

Focusing and the person-centred way

Offering clients person-centred relationship alone is not enough. We need to actively encourage, facilitate and teach the awareness and acceptance of experiencing, *argues Clive Perraton Mountford*

On first acquaintance, ‘focusing-oriented counselling’ simply seems to mean ‘whatever-else-is-in-the-tin plus focusing’. As the name of a way of doing therapy it dates to Gene Gendlin’s *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method* (1996) where he describes how experiential focusing can be allied to any of the main counselling approaches.

Maybe. I’m sure that focusing can be allied as Gendlin suggests, but I anticipate that any counselling approach which is allied to focusing will be so changed by the partnership that what the tin says will no longer satisfy trade descriptions law. Maybe, too, this power to change is partly why focusing remains an object of suspicion to many person-centred counsellors. Person-centred counsellors tend to be allergic to being co-opted, and we are too familiar with being misunderstood. Even so – in my experience, at least – the tradition is particularly well placed to benefit from alliance with experiential focusing and to deepen rather than lose its authenticity.

It isn’t just a matter of shared historical roots, or even that the way of being sometimes characterised as ‘core conditional’ is essential to focusing. Focusing takes person-centred practice in a direction natural to and consistent with its history and development while making a hitherto largely implicit aspect of that practice visible and explicit. At the same time, person-centred practice is changed by relationship with focusing to an extent such that I no longer think of what I do and teach as ‘person-centred counselling and focusing’. In place of a double-

barrelled marriage of separable individuals they have become one thing. So, what does that one thing look like?

Conditions of worth

A good place to start is ‘the standard view’ of person-centred counselling and its emphasis on conditions of worth.¹ The standard view positions the lifetime experience of conditional acceptance as both the final source of all client distress and the theoretical justification for consistently and tenaciously offering a therapeutic relationship characterised by unconditional positive regard. As Dave Mearns and Brian Thorne put it: person-centred counselling is about ‘sabotaging conditions of worth’.²

The power and beauty of this slogan is undeniable and it resonates with much client and therapist experience: who doesn’t know what it is like to labour under conditions of worth? However, as Campbell Purton points out¹ – and as I have sometimes echoed – it seems unlikely that all client distress originates in conditions of worth. Other factors such as post-traumatic stress, lose-lose choices, bereavement, and childhood deprivation bring clients to therapy, and they do not readily collapse into conditions of worth. Yet person-centred counselling ‘works’ with a very broad range of ‘client issues’. What is going on?

The short answer, I think, is that something deeply interesting and important is going on, and it is best understood partly in ‘person-centred’ terms and partly in ‘focusing’ terms. The longer answer – and what will help to justify this claim – involves looking more closely at the standard view.

Collapsing the standard view

The theoretical basis of the standard view originates in two now-famous papers published by Carl Rogers in 1957 and 1959.^{3,4} The keystone of their argument is the notion of conditions of worth, but congruence is equally essential. According to Rogers, every client who comes to therapy is incongruent, denying and distorting their experiencing. This is why they have come to therapy: the level of denial and distortion is just not sustainable or compatible with worthwhile living. The client who engages with therapy has a direction of travel towards greater congruence, greater ‘capacity and tendency to symbolise experiences accurately in awareness’, and greater openness to experiencing.⁴

Incongruence is presented in these papers as a consequence of conditions of worth, and conditions of worth as the sole originator of distress. However, if we deviate a little from Rogers’ original theory and reverse the relative standing of conditions of worth and incongruence, interesting things begin to happen. Incongruence – accompanied by distortion and denial – may now be viewed as responding to a wide possible variety of experiences incompatible with a person’s flourishing, sense of themselves and even survival. Oppressive conditions of worth will be significant contributors for many of us, but there is no reason to view them as the whole story. The standard view of person-centred counselling thus collapses into a broader theoretical position consistent with the different kinds of experience that

bring clients to counselling.

Of course, once conditions of worth are no longer central to the theory, there can no longer be insistence that the six therapeutic conditions advanced by Rogers are ‘necessary and sufficient’ because that claim depends upon the centrality of conditions of worth. However, losing necessity and sufficiency is more advantage than loss: a claim that strong can only lead to trouble and contradiction.^{5,6} What is more, if Mearns and Thorne represent the standard view of person-centred counselling and its evolution, necessity and sufficiency are notably absent from the third edition of *Person-centered Counselling in Action*.

A revised job description

At the risk of repetition, this broader conception of person-centred practice removes conditions of worth from its theoretical centre and replaces them with client incongruence and the client’s journey towards congruence. Yes, this is a radical shift of emphasis. However, it does entail a theory consistent with much of the original and with Rogers’ own direction of travel. Rogers increasingly came to value counsellor congruence – broadly understood – and to question the therapeutic recipe suggested by the three ‘counsellor’ or ‘core’ conditions. For example:

‘I believe it is the realness of the therapist in the relationship which is the most important element. It is when the therapist is natural and spontaneous that he seems to be the most effective.’

‘I am inclined to think that in my writing perhaps I have stressed too

much the three basic conditions... Perhaps it is something around the edges of these conditions that is really the most important element of therapy – when my self is very clearly, obviously present.’⁷

Alongside this shift of theoretical emphasis, the job description of the counsellor and psychotherapist shifts too. We are no longer setting out to sabotage conditions of worth alone, our purpose is to sabotage incongruence in general. Therapy exists to help clients move towards greater awareness and acceptance of themselves, their environment and their experiencing, whatever is deflecting them from that. Of course, the degree and pace of change must be acceptable to, sustainable by, and determined by the client because if the destination is greater openness to experiencing, then those things can only be determined by the client.

How does it work?

If the therapist’s job is to facilitate greater openness to experiencing, we will need to do broadly two things. Initially and throughout, we must provide an environment and a relationship characterised by everything likely to contribute to a person opening to their experiencing, and by the absence of everything likely to shut them down: being non-judgemental, positive regard for the client, modelled congruence and openness. It is reasonable that we offer a broadly ‘person-centred relationship’ of the kind associated with the standard view.

If this is all we do, however, we can expect to wait a long time for the client to move towards deep and acceptant

awareness of their experiencing. Clients, like therapists, live in a world where incongruence is the norm and awareness of experiencing is mostly discouraged. Unlike therapists, most clients will not have counselling and psychotherapy training and experience and many will not even recognise the possibility of openness to experience. Offering them person-centred relationship alone will be like providing some hitherto unknown materials and tools then waiting while they invent a wheel. We need to do more. We need to actively encourage and facilitate – and, yes, ‘teach’ – the awareness and acceptance of experiencing.

This is where focusing comes in. The origins of focusing are in Gendlin’s recognition that some clients naturally do well in therapy and some clients benefit much less. The former tend to engage in an immediate and physical way with their experiencing. The latter don’t. Therapeutic focusing began as a way of helping the second group of clients get more out of counselling. There is something here which it is important to be clear about. Focusing does not necessarily mean that the client places their feet on the floor, closes their eyes, performs some kind of inventory of their body, moves inwards, ‘clears a space’ etc, and is thereafter hardly in contact with their focusing companion or therapist.

Focusing is consistent with a variety of presentational modalities which can involve eye contact and much verbal interaction between the parties involved. It can be conversational and can occur during rapid ‘focusing movements’ within a conversation. Focusing is not

References

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11. Caitlin has given permission for this passage to be quoted, our work together discussed, and this article published.

about any particular ritual or procedure. Focusing is about accessing and accepting the felt sense of something.⁵ Personally I would add that beyond that, focusing is a way of relating to what Gendlin has called 'the implicit' and to the place within us where awareness moves into being.⁸ In sum, I'm talking about a kind of therapeutic accompaniment characterised equally and inseparably by attention paid to the dignity, autonomy, and uniqueness of the client – to their value as a locus of experiencing – and by attention paid to what is sometimes called process. By this I mean the ebb and flow of awareness, the way in which experience comes into being, is related to, has consequences, and dissipates.

This may seem a million miles from the standard view of person-centred counselling. However, the modalities mentioned above reach from the 'eyes closed, feet on the floor' kind of focusing through more subtle conversational approaches and all the way to the kind of conversational therapy once practised by Brian Thorne of 'standard view' fame. Also, and without doubt, Thorne is the arch exponent of what might be called 'loving presence therapy'.⁹ As demonstrated by his demonstration video *The Cost of Integrity* (1997), Thorne does not offer loving presence and acceptant relationship and then leave the matter there. His interaction with his client is guided by what in focusing terms would be called his own 'felt sense', and he responds to his client in such a way that they are encouraged deeper into their experiencing and relationship with their felt sense. No,

this isn't heresy: Thorne sanctions this characterisation. He also agrees that it applies to much of Rogers' later work.¹⁰

A clinical example

Caitlin sought me out as a focusing teacher because she wanted a different, more acceptant and immediate relationship with her experiencing. Almost as soon as we started our journey, however, we began to discover the depth and destructive consequences of denial and distortion practised in order to make the best of the hand dealt her early in life, and I was rapidly deployed as 'counsellor and psychotherapist' in addition to 'focusing teacher'.

We didn't stop focusing – Caitlin has no doubt that it has been of immense use to her, helping her accomplish a lot in a short time compared with her other experiences of therapy – but I guess there were times when she also needed a very 'person-centred' presence. Hence this from an email conversation in which Caitlin has been reflecting upon the process of therapy:

'Shame is the lens through which I have seen myself for most of my life. As close as a second skin, no more visible from the inside than the first, too close to see. I was given it. It never belonged to me. It has harmed me and I have harmed myself in fighting what I could not see. I armed myself with contrary proofs. Collected evidence in my defence, against myself. Fenced it in, to minimise the damage. Railed at it with bravado, alcohol, will, energy. It has filtered other people's gaze, at odds with what I sensed from somewhere deeper, somewhere where I am unharmed. It was

safer, less confusing, not to be seen, where I could hang on to at least some of what I knew without distortion.

'But what happens if you let someone in, so close that you let them see you through your own lens, throw no dust in their eyes and yet they love you anyway? What if that love, without condition, holds you safe enough while you go diving, into yourself, where the distortions and dislocations can be felt, stays with you, not afraid, while you are afraid, while you keep on exploring as everything shifts, where what you think you know comes painfully apart? What if you are still loved when what is underneath shame is sensed, allowed, experienced, your vulnerability, uncertainty, your very human need for love, compassion, acceptance, your despair and desolation at being denied and shamed by others, by yourself, made worthless and wrong in your own eyes? Scariest, your own unbrokenness...'¹¹

This seems to be describing the essence of person-centred relationship, with oneself and with a therapist, and its capacity to promote healing. At the same time, I know that the depths of awareness Caitlin is accessing require focusing. This is 'focusing-oriented counselling and psychotherapy' as I understand it. ■

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