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The common points of the Relational Family paradigm and Focusing as possibilities for crossing: Benefits of applying Focusing in Relational Family Psychotherapy

Stičišča relacijsko družinske paradigme in fokusinga kot možnosti križanja: možnosti uporabe fokusinga v relacijski družinski psihoterapiji

Povzetek

Članek razišče mogoče prednosti uporabe prakse Gendlinove filozofije implicitnega, ki se imenuje fokusing, v relacijski družinski psihoterapiji (RDT). Foksusing je proces utelešenega zavedanja, RDT pa psihoterapetvski model, ki s svojo osrediščenostjo na regulacijo afekta ustvarja prostor za usmerjanje pozornosti na telo, kot ga razume fokusing. V procesu fokusinga posameznik poskuša vzpostavljati stik in ohranjati notranji odnos z občutenim telesnim zaznavanjem. Te zaznave posameznik nato ubesedi. S procesom fokusinga ima posameznik možnost neposrednega dostopanja do implicitne izkušnje, kar je ključno še posebej za predelavo travme. Čeprav RDT pripada v osnovi analitični, fokusing pa humanistični terapevtski tradiciji, sta si v marsičem sorodna, predvsem v pomenu, ki ga dajeta vzajemnosti (terapevtskega) odnosa. V članku raziskovanje stičišč razširjam in se osrediščam predvsem na vključevanje telesa v terapevtskem procesu, značilno za metodo fokusinga.

Ključne besede: relacijska družinska paradigma, fokusing, felt sense (občutena zaznava), izkušanje, implicitno

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Pri prevodu izrazov s področja fokusinga v druge jezike, tudi v slovenščino, se držimo napotka avtorja metode fokusinga, dr. E. Gendlina, da v vseh jezikih ostane izvirno poimenovanje te metode. Zato v slovenščini uporabljamo prevzeto besedo, ki je oblikovno in glasovno poslovenjena. Tudi glede pojma »felt sense« upoštevamo napotek Gendlina, da v vseh jezikih ostane njegovo izvirno poimenovanje. V slovenskem jeziku se pojavljajo še trije prevodi za felt sense: zaznavni čut, pomenski občutek in zaznani občutek, vendar po mojem mnenju vsi zgrešijo to, kar felt sense dejansko pomeni. Gre bolj za vedno sveže iskanje oz. zaznavanje tega, kar se poraja, to pa je vedno tudi občuteno. Zato se v praksi in teoriji večkrat uporablja kar »felt sensing« – zaznavanje tega, kar lahko tudi občutimo. »Izkušanje« prihaja iz besede izkušnja (angl. experience), ki po SSKJ (1987, 2:116) pomeni »kar kdo ob dogodkih, doživetjih spozna, ugotovi«. Ker gre pri procesu fokusinga izrazito za ozaveščanje in spoznavni element, se v tem kontekstu odločam za uporabo glagolnika izkušanje in ne doživljanje.

Abstract

The article discusses possible benefits of applying the practice of Gendlin's philosophy of the implicit, known as Focusing, in Relational Family Psychotherapy (RFT). Focusing is a process of embodied consciousness, whereas RFT is a psychotherapy model. The RFT model emphasises affect regulation, which creates a space for drawing attention to the body, as understood by Focusing, wherein individuals tap into felt bodily sensing. In this process, the individuals then express and explicate their sensing. Having added the process of Focusing opens the possibility for individuals to get direct access to their implicit experience, which is especially essential for trauma recovery. Although RFT and Focusing generally belong to different therapeutic traditions, analytical and humanistic respectively, they are similar in many ways. They both emphasise the importance of mutuality in a (therapeutic) relationship. The research of this article further extends into the commonalities of both paradigms, especially the recognition of the body in the psychotherapy process, which is specifically distinctive of the method of Focusing.

Key words: Relational Family Paradigm, Focusing, felt sense, experiencing, implicit

1. Introduction

Psychotherapy is the process of changing individuals' psychological states of consciousness, their sense of self, and their attitude towards the world. In this process, it is important that interventions not only help change clients' explicit sense of their place in the world (top-down) but also work on the physical levels of meaning (bottom-up) (Ogden, Pain, & Fisher, 2006; Tronick, 2009).

When working with clients, therapists are familiar with the kinds of situations that stop the therapeutic process from moving forward, especially those in which the experience that needs further processing is not fully accessible to explicit memory and has left the client trapped in the compulsive repetition of past behaviour (Gendlin, 2012; Kalsched, 2019).

This phenomenon comes into play in trauma treatment, especially where imprints of traumatic experiences seem to be qualitatively different from memories of ordinary events. Emotional and perceptual elements of traumatic memories tend to be more prominent than declarative components. Thus, when people with unresolved, non-integrated memories re-enact their traumatic experiences, as often happens, what they are experiencing in these re-enactments may bear little relationship to the actual realities of their lives (van der Kolk, 2002).

The conscious awareness of facts or events are often not reliable (as memory does not tend to be encoded consistently during trauma). I Implicit memories stored in the body and not necessarily accessible by our conscious mind are, in these cases, the most reliable memories. It follows that treatment of trauma with body-oriented psychotherapies (such as Focusing-Oriented Psychotherapy, using the method of Focusing) have become an almost indispensable complement to addressing "explicit" traumatic memories with traditional psychotherapies, or as van der Kolk (2002) states the "talking cure," where talking and insight are at the core of change. Renowned trauma therapist, Peter Levine, explores how the body itself stores "implicit" memory. Levine explains that much of what we think of as memory actually comes to us through our (basically non-conscious) *felt sense*. It is through the felt sense that we access that kind of memory for trauma healing and transformation. »Felt sense,« a term originated by Gendlin, is something directly sensed, but cognitively unclear, a multivocal feel, prior to symbolization, that in part describes our ability to access implicit memory. In this context, felt sense is a bodily felt, inner referent of our experience that is more (this more is the pre-conceptual, the implicit) than what words can capture (Gendlin, 1961; 1981; Krycka, 2014; Levine, 2010; van der Kolk, 2002). For example, Altawil, et. al. (2018) efficiently use different

intervention programmes, one of which is Focusing, for empowering resilience among Palestinian patients with Post-traumatic Stress Disorder.

In the context of therapy, Gendlin (1991a), who founded Focusing and created a method for it, also talks about the *dead ends* of discussion and the repetitive reliving of intense emotions. Without direct perception of the source of the problem in the implicit, the client can only relive what emerges, an experience to which the client and the therapist would typically add only interpretation (Gendlin, 1991a).

In this paper, I attempt to find the logical convergences between Focusing (Gendlin, 1981,2009) and Relational Family Therapy (RFT) (Gostečnik, 2004), and use them as possibilities for "crossing"[2] (combining) the two. The benefits of such crossing would reinforce affect regulation as the heart of therapeutic change , by allowing the therapeutic process of Focusing to facilitate the translation of implicit knowledge into explicit language. It does so because the emphasis of the body's implicit knowledge of life situations, known as the *felt sense*, or *felt sensing* is specifically distinctive of Focusing (Gendlin, 1991, 1981; Parker, 2015).

2. The Relational Family Therapy model in psychotherapy

RFT is an innovative and integrative psycho-organic relational approach in psychotherapy, founded by Christian Gostečnik (2004) and based on three fundamental levels of experiencing: systemic, interpersonal, and intrapsychic.

This model uniquely integrates three major analytical relational theories (*interpersonal psychoanalysis* (Bowlby, 1980; Sullivan, 1972, as cited in Gostečnik, 2004), *object relations theory* (Fairbairn, 1954; Klein, 1975; Mitchell, 1988, as cited in Gostečnik, 2004;Scharff & Scharff, 1987), and the *psychology of the self* (Kohut, 1971; Winnicott, 1988, as cited in Gostečnik, 2004), all of which include three levels of human experience: *intrapsychic* mechanisms with *interpersonal* and *systemic* dynamics. In the system configuration, these get their appropriate place[3].

2 Taking two different things and letting them interact so each is changed by the other creating something new to both.

3 While the RFT name may give the impression it is a type of therapy used merely in the treatment of familes, it is actually a way of understanding each individual in the family as an organic psychological unit of the family, which is seen as an organic psychosocial system. RFT is founded on the premise that the recurrent patterns of relationships in human experience (fundamentally from early childhood) are constantly recreated at all three levels of experiencing: systemic, interpersonal and intrapsychic. RFT is, therefore, oriented towards all three aspects of the individual's experiencing, or interaction, when various apsects of the individual's experiencing are being explored.

The therapeutic process in RFT is based on the relationship between the therapist and the client, on the mutual affect, atmosphere, or feeling that is the organic foundation of any interpersonal contact with another person. The role of the therapist is to become a channel for the flow of blocked affects, thus allowing the client to perceive, name, and evaluate aspects of the experiences that have driven their interactions and of which they have been previously unaware. In the therapeutic process, there are also changes in internal structures, in relationships with intrapsychic mental images of objects through interpretation, which allow clients and the whole system to stop repeating old patterns of relationship so that they can begin to experience living in a completely different environment (Gostečnik, 2004, 2012; Kompan Erzar, 2006).

RFT attributes the source of repetitive patterns of relationships and experiences to primary relationships, where core affects, affective psychic constructs built from the core affect, and the ways of regulating core affects are all created (Erzar, 2007; Gostečnik, 2004, 2010). The attachment system plays a central role as the child's first response to their parents' responsiveness and empathetic fine-tuning to the child (Bowlby, 1988; Kompan Erzar, 2006). Accordingly, RFT makes use of the theory of attachment with the theory of mutual affect regulation (Bowlby, 1969/1982; Erzar & Kompan Erzar, 2011; Fosha, 2001), intergenerational transfer of affect (Cozolino, 2002; Schore, 2003b), especially in connection with trauma research (Cvetek, 2009; Repič, 2008), and findings of modern neuroscience with interpersonal neurobiology (Schore, 1994, 2001, 2003a, 2003b, 2009, 2011).

3. Focusing

In the field of psychotherapy, there are a number of approaches that are grouped together under the common name of "experiential therapies" and are part of the humanistic psychology tradition. One of these approaches is Focusing-Oriented Psychotherapy (FOT) (Gendlin, 1996).

Gendlin, with colleagues, conducted a series of studies (Gendlin, 1962; Gendlin & Berlin, 1961) in which he found a lasting positive connection between a successful therapeutic outcome and the level of a client's *experiencing*. He placed experiencing, the organismic, bodily process, at the core of the therapeutic process (Gendlin, 1959). This variable has two characteristics: 1) experiencing as a process of *feeling*, as more felt than thought, known, or worded; 2) experiencing as occurs in the immediate present; it is what a person is feeling here and now, not their general characteristics such as inclinations, traits, and complexes. A change in therapy occurs even before clients have precise concepts to express what they are feeling. (Gendlin, 1961).

In the history of thought, this bodily-sentience is a forgotten dimension. We humans possess bodies that live *in* situations and experience them. Our experience is not only mental, but also embodied. Without body--sense of the situation, we would be lost (Gendlin, 1991a, 2003).

In the 1970's, a team from the University of Chicago, led by Eugene Gendlin and Carl Rogers, began researching psychotherapeutic questions that most psychotherapists avoid asking themselves. Why doesn't therapy succeed more often? Why does psychotherapy so often not result in real change in clients' lives? What is it that these clients and therapists do in cases where therapy *is* successful? The team studied many models of psychotherapy, analysing thousands of therapeutic encounters from recordings. The findings showed that successful clients are easily identified and quite early on, at the very beginning of the therapeutic process in fact, as what they do in a therapeutic session differs from what others do. This resulted in a key question: *What do successful clients do within themselves?* Gendlin and co-researchers found that it is the level of clients' experiencing that differs, what successful clients do themselves - that inner activity or skill, which is now called *Focusing* (Gendlin, 1981; Hendricks Gendlin, 2002; Weiser Cornell, 1996), a method of symbolising meaning from felt experience (*see generally* Vrhunc Tomazin, 2020). Gendlin did not "invent" Focusing, as it is a skill that some people use instinctively; however, he knew how to shape this natural, very subtle process into an explicit, clear method for accessing the felt sense (Harris, 2013), when "an individual is paying attention inwardly, to that unclear sense of something there" (Gendlin, 1990, p. 222).

Gendlin formed Focusing as a practice of his *philosophy of the implicit*, which he developed in two fundamental works: *Experiencing and the Creation of Meaning* (1997b) and *A Process Model* (1997a). According to Gendlin himself (1997c), he was perhaps most radically influenced by Wilhelm Dilthey:"Dilthey had three terms: 'experiencing', 'expression' and 'understanding'...But Dilthey says that experiencing is inherently always also an understanding already, and also an expression" (Gendlin, 1997c, p.41). Experiencing, according to Gendlin (p. 7) "doesn't come in cognitive units" and is always open to further living and action. This means that we are neither at liberty to invent further steps as we please, nor that the steps are already determined. Gendlin (p.41) gives an example of a bug running away from you. He says the bug needs "no *separate* thought to understand what" it does. Its "living experiencing *is* itself the understanding of danger, and also the expression of wishing to avoid danger."It is an implicit understanding (Gendlin 1991b).

These three components, (experiencing, expression, understanding) comprise *the way we have the experience* in direct interaction with another person, as is

typical in a psychotherapeutic session (Gendlin, 1964). Focusing in six steps (Gendlin, 1981) originates from this trinity of experiencing: the formation of the felt sense (experiencing), finding the handle and resonating (expressing), and asking (understanding).

Here we can insert either Gendlin's (1999) notions about *crossing*, or *Re-experiencing,*[4] or similarly Dilthey's notion of *Nacherleben*, an uncommon reexperiencing (Ikemi, 2017) that is in the centre of this circular trinity. In case of FOT, client's experiencing and Re-Experiencing (Nacherleben) cross with the therapist's Re-experiencing (of client's experiencing and Re-experiencing) so that "each become implicit in the other" (Gendlin, 1997c, p.41) . I need my Re-experiencing to accurately understand the other.

For example in the Focusing process, a felt sense forms as a metaphor for something a Focuser is experiencing. As the Focuser *senses into* the felt meaning of the metaphor, language arises and further expresses it. From that further expression, understanding emerges and carries the experiencing forward (Gendlin, 1964, 1996, 1997b). This is a *felt shift* (Gendlin, 1964, 1981), followed by a checking back and forth step (resonating- within oneself), which again changes experiencing (Ikemi, 2014).

This is also the definition of Focusing or, "continuous Focusing," which is the whole process that ensues in four not always clearly separable stages (Gendlin, 1964), when an individual attends to the direct referent[5] of experiencing. Individuals pay attention to the felt sense even before words or concepts, as they feel "something there" a feeling that at first is too complex to fully describe (Gendlin, 1964).

Focusing is not about the *content* of what we experience, but rather about *how* we experience, so the theory of Focusing is not a theory of *content* but a theory of the *process* through which contents emerge and change.

The practice of Focusing and the philosophy that underpins it can be integrated into a wide range of therapeutic modalities as it teaches specific methods for increasing the sensitivity to bodily experience during therapy sessions. The inclusion of Focusing in other therapeutic methodologies can enhance each method without changing it very much (Gendlin, 1996; Gendlin & Madison, 2014). In this way, many approaches have already been integrating Focusing into their practices, e.g. Somatic Experiencing (Levine, 2010), Experiential-Existential Model of Psychotherapy (Madison, 2010), Focusing-Oriented Dreamwork (Ellis, 2013), Focusing-Oriented Art Therapy (Rappaport, 2010), Focusing for

4 Ikemi (2017) suggests capital R to distinguish this term from the ordinary usage of the word to mean experience again.

5 Later felt sense

Creative Living which integrates Focusing and Brief Therapy (Jaison, 2014), John Amadeo (2007) integrates Focusing into Couples Therapy, Larry Letich and Helene Brenner (2014) apply Attachment Theory and Interventions to Focusing Therapy,...

To integrate such methods, or join avenues as Gendlin would have said, we call attention to where they meet (Gendlin, 1996). The meeting points of Focusing and RFT will now be the focal point of this paper's further examination.

4. Possibilities for applying the process of Focusing within the Relational Family paradigm

4.1. Relational Family Therapy and Focusing: meeting points

4.1.1. Interpersonal relationships, interaction first

The RFT paradigm focuses on interpersonal relationships because, as Bowlby (1988, p. 62) put it, "As mammals, we humans are wired for connection *from cradle to grave*." RFT puts human interaction first, as the individual is in constant interaction with their primary relationships, and this is where their primary experience is being built (Gostečnik, 2002, 2010). The patterns of these primary relationships are recreated by the individual in later relationships, always with the intention of being resolved (Gostečnik, 2005). Interaction and experience are therefore essential for the RFT model. This is exactly where the Relational Family paradigm and Focusing meet, as the Focusing paradigm shows how important it is to understand the therapeutic relationship, to take into account Gendlin's principle of "interaction first" (Gendlin, 1997a) and "cognition last." This is because "therapist interventions arise from the therapist's *internal* felt sense of what is alive experientially in the moment, not from theoretical postulates of what is important or even explicit indications from the client" (Madison, 2014, p. 120).

If we look at the individual as a process and not as an entity, this changes everything we think about and do within our psychotherapeutic work (Preston, 2014). The relational emphasis in the Focusing-Oriented model of psychotherapy (FOT) is that "more" can happen with therapists who are themselves grounded in the realm of implicit experience. This implicit grounding increases their sensitivity to listening and exploring the relationship with the client in a qualitatively different way (Leijssen, 2007; Madison, 2010). The main criterion of FOT is whether or not, in a particular interaction with the therapist, the client's experience in a given moment is "carried forward." The therapist must interact with the client in a way that allows the client to establish contact with the bodily felt sense of life situations.

Due to the fact that many clients have only a fragile contact with their felt senses, therapists must be able to respond to what is unclear or on the edge of their client's attention. In doing so, therapists must not base their responses on only their technique and pre-set model, because they will not be able to "hear" what their client feels and is not yet capable of articulating. Therefore, it is vital for a therapist to understand when the client is referring to the *felt edge*[6] of their experience (Gendlin, 1990, 1996).

RFT regards the therapist-client relationship not as a "doctor-patient" relationship but rather as a joint search for new pathways that open up when the therapist and client meet in a mutuality of therapeutic affect (Gostečnik, 2004; Kompan Erzar, 2001). In the language of Focusing, that happens when the felt senses of both therapist and client are attuned (resonating) in a crossing or circular process of experiencing and Re-experiencing of both the client and the therapist.

Gendlin (1997a) criticizes the "unit model," according to which the world, in his view everything perceived, is divided into separately measurable units. He formulates the *process model*, where he sees the individual in the context of their interaction with the environment and believes that understanding a living process cannot begin with perception but with *interaction*. RFT talks about the four dimensions of an individual's psychic structure: self, self-other, the affective psycho-organic relational space between the self and the other, and the family system, and it considers them in body-mind integration. They do not appear as separate units, but instead intertwine with one another, such that each of them also represents the whole (Gostečnik, 2005, 2012). The unit of observation and change is the relationship, and not the separable individual (Kompan Erzar, 2006).

RFT considers the complex dialectic between the definition of the self, the connectedness with the other, and the whole system, where dimensions are alternately emphasized. We could say that *an individual, as a part of the whole (a family system)*, is regulated by the self (intrapsychic level), by the affect which arises in the relational field (interpersonal level), and by the systemic atmosphere. All of these are processes that interact with one another (are not separate units) in all directions, in which all three components are constantly intertwined: intrapsychic, interpersonal, and systemic (Gostečnik, 2004). A parallel with Gendlin (1973) is found here when he claims that exploring *a person separately from the community* to create a "personality" as a completely internal machine is a mistake. Personality is not so much defined by what *someone is* as *how they*

6 An encounter between explicit and implicit experiencing always begins with the richness of the implicit experience. One must sense the unclear »edge« in the experience and attend to it (which is the formation of felt sense), »because steps of change come at those edges« (Gendlin 1996, p. 15).

carry themselves forward into further life, further feeling and self-responding, and further interpersonal relating.

In his philosophy of the implicit, Gendlin emphasises that in therapy, the client is viewed as an *interactional process* rather than a separate unit, thereby increasing therapeutic effectiveness. Individual implicit possibilities interact with one another. What each of them *is* includes how it affects others and how, at the same time, it is already under the influence of this influencing of others (Gendlin, 1989, 2012). This is supported by a neuroscientific understanding of how the unconscious mind of one person communicates with the unconscious mind of another person in the field of extremely fast body-based affective interactive communications (Schore, 2009). RFT also takes this into account when re-stimulating an interrupted developmental process, which does not happen as much in interpretation as it does in experiencing (Gostečnik, 2012).

4.1.2. Neuroscientific findings and practices with similarities to the process of Focusing

In addition to integrating neuroscientific findings, RFT also discusses the *intergenerational transfer of unresolved affects* (Cozolino, 2002; Schore, 2003b) associated with unprocessed trauma, where the emphasis is on relational trauma (Cvetek 2009). Gendlin's philosophy of the implicit (1997a) states that our *bodily implying* works in an elaborate and intrinsic way from birth and always *moves forward through interaction with the environment*, such that human nature, as described by Gendlin, incorporates millions of years of evolution (Purton, 2004; Suetake, 2010).

Gendlin's findings about the implicit, which were based only on observing the client's process in therapy, brought about the formation of a practice called Focusing. More recently, in response to the findings of neuroscience experiments, other practices have been developed with the aim of trying to access implicit memory. In the treatment of trauma, especially where the client has unresolved traumatic memories, it is essential to understand that implicit memory is not accessible through explicit verbal therapeutic treatment and therefore needs such alternative practices to approach it. As mentioned earlier in this article, imprints of traumatic experiences (especially emotional and perceptual elements) have a different quality than memories of ordinary events and tend to remain stable over time (van der Kolk, 2020). Damaging emotional memories associated with trauma are locked in our body and are not necessarily accessible by our conscious mind, therefore it is necessary to make traumatic memory accessible, and in doing so allow the implicit memories of trauma to be diffused and transformed (Levine, 2010). Levine (2010) believes that in the field of trauma, studies have paid too little attention to how the body itself

stores "implicit" memory, which comes to us through felt sense. This is where the process of Focusing enters as a practice, and the individual learns to pay attention to their felt sensing.

By describing what is needed to treat traumatic memories, one of the things Bessel van der Kolk (2006) points out is that traumatized individuals first need to learn that it is safe to have feelings and sensations. To cope with the past, they must activate their prefrontal cortex, which is their ability for introspection. Psychotherapy, according to van der Kolk, should help develop clients' curiosity about their inner experience, which is essential for learning how to identify their bodily feelings and translate their emotions and feelings into communicative language - especially to themselves (van der Kolk, 2006). In the process of Focusing, Focusers pays attention to their mental and emotional processes in the body, through their feelings and sensations (paying attention to felt sense) and then make sense of it by finding a "handle." Focusing could, therefore, be considered one way of increasing the capacity for introspection. As treatment of trauma needs a safe relationship (especially in cases of relational trauma) this process would be even more effective in a therapy session with a bodily-attuned therapist (e. g. FOT).

Another aspect of trauma treatment is that when people are traumatized the coordination between left and right functioning will most likely be disrupted. And for the regulation of mood it is necessary that the left and right prefrontal cortices are properly integrated and balanced (Cozolino 2010). McGilchrist (2009, p. 10) says that "both hemispheres are involved in almost all mental processes, and certainly in all mental states...and in reality both are always engaged" (p. 93), though one may be dominant for a particular task. The right hemisphere functions to " 'get' the whole of a situation" and is specialized to serve the formation of the somatic, emotional self (Cozolino, 2010; McGilchrist 2015 as cited in Afford, 2020, p. 47), while the left "forces the implicit into explicitness" (McGilchrist 2009, p. 181), as it is better set up for specialised functions and is designated to serve the formation of the conscious, linguistic self (Afford, 2020; Cozolino, 2010).

In the process of Focusing we "get and have" a felt sense of the whole of a situation that is rooted in the body. And with finding a "handle" the implicit (the whole of the situation) is being translated into explicit language. In this respect, we can assume that the process of Focusing may facilitate the integration of the hemispheres. And the "resonating" step keeps the Focuser immersed in this process for a longer time.

Schore (2009, p. 128) says that "the right hemisphere is dominant in treatment" as it is where clients encounter their vulnerability and potential

for healing. This is especially important when working with unresolved childhood trauma, in the course of which the hemispheres may not have developed in an integrated way. The right hemisphere constantly provides information to the left, but while we are awake, the left hemisphere may or may not allow this input into consciousness. If the left hemisphere prevents this input, it results in inhibition of the right hemisphere's "inherent capacity for healing" (Afford, 2020, p. 59; Cozolino, 2010). In this context, Cozolino (2010, p. 114), a neuroscientist, teaches "clients a method by which they can learn to attend to and translate right hemisphere processing into left hemisphere language." As already described, paying attention to the whole of a situation in the body (which is right hemisphere processing), finding words for what has been sensed (describing and sharing their inner world (Cozolino, 2010)), taking time to "resonate" (which facilitates experiencing their life from the inside out over and over again (Cozolino, 2010)) and experiencing the "felt shift", that is an (implicit) understanding and carries experiencing forward (which might be a moment of integration), are the core elements of the process of Focusing.

RFT takes into account the findings of modern neuroscience, understanding that neuroscience is very important in the process of psychotherapy. Behind the therapist's role and the therapeutic relationship are the understandings that guide interventions. Neuroscience offers the therapist new perspectives on the client's problems and what is needed to resolve them. (Afford, 2020; Chapin, 2016; Cozolino, 2002; Wilkinson, 2018).

4.1.3. RFT and the Focusing Attitude in relation to Psychotherapy

Although attitudes towards psychopathology in RFT and Gendlin's philosophy differ, they meet where RFT elects not to see pathology as infantile needs frozen in a certain period of time. Instead, RFT views dysfunction as the formation of affective psychic constructs, relational models that the individual recreates later in life, also influencing the mode of affect regulation. In his philosophical work (1997a), Gendlin states that some forms of psychopathology could be understood as dysfunctions during "stoppage" (Gendlin, 1997a, p. 45); "in these modes of experience, the thoughts, images and behaviours keep idle-running, while the bodily implying continues to imply the same without carrying it forward" (Suetake, 2010, p. 123).

Based on the client's experience, Focusing *depathologizes the conflict*, because it sees what others call "pathology" (or the psychodynamic concept of defence mechanisms) as a blocked process. Therapy with an empathetic and attuned therapist is seen as an opportunity to access the inner experience of the conflict. This is a way to regulate affect, and from here, to carry the process forward (Gendlin, 1981; Wagner, 2006). We could say it relates to developmental change as well.

RFT understands that disorders can be developmentally altered in a therapeutic relationship that offers a different regulation of affect, looking for a fundamental motive rather than individual differences. Instead of repeating the same pattern over and over again, the individual can learn and grow from a different experience. As a result, relationships can act as mediators or mitigators of disorders (Erzar, 2007; Gostečnik, 2010; Kompan Erzar, 2006).

4.1.4. The role of the body in the psychotherapeutic process

Addressing the role of the body in the psychotherapeutic process, RFT and the Focusing paradigm differ significantly. RFT addresses the body primarily in trauma processing (Cvetek, 2009; Gostečnik, 2008; Repič, 2008), though some aspects of the body dimension are now increasingly being included in RFT training and practice as well (Ferčak, 2012). The whole therapeutic process of FOT originates from the bodily-based felt sense. Despite this difference, even in relation to the body, RFT and FOT meet in the field of a fundamental relational orientation of therapy, in that FOT therapists' interventions arise from a therapist's inner felt sense of what is experientially alive in the moment (Madison, 2014). The RFT therapist also directs attention to the client's physical signs, such as body language, and at the same time considers their own bodily responses, especially when working with trauma (Gostečnik, 2008).

Despite the fact that RFT does not directly acknowledge the idea of the *felt sense*, it implicitly suggests it when Rothschild (2006), referring to working with trauma, states that "even the mere awareness of current, concrete bodily sensations can help the therapist to stop the therapeutic process and thus also stop the escalation of the individual's tension or arousal, at the same time helping them to begin experientially distinguishing between then and now... " (as cited in Gostečnik, 2008, p. 251). Purton (2010, p. 89) similarly defines the felt sense when he says that "on encountering a problem or situation we can bring our attention not to specific thoughts or emotions that arise from the situation, but to the sense, often physically felt, of 'all that'."

That being said, the felt sense is more than just a body sensation. RFT focuses mainly on the regulation of affects, while Focusing shifts attention to the direct *bodily referent*. Gendlin (1981, 1991a, 1996) significantly distinguishes the felt sense, understanding it as a broader concept than emotions, feelings, and affects. This sense, referred to in Focusing terminology as *the felt sense of the situation*, is how we are (how our body is) registering it.

Another common point shared by RFT and Focusing is *stopping the process*. This is when the relational family therapist stops the therapeutic process so that clients do not relive the trauma and endure retraumatization. At the same time, though, it is important that therapists are actively in contact

with their own bodies to capture body counter-transference (Ferčak, 2012; Gostečnik, 2008). In contrast, Gendlin (1997a) highlights the task of stopping the therapeutic process as an opportunity for fresh, new events to develop during "stoppage" of a given repetitive process. In doing so, the therapeutic stoppage does not mean merely implementing a technical intervention to stop the client's psychopathological thoughts and behaviour, rather it requires the qualities of presence and engagement of the therapist's whole person (Suetake, 2010).

4.1.5. **Present moment, crossing and Self-in-Presence**

Profound and complex interactivity in Gendlin's model of the implicit is represented by the notion of *crossing* that could be paralleled to Stern's (2004) *present moment*, which is the central moment of interactivity. This is one of the most important factors in a therapeutic process according to the RFT paradigm. The idea of *crossing* is that everything that could be separated has actually already been affected by *other things* that have already been affected by *this first thing*, as *it* functions implicitly. Gendlin (1997c, p. 25) gives an example of how "the many uses of a word are an *already crossed* multiplicity – the uses are not next to each other – they form one knowing – 'the native speaker's knowing how to use the word'". Rather than being side by side, each thing is a modification of the already-modified others. They are one understanding (implicit understanding) *because* of the crossing. "Because they are a crossing, they can change all at once, and without forming separately" (Gendlin, 2009, p. 338). We can therefore think of this "*already crossed* knowing as a bodily knowing" (Gendlin, 1997c, p. 25). Stern's notion of the "present moment" is, similarly, a shared experience and contains a common consciousness, as each person intuitively participates in the other person's experience.

The present moment is, therefore, a special form of consciousness or memory. Due to intersubjectivity or interactivity, every moment experienced in such a way changes an individual's personal history. This can be illustrated by the nonlinearity of time, as the present can be imbued with past experiences and so only affirms what is already known from the past, and the future can annihilate the present. Thus, the present moment within chronos creates the space for kairos, the moment of connection, the birth of new possibilities (Kompan Erzar, 2006).

It is this birth of new possibilities that is like Gendlin's notion of *life-forward direction* or *carrying forward*, a constant flow of the organism's experiencing in which there is an implicit order that shows a tendency to actualize. The therapist serves the client's life-forward direction so that what happened before can be Re-experienced, and so the past can be contextualized in a new way (Gendlin, 1996, 1997d).

The present moment is also close to the notion of "Self-in-Presence" or just "Presence," a concept in Focusing developed by McGavin and Weiser Cornell (2008). It is a state of self that witnesses and is compassionate to one's own inner aspects and processes. It is an experience where the self is bigger than the problems and difficult affects that an individual bears and which would otherwise be overwhelming. Being present or Self-in-Presence is a choice opposite from the state of reactivity. It is a calm presence or attention and is a natural state of the self (Weiser Cornell, 1996, 2015), which seems to be the same as the notion of the real self not marred by the experience of trauma.

4.1.6. **Spirituality as a relationship between me and you or body - environment interaction**

The body as a space of spirituality is another field of encounter, which comes into play here because according to the RFT paradigm, any healthy relationship between *me and you* forms a sacred space. As such, this relationship is redemptive, first at the level of an individual and a fellow human being, where fundamental affects from early childhood are recreated in the hope of a different, redemptive one, and where the interactivity of the present moment as kairos is important. Secondly, the relationship is also redemptive at the level of a person's dialogue with God, which is the central source and foundation of salvation, on which all relationships are based (Gostečnik, 2006, 2012; Kompan Erzar, 2006). Gendlin's (1997a) philosophy of the implicit aligns with this notion, although it employs different language and different concepts. He describes this eternal connection between God and a person as the connection of each person with virtually all living beings. Gendlin (1997a) extends this to the understanding of all living organisms as processes that are neither separate from each other nor from their environment.

4.1.7. **Supervision**

The views of RFT and Focusing meet in another extensive field of psychotherapeutic activity - supervision. Rožič (2015) believes that a reflexive attitude should be an imperative for a supervisor, and in the spirit of an "internal supervisor" the therapist should develop reflexive abilities. In a relational perspective, it is key for the supervisee (therapist) to develop their own autonomy, otherwise they borrow too specific a model of work from the supervisor, which can be detrimental to the therapist as well as to the client and supervisor. The role of the internal supervisor is to hold the therapist who learns to hold the client (Rožič, 2015).

It is important from the relational perspective that neither therapy nor supervision is a space in which one is smarter or more valuable than the other. Above all, it is supposed to be a field in which both follow and learn from each other

(Rožič, 2015). Focusing stems from the same assumptions. It offers a way of supervision that is based in the process of experiencing between two individuals and offers a (self)reflective way of working in supervision, which is responsive to the changing needs of supervisees. It seeks ways to incorporate the experiential dimension into supervision regardless of therapeutic direction or the length of practice, which is intended to enhance the supervisee's awareness and support further therapeutic work (Hendricks Gendlin, 2007; Madison, 2004). Thus, Focusing can contribute to the supervisory process in a way that instead of being a rational decision of what supervisees will present, allows curiosity about what they feel, and most importantly, what they want to concentrate on in a particular supervision session.

Additionally, when supervision touches on issues more appropriate to the supervisee's own personal therapy process, the Focusing process also helps to ensure that the boundaries between therapy and supervision remain both clear and flexible. The Focusing attitude facilitates democratic openness to the other, allowing for more equal treatment of the supervisee and supervisor issues that may be triggered and influence the supervision process (Madison, 2004).

4.2. Focusing and RFT crossing possibilities

Modern psychotherapeutic approaches, stemming from different traditions, seem to converge in a unified direction, at least in some respects. Psychoanalytic modalities are approaching humanistic, experiential traditions with the present moment, relational orientation with empathy, and more recently many modalities are merging with neuroscience and giving increasing attention to the body and process in psychotherapy. Focusing, however, specifically moves towards analytical paradigms in the sense that, compared to client-centred approaches, it gives more validity to the guidance and direction of the client's process and, ultimately, the significance of wording.

Therefore, in the areas of understanding human life and change, both the points where the RFT and Focusing paradigms meet and those where they differ could be potential opportunities for crossing. The purpose is not to *correct* either of the two paradigms. Rather, by meeting and momentarily sharing the same experience of presence with clients, each paradigm changes such that they are not the same as they were before (Gendlin 1997c). Crossing could reveal the possible benefits of applying the process of Focusing in RFT, where Focusing could contribute in the following ways:

1. It would offer additional weight and a new dimension to the idea that the body be considered a resource in treatment and change, specifically in regard to personality development, by using the felt sense to pay special attention to the body, which is typical of Focusing. The felt sense as "organic bodily remembering" (Jaison, 2014, p. 71) is logged differently internally from the usual cognitive, analytical understanding of things. Precise attention must be paid to this embodied memory, which is a process in itself. When a therapist perceives that a client's connection with their felt sense is weak, the therapist would have the opportunity to invite the client into it.
   The highest priority should be given to detecting when the client is at the right point (felt edge) to do so (Gendlin, 1990, 1996). In this respect, the RFT therapist could, in moments of connection where space opens up for the possibility of new meanings, invite the client to take a pause to "feel into their body" (Gendlin, 1981) and symbolize "that" which has arisen in the current field of interaction between the client and the therapist. It is also important for the RFT therapist to meet with the client in a mutuality of therapeutic affect and to find common paths (Gostečnik, 2004; Kompan Erzar, 2001). Paying attention to the felt sense could then expand and support the process of affect regulation.
2. By means of Focusing, supervision could become even more centred on the needs of the supervisee, and the often tense space between supervision and the personal therapy of the supervisee could be freed up when the therapist's topics emerge alongside the client's (Madison, 2004).
3. In the attempt to teach Focusing to clients, especially to those who are weakly connected with their current internal experiencing, training could be offered to them on the use of Focusing. It could expand their capacity for this way (characteristic of Focusing) of connecting with one's self which is, according to Gendlin's research, necessary to achieve change.
4. By teaching Focusing to therapists, RFT therapists could be even better equipped to meet their clients in a mutuality of therapeutic affect. The therapist would then be able to tap even more subtly into the place where the client is at the right point (felt edge) to listen to the implicit messages. This would enable a more attuned search for common paths of the client's change, or more effective mutual affect regulation, and the client's internalization of this process over time (Ellis, 2012).
5. In addition, Focusing could also offer a tool for self-help and maintain the already acquired effects of RFT, as this benefit (added value) is observed in clinical practice.

5. Conclusion

As a practice of the philosophy of the implicit, Gendlin (1991a) never proposed Focusing as an independent therapeutic method. In this paper, I attempt to explain how crossing Focusing, this useful method for entering the key mode of sensing into the implicit, and RFT, which opens up all the useful pathways of psychotherapy, could create the beneficial condition of broader and deeper access to the implicit. Given the fact that the modern understanding of psychotherapy significantly involves the body, which has largely come from the contribution of neuroscientific findings, Focusing as presented in this article can contribute practical procedures for paying attention to the body. Specifically, in the therapeutic process according to the RFT paradigm, the therapist could help the client to pause in affectively important places (felt edges), focus on the felt sense - the direct referent of experiencing - from which the client could create their own fresh meanings that would carry their experiencing forward. This would be especially useful in the case of processing elements of trauma inaccessible to explicit memory. The practice of Focusing could also be usefully integrated into the training of therapists, the supervision process, and the maintenance of the effects of RFT. This theoretical design, crossing the two paradigms, could be the beginning of a new integrative model, which would need the implementation of further scientific research and support.

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