for a moment and let your body tell you."

If the client is continuously far from any present experiencing and caught in abstract intellectualization, the therapist may intervene more

strongly in a focusing way: "Wait. Let's just stop for a moment and see if you can feel this issue in your body. Can you just check and see if you can feel it anywhere in your body? Is it in your throat or your chest or your belly? Stop and sense into the tension there. . . . Can you imagine relating to it in some way. . . . putting your arms around it gently. . . . receiving it in some way? . . . Try asking it gently, 'What do you have to say to me? What's hurting you?' and see what words or images come from it. . . . Just stay with it gently for a while."

The therapist's task, when working experientially, is to produce moments of direct reference, of sitting with or being in touch with felt experiencing (*not* emotion, but the broader, felt whole underlying emotion). If direct reference happens, eventually this relatedness to stuck, frozen-off aspects of experiencing will enable them to unfold.

While a client is focusing and attempting to come up with fresh symbolizations for bodily felt experiencing, the therapist's most important other tool is Rogerian reflection of feeling, or more precisely, *reflection of felt meaning*. As the client grapples for words or images or gestures that are just right for capturing the felt sense, the therapist reflects these attempts at symbolization. As the client hears the reflected symbols, he/she can check them, or resonate them, against the felt sense, refining them until he/she hits upon the "just right" symbols that release a felt shift. For the experiential therapist, focusing instructions and reflections of felt meaning alternate with now and again the use of another technique to facilitate access to a felt sense that can then be focused upon (Gendlin, 1974; McGuire, 1984).

### TRANSCRIPTS

#### The Model for Change

The following transcripts illustrate the focusing process when it happens successfully and when it is circumvented in therapy. The basic model is that of Gendlin's theory of personality change (Gendlin, 1964):

1. An emotion or image arises or the client chooses an issue to focus upon;
2. *Felt Sense*: the client attempts to get the broader felt sense of the issue, image or emotion by "focusing";
3. *Explication*: the client looks for symbols (words, images, or gestures) to convey the felt sense;
4. *Checking*: as the therapist reflects these symbolizations, the client checks them against the felt sense, refining them until they are "just right" in capturing the felt sense;

5. *Felt Shift*: when symbols are found that are "just right," the client experiences a felt shift, indicated by a visible release of bodily tension and sometimes by a deep catharsis of tears and sobbing;
6. *Global Application*: Verbal expressions of an "Ah hah!" nature sometimes follow upon the felt shift in the process of emergent insight called global application. It is an *application* of the changed bodily living to many areas. The seeming insights are a by-product of this bodily change. The "insights" are not the cause of change but one of the effects.
7. *Felt Sense*: At the end of such a cycle, the client again attends to the felt sense, noting any changes, and beginning a new cycle of focusing, if desired.

#### An Example of Successful Focusing

This is a 10- to 20-minute vignette of focusing therapy that happened in a classroom demonstration situation. The client is a 30-year-old woman, a graduate student in counseling psychology. The therapist is Neil Friedman, author of *Experiential Therapy and Focusing* (1982). (Dr. Friedman trained with Dr. Gendlin, as well as others.) Dr. Friedman combines Gendlin's empathic listening and experiential focusing techniques with other interventions, especially those from Gestalt therapy. (The step from the model that is illustrated appears in brackets.)

C: Um . . . what I want to talk about a little bit is a feeling that I'm . . . um . . . just beginning to recognize or that's just beginning to be there. I noticed-it-yesterday kind of thing, so I thought "Great . . . work on it." [Felt Sense]

The client starts already talking about a felt sense—an unclear, bodily feel for an issue that is in need of explication.

T: So, it's kind of like a brand new bud that you noticed there yesterday.

The therapist reflects the meaning.

C: Yeah . . . but I knew it was coming, as well, 'cause it's all around terminating . . . from here . . . um . . . with clients . . . internship . . . so a lot of termination. [Explication]

The client knows intellectually that the feeling is related to termination, but such intellectual knowledge doesn't help. Her bodily living in relation

to the experience needs to be carried forward. A focusing question would be, "How is this termination issue being carried in the body?"

T: So, like, you knew it was on the way and you started feeling it just yesterday.

The therapist simply reflects again, giving the client space for the attempts at explication that she is making.

C: Yeah . . . um . . . hm . . . (long pause) [Felt Sense] And it's . . . there's sadness there. That's not what's on top right now, but there's a lot of sadness with it, and I'm just kind of checking in and seeing if there's stuff around, like, after that, if I'm questioning . . . [Checking] what's going to be there after that. But it doesn't seem like it's that . . . all of this ending . . . It's everything, like . . . I've been here a long time and . . . um . . . though this year I'm in the graduate program and doing it in one year, it's intense . . . um . . . it's kind of like my whole life is here in a lot of ways, and it's like . . . it's all going to be over really soon. [Explication]

During the long pauses, the client stops all talking and just tries to feel into the felt sense that is there. After some moments of this direct reference, she finds words for a new aspect of the felt sense: "There's sadness there." She tries out various symbolizations for the felt sense, checking or resonating them against it to see if they fit. She thought, intellectually, that maybe "I'm questioning . . . what's going to be there after that." But she checks this intellectualization against the felt sense, and it doesn't produce a bodily response of resonance: "But it doesn't seem like it's that . . ." She tries out various other symbolizations, trying to close in on the felt sense: "I've been here a long time . . . it's intense . . . my whole life is here . . . it's all going to be over really soon." These verbalizations are in the ball park, but there is not yet an "Ah hah!" experience as the body responds to the "just right" symbols. There is still a sense of vague reaching for symbols.

The therapist reflects again and then asks for direct reference, or focusing, again: "just let yourself be quiet now and see what's there." He asks her to suspend thinking and sense freshly exactly what is there in the felt sense.

C: (sigh) (long pause) (sigh) [Felt Sense]

T: Just give yourself time. Let your attention go down inside your body . . . Just breathe into it, just in a friendly way . . . think of all of it . . .

The client cooperates by focusing deeply upon the bodily feel of the issue. The sighs, in relation to the pause, indicate some beginning of a felt shift in

the way the body is carrying the issue. Direct reference, in itself, begins a change. A part of experiencing that has been cut off and held static as a bodily tension is now being touched with focused attention. The simple act of attempting to relate to it and to make symbols for it lets it start to change. The therapist facilitates this relatedness with more focusing instructions that emphasize simply being with the bodily feel in a relational way: "Just breath into it, just in a friendly way."

C (*long pause*): [Felt Sense] I can really feel the loss (*tearful*) and somehow it has to do with when my mother died . . . um . . . and that loss. [Explanation; Felt Shift]

Again, the client cooperates with a pause for direct reference. She finds new words for the feel of this issue: "I can really feel the loss and somehow it has to do with when my mother died." This is the beginning of a bodily carrying forward. The events around termination at school had touched upon the unresolved grief around the mother. The client had not been conscious of this connection at the beginning but only conscious of the vague, bodily felt discomfort around the ending. The new symbolization about the relationship to the mother's death has also not been offered as an intellectual connection made either by the therapist or the client. It has emerged directly from the bodily carrying forward. It is important to note that the client might have started out with the intellectual connection but not been able to go anywhere with it until focusing upon the bodily feel led to a change in the body's way of carrying the issue. She might have said: "I'm upset about ending here, and I think it has to do with my mother's death, but I don't know exactly how." Again, the "how" would have had to come from direct reference to the *feeling* of upsetness and explication of it. The explication would be a carrying forward of the way that issue is lived in the body and would change every aspect of the client's experience of that issue.

T: So the loss of school brings up the loss of mother.

C (*sniffing, tears*): [Felt Sense]: Yeah. There's real similarities there. Like she had cancer, and I knew, and I began here right after she died.

T: Um.

C: And I guess it's almost . . . when you said the words "Loss of mother" or "Loss of school brings up loss of mother," somehow, I had this whole other sense of how (*tearful*) nurtured I've felt here.

T: Un huh.

C: (*tearful*)

T: The school has been like a mother to you.

C: (*tearful*) Yeah . . . (*very tearful*) I'm not ready to lose another one. (*sobbing*) [Felt Shift]

T: (*softly*) Not again. Not another one.

Client and therapist continue the process of focusing and the issue of termination is experienced as part of a new whole. The client experiences the unresolved grief for her mother in the context of the nurturing presence of the therapist and the awareness of school as a nurturing place. The process of grieving is carried forward on the bodily, lived level. Tears and deep sobbing accompany the bodily shifting of the felt sense.

C (*sobbing, sighs*): Oh, God . . . now I'm getting more and more connections, like, I realize, I'm graduating in August and I don't know the exact date, but it's within 4 days of when she died.

T: So, it's in August.

C (*tears*): I see more and more connections coming out. I think that um (*tears, pause*) losing my mother felt like I also lost my family. I'm the only (*tearful*) female really left, and she was the link, and kind of, without her, it's really dissipated . . . and (*inaudible*) . . . um and being here has been a family as well (*tearful*) . . . um . . . and . . . oh . . . that will dissipate. [Global Application]

The client refers to the experience of global application: "Oh, God . . . now I'm getting more and more connections . . ." New conceptualizations continue to emerge, accompanying the bodily felt shift and unfolding of the felt referent.

T: So it's not just the loss of school, or even the loss of mother, but the loss of family. That she represented family, and the school represented family.

C: Yes . . . in a way I haven't been aware of.

T: Uhhm.

C: And, when she died, that was a loss I hadn't anticipated . . . I knew I was losing her, but I didn't know until afterwards that I was losing family as well. [Global Application]

T: Hm . . . that was a part you didn't anticipate.

There is particularly the new realization that loss of mother/school = loss of family, again, not a connection made intellectually but one that emerges as she lives out of a new bodily whole.

At this point in the transcript, we have reached the end of a cycle of focusing. The therapist senses that there is more work to be done and initiates another cycle by asking the client to focus: "Can you just go back inside and see what you feel there?" The client finds more grieving for her mother. The therapist works with this emotion through a combination of reflective listening, focusing, and Gestalt techniques. We will skip about 5 minutes of this exploration and go to a final, focusing question that the therapist asked as he sensed the time for the session coming to an end:

- T: What does it need? What can help things? Go inside.  
 C: Well, I got immediately, I need to start therapy again. And to do that now would have something nurturing . . . sustaining . . . that would be . . . it wouldn't relate to the ending, it'd be happening now. [Explanation]  
 T: Yes, yes.  
 C: And I really want to do that. Um . . . So it really surprised me that it popped up.  
 T: It was pretty clear.  
 C: Yeah.  
 T: Does it feel OK to stop here? Do you know where to go?  
 C: Yeah. Yeah.

The therapist again gives a focusing instruction, this time suggesting that the client ask the felt sense "What can help things?" and, instead of answering from her head, find an answer that resonates with the felt sense. The client answers that she has found an action step that fits: She will start a new nurturing for herself by entering therapy.

The client began by reactively responding to the situation of leaving school with the same emotional reaction that was appropriate to her mother's death. She then focused upon the felt whole underneath this emotional reaction and experienced the painful past experience within the new whole created in the nurturing therapeutic interaction. She becomes able to imagine an action (nurturing herself through going into therapy) that is an appropriate resolution of the present situation. Gendlin points to the importance of describing change as a *new* living, rather than a re-experiencing of past pain:

I get upset when you talk about insights. Who needs them? She does not re-experience her grief, it only looks like that. She has her mother-experience in midst of having the therapist there, *this* time it is different, she has time to work it out, she can tell the mother-person about it, etc. She gets "connections" she's never had, but that means the whole is being experienced from a felt sense, as it was not then. She won't resolve her mother-grief by re-experiencing it over and over, but by experiencing this past within and as part of a wider present, thus not re-experiencing it, but—as she says—the nurturance that's going on now, here. And that's why the past can change in how it functions in her body. It's not changing because she sobs it over and over. I know *she* says it's the connections that are doing the thing, but we know it's the whole in her body changing in the present living process. That's why the connections come. They're only signs of what's physically happening. The excerpt is just right! It shows her changing physically through *new steps in the present, not* through re-anything. (E. Gendlin, personal communication, 1987)

### An Example of Less Successful Focusing

The episode takes place in about the middle of an hour-long therapy session. Therapist and client have been working together for more than 30 sessions at this time. The client is very intellectualized and has great difficulty locating a bodily felt sense. He also seems to be afraid of approaching feelings. He is 40 years old. The therapist is the author, again trained by Gendlin but incorporating Gestalt and other techniques.

The client started the session by saying that a friend of his thinks there's "one major block and not a whole bunch of complicated things" keeping him from choosing a career and being able to commit to a relationship. The therapist has tried in a variety of ways to help him to get a bodily feel for what's blocking him. In the following excerpt she makes another attempt at focusing instructions:

- C: It may be like I can't practice an instrument very easily. But I mean, I can understand the music. I'll sit and listen to someone perform it and I realize that I know exactly what I have to do to do it. But I won't . . . and it's . . . (pause)  
 T: And why is that? Don't answer from your head. You're looking for the block. It's just like you and your friend M\_\_\_\_\_ talked about. It's a block. It's like this. (*holds hands in front of abdomen as if holding a stone*) It's like a big blob down here.  
 C: Well, maybe it's something as simple as discipline . . .  
 T: You can't start out with "maybe" . . .  
 C: My mother always said it was discipline.  
 T: Anything that starts with "maybe" is more like thinking. I want you to see if you can feel the blocked place in your body.

Unlike the client in the first transcript, this client doesn't start with an unclear bodily feel but with intellectual hypotheses about his situation. The therapist tries to help him to find how he is living the issue in his body. She tries to provide very concrete bodily images. But, instead of referring to his body, the client immediately answers from his head, with more hypotheses: "Maybe it's something as simple as discipline." The therapist directs him away from thinking and toward his body.

- C: No. I can feel a tension in through here. (*points at upper chest*) (pause) [Felt Sense] I can't paint a word picture of it.  
 T: Just sit quietly a little longer and see if you can—just ask yourself, just see if you can come in touch with the block. We all agree that there's some one small block in your life that if you can get over it—now see if you can feel it as a block. The stuckness.

C: I feel a kind of defiance. [Explication]

T: What are the words for that? (*pause*) Is that in relation to me?  
C: No. Well, maybe. It might come to that 'cause you're making me do it.

T: Right. (*laughs*)

There is an emotion ("I can feel a tension in through here") and, as the client focuses upon the broader felt sense, he finds words for it: "I feel a kind of defiance." One can hypothesize that the present situation is bringing up painful past experiences that had to do with being asked to do something. The therapist asks the client to focus upon the broader felt sense of the "defiance": "What are the words for that?" But the client edges away from the bodily feel and back into "maybe": "Well, maybe. It might come to that 'cause you're making me do it." His words are not a fresh symbolization of the present bodily feel, but an intellectual guess. The therapist continues to try to go either to the felt sense of the block or of the defiance, but instead is caught in a transferenceal power struggle. She suspends focusing for the time being and works at interpreting the transference. Later she will attempt focusing again.

The client circumvents the focusing instruction by a variety of defenses (changing the subject, positing intellectual hypotheses, engaging the therapist in a power struggle). There are some tiny moments of direct reference and explication when he names the emotion of "defiance" and then pauses when asked to find words for that feeling. However, he never really stops very long to focus upon the felt sense, allowing words or images to arise from it. He seems afraid of discovering something new and keeps tight control with his intellectual analyses.

## RESEARCH DIRECTIONS

### EXP Level as a Research Variable

Fortunately, Gendlin's concept of "experiencing" has been well researched. During the ground-breaking research (Rogers, 1967), which led Gendlin to describe the focusing process, Klein, Mathieu, Gendlin, and Kiesler (1969) created the Experiencing (EXP) Scale as a measure of a client's ability to refer directly to felt experiencing. The EXP Scale is a seven-point ordinal measure that describes qualitatively different manners of relating to felt experiencing. At the lowest end, clients make no reference to their own inner experiencing and feelings but talk in completely externalized terms. By level 3, clients may demonstrate some emotional involvement through gesture and voice ("sheer emotion") but still they refer to emotion only as part of the narrative story ("I saw him coming

down the street and I hit him. I was mad. He had it coming for the way he treated me."). The person doesn't yet describe the event from an internal perspective. At level 4, clients begin to show some sign of inner reflectivity. Emotions are described, not just behaviorally, but from an internal perspective ("I hit him because he made me so angry. I've never been so angry. It makes me mad when people treat me that way.") At level 5, true focusing begins as clients begin to ponder upon the causes of their emotions or other issues, struggling with a murky, preverbal sensing of the concern ("I want to figure out why I respond so angrily to such situations. It's a mystery to me. It seems so automatic and intense.") Stage 6 captures the moment-to-moment flux of felt experiencing and symbolization as clients make words freshly for changing and shifting felt referents. Stage 7 measures the height of the felt shift and the following global application, the moment-to-moment reintegration of experiencing as it is lived into as a new bodily whole.

The EXP Scale can be used to measure the difference between successful and unsuccessful attempts at focusing and even to predict which clients will be successful. Klein, Mathieu-Coughlan, and Kiesler (1986), Mathieu-Coughlan and Klein (1984), Rice and Saperia (1984), and Greenberg (1984) have written detailed chapters showing how EXP can be used to measure the effectiveness of various therapeutic interventions. In the transcripts above, the client in the successful vignette started out at level 5 EXP, posing a problem about feeling and beginning immediately to struggle with articulating it: "I want to talk about . . . a feeling that I'm . . . just beginning to recognize or that's just beginning to be there. I noticed it yesterday . . . so I thought, 'Great . . . work on it . . . it's all around terminating . . .'" With a little bit of reflection and a brief focusing invitation from the therapist ("Just let yourself be quiet now and see what's there . . ."), she moves into level 6 EXP, as she makes new words for feeling as it emerges and shifts in the present moment ("I can really feel the loss and somehow it has to do with when my mother died . . . and that loss . . . There's real similarities there . . . whole other sense of how nurtured I've felt here . . . I'm not ready to lose another [mother]."). She moves into level 7 as more and more connections arise ("I see more and more connections coming out. I think that . . . losing my mother felt like I also lost my family . . . and being here has been family as well . . .") and a new step arises ("I got immediately, I need to start therapy again. And to do that now would have something nurturing . . .").

The client in the unsuccessful vignette spent almost the entire session at level 2 and 3 EXP, with brief breakthroughs to level 4 after persistent attempts at focusing by the therapist. He starts at level 2. ("It may be like I can't practice an instrument . . . I can understand the music . . . I realize that I know exactly what I have to do to do it."). When the therapist tries to deepen EXP level through focusing instructions, he comes back with level 2

("Maybe it's . . . discipline . . . my mother always said it was discipline"). After more therapist-induced focusing, he breaks into level 4 for a moment ("I feel a kind of defiance.") but then drops immediately back to level 2 hypothesizing ("No. Well, maybe. It might come to that."). Repeated attempts at focusing brought him no deeper than level 4 EXP. He did not experience the kind of felt shifts and reintegration of experiencing described by levels 6 and 7 EXP, and it can be hypothesized that his deep personality structures were little changed by this session.

### Sheer Emotion, Catharsis, and the Felt Sense: Three Distinct Processes

Gendlin was kind enough to provide commentary on my original draft for this chapter, as well as to write his own free-standing chapter on emotion in therapy. I was surprised to find in his commentary that he took quite strong exception to my emphasis upon the cathartic process as basic to focusing. Until that time, I had assumed that we did basically the same thing as therapists. However, here is a sample of some of his reactions to my chapter:

*re-experience, re-evaluate, re-process, and the emphasis on pain—that's all your stuff. Just label it as such. . . . If you want it to be me, do not move from emotion to felt sense. The hardest way to get a felt sense is from emotion—one has to put the whole thing out first, usually, pull out of the emotion, then get a felt sense directly, or from an image of the whole thing. . . .*

I would ask you to please differentiate between a felt shift and catharsis. . . . A felt shift is a way in which the whole thing, as a felt sense, shifts—often very slightly, from which then little further steps come. . . . Catharsis is usually intense, a discharge. . . . Throughout: divide catharsis and re(experiencing) from citing me. The "slow steps" of direct reference don't go at all with sobbing, and *cathartic bodily unfolding* is just using my word "unfolding" in a way that it isn't meant to do. (E. Gendlin, personal communication, 1988)

The discovery of this difference indicates the need for the creation of a new conceptual category, one that distinguishes between emotion that repeats in an unchanging fashion and emotion that is seen as part of a healing change process. This author suggests calling the former "sheer emotion" as in Gendlin's usage (Gendlin, 1962), reserving the term "catharsis" for the latter. Gendlin is most concerned with a third, nonemotional felt event, which he calls the "felt sense" or "bodily sensed whole":

You would pinpoint exactly what is little known and little understood, the bodily sensed whole, always unclear, but which has a life of its own so that

one cannot "define" it, until one hits upon what carries it further and opens it . . . rather than recognizable classifiable affect like sad, glad, scared, or mad. (E. Gendlin, personal communication, 1987)

Using this distinction I have delineated the following areas of similarity and possible difference between Gendlin and myself on the issue of affect in psychotherapy:

1. We are both agreed that the repeating of sheer emotion is *not* a change process.
2. We are agreed that, when sheer emotion is present, the change-producing intervention is to instruct the client to step out of the emotion and to focus upon (sit quietly with) the broader felt sense underlying the emotion. It is in the articulation of new symbols from this broader felt experiencing that change will occur.
3. Gendlin indicates that he is likely to steer away from arousing emotion, since he feels that it interferes with the focusing process. He indicates that he is more likely to ask clients to focus upon an image or to go directly to the felt sense of an issue. While I also use images and direct focusing instructions, I am also likely to use role-playing or Gestalt techniques to arouse an emotion and then to ask the client to focus upon the broader felt sense underlying the emotion. I am also likely to stop the client when I see signs of emotion (tears in the eyes, trembling voice, anger in voice) and to ask him/her to find and to focus upon the broader felt sense. I am not sure whether this is a difference in theory or in practice. I would find it very surprising if Gendlin does not intuitively use signs of emotionality as a guide in choosing areas to focus upon.

4. Gendlin indicates that he would interrupt catharsis, have the client "pull out of it," and focus upon the felt sense. I would not interrupt catharsis, since I see it as a healing process, which, in itself, leads to new steps in experiencing. I have seen some Gendlin-trained therapists interrupt catharsis and instruct the client to pull back and focus with a greater distance, and I have felt that was a mistake, that it violated a natural healing process. However, when I have been in the client role with Gendlin himself, or when I have seen him work, I have not seen him interrupt the process but wait until its natural conclusion and then ask for focusing upon the deeper felt sense. So, I need clarification from Gendlin here: We are agreed that one would interrupt sheer emotionality to ask for focusing. Does he mean to say that he would also interrupt catharsis? If so, we are in disagreement.

It seems more likely to me that we have a difference in theoretical emphasis, while in practice we may do much the same. We are usually agreed upon which transcripts are powerful examples of the focusing process. Gendlin places emphasis upon the moment in focusing when the client takes a "breath of fresh air," experiences something he/she has

never experienced before. In the first example above, this would be at the end when the client is asked to focus upon "What would it take to heal it?" and answers: "To be with somebody for a long time and to be safer." I am more drawn to the actual process of catharsis. I see in catharsis a way in which the client attends in a loving, empathic way to his/her own former hurt and grieves for him/herself. This is a healing, new experience. While I place my theoretical emphasis upon this part of the process, in practice I go back and forth between this grieving for one's own past hurts and the articulation of the new steps that arise out of this grieving process: "What would it be like if it were all OK? Can you feel that?"; "Can you sense into this new way that you are loving yourself right now? What are the words or images for that?"; "It seems what's new is this sense of rightful anger for yourself. Can you really feel what it's like to stand up for yourself that way?" I imagine that Gendlin's work shows the same back and forth between healing the past and articulating the new.

In terms of research, a measure should be created that can distinguish among sheer emotion, catharsis, and direct reference to a felt sense. Then the research question becomes: Does catharsis add a dimension to the change process facilitated by focusing or is it unnecessary for the deepest change?

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