

# Contents

<i>Acknowledgements</i>	viii
<i>Terminological Note</i>	x
Introduction	1
1. Rogers and the Development of Person-Centred Therapy	11
2. Fault-Lines in Person-Centred Theory	31
3. The Origins of Focusing	54
4. Focusing as a Taught Procedure	82
5. Focusing-Oriented Psychotherapy	96
6. Objections: Issues of Principle and Empirical Issues	143
7. Training and Supervision	163
8. Towards a Theory of Psychotherapy	175
Conclusion	207
<i>Appendix A: The Wider Context</i>	210
<i>Appendix B: Resources</i>	236
<i>References</i>	237
<i>Index</i>	250

# Rogers and the Development of Person-Centred Therapy

---

## Rogers' work

In his book *Counselling and Psychotherapy: Newer Concepts in Practice*, published in 1942, Carl Rogers presents what he sees as a new method of therapy 'in which warmth of acceptance and absence of any form of coercion or personal pressure on the part of the counsellor permits the maximum expression of feelings, attitudes, and problems by the counsellee...In this unique experience of complete emotional freedom within a well-defined framework the client is free to recognise and understand his impulses and patterns, positive and negative, as in no other relationship' (Rogers, 1942, p. 113). The book contains the first complete recorded transcript of a series of therapy sessions, with a commentary by Rogers on how the therapist's responses in the session embodied the non-directive principles which Rogers was advocating.

During the following few years, while Rogers was based at Ohio State University, he and other therapists applied the principles of non-directive responding in a variety of contexts, including work with the adjustment problems of servicemen returning from wartime activities. It was in his next book (co-authored with John Wallen) *Counselling with Returned Servicemen* (1946) that Rogers first used the term 'client-centred', along with 'non-directive', as characterising his approach. It is the *client's* frame of reference which is emphasised, while '[i]t is the counsellor's function to provide an atmosphere in which the client, through the exploration of his situation, comes to see himself and his reactions more clearly and to accept his attitudes more fully' (Rogers and Wallen, 1946, p. 5). What the counsellor actually *did* in the sessions was mainly to accompany the client with

reflective restatement and clarification of what the client said, without judgement, comment or interpretation.

This work became widely known, and in 1945 Rogers accepted an invitation to a senior appointment at the prestigious University of Chicago, where he proceeded to set up a Counselling Centre which incorporated both clinical and research activities. In the following years Rogers and his colleagues continued to refine their theory and practice of 'non-directive reflective' psychotherapy, and in 1951 Rogers published *Client-Centred Therapy*. As Barrett-Lennard (1998, p. 60) points out, there are, in this work, incipient changes of emphasis in Rogers' account. The emphasis on the therapist targeting the client's frame of reference is still there, but this mode of responding is now seen less as a technique than as the embodiment of certain attitudes. Also in this book Rogers begins to develop a theory of the self which was needed to explain why the client-centred approach was therapeutically effective. The essentials of this theory were that as a child develops, a 'self-structure' or 'self-concept' forms in which what is valued arises partly from immediate experiencing and partly from values introjected from others, which are experienced *as if* they were the child's own experience (Rogers, 1951, p. 500). As the child continues to develop, new experiences are assimilated into the self-structure *or*, if they are incompatible with it, are denied or distorted. Psychological disturbance is constituted by such denial or distortion. By contrast, psychological adjustment exists 'when the concept of self is at least roughly congruent with all the experiences of the organism' (p. 513). Any experience which is inconsistent with the self-structure is likely to be perceived as a threat, but the therapeutic situation provides a safe setting in which *all* the client's experiences can be examined, and the structure of the self then becomes re-organised so as to assimilate these experiences.

Two further important concepts in client-centred therapy were developed in the mid-1950s. Rogers took up Standal's (1954) notion of unconditional positive regard as a crucial element in effective therapy, and at the same time came to emphasise the importance of *therapist* 'congruence'. The 'congruence' involved was that between the self as it actually is and the self as perceived. 'Congruence' soon came to be used rather more broadly as a synonym for 'genuineness', which was seen as having two aspects: those of (a) consistency between experiencing and awareness, and (b) consistency between awareness and expression. Roughly speaking, people are fully congruent if they deceive neither themselves nor others.

In 1957 Rogers published his paper 'The necessary and sufficient conditions of therapeutic personality change'. In this he claims that just six conditions need to be obtained if there is to be therapeutic change. Three of these conditions have subsequently come to be known in client-centred writing as the 'core conditions' of therapy, namely the therapist conditions of empathic understanding, unconditional positive regard and congruence. The other conditions are that client and therapist are in psychological contact, that the client 'is in a state of incongruence, being vulnerable or anxious' (Rogers, 1957, p. 96), and that the client must register the therapist's empathy and unconditional positive regard. I will refer to the full set of six conditions as the 'therapeutic conditions', and to the three conditions which the *therapist* needs to embody as the 'therapist conditions'. (I prefer this latter phrase to the more familiar 'core conditions', since it does not misleadingly suggest that the therapist conditions are more central to therapy than the other three conditions.)

In subsequent years, much research effort was devoted to exploring the validity of Rogers' 'necessary and sufficient' claim, which was a claim about not just client-centred therapy but psychotherapy in general. Prior to 1957, Fiedler's research (Barrett-Lennard, 1998, p. 262) had already suggested that therapeutic effectiveness was correlated more with how experienced the therapists were than with their theoretical orientation. Further, work by Quinn (*ibid.*, p. 262) suggested what seemed to characterise the experienced therapists was essentially their receptive and sensitive *attitude* towards their clients. Heine (*ibid.*, p. 263) found that, regardless of the theoretical orientation of the therapist, what clients themselves found helpful were such things as 'assisting the patient by asking questions which have the effect of clarifying feelings or attitudes', 'expressing for the client straight-forwardly feelings which the client approaches hesitantly and hazily' and 'feelings of trust, of being understood, and of independence in reaching solutions to problems'. Further, at least some of the studies conducted around this time indicated that there was a correlation between therapeutic movement and how effectively the therapist embodied the therapist conditions (*ibid.*, pp. 82, 264–7).

In 1959 Rogers published his major theoretical paper, which explains in greater detail why the six therapeutic conditions are to be seen as causally effective. In brief, Roger's view is that human beings have, amongst their other needs, a deep need for the positive regard of others. This need can give rise to conflict in situations where the positive regard of others is conditional upon the individual having

feelings or attitudes which they do not in fact have. The individual is then in effect faced with the choice of satisfying their own 'organismic' needs while losing the positive regard of significant others, or of retaining the positive regard while giving up their organismic needs. The latter option, however, is not really possible since the organismic needs *are there*. What is possible for the individual is to deny or distort their awareness of their needs. In this way a view of themselves, a self-concept, is set up which is congruent with the 'conditions of worth' set by others, but incongruent with their actual experiencing. Subsequently, when life situations arise which make it difficult to maintain the distortion or denial, the person will become anxious or behave defensively, and generally exhibit some degree of psychological disturbance. Further, because greater awareness of their own experiencing will render the person liable to anxiety, he or she will be disinclined to give much attention to their experiencing. Instead of looking within to determine what they really feel or value, they will look outwards to what other people are thinking or valuing; in Rogers' terminology they will have an 'external locus of evaluation'. This, while reducing anxiety, undermines the person's sense of themselves as 'solid' and trustworthy, thus increasing the person's sense of vulnerability.

In Rogers' view, client-centred therapy is effective because it provides an antidote to the introjected conditions of worth: in their relationship with the therapist, the client has the experience of being seen as they are (the therapist is empathic), and of being unconditionally accepted for what they are. Further, the client experiences this empathic acceptance as being fully genuine on the therapist's part – it is not a pretence. In these circumstances the client no longer needs to deny or distort their experiencing, so that their self-concept can return to a state of congruence with their experiencing. As a result the client's psychological disturbance is relieved.

In the background of this account is Rogers' notion of the 'actualising tendency'. He held that the primary motivation of all human behaviour is the actualisation of the person's potentialities. However, once a concept of self is set up which is at variance with the person's organismic experiencing, self-actualisation becomes problematic. The person is torn between actualising that 'self' (self-concept) which is constituted by the conditions of worth (that is, becoming what one 'should be' in the eyes of others) and actualising their organismic potential.

Rogers sees the actualising tendency as common to all living beings. Given the right environmental conditions, an organism will grow –

actualise its potentials – without the need of any outside assistance. If the environmental conditions are less favourable then the organism will still grow, but perhaps in a bizarre way. Rogers (1980, p. 118) refers to the example of potatoes which, stored in his family's basement several feet below a small window, grew long, pale spindly sprouts as if they were seeking the light. This is not the 'natural' form of a potato plant; it is not the form the plant has in its natural environment. However even this distorted kind of potato is the result of the actualising tendency which moves the potato sprout to seek the light. Rogers sees this not just as an analogy for what happens in human lives, but as another example of the way in which organisms move towards actualising their potential. For human beings, as for potatoes, the environmental conditions may not be favourable or nurturing, and in that case the organism may develop an unusual form. For Rogers even the most bizarre and seemingly inappropriate forms of human behaviour are the results of the organism coping as best as it can with noxious environmental conditions. As with the potato an unnatural form of development renders the organism more vulnerable (the long potato spindles are easily broken), and there may be no way of reversing what has already happened. However, once the environmental conditions are changed (in the human case, once the conditions of worth are withdrawn) the organism will from there on be able to develop its potential more fully.

To summarise, Rogers first proposed a hypothesis, that therapeutic change will take place if and only if the six therapeutic conditions are present. I will call this the Therapeutic Conditions Hypothesis. Secondly he offered a theoretical explanation of why his hypothesis is likely to hold true, namely the Conditions of Worth Theory.

The Conditions of Worth Theory came relatively late in the evolution of client-centred therapy, some years after the client-centred practice had been established. It can look as though the theory simply emerged from the practice, but this seems unlikely, given modern views on the way scientific theories develop. In fact, Rogers' views were deeply influenced by his knowledge of Freudian psychotherapy. He does not use the word 'repression', but the 'distortion and denial of experience' of which he speaks are recognisably close to what Freudians mean by 'repression'. Indeed, Rogers (1951, pp. 498–503) himself makes this explicit. In connection with the internalisation of conditions of worth, Rogers uses the psychoanalytic terminology of 'introjection'. He avoids speaking of 'unconscious thoughts and feelings' but this is more an avoidance of the terminology, than of the concepts.

This is not to criticise Rogers; it is often worthwhile to say old things in new ways, and in addition there were many unwanted connotations of the Freudian terminology which Rogers wished to avoid. In particular, I suspect, Rogers wanted to get away from the Freudian idea that there is 'an unconscious' about which the therapist – armed with his theory – could know more than the client; for that idea runs counter to Rogers' fundamental belief that the therapist's aim should be to help the client articulate their experience *in the client's terms*.

Rather than seeing Roger's theory as simply growing out of his clinical experience I think we should see it arising from the interplay of that experience with Freudian ideas, with notions drawn from his knowledge of scientific agriculture, with ideas taken from many other thinkers. Nevertheless, it is true that Rogers' *own* theory emerged only some years after the practice of what Barrett-Lennard calls 'non-directive reflective therapy' had evolved. This is important for one of the themes of the present book, which is that while person-centred therapy is a demonstrably effective form of therapy, there are difficulties in its theoretical formulation which have some implications for clinical practice. It is important to be able to separate the *practice* of non-directive reflective therapy as it evolved in the 1940s and 1950s from the theoretical explanation of its effectiveness in terms of the Conditions of Worth Theory, which Rogers presented in a fully fledged form in 1959.

I will say more about the development of Rogers' theoretical ideas in Chapter 3, but two important points need to be made here about the later development of his thinking. One is that from the early 1960s, following his involvement in the Wisconsin schizophrenia project, Rogers came more and more to emphasise the importance of therapists being real and spontaneous in their relationships with their clients. One might say that the balance between the Therapist Conditions shifted from an emphasis on empathy and acceptance to an emphasis on genuineness. In practice this meant that client-centred practitioners were less restricted in the forms of response they might make. While previously questions, counsellor self-revelations, interpretations, suggestions and so forth were prohibited, such forms of response were now allowed so long as they were made in a way which still embodied the therapist conditions. The emphasis shifted from particular kinds of response (non-directive reflective responses) to the embodiment of particular attitudes (the therapist conditions) in whatever kinds of response came to the therapist spontaneously in the moment.

The other important aspect of Rogers' later thinking is that from the mid-1960s he became very much involved in working with

groups. It was the time at which ‘encounter groups’ were becoming very popular in North America, and Rogers’ interest was caught by the fact that the conditions which facilitated group understanding and co-operation seemed to be very much the same as the conditions which were facilitative in individual therapy. In the succeeding years nearly all of Rogers’ professional energy was devoted to this new interest, and he wrote nothing significantly new in connection with counselling theory. Rogers’ own enthusiasm for groups, together perhaps with something in the spirit of the times, led to a strong emphasis on unstructured group-work in the world of person-centred counselling, regardless of whether it was appropriate to the context. Mearns (1997, p. 11) recalls some of the more extreme examples of this trend, such as the trainer who ‘began his weekend introductory course in person-centred counselling skills with a time-unlimited, unstructured encounter group without giving any warning or explanation’. Such episodes are less common today, although many people become interested in ‘the person-centred approach’ through encounter with person-centred group-work, and are sometimes surprised to learn that it was not in this context that Rogers’ ideas originated.

### **Paths of development in PCT**

In the years following the establishment of client-centred therapy as a distinctive school, several lines of development can be traced. I will briefly discuss each of these, with a view to seeing later how focusing-oriented therapy fits into the wider picture. Some of these alternative views within the broad spectrum of the person-centred tradition will be familiar to readers who come to person-centred therapy in what might be called the standard way, that is, through the writings of Rogers, and the experience of training courses which emphasise the centrality of the therapist conditions. Other views may be less familiar, and I will devote more space to some of these. In Britain, especially, there has been little awareness of how many distinct ‘tribes’ there are in the person-centred ‘nation’ (Warner, 2000a), although this situation is now beginning to change (Sanders, 2004).

### **The standard view**

By ‘the standard view’ I mean the view of person-centred therapy which is set out in widely read books which frequently appear as ‘recommended reading’ on person-centred training courses. Examples of such

books are Dave Mearns' and Brian Thorne's *Person-Centred Counselling in Action* (1988; second edition 1999), Tony Merry's *Learning and Being in Person-Centred Counselling* (1999) and Mearns' *Developing Person-Centred Counselling* (1994).

The 'standard view' follows closely what I have called Rogers' Conditions of Worth Theory. It sees psychological disturbance as originating through the imposition of conditions of worth which alienate the person from his or her 'organismic valuing process', and sees the role of the therapist as providing 'conditions for growth' in the form of the therapist conditions of empathy, acceptance and congruence.

Psychologically healthy persons are seen as those whose relationships with others have enabled them to develop self-concepts which allow them to be in touch with their own experiencing, and to trust in their own experiencing rather than in the judgements of others. Mearns (2003) puts it in Rogers' terminology: 'an implicit aim of person-centred working is to help the client to internalise his locus of evaluation'. Since the role of the therapist is seen as one of embodying the therapist conditions as a means of undoing restrictive conditions of worth, and encouraging the client to internalise their locus of evaluation, the main emphasis in the standard view of counsellor training is on the development of the core attitudes of congruence, empathy and acceptance in prospective counsellors. Hence on counselling training courses, 'personal development', in the sense of developing these attitudes, is seen as the most important aspect of training (Mearns and Thorne, 1988, p. 57; Mearns, 2003).

The standard view echoes Rogers' early concern about the imposition of theoretical categories on the client's experiencing. Mearns (2003), for example, speaks of 'the importance of centring the work in the experience of the client rather than in terms of other people's experience of the client issue'. The standard view opposes the introduction of diagnostic categories into counselling sessions, but allows that some general knowledge of conditions such as depression or post-traumatic stress can help the counsellor in understanding the client. Psychopathology is discussed largely in terms of conflict between conditions of worth and organismic experiencing (Lambers, in Mearns, 2003), and different therapist conditions are held to be especially important in connection with different pathologies: for example, congruence is emphasised in connection with psychotic clients (p. 114), and acceptance in connection with clients who have personality disorders (p. 120). The standard view thus allows for

a differential emphasis in the therapist conditions depending on the nature of the client's difficulties.

Following Rogers, the standard view is wary of introducing specific therapeutic techniques. On the whole it remains committed to the view that the presence of the six therapeutic conditions is sufficient for therapeutic change. However, it does not insist that procedures which are employed in other therapeutic traditions are always inappropriate. It is rather that the bringing in of specialised techniques is seen as running into the grave danger that the client may come to trust in the expertise of the therapist rather than in their own experiencing. On the whole, the standard view discourages therapeutic moves which aim to teach or direct the client, but in the end the context and the therapist's own spontaneous feelings about what is appropriate to do at the moment are held to be paramount. The introduction of specific procedures does not necessarily go against the notion that the therapeutic conditions are sufficient; the employment of specific procedures can be seen as a manifestation of the therapist's congruent response to what the situation requires. In this respect the standard approach tends to take a pragmatic view of what is helpful, as against the 'purists' who would ban any kind of directivity on the part of the therapist. Brian Thorne (1992, p. 94) writes:

I had always considered myself to be somewhat of a 'purist' until a member of the 'purist camp' walked out of a video demonstration of my work when he witnessed what was clearly, for him, a directive response from me to my client, even if delivered with extreme respect and tentativeness. At that moment, in his eyes, I had ceased to practice client-centred therapy. I sense that Carl Rogers would have stayed to see what happened next.

Thus the standard view follows the later development of Roger's thinking in that it allows the therapist to be active in the relationship so long as nothing is *imposed* on the client (Mearns, 2003, Chapter 19). Standard person-centred counselling training usually begins with an emphasis on listening and empathic tracking, but the trainees are later encouraged to develop their own individual ways of embodying the therapist conditions. The importance of the counsellor's *presence* in the relationship is emphasised. This reflects the development in Rogers' views to which I referred in the last section, that is, his increasing emphasis on therapist genuineness. Such genuineness involves the therapist in trusting, and where appropriate expressing, their natural

responses to the client (Mearns, 2003). This is often referred to as 'use of the self in therapy', and it clearly requires a high level of self-awareness, if it is to be facilitative. Hence the growing emphasis on being genuine in relation to the client further reinforces the stress placed on personal development in counsellor training.

If Focusing procedures are discussed in training, they will normally be introduced as unobtrusive invitations to the client to move towards or remain in contact with what Gendlin calls the 'edge of awareness'. It is the counsellor's presence with the client at the edge of awareness that is emphasised, rather than Focusing as a matter of 'techniques' (Mearns, 2003; Mearns and Thorne, 1988, pp. 47–51).

The standard view has maintained something of Rogers' later enthusiasm for group-work, while letting go of any dogmatic assertion that such work is the only possible context for training in person-centred therapy. It is recognised that while personal development groups can provide experiences which are unattainable in one-to-one sessions, the converse is also true (Mearns, 1997, p. 102).

In sum, the standard view stays close to Rogers' principle of 'client-centredness' without taking this term in a completely literal way. The literalist or 'purist' approach, which I discuss below, would involve asserting that the person-centred approach has no goals for the client beyond those which the client has for himself. Mearns (2003) explicitly opposes the literal interpretation, asserting that person-centred therapists are at least committed to the goal of helping a client 'to find and exercise more of his own personal power with regard to understanding and evaluating his actions'.

## **Integrationists**

Richard Worsley (2004) draws attention to two distinct ways in which person-centred therapists have sought to integrate their approach with ideas and procedures taken from other approaches. One way involves the attempt to integrate Rogers' theoretical concepts with those of other schools, through the development of a variant theory. The other is rather a matter of the individual practitioner assessing to what extent they can integrate ideas and procedures taken from other schools of therapy into their own conception of what it is to be person-centred.

An example of the first approach would be that of Wijngaarden (1990), who sees human beings as having destructive potentials which cannot be accounted for simply as the frustration of funda-

mentally positive impulses, and draws on Jung's work in elaborating a variation on Rogers' theory.

Examples of people who adopt the second approach include Worsley himself, Reinhard Tausch (1990), who advocates supplementing person-centred therapy with such procedures as relaxation techniques and behavioural counselling, and Rose Battye (2003), whose subtle position is hard to classify as either clearly person-centred or clearly integrationist.

There is something congenial to this second kind of integrationist approach in Rogers' thought itself. Rogers held that neither the theoretical orientation of the therapist, nor the techniques used, matter very much. So long as the therapeutic conditions are present, therapeutic change will occur regardless of the theoretical orientation of the practitioner 'whether we are thinking of classical psychoanalysis, or any of its modern offshoots, or Adlerian psychotherapy, or any other' (Rogers, 1957, p. 101). Similarly Warner (2000a) quotes Rogers as saying '[i]f a therapist has the attitudes we have come to regard as essential, probably he or she can use a variety of techniques'. But if it is unimportant what theoretical notions or techniques are employed by a therapist, then presumably a wide variety of notions and techniques can be brought together without detracting from the efficacy of the therapy.

There are two reservations which may be felt here. One is centred around the question of whether it really is compatible to use 'techniques' such as relaxation procedures or the Gestalt two-chair procedure with the person-centred approach. Many person-centred therapists would say that for the therapist to introduce such techniques is to go against the principle that the client knows best what will be helpful; others, including it would seem Rogers himself, have no objection to the use of special techniques so long as their use does not interfere with the person-centred therapeutic attitudes.

The second reservation centres around the question of whether the theoretical concepts of other schools can be employed along with the concepts of Rogers, but without going so far as to set up a variant theory as in the first kind of integrationist position. It would seem that to employ different and perhaps incompatible conceptual schemes at the same time can only lead to confusion, unless there is some meta-position which shows how the different schemes can all be used.

As we shall see, Gendlin's account can be seen as just such a meta-position, which allows for the possibility that almost any theory of psychotherapy, and almost any procedure, can be practised in a person-centred way. For Gendlin the person-centred approach does

not exist on the same level as the theories and procedures of the other schools. I hope to show that it is in that way *fundamentally* different from all the other approaches.

### **Process-experientialists**

Another path of development is that found in the work of Laura Rice, Leslie Greenberg and Robert Elliott. Here the emphasis is on the micro-processes of therapy, and the development of particular forms of therapist intervention which are thought to be appropriate in different circumstances. The therapeutic conditions remain, but they are now more in the background. This kind of development in client-centred therapy is often now referred to as 'experiential psychotherapy' or 'process-experiential psychotherapy'. Gendlin's own approach is sometimes regarded as belonging here, and Gendlin (1973b) himself at one time used the term 'experiential psychotherapy' to characterise what he was doing. The development of the process-experiential approach can be briefly sketched as follows.

Laura Rice, who completed her doctorate at Rogers' Counselling Centre in Chicago, drew attention to a common kind of therapeutic event in which clients described and explored an incident in which they found themselves reacting in an inappropriate or unexpected way (Rice, 1974). She found that when clients were describing such 'problematic reaction points', it was often therapeutically helpful if the therapist encouraged the client to become more vividly aware of the detail of the incident. If the therapist did this, the client would often become aware that they were construing the incident in a way that did not adequately reflect their *experience* of what happened. For example, a client is unhappy about how he reacts when entering a room full of people, and they turn to look at him: he freezes or rushes out. The therapist reflects back what the client has been saying in a vivid way, such as 'You open the door, walk into the room and all the heads swivel. The eyes focus on you, they get big and terrifying.' This 'evocative reflection' gets the client back into his experiencing of the situation, and he may then notice things which are not part of his construal, for example, that the people are actually looking at him with indifference or even interest. In the therapy session the experiencing as a whole is recalled and reprocessed. There is no need for the therapist to give any interpretation of the situation; the client's own experiencing provides the corrective elements which enable the reprocessing to take place. Of course, if a client is to go back into

frightening or painful experiences in this way, it is essential that they feel safe and supported. The therapist conditions are thus very important in maintaining that safe atmosphere, but the more evocative reflections go beyond this in helping the client to get into his or her own experiencing, so that the experiencing can be reconstrued in a more appropriate way. Rice acknowledges that there is an element of therapist directivity in this; the therapist is directing the client towards their own experiencing, but in all other ways the non-directive nature of the client-centred approach is maintained.

A little later Leslie Greenberg (1979), who also began his therapeutic career within the client-centred approach, drew attention to a kind of change event which is often referred to in Gestalt therapy. When a client is experiencing an inner conflict the Gestalt therapist may use a two-chair technique in which the client speaks from each 'part' of themselves while sitting first in one chair and then in the other. This brings the two parts more into awareness, and the resulting dialogue between the two often reduces the differences between them, so that the inner conflict is ameliorated. Greenberg presents evidence that the two-chair procedure can be more therapeutically effective than the procedure of staying empathically with the conflict, but whether or not this is generally so we have an example here of another *kind* of therapeutic procedure, marked this time by what Greenberg calls a 'conflict split'. It should be emphasised that Rice and Greenberg see Rogers' therapeutic conditions as providing an essential setting for procedures such as evocative reflection and two-chair work, and that the procedures are suggested to clients as possible ways of working which the client may prefer not to use. In that case the process-experiential therapist returns to a client-centred baseline of empathic responding.

Another type of therapeutic situation is marked by the client having 'unfinished business' with some significant person in their life. Here a helpful form of therapeutic intervention might be the suggestion that the client should imagine the significant other in an empty chair and express to him or her what the client needs to express.

Of especial interest in the context of this book is the kind of therapeutic situation in which a client has a vague sense of a problem, but is unable to articulate it. Here the most appropriate form of intervention might be Gendlin's Focusing procedure, which Greenberg and Rice (Greenberg *et al.*, 1993) see as one example of an 'experiential search' procedure.

Greenberg and Rice (joined later by Robert Elliott and others) have thus developed a form of therapy in which the provision of the

therapist conditions is supplemented by attention to the kind of 'process difficulty' which the client is having. By 'process difficulty' they mean such things as the client being in conflict, finding themselves responding to situations in problematic ways, not being able to 'let go' of something in their experiencing and so on. These difficulties are not content-specific: what the conflict is about or what the situation is, is another matter, and only the client can speak with authority about that content. In classical client-centred therapy the client is the expert on what they are experiencing; however in process-experiential therapy the therapist is seen as having special expertise in *ways of working with* one's experiencing. The importance of the therapeutic conditions is not denied, and the process-experientialists emphasise that the conditions can be *directly* effective in therapy (where for instance the client's main need is to be understood or valued). However, they add that the conditions may also provide a setting for work with specific difficulties which are arising in the client's processing of their experiencing. There is a *diagnosis* of process difficulties in process-experiential therapy, and the therapist assumes a directive role in suggesting procedures which may help with the difficulties. The therapist makes no diagnosis in connection with the content of the client's experiencing (there is no 'interpretation'), and does not in any way direct or suggest ways in which the client might view their situation. The slogan of the process-experiential school is 'Direct the process but not the content'.

One further development in process-experiential theory has been the work of Greenberg and his associates on the nature of emotion (Greenberg and Safran, 1987; Greenberg *et al.*, 1993; Greenberg, 2002). In their view it is therapeutically important to target those places where the client's experiencing is constrained or distorted by construals that are inappropriate to the full range of the client's experiencing. These construals should not be seen, as they tend to be seen in some other forms of therapy, as essentially cognitive. They are, rather, *emotional* schemes, and the function of procedures such as Focusing or Two-chair work is to access, and hence allow the restructuring of, these emotional schemes. The theory of emotion and hence of psychotherapy which Greenberg and his associates have developed is rather different from that of Gendlin, but the details lie beyond the scope of the present book.

Process-experiential therapy is not widely known in Britain, although this situation is beginning to change with the recent publications of Worsley (2002) and Baker (2004). However, in Europe

and in the United States it has become a quite widely researched form of therapy, with its own literature, clinical handbooks and training courses. In addition to Greenberg, Rice and Elliott, who have been the central figures in this approach, there are others who are more or less closely aligned with it, such as Alvin Mahrer (1996) and David Rennie (1998). All these workers see themselves as operating within the broadly client-centred tradition, emphasising the centrality of the client's conceptualising of their experiencing, as opposed to a conceptualisation based on the categories of a psychotherapeutic theory. They differ from many client-centred therapists in that they see the client as needing context-sensitive therapeutic help in working effectively with their own experiencing. The client is the ultimate authority on what they are experiencing, and on what that experiencing means to them, but a client may need very specific forms of help from the therapist in getting to know what that experiencing and meaning are.

Within the process-experiential tradition, Focusing is seen as a procedure which is appropriate in connection with certain specific client problems, which are marked by the fact that the client has a vague sense of something which they are currently unable to articulate. Gendlin's view of the place of focusing in psychotherapy is rather different, as we shall see, but there is much in the work of the process-experientialists which is relevant to focusing-oriented psychotherapy.

### **'Purists'**

The development of 'integrationist' and 'experiential' approaches within the broad sweep of person-centred therapy has led to a reaction from those who think that such developments undermine the crucial insights of Rogers. These theorists hold that the therapist should have no goal but to follow the client's goals. Barbara Brodley has for several decades resisted what she sees as distortions of the person-centred approach. She writes (Brodley, 1991, her emphasis):

Any specific goal for a client, systematically pursued by a therapist for a client, *functions and communicates as an expression of authority over the client*. It is an expression of knowing what is good for the client. Having specific goals for clients, including process goals, expresses a conception of the therapeutic relationship that *assumes the capability and the right of the*

*therapist to constructively direct the client.* I believe that these are deluded assumptions.

And:

the client-centred therapist, guided by his non-directive attitude, has no *directive intentions* in relation to the client. The therapist's intentions are distinctly and only to experience and to manifest the attitudinal conditions in such a way that unconditional positive regard and empathic understanding can be perceived by the client. (Brodley, 1990, p. 90)

Very similarly, Jerold Bozarth (1998, p. 12) writes

The therapist's intent is not to promote feelings or to help the client become more independent or 'to get' the client anywhere. The goal is not self-actualization, actualization, independence, or to help the client become a 'fully functioning' person. The only therapist goal is to be a certain way and by being that way a natural growth process is promoted in the client.

Bozarth grounds his view in his understanding of Rogers' theory:

Rogers' view of psychological dysfunction is that individuals are thwarted in their natural growth by conditions of worth being introjected by significant others. Psychological growth results from the individual being freed from these introjections. When the individual experiences unconditional positive regard from a significant other, the person begins to develop unconditional positive self-regard. As this occurs, the individual becomes increasingly able to deal with problems and life. If the therapist is congruent in the person-centered relationship, experiences unconditional positive regard and empathic understanding towards the client, and if these attitudes are, at least minimally, perceived by the client, then therapeutic change will occur. (p. 117)

Bozarth's understanding of Rogers' theory makes the client's 'actualising tendency' the cornerstone of therapeutic change. The therapist's task is simply to create the conditions under which the actualising tendency can operate effectively. Interestingly, Bozarth (pp. 41–2) concludes from this that the therapist conditions are not strictly necessary; other things may elicit self-regard, and the actualising tendency will make use of whatever is available for constructive change:

There are certainly individuals who report significant change and improved function from experiencing a religious conversion, a sunset, a smile, a traumatic experience, and so on . . . The remarkable resiliency of humans in terms of the actualising tendency leads me to conclude that the conditions may not necessarily be necessary.

What Bozarth does insist on is that the therapeutic conditions are sufficient. He sees the 'fundamental curative factor' as the client's perception of the therapist's unconditional positive regard. Empathy is seen as 'the purest way to communicate unconditional positive regard' (p. 51), and congruence is entwined with empathy in that the therapist's awareness of their own experiencing is bound up with their openness to the client's experiencing (p. 80). The therapist conditions are aspects of a way of being in which the therapist is fully receptive of the client, and it is that full presence and receptivity which dissolves the conditions of worth. Bozarth notes that late in his life Rogers himself remarked:

I recognize that when I am intensely focused on a client, just my presence seems to be healing . . . (and) I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of these conditions that is really the most important element of therapy – when my self is clearly, obviously present. (Rogers cited in Baldwin, 1987, p. 45)

So far as the use of specific procedures such as 'reflection of feeling' are concerned, Bozarth sees these as possible vehicles for communicating the therapist's positive regard and empathy. Bozarth follows Rogers in holding that other procedures (even such things as interpretations and advice) are acceptable if they communicate the crucial attitudes. What matters is not what the therapist does, but whether what is done conveys the healing attitude.

## **Tomoda**

Another development in person-centred therapy lies in the work of the Japanese therapist Fujio Tomoda, who was a major figure in the introduction of client-centred therapy to Japan. Tomoda had been having deep doubts about the value of advice-giving in student counselling sessions, when in 1948 he was given a copy of the book to which I referred at the start of this chapter, Rogers' *Counselling and*

*Psychotherapy*. He was deeply impressed by Rogers' approach, and proceeded to translate the book into Japanese. In 1955 he published a translation of *Client-Centered Therapy*, followed a year later by his own major work in Japanese. He continued to play a major role in translating Rogers, and the *Complete Works of C.R. Rogers* was published in Japanese, in twenty-three volumes, in 1969.

While much of person-centred therapy in Japan has subsequently followed the 'standard' path, Tomoda has a distinctive perspective which emphasises the role of the therapist in helping the client to be alone with their own experiencing (Hayashi *et al.*, 1998). Tomoda was very struck by an episode in the earliest published transcription of a complete series of psychotherapy sessions, which was included in Rogers' *Counselling and Psychotherapy* as 'The case of Herbert Bryan'. The therapist is not identified, but is widely understood to be Rogers himself. The central passages which struck Tomoda are (Rogers, 1942, pp. 393, 412):

In Session Six:

Bryan: So the ideal for me would be to – well, perhaps it's too yogi-istic or something, but I want to sort of effect a cure by myself, apart from the environmental problem. Then after the cure, why, I'll go out and tackle the problem.

Therapist: You feel that growth can sort of take place in a vacuum, and then once you have developed the growth, then you would be capable of dealing with the situation.

Bryan: Well, growth hasn't occurred in the environment, so perhaps it could occur by some sort of solitary meditation or whatever you'd want to call it. That doesn't sound so good, does it?

Therapist: Well, I don't know of growth taking place that way, but I can understand your feeling in regard to it.

Bryan: You know certain religious mystics will meditate in solitude for a long time. Then that seems to gird their loins, as it were. Then they go out and make achievements. So there must be some sort of building up of power there while they're in their solitude.

In Session 7:

Bryan: ... a person can resolve in a vacuum when they really sincerely mean it, but it's too hard to keep meaning it in a vacuum.

Tomoda comments: 'The true leap or growth of a person occurs when he is utterly alone. It is in human relationships or in the actual world that he makes sure of his own leap or growth. But it is not in the actual human relationship that true growth occurs.' This helped Tomoda to 'grasp the significance of the Zen ascetic standing under a waterfall on a mountain or sitting in religious meditation in solitude. In regard to counselling, the true meaning of the Rogerian techniques is that these techniques help the client to be in a state of being utterly alone' (Hayashi *et al.*, 1998).

As Hayashi *et al.* put it, 'Rogers' core conditions...have crucial importance and are absolutely necessary, but they are themselves not the sufficient conditions for therapeutic personality change. They are, in fact, prerequisites for the vacuum state...The essential meaning of client-centred therapy is in the paradoxical relationship in which a person becomes "utterly alone" through another person's empathic understanding' (p. 113). The way in which this happens is, briefly, that when we sit down with our troubles by ourselves we tend to remain caught in them. We are physically but not psychologically alone (p. 114). The presence of the therapist helps to create a safe space, a 'vacuum', within which we can be with ourselves without being distracted by what Tomoda calls the 'inner strangers', all those parts of ourselves which criticise, undermine and distract us from being who we really are. This kind of view, as Hayashi *et al.* point out, is very closely paralleled in some of Gendlin's concepts, such as those of 'clearing a space' and 'the client's client'. Tomoda's work gives us a different perspective on person-centred therapy, a perspective which connects in a fascinating cross-cultural way with that which Gendlin has quite independently developed.

## Rennie

David Rennie's (1998) approach 'fits between the person-centred and experiential genres' (p. vi). Rennie follows Rice (see Chapter 5) in emphasising the value of 'evocative reflection' and the use by the counsellor of metaphor and imagery. He follows the process-experientialists generally in seeing a need for process identification and process direction (Chapter 7) in certain circumstances. However, he does not emphasise the use of specific techniques (such as two-chair work) in response to 'markers' of process difficulties (such as 'inner conflict'). Rather, he sees clients as sometimes needing help in dealing with themselves, which can take the form of either process identification

or process direction. In process identification the counsellor draws the client's attention to what they are doing, such as 'remembering' or 'telling a story' or 'complaining'. One function of such process identifications is to facilitate the client's awareness of what they are doing, thus opening up the possibility that they may not wish to be doing it. In process direction the counsellor suggests that the client might do something different from what they are currently doing, for example, by suggesting that the client *give some attention* to a feeling, or asking the client if they can *identify what it is* about their situation which is so threatening.

Rennie's approach emphasises throughout the self-reflexive aspect of human experiencing. We not only have our experiences, but also reflect upon them, and this self-reflection is crucial to our sense of ourselves as active agents in the world. As Rennie acknowledges (p. 143), the ideal form of living may be one of non-reflective 'flow', but when the flow is blocked, or is in some way unsatisfactory, we need to stop and reflect, to turn our attention to our experiencing. 'Process identification' is involved in the reflexive awareness of what we are doing, such as 'I am experiencing fear' in contrast to the non-reflexive awareness of simply being afraid.

As Rennie (pp. 4, 12) remarks, while Rogers' *theory* has nothing to say about reflexivity, his practice suggests otherwise. Fred Zimring (1990, p. 442) in effect draws attention to this when he concludes from his analysis that 'Rogers's focus was on the person's present reaction to and interest in his or her problem or concern, as well as on the problem or concern itself.' Rogers did not respond just to the problem or to the feeling; he responded to the client's response to the problem or the feeling.

As we shall see, this separation of the immediate experiencing from the awareness of the experiencing (the creation of a space between me and my fears, for example) is something that is central also in Gendlin's approach. Like Rogers, Gendlin relates to the client in a way that will help the client to relate to their experiencing.

# Index

- (...) device, 154–5, 175–81  
*see also* implicit, the
- acceptance, *see* unconditional positive regard
- action  
and felt sense, 95, 137–8  
focusing and, 95  
working with, 136–8
- actualising tendency, 14–15  
and carrying-forward, 197  
and conditions of worth, 36–8  
revision of concept, 33, 35–6, 197–8  
and social restraint, 34–8  
and therapeutic conditions, 26–7, 69
- Adorno, T., 214
- agricultural metaphor, 7, 31–4
- Aitkins, R., 231
- Alexander Technique, 142
- Allemeny, C., 228
- Amodeo, J., 232
- animal behaviour studies, *see* ethology
- animal(s)  
consciousness of, 223–5  
emotion in, 75–6, 193–4  
life, 184–5
- Aristotelean world view, 187–8
- Aristotle, 187, 188, 211, 221, 230
- Armstrong, M., 142
- artistic creativity, 216–19
- ‘asking’ (focusing step), 87  
stages within, 92
- attention, and felt sense, 56, 70, 74, 81,  
176, 180, 195
- Augustine, St, 205
- authenticity, 36, 84, 205  
and carrying-forward, 84  
and felt sense, 36–8  
*see also* congruence; genuineness
- ‘avenues’ of therapy, 96, 108, 128–42,  
156, 196  
and therapy training, 165
- Baker, N., 24
- Baljon, M.C.L., 173
- Barrett-Lennard, G.T., 3, 12, 13, 65
- Battye, R., 21
- behaviourist psychology, 215
- ‘being oneself’, and social restraint, 34–8
- Bergin, A.E., 2, 53, 156
- Berkeley, Bishop, 50
- Berlin, J.I., 56
- Bickhard, M., 228
- biological concepts, 34, 221–2
- blocked process, 71–3, 185–6, 191,  
204–5
- body  
‘felt from inside’, 83  
lived, 197  
registering changes in, 141  
sensations and felt sense, 74–5, 93–4  
sense, 86, 105–6, 194  
working with, 141–2
- Bozarth, J., 26, 27, 39, 43, 57, 146
- British Association for Counselling and  
Psychotherapy (BACP), 168
- British Focusing Teachers’  
Association, 172
- Brodley, B.T., 25, 42, 145, 146, 152, 157
- Bucher, C., 95
- Buddhism, 29, 231–2
- Campbell, P., 89, 231
- carrying-forward, 54, 71–3, 102–3,  
181–2  
and actualising tendency, 197  
and authenticity, 84  
‘direction of fresh air’, 103  
and listening, 193  
in psychotherapy, 190–1  
and structure-bound process,  
79–80
- Cartwright, D.S., 55
- Cartwright, R., 132
- catatonia, 126–8

- catharsis, 123, 132
- chair work, *see* empty-chair procedure;  
two-chair procedure
- change-step, 5–6  
*see also* felt shift; moments of  
movement
- change, and insight, 77, 102, 134–5,  
154, 196
- ‘Changes’ groups, 214
- children, focusing with, 225–6
- Clark, C., 150, 161, 162
- clearing a space, 29, 30, 87–8  
in focusing-oriented therapy,  
105, 134  
‘inventory’, 105, 147  
and stress reduction, 88  
*see also* ‘putting down’ (focusing step)
- client-centred response, 48–52
- client-centred therapy, 3–4, 11–12
- client–therapist relationship, 138–40  
depth of, 149–52, 201, 203  
difficulties in, 115–16
- client vulnerability, 110–12
- ‘client’s client’, 29, 44, 98, 153–4
- client’s frame of reference, 97
- Coffeng, T., 124
- cognitive ethology, 224
- cognitive therapy, 135
- community group, 166
- Comprehensive Process Analysis  
(CPA), 161
- concepts, and experiencing, 5, 54,  
69, 74, 83, 113, 177–8, 191
- conditions of worth, 4, 199  
and actualising tendency, 36–8  
and empathy, 202  
and psychological disturbance,  
39–41  
and self concept, 14  
in training, 165
- Conditions of Worth Theory, 15, 16, 18  
difficulties with, 39–41  
and directivity, 146
- configurations/parts of self, 91, 120, 121
- congruence, 14  
geometrical metaphor of, 46, 206  
nature of, 45–8  
revision of concept, 47–8, 203–6  
and Wisconsin Project, 66–7  
*see also* authenticity; genuineness;  
incongruence, and structure-  
bound process
- conscience vs inner critic, 117
- core conditions, 4, 7, 13, 115–16  
*see also* acceptance; congruence;  
empathy; therapist conditions
- Cornell, A.W., 89–91, 94, 95, 114,  
119, 121, 135
- counsellor, *see* therapist
- creativity, 176, 185, 191–2, 229  
artistic, 216–19  
thinking, 220–1
- critic, inner, *see* inner critic
- ‘crossing’, 178–9
- cultural differences, 110, 186
- cultural relativism, 189
- curtailed experiencing, 122–4
- De Silva, P., 136
- DeCaro, P., 219
- denial, 15
- Descartes, R., 221, 230, 234
- desensitisation procedures, 162, 199
- desires, first- and second-order, 212
- diagnosis, 18, 24, 143–5  
vs sensitisation, 109–10, 144  
*see also* expert knowledge
- Dilthey, W., 152, 229
- direct referent, 59–60, 74, 176, 194  
referent movement, 77  
*see also* felt sense
- ‘direction of fresh air’, 103, 141
- directivity, 3, 8–9, 42–5, 145–9  
and coercion, 43  
and Conditions of Worth Theory, 146  
and influence, 42  
in process-experiential therapy, 23  
purist view, 26–7  
towards experiencing, 43–5  
*see also* process direction
- disassociated process, 90, 121  
*see also* ‘too distant’ process
- dissociation, 124
- distortion, 15
- divided experiencing, 119–21
- Draper, I., 166
- dreams, 122, 132
- Durak, G.M., 158

- 'edge of awareness', 20, 138, 203, 230–1  
*see also* felt sense
- education  
 focusing in, 225–6  
 and indoctrination, 215
- Ellingham, I., 47
- Elliott, R., 22, 23, 161
- EMDR (Eye Movement Desensitization and Reprocessing), 142
- emotion-in-action, 75
- emotion(s)  
 in animals, 193–4  
 and experiencing, 114  
 and felt sense, 74–6, 93–4, 113, 133  
*misconstrual* of, 124–5  
 moderation of, 112  
 overwhelm, 6, 8, 133–4  
 in process-experiential therapy, 24  
 schemes, 24  
 and situations, 193, 194  
 working with, 132–4  
*see also* feeling(s); 'too close' process
- empathy  
 and conditions of worth, 202  
 and reflection, 100, 109, 202  
 revision of concept, 201–3
- empty-chair procedure, 23, 123
- encounter, 83  
*see also* 'interaction first'
- encounter groups, 17
- ethics, 84, 200, 211–14  
 process view of, 212–13
- ethology, 215, 222–5  
 cognitive, 224
- evocative reflection, 22–3, 124
- evolution, 33
- 'exiled' process, 90  
*see also* 'too distant' process
- existence, preconceptual, 82–3
- existential philosophy, 44
- experience  
 Rogers' concept of, 46–8  
 unconscious, 15, 46–7, 70, 196, 226–7
- experiencing  
 and concepts, 5, 54, 74, 83, 114, 177–8, 191  
 curtailed, 122–4  
 depth of, 159–60  
 difficulties in relating to, 109–28  
 directed quality of, 84  
 directivity towards, 43–5  
 divided, 119–21  
 and emotion, 114  
 helping client relate to, 96–109  
 intricacy of, 37, 69, 72, 101–2, 133  
 misconstrued, 124–5  
 and moral principles, 213–14  
 paranormal, 151–2  
 'pointing' to, 100–2, 107–8  
 preconceptual, 82–3  
 reflexivity of, 30  
 religious, *see* spirituality  
 and society, 214–16  
 suppressed, 121–2  
 and theories, 4  
*see also* concepts, and experiencing
- experiencing level  
 in early sessions, 63–4, 157–8  
 and therapeutic change, 63–9, 157–62  
 and therapist conditions, 62–4, 68–9
- Experiencing Scale, 56, 61  
 schizophrenics, 62–3
- experiential psychotherapy, 2, 22  
*see also* process-experiential therapy
- expert knowledge, 51–2  
*see also* diagnosis
- externalising, 6, 8, 67–8, 90, 113–14  
*see also* 'too distant' process
- feeling-process, 175–8  
 momentum of, 180
- feeling(s)  
 ambiguity of term, 37  
 and experiencing, 114  
 and felt sense, 37, 38, 74  
 following, and social restraint, 35  
*misconstrual* of, 124–5  
 reflection of, 27, 49–51, 100, 209  
 and situations, 150, 193, 194  
 unconscious, 15, 46–7, 70, 196, 226–7  
*see also* emotion(s)
- felt sense, 69–70, 73, 87  
 and action, 95, 137–8  
 and attention, 56, 70, 74, 81, 176, 180, 195  
 and authenticity, 36–8  
 'components' of, 94

- development of concept of, 74, 194–5
- and emotion, 74–6, 93–4, 113, 133
- and feelings, 37, 38, 74
- finding, 176
- formation of, 115
- ‘forward direction’ in, 103
- full, 93–4
- in group work, 140–1
- and imagery, 93–4, 132
- intricacy in, 115
- and life situation, 93–4
- in poetry, 69
- in reading, 176–7
- and self, 153–4
- and sensations, 74–5, 93–4
- in teaching Focusing, 92
- and thinking, 135–6
- unfolding, 76–7
- in writing, 177–8
- see also* direct referent; edge of awareness
- felt shift, 5–6, 103, 195–6
- see also* change-step; moments of movement
- Fiedler, F.E., 13
- ‘finding the right distance’, *see* ‘putting down’ (focusing step)
- Flanagan, K., 89
- ‘focaling’, 195, 197, 222
- focusing
  - and action, 95
  - as self-help procedure, 86
  - as taught procedure, 8, 20, 80–1, 84–95, 172
  - attitude of friendliness, 105
  - global application, 77
  - interactive, 94
  - measurement scales, 161–2
  - origins of, 54–81
  - phases of, 73–80
  - in process-experiential therapy, 23, 24, 25
  - referent movement, 77
  - solitary, 116
  - and subjectivity, 95
  - teacher training, 172
  - unfolding in, 76–7
  - Wholebody, 95
  - see also* Experiencing Scale
- focusing co-ordinators, 172
- focusing instructions, 84–91
  - classical, 86–8
  - original, 84–5
  - variants, 89–91
- focusing-oriented psychotherapy, 96–142
  - empirical evidence, 158–62
- focusing partnerships, 168–9
- Foucault, M., 214, 215
- Foxcroft, R., 230
- fragile process, 110–12
- Frankfurt, H., 212
- Freud, S., 46, 47, 55, 56, 215, 230
- Freudian theory, 15, 16, 46–7, 70–3
  - see also* psychoanalytic concepts
- fully-functioning person, 167
- function, biological, 185, 222
  
- Galileo, 234
- galvanic skin-resistance studies, 56
- Garfield, S.L., 2
- Geggus, P., 142
- Gendlin, E.T.
  - appreciation of Rogers, 209
  - basic concepts, 82–4
  - directs Wisconsin project, 62
  - early work with Rogers, 54–61
  - and Freud, 70
  - and Heidegger, 229
  - impact of Wisconsin project results, 65–6
  - influences on his thought, 54, 229, 230
  - philosophical background, 5, 54, 74, 228–30
  - social/political work, 214
  - general principles, 186, 191
  - genuineness, 12, 19–20
    - see also* authenticity; congruence
  - Gestalt therapy, 23, 120, 122, 123
    - experientially oriented, 162
  - gesturing, in Gendlin’s theory, 185
  - Ghosh, A., 6
  - Glass, G.V., 53, 156
  - Goldfarb, M., 218, 219
  - Goldman, R., 124
  - Greenberg, L., 22, 23, 24, 33, 121, 122, 124
  - Griffin, D., 224, 225

- group supervision, 169–70  
 group work, 17, 20, 64–5, 140–1  
   ‘Changes’ groups, 214  
   group size, 167  
   listening/focusing groups, 168  
   in therapy training, 166–8
- Hakomi therapy, 142, 232  
 ‘handle’ (focusing step), 87  
 Harvey, K., 218  
 Hatab, L.J., 154  
 Haugh, S., 48  
 Hayashi, S., 28, 29  
 Heidegger, M., 229, 234  
 Hendricks, M., 106, 132, 158, 159,  
   160, 200, 220  
 ‘Herbert Bryan’, case of, 28–9  
 Hinterkopf, E., 231  
 Holdstock, T.L., 35  
 holy, dimensions of, 233–4  
 human potential movement, 35
- ‘I’ and ‘it’, 91–2, 113, 199–201  
 Iberg, J., 106, 161, 162  
 identification, 90  
   *see also* ‘too close’ process  
 image space, 92  
 imagery  
   and felt sense, 93–4, 132  
   working with, 131–2  
 immune functioning, 225–6  
 implicit, the  
   and creativity, 192  
   (…) device, 154–5, 175–81  
   function in experiencing, 177–8  
   and the unconscious, 48, 70–3,  
   204–5  
 implying, 71–3, 180–2, 190, 200  
   and psychotherapy, 204–5  
 incongruence, and structure-bound  
   process, 205  
 indoctrination, and education, 215  
 inner critic, 116–19  
   creation of, 119  
   energy of, 117–18  
   and introjection, 118–19  
   superego as, 117  
   vs conscience, 117  
   working with, 117–19
- insight, and change, 77, 102, 134–5,  
   154, 196  
 Institute for Bio-Spiritual Research, 231  
 integrationists, 20–2  
   variant theory, 20–1  
 intellectualising, 6, 8, 67–8, 90, 113–14  
   *see also* ‘too distant’ process  
 interaction, 7–8  
   client and therapist, *see* client–therapist  
   relationship  
   experiencing and society, 214–16  
   feeling process and attention, 175–6  
   feeling process and words, 175–7, 180  
   organism and environment, 34  
   tradition and felt needs, 189  
 ‘interaction first’, 182–3  
 interactional focus, restoration of, 235  
 Interactive Focusing, 94  
 interactive order, in physics, 227–8  
 interaffecting, 182–3  
 interpretation, 134–5, 148  
 intricacy  
   experiential, 37, 69, 72, 101–2, 133  
   in felt sense, 115  
 introjection, 4, 14, 15, 199  
   and inner critic, 118–19  
 ‘inventory’ (focusing step), 105
- James, W., 231  
 Jenney, R., 55  
 Johanson, G., 232  
 Jung, C.G., 21, 152, 202
- Kant, I., 211, 234  
 Katonah, D.G., 225, 226  
 Kiecolt-Glaser, J.D., 225  
 Kiesler, D.J., 157  
 King, J.W., 232  
 King, M., 53, 156  
 Kirschenbaum, H., 46, 62  
 Kirtner, W., 55, 58  
 Klee, P., 219  
 Klein, J., 94  
 Klein, M.H., 157  
 knowledge, 187–8  
 Kurtz, R., 142, 232
- Lambers, E., 18, 173  
 Lambert, M.J., 53, 156

- language  
 in Gendlin's theory, 185  
 learning, 32  
 picture theory of, 205–6
- Leijssen, M., 49–50, 93–4, 115, 150, 154, 158
- Lemke, J., 227
- Levin, D., 229
- Levin, R., 231
- Levine, P., 124, 162
- Lietaer, G., 43
- life  
 concept of, 32–4, 222  
 levels of, 184–9  
 'life-forward' direction, 197–8  
 listening, and carrying-forward, 193  
 locus of evaluation  
 external, 14  
 internal, 18
- Lutgendorf, S., 225
- McEvenue, K., 95, 142
- McGavin, B., 89–91, 95, 119, 121, 230
- McGuire, K.N., 134
- McGuire, M., 94
- McKeon, R., 54, 229, 230
- McMahon, E., 89, 231
- McMullin, R.E., 161
- Mahrer, A., 25
- 'making a list' (focusing step), 105, 147
- Manser, A.R., 222
- markers of process difficulties, 23, 29
- Mathieu-Coughlan, P., 157
- Mearns, D., 4, 17, 18, 19, 20, 35, 36, 42, 121, 148, 149, 164, 166, 201
- medicine, focusing in, 225–6
- meditation, 29, 232
- memory, 226–7
- 'merged' process, 90  
*see also* 'too close' process
- Merleau-Ponty, M., 228
- Merry, T., 18
- metaphor, 178  
 agricultural, 7, 31–4  
 creation of, 179–80
- mirroring  
 in childhood, 50–1  
 in focusing-oriented therapy, 98  
 and psychological disturbance, 40  
 Rogers' view, 49  
*see also* reflection
- misconstrued experiencing, 124–5
- moments of movement, 5–6, 57–8, 59, 141  
*see also* felt shift; change-step momentum, 180, 191
- Moore, H., 50, 50
- Moore, J., 37, 232
- moral principles, 211–13  
 and experiencing, 213–14
- morality, *see* ethics
- Mountford, C., 167
- multiple personality disorder, 121
- mysticism, 150, 151–2  
*see also* spirituality
- Nelson, K., 230
- non-directive reflective psychotherapy, 3, 12, 16, 42, 48–52
- non-directive 'rules', 67
- 'nothing between', 97, 209
- numinous, 233–4
- obedience, 230–1
- organic life, 221–2  
 as metaphor, 31–4  
*see also* agricultural metaphor
- organism  
 development of, 15  
 and environment, 183–4
- Orlinsky, D., 8, 159
- Otto, R., 233
- overwhelm, emotional, *see* emotion(s), overwhelm, emotional
- painting, focusing in, 217–19
- paranormal experiencing, 151–2
- parts/configurations of self, 91, 120, 121
- Pennebaker, J.W., 225
- Perl, S., 216, 217
- Perls, F., 120
- person-centred therapy  
 and procedures, 129–30  
 relation to other approaches, 21–2, 96, 130, 156, 196, 209  
 standard view, *see* 'standard' person-centred therapy
- 'person in there', 98, 111, 112, 209

- personal development groups, 166–7  
 personal interaction, working with,  
 138–40  
 phenomenology, 229  
 philosophy, 228–30  
   existential, 44  
 physics, interactive order in, 227–8  
 plant life, 184  
   as analogy for human life, 31–4  
 poetry, 69, 181–2  
 ‘pointing’ to experiencing, 100–2, 107–8  
 Polanyi, M., 191  
 politics, 214  
 post-traumatic stress difficulties,  
 124, 162  
 postmodernism, 189, 205, 229  
 ‘pre-therapy’, 128  
 preconceptual experiencing, 82–3  
   *see also* concepts, and experiencing  
 presence, 90, 91  
   of therapist, 19  
 problematic reaction points, 22–3, 124  
 process  
   blocked, *see* blocked process  
   dissociated, 121  
   fragile, 110–12  
   ‘too close’, 90, 112–15  
   ‘too distant’, 90, 112–15  
 process difficulties, 24  
   markers, 29  
 process direction, 29, 30  
 process-experiential therapy, 22–5  
   and directivity, 147  
   focusing in, 23, 161  
   and focusing-oriented therapy, 109  
   therapist conditions in, 23–4  
 process identification, 29, 30  
 Process Scale, 56, 61  
 process skipping, 144–5  
 process stages, 59–61  
 process/content distinction, 24,  
 147–8  
 Prouty, G., 126, 128  
 psychoanalytic concepts  
   and client-centred concepts, 130  
   *see also* Freudian theory  
 psychodynamic therapy, 138–9  
 psychological contact  
   and ‘pre-therapy’, 128  
 psychological disturbance  
   conceptualisation of, 125–6  
   and conditions of worth, 39–41  
   Gendlin’s view of, 7–8  
   and structure-bound process, 56, 192–3  
 psychopathology, 18  
 psychotherapy  
   Gendlin’s view of, 70–81, 175–206  
   and politics, 213  
 psychotherapy theories, 130  
   assessment of, 155, 162, 210  
 ‘purists’, 19, 20, 25–7, 38–9  
 purpose, in organic world, 33  
 Purton, C., 88, 92, 118, 124, 129, 194,  
 201, 222, 225  
 ‘putting down’ (focusing step), 87  
   alternatives to, 92  
   in focusing-oriented therapy, 105, 134  
   imagery of, 88  
 ‘putting nothing between’, 97–8, 209  
 quantum mechanics, 227–8  
 Quinn, R.D., 13  
 reading, felt sense in, 176–7  
 ‘receiving’ (focusing step), 87  
 receptive attitude, 59, 96–7  
 referent movement, 77  
 reflection, 3  
   body, 126  
   discrimination in, 99  
   and empathy, 100, 109, 202  
   evocative, 22–3, 124  
   of feeling, 27, 49–51, 100, 209  
   in focusing-oriented therapy, 98  
   functions of, 48–52  
   situational, 126  
   word-for-word, 126  
   *see also* mirroring  
 reflexivity, 30  
 relational depth, 149–51, 201, 203  
 relativity theory, 227–8  
 release, 103  
   *see also* moments of movement;  
   felt shift  
 religious practice, 232–3  
 Rennie, D., 25, 29–30  
 repression, 15, 46–7  
 ‘resonating’ (focusing step), 87

- Rice, L.N., 22, 23, 29, 124
- Rogers, C.R.  
 appreciation of Gendlin, 58, 59, 62  
 early work, 2, 3, 11–16, 100  
 empathic reflections, 109  
 and Freud, 15–16, 46–7, 55  
 and group work, 17, 20  
 impact of Wisconsin project results, 64–5, 66  
 later work, 7, 19–20, 27  
 move to California, 64–5  
 and ‘schools’ of therapy, 52–3, 129  
 terminology, 3, 4  
 theory of self, 12  
 view of theories, 1
- role-play, 137
- Ross, C.A., 121
- Rothschild, B., 124, 162
- Rousseau, J.-J., 234, 235
- Sachse, R., 159, 160, 162
- Safran, J.D., 24
- Sanders, P., 17
- Sartre, J.-P., 44
- schizophrenia, 7, 16, 61–4, 65–7, 126–8  
*see also* Wisconsin Project
- ‘schools’ of therapy, 2, 21, 129–30, 207–8  
 equal effectiveness of, 52–3
- Schore, A.N., 51, 112
- science, as human creation, 234
- Seeman, J., 33
- self  
 configurations/parts of, 91, 120, 121  
 and experience, 91–2, 113, 113, 199–201  
 and felt sense, 153–4  
 Rogers’ theory of, 12  
 use of, 20, 139, 209
- self-concept, 12  
 and conditions of worth, 14
- self-defeating modes of expression, 103–4
- self-propelled feeling-process, 78
- sensations, and felt sense, 74–5, 93–4
- sensitisation, vs diagnosis, 109–10, 144
- Shapiro, F., 142
- Shea, J., 231
- Shlien, J., 55, 56
- simile, 178
- situations  
 and emotions, 193, 194  
 and experiences, 83  
 and feelings, 150, 193, 194  
 and felt sense, 93–4
- skills training, 168
- skin-resistance studies, 56
- Slack, S., 49
- Smith, M.L., 53, 156
- social construction of reality, 54, 186–7, 213, 229
- social restraint, and ‘being oneself’, 34–8
- society  
 and experiencing, 214–16  
 modern, 215–16
- ‘something’, 91, 107, 113
- space  
 between ‘I’ and ‘it’, 91–2  
 Gendlin’s view of, 226–7, 234  
 image, 92
- spirituality, 151–2, 200, 230–5
- Standal, S., 12
- ‘standard’ person-centred therapy, 17–20  
 training, 164
- standards, 187, 188
- Stiles, W.B., 53, 156
- Stinckens, N., 119
- stress reduction, 88
- structure-bound process, 56, 59, 61, 72–3, 79  
 extreme, 125–8  
 and incongruence, 205  
 and psychological disturbance, 192–3  
 in training, 165
- subjectivity, 95
- superego, and inner critic, 117
- supervision  
 group, 169–70  
 individual, 172–4
- suppressed experiencing, 121–2
- symboling, in Gendlin’s theory, 185
- ‘tacit dimension’ (Polanyi), 191
- Taoism, 232
- Tausch, R., 21

- techniques, 21
- Tennyson, A., 33
- theory(ies)
- construction of, 221
  - correspondence with reality, 129
  - empirical testing, 155–62
  - evidence for, 159
  - and experiencing, 4
  - in psychotherapy, 208
  - in training courses, 169
- therapeutic change
- client variables, 4, 55, 64
  - empirical studies, 156–62
  - focusing not necessary for, 152–5
  - and therapeutic conditions, 63–4
  - therapist variables in, *see* therapist conditions
- therapeutic conditions, 13–15, 18
- and actualising tendency, 26–7, 69
- necessary/sufficient debate, 38–9
  - necessity of, 27, 38–9
  - in process-experiential therapy, 22
  - Rogers' view of, 13–15
  - sufficiency of, 19, 27, 29, 38–9
  - and therapeutic progress, 39, 63–4
  - see also individual conditions*
- Therapeutic Conditions Hypothesis, 15, 48, 52–3
- tests of, 155
- therapeutic progress, *see* therapeutic change
- therapeutic relationship, depth of, 149–52, 201, 203
- therapist
- as well-functioning, 51–2
  - power of, 44–5
  - presence of, 78–80
- therapist conditions, 13
- balance between, 16
  - and experiencing level, 62–4, 68–9
  - and 'pre-therapy', 128
  - in process-experiential psychotherapy, 23–4
  - purist view, 27
  - Rogers' view, 27
  - Tomoda's view, 29
  - see also core conditions*
- therapy, *see* psychotherapy
- thinking
- creative, 220–1
  - and felt sense, 135–6
  - working with, 134–6
- Thinking at the Edge (TAE), 172, 220–1
- Thorne, B., 4, 18, 19, 20, 31, 35, 36, 42, 121, 149, 150, 164
- time, Gendlin's view of, 134, 200–1, 226–7, 234
- Tomlinson, T.M., 157
- Tomoda, F., 27–9, 27–9
- 'too close' process, 90, 112–15
- see also* emotions, overwhelm, emotional; identification
- 'too distant' process, 90, 112–15
- see also* externalising; intellectualising
- 'totaling', 197, 222
- tradition(s), 187–9, 190
- alternative, 187, 189
  - and creativity, 192
  - and felt needs, 189
- training, 163–72
- transference, 138–9
- trauma, 123, 124, 162
- and Conditions of Worth Theory, 40
- Treasure Maps to the Soul, 95
- truth(s), 186, 188
- general, 187
- two-chair procedure, 23, 120
- unconditional positive regard, 12, 13
- paradoxical nature of, 199
  - revision of concept, 198–201
  - superficial, 201
- unconscious feelings, 15, 46–7, 70, 196, 226–7
- unconscious, the, 15–16, 46–7, 70–3, 196
- and the implicit, 48, 70–3, 204–5
- unfinished business, 23, 123
- value(s), 84
- see also* morality
- Van Balen, R., 33
- vulnerability, client, 110–12
- Wallen, J., 11
- Warner, M., 17, 21, 111, 112, 121
- Watson, N., 39, 155

- Weitzman, B., 162  
Welwood, J., 232  
Wholebody Focusing, 95, 142  
Wijngaarden, H.R., 20  
Wilkins, P., 42  
Wisconsin Project, 7, 56, 61–8,  
156–7  
    clinical implications, 65–8  
    theoretical implications,  
    68–70
- Wittgenstein, L., 32, 188, 205, 205,  
224, 234  
Worsley, R., 20, 21, 24  
writing  
    felt sense in, 177–8  
    focusing in, 216–17
- Zen Buddhism, 29  
Zero Balancing, 142  
Zimring, F., 56, 58, 59