

Focusing on Existence: Five Facets of an Experiential–Existential Model

Greg Madison
London, England

In questo lavoro Greg Madison descrive i presupposti epistemologici della psicoterapia esistenziale a cui fa riferimento la Società di Analisi Esistenziale inglese (SEA); tale approccio psicoterapeutico si rifà al pensiero di Eugene Gendlin, psicoterapeuta esistenziale, fondatore della terapia basata sul focusing, la capacità del paziente di prestare attenzione a sensazioni e desideri che non sono stati ancora espressi in parole.

Il pensiero esistenziale è alla base di diversi orientamenti psicoterapici e di aiuto ed è fondato sulla persona. Esso nasce da una lunga tradizione filosofica che, a partire da Kierkegaard, è esitata nel pensiero di filosofi del '900 quali Heidegger e Sartre. Il modello di riferimento della SEA orienta la psicoterapia esistenziale, secondo un procedimento esperienziale che implica la possibilità della non conoscenza, di fatto la possibilità di una non conclusione in un'espressione diagnostica che lo psicoterapeuta dovrebbe esprimere al termine della valutazione clinica. Madison analizza cinque aspetti del modello, strettamente collegati al pensiero di Gendlin:

Il corpo come corpo-ambiente: *il corpo non è un oggetto sottoposto al bisturi del chirurgo, non è socialmente censurato, per Gendlin il corpo sta tra una macchina psicologica e un'espressione culturale. Vivendo, il corpo interagisce tanto che ciò che noi definiamo corpo e ciò che definiamo ambiente sono parte di uno stesso aspetto prospettico. Quello che noi sentiamo è il pensiero dell'esperienza corporea e quest'esperienza può generare disagio.*

L'incarnazione del tempo: *la temporalità è strettamente legata alla corporeità: "la nostra percezione degli eventi passati non ha la stessa influenza degli eventi presenti così come li attendiamo o li desideriamo per una nostra felicità futura".*

La terapia esperienziale-esistenziale come approccio non clinico: *anche l'approccio mediato da Gendlin, come quelli di molti altri approcci esistenziali, apre agli aspetti non clinici della psicoterapia; Madison cita a riguardo l'esperienza della scuola di Sonia Kruks. Gli aspetti non clinici ineriscono il mondo esistenziale del singolo nel suo rapportarsi con l'esperienza. Il focus relazionale non è costituito quindi dalla tecnica clinica, ma è autenticamente orientato al sintomo; noi possiamo avere un dialogo con l'ambiente in base a ciò che vediamo e sentiamo.*

Il ruolo del terapeuta nelle sedute: *così come noi mediamo attraverso il corpo il nostro ambiente e, in quest'ottica avvertiamo gli altri a prescindere da quanto essi interagiscono con noi, il rapporto interpersonale tra terapeuta e cliente è esperienza d'ambiente. Il terapeuta non si focalizza sul cliente, è il cliente che è il focus. Pertanto l'enfasi relazionale è fondata sull'esperienza esistenziale del focusing.*

La terapia come processo fenomenologico: *Madison lascia aperto l'argomento del rapporto tra psicoterapia e filosofia fenomenologica che si legge in ogni concetto proposto dall'autore.*

Il lavoro di Greg Madison, orientativo e di indirizzo, dimostra come il pensiero esistenziale, centrato su alcuni argomenti ineludibili, possa consentire la realizzazione di modelli operativi che, anche se diversi per approccio, per preferenze e per modalità, restano fortemente ancorati al rispetto della persona del suo indissolubile interagire con il mondo, con gli altri e con se stesso, attraverso una metodologia assolutamente non impositiva né invasiva.

Anna Desiato, Gianfranco Buffardi

THE BRITISH SCHOOL OF EXISTENTIAL ANALYSIS

The British school of existential analysis developed around the Society for Existential Analysis (SEA), most of whose members emerged from two London training institutes. Given the intentional absence of explicit canons of practice, existential analysts exhibit a broad range of therapeutic styles, perhaps even more so than is apparent within the person-centered, cognitive behavioral, or psychoanalytic schools. Various existential philosophers are emphasized by these analysts (for example, Heidegger, Merleau-Ponty, Sartre, Kierkegaard, Wittgenstein, Levinas and other quasi-existentialists) with the intention that each offers particular insights to confront our everyday assumptions about life. Philosophy, in this sense, is used to help us expose the camouflage of our *natural attitude* to existence; opening up our awareness to novel possibilities for living.

The British school is also characterized by a relentless questioning of therapeutic orthodoxy. There is a constant reflection upon which boundaries and professional accoutrements are actually required for psychotherapeutic practice. So much so that this approach to clinical practice has been accused of *anything goes*, when, in fact, the intention is closer to the mantra, “*everything* must be questioned” – there is no aspect of practice that is automatically assumed and taken for granted. So, in terms of guidance around practice and theory, an existential analyst (or, more commonly, *existential psychotherapist*) has very little to hold on to. In spite of this, as evidenced in SEA gatherings, something binds these practitioners together and sets them apart from close relations in humanistic psychology, person-centered therapy (PCT), philosophical counseling, and constructivist schools. For an overview of various existential approaches, including the British school, see *Existential Therapies* (Cooper, 2003).

The British school, outlined above, provides an appropriate umbrella for the experiential–existential approach due to the consistency of values, especially the positive emphasis given to *unknowing*. For example, both approaches emphasize *unfinished process* rather than conclusiveness, *nonobjectifying dialogue* rather than expert diagnostician with specialist knowledge, and an appreciation for the unpredictability of an unfolding engagement rather than the clipboard agendas of protocol therapies. Both the existential and the experiential in this preliminary model are primarily philosophical, but “philosophical” in the sense of contemplating *lived experience* rather than abstract intellectual speculation or conceptual analysis. This attempt to contextualize an experiential approach within the existential tradition and likewise to ground the existential perspective with an experiential sensitivity hopefully rekindles an interest in how the dilemmas of existence, the unavoidable tragedy as well as the inexpressible beauty, are woven through the interpersonal moment-by-moment experience of psychotherapy.

This paper artificially divides into five overlapping topics, each illustrating how Gendlin’s philosophy influences the model: the conception of *body*; embodied time; experiential–existential therapy as a nonclinical approach; the therapist’s role in the session; and therapy as *process phenomenology*. A definitive view of experiential–existential psychotherapy has not yet been formulated. Therefore it would be premature to attempt to contrast the model with person-centered or other modalities though that comparison will eventually offer greater clarity to the model. The paper offers only a cursory introduction to both the far-reaching

thought of Eugene Gendlin and the basic tenets of the British school of existential analysis, however the presentation emphasizes implications that are common to both these philosophically informed traditions. Future papers will explore elements of Gendlin's thinking that are less compatible with the experiential–existential model of practice being developed.

THE BODY AS BODY–ENVIRONMENT

The body is crucially reconceived in Gendlin's thinking and therefore constitutes a central concern for the experiential–existential perspective. Embodiment has also been of great interest to existential philosophers such as Merleau-Ponty (1962), Sartre (1969), and Heidegger (1996). In turn, the importance of accounting for the body has also featured in existential psychotherapy, but too often remaining at a conceptual level and without guidance regarding how these philosophical insights might be integrated as therapist sensitivities into actual sessions (Madison, 2001).

Gendlin has a conception of the body that is concordant with the philosophical tradition mentioned above and quite different from a medical model perspective (Gendlin, 1997). The body is not just the object under the surgeon's scalpel, encapsulated within its essence like a corpse. Nor is it a malleable lump of clay that needs a sculptor to give it form. The body is not just a cognitive box that can be rewired to generate less heat or more light. Contra to Foucault's idea of the *inscribed body* (see Crossley, 1996), Gendlin's "body" is not a socially censored text written in red. Gendlin's conception of the body is always *more than* a physiological machine or a derivative of culture. He says that the living body *is interaction*. We *feel* our life events because our bodies instantly interact experientially with the whole situation. We are not only taking in information through the five senses and then analyzing that information. The body, rather than an inert object, is an experiential process interacting with and responding to its environment, so radically that what we call "body" and what we call "environment" is a matter of perspective. For example, a human body can be considered as its own "environment," generated by all that goes on in it: Breathing, digestion, thinking, sustain the body within which these processes continue. But the body also makes *external* environment, like hammers, houses, and communities, within which the body continues to live. The body is an environment for its own ongoing life processes and it also creates an environment within which it moves and lives.

The word "environment" has many meanings for Gendlin, only one of which is the usual spectator view that the environment is what is all around us but not us. "Environment" does not mean just what is "out there," "external." At the most primary level Gendlin says that we *are* body–environment interaction, a vastly larger system than the body of medical science. In the existential tradition a similar point has been expressed by asserting that we are intentional and always directed toward the world. We are both subject and object, where "the subject *is* his body, his world, and his situation, by a sort of exchange" (Merleau-Ponty, 1964, p. 72). Gendlin's practice of *Focusing* (2003) offers phenomenological access to how the body interacts with our situations moment by moment. What we *feel* is not just fixed forms of cultural inheritance or sets of inner *content* clunking around rearranging themselves in a human "psyche." What we feel, according to Gendlin, is the sentience of a world living *right now* through bodily experiencing. Attending to this sentience can generate a murky difficult-to-name *felt sense*, usually in the middle area of the body. Such a felt sense gives us information about our living in the world, because life is not formed out of isolated internal objects or stray bits of perception: "we humans live from bodies that are self-conscious of situations. ... 'Conscious', 'self', and 'situations' are not three objects with separate logical definitions" (Gendlin, 1999, p. 233). Situations *are* body–environment process, and "individual" bodily access to this is therapeutically useful for the client because it offers a tangible *sense* that can *unfold* into less restrictive ways of living these situations.

EMBODIED TIME

This conception of the body as “unfolding process” also reconceptualizes our view of lived time – the body *remembers itself anew* in each situation. True, the body has been elaborated by the individual’s entire past, but these events do not remain set in stone as they first occurred. They arrive already remolded by the present moment. This suggests that memory incorporates constant re-creation and novelty. The embodied past is affected by the present body–environment interaction. Gendlin wants us to develop concepts that indicate that something *new* is actually occurring in every situation. When two people meet, their reactions are not just the rearranging of some dusty inner contents that have been stacked in the “unconscious” since childhood. Gendlin’s conception of bodily process frees us from thinking that to explain an event we must show that everything that makes up the event was already there, waiting. He explains that past events do not *determine* the present but they can influence the present but not by arriving exactly as they were in the past:

... let us think-from and speak-from how we experience the present with the body, and how the past is in the present and in the body, indeed how the body is a kind of past, a past that is now involved in experiencing the present ... These many past experiences are now functioning within one new experience. This is not the past as it was then, but as it is here now, relevant now, involved in being lived, participating in the experiencing that our body implies and enacts – now. (Gendlin, 1997, pp. 34–35)

This is a *process conception* of time, as distinct from the commonly assumed view of time as a set chronological sequence of linear “nows.” It puts the human experiencer, rather than discrete external events, at the center. This conception is not dissimilar to the three-dimensional view of the present expressed by existential thinkers and therapists: “Our perception of past events is as much affected by where we find ourselves at present as by what we expect or desire to happen in the future” (Cohn, 2002, p. 68).

In order to clarify the implications of this *process* view, I will outline how it diverges from positivistic assumptions of “evidence-based” *clinical* practice. Afterward I will return to further explorations of the practice of an experiential–existential approach.

A NONCLINICAL APPROACH TO PSYCHOTHERAPY

It is commonplace in humanistic, existential and experiential traditions to challenge attempts to confine the practice of psychotherapy within concepts of pathology, diagnosis, and treatment. Arguably these challenges to the clinical assumptions of a medical model have been most consistently developed within the existential tradition (Boss, 1994; Heidegger, 2001; Szasz, 1972). This challenge is nicely summed up by the existential scholar Sonia Kruks in her text *Situation and Human Existence*, where she points out that there is an overwhelming though misguided temptation for us to “treat our own lives and those of our fellows as problems rather than as mysteries” (1990, p. 38). The pathology-centered form of encounter gives rise within psychotherapeutic literature to medical attitudes expressed in adjectives such as “clinical.” In the “clinical” perspective the therapist takes an objective quasi-physician role in order to deliver the experimentally derived intervention. The therapist assumes that human psychology has dysfunctions that are identical with organic dysfunctions (see Madison, 2002, for a critique of the medical model) and thus must have the procedural training necessary to administer the corrective treatment. In this view, the question of efficacy in psychotherapy is analogous to asking which tablet at which dose will have the desired effect. What matters is the therapist’s expertise with the prescription and the treatment. The therapist as a person is no more a part of the treatment than the surgeon’s personality is a part of his or her incision. The assumptions of medical treatment and its health and illness culture and its imposition upon psychotherapy have been widely criticized (Jensen, 2007) while also increasingly accepted and practiced.

In contrast, the interrelational assumptions of experiential–existential therapy do not lend themselves to a conventional clinical model with “treatments” targeted at sick subjects.

If the body is a *body–environment process*, the implicit experiencing of the therapist is already a salient aspect of the client’s present body–environment, and so impacts upon the work of therapy. Since no two therapists are alike, they cannot deliver the same treatment. In fact, if we accept the intersubjective nature of human being-in-the-world, then we do not assume that the “problem” requiring treatment is exactly the same in the presence of each therapist. To some extent the *present* therapeutic relationship implies the change that should occur; it invites an issue to arise in a particular way from the interpersonal interaction and then carries that issue forward relationally. Different relationships create different implications for change. Attention to the relational interaction simultaneously clarifies the issue *and* the potential change, or to put it more strongly, the presenting issue *already implies* new existential potentials for that person. However, this relational focus does not constitute a clinical technique, it must arise authentically; we can only *be* the dialogical environment within which new being potentials are felt and lived. Emphasizing the *feeling* of intersubjectivity, as distinct from concentrating upon *explicit dialogue* or “treatments,” has certain implications for the therapist’s role in the session.

THE THERAPIST’S BODY INVITES THE CLIENT INTO AN EXISTENTIAL SPACE

The medical model’s spectator view has become so pervasive that we habitually see the client as an object enclosed within their skin. Gendlin wants us to realize that from the inside, *the person’s own perspective*, each of us knows ourselves to be more than that skinned object. We *feel* our surroundings, not just the air temperature on our skin. We *feel* other people long before they rub up against us. We sense into our life situations far beyond the body that others see.

If client and therapist are not two separate things that need to be joined through empty space then therapy is implicitly relationship-centered rather than client-centered and the experiential–existential model certainly incorporates this view (correcting the common misunderstanding of the felt sense as subjective rather than intersubjective; for example, Worsley, 2002). Rather than a void, the space between my client and me is experientially full. That fullness is the session’s “body” within which our individual processes enliven each other and make us who we can be with each other. What looks like empty space is very intricately weaving itself within a universe of implied experience, an aliveness that has nascent within it the birth of further experience. This interweaving “now into next” is not governed by outcome research or by what I have in mind for the client, nor even what he or she thinks should happen for themselves. The aliveness that lives through us always implies *its own* forward movement, forever seeking its completion in the next moment, thereby never complete, always unfinished (until death). In retrospect the client can own the step forward because it *feels* so right. That feeling of rightness makes it easy for them to accept it as *their own* next happening, though we couldn’t have predicted it beforehand. It comes *through* the person in relation; not arbitrarily constructed *by* the person from their preexisting biases.

Many clients and therapists do not know about their own *self-propelled process* (Gendlin, 1964). In practice the client often does not know it is useful to stay with an unclear feeling in their body until it gradually shifts and moves. As the client recounts an argument he had last night he only half notices and moves away from the feeling that arises. The experiential–existential therapist wants to invite this aspect of ignored process into the client’s awareness, “*It looks like you’re feeling it again now as you tell me about what happened.*” The client might acknowledge this briefly, “*Yes, I can feel it, of course I can; it makes me furious that I’m back at square one with him. Two years ago he ...*” and the client returns to the story still only half aware of the felt sense of telling it. These behaviors by the client tell us something about him and his relationship with, or attitude towards, the world of implicit experience at that moment. But some clients respond differently, and most eventually take up these invitations, “*Yes, I can feel the anger come back. He makes me more angry than anyone.*” The therapist, who is also

focusing on their bodily feeling, can then invite further, “*Would it be OK to just let yourself feel that there, the way it is now, while sitting here with me? Does the word anger fit the feeling?*” Many clients will then enter a few moments of felt sensing, speaking from the feeling, checking words with the feeling to see if they are explicating it accurately, and with the therapist’s supportive relationship, clients often experience new insights, each step bringing a sense of easing in the body. This is a process that has its own rhythm and unfolds along its own lines. It is self-propelled.

But many therapists run right over those moments where a client is teetering at the edge of a process of bodily felt sensing. Most of us do not know how to sense ourselves *within* and *into* relationship with another (this also applies to focusers, who can find it difficult to bring their felt sensing awareness into their relationships). It takes practice for a therapist to become acquainted with their own implicit experiencing and to begin to share this therapeutically. Therefore, an experiential–existential therapist must first of all be practiced in focusing or a similar process of attending to, being guided by, and speaking from, implicit bodily experiencing. This allows a way of being in the session that is sensitive to this level of experiencing in themselves and in the relationship. This sensitivity guides them to notice if interventions carry forward the relationship and the client’s experiencing or not. These therapists offer invitations to the client to stay with what is felt but not being paid attention to, in the client’s bodily experience of their issue and their experience of being with the therapist. They do this by attending to the present “edge” of the client’s experiencing (forward-directed, not backward-linking). An experiential–existential therapist does not *insist* on client felt sensing. *We do not focus the client, the client focuses!* It is not a technique, but a relational sensitivity that guides the therapist.

By being *more* personally present as an affected other; we are *less* imposing as therapists. The personal experiences of the therapist are not treated as a variable to be controlled. In a sense, a neutral therapist is a *controlled person* and this is then the restrictive environment offered to the client. Gendlin describes this stance, “The client remained in a half-lonely condition, while we, also in a half-lonely way, kept to ourselves what was going on in us” (1964, p. 179). We want the client to be able to fully respond to the environment he or she is sensing. In experiential–existential sessions, therapist disclosure regarding their moment-to-moment felt sensing of the session can make an important contribution to the unfolding of therapy. The therapist can disclose his or her “own” feelings about their interaction without putting that onto the client as something just *about* the client. What the therapist is feeling is *something* about their felt sensing of who they become with this specific client, and the client may want to take that into account as information about how the world might be experiencing them generally. If something needs addressing in the relationship it is first and foremost about the two people present. Old theories of transference have at times attributed everything the therapist feels to the client’s disowned “contents” from previous relationships. It is not necessary to assume that someone is *doing something* to someone else when so-called transference is experienced. It may simply be that in therapy our bodies form a felt sense of *being in* that situation; a new constellation of “self” formed through the self–other environment. We actually *live* the content being discussed in a shared way – in fact it is this *living of it* more than the content itself that *is* the session. In that living we are processing salient aspects of self and other before they can be split into transference and countertransference.

This highlights one of the distinctions between some focusing-oriented practices and the experiential–existential model, where the *existential* influence invites more explicit acknowledgment of the relational focus, more self-disclosure, and more explicit challenging of the client in the relationship. From the experiential–existential view, the therapist’s presence as a *real other* is already “in” the client (as body–environment), engendering an existential challenge to the client that can be *felt*, and if focused upon, invites the client to follow steps into new potentials for being with others generally. The immediacy of the present-moment relationship with the therapist is experientially alive with implications that are simultaneously uniquely personal and transpersonal, or existential. In the British school of existential therapy

the therapist assumes that their own presence in the dialogue is not neutral and is best expressed by a full acknowledgment that they are a *real* “other” in the relationship, not just a helping professional (see Spinelli, 2007). The existential focus is not just on the client per se but on the relational attitudes that arise between client and therapist. The therapist, rather than just following the client’s process, places ethical demands upon the client through his or her presence and felt responses to their client’s way of being.

Gendlin’s own writing about client work traverses the tension between the intersubjective and the individual. He is less inclined than existential therapists to explicitly comment upon the relationship during a session. Although his view is that the relationship is a concrete interaction, having a fundamental and creative impact upon the experience of the client and therapist, he is cautious about bringing it into the session as explicit content, fearing that this is an imposition upon the client. Gendlin reminds us that to say that we are *not two* is not the same as saying we are *one*. We are both *interaction* and *unique*. The experiential–existential stance traverses back and forth between Gendlin’s emphasis upon the client’s implicit experiencing within the relationship and the existential emphasis upon dialogue, phenomenological clarifications, and challenge.

The relational emphasis found in the experiential–existential model of focusing-oriented therapy is also present in the contemporary integration of Gendlin’s thinking with the practice of self-psychology, though the models are underpinned by different theoretical metaphors and different traditions (Preston, 1996). This relational emphasis is also a mainstay of contemporary person-centered therapy (Mearns & Cooper, 2005) although these PCT developments tend to retain an emphasis on the subjectivity of both client and therapist (similar to the tension in Gendlin’s own practice), and are less likely than experiential–existential or relational self-psychology practices to *explicitly* incorporate moment-to-moment felt sensing as a relational guide for both client and therapist.

It is worth restating that in practice experiential–existential therapy is not just focusing, nor is it mainly comprised of eyes-closed focusing moments. That would be a guided focusing session (see Cornell, 1996, for discussion of guided focusing). Psychotherapy is much more than just focusing and this “more” is constituted relationally, whether through existential challenges, analytic interpretations, cognitive reformulations, therapist self-disclosures, reflection of feeling, or story telling. It is the therapist’s own acquaintance with the sphere of implicit experiencing that sensitizes them to listen and explore the relationship with the client in a qualitatively different manner.

Supervision (Madison, 2004, 2009) and training in this model would encourage trainees to develop a sensitivity and openness to their *felt sensing in relationships* in the service of both personal and professional development. This is a concrete example where increasing competency as a therapist is associated with awareness of how the *personally evocative* enters the relational avenues of the therapy situation. Along similar lines, existential training typically emphasizes the *being qualities* of the therapist over technique (Spinelli, 2007), and awareness of implicit experiencing is one being-based quality that is highly valued in the experiential–existential approach. As a result of this awareness the therapist can access more than conceptual understanding, tapping into not only personal dilemmas but also universal existential dilemmas. Such existential revelation, when it happens in experiential–existential therapy, inspires us to work from the broadest possible life perspective. This can develop into a poignant connection between therapist and client, both of whom are living examples of the dilemmas of existence. Focusing on the bodily implicit can connect us to a self-responding infinity, “... the edge of awareness. It comes between the conscious person and the deep universal reaches of human nature where we are no longer ourselves” (Gendlin, 1984, p. 79). Paradoxically, by allowing the individual intricacy of difference in the relationship we are also facilitating an interaction that walks us out into deeply shared territory. A feature of this aspect of human living is that it can never be encapsulated; it remains a *fecund no-thingness*. This exemplifies how the phenomenology of a therapy session can reveal *ontological* aspects of human being within the concrete topics that arise from the client’s living, but also how aspects of existence

are revealed *in the way* that topics arise, unfold, and carry themselves forward. This sphere of experiential–existential therapy welcomes explicitly philosophical contemplation into sessions when such reflection touches and carries forward the client’s process. Since something like focusing is possible, what does this imply about what a human being *is*?

PRIORITIZING THE MIGRATORY NATURE OF EMBODIED PROCESS PHENOMENOLOGY OVER THE SEDENTARY NATURE OF EXPLICIT CONTENT

The actual experience of embodied being-in-the-world offered by focusing provides a source of comprehension other than the archives of psychological theory, social convention, or personal bias. Focusing allows us to witness how implicit feeling generates explicit content, and how there is always a “more than” haze surrounding any explicit word, interpretation, theory, or self-belief. Therapy sessions can overanalyze explicit content because it seems more substantial, but this obscures the subtler implicit experiencing from which the content arises. A client arrives ten minutes late for a session, *“I can’t stand being late, I’m so sorry, I just hate it. It’s so inconsiderate of me.”* There are many ways to respond to this client and her statements. I can reassure her in a socially polite way that I am OK with her being late, I can remain silent and see how the client continues, or I can explore the client’s words and feeling somehow. If I want to explore what is happening from my client’s point of view I might prioritize content and say something like *“Why does being late bother you so much?” “Blaming yourself reminds me of how you said putting yourself down preempted your father’s criticism.” “What thoughts do you tell yourself when you are late for something?” “Are you worried I’ll be angry and give up on you?” “Do you always feel upset when you’re late, or is it worse today?” “How often have you been late this week?”* We can’t predict which of these would be useful. However, an experiential–existential therapist would tend to respond in a way (any way) that brings into awareness the feeling process that is obviously there *right now* for the client in being late. For example, as an experiential–existential therapist I might notice that I feel some surprise that my client is so upset. I may say, *“I didn’t realize that being late for our sessions would make you so upset, I’m wondering what’s going on for you right now?”* Or more simply, *“You seem to be pretty upset about being late.”* Then I want to be guided by what honors the experiential aliveness of the discussion rather than concentrate exclusively on making links, analyzing the present in terms of the past, or asking for more details about why she is late. I might continue by asking, *“Would it be OK to just stay with what you’re feeling here with me?”* Or if she began a long apology or explanation I might reflect back her concern and then remind her of the feeling, *“Would it be helpful to just see what the feeling of being late is?”* If she had some relational worry that included my feelings I would check what I’m feeling in my body and I might ask, *“Would you like to know what I’m feeling?”* She might not want to stay with her own feeling and she might not want to know about my feeling. Of course that is fine, but if she does I will want to see how whatever we say about what we feel affects our felt sense of being-together. My intention is to address the bias towards the verbal by pointing out that there is an implicit feeling process right now that we could also pay attention to. I don’t want to make the assumption that our interactions are based solely on explicit content, what’s said, identifying patterns and themes, and I also don’t want to insist that every moment is focused only on implicit bodily experience.

Therapists often assume it is useful to think in terms of themes or patterns and to assist their clients to recognize these as sessions proceed. We can recall that therapeutic themes are *metaphoric*; “some-things” emerging intricately from “no-thing”, rather than fixed things that are discovered and maintained exactly the same over time. Max van Manen, in his evocative phenomenology, makes a similar claim: “The things we are trying to describe or interpret are not really things at all – our actual experiences are literally ‘nothing’. And yet, we seem to create some-thing when we use language in human science inquiry” (van Manen,

2001, p. xviii).

If explicated themes are accurate enough, they can temporarily act as symbols for implicit experience, confirmed by a felt resonance in the person involved. Such a theme then signifies one possible schema for momentarily mapping a moving landscape, a kind of loose schema that calls for transformation as soon as it no longer resonates. The crucial point here is that we side with moving experience, not insist on the continued rightness of the previously “right” theme. We may feel the pull to insist on a truth that is forever fixed and pinned down, but this is at odds with much of the nature of experiencing that grounds human truth. The client says *“Traffic was awful and I’m frustrated about being late.”* Then after a pause she says, *“Well, I’m worried you’re going to be pissed off at me.”* I reflect this back to her and she begins to talk about her father’s strict rules about everything, including being on time. I ask, *“Does it feel like that’s resonating for you here, with me?”* She looks at me, *“It feels like I’ve broken some kind of a rule.”* So I ask, *“And can you sense how that feels for you, to be here with me having broken a rule?”* Here is a process, from “frustrated” to “worried” to “something about her father” to “breaking a rule with me.” I want to follow the process. As long as the process is unfolding I do not want to settle on one thing, *“tell me what a rule is”* and explore that as set content. Later we might do that, perhaps in order to find an experiential resonance again if we lose it.

The fact that therapeutic insights, like phenomenological research studies, are not complete, later amended, contradicted, refined, is to be expected and welcomed. The human tendency to concretize is a ubiquitous obstacle to remaining open to phenomenological *process*. One example of the urge to concretize is evident in the psychologist’s proclivity for ascribing stages to the therapeutic process – to define process as content, to impose formulations, or indications of developmental “success” or “failure.” If taken as ontological reality, this abstraction can lead us far from experiential grounding and its felt resonance. The approach of experiential–existential therapy seeks to avoid assumptions of a generalized sequential order to experience that each individual is expected to recapitulate. The attention to process acknowledges the lived intricacies, novelty, and vast diversity of human interaction and therefore offers no universal predictions, or encapsulating theories.

Psychological or therapeutic “stages,” “phases,” “steps,” and “spheres” can appear to be discrete and discernable within an individual subject. “Process” on the other hand points to implicit flux that is never comprehensively described, partly because it is further affected by any attempt to describe it. Process has an intricate order but an unpredictable trajectory. Relational experiencing is not expected to smoothly follow a logical developmental sequence or a theoretically ascribed one. We can of course read theory or logic into it later, and this can be helpful in highlighting aspects of the phenomenon that might have been overlooked. But this remains a metaphoric understanding of what is fundamentally an intersubjective process responding to its environment of people, places, culture, situations, and things. In “process” there is no concrete “self” separate from environmental interaction. The disadvantages of universalizing stage theories are apparent in the field of bereavement studies, where such stage theories of so-called “adaptive” grief have been imposed upon idiosyncratic experience, replacing individual meanings with diagnoses of risk factors, pathological grief, complicated bereavement, and unresolved mourning (Klass, Silverman, & Nickman, 1996).

Words, themes, or any symbols, *point*. In the pointing there is a two-way reference – the symbol’s work of referring and the phenomenon’s work of answering back. A felt shift in experience is the response that tells us which pointing makes contact and thus is a meaningful symbol and which is not. Through the evocative impact of this existential sensing, the experiential–existential stance offers a tangible touchstone that may be missing from more conceptual forms of existential therapy: “such sensitive phenomenological attention to an implicit speech which is ‘not yet formed’ is precisely what is precluded by standard conceptual thinking about the body” (Wallulis, 1997, pp. 277–278). And through this sensitive attention the body often evokes poetic language in order to accurately carry implicit experience into a *momentary* true saying.

CONCLUDING THOUGHTS

This paper remains only a preliminary exposition of what is emerging as a model of therapy; philosophically informed, existential, and focusing-oriented. To be consistent, this model itself, as well as the concepts and claims within it, need to be considered from a process perspective. None of what I say should be concretized and imposed upon the experience of the client, therapist, or reader. What I say about therapy should, of course, be held up to one's own experience as a therapist and client in order to carry it further, if indeed it resonates at all. That is what the model says: experiencing is primary. Theory is useful as far as it carries experience. The model's value should be assessed primarily by the extent to which it moves the reader, who will in turn carry the concepts and the model forward in various ways through their practice of it.

There are also potential areas where Gendlin's experiential philosophy and the basic tenets of the British school seem less compatible. An obvious example is the optimistic bias evident in focusing work generally as seen in "positive" descriptions of the *life-forward direction* of a felt shift. This contrasts with the importance in the British school of acknowledging all aspects of existence, including human limitations, tragedy, meaninglessness and experiences of fragmentation. These superficial differences would be usefully explored in the interests of discovering what degree of cohesiveness exists in this emerging model. The model also requires further research, but research that is consistent with the process view. For example, Gendlin (1986) has described research studies that measure the degree to which a therapy *process* happens in a therapy session. Instead of taking therapeutic orientation as the research variable (cognitive behavioral therapy vs. person-centered therapy), he suggests we examine the subprocesses that happen in therapy, one of which is the client process of paying direct attention to a felt sense (see Gendlin, 1986), and see if such therapeutic processes affect the outcome of therapy. In sum, an experiential–existential psychotherapy:

1. is attuned to the *multi-chronological* present, so that sessions are directly relevant to the *current feeling* of both therapist and client – the two are not isolates but they are also not one continuous unit.
2. breathes life back into therapy sessions that can become manualized within a narrow treatment agenda. The implicit experience that remains more than any formulation is allowed to guide the rightness of any formulation.
3. offers a corrective for our tendency to obsess over the explicit verbal presentation of the client's issues. Attention to explicit narrative detail can build relationship and even open us to deeper experience, but it can also set up a verbal track that leaves behind the client's implicit experience.
4. reasserts that the *carrying forward* of experience in each moment is an intricate guide as to which interventions deepen the client's self-understanding and which do not. Being guided by experiential responsiveness may enhance general outcome measures at termination.
5. sees the individual as biographical and also existential. At moments the interaction of therapy goes all the way in, from individual significance, to deeper existential/transpersonal levels, inviting exploration of both the therapist and client as unique persons, *and therapist and client as examples of human existence generally to which both parties may have meaningful responses.*

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1) Abstract. This paper presents basic features of a model that is emerging as a specific form of focusing oriented therapy (FOT). This experiential–existential model of FOT results from the application of Eugene Gendlin's philosophy of *implicit process* to the therapeutic practices of the *British school of existential analysis*. The model emphasizes the contributions of Gendlin's philosophical thought, including but not primarily based upon the practice of focusing, while also incorporating the ethos of existential–phenomenological practice as it has emerged over the past 25 years in the United Kingdom. The subsequent preliminary model illustrates how Gendlin's influence has expanded beyond its original association with person-centered theory, adding a greater diversity to the ways that focusing is incorporated into the therapeutic setting.

Keywords: experiential–existential psychotherapy, existential therapy, experiential therapy, Gendlin, Process model, intersubjectivity, focusing, phenomenology, British school of existential analysis, implicit philosophy

2) Auf die Existenz fokussieren: Fünf Facetten eines experienziell-existenzialistischen Modells

Dieser Artikel stellt grundlegende Merkmale eines Modells vor, das sich zurzeit als eine spezifische Form Focusing-orientierter Therapie (FOT) entwickelt. Dieses experienziell–existenzialistische Modell der FOT resultiert aus der Anwendung von Eugene Gendlins Philosophie des *impliziten Prozesses* auf die therapeutischen Praktiken der *British School of existential analysis*. Das Modell betont den Beitrag von Gendlins philosophischem Denken, das dabei zwar auch die Praxis des Focusing einschließt, aber nicht primär darauf beruht. Und es bezieht das Ethos existenzialistisch–phänomenologischer Praxis ein, wie sich dieses in den vergangenen 25 Jahren in Großbritannien entwickelte. Das daraus folgende vorläufige Modell zeigt, wie Gendlins Einfluss über seine ursprüngliche Verbindung mit der personzentrierten Theorie hinausgeht und eine grössere Bandbreite bezüglich der verschiedenen Weisen schafft, wie man Focusing in das therapeutische Setting integrieren kann.

3) Enfocarse en la existencia: Cinco facetas de un modelo experiencial-existencial

Este escrito presenta las características básicas de un modelo que esté emergiendo como forma específica de la terapia orientada al focusing (FOT, sus siglas en inglés). Este modelo experiencial–existencial de la FOT surge de la aplicación de la filosofía *de proceso implícito* de Eugene Gendlin a las prácticas terapéuticas

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de la *Escuela Británica de análisis existencial*. El modelo enfatiza las contribuciones del pensamiento filosófico de Gendlin, incluyendo, pero no basándose principalmente, en la práctica del focusing, mientras que también incorpora el rasgo distintivo de la práctica existencial–fenomenológica tal como ha emergido

a lo largo de los últimos 25 años en el Reino Unido. El subsiguiente modelo preliminar muestra como la influencia de Gendlin se ha expandido más allá de su asociación en sus primeros tiempos con la teoría centrada en la persona, aportando una mayor diversidad a las maneras en que el focusing se incorpora al contexto terapéutico.

4) Focusing sur l'existence: Cinq aspects d'un modèle expérientiel-existential

Cet article présente les caractéristiques fondamentales d'un modèle qui est en train d'émerger en tant que forme spécifique de la Psychothérapie dans l'Approche Focusing (PAF). Ce modèle expérientiel-existential de PAF résulte de l'application de la philosophie du *processus implicite* d'Eugene Gendlin aux pratiques de l'*Ecole Britannique de l'analyse existentiel*. Ce modèle souligne les contributions de la pensée philosophique de Gendlin, y compris, mais pas seulement celles fondées sur la pratique du Focusing, tout en incorporant l'éthos de la pratique existentiel-phénoménologique comme elle a émergé dans les dernières vingt-cinq années au Royaume Uni. Le modèle préliminaire qui en résulte illustre la manière dont l'influence de Gendlin s'est élargie au-delà de ses liens originels avec la théorie centrée sur la personne, ajoutant une plus grande diversité aux manières dont le Focusing est incorporé dans la pratique thérapeutique.

5) Focusing e existência: Cinco facetas de um modelo experiencial-existencial

Este artigo apresenta as características centrais de um modelo emergente enquanto forma específica de Terapia Orientada pelo *Focusing* (TOF). Este modelo experiencial-existencial resulta da aplicação da filosofia do *processo implícito* de Eugene Gendlin à prática terapêutica da *British school of existential analysis* (Escola Britânica de Análise Existencial). O modelo enfatiza os contributos do pensamento filosófico de Gendlin, incluindo a prática do *focusing* mas não se baseando primordialmente nela. Incorpora também o *ethos* da prática existencial-efenomenológica que emergiu no Reino Unido ao longo dos últimos 25 anos. O modelo preliminar subsequente ilustra de que forma a influência de Gendlin se expandiu para além da associação original com a teoria centrada na pessoa, conferindo maior diversidade às formas de integrar o *focusing* no *setting* terapêutico.