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Experiential Focusing Therapy: A Unifying Humanistic Therapy
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Somewhere along the line, the baby has been thrown out with the bathwater. Long-term "talk" therapy has been judged ineffective; brief cognitive/behavioral therapy has been voted in; existential/humanistic/experiential therapy has been left out in the cold. Structural change in has been replaced by personality short-term, "crisis-management" and symptom reduction.

However, thirty-five years ago, a massive, highly regarded psychotherapy research project (*The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics*, edited by Carl Rogers with collaboration of Eugene T. Gendlin, Donald J. Kiesler, and Charles B. Truax, University of Wisconsin Press, 1967) demonstrated that it was exactly "experiencing" (the client's capacity to speak from fresh, present, ongoing felt experiencing) which was the effective variable predicting success in psychotherapy. In-session observation of client behavior showed that the more clients were able to speak from present subjective experiencing, the greater the improvement.

The Experiencing Scale (Klein, Mathieu, Gendlin, and Kiesler, *The Experiencing Scale: A Research and Training Manual*, (Madison, WI: University of Wisconsin Extension Bureau of Audiovisual Instruction, 1969) measures seven levels of "experiencing:" Stages 1-3 are objective, intellectualized, reactive; Stage 4 is the beginning of self- reflection and inner subjective description; Stage 5 finds the client "pondering" or "focusing upon" repetitive reactions ("Why do I always get angry just like that?"); Stages 6 and 7 measure the shifting of perceptual schemata which indicate lasting personality change.

Where is the research comparing twenty sessions of "experiential" change in therapy (measured by Stages 6 and 7 on the EXP scale) with non-experiential, "just talking" therapy? How about a comparison brief (eight session) experiential therapy (as defined by client personality change process on the- EXP scale) and brief cognitive/behavioral therapy? What is the effect of experiential change (again measured by evidence of Stages 6-7 on the EXP Scale), by definition a reintegration of mind and body, on physical symptoms and, thus, on medical costs over time?

Gendlin's experiential theory of personality change (Gendlin, E. T., "A Theory of Personality Change" in P. Worchel and D. Byrne, eds., *Personality Change*, NY: John Wiley & Sons, 1964, www.focusing.org) provides a rigorous theory for how the human organism can change, how a person gets from A to B. Gendlin received APA's award for "Outstanding Professional Contribution" in 1971 for his description of "focusing" as the central client behavior facilitating personality change. He was the founder and long-time editor of *Psychotherapy: Theory, Research, and Practice*, an APA journal.

The psychotherapy process research group of the Society for Psychotherapy Research has continued to define and measure the experiential dimension in psychotherapy. Greenberg and Safran (*Emotion in Psychotherapy: Affect, Cognition, and the Process of Change*, Guilford, 1987;

Emotion, Psychotherapy, & Change, Guilford, 1991), present a convincing theoretical rationale for the need for change at the level of cognitive/affective/behavioral schemata (ways of being in and perceiving the world). Such change, due to state-dependent learning at the time of formation of schemata, must be experiential, a revisiting and reprocessing of earlier experience, not just the repeating of static emotions but the articulations of new meanings from bodily felt experiencing. This is mainstream theory and research, not "touchy-feely unresearchable." Why doesn't this humanistic strand receive equal credibility in the world of psychotherapy research and managed care?

We all know that deep, experiential steps of structural change in personality can happen in a twenty- minute demonstration at a workshop, in one to four sessions of "brief therapy," in 12-30 sessions of longer-term therapy, as well as in 30-60 sessions of long-term therapy. By defining the exact interaction between therapist and client which produces measurable personality change, we can maximize structural personality change in brief as well as longer-term therapy.

I attended AHP's 1991 Conference in Olympia, Washington, attended workshops, and bought tapes on Nelson's chakra work, Weiser Cornell's Focusing Training, Rubenfeld's Synergy Method, Marks' Reclaiming the Power of the Heart, Vasquez' exceptional physical healing, and Mindells' process psychology. From a research perspective, they are all the same: a dance between:

(1) many eclectic techniques for evoking a felt sense; then

(2) a move into "focusing questions": What is that for you? What's happening in your body? What are you feeling?," asking the client to stop talking and refer directly to present felt experiencing; followed by

(3) empathic listening as the therapist helps the client to articulate new meanings from the present bodily feeling underlying structure-bound symbols (symptoms, emotions, body postures, relationship patterns, and the like). When this generic crux of psychotherapy is defined, it becomes easily taught and researched.

Are we as humanistic psychologists able to rally round a comprehensive theory with researchable outcomes for the mind-body integration central to our beliefs? If not, I fear that the humanistic strand will be completely thrust out of the academic and insurance-covered sphere of mental health.

Gendlin's seminal book, *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*, was published by Guilford Press in February, 1996. The First International Focusing Therapy Conference was held in Germany in August, 1995. There was an entire subsection on "focusing" at the World Congress for Psychotherapy in Austria in the summer of 1996. Focusing-oriented therapist training programs and support groups are starting nation-wide. There is now a Focusing Website at www.focusing.org .

An exciting new development: Eye Movement Desensitization and Reprocessing (EMDR) stimulates the same experiential process as focusing and other experiential techniques, providing the possibility of bridge between cognitive/behavioral and experiential therapies.

Please join us in placing the humanistic strand in the main-stream, especially if you can help with research using the EXP Scale and other measures. We must establish that effective therapy, whether brief or longer-term, involves change in the way we experience the world, not simply in cognitions, affects, and behaviors.

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