

**The focusing-oriented approach applied  
to  
couple therapy**

**by**

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## Abstract

Many couple therapists prefer an integrative approach to working with couples. They also have shown more interest in the humanistic approach in recent times than they used to do in the past. However there has been almost no discussion in the literature of how the *focusing-oriented approach* can be used in couple therapy, probably because most focusing-oriented therapists remain individual counsellors. The present research is a contribution to bringing the focusing-oriented approach into couple therapy, but is also a contribution to the integrative approach to working with couples. The aims of this research are:

1. To examine how couple therapists usually work with couples.
2. To investigate how widespread the use of the focusing-oriented approach is as a therapeutic approach when working with couples.
3. To explore what are seen as the common factors of therapeutic change in standard couple therapy and in focusing-oriented psychotherapy.
4. To examine what elements of focusing-oriented therapy can be brought into couple therapy.
5. To ascertain whether there is any evidence for the focusing-oriented approach being effective in working with couples.
6. To discover how using the focusing-oriented approach can make a difference to couple therapy.

This research aims to demonstrate how the focusing-oriented approach can apply to couple therapy. With this end in view, the research for the thesis was conducted in three parts. Part One collected quantitative data about the extent to

which focusing-oriented therapists are involved in working with couples and how couple therapists normally work with couples. Part Two observed and recorded focusing sessions with the Diploma students in focusing-oriented and experiential psychotherapy at the University of East Anglia for two years. The aim of this part of the research was to understand the focusing process and to find what elements of Focusing might apply to working with couples. Part Three involved interviews with fourteen counsellors. Seven counsellors worked with couples as couple therapists and the other seven counsellors were trained in the focusing-oriented approach and had experience of working with couples. The interviews and analysis revealed how they worked with couples, and what the possibilities are for integrating the focusing-oriented approach into couple therapy.

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# **Chapter 1: Introduction**

This thesis was inspired by a desire to bring to my native Korea a means of working with couples that would enable troubled individuals in a relationship to become more fully in touch with their inner feelings in order to move forward constructively in their life situation. At the University of East Anglia I encountered the work of Eugene Gendlin, the originator of a practice known as Focusing (Gendlin, 1978). Focusing and its subsequent development as Focusing-Oriented Psychotherapy provides a means for the professional helper to enable individuals to engage with themselves in a new and constructive way. This first chapter outlines my journey both in relation to couple therapy and in relation to Focusing and explains how I came to arrive at my chosen research topic.

## **1.1 The journey that paved the way to Focusing**

This section of this introductory chapter describes my search for the right skills to enhance the listening and helping aspect of my role as priest and explains how the Focusing that I naturally and intuitively engaged in on a personal level could be developed in me as a professional.

### ***1) The Search for a skill***

Coming from a culture where people were not encouraged to express their feelings, I have always felt the need for the kind of skill that would help people to release their pent-up feelings and give them the freedom to move forward in their experiencing.

While family values were highly respected, upheld, and adhered to in my own home upbringing, the reality was that relationships, including the relationship of my parents as a married couple, were not exempt from the ill effects of suppressed emotions.

Since I was ordained a priest in 1995, I have been in the way of hearing the stories of the struggles, helplessness, deep pain and anguish of so many individuals and couples who come to talk to me about their overwhelming experiences and to journey with them in a direction that feels right.

Naturally, as a priest, integrity is a priority and my daily sustenance comes from scripture and meditation. However, quite early on in my priesthood journey, I found that Scripture and meditation alone did not equip me adequately to respond effectively to the people in their experiencing.

I felt the need for a skill to enable me to work with these troubled individuals, and I knew that it needed to bring together my spiritual training with a practical skill. I defined it as the need for an 'integrative-spiritual skill'. Being more specific, counselling was the skill. It became clear that integrative spiritual counselling was a good option for me to study.

After pursuing some of the counselling courses run by the Jesuit Fathers at Sogang University in Seoul, I enrolled for the Master's course in Counselling at Seoul Catholic University. To my delight, this approach was person centred. This resonated very much with the training in the seminary that had given me a good grounding in spirituality and in pastoral care. It had also helped me to grow in awareness of the uniqueness and preciousness of the human being. I felt deeply grateful for getting this wonderful opportunity to acknowledge the experiences, opportunities and blessings along my path in life.

I also welcomed the chance to explore why I did not feel well enough equipped to respond effectively to people in their experiencing. That

exploration helped me to recognise that there was far more attention paid to the spiritual and pastoral than to the psychological and physiological. This was partly due to the times we were living in when facilities, expertise, professional training and information technology were limited resources. Moreover, psychology would rarely have been seen in the light of developing one's spirituality.

Many of the people in the helping services who were becoming more aware of the issues of modern day living and of the urgency to find effective responses were not professionally trained counsellors. Not all of the helping services people would have really understood that the primary objective of counselling is to involve individuals in a process whereby they can be helped to reflect on and become more aware of their current situation and the complexity of their own needs. Not everybody would have clearly understood that counselling seeks to allow individuals to express their own feelings about their lives, without any attempt to impose the counsellor's own ideas and views, and that thereafter counselling, seeks to enable individuals to initiate and develop new and appropriate responses to their situation.

All of the unfolding facts and stories heightened my awareness of the great need for fully trained professional counsellors in Korea. For me, ongoing professional development meant selecting the counselling course and approach most applicable to my future work, justifying the time commitment taken out of my regular work schedule and given to professional study, and also the larger financial outlay involved as an overseas student.

Korea, in moving from being a 'Hermit Kingdom' to becoming a growing multicultural community, was creating the need and opening the door for me to study integrative spiritual counselling in a multicultural environment. I had the opportunity to study for two years at St. Anselm's Institute in Kent,

which was a really great experience. I was able to experience the role of the client and the role of the counsellor and to build on my previous counselling learning and experience in Korea. However, I noticed that there was something in the counselling session that did not fully satisfy the client or the counsellor. It was a puzzle to know what that something was, as the working alliance, unconditional positive regard, non-judgemental attitude and safe environment all seemed to be operative.

I did not know where I should look to deepen my understanding of counselling until Professor Brian Thorne, one of the visiting lecturers to St. Anselm's, mentioned the postgraduate counselling courses on offer and that were available at the University of East Anglia in Norwich. I applied to UEA and in 2005 I began my training in Focusing-Oriented Psychotherapy.

## ***2) From 'Natural' Focusing to discovering Gendlin***

I believe the next right step in my life will occur when I turn to myself, when I pay attention to my inner experiencing. In this respect I was engaging in what I was later to learn is a kind of natural Focusing. Turning towards myself in this way immediately gives rise to a bodily feeling of increased freedom and, in the same time, of increased security. A whole mood of inner lightness comes up, even if the words that usually describe whatever else might be in awareness sound unpleasant and reflect places of awkwardness or stuckness: tension, helplessness, pain, irritation, loneliness, etc. An inner, bodily felt space is created within, in which the "I" is able to walk around, to choose, to look, to feel or to separate from something, to drop it, to pass it. If the "I" turning towards a content and directing its attention towards the implicit part of this content, towards the felt sense, the "I" will sense something. This "something" is obviously already there (it is felt) but it is not complete, not finished yet. It is

felt but not known, it is felt but not communicable, it is felt but it does not become an action yet. It is waiting for a carrying forward, it is demanding a next step. This step will change the something itself. This step forward will come “by itself”, I do not have to figure it out. Therefore, the step comes as a surprise. It comes because the body, the whole organism “knows” what it needs, “knows” what would be right, “knows” what the next step should be.

I was to learn that I had a natural ability to engage constructively with my inner experiencing. Studies were carried out by Eugene Gendlin, an early colleague of Carl Rogers, and his associates as to why some psychotherapy clients improved while many others did not (Gendlin, et al., 1955; 1960; 1967; Klein, et al., 1969). It was found that successful therapy was not determined by the therapist’s technique, orientation or the kind of problem being discussed. But what the client was doing internally did make a difference. Successful clients were regularly checking inside themselves for a whole bodily felt sense of their situation. As Gendlin (1978, pp. 3-4) writes in an early introduction to *Focusing*:

Why doesn’t therapy succeed more often? Why does it so often fail to make a real difference in people’s lives? In the rarer cases when it does succeed, what is it that those patients and therapists do?... What is this crucial difference? We found that it is not the therapist’s technique- differences in methods of therapy seem to mean surprisingly little. Nor does the difference lie in what the patients talk about. The difference is in *how* they talk. And that is only an outward sign of the real difference: *what the successful patients do inside themselves.*

The skill that I had within myself forms the subject of Gendlin’s seminal work, *Focusing* (1978), in which he sets out to teach what ‘the successful patients do inside themselves’ (p. 4). Focusing may happen ‘naturally’ as I describe at the beginning of this sub-section for some individuals, but for others to access this kind of inner wisdom it needs to be taught.



In focusing-oriented psychotherapy the therapist learns how to listen in way as to help the client find his or her own intricate bodily sensed experience, a level of awareness called the 'felt sense':

A felt sense is usually not just there, it must form. You have to know how to let it form by attending inside your body. When it comes, it is at first *unclear*, fuzzy. By certain steps it can come into focus and also change. A felt sense is the body's sense of a particular problem or situation. (Gendlin, 1978, p.10)

The focusing-oriented therapist helps the client to listen to himself or herself in a different way, not by applying steps in a mechanical way, but by the quality of listening - listening at the level of the felt sense that the therapist brings to the situation.

According to Gendlin, "a felt sense is not a mental experience but a physical one, a "bodily awareness of a situation or person or event" (Gendlin, 2003, p.32). A felt sense is like a single bodily feeling, but it doesn't come in the form of thought and words. "Since a felt sense doesn't communicate itself in words, it isn't easy to describe in words. It is an unfamiliar deep-down level of awareness" (Gendlin, 2003, p.33). A felt sense is not an emotion. It is a new human capacity. The felt sense of a situation or problem, when it first forms, is typically vague and unclear. Gendlin (1996, p. 57) describes the difference between felt sense and emotion:

A felt sense is not the same thing as an emotion, but they do resemble each other in certain ways. Both have a life of their own - we cannot fully control what emotion we shall have, nor whether it will come or not. An emotion may come unbidden. All we can do is to dispose ourselves to its coming.

The felt sense is holistic in nature and contains within it much more than we can easily think or emotionally know about our situation. As the therapist and client spend time with the felt sense, new and clearer meanings emerge. The felt sense, of its own accord, brings the exact word, image,

memory, understanding, new idea, or action step that is needed to solve the problem. The physical body, in response, will experience some easing or release of tension as it registers the “rightness” of what comes from the felt sense. This easing of tension is what tells us that we have made contact with this deeper level of awareness and that we are on the right path.

Imposing others’ ideas of how we ought to be, reliving old traumatic experiences and even insight about causes of our problems, does not usually bring change. Therapeutic change is bodily and feels good even if the content we are dealing with is painful. Resolving our problems usually comes in small, successive steps of contacting the felt sense and waiting for it to bring something new to our situation. We can discover that we are just going round in circles when we try to solve our problems with what we already know, think and feel.

The discovery of the felt sense is an advance in the area of psychology. It transcends what is known on the levels of behaviour, emotion and cognition, and brings meaning from a new level which has all these functioning implicitly in one whole bodily sense. As we sense inside and connect more deeply with ourselves, we are also able to listen and connect in new and more satisfying ways with others. This accesses a route for resolving our differences and enjoying cooperative relationships with family members, friends, and our larger communities. The felt sense and what it brings for individuals and their relationships has implications for how we address the more complex and global problems of our world. Truly resolving our problems, individually and collectively, requires something new, something fresh, something more. This is a real contrast to the models of psychotherapy that involve making clients into objects to be changed along the lines of the therapist’s ideas or theory.

There is also a safety dimension that deserves attention. Contacting your own felt sense of your situation makes any kind of psychotherapy safer because you can check with what feels right for you or what feels demeaning or not helpful.

Focusing-oriented psychotherapy, with its respectful attention to the client, to the client's situation and all that is implicit in the situation, seemed to me to hold great potential for working with couples.

### **3) *Focusing work with couples***

I have found from my own dealings with couples that it is important for them to expect that they can be treated with respect as a whole and competent person. Respect refers not only to clients themselves, but also to what clients have to say. In counselling, I can support the focusing process best by reflecting back, as accurately as possible, what I have just heard. If I am in doubt, I must ask, because one way to show respect for one another is to seek understanding. Clarifying also helps the focuser to check for the rightness of words and images (Gendlin, 1996) and leads to forward movement. Respect goes beyond high regard for clients and the act of Focusing, it is also crucial not to interfere with the process. Cornell (1996, p.22) says, "trying to impose your will on the felt sense is an exercise in pure futility", because then the process is shut down. Clients do not appreciate the therapist telling them how they should behave or who they should be. Forcing particular words or images into a feeling, will "effectively smother it and prevent it from showing its real nature" (Gendlin, 1978, p. 59). Thus, it is advisable to respect the body's own wisdom and let it do its work without interference. On the other hand, clients welcome help to find the little steps of change which come once they learn how to listen to their own bodily felt sense of their situation, including the situation of the

couple's relationship.

The thing about the Focusing approach that makes a big impact on me, and I believe on many others, too, is that the therapist is never applying a text book theory or formula. Since the therapist is in contact with his or her own felt sense, he or she can creatively find many ways to point the couple or the focuser to their own felt sense. The therapist knows how to listen to the couple and to reflect back what they have said so that they experience being exactly understood. Individuals coming to counselling want to be exactly understood. When that happens, it is a moment of great relief and release.

For me there is a breadth of vision about Focusing that is distinctive and inclusive. Focusing-oriented psychotherapy is a distinct and effective form of psychotherapy in and of itself. It is also a fact that any therapeutic modality contains the value of Focusing when the client is heard in such a way that a felt sense is allowed to form and bring something new to resolving problems.

The following section explains more of the reason why couple therapy is particularly needed in Western culture at this time.

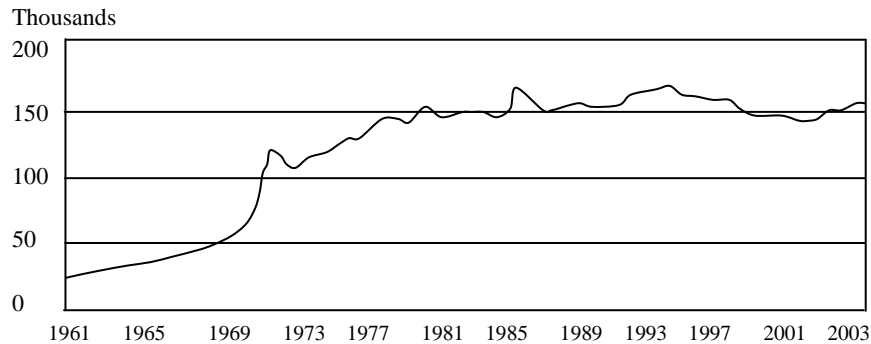
## 1.2 Couple Therapy: Social Background

The wide spectrum of social changes from industrial society to technological society has had a large impact on the family, the basic cell of society. Western families have undergone some major changes since the post-war period. Family support for human development has become weakened and unstable. Broken relationships divide the family. One of the reasons for family breakup is couple conflict, which can in turn result in the children's maladaptation and possible addiction to drink and drugs, and can eventually drive them on to the streets.

The couple can be seen as the basic cell of the family and the couple's quality of life as determining the all-round wellbeing of the family members. Depending on their childhood relationship with their parents and their relationship with their partner, the development of each human being can be very different.

Divorce has been on the increase in the past century in Western nations, the United States and in Eastern nations too, as the research statistics illustrate. From 1961 to 2003 in the UK, the incidence of divorce steadily rose. There were remarkable upward and downward swings in the five interval periods represented in the graph below. The highest rise in the number of divorces was 91,268 in the twelve year interval between 1965 and 1977, an average rise of 7,605 per year. While the number of divorces kept increasing all the time, the rise in the numbers dropped considerably from 1977 to as low as 988 in 1997. Then the six year interval between 1997 and 2003 showed an upward turn again of the rise in the increased number of divorces.

Divorces (1961-2003; Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency)



In 2008, the number of divorces in England and Wales dropped from 128,232 in 2007 to 121,779, 5% decrease. In Scotland, the number of divorces fell from 12,810 in 2007 to 11,474, 10% decrease. In Northern Ireland, divorces fell from 2,913 in 2007 to 2,773 in 2008, 4.8% decrease (BBC, 2010). However, the number of divorces in the UK is still high.

In the United States, the largest proportional increase of any marital status category in the last 30 years has occurred among divorced persons. The number of currently divorced persons more than tripled from 4.3 million in 1970 to 15.8 million in 1991, representing 9% of all adults aged 18 years and older in 1991 (U.S. Census Bureau, 1992). In the United States about 50 per cent of American marriages end in the divorce court (Belshaw & Strutt, 1996, p.11).

The National Statistical Office in the table below, source for the statistics of marriage and divorce from 2000 to 2010 reported that the rate of divorce in Korea is about 40.15% from 2000 to 2010; approximately 2 in 5 couples are divorced. The rate of divorce in Korea is steadily high.

**2010' statistics of marriage and divorce (2000-2010: Statistics Korea) (thousands)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
The number of marriages	332.1	318.4	304.9	302.5	308.6	314.3	330.6	343.6	327.7	309.8	326.1
The number of divorces	119.5	134.6	114.9	166.6	138.9	128.0	124.5	124.1	116.5	124.0	116.
The rate of divorces	35.98	42.27	37.68	55.07	45.01	40.73	37.66	36.12	35.55	40.03	35.57

Studies into the main reasons for divorce have come to different conclusions about what the root cause is. However, the common reasons that come up again and again are extra-marital affairs, physical and mental abuse, poor communication, financial problems, and a lack of commitment to the marriage (DiCaro, 2005; BBC, 2005; Korea Herald, 2004).

Divorce is one of the most painful experiences in the life of a couple. Nevertheless, according to Weiss (1975, p.3), “Divorce is an essential adaptation to the conflict between the value we place on commitment to a mate versus the value we place on self-realization.”

Divorce is a process which has its own developmental path; it is not simply an accident (Kessler 1975; Salts 1979). Thus, before divorce, many couples have serious problems in their relationship. They have conflicts, tensions, difficulties and predicaments, and so their marriage is unhappy even if they do not divorce. These factors weaken the family bonding, make families dysfunctional, and prompt them to consider the idea of divorce. Social problems arise as the couples and the children are badly affected.

Couples want to keep abreast of the changes in modern times and society (Richard, 2000). They seek intimacy and satisfaction in their marriage. When this desire is not fulfilled, conflicts in couples’ relationships are amplified and divide the relationship. In spite of such conflicts, however, one means to the close intimacy is through the system of marriage of a man and a woman, which provides them with a mutually complementary relationship to fulfil their physiological, psychological, and social desires.

It is probable that the couple will have some difficult times during their married life. Marriage is a bond of man and woman involving different experiences of male/female gender, development, home, upbringing and environment. Furthermore, there may be differences in their values, beliefs and

way of thinking. According to the exchange model of Thibaut and Kelly (1959) and the object relations model of Dicks (1967), not all couples' problems are caused by the individual personality or psyche; there may also be problematic interactions in the relationship itself (Glick et al., 2000). Thus, couples are complicated, not simple. The traditional couple therapy focuses on 'relationship' and emphasises 'systemic theory' but it must be kept in mind that the couple is made up of 'human beings'. It is necessary to review how to approach them in counselling in order to prevent or reduce the occurrence of distress and divorce. I have a background in couple therapy and I wanted to find a more effective way of helping couples. Couple therapy is defined as a method of psychological therapy used to treat relationship difficulties for both individuals and couples (Gurman & Fraenkel, 2002; Gurman, 2005; Crowe, 2006). The focus of couple therapy is on the presence of both relationship partners, excluding child or adolescent problems or parent and child interaction, although the children may be invited if there are specific issues (Glick et al., 2000; Gurman & Fraenkel, 2002). In therapy, the couple are generally seen together by a single therapist but this practice has been a matter for debate (e.g., Gurman & Kniskern, 1986; Gurman, Kniskern, & Pinsof, 1986; Wells & Giannetti, 1986).



### **1.3 Personal and professional journey in relation to couple therapy**

Much of this thesis involves qualitative research. McLeod (2003, p.73) briefly defines qualitative research as a process of systematic inquiry into the meanings which people employ to make sense of their experience and guide their actions. In this section, I will disclose the personal and professional constructs in my own case that have some bearing on the research outcome.

In some sense, my journey began unknowingly with my mother who complained about physical symptoms after she quarrelled with my father. She used to complain about heaviness in her chest or of feeling stiff in her shoulder and she used to say that it was just because of my father. I was never told what made her feel heaviness in her chest and why she put her difficult relationship with my father into words in this way. I did not like hearing her complain of physical symptoms because it seemed to me that she criticised my father in her complaining way. Although she knew there were difficulties and predicaments in the relationship between herself and her husband, she could not exactly express what was so difficult in maintaining the relationship. At that time I wondered who could help my parents to improve their relationship and help my mother to stop complaining about her physical symptoms. I could not understand what made my mother complain of physical symptoms that did not show up in the hospital.

Since I was ordained as a Catholic priest in Korea in 1995, I have often met women who have had difficulties with their spouses. It seemed to me that they did not know how to handle their difficulties and that they were not happy or satisfied, like my mother. In spite of this situation, they could not help sustaining their marriage because of their children, fear of losing face, financial issues and so on. They hardly ever told anybody about their difficulties with

their spouses, even though there was serious and damaging domestic violence. Since I was a priest, they came to me for counsel on these difficulties. They also told me that they felt heavy, uneasy and constricted in their chest, or they felt their heart pounding, or that there was just something in their stomach.

Some Korean psychologists see this phenomenon as a peculiar mental disorder which they call Hwa-Byung (HB). The first research on HB was reported by Lee (1977), as one of the culture-bound syndromes. Lin et al. (1992, p.386) define HB:

Hwa-byung (HB) is a Korean folk illness label commonly used by patients suffering from a multitude of somatic and psychological symptoms, including constriction, oppression, or “pushing-up” sensations in the chest, palpitations, “heat sensation,” flushing, headache, “epigastric mass,” dysphoria, anxiety, irritability, and difficulty in concentration.

This disorder has been said to be related to a wide range of physical symptoms, in response to an emotional disturbance. When they have this disorder, patients feel heavy, uneasy, and they have constriction in the chest area. Sometimes they feel the heart pounding in the body, or they describe it as ‘just something in their stomach.’ This symptom is psychological or emotional, not physical. The result of the doctor’s examination is that there is no physical problem. Rather, this symptom is related to the patient’s experiences and these are registered in their bodies. Thus, their bodies carry a sense of some situation, problem, or aspect of their lives as a whole complexity in a single sense. Lee (1977) claims that HB stems from the Korean culture of hiding feelings and not allowing people to express themselves, or simply from not being good at expressing their emotions and feelings. They are left with a build up of anger, or *hwa*, or the projection of anger into the body which is kept suppressed. Cho (1991) sees HB as coming from the build up of a neurotic fire or anger when a person reacts to suffering injustice and fails to express his or her emotions.

Those who had physical symptoms did not know exactly what it was, but they had an unclear, subtle inward sense, in their particular situations and experiences. For example, when I was counselling a lady, in her late 40s for 20 sessions, she said, “Whenever I think about my mother-in-law, I feel constriction in my chest and it is getting tighter ... (Silence) I do not know why I feel so heavy in my chest ... (Silence) I just want her to disappear somewhere. I cannot do anything because she is always in my way and has been bugging me ever since I got married. I do not want to see her again.” She was upset with her mother-in-law. She kept accusing the mother-in-law of what she was doing wrong. Then she gradually became calmer and then fell silent, weeping. I reflected back what she said and then I was with her in silence for a moment. After that, she said, “Now I am still angry with my mother-in-law, but I also feel guilty because I hate her, and sometimes I wish my mother-in-law had died earlier.” There was a ‘change movement’ here. At that time I did not realise what made her get the ‘change step’.

I ruminate over this phenomenon from time to time. I believe that it is more than physical sensations because the body is not just a machine. My training in Focusing-Oriented and Experiential Psychotherapy has made me aware of the capacity of our bodies to absorb all our past events, all the language, all the social values, all the culture, everything we experience and to still imply more. Thus, the body sense has all those forms and then it is still always there again and is implying more (Gendlin, 1990).

This phenomenon can also be found in our daily life situations. I have found it in mine. Sometimes I have anxiety in me but I do not know what the anxiety is from. On one occasion I was faced with an important decision, which was very difficult to make and it was risky to assert myself too. I got up earlier than usual and all of a sudden I started feeling anxious with a slight bodily

sensation in my chest and in my stomach. I have had similar experiences many times in the past and I still have them. Sometimes I had very strong bodily sensations like the Korean women who are suffering HB. It made me feel discomfort and it was not clear what it was. Whenever this happened to me, before I had learned Focusing, I either ignored this phenomenon or treated it as trivial. Nowadays instead of disregarding this unclear uncomfortable feeling in relation to my life situation, I try to stay with it for a moment. The felt sense, to me, is a new indicator of where I should go. It leads me to a new direction that I did not notice or try before. When it leads me to the new direction there is wisdom, energy, and comfort. The felt sense lets me be aware of what I really have difficulty with, or of what is good for me in the difficulty, or of what I really want from what I am doing at present which does not satisfy me. The felt sense lets me get new energy so that I can see my difficulties differently. Although I cannot completely get rid of them, I can comprehend them and then tolerate them more effectively. After the felt sense shifts I feel comfortable since I can be aware of the meaning of the situation that gives me difficulty or makes me feel distressed, and understand what I should do, where I should go and so on. This process helps me change my life whenever I have some problems or difficulties.

As a counsellor, I use this method in my practice. The clients whom I have met have had the felt sense of their whole situations but they did not realise what it was and did not use it. They were different types of clients. Some clients were talking about external events and jumping from one issue to another. When they started talking about the issues they had or what made them have difficulties, they kept saying the same thing over and over and focused on the outside world, rather than looking inside. Some clients were very analytical or judgemental. It did not take them very long to analyse or judge

their issues and they also professed to know that their problems came from their past or from their childhood. Although they themselves analysed their problems very well, they still did not know what to do with their analysis. Some of them were so absorbed in their emotions that they could not get in touch with reality. Drowning in their emotions was an obstacle to looking at their problems. Instead they needed to be able to step back a little from their emotions in order to be more realistic. In this case, some of them were probably satisfied just to express their emotions, to express how miserable they were in their situations or the way they were suffering from their difficulties. What I had to do when I met these kinds of people was to help them to make up their own mind by facilitating their discovery of what they themselves thought and felt. In the course of two or three counselling sessions while I was listening and reflecting back what they had said, I found that they could get a felt sense at that time. In this stage they did not keep talking and they had a long pause or silence. Then they said, "I don't know what to do...," or "I am not sure of it... There is something..." This is an indicator of the felt sense. I have found that many of the things which they discovered about themselves were things which they may say that they had known all along but never clearly recognised. I felt that they would have an opportunity to get in touch with their inner world and to look at themselves more clearly. Most of the time, I invited them to stay with this felt sense for a while and then welcome whatever came to them from the felt sense. This is one step in the client's process of change; then they can go further. I have a deep interest in this process.

The remarkable thing about the Focusing approach is that the therapist is never applying a text book theory or formula. But being in contact with his or her felt sense, he or she can creatively find ways to point the couple to their own felt sense. The people coming to counselling can experience being exactly

understood because the therapist knows how to listen to them and how to reflect back what they have said.

## **1.4 The reasons for engaging in this research**

I have questioned why the focusing-oriented approach, that is so crucial to my personal and psychological well-being, should be left out of couple therapy if it helps people change. Does the focusing-oriented approach have a place in couple therapy? What are the main factors of the change process in couple therapy? Are there any common factors between couple therapy and the focusing-oriented approach? If so, how can the focusing-oriented approach be used in working with couples? How can the felt sense be used when working with couples?

With these questions, I have some assumptions: 1) Since the felt sense is an inward human activity like thinking and feeling, a felt sense could be there in working with couples. 2) A felt sense of a situation or problem in the relationship between a couple could help them to enhance the change process when the couple pays attention to the felt sense. 3) The focusing-oriented approach could contribute to the development of therapeutic theories and techniques for couple therapy so that it may make couple therapy more effective and successful. My sense is that I am uncovering an aspect of counselling that many people have overlooked in working with couples.

To my knowledge, there are no book-length studies of the application of Focusing to couple therapy, and there are very few published papers. There is, of course, a large literature on couple therapy, some of which I will review in Chapter 2. There is also a significant literature on focusing and focusing-oriented therapy, which again I will review. It is also true, as this thesis will demonstrate, that there are already a small number of therapists who do work with couples in a focusing-oriented way. However there is little or no research

on the *focusing-oriented* way of working *with couples*. It is this significant gap in the field of couple therapy with which I am concerned. I feel that it is valuable and necessary to draw attention to this new direction for couple therapy.



## **1.5 Significance of the study**

This study is expected to have the following major areas of significance:

- As suggested above, this study may be the first full-scale attempt to integrate FOT into couple therapy.
- This study contributes to the development of therapeutic theory and technique in couples therapy by drawing on the focusing-oriented approach.
- The study may encourage couple therapists to explore the possibilities for working in a focusing-oriented way.
- The study should give encouragement to focusing-oriented counsellors who already work with couples, and may encourage others to extend their expertise into the field of couple therapy.
- The study may be useful for developing ways of providing marriage care.
- The study may, indirectly, be a contribution to helping those who are suffering from couples' problems.

## 1.6 Objectives of the research

This research has the following major objectives:

1. To examine how couple therapists usually work with couples.
2. To investigate how widespread the use of the focusing-oriented approach is as a therapeutic approach when working with couples.
3. To explore what are seen as the common factors of therapeutic change in standard couple therapy and in focusing-oriented therapy.
4. To examine what elements of focusing-oriented therapy can be brought into couple therapy.
5. To ascertain whether there is any evidence for the focusing-oriented approach being effective in working with couples.
6. To discover how using the focusing-oriented approach makes couple therapy different.

## **1.7 Delimitations of the study**

The aim of the research is to focus on how using the focusing-oriented approach (FOT) makes couple therapy different in order to integrate FOT into couple therapy. This study has the following delimitations:

- Surveys utilised for data collection in this study were conducted with focusing-oriented therapists who were registered as certified focusing professionals in 2006 and with couple therapists in the UK.
- Participants of this study were couple therapists in the UK and focusing-oriented therapists who agreed to participate when they were invited by email to do so.
- There were no delimitations of gender, age, and race of research participants in this study.
- This study did not include lesbian and gay couples in couples therapy, but separation and divorce issues were included.
- This study did not include exploration of the relationship between FOT and specific couple therapy orientations such as family of origin orientation, systemic-strategic orientation, and so on.

## 1.8 Outline of the thesis

The thesis is organized into ten chapters. The following is a brief overview of the thesis.

**Chapter 1:** *Introduction.* This first chapter deals with the background of the study. I have given the background and focus of inquiry of the research, and demonstrated the personal and professional journey which has had some influence on the research.

**Chapter 2:** *Review of related literature.* Here the relevant literature is descriptively delineated. There are two sections, an outline of couple therapy and an outline of FOT. In the outline of couple therapy the definition of couple therapy is critically discussed, and the background of couple therapy is historically described to examine the roots of couple therapy. Orientations of couple therapy are explored as an important part of working with couples. A brief overview of FOT is given, and theory development in FOT is explored.

**Chapter 3:** *Methodological and ethical issues: choices and process.* This chapter discusses details of the research methodology. The background to the preference for the methodology is explained, and the research process is also explained.

**Chapter 4:** *Quantitative survey of the work of standard couple therapists.* A quantitative analysis of the questionnaire results

presents how couple therapists' work with couples and what factors are regarded as facilitative successful in couple therapy.

**Chapter 5:** *Working with couples: a qualitative analysis of the couple therapy interviews.* This chapter presents the qualitative data, and the analysis of the data, that relates to the nature of the process of counselling in working with couples, what the factors of successful couple therapy seem to be, how the different approaches can be integrated, and how working with couples is done by the interviewees who took part in the research.

**Chapter 6:** *The basic concepts of focusing and their application in focusing-oriented therapy.* This chapter provides a bridge from standard couple therapy to the use of focusing in couple therapy. In this chapter I explore what focusing-oriented therapy involves, and how it works. I do this through discussing some of its central features, drawing on the literature, but also on material in recordings that I have made of focusing sessions.

**Chapter 7:** *Quantitative survey of the work of focusing-oriented therapists.* This chapter forms a parallel to Chapter 4. It presents a quantitative analysis of the results of a questionnaire survey of focusing-oriented therapists who work with couples. The data from the quantitative survey are reviewed and analysed. The survey demonstrates how widespread the use of the focusing-oriented approach is in working with couples, whether the use of

the focusing-oriented approach is seen as effective by the therapists and whether teaching the focusing method to couples is possible.

**Chapter 8:** *Focusing-oriented therapy with couples: a qualitative analysis of the FOT interviews.* This chapter forms a parallel with Chapter 5. It presents and examines the qualitative data from the interviews that demonstrate how the focusing-oriented therapists try to apply the focusing-oriented approach to working with couples and how using the focusing-oriented approach makes couple therapy different.

**Chapter 9:** *Implications for the development of focusing-oriented couple therapy.* This chapter demonstrates further how focusing-oriented psychotherapy can inform couple therapy. This is followed by discussion of what elements of FOT can usefully be brought into couple therapy.

**Chapter 10:** *Conclusion.* This chapter draws together the findings of the other chapters and provides a discussion of the issues involved in applying the focusing-oriented approach to working with couples.

## **Chapter 2: Review of related literature**

### **2.1 Introduction**

The purpose of this chapter is to present an overview of couple therapy and focusing-oriented therapy (FOT) separately, with a view to analyse how the focusing-oriented approach applies to couple therapy. In order to understand couple therapy generally, it is necessary to examine how it has developed, differentiate it from other counselling and explore the definition of couple therapy. A review of the considerable literature regarding couple therapy (e.g. Ackerman, 1970; Broderick & Schrader, 1981; Framo, 1989; Gerson, et al., 1993; Gurman, 1973a; Gurman & Fraenkel, 2002; Gurman & Kniskern, 1978; Halford, 1998; Jacobson & Addis, 1993; Mace, 1958; Mudd, 1957; Olson, 1970, 1980; Sager, 1966, 1967; Wile, 1981) depicts the core characteristics of couple therapy and offers ideas that derive from the conceptual and technical attributes of the couple therapy orientations. Although the orientations overlap there are a number of noticeably distinct orientations of couple therapy (e.g. Christensen et al., 1995; Gendlin, 1996; Gurman & Jacobson, 1995; Olson, 1970) such as the psychodynamic, behavioural, emotionally-focused, integrative and so on. In order to understand how couple therapists could apply the focusing-oriented approach to their work with couples, it is useful to explore their theory, techniques, and the process of counselling in each of the main orientations.

This chapter will then examine the characteristics of FOT, in order to compare them with the characteristics of traditional couple therapy. The purpose of this comparison is to determine whether or not it is possible, and on what grounds FOT can be connected to working with couples. Since about 1965, Gendlin has been developing experiential psychotherapy in the direction of Focusing, which he

describes as ‘a method of methods’ (Gendlin, 1974, p. 211), and which can be practiced within different orientations and with many kinds of techniques and psychological problems (Gendlin, 1996). He presents it as a skill that can be enhanced by means of specific therapeutic interventions. He also believes that other therapeutic methods would benefit greatly from the development of the focusing technique (e.g. Gendlin, 1996, pp. 169-180). Gendlin introduced the possibility of integrating the focusing-oriented approach into other orientations.

It is within the context of these developments that this chapter will consider the background of FOT, where it originates and how it has developed (e.g. Gendlin, 1961, 1964, 1968, 1973b, 1981, 1996; Hendricks, 2002a; Purton, 2004; May & Yalom, 1989; Rice & Greenberg, 1992; Elliott & Greenberg, 1995), and the overview and theory development in FOT in the literature (e.g. Gendlin, 1961, 1962, 1964, 1973b, 1996; 2002; Gendlin et al., 1960; Hendricks, 2002a; Rogers 1961; Purton, 2004).



## **2.2 Couple therapy**

### **1) Differentiation of couple therapy**

The format of couple therapy is different from individual, group and family counselling. Individual counselling deals with individual issues in a one-to-one setting. In group counselling however, the counsellor(s) facilitates the group dynamics for the interaction of the group members to develop and resolve the group issues (Corey, 2004). Family counselling deals with family issues, the therapist observes interactions between family members as well as the perception of non-interacting family members (Lowenstein, 2010, p.3). By comparison, the relationship in couple therapy is triangular, the counsellor, one partner and the other partner. The therapist is counselling two people, a couple. In situations where one of the partners in the couple is unavailable to come to counselling; then the counselling becomes one-to-one. However, in the case that only one partner comes to counselling, the therapist should counsel him or her, keeping the other partner in mind. Thus, the relationship remains triangular to the therapist. The therapist in couple therapy should not allow only one partner to spend a lot of time talking as in individual counselling. The reason is that each partner in couple therapy tends to draw the therapist into supporting that partner's 'side'. The equalising attitude is probably the most distinguishing feature of couple therapy and is perhaps what distinguishes couple therapy most from individual therapy, group therapy and family therapy (Taibbi, 2009, p.3).

Couple therapy is defined as a method of psychological therapy used to treat relationship difficulties for both individuals and couples (Gurman & Fraenkel, 2002; Gurman, 2005; Crowe, 2006). The focus of couple therapy is on the presence of both partners, excluding child or adolescent problems or parent and child

interaction, although the children may be invited if there are specific issues (Glick et al., 2000; Gurman & Fraenkel, 2002).

## **2) The background of couple therapy**

The underlying significance of the scope of couple therapy is the stress on treating problems within a relationship context. Couple therapy is today a treatment for relationships in difficulties. It has been developing for some time in the psychotherapy arena, but some models of couple therapy (such as behavioural couple therapy, emotionally-focused couple therapy, etc.), together with the scientific study of couple therapy, have appeared only recently.

It is paramount to examine the root of the major conceptual influences and trends in couple therapy to understand how couple therapy has emerged in terms of its development in research, theory and clinical practice today. I will here review the evolving research, theory and practice of couple therapy and its theoretical development. Before examining the history of couple therapy, I will draw attention to the relationship between family therapy and couple therapy, and discuss the origins of family and couple centres and associations because they have developed from a similar root.

## **3) The relationship with family therapy**

Couple therapy has developed along with family therapy. Some family therapists identified marital problems as the core approach to family change (e.g. Ackerman, 1970). Olson (1980, p.974) described the relationship between couple therapy and family therapy as 'fraternal twins'. Family and couple therapy traditionally derive from the same frame of concepts and techniques (Fraenkel, 1997, p.380). Nonetheless, most of the early pioneers of family therapy clearly

discounted the relevance of couple therapy to their work, considering it quite an unimportant conceptual and professional position (Gurman & Fraenkel, 2002).

However, Framo (1989, p.12) also noted the relationship of family and couple therapy:

The founding of AFTA had ... aroused considerable alarm in the AAMFC [now AAMFT, American Association for Marriage and Family Therapy] ... From AFTA's point of view the fields of marriage counseling and family therapy were two separate areas, each with their own histories, concepts, and practices.

Surveys also repeatedly show that couple problems are more significant than whole family problems in the practice of family therapists (Doherty & Simmons, 1996; Rait, 1988; Simmons & Doherty, 1995). Couple therapy is developing as a mature and independent participant in the counselling arena. Couple therapy has emerged from family systems theory and general systems theory, and the influence of family therapy probably means that family therapists have been doing couple therapy as part of their work for a long time (Gurman, 2005).

#### **4) Early marriage counselling centre associations**

Couple therapy is an area of psychotherapy practice that is long on history but short on tradition (Mace, 1958). There has always been interest and concern about the intimate relationship of husbands and wives, but only in the late 1930s was the need such that a spate of professional activities developed to clinically treat couples who were having difficulties in their marital relationship. In Broderick and Schrader's (1981, 1991) classic tracing of the history of marital counselling, from 1929 to 1932 in the United States, it is noted that three major marriage counselling clinical institutes opened. The three primary centres and founders were the Marriage Consultation Centre in New York founded by Abraham and Hannah Stone in 1929, the American Institute of Family relations founded by Paul Popenoe in 1939, and the Marriage Council of Philadelphia founded by Emily

Mudd in 1932. About the same time as the founding of these centres in the United States, David Mace and a small group of colleagues organised the National Marriage Guidance Council (now Relate) in England (Mace, 1958). By 1947, he helped establish over 100 centres in England which were later incorporated into a National Marriage Guidance Council and he was the Executive Director until 1949 (Mace, 1958).

In 1942, a small group of pioneers in this field organised the American Association of Marriage Counsellors (AAMC) in order to facilitate the development of this new profession. In 1970, the AAMC expanded their focus by officially changing their name to the American Association of Marriage and Family Counsellors (AAMFC: now AAMFT, American Association for Marriage and Family Therapy) in order to include family therapists, who previously had no nationally affiliated group with which to identify (Kaslow et al., 2005). These developments reflected noticeable political willingness to effect changes to suit new conditions and to combine forces with the emerging and undoubtedly more powerful field of family therapy (Broderick & Schrader, 1991).

## **5) Research into couple therapy**

Research into couple therapy has only become substantive in recent years. Olson's survey (Olson, 1970, p.501) shows that there were only about twenty-five articles regarding couple therapy published before 1950. It is reckoned that approximately fifty articles were published during the 1950's and over one hundred publications appeared from 1960 to 1970.

The article on the '*Knowns and Unknowns in Marriage Counselling Research*' (Mudd, 1957) merely afforded the opportunity to raise questions that were deserving of respect and serious consideration. This fact was due to both the lack, and the standard, of empirical research in the field at that time in history.

According to Olson's report in 1970, the nature of the research was largely descriptive, with the exception of a few studies that had made use of careful, thorough and exact methods or experimental designs. Olson (1970, pp. 522-523) noted four research areas. The first, which was the most thorough, exacting, and systematic approach to the evolution of couple therapy, investigated the effectiveness of treatment (Burton & Kaplan, 1968; Ely, 1970; Fitzgerald, 1969). The second described the traits of individuals who become couple therapists because of their professional background and affiliation (Alexander, 1968; Kimber, 1967). The third contained descriptions of those who seek couple therapy (Green, 1963; Kimber, 1966; Levitt & Baker, 1969). The fourth research area addressed the methodological difficulties of carrying out research into couple therapy (Olson, 1969).

In Goodman's 1973 paper, all the existing research in the field, published between 1931 and 1968, and containing some empirical data, was examined. Goodman (1973, pp.112-113) reported that 56% of these works were based on subjective reports, and only 22% included a specified sample, meaning that they were too poorly defined to provide information concerning the populations to which the findings might apply. Goodman concluded that the usual standards for evaluating research could not be applied to the marriage counselling papers. Furthermore, she found that the scanty research made it impossible to identify an active research front for the field.

On the other hand, Gurman's (1973a, b) review of the emerging trends in the literature on research and practice in couple therapy brought attention to the very fast growth rate in the overall literature and the scarcity of measurement-based papers that touched on matters of treatment outcome or process. As Broderick and Schrader (1981) noted couple therapy had reached its peak by the late 1960s yet it had practically nothing to show for itself empirically by the mid 1970s.

Between the middle and the late 1970s, the research history of couple therapy reached a crossroads. For the first time, the field of couple therapy was interested in collecting a significant volume of experiential studies of treatment results that appeared to be useful for and relevant to clinical practice. A run of research reviews by Gurman and his colleagues (Gurman, 1971, 1973b; Gurman & Kniskern, 1978; Gurman et al., 1986) assembled the major findings regarding the experimental status of the capacity and validity of couple therapy.

The emergence of a meaningful body of research became evident by the late 1980s, research which mainly explored the three models of couple therapy: emotionally-focused, psychodynamic and insight-oriented therapy. The 1990s posed a series of questions that were usually asked in the research literature, such as (e.g. Christensen & Heavey, 1999; Halford, 1998): “Does conjoint couple therapy work for relationship problem?” and “How powerful is conjoint couple therapy?” To these questions, researchers responded that couple therapy had increased relationship satisfaction more than if the couples opted for no treatment and that it is reasonably effective with approximately 60-75% of couples improving. Some researchers (e.g. Jacobson & Truax, 1991; Jacobson & Addis, 1993; Hahlweg & Markman, 1988; Hahlweg & Klann, 1997; Johnson et al., 1999; Snyder et al., 1991; Bergin, 1963) added three other indices of the power of couple therapy, namely: measures of clinical significance; assessment of the durability of post-treatment effects; and assessment of possible negative effects as a result of treatment.

Although research into couple therapy only actively started in 1950, it has grown at a fast pace. In 1970 such research was still largely descriptive and contained only empirical data. Then in the middle of the 1970's the research history of couple therapy reached a turning point - couple therapy researchers became interested in exploring different models of couple therapy and began

investigating effect sizes of the studied treatment methods.

## **6) Theoretical developments of couple therapy**

The number of diverse approaches to couple therapy has been increasing since the 1920s. Olson (1970, p.516) stated that “the search for the theory of marital (and family) therapy is slowly changing to a realization that there needs to be considerably more exploration of various theoretical approaches before a more integrated and comprehensive approach can be developed.” In this regard, it is necessary to explore the development of the theory of couple therapy.

### ***(1) Early theoretical development***

The typical early marriage counsellor’s approach was strongly focused, rather short-term and quite directive. Barker (1984, p.11) in describing the modal clinical activity of clergy and social worker marriage counsellors in the 1920s, portrays them telling their clients how to make their marriages work better. They educated couples on their legal and social obligations, and they lauded and upheld the intrinsic values of family life.

By the middle of the 1960s, according to Gurman and Fraenkel (2002), the clinicians who mainly considered themselves couple therapists, predominately used the conjoint format in couple cases. Ideally, the conjoint method in marital therapy means seeing both partners together during all the therapeutic sessions (Olson, 1970). At the same time, the mental health professionals from other disciplines, who also practiced couple therapy, were more varied in their use of conjoint and individual approaches. The outcome according to Olson (1970, p. 503) in a review analysis was the development of the technique of conjoint couple therapy, brought about by the strong emphasis that couple therapists had put on the impact on the marital relationship.

On the other hand, the psychoanalytic therapists had for decades been promoting their interests in the meaning of marriage in family life and the effects of psychoanalysis on the partner (Meissner, 1978). One method used as a trial for the cure of neurosis in marriage was introduced in *Psychoanalysis of married couples* (1938) by Oberndorf, who made the first presentation of this kind at a major professional conference on the psychoanalysis of married couples in 1931. A different approach was pioneered by Mittelman (1948), who made an important move forward. He carried out concurrent treatment where both partners were treated individually but simultaneously by the same therapist (Greene, 1965, p. 3).

The conjoint approach was looming high in psychodynamic couple therapy by the early 1960s. The move therein towards the conjoint approach became more established (Sager, 1966) but the shift had not yet been completed (Watson, 1963). Consequentially, the treatment continued to focus mainly on the partners as individuals, rather than on their jointly constructed dyadic system, and on the patient-therapist transference (Sager, 1967). Gurman and Fraenkel (2002, p.208) convey the idea that this was evidence of the couple therapists' lack of awareness of the healing power within the couples' own relationships.

In summary, the clinical work in early marriage counselling did not normally use conjoint therapy. Adaptation to culturally overbearing marital roles and giving advice on the practical facets of married life took precedence until the 1970s. However, the conjoint approach in psychodynamic couple therapy had made its appearance by the early 1960s and the use of the conjoint approach became more widespread, yet the treatment continued to focus more on the partners as individuals.

## ***(2) Theoretical development under family therapy***

Between 1963 and 1985, couple therapy was largely absorbed by family



therapy (Nichols and Schwartz, 1988, p. 37). Some family therapists exerted a striking impact on couple therapy within the family systems perspective.

Nichols and Schwartz's (1998, p.9) reference to 'family therapy's golden age' (1975 to 1985) brought to light the great impact of family therapy's theories and clinical practice on couple therapy. Particularly, some family therapists generated new ideas and continued to influence contemporary practice in couple therapy. Jackson, a founder of the Mental Research Institute (MRI), contributed the concepts of 'family homeostasis' (in 1959) which referred to systemic properties of families that resist change and the 'marital quid pro quo' (in 1965) which as the cornerstone concept in Jackson's methods of couple therapy, was "an unconscious effort of both partners to assure themselves that they are equals, that they are peers" (Linda, 2001, p.312).

Haley, a key strategic therapist, in formulating his first law of human relations (1963, p. 234), wrote that "when one individual manifests a change in relation to another, the other will react so as to minimize that change." He highlighted interpersonal dynamics, dominance and the general parameters of a couple's relationship. Gurman and Fraenkel (2002, p.220) opined Haley's theoretical and technical contributions carried tremendous weight in the wide scope of family therapy and couple therapy.

Bowen (1978) initiated the first multigenerational or trans-generational family systems approach in both family therapy (e.g. Friedaman, 1985; Kerr & Bowen, 1988) and couple therapy (e.g. Aylmer, 1986; Gerson et al., 1993; Papero, 1995, 2000). Bowen used eight interconnecting concepts to summarise his theory, which were differentiation of: self; nuclear family emotional system; triangulation; family projection process; multigenerational transmission process; emotional cut-off; sibling position; and societal emotional process (Bowen Centre for the Study of the Family, 2002-2004). The most important and well known concept is

‘differentiation of self’. Commenting on the Bowen family systems theory, Papero (1995, p.11) remarks that it is not mainly a theory about marriage. Nevertheless, Bowen (1976, p.392) points out that by and large the two spouses are normally the only ones who are important enough to the rest of the family and who have the motivating and dedicated stamina to make the necessary therapeutic effort. Therefore, despite Bowen’s theory not being centred on marriage, it is nevertheless pivotal to his family systems theory.

Gurman and Fraenkel (2002, p. 214) acknowledged Satir to be the most convincing advocate of family and couple therapy from the mid 1960s until about the mid 1970s. Satir (1965) put forward the family connection in a conjoint family therapy model. She dwelt on the perception of self and others, how one thinks and feels and manifests these experiences, and on how one reacts to others. She observed that these are the three parts that make up the patterns of interaction that constitute the couples’ system (1965, p. 122). Satir (1965) bequeathed a more lasting and widespread method for the treatment of couples’ problems than any of the other pioneers belonging to that same era.

All of the perspectives critiqued above have had a huge impact on couple therapy - both by informing and directing the thinking and practices of most psychotherapists who ordinarily treat couples.

### ***(3) Current theoretical trends***

In the mid 1980s, couple therapy’s theories exhibited ongoing modification with conceptual and technical advances and improvement. The three treatment models that particularly featured in the 1980s were: behavioural couple therapy (BCT); emotionally focused couple therapy (EFT); and insight-oriented marital therapy (IOMT). Up to this present time, BCT is the most intensely and frequently investigated couple therapy method (Halford, 1998).

The early works of Stuart (1969) and Jacobson (Jacobson & Margolin, 1979; Jacobson & Martin, 1976) visibly inaugurated a social learning theory-based approach to BCT. However, BCT has evolved through four distinct phases. The first two phases, which were what Jacobson and Christensen called ‘traditional behavioural couple therapy’ (Christensen et al., 1995; Jacobson & Christensen, 1996) were comprised of two sub-phases: simple behaviour-exchange phase; and skills training phase. The simple behaviour-exchange phase emphasised couples’ contracted trading of desired behaviour (e.g. Stuart, 1969) based on the marital ‘quid pro quo’ concept of Jackson (Lederer & Jackson, 1968). In the skills training phase, BCT emphasised teaching couples communication and problem-solving skills (e.g. Jacobson & Margolin, 1979). In the third phase, the acceptance phase, integrative behavioural couple therapy developed (Christensen et al., 1995; Jacobson & Christensen, 1996). The acceptance phase emphasised balancing the earlier focus on behaviour change with a new interest in enhancing partners’ abilities to accept inevitable and irresolvable perpetual difficulties (Gottman, 1999; Christenses et al., 1995). The most recent phase in BCT’s evolution is the self-regulation phase (Halford, 1998; Halford et al., 1993). This phase emphasised helping partners to change their own behaviour, both private and public, as well as that of their partners (e.g. Halford et al., 1993).

Although not as familiar as BCT, EFT (Greenberg & Johnson, 1986, 1988; Johnson, 1986, 1996; Johnson & Greenberg, 1995) has established the couple therapy field within the humanistic and experiential psychotherapy tradition. EFT, in a fundamental way, owes part of its conceptual heritage to object relations theory (Scharff & Bagnini, 2002) and has also drawn on attachment theory (Bowlby, 1988). Thus EFT aims to restructure interpersonal patterns to incorporate each partner’s needs for experiencing secure attachment (e.g. Johnson & Greenberg, 1995). EFT has also accumulated a record of strong empirical support (Johnson, et

al., 1999).

Insight-oriented marital therapy, like EFT, provides a substantial empirically-supported approach (Snyder, 1999). IOMT draws on psychodynamic object relations theory (Dicks, 1967), interpersonal role theory (Anchin & Kiesler, 1982), and cognitive schema theory (Young, 1994). The IOMT therapist's central technical role is to interpret partners' behaviour, feelings, and cognitions both contemporaneously and historically, like earlier psychoanalytic and object relations couple therapy approaches (e.g. Framo, 1965; Skynner, 1976, 1981). IOMT has made significant contributions to a renewed emphasis on insight in marital therapy, along with related recent advances in the development of object relations methods (e.g. Catherall, 1992; Scharff & Bagnini, 2002).

#### ***(4) Modern shifts and influences***

Current couple therapy is characterised not only by increasing refinement of clinical treatment approaches, but also by an extension of the scope of couple therapy beyond the treatment of obvious relationship conflict and distress to the treatment of individual psychiatric disorders (Gurman & Fraenkel, 2002). Thus, couple therapy has dramatically shifted from marriage counselling's exclusive concern with minimally-troubled, normal couples to couples with partners suffering with significant disorders, such as depression, bipolar illness, anxiety disorders, alcoholism, and violence (Gurman, 2002). Interestingly, at the same time, divorce prevention programs for couples have increased over the past twenty years (Bradbury & Fincham, 1990; Fraenkel et al., 1997; Stanley et al., 1995).

Increased attention to feminism, multiculturalism and postmodernism has resulted in the traditional concept of couple therapy being extended and challenged. Feminist therapists (e.g. Goldner, 1985a, b, 1988; Hare-Mustin, 1978, 1987; James

& McIntyre, 1983; Avis, 1988, 1989; Libow et al., 1982; Walters et al., 1988) have argued about feminist social values, especially regarding couple issues such as gender, power, and intimacy. For multiculturalism, writings from the multicultural perspective on couples have recognised the role of ethnicity, race, social class, religion, and sexual orientation in marital relationship and couple therapy (e.g. Hardy & Laszloffy, 2002). Recently, postmodern social constructive views have had a wide-ranging impact on all areas of psychotherapy (Neimeyer & Bridges, 2005), including family and couple therapy. The most influential and visible postmodern couple therapy approaches to date have been solution-focused couple therapy (Hudson & O'Hanlon, 1992; Weiner-Davis, 1992), narrative couple therapy (Freedman & Combs, 1996a, b, 2000; Neal et al., 1999; White, 1986/1987; Zimmerman & Dickerson, 1993a, b, 1994) and collaborative couple therapy (Wile, 1981, 1995, 2002; Anderson, 1997).

A major revolution in the development of couple therapy has been the revision of clinical theory and practice in the movement toward theoretical and technical integration (Pinsof, 1995; Segraves, 1982). There are traditionally three main types of psychotherapy integration (Stricker, 1994; Gold, 1996): Technical eclecticism, theoretical integration, and common-factors. Technical eclecticism is arguably the most clinical and technically oriented form of psychotherapy, with one model remaining dominant. By contrast, theoretical integration combines different theories, as well as their associated techniques, typically identifying one theory that dominates the others. Common-factors focuses on the identification of effective ingredients that are held in common by any group of therapies. Recently Fraenkel and Pinsof (2001) proposed a fourth approach - theoretical eclecticism. Theoretical eclecticism uses multiple theoretical perspectives simultaneously or sequentially, without integration, but with specified principles for relating and making decisions about when to use different theories and techniques (Stricker &

Gold, 2005).

Couple therapy integrations have brought together both structural and strategic approaches (e.g. Keim & Lappin, 2002; Stanton, 1981; Todd, 1986) and also behaviour therapy and systemic approaches (e.g. Birchler & Spinks, 1980), but the most common combination has been behavioural and psychodynamic (e.g. Berman et al., 1981; Feldman, 1979; Gilbert & Shmulker, 1996; Gurman, 1981; Nichols, 1988; Segraves, 1982; Snyder & Scheider, 2002).

## **7) Overlapping and interlocking common aspects in couple therapy**

There are some key aspects in working with couples to be gleaned. The key aspects that are helpful for us in understanding ways of looking at couples' issues are couples' stages, attachment theory, family of origin, intimacy, communication, and goals. These are overlapping and interlocking concepts in working with couples, and they are also very useful in applying any individual counselling orientation to working with couples. Awareness of these aspects of working with couples will be of importance to focusing-oriented couple therapists through sensitising them to aspects of the couple's situation that they might otherwise miss. Such awareness will make a difference to the therapist's felt sense of the couple's problems.

### **(1) Couple stages**

Marriage, as a separate phase of adult and family development, unfolds through stages over time with developmental tasks to be mastered at each stage. Marriage stages provide couple therapists with a much needed map for therapeutic intervention with couples. Kovacs (2007) maps the journey shared by couples across six unique and all-important marital stages: honeymoon, expectation, power struggle, seven-year-itch, reconciliation, and acceptance. As they live their lives

together, they get a clearer understanding of their own and of each other's identities and of their match as married partners. During the first three stages of marriage, the issues that the couple have to deal with are predominantly about nurturance, power and independence. After that the issue becomes the struggle for intimacy between two separate individuals.

The first stage is romance, when people fall in love and seek their own completing half. The characteristic of this first stage is that the hidden self remains hidden. The second is reality. They set up their home together and then they start to realise they are different from the romance stage. When differences start to appear the hidden self begins to surface. The third is power struggle. The differences become more apparent and a power struggle ensues. Couples can get stuck here. In this case they blame each other saying 'you will have to change.' The fourth is finding oneself. Physical distance appears. It is time to find and complete oneself and also the hidden self is integrated. The fifth is working through or reconciliation. There is a negotiation to redesign their relationship and drop the dysfunctional model. They have acceptance of the partner's integrated self. The last is mutual respect and love. They have a haven of support and intimacy. Partners know they can separate and reconnect without losing their identity. Couples are likely to seek help between the second stage and the fifth as the most stressful time is through these stages. The counsellor helps them to recognise where they are and to achieve some balance between the striving for dependence-independence and closeness-distance and ultimately the achievement of mutuality, sharing and intimacy.

## **(2) Attachment theory and its implication for couple relationships**

Attachment theory can be used to understand the development of coping patterns or relationship patterns and the underlying dynamics of a person's emotional difficulties. Attachment theory is the conjoint effort of Bowlby and

Ainsworth (Ainsworth & Bowlby, 1991). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. According to Fisher and Crandell (2001, p.18):

A fundamental assumption of attachment theory is that, from early attachment experiences, an “internal working model” of relationships is constructed and it is this model (which is primarily unconscious) that is carried forward and re-enacted in subsequent relationships.

It is worthwhile to explore how the early childhood attachment experiences continue to affect adult relationship to discover whether an ‘internal working model’ is developed at the early childhood stage. The attachment formed as an infant has a bearing on how people treat their romantic partners when they fall in love as adults. The four styles of attachment identified in adults are the secure, preoccupied, dismissive, and fearful attachments (Guerrero, Andersen, & Afifi, 2010). The secure attachment pattern results from consistent and responsive care given from birth. These secure people are comfortable with autonomy, intimacy, and high in self-esteem. It is relatively easy for them to become emotionally close to partners. They are also comfortable to be dependent on others and having others depend on them. They are usually not worried about being alone or about others not accepting them. They also have more satisfying and longer lasting relationships.

In the dismissing style of attachment, people distance themselves from their attachment figures in order to maintain a positive self image (Clulow, 2001, p.48). The dismissing attachment adults are uncomfortable with intimacy and fearful of it. They dislike people getting close, being dependent on a partner or someone being dependent on them. Dismissing attachment people tend to distrust others and they are defensive and independent by nature. They probably will not fall deeply in love nor yearn for affection and intimacy (Campbell et al., 2006).

The preoccupied attachment type has a positive view of others but a



negative view of themselves (Newman & Newman, 2011). This fact can be traced back to inconsistent and unresponsive care giving in their infancy. The child thinks that he or she is to blame for not being loved. Preoccupied adults are all the time concerned and anxious about their love life. While they yearn for and desperately need intimacy, they keep on questioning their partner's love and asking, "Do you really love me?" These adults are obsessed with their relationships and everything that happens in them. On the whole, the preoccupied attachment type is hard to please, they can never get enough love or the partner can never be close enough to them and they always monitor their relationships for problems. Lastly, the fearful attachment individuals are convinced that others are uncaring and unavailable and that they themselves are unlovable (Bartholomew et al., 2001). They want acceptance but they are supersensitive to social approval. Typically they might say, "I cannot say what I really feel because I'm afraid I'll say something that will put a damper on the relationship." They do not expect others to be responsive and they live in fear and anxiety. Not wanting to have their attachment needs rejected and for fear of this happening, they keep a distance in close relationships.

The preoccupied and the fearful have similar attachment traits (Newman & Newman, 2011). They are anxious and dependent on others in order to prove their self worth. The preoccupied either ask for or demand support. The fearful neither ask nor demand. The dismissing and the fearful attachment types both avoid intimacy but their self concepts are different.

### **(3) Family of origin**

Working with couples stirred up a lot of personal relationship issues that come from the family of origin (Perez, 1979). It is helpful to trace back to the family of origin when working with couples. Some interviewees got to know that unresolved problems early in life show up again and become alive in adult

relationships and usually unconsciously. This means that the couple act out other issues from the past with each other, and the couple therapists must try in the present situations to rectify and correct this acting-out that the couple was unable to manage in the past. Gilbert and Shmukler (1996) understand inappropriate solutions as a testimony to the early and childlike nature of the needs being expressed and of the inflexible repetitive strategies that were developed in response to the demands of a particular family constellation. The narrower and more limiting the range of relationship options that a person learns, the more inflexible will that person be in a subsequent relationship. It is the task of the couple therapist to help the couples to broaden their range of options and to be flexible in their responses.

On the other hand, couples can also be restrained by the particular patterns, stories and beliefs from their family of origin. Change often happens as the stories that the partners in couple therapy sometimes tell about their past and present experiences become alive. The couples begin to get an insight into the connection between their present relationship crisis and their families of origin. Treadway (1989) emphasises that a proper understanding, awareness and experience of some of the intense affects from the past will motivate the couple to break away from their stuckness in the repetitive old patterns and roles learned in childhood. Thus throughout the therapeutic work, the couple therapists help the couple to keep working on developing their relationship.

#### **(4) Systems concepts**

Systems theory is important in working with couples because couple therapists think of a couple as a living system (Gurman, 2008; Sprenkle, Davis, & Lebow, 2009). They apply this concept to working with couples. Systems theory is based on the premise that all pieces of an organism are part of a whole (Dorfman,

1998). Thus, a systems theory involves the relationship between the parts of a complex whole, and they interact with the rest of the system rather than in isolation. In other words, a system is interwoven in the relations between the parts which connect them into a whole. This concept informs couple therapy of the importance of striving for a broad understanding of a couple's life rather than focusing on only one part within the system. In this theory, a living system is organised and adapts to its environment (Miller, 1978). In the individual approach to couples' issues, the cause of the problems is understood to be within one of the partners so that the therapist does counselling with that partner. Whereas, in systems theory the cause of the problems is understood to be in the relationship between them (Gurman, 2008). Hence the couple is called the 'couple's system.' In systems theory, the cause of the problem does not lie in just one person (Roberts, & Watkins, 2009). For instance, when one of the partners has an affair, the reason for having the affair is attributed to the fact that the couple's relationship is bad. In this case, the cause of the problem is not the individual's psyche but the relationship between the couple. Emphasising the systems theory view that postulates that unhappy marriages are caused by problems of the relationship, Berg-Cross (1997, p. 206) notes:

The relationship refers to historical and current transactional patterns and the communication code that is used between husband and wife. It is a description of how each partner is influencing and is influenced by the repetitive verbal and nonverbal patterns of daily life. These patterns can create marital satisfaction or marital distress.

Thus, the problem in a couple cannot be identified as a problem in the individual's psyche. A change made in one part of a system has repercussions on the other parts and on the whole system. A couple can become deadlocked because they are repeatedly trying to solve the problem by fixing each other's behaviour without changing themselves. When one member of the couple (one

single system) stops fixing the other's behaviour and then changes his or her behaviour toward the other partner the couple (the whole system) can be changed.

Thus the therapists aim at replacing the vicious cycles with virtuous cycles (Carr, 2000; Messer, et al., 2011). In the systems concept, there is no reason to try and figure out which partner is causing the problems or which one is good, bad, right or wrong. For example, the wife is nagging because her husband is drinking at night and the husband is drinking at night because his wife is nagging at him. The therapist does not try to figure out who is victimizing and who is persecuting. The therapist helps them notice the vicious cycles and replace them with virtuous cycles. The abovementioned describes how each partner of the couple is influencing and is influenced by the repetitive verbal and nonverbal patterns of daily life. These patterns can give birth to couple satisfaction or to couple distress. The problems are interactional; the husband's actions are affecting the wife's reactions. Either partner has the potential to create crisis in the relationship and cause changes to start resounding throughout the couple system. From this point of view the systems concept gives a couple a greater selection of choices in their search for change. Systems theory thereby makes better provision for changes in couples who heretofore have either been too fixed or one of the partners has been attributing the problem to the other one (Crow & Ridley, 2000).

## **2.3 Focusing-oriented therapy**

### **1) The background of focusing-oriented therapy**

Focusing-oriented therapy (FOT) is an interpersonal interaction in which clients can explore what they are experiencing (Gendlin, 1996; Hendricks, 2002a; Purton, 2004). It is based on the idea that change happens by paying attention to and working with a 'bodily felt sense', an idea originally developed by Eugene Gendlin in the 1960s.

FOT (Gendlin, 1996), which can be classified as a variety of experiential psychotherapy, has, like process-experiential psychotherapy (Greenberg et al., 1993), its roots in client-centred psychotherapy (developed by Rogers in the 1940s) and in Gestalt psychotherapy (developed by Fritz and Laura Perls in the 1940s). In brief, person-centred therapy, existential therapy and experiential therapies belong to a large family of humanistic psychotherapies.

These humanistic psychotherapies highlight the awareness of clients, who are understood as subjective beings and self-reflective agents confronting their own experience, and see therapy as a process of enabling appropriate choices and actions (May & Yalom, 1989; Rice & Greenberg, 1992; Elliott & Greenberg, 1995). The main objective of experiential therapy is working with clients' awareness, by focusing on both clients' present experience and the moment-by-moment process of attending to and symbolising bodily felt sensations (Mahrer, 1983; Watson et al., 1998). The first of two basic principles of the experiential orientations is the focus on the importance of the therapeutic relationship in enabling change in clients. The second is the importance of clients' experiencing in therapy, which consists of clients' representation and examination of their inner subjective worldviews, including feelings, perceptions, goals, values, and constructs (Gendlin, 1964).

A genuine empathetic and authentic relationship between client and therapist is important in the practice of experiential therapy. Clients are also encouraged to identify and symbolise their inner experience for themselves rather than leaving it to the therapist to come up with interpretive links between past and present experience(s) (Gendlin, 1996; Greenberg et al., 1993). While FOT and the humanistic psychotherapies share many common views, FOT has a unique and significant theory deriving from Gendlin's philosophy and research outcomes.

## **2) Overview of FOT**

Inspired by his discovery of 'Focusing' and its roots in the 'Philosophy of the Implicit' (1997b), Gendlin developed focusing-oriented/experiential psychotherapy (e.g. Gendlin, 1961, 1968, 1973b, 1981, 1996, 1997a). It had some support from Rogerian psychotherapy (Rogers, 1951) after Gendlin teamed up with Carl Rogers' group at the Counselling Centre of the University of Chicago in the 1950s. The first research on Focusing began in 1957. Subsequently, over 100 research projects (Hendricks, 2002a) have indicated that Focusing is an important success variable in psychotherapy, and also that it correlates with personality and physiological measures.

The Focusing Institute, which was founded in New York in 1986 as a non-profit corporation, is a world-wide membership organisation. According to The Focusing Institute website, 'its mission is to make focusing available to the academic and scholarly communities and to the public at large.' The Folio, published in 1981 to disseminate developments in Focusing, became the journal of the Focusing Institute. In recognition of the self-help and community development skills it has brought to the public and the contributions of its psychotherapists, The Focusing Institute gained the Charlotte Buehler award from the Humanistic Psychology Division of the APA in 2000. The Focusing Institute has skilfully

advanced diversity of practice among focusing teachers. Statistics show that in 2005 there were approximately 1,500 non-voting subscribers spread over fifty countries. The training of an international network of focusing teachers commenced in 1987. The underlying reason was that focusing is a teachable procedure that any of us can use to gain entry to the deeper, implicit knowledge that comes about from having lived with a problem. For the purposes of expanding training opportunities and protecting diverse ways of teaching, a ‘Certifying Coordinators’, structure for teacher training was developed eight years later. The international website (<http://www.focusing.org>), created in 1995, consists of an online bookstore, in-depth publications, related links and referrals to focusing teachers, therapists, and partners.

First described in 1964 by Gendlin (1964; Cornell, 1993; Purton, 2004), Focusing is currently extensively used in such diverse fields as psychotherapy, writing, education, meditation, medicine, business, architecture, and creative processes. Gendlin describes it in his book *Focusing (1978/1981/2003)*. Over 400,000 copies have been sold and it is available in French, German, Spanish, Dutch, Danish, Japanese, Swedish, Hungarian, Italian, Hebrew, Chinese and Greek. The aim of this book was to make Focusing accessible to the public; Gendlin has also published over 240 professional articles and books.

### **3) Philosophical aspects of Gendlin’s theory**

In his early book, *Experiencing and the Creation of Meaning (1962/1997)*, Gendlin explores how ‘concepts’ relate to ‘experiencing’. He explains how experiencing functions in our cognitive and social activities, and he developed concepts from those relations. For him (1997) logical do not exist purely and simply on their own; the implicit experiential content is also always there. Hence in his philosophical analysis, the relation between experiencing and symbols or

concepts is fundamental. Concerning the characteristics of the relationship between experiencing and symbols, Gendlin (1997, p.xii) states:

[E]xperiencing and concepts (or symbols) are surely not two separate things that have to become “related.” Each is always already implicit in the other. There is no “unsymbolized experiencing” anymore than there is “pure logic.” Even without explicit words or concepts, experiencing is “symbolised” at least by the interactions and situations in which experiencing happens... If every moment is both, it has seemed impossible to know what is done by the one rather than the other. But there is a way to discern their different roles *in the transitions* from one statement or action to another.

The concepts or symbols allow our experience to become more explicit (Purton, 2002). For Gendlin, the concepts neither represent nor give us a picture of experience. It is not possible to study experiencing as something by itself. Experiencing can only be studied in being carried forward by some kind of expansion. Gendlin’s concepts address themselves. They expand the process by which they were enlarged upon (Hendricks, 2002a). By looking at how experiencing functions in several kinds of explicating, Gendlin is able to formulate “characteristics of experiencing” (Gendlin, 1961, p.234) as it functions in explication.

In *A Process Model* (1997), Gendlin lets these relations of explication and experiencing unfold into a model that is capable of reformulating basic terms in any field (Hendricks, 2002a). The fundamental standpoint of that model is derived from Focusing and the process of explication in activities where there is the creation of meaning. In explication, with every bit of life the next step is ‘implied’ in a new sense of ‘implies’. Implying is the converse of carrying forward: the second event carries forward the first when one event implies another (Purton, 2004). Accordingly, each additional occurring changes the implying so that there is the implying of another fresh occurring (Hendricks, 2002a). Hunger is a good example of living that occurs and ‘implies’ further occurring that will carry it



forward. Hunger implies eating, eating shifts the hunger, but this sense of ‘implying’ is more expansive, indefinite and unlimited than the typical meaning of ‘implies’ (Walkerden, 2000). Gendlin postulates a continuity of internal relations, not just external relations for every occurring that implies a next occurring which will change it (Hendricks, 2002a).

Since another fundamental concept in *A Process Model* is the identity of body and environment in any moment of living, Gendlin’s philosophy is relevant to understanding the human body that is an intricate interaction around us. Gendlin (2003, p.viii) states:

My philosophy leads to new concepts in physics and biology, to understand the human body differently. Your body is not a machine, rather a wonderfully intricate interaction with everything around you, which is why it “knows” so much just in being. The animals live intricately with each other without culture and language. The different cultures don’t create us. They only add elaboration. The living body is always going beyond what evolution, culture and language have already built. The body is always sketching and probing a few steps further. Your ongoing living makes new evolution and history happen now.

Working on the premise that living bodies are environmental interactions, bodily experiencing is not subjective. The body is interaction and as such it always embodies the complexity of the environment, which takes in all of our human situations. Bodily living in each and every situation embraces the implicit intricacy of that situation and the next steps it implies. Gendlin’s concepts of human process are consistent with the concepts of animal behaviour and bodily tissue process (Hendricks, 2002a). For example, if one pays attention to the middle of his body just now, he will find his intricate body sense of the present which consists of his situations or problems.

In Gendlin’s range of vision our body can guide and speak to us and we can speak directly from the body about many things especially the body and language. Language is far more deeply rooted in the human body than we

ordinarily understand. Language is not merely a dictionary of words, phrases, and terminology. The language belongs to a single system that includes the situations we happen to be in. Language is implicit in the human process of living. The words we need to say come directly from the body as our body wisdom speaks for itself. In the realm of body-knowing we have no language other than that which the body provides.

The fresh colourful new phrases that come from the bodily sense are far more energising and forward moving than the usual big vague words and phrases that hold us back. We can articulate what we want words to mean in one or more whole sentences provided we use words in a fresh and creative way. This means that a word can be expanded to include more than its usual meaning so that it speaks from the felt sense (Gendlin, 2004). By using the relations between sensing and speaking, Gendlin (2004 p. 4) mentioned that:

Once one experiences this “speaking form,” the way it carries the body forward becomes utterly recognisable. Then, although one might be able to say many things and make many new distinctions, one prefers being stuck and silent until phrases come that do carry the felt sense forward.

The possibility of new phrasing then lies in the fact that language is always implicit in human experiencing and ingrained in what experiencing is. A fresh statement neither reduces nor limits what one implicitly lives and wants to say. Instead, it is physically an expansion of what one senses and means to say.

#### **4) Historical root and research**

The history of Gendlin and Rogers working together at the Counselling Centre of the University of Chicago dates back to 1952, when Rogers had accepted Gendlin for the year-long practicum. It was during this period that Gendlin had found the crucial role of direct experiencing beyond mere concepts.

There were two hypotheses involved in successful psychotherapy that Rogers had been working on. One was about what the therapist was doing and the other one was about what takes place in the client (Purton, 2004). Following the disconfirming of two of Roger's hypotheses (I will mention it shortly), Gendlin was able to reformulate the research scales with his approach in philosophy. Collaborating with Jenney and Shlein (1957), Gendlin's new scales correlated with success in therapy giving birth to a new experiential approach (Gendlin, 2002). Rogers adopted their new scale to redefine his theoretical principle of the 'self-concept'. Rogers (1961, pp. 128-9) writes:

During this past year I have spent many hours listening to recorded therapeutic interviews – trying to listen as naively as possible. I have endeavoured to soak up all the clues I could capture as to the process, as to what elements are significant in change. Then I have tried to abstract from that sensing the simplest abstractions which would describe them. Here I have been much stimulated and helped by the thinking of many of my colleagues, but I would like to mention my special indebtedness to Eugene Gendlin, William Kirtner and Fred Zimring, whose demonstrated ability to think in new ways about these matters has been particularly helpful, and from whom I have borrowed heavily.

In 1963, Gendlin wrote 'instructions' for finding one's direct experiencing. It was possible for clients to be taught the focusing procedure to engage with their own experiencing in the way that successful clients naturally do (Purton, 2004, p.8).

The initial expectation of Gendlin and his colleagues in the Wisconsin schizophrenia project (1958-1963) was that there would be correlation between the client/therapist conditions and the therapeutic experiencing level, and that the latter would be correlated with therapeutic progress. Contrary to expectations and according to the actual results, the impact of the conditions was not very great. It also emerged that the clients who made progress were often those who, from the outset, had higher experiencing levels (Purton, 2004, pp. 156-7).

Gendlin (1964) first introduced the term 'Focusing' in "A theory of

personality change”. Focusing is designed to help the client pay attention inwardly. In this process the client notices a sense, ‘edge’ or something more that is sensed and not yet clear. The client attends to this ‘edge’ and waits for the next thing to emerge from there (Gendlin, 1980a). The therapist can respond to this unclear edge of what the client reports. This helps the client to attend there. It is similar to what successful clients do naturally after each listening response. They check with what they actually feel in their body to clarify the accuracy of what was said. As they do this, they learn more and more body wisdom that tells them what is quite right (Gendlin, 1996/2002).

Gendlin (1978/2003) set out to see if he could make the inner act teachable. He showed how to find the feeling that is directly sensed but at first vague, unclear, and murky, how to pay attention to that murky feeling by staying with it long enough for some movement to happen, and then what the next step can be (Gendlin, 2002). Gendlin (1980a) suggested specific steps for paying attention to the body sense of a problem. At first this is a quality of physical unease. This body sense is not the usual thoughts, feelings or emotions which are in the problem. Rather, it is a sense of the whole of the problem (Gendlin, 1980a). At first attention is paid to what is vague and then there are specific internal movement steps so that the initial vague unclear feeling sensed changes in a bodily way (Gendlin, 2003). Thus, widespread research shows that people can be taught effectively to tap into the inner wisdom of their body (Gendlin, 2003).

## **5) Theory development in focusing-oriented therapy**

Since FOT grew out of client-centred therapy and they have much to share, FOT can be seen as a form of client-centred therapy (Gendlin, 1996; Purton, 2004). However, there are factors specific to the historical development of FOT.

Gendlin experienced client-centred therapy both from the side of the

client and of the therapist. His research studies in 1960 measured the effectiveness of therapy by classifying what the clients talked about and suggested that success in therapy did not correlate with the clients' emphasis on their relationship with the counsellor (Gendlin et al., 1960). He concluded that the significant factor in therapy outcome was whether the client was involved in his or her direct experiencing rather than the degree to which the client put emphasis on his or her relationship with the counsellor.

Rogers, initially, defined his basic clinical method and relationship theory in the 1940s and 1950s. Then, in the 1960s, he presented a new concept, experiencing. In his paper "A Process Conception of Psychotherapy", Rogers (1961) described the stage of experiencing in therapy and explicitly acknowledged the impact of Gendlin's experiential theory. Experiencing was thereby formally introduced into client-centred theory. In his earlier works, Gendlin hypothesised that experiencing is a critical element in therapeutic change (e.g. Gendlin, 1961, 1962, 1964). Gendlin (1973a) held that experiencing can be more complex than conscious verbal-conceptual thought and that it is the source of creativity.

In the paper entitled "A theory of personality change", Gendlin (1964) defined experiencing as a process of concrete, bodily feeling. It is a shifting from experience to experience. A felt experience evolving to another felt experience is a process. Gendlin (1964) first described the term Focusing as a whole process which ensues when the individual attends to the direct referent of experiencing. He believes that it is important to help the client to attend to this experiencing, or felt sense, and to wait for the next thing to arise from there. Thus the therapist can respond to the felt sense.

## **6) Theory of FOT and the focusing process**

Most psychotherapy theories have difficult problems explaining ‘personality change’. Gendlin (1964) states that the present theoretical frame of reference is especially suited to account for change, since it employs concepts that apply to the experiencing process. In FOT it is important that the clients engage with their experiencing. Gendlin (1964) explains that experiencing is the process of concrete, bodily feeling, which constitutes the basic matter of psychological and personality phenomena. Experiencing refers to what we can sense in our body right now. We have bodies that live in situations, not just in physical space. For example, when we are waiting anxiously for the result of an examination: when we get a phone call to say that the result is good, this news changes our body. Likewise, if we imagine or call to mind relationship scenarios we can experience the felt sense - we have been living in those interactions even though the other person is elsewhere (Hendricks, 2002a).

The two significant features of ‘experiencing’ are that it is always in process and it always functions implicitly (Gendlin, 1964). However, while that is so, Gendlin (1964) introduced a new term ‘structure-bound’ that addresses a situation where there is a blocked flow between symbols and immediate experience with little opportunity for either experience or symbolisations to change (Purton, 2004, p.125). Gendlin (1964) illustrates how the experiencing process in certain respects is missing in the structure-bound manner of experience. When we adopt an external viewpoint we may miss the implicit functioning of experiencing that ought to be there. Only the process-skipping structure and the experiencing surrounding it and leading up to it are there. So we say the structure-bound elements are not in process. Therefore, structure-bound is a state in which our experiencing is stuck in particular forms. When we are in a structure-bound state we do not respond effectively to the intricacy of our situation. For example, someone who is afraid of

his father cannot respond effectively to anyone whom he perceives as his father. He reacts to him as just being like his father and not like a person in a particular situation. In this case they cannot be aware of the present situation because their experience becomes frozen into a particular form. Nothing new can come from the structure. But if we can get beneath the structure to what it is rooted in, to the foundation, so to speak, we can facilitate a restructuring that will usefully articulate what has been blocked (Purton, 2004, p.73).

Although the richness and intricacy of human experiencing are beyond anything we can interpret or analyse, human experiencing is also very specific. Hence there are times when we cannot put our experiencing into words or concepts. Language which is far more than just words and phrases is deeply rooted in the human body. The language, the body and the situations we are in make one single system together. Language is embodied in the human process of living. When we stay with the feel of 'all that', we sense it as a whole, so all of our implicit sense of the situation is sensed in a bodily way. It is felt directly in the body as heaviness, jumpiness, tightness or some other physical quality (Gendlin et al, 1986). Feeling one's emotions and the felt sense is different (Gendlin, 1996/2003; Purton, 2004). The subtle ways that life is felt directly in the body lie below the level of thought, concepts and emotions. The felt sense lies underneath emotions like anger, jealousy or desire but it is more intricate and more difficult to put a name on it. Gendlin summarises the felt sense in eight characteristics (Gendlin, 1996, p.24):

1. A felt sense forms at the border zone between conscious and unconscious.
2. The felt sense has at first only an unclear quality (although unique and unmistakable).
3. The felt sense is experienced bodily.
4. The felt sense is experienced as a whole, a single datum that is internally complex.

5. The felt sense moves through steps; it shifts and opens step by step.
6. A step brings one closer to being that self which is not any content.
7. The process step has its own growth direction.
8. Theoretical explanations of a step can be devised only retrospectively.

Therefore, the felt sense is the body sense of a whole situation, but it is typically always vague at first, murky and hard to recognise. It is a unique quality which comes in the body and mirrors how the situation is lived in the body. We can recognise our usual emotions and gut feelings of anger, sadness, disappointment and so forth. Our emotions are not the same as the felt sense. It is the unrecognisable character of the felt sense that clearly distinguishes it from our usual emotions (Gendlin et al., 1986). Gendlin (1974, p. 222) suggests that “a therapist must strive to help the person allow directly felt referents to form, to attend to a bodily felt sense, and to let that live further in words and interactions.”

As the therapists keep their clients' attention close to a sense of a situation, the client may find it coming into focus. Suddenly, it is no longer just a diffuse discomfort with the situation, but something quite specific. They may say, “It is....” or “There is....” although they have not yet found the words to say it. Suddenly they are ‘aware of’ again in this bodily sensed way of being aware of. We can be aware of many facets of any situation. Then we can quickly respond with ‘what it is,’ and this is something important, for example, “That is what I am worried about,” or “That is what is nagging me....” There is a release and flow of energy that was stuck before as they can now say in words what that is. There is also release when they can even name it briefly (Gendlin, 1980b). Thus, the interaction between the experiencing and the attention to the felt sense brings about a change in the experiencing. This process can often happen in therapy. The client formulates his or her experiencing in one way, finds that it is not right, and the first formulation is replaced by another one which feels more accurate (Purton, 2004, p.



71). From a felt sense, new and different thoughts and feelings will emerge. The therapist must again respond receptively to the felt sense (Gendling, 1968/1980a).

The focusing-oriented therapist helps the client carry forward their experience in a particular situation. In order to do so the therapist has to interact with their clients in such a way that the clients can contact a bodily felt sense of life situations. The therapist encourages the client to stay with their edge of experiencing. Gendlin (1984a) emphasizes that the therapist's primary and active responsibility is to direct the client toward his or her experiencing process. I will be discuss further the concepts employed in FOT in Chapter 6. The next chapter will describe and justify the methodology of the thesis.

## **Chapter 3: Methodological and Ethical Issues:**

### **Choices and Process**

#### **3.1 Introduction**

The purpose of this research is to investigate to what extent the focusing-oriented approach can be used in couple therapy, and to relate the focusing-oriented approach to the main factors in the process of change in couple therapy. This study will attempt to address the following research questions:

1. To examine how couple therapists usually work with couples.
2. To investigate how widespread the use of the focusing-oriented approach is as a therapeutic approach when working with couples.
3. To explore what are seen as the common factors of therapeutic change in standard couple therapy and in focusing-oriented therapy.
4. To examine what elements of Focusing-Oriented therapy can be brought into couple therapy.
5. To ascertain whether there is any evidence for the focusing-oriented approach being effective in working with couples.
6. To discover how using the focusing-oriented approach makes couple therapy different.

These are objectives that require an approach both at a macro level (the general possibility of adapting FOT to couple therapy) and at a micro level (probing individual therapists' beliefs and practice). This chapter will explain the research methodology that was used in investigating the questions; it will also reveal the navigated journey and the researcher's methodological preferences. The chapter concludes with a discussion of ethical issues involved in the research.

### **3.2 A general picture of the methods used**

#### *Quantitative and qualitative methodologies*

Before deciding on the research method for a study of the application of FOT to couple therapy, I had become aware of the increasing emphasis over the past twenty-five years on greater methodological diversity and the development of a greater variety of methods that can be employed in psychotherapy research (Locke et al., 2001; Heppner et al., 1992; Brown & Lent, 2000). This has meant that counsellors and therapists are faced with a great challenge in the field of counselling research, as qualitative methods demand imagination, flexibility, creativity, and a good deal of personal skill in observation, interviewing, evaluating, and self-examination. However, these are some of the same skills that are required in effective counselling, so that counsellors engaged in research do have some experience of what is required.

A general trend in counselling research in recent years involves the integration of quantitative and qualitative methods (Hoshmand, 1989; Maione & Chenail, 1999). Cooper (2008, p. 8) points out that ‘methodological pluralism’ yields the richest data in counselling research. A quantitative study is defined as one in which data analysis relies on statistics, whereas a qualitative study is one in which the descriptive textual narrative analysis is central. The way Creswell and colleagues (2003, p.211) describe the nature and the content of mixed quantitative and qualitative methodology appeals to me. Both types of data are gathered and analysed in a single study wherein the data are collected either at the same time or in sequence. By using both kinds of data, results from a sample to a population can be generalised at once, and a deeper understanding of the point of interest can be reached. I agree with researchers who find that there is a lack of breadth of vision

in the results obtained with only one kind of method (Brewer & Hunter, 1989; Tashakkori & Teddlie, 1998). The qualitative aspect elaborates on the hard factual evidence in context and gives examples to back up the numbers.

Unlike quantitative researchers, who tend to remain detached from participants, qualitative researchers make a conscious effort to develop relationships in the field. In this way, they begin to see things in the way the research participants see them, and appreciate why they think, act, and feel the way they do (Mathie & Camozzi, 2005). While quantitative researchers also go into the field, this is typically to solicit information, or to take specific measurements, rather than to experience the lives or working practices of the research participants. In qualitative research, research quality is heavily dependent on the individual skills of the researcher as interviewer, observer, facilitator, communicator, and interpreter of data. In other words, all data is filtered through the researcher. In quantitative research, instruments such as the questionnaire survey and other data collection tools are not so researcher-dependent.

This difference means that qualitative researchers are obliged to be conscious of the biases they bring to the research. Mindful of the differences between the Eastern and Western ways of thinking, it is important for me to recognise that there might be something lacking in the keen natural understanding of what I observe, hear, and perceive. Any of my unskilled individual skills (interviewer, facilitator, observer, interpreter, recorder...) as a researcher would be likely to have a negative influence on my interpretation of the data. My own cultural background, experiences, understanding, and use of the language in a Western environment could bring biases to the research. Therefore, I needed to offset such biases by ensuring that evidence for the analytical findings exists in the data and that different interpretations of the data can be reconciled.

### ***Quantitative methodology***

This was used in Part One of the research which includes the quantitative surveys of the work of couple therapists (see Chapter 4), and of focusing-oriented therapists (see Chapter 7). It involved the use of questionnaires and descriptive statistics drawn from the questionnaire returns. Details of how the method was used are given in section 3.4.

### ***Qualitative methodology: Phenomenology and IPA***

In Part Three (the analysis of interviews with therapists in Chapters 5 and 8, I draw especially on Interpretative Phenomenological Analysis (IPA). Details of the interview procedures are given in Section 3.6. In this section I will discuss the general principles of the qualitative method that I used.

My philosophy and approach to understanding people and their behaviour (and my integrative experiential counselling approach), are phenomenological. In psychotherapy research, phenomenological approaches are those which seek understanding through inquiry into the subjective and perceptual life of the subject and which trust such inwardness to speak for itself. Phenomenology is directly opposed to behaviourism (Skinner 1971; Hull 1943; Dollard & Miller 1950) and is distinct from analytic approaches (e.g. Freud, Jung, Berne) which seek to understand by imposing their own versions upon the client's subjectivity.

Phenomenologists tend to give special attention to what the experience of being human is like and how we might be able to understand what our experiences of the world are (Smith et al., 2009, p. 11). As priest and counsellor, I hear many stories from couples and couple therapists, as well as from my clients and focusing partners, about their experiences. Despite my already having experience of couple therapy and of FOT, these stories have helped me to get a better understanding of

these two counselling approaches and have encouraged me to search for how the felt sense can be used in working with couples and in understanding how to work with couples in couple therapy.

However, I have attempted to step outside my everyday experience in order to effectively examine the data that I collected from the research participants. It seems to me that the participants' relationships to their work are necessarily interpretative, and also that in reflecting on what the participants say I am also engaged in interpretation. As Lyons and Coyle (2007, p.36) put it:

[A] two-stage interpretation process, or a **double hermeneutic**, is involved. The participant is trying to make sense of his/her world and the researcher is trying to make sense of how the participant is trying to make sense of his/her world.

There are phenomenological research methods which place less emphasis on interpretation, preferring instead to emphasise either 'experience' or 'theoretical construction'. One such method is descriptive phenomenology (Giorgi, 1997), which tries to remain as close as possible to Husserl's original phenomenological approach (Smith et al. 2009, p. 200). It is primarily concerned with developing an account of commonality in experience, or a general structure in the phenomena. The result tends to take the form of a third person narrative with a summary statement presenting a general framework for the particular phenomenon under discussion (Smith et al., 2009, p. 200).

It has seemed to me that the participants' relationships to their work are necessarily interpretative, and I have tried to focus upon their attempts to get meanings out of their activities and the things that were happening to them. For this reason I chose interpretative phenomenology rather than descriptive phenomenology as the methodological approach to my interviews with the therapists. Descriptive phenomenology (Giorgi, 1997) is primarily concerned with developing accounts of commonality in experience and the result of it would

probably take the form of a third person narrative and a summary statement presenting the general framework for the particular phenomenon under discussion (Smith et al., 2009, p. 200).

Another method, grounded theory, has some similarity to Giorgi's method of descriptive phenomenology, although there are divergent views of what grounded theory involves (Payne, 2007). Grounded theory researchers aim to develop a theoretical-level account of a phenomenon, in which the data collected are used to illustrate a theoretical point. (Smith et al., p. 202)

Neither of these two approaches emphasise the importance of *interpretation*, as contrasted with phenomenal experience or with theoretical understanding, and for this reason I chose a method that fitted with my concern to understand my data in its own terms, the method of Interpretative Phenomenological Analysis (IPA).

IPA is a framework which was developed and described by Jonathan Smith in the 1990s (Smith, 1996; Smith et al., 1999). It is a qualitative research method that is informed by phenomenological philosophy and rooted in a hermeneutic approach (Langdrige, 2007); it has been used in social, health and clinical psychology (Smith, 1996; Smith et al., 1999; Reid et al., 2005). The aim of IPA is to explore an individual's personal perception, or account, of the events or states that are under investigation (Smith et al., 1999, p.218). Breakwell et al. (2006, p.324) write that:

At the heart of interpretative phenomenological analysis (IPA) is the notion of people as 'self-interpreting beings'. By this we mean that individuals are actively engaged in interpreting the events, objects, and people in their lives, and this interpretative activity is captured by the phrase 'sense-making'. Thus the central concern for IPA is the analysis of how individuals make sense of their lived experiences. It aims to provide a detailed exploration of these personal lived experiences as well as a close examination of how participants make sense of them.



It is a methodology concerned with the process by which people define their world, recognises life as dynamic and interactive, and is concerned with persons and individuals rather than actuarial statistics and variables (Smith et al., 1995). While highlighting the dynamic process that research is, and the active role it affords the researcher in IPA process, Breakwell et al. (2006, p. 324) go on to say that the researcher tries to adopt the participant's view to get as close an experience as possible of wearing the participant's shoes, which in fact is not one hundred percent possible. The process of the categorisation of themes should not be so impacted with the slant of the researcher that becomes disjointed, though. The prompts used at the interviewing time can govern the initial themes. When the researcher is transcribing, he or she is led by the richness of the data to discover the themes and categorisation that are coming through.

The need to make sense of what is being said or written involves close interpretative engagement. The hermeneutic approach reflects the dynamic relationship between the part and the whole in consecutive levels, just as illuminating the meaning of a word requires the context of the whole sentence, while the meaning of the sentence depends upon the additive meanings of the individual words (Smith et al., 2009, p. 28). Smith et al. (2009, p. 6) put this view of the dynamic relationship within a model of the hermeneutic circle of the research process:

Having concluded the conversation, I continue the journey round the circle, back to where I started. So I return home to analyze the material I collected from the perspective I started from, influenced by my prior conceptions and experience. However, I am also irretrievably changed because of the encounter with the new, my participant and her/his account. Then I engage in movement round a virtual mini-circle where, in my home location, I mentally take on again a conversation with my participant, as I rehear his/her story, ask questions of it, try to make sense of it. Indeed the various actions inherent in the hermeneutic circle between part and whole... take place in this cognitive space at home base.

This approach seemed appropriate for my research and I was increasingly

attracted to IPA, an approach that seemed flexible rather than prescriptive (Smith & Eatough, 2007, p. 45). IPA enables participants' stories to be explored, but also depends upon the researcher interpreting the data. As Smith et al. (2009, p. 33) state, IPA is primarily concerned with experience that is especially meaningful to the person in question. As a counsellor, I focused on the uniqueness of the therapists' thoughts and perceptions of a particular phenomenon in the research process to allow me to study how people make sense of what happens and to see what the meaning of that happening is. IPA helped me to understand that my experiencing of the participants working with couples requires a lived process to make sense of that other person's unique experience, situation and relationship to the world. I am thinking mainly of my own interpretations since as a researcher I am trying to step into the therapists' shoes to identify with their unique experience, situation, and relationship to the world. At the same time, I am using my individual skills as interviewer, facilitator, researcher, observer, and interpreter. So I need to have a growing awareness of the negative influences that could taint the data and my own interpretation.

### 3.3 A descriptive summary of the research procedure

The research was divided into three parts.

**Part One:** questionnaires and quantitative methodology were used in two surveys of therapists: (1) those who use more traditional ways of working in couple therapy, and (2) those who have used FOT in working with couples. The data analysis was done through two survey questionnaires and the compilation of descriptive statistics of the collected data.

**Part Two:** recordings of individual focusing sessions were used to explore how FOT works with clients. Material drawn from these recordings was used to illustrate the account given of Focusing in Chapter 7.

**Part Three:** semi-structured interviews were conducted with the counsellors who were identified from the surveys as (1) traditional couple therapists, and (2) focusing-oriented therapists who worked with couples. These in-depth interviews enable the participant to provide a full, rich account and allow the researcher considerable flexibility in probing interesting areas which emerge. The interview recordings and verbatim transcriptions form the data from which I have attempted to draw out key experiential themes for the participants in this analysis, and I have drawn on the method of Interpretative Phenomenological Analysis.

### **3.4 Part One: The quantitative surveys of therapeutic practice**

Part One of the research methodology was to conduct a quantitative survey by means of two questionnaires. The first questionnaire aimed to obtain data on the way traditional couple therapists work with couples. The second questionnaire aimed to gain data on the use of the focusing-oriented approach in working with couples, and the possibility of adapting FOT to couple therapy. These questionnaires would provide numerical data on general ways of working in couple therapy, and on the extent of the use of FOT in couple therapy. Such figures would underpin and contextualise the interviews that were to be conducted later in the research process.

#### **1) The first survey questionnaire (Couple therapists)**

The questionnaire aimed to obtain data about eight points: 1) who the participants were, 2) what their main counselling orientations were, 3) how they saw the couple, 4) what their aim working with couples was, 5) what their techniques were, 6) how they worked in couple therapy, 7) what they thought the elements of successful couple therapy were, 8) what they noticed was happening to couples in their particular moment of change.

The survey questionnaire needed to be accompanied by a clear, concise, easy to understand covering letter (**Appendix 4**) with adequate instructions (**Appendix 5**). The survey questionnaire was developed using a clear set of statements to which the participant could simply respond with slash (/) or tick (V). The questions were closed, not open-ended. However, there was also space provided to write more, if none of the boxes was appropriate.

The survey composed of twelve questions was based on the couple

therapy literature (**Appendix 6**). The first three questions (questions one to three) were designed to ascertain who the participants were, their gender, their age and their years of practice. At this stage, demographic information about participants' gender and age, and practice information about participants' years of practice were sought.

The next four questions (four to seven) examined the structure of couple therapy, such as what the participants' main counselling orientation was, how many sessions working with couples they had most of the time, how they met couples in couple therapy most of the time and, when they met just one partner, why this was.

The next three questions (eight to ten) were designed as the main part of the questionnaire to scrutinise how participants worked in couple therapy. This section of the questionnaire investigated the participants' aims in couple therapy and techniques in working with couples. These could well be crucial factors in helping us to understand how couple therapists worked with couples. These statements required a tick or slash in the relevant parenthesis, and if there was anything else about any of the three statements that they wanted to mention, there was space to write more. Referring to **Appendix 6** (List of questions), it was specified in question seven that more than one answer could be slashed if there was more than one answer. This applied to question eight also if the respondent had more than one answer. It was not specified in question eight on the list of statements in **Appendix 6** as I felt it was made clear in the instructions given in **Appendix 5** that the respondents could answer some questions more than once if they had more than one answer. I should have said the same in Question eight as in Question seven

The last two questions (eleven and twelve) were set up to develop the procedure of couple therapy. Question eleven on the list of statements in **Appendix 6** did not include an instruction to slash or tick off more than one answer if there

was more than one answer. The reason for this was that I felt the instructions given in **Appendix 5** specified the relevant instructions clearly to leave it to the discretion of the respondent to tick or slash more than answer if he or she had more than one answer. These questions were designed to examine what the elements of successful couple therapy were seen to be, and what was happening to couples in their particular moment of change.

### *(1)The Questionnaire Recipients*

The research investigated the standards of training and the length of the experience for couple therapy, and the targets were those people and groups who had been trained in couple therapy and had considerable experience, especially BASRT (British Association for Sexual and Relationship Therapy) therapists and Relate counsellors. BASRT was established in 1976 and has expanded to include members with wide-ranging professional experience in the fields of medicine, nursing, social work, psychology, counselling and psychotherapy. BASRT keeps in touch with related professional organisations and is a member of the UK Council for psychotherapy.

On the other hand, Relate is the UK's largest provider of relationship counselling and sex therapy. Rev. Herbert Grey started the Marriage Guidance Committee in 1938, following the relaxation of the divorce laws. In 1943, the Marriage Guidance Committee became known as the Marriage Guidance Council. A Marriage Guidance Centre was opened in London offering pre-marital advice and medical examinations. Since 1988, the Marriage Guidance Council has been called Relate.

This target group was chosen as a reflexive and experienced target group with diversity in their methods of working and in their views as to how they work with couples.

## ***(2) How the data were analysed***

The questionnaire was sent by email to 304 BASRT therapists and 106 Relate counsellors, all registered members and engaged in working with couples. There were 92 failed deliveries. My daum.net email demonstrated that 97 emails were read up to the 7th of June, 2008. A total of 35 recipients out of these 97 indicated their willingness to participate in this research. All 35 questionnaires sent were completed and returned. The low rate of return was probably due to factors similar to those mentioned above in connection with the first questionnaire. On receipt of the thirty-five completed questionnaires returned, the quantitative data were collated manually using a chart system on which the data were carefully ticked off in relation to the answer given. Analyses were conducted on the ways of working in couple therapy. The qualitative data that were gained from the questionnaire were analysed by carrying out simple statistical procedures of median, averages and percentages for categorical data. I used descriptive statistics to give a proportional weighting to the data. Statistical significance was set at over 50%. The results of this analysis are presented and discussed in Chapter 4. The questionnaire was analysed and discussed, but it was not separated into two groups of BASRT therapists and Relate counsellors. There was no need to divide them into two groups because the distinction between the two is not relevant to the research.

## **2) The second survey questionnaire (Focusing-oriented therapists)**

McLeod (2003, pp 64-65) states that it is essential that a good survey questionnaire includes questions that are relevant to the topic, and that clearly provides the information that is required. The survey questionnaire needs to have instructions and a covering letter that is neat, orderly, and easy to understand. The layout and presentation must be orderly, well arranged and easy to complete; the wording must be straightforward and clear; and it must be as concise as possible.

All of these guidelines were taken into account when designing the first survey questionnaire to investigate the use and effectiveness of FOT when counselling couples. A clear set of statements was formulated to which the participants could simply answer 'yes' or 'no'. Furthermore, there was space provided to write more if the respondents had more to say. In order to ensure a relatively high rate of return of completed questionnaires, they were designed to take no longer than five minutes to complete. They were sent as an attachment with the covering letter to the participants.

The questionnaire was composed of seven questions. The first three questions were designed to ascertain if focusing-oriented therapy was used or had been used with couples by therapists. The next two questions referred to the desirability of applying Focusing to couple therapy, and the final question was concerned with the possibility of using Focusing for improving couple's relationships. The questions as presented in **Figure 1** required a tick to be inserted in the relevant box. At this stage, and in order to keep the questionnaire simple and focused, there was no other participant information sought. Therefore, age, gender, counselling orientation and years of experience were not noted here. Space was provided on the questionnaire for willing participants to write their contact names and addresses, if they chose to do so (**Appendix 2**). The letter sent by email to each participant issued an invitation to take part in the research (**Appendix 3**). Its purpose was to minimise any concerns or prejudices potential participants might have had about the content of the research.

**Figure 1. List of questions**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>•Have you used Focusing when counselling couples or when dealing with couple relationship issues?</li><li>•Do you use Focusing overtly as a therapeutic approach in your work with couples?</li><li>•Do you work mostly with couple problems?</li><li>•If you used Focusing when you were counselling couples, was it effective? (If you want to say more please write it in the box)</li><li>•Do you think Focusing is appropriate in working with couples?</li><li>•Have you taught Focusing to couples to improve their relationship?</li><li>•Do you think it is desirable for couples to use Focusing themselves during the counselling session?</li></ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



### ***Response rate***

On receipt of the completed questionnaires, the quantitative data were collated manually. The questionnaire was sent as an attachment by email to focusing counsellors, mainly Focusing Institute members. Of the total number of 796 questionnaires sent out, there were 141 failed deliveries and 622 which were not responded to. The total number of questionnaires responded to was 33. Some reasons for this low level of response could be: (a) Recipients of the email may have had difficulty opening the email attachment. There might have been a higher response rate if I had sent the questionnaires by post (which would have been more costly and time-consuming and with the added risk of letters getting lost in the mail). (b) The recipients might have felt that they did not know me well enough to respond. (c) Their own workload and schedules could have been very full already, making it difficult for them to think of taking on anything else. (d) Among the recipients, there might have been some people who would have preferred an open-ended approach that they could have elaborated more on. (e) Some people might have intended to respond when they would get time, but did not do so within the deadline for submission. (f) The focusing counsellors might have felt that they did not have enough experience working with couples to enable them to respond effectively. (g) The fact that many members of the Focusing Institute are not practicing therapists themselves might well have something to do with the low rate of respondents.

The disappointingly low rate of questionnaire respondents brought me face to face with a few good lessons. For example, it may be important to be well known to the participant invitees in order to get their interested responses. There was not very much I could have done about it, because I am from Asia and I am not known in the United Kingdom. Also it would help if the researcher had adequate data about the possible participant invitees before sending out the questionnaires. It

is also an indication of the great need for further research and study on the use of FOT in couple therapy. A chart system was used on which the data were carefully ticked off in relation to the answers given. This was double checked for accuracy. The results of this analysis are set out and addressed in Chapter 4.

### **3.5 Part Two: The recordings of focusing process**

Recordings were made of a number of focusing sessions which I made with focusing-oriented and experiential therapy diploma students at the University of East Anglia from 2006 to 2008 who had given their permission to be approached about research matters. There were 11 students in 2006 and 8 students in 2007, most of whom had already trained and practiced as counsellors. 6 out of 11 students in 2006 and 7 out of 8 students in 2007 gave their permission to record their focusing session. Thus 13 sessions were recorded and nine of them were transcribed (**Appendix 24 to 32**). Four recorded sessions were not transcribed due to the poor quality of the recordings. Each recorded session took about 20 minutes.

Once the focusing-oriented sessions had been recorded, each recording was transcribed verbatim and was anonymised. I listened to the recordings again and again, and read through the transcripts several times. After several readings I felt I was beginning to make some sense of the data. I had initially intended to conduct a Framework Analysis (Ritchie & Spencer, 1994; Srivastava & Thomson, 2009) of this data, but was in the end unable to find a satisfactory way of integrating such an analysis with the rest of the thesis. Instead I used the data in a less formal way as a means of grounding my theoretical knowledge of focusing, and as a source of illustration of the focusing concepts discussed in Chapter 6.

### **3.6 Part Three: Interviews with therapists and qualitative analysis**

#### **1) Interviewee selection**

There were two groups of interviewees. One was composed of couple therapists and the other was composed of focusing-oriented therapists. The aim was to explore how the focusing-oriented approach makes couple therapy different and what elements of focusing-oriented therapy were brought into couple therapy. For the interviews with the couple therapists, 35 emails were sent to those who answered the questionnaire to ask them to have the interview with me and then seven people among them were identified and interviewed. For the interview with focusing-oriented therapists, from the questionnaires, seven people were identified and interviewed. The interview selection criteria were the following:

- An indication of their willingness to be interviewed was made manifest by giving their telephone number and address in their reply email.
- An indication that they had worked, or were currently working with couples.

Each interviewee was contacted by email to arrange the interview. The follow-up to that email was a letter with confirmation of the time of the interview, information on the process of the interview, and which addressed the confidentiality issue and explained the process of data analysis (see **Appendix 9**).

The data collected by means of the interview from the interviewees included counselling orientation, years of practice, years of working with couples, gender of counsellor and number of sessions worked with couples.

## 2) The interview process

### (1) Couple therapists

The purpose of the interviews with couple therapists was to ascertain how they mixed and combined the approaches such as the psychodynamic approach, cognitive behavioural approach, person-centred approach and so on; what the elements of successful couple therapy were perceived to be; what the main factors of the change process in couple therapy are; and how the therapists usually worked with couples. Semi-structured interviews were designed to have a number of interviewer questions prepared in advance in order to be used for consistency and coherence (Wengraf, 2001; Miles & Gilbert, 2005). The thematic prompts (see **Figure 2**) that acted as a framework for the couple therapists' interviews came from the purpose of the couple therapists' interviews and the need for consistency and coherence in the interviews.

**Figure 2. Thematic prompts for couple therapists' interviews**

1. How do you meet couples in couple therapy most of the time? For example, do you meet both partners together? Or do you meet just one partner? Or do you meet both partners together and individually also?
2. When you met just one partner why was this?
3. What issues do couples bring to the counselling most of the time?
4. How many approaches do you use in your work with couples?
5. What are the circumstances that led to you applying the other approaches overtly with a couple in your counselling work?
6. How do you mix and combine the other approaches?
7. What are the elements of successful couple therapy?
8. What are the main factors of the change process in couple therapy?
9. Have you found bodily sensations when couples talk about their issues or problems? And if so, how does the client describe them?
10. When you find bodily sensations from your clients how do you deal with them?
11. How do you usually work with couples?

I worked on drafting the thematic prompts myself, brought the draft for discussion at supervision time, and got my supervisor's approval. The order of the prompts was determined by the practicality of making optimum use of the interview time which was not expected to last any longer than one hour (**Appendix 9: Interview invitation / How to work with couples**). I felt it was important at the

outset to establish how the therapists meet the couple in therapy - both partners together, individually, or both together and individually as well. That response would naturally lead on to why they met them in the way they did. Answering why would provide us with the issues that couples mostly bring to counselling. Since the issues require an effective response, the best approach to use must be discussed and the number of approaches they use in their work with couples would also be brought up and discussed. The discussion would also involve talking about the circumstances surrounding the use of these approaches in couple therapy and how to combine the other approaches. I felt the therapists would be ready at this point to talk about the elements of successful couple therapy and so move freely into the main factors of the change process in couple therapy. Bearing in mind that my own topic is the application of focusing-oriented therapy to couple therapy, I thought that the question of bodily sensations and how the clients describe them might well be inserted here. Addressing the way the couple therapists usually work with couples seemed an appropriate way to conclude the interview.

## *(2) Focusing-oriented therapists*

The purpose of the interviews with focusing-oriented therapists was to explore the circumstances that led them to use the focusing-oriented approach in working with couples; how Focusing was used; whether the focusing-oriented approach was effective; how using the focusing-oriented approach made couple therapy different; and whether they had taught Focusing to couples. Here the interview was also a semi-structured interview and used thematic prompts (see **Figure 3**) that acted as a framework for the focusing-oriented therapists' interviews and provided consistency and coherence in the interviews. I drafted the thematic prompts myself, brought the draft for discussion at supervision time and got the approval of my supervisor.

**Figure 3. Thematic prompts for focusing-oriented therapists interviews**

1. How many sessions working with couples do you have most of the time?
2. How do you meet couples in couple therapy most of the time?
3. When you meet just one partner why is this?
4. How would you define focusing-oriented approach?
5. What were the circumstances that led to you applying the focusing-oriented approach overtly with a couple in your counselling work? (Are there any case examples you could provide? How do you know when and if to the apply focusing-oriented approach?)
6. How is Focusing used in each case?
7. Is the focusing-oriented approach effective in each case? (How? What outcome is achieved?)
8. How does using the focusing-oriented approach make couple therapy different?
9. Do you have a special way of focusing overtly with clients when you work as a counsellor? (If so, how do you do that?)
10. In what other ways does focusing influence your counselling work?
11. Have you taught Focusing to couples?

The interviews with the focusing-oriented therapists were expected not to last longer than one hour (**Appendix 9: Interview invitation: How to work with couples**) and I wanted to make maximum use of that time. The first three questions were similar to the ones asked of the couple therapists and they could be answered quite quickly. I thought it was important to ask them to clarify their definition of the focusing-oriented approach before going on to talk about using the focusing-oriented approach with couples. That clarification would also make it easier for them to explore the circumstances surrounding the application of the focusing-oriented approach to couple counselling work and it would be better still if they had case examples to back it up. It seemed to me that all of these thematic prompts were a good lead up to how one knows when, and if, to apply the focusing-oriented approach. For myself I was really eager to know how focusing is used in each case, whether it is effective in each case and if so, the outcome achieved. At this stage of the discussion I felt the therapist would be ready to talk about how using the focusing-oriented approach makes couple therapy different. Following on quite naturally from this would be descriptions of their own special way of focusing overtly with clients when they work as counsellors. Before concluding the interview I wanted to give them a chance to talk about any other ways that focusing

influences their counselling work. The final thematic prompt touched on the question of teaching focusing to couples.

### *(3) General comments on the interview process*

Permission was sought from each interviewee to allow the interviewer to facilitate them to explore in-depth what they had shared. While the interviewer is both a facilitator and a guide in a semi-structured interview, he or she does not dictate what will happen in the course of the meeting (Smith, 2008, p.63). In semi-structured interviews, the interviewee is invited to tell a story or to make some kind of a narrative relevant to all or part of their own life-experience (Wengraf, 2001, p.5). The interviewer gave them space to talk about their experience as they wished.

The interviews were conducted informally, on the telephone mainly, because of geographical distance and because the interviewees preferred the telephone interview to a face-to-face one. The tape-recorder was switched on after explaining the confidentiality of the data. Every effort was made to keep the interviewees safe from harm. One must always evaluate to the extent to which simply talking about sensitive issues might constitute 'harm' for any particular participant or participant group. The management of data collection events such as interviews and focus groups requires sensitivity and care. It is important to work with supervisors and peers to anticipate any safety issues for the researcher and the participant. It is also important to think about how to provide participants with access to appropriate support. If there is any chance that the interview may be upsetting for some of the participants, then there will be need to provide all of them with access to the appropriate support. The principle of protecting anonymity can usually be upheld by taking practical steps to inform, protect and gain consent from the participants. Pains were also taken to gain the rapport and trust of the interviewee by building a conversational partnership. The interviewees were gently



required to explain and to validate their thinking and experience in an effort to understand the phenomena better. This requirement kept the interview sensitively challenging and sensing.

### 3) Coding the interviewees<sup>1</sup>

Once the interviews had been taped, each tape recording was systematically transcribed word-for-word<sup>2</sup>. At this stage of the process, an identification code was given to each interviewee based on their gender (M/W); type of training (C/F); counselling orientation(s) (E/I/P/R/S); and years as a counsellor (01-35) (e.g. WFP17:a female, has trained in focusing-oriented therapy, mainly person-centred orientation, has been as a counsellor for 17 years). **Table 2** explains the code.

**Table 2. Key to understanding the reference coding of interviewees**

Code	Code meaning	Code	Code meaning
M	Male counsellor	R	Process-oriented
W	Female counsellor	S	Psychodynamic
E	Experiential	C	Couple therapy training
I	Integrative	F	Focusing-oriented training
P	Person-centred		

The reliability of the coding of the interviews was assessed through double checking the data which was received firsthand from the interviewees themselves. Having received the data firsthand from the interviewees themselves, the initial letter of the gender, type of training and counselling orientation was considered to be easily identifiable, simple, and straightforward. Their experience as counsellors ranged from 1 to 35 years. **Table 2** provides a ready reference to the coding of the interviewees. WFP17 stands for a female counsellor trained in

<sup>1</sup> I couldn't use the recording for **MCP9 (Appendix 15)** because it didn't come out well. Before the interview I had sent him a letter with the interview questions. He sent an email with the answers. This is useful data to include here.

<sup>2</sup> I made the transcript names by using one or more than one of the initials of their names. There was no special reason for using one or more initials (e.g. V:, or Mai:).

focusing-oriented therapy, whose orientation is mainly person-centred with 17 years experience as a counsellor.

#### **4) The IPA analysis**

As discussed in **Section 3.2** Interpretative Phenomenological Analysis (IPA) was the method chosen to analyse the contents of the completed transcripts. In accordance with this method the transcripts were read and re-read again and again. Interesting or significant things that the interviewee said the emerging theme titles were annotated on the left-hand margin. The skill required here was to find sufficiently high level expressions that would make theoretical connections within and across cases but which were still firmly implanted in the characteristic of the particular thing said. It was essential in the first phase of the analysis to read the transcript closely again and again to become thoroughly acquainted with the content as it was shared. New insights could be gleaned every time it was read. There were neither rules nor requirements about what was commented upon, about the text being divided into meaning units or about a comment being given for each unit. This means that the research scheme is flexible so that it can shift and change as new insights develop. The comments consisted of efforts to summarise or paraphrase associations or connections that came to mind, together with preliminary interpretations.

Since similar themes came up when I went over the transcripts in the second phase, involving the focusing-oriented therapists, the same theme titles were repeated. I searched for connections between the emerging themes I had listed on a sheet of paper. At this stage, the complete transcript was left intact and particular passages were neither omitted nor selected for special attention. The number of emerging themes portrayed the richness of the particular text. I looked for connections between the emergent themes listed on a sheet of paper. Desirable

for the next stage is a theoretical ordering to connect the emergent themes in a coherent way. The last stage dealt with moving from the final themes to writing up and to making a final statement portraying the meanings encapsulated in the interviewees' experiences. I was careful at this point to avoid confusion between the respondent's input and my own interpretation or account of it. This stage was concerned with translating the themes into a narrative account that detailed the interesting and essential things about the participants' responses and the interpretative analysis of them. These themes were illustrated, given a nuance and explained.

Chapters 5 and 8 of the thesis consist of the analysis of this data. These two chapters are concerned with couple therapy and focusing-oriented therapy respectively. The data therein have been presented in a way that ensures the voices of the participants can be heard clearly and authentically.

### **3.7 Ethical issues**

Ethical research practice is a dynamic process which needs to be monitored during data collection and analysis. Ethical considerations require that no harm be done to the researcher or to the participants, that the participants are well informed and that they voluntarily and willingly consent to the research. In qualitative research in general, informed consent must be gained not only for participation in data collection, but also for the likely outcomes of data analysis, and particularly, the inclusion of verbatim extracts in published documents. While people's informed consent may allow access to private information and private settings, it is an ethical responsibility to ensure that this information is never used in any way other than originally intended or in any way that would infringe on their right to privacy.

Rights to privacy can be protected by anonymity and confidentiality. Anonymity is achieved if there is nothing reported in the research findings that would allow a participant to be identified. Therefore, I did not write the names of the participants and I also wrote in such a way that the identity of the participants cannot be detected. I honour confidentiality when I use the information responsibly and I do not share information about the participant in ways that could prejudice their interests, and specifically that I do not share information that someone asks to be removed from the data. Both anonymity and confidentiality deal with the real threat posed by giving information for one purpose if there is any chance that it might be used for another purpose that could be harmful to the participants. Without anonymity and confidentiality, the research participants might never agree to take part in the research study.

Participants were made aware of BACP Ethical Guidelines for Research in Counselling and Psychotherapy (Bond, 2004), which was followed throughout. For ethical responsibility, informed consent was obtained for the usage of data. Participants were briefed on the reasons for the research, the possibility of it being published and the fact that pseudonyms were used to protect their anonymity as far as possible. The names of places, countries and institutions were altered to safeguard participants' privacy.

Prior to the interviews with couple therapists and focusing-oriented therapists, each participant received a letter or an email to obtain informed consent (**Appendix 1**). Confidentiality was taken into account, especially in potential situations where a commitment to confidentiality may be in conflict with other ethical considerations. The responsibility of each participant to censor their disclosures, along with the fact that they were free to withdraw at any time, were clearly stated.

As detailed in Section 3.5, a total of 13 students gave their permission for me to record their focusing sessions. In order to obtain permission, the written permission 'participation release agreement in the diploma course in focusing-oriented and experiential psychotherapy' (**Appendix 7**) was given to the participants, who in turn signed up if they were willing to have their focusing session recorded. The written permission of the course director and co-director (**Appendix 8**) were given and they signed it to permit any recordings of the diploma course.

## **Chapter 4: Quantitative survey of the work of standard couple therapists**

Before turning to a consideration of how FOT works in couple therapy it may be helpful to look first at what this research can tell us about couple therapy generally. This will form a background to the discussion of focusing-oriented couple therapy.

### **4.1 Introduction**

Psychotherapy research seeks to pinpoint beneficial treatments and to understand what is in them that makes them conducive to change. Furthermore, it endeavours to describe as clearly as possible the aspects of the therapists, clients, or situations and settings that have a bearing on effective outcomes (Snyder et al., 2006). Considering these factors, this section examines how couple therapists were working with couples in a variety of therapeutic orientations. It focuses on the main counselling orientation, number of sessions, conjoint or not, aims of therapy, techniques, procedures, and awareness of clients' moment of change. However, aspects of clients that have a bearing on effective outcome were not included. This investigation was carried out in a questionnaire quantitative survey for the purpose of obtaining information on the way that couple therapists are working with the couples.

## 4.2 The percentage rate of questionnaires returned

The questionnaire was sent to 304 BASRT therapists and 106 Relate counsellors engaged in working with couples. They were registered members of BASRT therapists and Relate counsellors respectively, and I found their email addresses on the internet. At first the questionnaire was sent as an attachment by email, but there were two problems. More than one third of them were failed deliveries. Some of the questionnaire recipients were not able to open the attachment. After receiving replies from the respondents, a letter was re-sent to the same email addresses asking them to give their postal addresses if they were willing to participate in this research, in order to send the questionnaire to them. This time of the total number of 410 emails sent out, there were 92 failed deliveries. Out of the remaining 318, 97 emails were read up to the 7th of June, 2008 (*My daum.net email* demonstrates whether the email has been read). It meant that 30.5 (n=97) % of the recipients had read their emails. Out of these 97, 35 recipients were ready to participate in this research. This represents a participation rate of 36.1% of questionnaires. 35 questionnaires were sent to them by post, 35 were returned. There was a return rate of 100 (n=35) %, as none of them were spoilt. The high return rate was no surprise, since the participants had previously consented to take part in the research thereby indicating their interest too.

### 4.3 Results and discussion of the questionnaire

The questionnaire was analysed and discussed, but not separated into two groups of BASRT therapists and Relate counsellors. There was no need to divide them since this research focused on examining how couple therapists generally work with couples in couple therapy. Thus, the questionnaires were analysed and discussed as a whole. However, the analysis of the questionnaire data was conducted in the following eight steps; 1) details of the participants, 2) the main counselling orientation of the participants, 3) the number of sessions, conjoint or individual 4) the aim of working with couples, 5) the techniques of the participants, 6) the way of working in couple therapy, 7) the perceived elements of successful couple therapy, 8) what was happening to couples in their particular moments of change.

#### 1) The participants

A questionnaire was used to collect the following data from the participants.

- Gender of participant
- Age range of participant
- Years as a counsellor

Analysis of these data revealed information about the participants as are shown and set out in **Table 3**. The 35 questionnaire participants consisted of 82.9 (n=29) % female and 17.1(n=6) % male participants. Most of the participants (94.2 (n=33) %) were more than 41 years old. More than two thirds of the participants (91.5 (n=32) %) had six or more than six years experience working as a couple therapist.



**Table 3. Participants' data**

Total number of participants on which the data below is based	Category	%
Gender of Participant	Female	82.9
	Male	17.1
Age range of Participant	20-30	2.9
	31-40	2.9
	41-50	25.6
	51-60	40
	61-70	28.6
Years as a Couple therapist	1-5 years	8.6
	6-10 years	22.9
	11-15 years	34.3
	16-20 years	11.4
	Over 20 years	22.9

## 2) The main counselling orientation of the participants

The main counselling orientation results of the data can be found in **Table 4**. The data revealed that the main counselling orientation was varied. There was no predominant orientation, but more than half of the participants (62.4%) belonged to one of the integrative orientations, behavioural orientation, psychoanalytic orientation, person-centred orientation, emotionally focused couple orientation and cognitive orientation.

**Table 4. The main counselling orientations of the participants**

Category (Total number= 72)	%
Psychoanalytic Orientation (n=10)	13.9
Person-Centred Orientation (n=6)	8.3
Existential-Centred Orientation (n=4)	5.6
Behavioural Orientation (n=11)	15.3
Cognitive Orientation (n=6)	8.3
Bowen Family systems Orientation (n=1)	1.4
Structural & Strategic Orientation (n=1)	1.4
Emotionally Focused Couple Orientation (n=6)	8.3
Solution-Focused Couple Orientation (n=4)	5.6
Narrative Couple Orientation (n=2)	2.8
Collaborative Couple Orientation (n=3)	4.2
Integrative Orientation (n=13)	18.1
Insight-Oriented Orientation (n=0)	0
Focusing-Oriented Orientation (n=3)	4.2
Psychosexual Relationship Orientation (n=2)	2.8

It was also noted in **Table 5** that 45.7 (n=16) % of the respondents

answered with more than one orientation; that is, they did not use only one particular orientation but mixed more than one orientation in their work. The implication is that couple therapists are moving towards integration in working with couples. Meanwhile, among 54.3 (n=19) % of the respondents who used only one theoretical orientation, 26.3(n=9) % of them used the integrative orientation. Thus, 60 (n=21) % of the participants used more than one orientation at some level to influence their work. This seems to reflect Crowe & Ridley's (2000, p.34) view that most couple counsellors use different techniques in their work with couples because the same approach does not suit everybody. Some of the couples might need the benefit of more than one intervention.

**Table 5. Analysis of the number of other orientations used by counsellors working in a particular orientation**

The number of other orientations used	%
One orientation	54.3
Two orientations	22.9
Three orientations	8.6
Four orientations	2.9
Five orientations	2.9
Six orientations	5.5
Seven orientations	2.9

### 3) The structure of the counselling of the participants

The number of sessions working with couples is more short-term than long-term. It is evident from the data analysis that many couple therapists work for fewer than 25 sessions of couple therapy. Yet, we notice that this duration of couple therapy sessions remains almost invisible in the published literature (Luquet, 1999, p.ixx).

88.5 (n=31) % of the respondents had fewer than 26 sessions, whilst only 11.5 (n=4) % of them had more than 25 sessions (see **Table 6**). For fewer than 16 sessions, the figure was 77 (n=27) % of the respondents. It seems to bring to light

that most of the couple therapists see couples for around 15 sessions. If we consider those counsellors working in only one orientation, it was seen that most orientations ended the counselling in 20 sessions, except in the psychoanalytic orientation where half of the respondents had more than 25 sessions.

**Table 6. Analysis of the period of sessions**

Period of sessions	%
1-5 sessions	20
6-10 sessions	40
11-15 sessions	17
16-20 sessions	8.6
21-25 sessions	2.9
26-30 sessions	8.6
31-35 sessions	0
36-40 sessions	0
41-45 sessions	0
46-50 sessions	0
Over 51 sessions	2.9

The analysis of the data that is presented in **Table 7** presents information about whether or not both partners are seen, and what the reason is for meeting just one partner. 71.4 (n=25) % of the respondents answered that they met both partners, whilst none of the respondents said that they always met just one of the partners. It reveals that couple therapists deal with couple's issues with both partners. According to Crowe & Ridley (2000, p.53), the couple participating in the session together is important for effective therapy and for the counsellor's decision to take on the couple therapy session(s).

**Table 7. The type of sessions in couple therapy**

		(%)
One or both partner	Both partners	71.4
	One of the partners	0
	Mix conjoint and one- to- one	28.6
Reason to meet just one partner	Only one of the partners came to the counselling	39.7
	You felt one-to-one (individual counselling) was more effective and helpful for the couple	19
	One of the partners wanted one-to-one sessions	22.2
	One of the partners was not able to express or speak because of the other partner	7.9
	To counsel them effectively	3.2
	To use special technique	7.9

On the other hand, 28.6 (n=10) % of the respondents had mixed conjoint and one-to-one (individual) counselling. There are various reasons for one of the partners not attending and for mixing meetings both partners and one of the partners. On the whole, couple therapists met just one partner for the following reasons: only one of the partners came to the counselling (39.8%), one of the partners wanted one-to-one sessions (22.2%), the couple therapist felt one-to-one was more effective and helpful for the couple (19%), one of the partners was not able to express or speak because of the other partner (7.9%), to use special technique (7.9%) and to counsel them effectively (3.2%).

According to more than half of the respondents (62%), the reasons that the couple therapists could not help meeting only one partner were that 'only one of the partners came to the counselling' and 'one of the partners wanted one-to-one sessions'. The therapist needs to work with both partners together, it is difficult to do if they are not in the same room. Both partners need to be listened to, to be heard and to hear each other. The fuller picture and body language are important aspects.

Whereas, with the other 38 (n=13) % of the respondents, the therapist had special reasons not to see one of the partners: 'the couple therapist felt one-to-one was more effective and helpful for the couple', 'one of the partners was not able to express or speak because of the other partner', or the therapist wanted 'to use a special technique'. In other words, the reason for mixing conjoint and one-to-one was to counsel effectively in that particular situation

As summarised in **Table 7**, although most of the respondents used conjoint or mixed conjoint and one-to-one in this survey, it was sometimes inevitable that they could see only one partner, because only one of the partners came to the counselling session or one of them wanted one-to-one sessions. Therefore, couple therapists appear to come face to face with the reality of the

difficulty of organising conjoint therapy and the realisation that individual help may have to be rendered.

#### 4) The aim of working with couples

In the responses about the aim of working with couples (**Table 8**), it can be seen that most of the respondents selected more than one category. There were 13 categories of the aim of working with couples, and the 35 respondents' answers totalled 173. Since the purpose of this section was to examine the therapists' aim in working with couples generally, the orientation of the respondents was not distinguished. While the overall goals of therapy were examined and discussed, this section did not touch on the more specific and intermediate goals.

**Table 8. The analysis of the aim (goal) of working with couples** (%)

Category	N=35
To modify the recursive, repetitive, chronic cycling of symptoms between partners (n=15)	42.9
To improve the partner's individuation and to expand capacity for empathy, intimacy and sexuality (n=18)	51.4
To emphasize resolution of the couple's presenting problem (n=10)	28.6
To solve the presenting problems and conflicts as quickly as possible (n=9)	25.7
To enhance relationship skill or personal growth (n=24)	68.6
To foster greater self-esteem and self-actualization, achieved by increasing individual congruence and clarity of self-expression about relational needs, self-perceptions, and perceptions of one's partner (n=17)	48.6
To modify distressed couples' constricted interaction patterns and emotional response and to foster the development of a secure emotional bond (n=10)	28.6
To increase the overall positivity in the relationship and to decrease the overall negativity, teaching problem solving and communication skills (n=19)	54.3
To transform partners' individual and relational identities, not to solve problems (n=4)	11.4
To help the partners recruit each other as resources to solve the overt problem (n=4)	11.4
To persuade the couple, or one member of the couple, to behave less in ways that they think will solve problems (n=1)	2.9
To reduce conflict between partners (n=19)	54.3
To improve partners' relationship (n=23)	65.7

Overall, it was significant for more than half of the respondents that their aims in working with couples were, 'to enhance relationship skill or personal growth' (68.6%), 'to improve partners' relationship' (65.7%), 'to increase the overall positivity in the relationship and to decrease the overall negativity, teaching

problem solving and communication skills' (54.3%), 'to reduce conflict between partners' (54.3%) and 'to improve the partner's individuation and to expand capacity for empathy, intimacy and sexuality' (51.4%).

In **Table 8**, most of the respondents did not identify solving the presenting problem, (such as 'to emphasize resolution of the couple's presenting problem' (28.6%), 'to solve the presenting problems and conflicts as quickly as possible' (25.7%), 'to help the partners recruit each other as resources to solve the overt problem' (11.4%), or 'to persuade the couple, or one member of the couple, to behave less in ways that they think will solve problems' (2.9%) which was answered by less than 30% of the respondents, as a goal of therapy.

However, as shown in **Table 8** the highest rate and the second highest rated aim of working with couples were, 'to enhance relationship skill or personal growth' (68.6%) and 'to improve partners' relationship' (65.7%). This appears to be evidence that the predominant goal of therapy is better interaction between the partners. Interestingly, more than half of the respondents saw the better interaction, increased flexibility, and skilful alternative ways of interacting happening in articulate expression or in the capacity to resolve issues. Important connections also surfaced and were brought to light. Increasing the overall positivity in the relationship and decreasing the overall negativity, teaching problem solving and communication skills (54.3%), reducing conflict between partners (54.3%), improving the partner's individuation and expanding the capacity for empathy, intimacy and sexuality (51.4%) are the techniques they used to allow the couple to reassess their relationship and better understand each partner's feelings. The overall goals in therapy from half of the respondents may be summarised as:

- Better relationships or personal growth.
- Better interaction in the relationship.
- Better couple adjustment in the line of communication, empathy,

intimacy and sexuality.

- Less conflict between partners.

However, two respondents' remarks about this question are worthy of note: One remarked that 'the aim is for clients to gain an understanding of what is going on between them'. The other remarked that 'the aim of therapy depends on the couple's issues'. This suggests that although the most common goals in therapy can be considered as the above mentioned, there may be other goals.

### 5) The techniques of the participants

This section aimed to explore what kind of techniques (out of a total of twenty) the couple therapists commonly use in their work. As can be seen in **Table 9**, approximately 97 (n=34) % responded with two or more answers. It seems to suggest that couple therapists use various techniques in their work. A common assumption is that the answers of the participants could be influenced by the nature of the participants' orientations. However, that is an assumption that cannot be substantiated and, indeed, the reverse approach (i.e. that some techniques such as 'reflecting back' and 'homework tasks' seemed not to be chosen by the orientations with which they are usually associated) may also be the case.

**Table 9. The analysis of the number of the answer of techniques of the respondents**

The number of techniques used	The number of respondents using this number of techniques ( %)
1	2.8
2	5.7
3	5.7
4	11.4
5	17.1
6	0
7	5.7
8	17.1
9	14.3
10	2.8
11	0
12	5.7
13	2.8
14	0

15	5.7
16	0
17	0
18	0
19	0
20	2.8

The analysis of the data revealed that 77 (n=27) % of the respondents had used between two and nine techniques. The respondents used an average of approximately seven techniques in their work. The evidence is that most of the couple therapists use various techniques.

It was interesting that one respondent used ‘just one technique’ and also one respondent used ‘all the techniques’ in the category. The male respondent, who used just one technique, has been a counsellor for 11-15 years, indicated that he belonged to the behavioural orientation, but that he used structural-strategic intervention as a technique. Referring to Jacobson & Addis (1993), two primary aspects of behavioural orientation are ‘behaviour change’ and ‘communication problem-solving training’. The former is geared toward direct stimulation of positive changes in the natural environment. The latter is process-focussed, and teaches couples to solve their own problems with new communication skills, and has a long-term focus. Thinking along these lines, this respondent who used structural-strategic intervention as a technique, which is characteristic of the structural and strategic orientation, could not really be said to have a behavioural orientation, and cannot really be said to use just one technique. By contrast, the female respondent, who used ‘all the techniques’, has been a counsellor for over 20 years, and belonged to the ‘integrative systemic orientation’. Altogether there seems to be good evidence that most of the couple therapists used mixed and combined techniques, without necessarily following the orientation that they trained in.



In **Table 4**, 10 respondents answered ‘psychoanalytic orientation’, but as many as 17 respondents (in **Table 10**) answered ‘transference and counter-transference’ as their preferred techniques; yet these techniques are what the psychoanalytic and psychodynamic orientations mainly use. Six respondents responded that they belong to the person-centred orientation, but as many as 28 respondents use ‘reflecting back’ which is characteristic of person-centred therapy. One respondent answered ‘Bowen family systems orientation’, but 11 respondents answered that they use ‘family dynamic techniques’ which is central to Bowen family systems therapy. One respondent answered ‘structural & strategic orientation’ but 10 respondents answered ‘structural-strategic intervention’. This data suggests that most of the respondents used various techniques that were not characteristic of the orientation that they had originally trained in.

**Table 10. The analysis of the techniques of the participants**

Category	Respondents (N=35)	(%)
Family dynamic techniques (e.g. family genograms, family sculpture, family reconstruction) (n=11)	11	31.4
Teaching about the functioning of emotional systems (n=7)	7	20
Transference and counter-transference (n=17)	17	48.6
Interpretation (n=15)	15	42.9
Reflecting back (n=28)	28	80
Direct and indirect intervention (n=16)	16	45.7
Structural-strategic intervention (n=10)	10	28.6
Homework tasks (n=26)	26	74.3
Restructuring technique (n=13)	13	37.1
General and specific interventions (n=11)	11	31.4
Gestalt and interventions (n=4)	4	11.4
General systemic interventions (n=16)	16	45.7
Emotionally Focused Couple therapy nine steps (n=2)	2	5.7
Behaviour change interventions and acceptance-enhancing interventions (n=9)	9	25.7
Communication and problem solving training (n=17)	17	48.6
Cognitive restructuring techniques (n=11)	11	31.4
Process-oriented interventions (n=4)	4	11.4
Questions (e.g. miracle, exceptions, scaling, agency, coping questions) (n=9)	9	25.7
Externalizing conversations (n=3)	3	8.6
Focusing (n=6)	6	17.1

The analysis of the data revealed that the five main techniques used were

the following (see **Table 10**): reflecting back (11.9%), homework tasks (11.1%), transference and counter-transference (7.2%), communication and problem solving training (7.2%), and direct and indirect intervention (6.8%).

It was significant that 'reflecting back' and 'homework tasks' were the techniques mainly used by 80 (n=28) % and 74.3 (n=26) % of the respondents respectively. This figure appeared regardless of the orientation that the respondents belong to. So it seems that couple therapists widely use 'reflecting back' and 'homework tasks' in their work without following the orientation that they trained in. However this data revealed that, as seen in **Table 4**, the techniques used were widely distributed.

To sum up, this section revealed what techniques couple therapists commonly used in their work, with more than 93 (n=33) % of them reporting that they used more than two techniques. What is interesting is that they used the techniques regardless of their own theoretical orientation. The necessity and importance of further research on this phenomenon are thereby brought to light. Further research on this phenomenon is necessary as there is little known about the use of the techniques of couple therapists when working with couples. This research demonstrates that more than 70 (n=24) % of the respondents used 'reflecting back' or 'homework tasks' in addition to some other technique(s). It seems to pinpoint 'reflecting back' and 'homework tasks' as major and popular techniques of couple therapists.

## **6) Ways of working in couple therapy**

Analysis of the data presented in **Table 11** demonstrates how the therapists usually worked with couples and it was not related to developmental stages in couple therapy. It was found that 88.6 (n=31) % of the respondents selected more than one category whereas 21.4 (n=7) % of the respondents selected

only one category. There were 15 categories of ways of working with couples, and the 35 respondents' answers totalled 263. Here, the overall data analysis is first done on the way of working with couples, and then it is discussed in the light of each theoretical orientation.

**Table 11. Analysis of ways of working in couple therapy** (%)

Category	N=35
Actively controlling the flow of the session as a coach (n=4)	11.4
Encouraging couples to communicate (n=30)	85.7
Using the knowledge of family systems principles for therapeutic change (n=14)	40
Defining and clarifying the relationship between the couples (n=18)	51.4
Listening non-directively, maintaining a simultaneous awareness of both partners transference toward the other and the mutually transference projective system within the marriage (n=17)	48.6
Intervening to interrupt, redirect, and change problem-maintaining sequences in the couple's interaction (n=16)	45.1
Restructuring problem-maintaining behaviour (n=10)	28.6
Restructuring interpersonal patterns to incorporate each partner's need for secure attachment (n=14)	40
Encouraging couples to specify behaviourally what behaviours they would like to see increased in each other (n=22)	62.9
Listening, empathising and reflecting back (n=26)	74.3
Discussing and finding mal-cycles and cutting them (n=6)	17.1
Forming felt senses and then being aware of what is going on in the couple's relationship through the felt sense (n=4)	11.4
Inculcating systemic awareness in the couple, teaching relationship skills and challenging dysfunctional relationship rules by actively interrupting (n=12)	34.3
Asking questions (n=23)	65.7
Facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling (n=20)	57.1

The analysis of the data revealed that more than half of the respondents reported their way of working with couples as 'encouraging couples to communicate' (85.7%), 'listening, empathising and reflecting back' (74.3%), 'asking questions' (65.7%), 'encouraging couples to specify what behaviours they would like to see increased in each other' (62.9%), 'facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling' (57.1%) and 'defining and clarifying the relationship between the couples' (51.4%). However, as mentioned above, 88.5% of the respondents answered with more than one category. Regardless of theoretical orientation,

‘encouraging couples to communicate’ (85.7%) was of significant importance in the choice of approach between couples by therapists.

In the analysis of the data, two ways to work with couples were revealed, regardless of theoretical orientation. One way was that the couple therapist encouraged or facilitated couples to do something such as ‘communicate’. The other way was that the couple therapists were themselves active in working with couples, as manifested in ‘listening, empathising and reflecting back’. Overall, the ways of working in couple therapy according to the input from half of the respondents seem to be the following:

- Encouraging couples to communicate.
- Listening, empathising and reflecting back.
- Asking questions.
- Encouraging couples to specify behaviourally what behaviours they would like to see increased in each other.
- Facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling.

## **7) Ways of working within the main orientation**

When taking into account how to work in couple therapy, each theoretical orientation influences the way of working, and the theory and procedure the couple therapist uses.

As seen in **Table 4**, there were 54.3 (n=19) % of the respondents who selected only one theoretical orientation. Their orientations were psychoanalytic (or psychodynamic systems) orientations (26.3%), integrative orientation (26.3%), person-centred orientation (15.8%), behavioural (or behavioural systems) orientation (15.8%), existential-centred orientation (10.5%) and cognitive orientation (5.2%). Here owing to ‘systems’ counting as a theory (Bebes & Rothman, 2002, p.6) the orientations that added ‘systems’ included the orientation

of the same name that did not include 'systems'. Moreover, the terms 'psychoanalytic' and 'psychodynamic' are not to be used interchangeably, but 'psychoanalytic' should be retained for Freudian-principle-based forms of couple therapy (Paolino & McCrady, 1978).

## **8) Psychoanalytic Orientation**

For the psychoanalytic orientation, 80 (n=28) % of the therapists used between three and nine ways of working; the remaining 20 (n=7) % of them used only one category. This analysis revealed that the couple therapists in the psychoanalytic orientation combined and integrated various ways of working with couples. As one would expect, 100 (n=35) % of the respondents in this orientation pay attention to the category of 'listening non-directively, maintaining a simultaneous awareness of both partners transference toward the other and the mutually transference projective system within the marriage'. This seems to reflect Finkelstein's (1987, p.287) view that practically speaking, psychoanalytic couple therapy is characterised by its non-directive and non-structured method. It keeps track of the couple's associations. Both past and present experiences carry their respective weights in trying to understand why destructive patterns occur. The focus is more on why than on how. Interpretation of resistance, defence, and transference of unconscious thoughts and feelings to the person of the therapist is relied upon and is important in psychoanalytic couple therapy. With this category, more than 60 (n=21) % of the respondents reported the way to work with couples as 'encouraging couples to communicate' (80%), 'listening, empathising and reflecting back' (80%), 'encouraging couples to specify what behaviour they would like to see increased in each other' (60%) and 'restructuring interpersonal patterns to incorporate each partner's need for secure attachment' (60%). This analysis of the data showed that some of the respondents in the psychoanalytic orientation

were somewhat influenced by procedures characteristic of the ‘person-centred orientation’ and the ‘behavioural orientation’ because ‘listening, empathising and reflecting back’ is characteristic of the person-centred orientation and ‘motivating the couples to say concretely the behaviour they would like to see more of in each other’ is characteristic of the behavioural orientation. Therefore, these data seemed to reveal that it was important and effective to work with couples in these ways. All in all, the main ways of working for couple therapists from the psychoanalytic orientation may be as follows:

- Listening non-directively, maintaining a simultaneous awareness of both partners’ transference toward the other and the mutually transference projective system within the marriage.
- Encouraging couples to communicate.
- Listening, empathising and reflecting back.
- Motivating of the couples to say concretely the behaviours they would like to see more of in each other.

## **9) Integrative Orientation**

In the integrative orientation, the respondents all used between 6 and 14 ways of working. The data revealed that the couple therapists in the integrative orientation widely used a variety of ways to work with couples. This is a reminder that, as Lebow (1997a, p.3) states, integrative approaches have great scope and flexibility, since they give a lot of leeway for a broad spectrum of choices in treatment. Consequently, the levels of treatment acceptability and effectiveness among the clients are high. Here, 100 (n=35) % of the respondents in this orientation ‘encouraged couples to communicate’. Then, 80 (n=28) % of the respondents reported ‘using the knowledge of family systems principles for therapeutic change’, ‘defining and clarifying the relationship between the couples’,

‘encouraging couples to specify what behaviour they would like to see increased in each other’ and ‘listening, empathising and reflecting back’. Next, 60 (n=21) % of the respondents were ‘listening non-directively, maintaining a simultaneous awareness of both partners’ transference toward the other and the mutually transference projective system within the marriage’, ‘intervening to interrupt, redirect, and change problem-maintaining sequences in the couple’s interaction’, ‘restructuring problem-maintaining behaviour’, ‘asking questions’ and ‘facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling’. This analysis of the data showed that there were numerous ways of working that could be integrated, and several levels along which to integrate them, so that the integrative orientation seemed to vary enormously in content. On the whole, from the evidence of more than 80% of the respondents in the integrative orientation, the ways of working in couple therapy seem to be the following five:

- Encouraging couples to communicate.
- Using the knowledge of family systems principles for therapeutic change.
- Defining and clarifying the relationship between the couples.
- Motivating the couples to say concretely the behaviours they would like to see more of in each other.
- Listening, empathising and reflecting back.

#### **10) Person-centred Orientation**

For the person-centred orientation, the three respondents used two, three and seven ways of working respectively. The data showed that the respondents in the person-centred orientation used fewer ways to work in couple therapy than the other orientation respondents did. Surprisingly, only 66.7 (n=23) % of the respondents in the person-centred orientation refer to the category of ‘listening,

empathising and reflecting back', even though it is very characteristic of the person-centred orientation. This research did not disclose the reason why the respondents appeared less interested in this category than were many other therapists. This would be an interesting topic for further research. On the other hand, 100 (n=35) % of the respondents in this orientation responded that the way to work with couples was 'facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling'. It matches the view of O'Leary (2007, p.125) that the counsellor cannot afford to be passive or off guard, but instead, he or she needs to be quite active and creative, so as to enable each of the counsees to take part in the conversation without pushing the other one out of it. Then, 66.7 (n=23) % of the respondents considered that working with couples involves 'encouraging the couples to communicate' and the therapist 'listening, empathising and reflecting back.' Next, 33.3 (n=11.6) % of the respondents were 'using the knowledge of family systems principles for therapeutic change', 'defining and clarifying the relationship between the couples', 'intervening to interrupt, direct, and change problem-maintaining sequences in the couple's interaction', 'inculcating systemic awareness in the couple, teaching relationship skills and challenging dysfunctional relationship rules by actively interrupting' and 'asking questions'. The analysis of the data revealed that the respondents in the person-centred orientation seemed to merge 'systems theory' or 'family systems theory' with the person-centred orientation. To recap, the ways of working in couple therapy according to the input from more than 66 (n=31) % of the respondents in the person-centred orientation seems to be the following:

- Facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling.
- Encouraging couples to communicate.
- Listening, empathising and reflecting back.



## 11) Behavioural Orientation

In the behavioural orientation, the respondents used all 15 ways of working, as did those in the integrative orientation. The data revealed that the couple therapists in the behavioural orientation used widely varying ways to work with couples. Although they did not explicitly integrate another orientation with the behavioural orientation, they seemed to be integrative behavioural couple therapists because most of the intervention instruments and treatment strategies of the other orientations appeared here. 100 (n=35) % of the respondents in this orientation saw couple work as involving ‘defining and clarifying the relationship between the couples’. Then, 66.7 (n=23) % of the respondents considered that it involves ‘encouraging couples to communicate’, ‘intervening to interrupt, redirect, and change problem-maintaining sequences in the couple’s interaction’, ‘restructuring problem-maintaining behaviour’, ‘encouraging couples to specify behaviourally what behaviours they would like to see increased in each other’, ‘listening, empathising and reflecting back’, ‘discussing and finding mal-cycles and cutting them’, ‘inculcating systemic awareness in the couple, teaching relationship skills and challenging dysfunctional relationship rules by actively interrupting’, ‘asking questions’ and ‘facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling’. The analysis of the data showed that although they followed the strategies and treatment of the behaviour orientation they involved the other orientation interventions in their work with couples. To sum up, the ways of working in couple therapy according to more than 70 (n=25) % of the responses in the behaviour orientation seem to be the following:

- Defining and clarifying the relationship between the couples.
- Encouraging couples to communicate.
- Intervening to interrupt, redirect, and change problem-maintaining

sequences in the couple's interaction.

- Restructuring problem-maintaining behaviour.
- Encouraging couples to specify behaviourally what behaviours they would like to see increased in each other.
- Listening, empathising and reflecting back.

To conclude, although the psychoanalytic orientation, integrative orientation, person-centred orientation and behavioural orientation have each special and particular ways of working with couples, all of them tended to combine and integrate varying ways of working.

## 12) The elements of successful couple therapy

In this section the elements of successful couple therapy from the couple therapist's view were examined. The analysis of the data (**Table 12**) revealed that more than half of the respondents reported the elements from successful couple therapy as 'therapeutic alliance with couples' (85.7%), 'a trusting environment (a mutual sense of safety)' (71.4%), 'empathy' (65.7%), 'communication or problem-solving methods' (57.1%) and 'changing the repetitive cycles of interaction between partners' (57.1%).

**Table 12. The analysis of the elements of successful couple therapy**

Category	Respondents (N=35)	(%)
Interventions (n=12)	34.3	
Understanding what each partner wants changed and in what way he or she would like to change it (n=10)	28.6	
Therapeutic alliance with couples (n=30)	85.7	
Interpretations (n=11)	31.4	
Identifying a negative central theme that can be changed into something that is more constructive (n=13)	37.1	
Questions (n=12)	34.3	
Understanding each partner's perception of solutions and how he or she intends to bring this about (n=12)	34.3	
Empathising (n=23)	65.7	
Corrective emotional experiences (n=3)	8.6	
A trusting environment (a mutual sense of safety) (n=25)	71.4	
Structuring of the sessions (n=5)	14.3	

Integrative theoretical approach and integrative techniques (n=11)	31.4
Understanding the power and control in the dynamics of a marriage (n=16)	45.7
Conjoint treatment (n=7)	20
Replacing the vicious cycles with virtuous cycles (n=12)	34.3
Cognitive restructuring (n=12)	34.3
Communication or problem-solving methods (n=20)	57.1
Changing the repetitive cycles of interaction between partners (n=20)	57.1

Most of the respondents considered a good therapeutic alliance with couples and a trusting environment as the elements of successful couple therapy. This is in line with the conclusions of a study by Knobloch et al. (2007), which looked into the ability of the therapeutic alliance to foretell treatment progress on individual level and relationship level variables from the early to the middle stage of couple treatment. The finding in this study was that even though the alliance did not foretell progress in individual functioning, it did explain 5-20% of the variance in improvement in marital distress. Therefore it seems important to establish a good relationship in a trusting environment in order to make therapeutic alliance with couples at the beginning of the session in couple therapy.

On the other hand, the analysis of the data suggested that some elements supported but were not central to successful couple therapy. Examples are ‘structuring of the sessions’, ‘conjoint treatment’, ‘understanding what each partner wants changed and in what way he or she would like to change it’, ‘interpretations’, ‘integrative theoretical approach and integrative techniques’, ‘interventions’, ‘questions’, ‘understanding each partner’s perception of solutions and how he or she intends to bring this about’, ‘replacing the vicious cycles with virtuous cycles’ and ‘cognitive restructuring’. These elements were not perceived as the core ones in making couple therapy successful but were seen as having some influence on the structure, techniques and procedure of couple therapy. In a nutshell, the elements of successful couple therapy in more than half of the respondents’ answers seemed to be the following:

- Good therapeutic alliance with couples.
- A trusting environment (a mutual sense of safety).
- Empathising.
- Communication skills or problem solving methods.
- Changing the repetitive cycles of interaction between partners.

### 13) What was happening to couples in their particular moment of change

**Table 13** shows what the respondents noticed was happening to couples in their particular moment of change. There were 10 categories of the particular moments of change in couple therapy. Except for about 4% of the respondents (n=2) who noticed only one category, the rest of the respondents noticed more than two categories.

**Table 13. Analysis of the client’s particular moment of change in couple therapy** (%)

Category	Respondents (N=35)
Started talking to each other, accepting and understanding what each other said (n=26)	74.3
Stopped blaming each other (n=25)	71.4
Found a new direction from their difficulties or conflict (n=14)	40
Made a decision (n=7)	20
Released physical sensation or pain (n=4)	11.4
Took responsibility (n=22)	62.9
Expressed their feelings (n=23)	65.7
Accepted both good and bad (n=19)	54.3
Listened empathically to the partner’s feelings (n=24)	68.6
Accepted new alternatives (n=18)	51.4

The analysis of the data revealed that more than 60% of the answers (n=35) in the client’s particular moment of orderly change was ‘started talking to each other, accepting and understanding what each other said’ (74.3%), ‘stopping blaming each other’ (71.4%), ‘listened empathically to the partner’s feelings’ (68.6%), ‘expressed their feelings’ (65.7%), and ‘took responsibility’ (62.9%). However, these were not separate processes in couples’ particular moment of change but simultaneously and sequentially they happened to the couples because

most of the respondents answered more than two questions. In other words, the couples at the same time start talking to, understanding and stop blaming each other, and they can listen empathically to the partner's feelings expressed so that they can take responsibility and accept both good and bad. It seems likely that 'starting talking to each other, and accepting and understanding what each other said' is related to the data in **Table 11** which indicate that couple therapists do encourage couples to communicate through listening, empathising and reflecting back. There is the suggestion here that how couple therapists worked with couples influences the way the couples change. The particular moments of change in couple therapy can be summarised in the following:

- Started talking to each other, accepting and understanding what each other said.
- Stopped blaming each other.
- Listened empathically to the partner's feelings.
- Expressed their feelings.

#### **14) Summary**

The absence of any single predominant orientation in the respondents' answers is a notable feature of the survey of general couple therapy presented in this chapter. They have used various theoretical orientations in their work. Moreover, the results of this survey signify that couple therapists are moving towards integration in working with couples, mixing and combining more than one theoretical orientation in their work. Since human issues are complex, they can neither be understood nor resolved by simply finding an intervention formula that can be equated with a particular issue.

60 (n=21) % of the respondents worked with couples for fewer than 10 sessions, and 88.5 (n=31) % of the respondents have had fewer than 25 sessions.

These couple therapists tend to work short term. In these sessions most of the couple therapists will have dealt with couple's issues with both partners, as is characteristic of couple therapy. According to the result of this survey, however, couple therapists may have met just one partner for practical reasons, such as only one of the partners came to the counselling, one of the partners wanted one-to-one sessions, or the couple therapist having a special reason to see just one partner. Therefore, the result of the survey is that although most of those therapists worked with two partners it was inevitable that they might sometimes see only one partner.

The survey suggests that most of the couple therapists do not identify solving the presenting problem as a goal of the therapy. Couple therapy aims at better interaction between the partners. The chances of increasing flexibility of interaction in the relationship are therefore believed to be linked to increasing the overall positivity in the relationship on the one hand and to decreasing the overall negativity on the other hand, teaching problem solving and communication skills, lessening the conflict between the partners, bettering the partner's individuation, and widening their capacity for empathy, intimacy and sexuality. These are generally, but not always, the goals of couple therapy, since couple therapists work with human beings who are complex and have different types of issues in various situations. This fact is highlighted by Pinsof (1995), who claimed that the difficulties encountered by clients are not just in one place but they are in several places.

As mentioned above, couple therapy manifests some movement toward integrative practice. The survey suggests that most of the couple therapists used mixed and combined techniques, which they tended to apply in their work, regardless of their theoretical orientations. Reflecting back and homework tasks were the most popular techniques of couple therapists mirrored in the result of the survey.

Each of the empirically-supported orientations in couple therapy proposes specific processes, techniques or procedures of change. This chapter has demonstrated how in the view of couple therapists, couple therapy works to some extent. Regardless of the orientation, two ways of working with couples have emerged. The couple therapists either (1) encouraged the couples to do something, such as encouraging them to communicate or to specify what behaviour they would like to see more of in each other, or (2) facilitated collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling. The couple therapists were also more active in working with couples than they would be with individual clients, and this became evident in asking questions, and defining and clarifying the relationship between the couples.

With regard to the way of working with couples the psychoanalytic orientation emphasizes the importance of listening non-directively, of a simultaneous awareness of both partners' transference toward the other and of the mutually transference projective system within the marriage, encouraging couples to communicate and listen, show empathy and reflect back. The couple therapists in the integrative orientation widely used a variety of ways to work with couples; they focused on encouraging couples to communicate. The couple therapists in the person-centred orientation work with couples by facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling. The couple therapists in the behavioural orientation work by defining and clarifying the relationship between the couples. Thus the psychoanalytic orientation, integrative orientation, person-centred orientation and behavioural orientation each have special and particular ways to work with couples.

The survey suggests that the couple therapists felt the main elements of successful couple therapy to be the therapeutic alliance with couples and a trusting environment. However, the specific techniques used are not irrelevant to successful

couple therapy. The couple therapists surveyed here highlight the value of specific ways of working, such as developing empathy, communication, problem-solving, and changing the repetitive cycles of interaction between the partners. The survey suggests that these phenomena may have been related to how couple therapists worked with couples so that what couple therapists do in therapy influences the elements of successful couple therapy and the couples' particular moments of change. The fact that couple therapy indicates some movement towards integrative practice demonstrates that the potential for incorporating Focusing or sensitive listening from and for the felt sense which forms part of Focusing-Oriented psychotherapy is high.



## **Chapter 5: Working with couples: A qualitative analysis of the couple therapy interviews**

### **5.1 Introduction**

The quantitative data in **Section 4.2** reveal that most of the couple therapists in the survey had fewer than 25 sessions with clients and that most of them identified better interaction between the partners rather than solving the presenting problem as a goal of the therapy. 60% (n=21) of the survey participants used more than one therapy orientation at some level in their work. The majority of the couple therapists seem to have used mixed and combined techniques in their work, regardless of their theoretical orientations, and ‘reflecting back’ and ‘homework tasks’ were the most popular techniques. The participants on the whole were also more active in working with couples, as manifested in empathising, reflecting back, asking questions, and defining and clarifying the relationship between the couples. The couple therapists felt that the most important elements of successful couple therapy were the therapeutic alliance with the couples and the creation of a trusting environment. This evidence provided a basic insight into how counsellors worked with couples. However, it was still important to invite them to share their experience of integrating with another orientation. The main factors of successful couple therapy, gathered from the surveyed couple therapists’ own experience and background of working with couples, also provided useful material to work on.

All the interviewees in this research shared how they, as couple therapists, worked with their clients, including their main orientations, aims of working with couples, techniques, procedures, their experience of successful couple therapy, and

particular moments of couples' change. This chapter seeks to understand in more depth what couple therapy is, and how these counsellors work with couples. This chapter also seeks to examine what the successful ingredients and the main factors of the change process in couple therapy are and how the practitioners combine their primary orientation with another orientation in their work with couples.

As discussed in section 3.2 the analysis in this chapter draws on the methodology of Interpretative Phenomenological Analysis (IPA). In accordance with this methodology the transcripts of the interviews were read and re-read many times, and initial themes were recorded. On further readings more specific themes and sub-themes were identified, and connections between certain themes were noted. At this stage connections were also sometimes made with results obtained from the quantitative analysis, and sometimes with themes found in the literature. This enabled a narrative account to be constructed that involved an interplay between my understanding of the emerging patterns and the therapists' own accounts of their experience (e.g. Smith & Eatough, 2007)

The pattern of major themes and sub-themes which emerged can be summarised as follows:

**Whether the therapist worked with both partners or just one**

Meeting one partner at the beginning of therapy

Meeting one partner individually

Reasons for meeting one partner individually

**What the therapists believed contributed to successful couple therapy**

The elements of successful couple therapy

The change process

**The role played by attention to bodily sensations**

**The therapeutic environment**

Making a good relationship between the couple and therapist

Safety of the couple

### **Communication between the partners**

Blaming each other

Improving communication between the partners

### **Feelings**

Ways of working with feelings

Emotional flooding

Over-intellectualisation

### **Couple therapist activities**

Listening

Questioning

Working with one partner in front of the other

Working with structure (technique, strategies, and interventions)

Each of these will now be discussed, and illustrated with quotations from the interview data. The analysis of each major theme and sub-theme will be followed by a narrative summary that will connect the themes so as to reveal the emerging patterns. At the end of the Chapter the themes are drawn together in an overall narrative summary of the findings (Section 5.9).

## **5.2 Whether the therapist worked with both partners or just one**

Referring to the brief discussion in **Section 2.2** on the different types of relationship therapy, couple therapy and individual therapy are seen to work somewhat differently. Rather than considering either of the partners separately, the therapist in couple therapy thinks of the couple as a whole as his or her client. Sadock & Sadock (2008, p.455) in their concise textbook of clinical psychiatry define couple therapy as “Couple or marital therapy is a form of psychotherapy designed psychologically to modify the interaction of two persons who are in conflict with each other over one parameter or a variety of parameters - social, emotional, sexual, or economic.” Couple therapists work with both partners who are physically and emotionally present, but sometimes they work with one of the partners in the absence of the other.

The interviews allowed me to investigate this theme in more depth. All of the interviewees gave input on how they saw couples, in response to the following questions. ‘How do you meet couples in couple therapy most of the time? For example, do you meet both partners together? Or do you meet just one partner? Or do you meet both partners together and also individually?’ They also shared why they met or meet just one partner. Several sub-themes emerged, which I discuss below.

### **1) Meeting one partner at the beginning of therapy**

In general, most of the interviewees simply said that they met both of the partners together at the beginning. Interviewee WCI16 preferred “*to see them both together for the first time.*” MFR10 would mostly meet both partners of the couple. “*It would depend on the situation. In the way that I am thinking, I would mostly meet the two of them.*”

WCI13 initially met one partner; *“They have approached me individually because they are having a problem with their relationship and they want to talk to me about it.”* For WCI14; *“Sometimes they come alone but I tend to see and generally I would work with both of them.”* WCI13 and WCI14 had similar experiences of one partner coming alone to the counselling at first, but their tendency was to see both of the partners.

WCI15 was referred only one partner.

*“When we get the referral through, it is usually for one person, the referral, because one person is presented to the doctor. And in the letter that goes out to the patient, we encourage them to bring their partner with them [Appendix 12].”*

The individuals who came to see MFI16 first of all talk about the issues they wanted to bring to counselling. Then they opted for couples counselling and the partner came with them from then onwards. *“One of them comes to see me, then first of all we talk about it and they decide actually that they would like couples counselling and then the partner comes with them the next time and the rest of the time.”* WCI15 and MFI16 encouraged the partners who came alone first to the counselling to bring the other partner with them for the remainder of the time or sessions. Thus couple therapists emphasise the importance of seeing both individuals together. MCP9 revealed that he wanted to see both partners because the couple’s difficulty was in their relationship.

*“Where possible, I do prefer to see the couple rather than either of them separately. This is because the couples are experiencing difficulties with their relationship. I need to be able to relate to their relationship; I need to be able to help them process and work on their relationship. If I see just one of them as happens when one partner doesn’t come, I will most likely get the one sided view of the relationship. When they both come, they can both express their viewpoints, their dissatisfactions and hopefully their satisfactions. Regardless of whether the perceived dissatisfactions are communication difficulties, rows, power struggles, etc., I can model alternatives with them which they can try out when they are together [Appendix 15].”*

What emerges from this is that couple therapists have a strong, preference for seeing both partners together, since the counsellor can see the dynamics of the relationship of both of them. It is also easier to identify individual issues, if there are particular issues that the individual has. Resonating with the view of Bray (2008, p. 504), when most of the interviewees see one partner alone, they usually offer to see the other partner individually also, in order to provide a balance in the couple therapy.

As some couple therapists have mentioned (Jackson, 1959; Alexander, 1968; Olson, 1970), there are a number of main characteristics common in nearly all the current approaches using conjoint treatment, although distinct approaches use different language to explain concepts, goals and procedures. The main focus of the conjoint method in couple therapy is on seeing both partners together throughout all the therapeutic sessions (Olson, 1970).

Most of the couple-therapist interviewees emphasise that both partners must be physically and emotionally present for couple therapy to work best. MCP9 offered the reason for seeing both members of the couple. *“This is because the couples are experiencing difficulties with their relationship [Appendix 15].”* Generally and in practice, the therapist in couple therapy is more concerned about identifying the issues arising from the partners’ relationship than the separate issues of the two individuals. The consideration in couple therapy is not the same as in individual counselling. The therapist in individual counselling works with the client and the client's issue in a one-to-one therapeutic relationship. The therapist in couple therapy deals with two people, both partners of the couple. The key point in couple therapy is the relationship, which is very often triangular.

However, sometimes one of the couple cannot be available to come to counselling and some couple therapists have their own reasons for meeting just one partner (e.g. WCI32 in Chapter 5); then the counselling becomes one to one. In this

case, one of the couple may transform but the other one is less likely to change. Meanwhile, in the case that only one partner comes to counselling, the therapist provides counselling for him or her, keeping the other partner in mind. Thus, the relationship remains triangular to the therapist. However, even if the couple therapist uses the same structure of therapy, the respective approaches do have their own specific set of procedures. For example, for object-relations couple therapy, the therapist enables the couple to improve their holding capacity, to be empathetic and to listen with tolerance to the partner's feelings without undue anxiety. Whereas for narrative couple therapy, one partner explores his or her stories (telling) while the other listens (witnessing) and then comments on what has been said (Freedman & Combs, 2008). Thus, the other approaches use conjoint structure differently in the therapeutic procedures.

Couple counselling is different from individual counselling. First of all the client in couple therapy is the relationship between the couple. The relationship is described as triangulated when we recognise any interaction in which a third person is drawn into a relationship with two other persons. So, the counsellor in couple counselling needs to be aware of some particular issues, such as 'how it is possible to achieve this relationship if the client is a couple'; 'how to be supportive of the husband while at the same time being accepting of the wife's abusive behaviour to him', 'what the counsellor should do if one partner resents the support given to the other, or if one partner is trying hard to push the counsellor to point the finger at the *offending spouse*.' It is no mean task to be even all round and to maintain a symmetrical relationship with two very different and warlike clients at the same time.

The same interpersonal qualities and communication skills that are required by the counsellor in a one-to-one situation are thus needed in couple counselling. In triangular therapy there is another important issue involved called

the principle of symmetry (Broderick, 1983).

There are three symmetries (Baine & Sawatzky, 1991). Firstly, spatial symmetry is a position where each member of the triad sits in relation to each other to establish and maintain emotional closeness among the members of the triangle. Secondly, temporal symmetry is related to a shift time, to give each person the opportunity to speak which helps both to know that their interests are being served and appreciated as well as their partner's. Lastly, moral symmetry is focusing on the pain each feels rather than the pain each causes. The counsellor strives to help the individual to some sort of recognition of their 'partnership in pain' rather than being saint and sinner. Each partner in couple therapy must feel equally accepted and supported. The counsellors are constantly monitoring the symmetry of their relationship with the two partners.

## **2) Meeting one partner individually**

However, while there is the strong preference for seeing both partners together, more detailed analysis makes it clear that this is not always possible, and then some further themes emerge:

WCI32 responded that she generally met with couples. She had also worked with individuals who had presented as a single person with marriage or relationship problems:

*"I meet mostly couples. But I have also worked with individuals as part of their relationship problems [Appendix 10]."*

On the other hand, after several sessions, WCI16 sometimes met one member of a couple individually to understand the couple's problems better.

*"I meet both partners together at the beginning. Then later on you meet one of them individually. After that we can meet up together. That way would give me more of an idea about your problems [Appendix 11]."*



WCI5 mostly saw both partners together. But in the course of seeing both of them together and depending on what would come up, she would give them the option of one session individually, which she believed was helpful.

*“Mostly I see them together. And sometimes I just see them together. But if something comes up and they would like to, I have one session individually with them, if they are agreeable to it, it is helpful [Appendix 16].”*

Normally, she would have one session one week with one partner and one session another week with the other partner and then they would come together again.

*“It is normally one session one week and one session another week. Normally then, we come together. It is a bit of both. But mostly it is together [Appendix 16].”*

When WFP17 worked with couples she saw the partner individually. She said that *“I would see that couple individually to see maybe there might be things they wouldn’t feel free to say in the presence of the other [Appendix 19].”* The therapist needs to be aware of the disadvantages there might be of listening to things that the other partner would not like to hear. The therapist might be tempted to refer back to what they have heard when they are back with both partners; it could shake trust in the safe counselling environment.

MFI16 saw one partner individually because only one of the partners came to see him. He encouraged that partner to bring the other partner to the next session. Like WCI16 and WCI5, he also believed that seeing one partner individually could give a better understanding of the problem.

*“Ah well that might be if only one of them comes to see me, then first of all we talk about it and they decide actually that they would like couples counselling and then the partner comes with them the next time and the rest of the time. The other reason I might do that is, I think I did this once with a couple. After seeing both of them a few times, I saw each of them individually to get a better understanding of their history [Appendix 20].”*

Similarly to MF116, WC114 said sometimes one of the partners came alone to the first interview. She wanted to see the other partner after some sessions. However she believed that seeing one individual on his or her own for a long period of time would not be conducive to the therapeutic alliance.

*“Generally, it would be both of them. But there has been or there are special situations in which one of the couple partners, when they come to the first interview, the assessment, and then it would be their first and second interview on their own and then normally the other partner will come. But I would tend not to see one individual without the other for a long period of time because of the therapeutic alliance you want. We think it might get distorted. So we try to start from the beginning with the two people present [Appendix 13].”*

It is very difficult to complete a puzzle if some of the pieces are missing. So too it is probably too much to expect that the therapeutic alliance will fall into place without the both individuals in the couple being present.

MFP10 saw the partners as a couple, and as individuals in accordance with the particular wants and needs of those concerned. *“I see them as a couple and I see them as individuals depending upon what they want [Appendix 22].”*

In summary, some of the interviewees have counselled one of the partners individually. There are different ways to see the partner individually. Sometimes they meet both partners together at first, later on one of them individually, and then they meet both partners together again. Some interviewees who meet one of the partners individually believe that sometimes seeing one partner is helpful for couple therapy. However one interviewee believed that it would not be conducive to the therapeutic alliance. The question of why some therapists saw just one partner naturally arises, and this theme is picked up in the following responses:

### 3) Reasons for meeting one partner individually

Most of the interviewees had the experience of meeting just one partner, and there were reasons for this. WCI13 mentioned several reasons:

*“Sometimes because they have approached me individually because they are having a problem with their relationship and they want to talk to me about it. Sometimes because they came as a couple but then they broke up and one of them wants to carry on seeing me. And sometimes someone is feeling distrust because they can't make relationship and they want to come and see me, to talk about relationships in general [Appendix 14].”*

Like WCI13, WCI32 explained that the breakdown of the relationship and the relationship actually considered to be coming to an end were generally her two reasons for seeing just one partner.

*“In general it might either be the breakdown of their relationship or that their relationship is actually coming to an end or considered finished. Or I have had individuals who come for counselling and in the hope that their partner might come. Quite often that is also working towards ending the relationship [Appendix 10].”*

WCI5 offered an example of working with one partner individually, when one partner was very talkative and the other fairly quiet. The couple asked her to have an individual session with the quieter partner.

*“Sometimes if the couple come and if one person dominates in the couple and talks too much, it is nice then to get more from the quieter one. And first of all, I would never start that way. I always talk around with the couple just so that they don't mind coming on their own. And I usually say to them that I don't want to pry or to be biased. It is not that I am prying into their personal affairs. It is not that I am vying for one more than the other. It is for me to get a perspective and sometimes I find a way of talking to one about the other one that I would be happy to do just to give them some maybe a bit of my perception of it, you know, to tell them maybe what I perceive, what I picked up from their communication with the other one [Appendix 16].”*

The reasons coming from the couples for meeting one partner include breaking up, wanting to work on individually and so on. Some interviewees

reported different reasons suggested by the counsellors, rather than the couple, for meeting just one partner. MFR10 found it more effective to see one partner in order to deal with a specific conflict.

*“Sometimes where there was a specific conflict and where the people were I would speak to each of them to find out what the conflict was and what their needs were before I would bring them together to try and work out how they might sort out the conflict [Appendix 23].”*

Like MFR10, MCP9 saw one partner to help the couple more effectively and to give that partner space to express his or her feelings.

*“Sometimes at the end of a couple session, when we are discussing next steps, the possibility of my seeing one of them for an individual session is discussed. Occasionally I do this. I explain that I cannot simultaneously give ongoing support both to the couple and to one of them individually. But one-off sessions seem to work. For example, with one couple, both partners seemed hurt and angry with each other. Both found it difficult to process issues without being critical and thus wounding. The male seemed to be sitting on a lot of anger that he didn’t know what to do with. He looked about to burst! I suggested seeing the male without his partner for a session. He took up this suggestion; he was able to express his feelings and give me background information, without having to worry about his partner’s feelings. When we met together, he really seemed much calmer, and more able to negotiate future possibilities. Out of fairness, I then offered the female a session on her own, for similar reasons, which she has accepted [Appendix 15].”*

To summarise, both clients and counsellors may have reasons for the counsellor seeing just one partner. On the client side some of the partners come alone to counselling to talk about their relationship, but after the couple break up, they want to keep coming to counselling since there are matters they need to work on individually. On the counsellor side seeing just one partner is seen as being helpful in order to deal with a particular conflict, or in allowing one partner ‘space to express their feelings’, ‘being more effective to see one partner in order to deal with a specific conflict’, ‘giving that person space to express his or her feelings’, ‘allowing them to say what they might not say when seen together’, or

‘for the sake of fairness and balance.’

### **5.3 What the therapists believed contributed to successful couple therapy**

A broad theme in the research was that of what the participants considered to be *successful* couple therapy. On further reflection and study of the data it seemed clear that there were two interconnected themes here, one being what the elements in successful therapy were perceived to be, and the other being what the therapists took to be involved in the change process.

#### **1) The elements of successful couple therapy**

WCI5 found that openness and a safe environment were the elements of successful couple therapy. In the role of the therapist, she would “*facilitate the couple being honest and open about their past and their hurt in order to establish a safe secure place for them to express their fears.*” She went on to say that showing appreciation of their openness and truly honouring it sets them on the road to progress. She felt that their courage, sharing and opening up deserved the best attention and led to the most effective outcome.

*“I encourage them since it is very courageous of them to come and open up. They share some deep things with me, intimate things. I am aware that it is quite hard to share some deep intimate things. I appreciate their openness and make sure that I am honouring them and their openness [Appendix 16].”*

WCI5 also added that a therapeutic bond was very important for the couple to work at their issue together. She stated the reason for that:

*“Because without that therapeutic bond they won’t come back or work at it together. Nor will they facilitate their own healing unless they see the importance the therapist places in them [Appendix 16].”*

WCI5 used a person-centred approach to give them the support they needed most.

*“Regarding a therapeutic bond, I use the elements of reflecting back and understanding their situation to validate them individually and as a couple. I normalise their life stage and say normalising is common. I avoid making them feel they are weird normalising things and their situations. Validating them as individuals and reflecting back what I understand allow them to know that I understand and I am with them [Appendix 16].”*

WCI15 gauged successful couple therapy by noting what the situation was when the couple came into therapy. She evaluated and explored where the couple were at the given moment, reset goals, and planned a session to look at where they had got to up to that point.

*“Obviously, therapists use their own judgement of people making progress. I ask the clients for a feedback since they are the ones committed to coming to sessions. They need to confirm whether they are making progress, think this is going well, and whether they are getting better at it. The other fact is that people may not always complete therapy [Appendix 12].”*

WCI15 also stated the importance of being realistic with the couple from the start. Therefore, her first session focused realistically on what the couple were hoping to achieve from coming to therapy.

*“The end goal must be realistic. It is always about being realistic with the clients and having sufficient motivation as well. The therapist should always ask the clients in the first session what they are hoping to achieve from coming to therapy. Then the therapist works on that with the client and determines whether or not it is realistic [Appendix 12].”*

If clearly understood goals were not mutually identified, disappointment could follow for the couple:

*“The elements of it being successful couple therapy are determined by what the couples think is successful. That can vary. I may feel the couple has moved on and achieved a lot. They do not think so. They have not achieved what they thought they were going to achieve. That is when people set unrealistic goals. The thinking on being successful is very individual. It is very important for those engaged in the process to keep evaluating as they go along. The therapists have to rely a lot on the feedback they get from their clients [Appendix 12].”*

The successful element that they could achieve was clear to WCI15. Thus, she explained to the couple why their unrealistic goals would not work. Then she had to offer them alternatives that could be negotiated.

*“The couple want to achieve A, B, C. The therapist thinks there is no chance of that happening. She is very honest with them, expressing some of the reasons, why they might not be able to do that. She thinks they could take D, E, and F. That is negotiation. There are a number of elements involved in what is successful or not. The outcome would be what the couple thinks is successful. It might not be what they thought would be the outcome. Some couples are just not compatible. They cannot forgive adultery, for example. No matter how they try to work it out, one of them in the relationship just cannot. Some people feel happy that they did their best to try everything to work out the issue. It can be more helpful for people to come to the right conclusion [Appendix 12].”*

Other therapists offered differing perspectives. WCI16 clearly stated the necessary components of successful couple therapy:

*“The most important thing is that they both want to be there. Both must want to be successful in reaching the goal. Both must have the same level of commitment. It does not work when one of them really wants to do their homework and the other partner could not be bothered doing it [Appendix 11].”*

WCI13 felt that a good relationship between the couple and the therapist was very important.

*“I think the most important thing first of all is that they have a good relationship with the therapist. That is the most important and I think it is being shown in surveys. They have to trust the therapist. The most important thing is that the client-therapist relationship has to be good. That is the most important thing for successful therapy. That is the first thing. After that once you have established trust and their motivation is good, one or other might not want to be there. But if the motivation is good, then it doesn't really matter what approach you use as long as the therapist is skilled and the client wants to do some work and change, then any approach I think will help them. Because what the therapist is trying to do is just to get a different handle for them. There are difficulties there that they are having, and the therapist helps them see the problems in a new light and in a more positive way [Appendix 14].”*



WCI14 prized flexibility and a good therapeutic relationship as the key to successful couple therapy. There had to be flexibility in the sense of being broadminded as well as flexibility in the use of tools when theoretical approaches were applied to the couples. She found that it was important to maintain an open relationship with the couple, as they could have been conscious of the power of the counsellor, who was 'the expert'.

*"It is being flexible in the mind, in which tools to use, and in terms of theoretical approaches, according to the couple. It is also very important to maintain an open relationship with them. There is the implication that they are paying to see an expert. This fact gives the counsellor or therapist sufficient power and it should be acknowledged. Keeping that in mind, the therapists should be open enough to question whether the work they are doing is useful for the couple they are working with. Taking that on board and maintaining the proper relationship, it is not just a case of the therapists giving the couple something. The latter also have to engage in the process of work and change. It is of paramount importance to maintain a very good therapeutic relationship with both of them [Appendix 13]."*

MCP9 agreed with WCI13 and WCI14 on the need to establish good relationships with both of the couple to allow for the different points of view expressed. MCP9 established a good relationship and offered a safe space for the couple to express themselves as fully as possible.

*"I need to establish relationships with each of them and with their 'relationship', using the six conditions. When I contract, I explain I am there for their relationship, and will try not to take sides, nevertheless recognising that they probably have very different points of view. I offer a safe space for them to express their feelings, stories, points of view etc; the person talking has themselves as the primary audience; then their partner and me [Appendix 15]."*

WCI32 emphasised working with the partners in the same room and the motivation of both of the couple.

*"In my experience certainly, being able to work with the partners in the same room is extremely helpful. It is also helpful if there is a degree of motivation to succeed on both parties. It is going to be very very hard if*

*one of the couple has almost completely closed it down. But there is a good chance when both parties are motivated to try and make it work [Appendix 10].”*

This section has shed light on some of the different ideas about the elements of successful couple therapy. Firstly, an element of successful couple therapy is openness in a safe environment. For the couple to be open, honest, and to feel safe, it is the therapist’s responsibility to establish the environment that is conducive to where they can feel secure and able to express themselves freely. Some therapists believe that some questions, and the genogram<sup>3</sup>, can be the tools to help the couple to open up. Secondly, the therapeutic bond is central: without it the therapist cannot work with couples. Some therapists believe that trust in the therapist is basic to successful therapy. As long as trust is established and motivation is good, any approach works for them. Thirdly, goal setting is an element of successful couple therapy. It is important to make a realistic goal with the couple from the start. In the first session some therapists focus realistically on what the couple are hoping to achieve from coming to therapy. Lastly, the effort made on the part of both of the partners is an element in successful couple therapy. For couple therapy to be successful both partners of the couple must be willing to be present at the session. Both must want success in attaining the goal. Both of them need to be equally committed to the session and to put their best effort into doing their homework.

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<sup>3</sup> Murray Bowen first proposed the word ‘genogram’ in the 1970s as a replacement for the longer term ‘family diagram’ being used in his work to plot an individual’s family background. McGoldrick and Gerson (1999) developed and popularised genograms, and they standardised the symbols used.

## 2) The change process

WCI14 described her experience of the change process in couples. Depending on the situation the couple presented, they could either move a little quicker from the problem they were having, or the negatives could leave them stuck in each other. Following accusation which usually masked the problem, couples began to reflect and feel the pain of their problem.

*“When people normally go through the process to begin with, they just give the facts. They accuse each other. There is a betrayal of how the arguments go about what he did and what she did. That usually tends to be a cover up of the problem. When they have managed to deal with that stage, they are hopefully feeling more trusting of the counsellor they are working with, the environment, the work they are doing and their partner. Then they would reflect on their own participation and on what is or is not the result of just the pain and the feel of the terrible lump and the sort of thing they meet when they look at their issue. That is how the therapist would be guided [Appendix 13].”*

WCI14 stressed that a good relationship in the couple’s previous experiences of life was to their advantage for the change process.

*“Good relationships in their previous experiences of life will give the couple enough security to deal with the problem that they have with their partner. For whatever reason, the absence of a person in their childhood to maintain a good relationship with them would impair them and make the pain much more personal. We are working not only with the adult part but with the child part here. It is necessary for people to understand this so that they want to and they can engage in this type of work. Then when they get to where they are at the present is much easier because they have much more understanding of it [Appendix 13].”*

MCP9 described the eight things he had done for the couple’s change process.

- *I make suggestions for alternative ways of relating and communicating that we model in sessions and they can try them out at home.*
- *I suggest ground rules, which include using ‘I’ and not ‘you’, and avoiding criticism and judgment.*
- *I give them ‘homework’ tasks if they are willing; e.g. giving each other 5 minutes uninterrupted time and then swapping over.*

- *Regularly reporting back on the time since we have met is usually helpful.*
- *We try and operate in the present, and let go of the past.*
- *If one partner has been badly hurt; e.g. following the other partner's affair, we give the space that is needed to hear that hurt.*
- *Sometimes, there are specific problems to solve; I am creative and empathic in offering possible suggestions.*
- *After a while, they often report more mutual acceptance, listening more effectively to each other, communicating on a regular basis with flow and without criticism. [Appendix 15]*

WCI13 was motivated to use all her skills and techniques to help the couple to put the necessary changes into place, since she believed that the more the couple understood about their own part in the relationship, the nearer to change they were. *“I suppose that the change comes when people understand more about their part in the relationship [Appendix 14].”*

WCI16 saw the importance of the couple's awareness of the fact that the therapist and the couple were in the change process together. The couple had to be as willing and as committed as the therapist to giving time, keeping appointments, coming to sessions and doing the homework.

*“I think that they must give time to it. Now sometimes these days even trying to book the next appointment is difficult. So there is a time element that they must be willing to give if this is important to them. They must be willing to give the time to come to the sessions and to do the homework as well [Appendix 11].”*

Then she believed that the most important part of the change process was to want the same goal. She continued to say, *“I think that the therapist must also want the same outcome. We are in it together.”* WCI16 brought to light the positive responses to liking people and that adaptability was the response to good communication. She interestingly adds that detachment and letting go should all be seen in their proper respective contexts.

*“The first one that would come out is to like people and being very adaptable to good communication. Although I said before that you must like the people and you must have the same goals, it is also important that you can let go of them [Appendix 11].”*

From the therapist’s point of view, WCI16 referred to the therapist’s unconditional positive regard as the most important factor of the couple’s change process. For her unconditional positive regard meant allowing people to be human. The therapist must be aware of and must have that skill of not allowing one-sided feelings to affect the sessions.

*“Unconditional positive regard, allowing people to be human and you still like them, being very non-judgemental, as some could side with one partner over the other. The therapist might feel more sympathetic to the wife than to the husband for example. So the therapist must know the skill of not letting those feelings affect the sessions [Appendix 11].”*

Like WCI16, WCI32 identified unconditional positive regard, impartiality, and a non-judgemental attitude as the important factors of the couple’s change process. Moreover, both partners of the couple being present was a factor too because one partner could hear what the other partner said, which could itself involve a change process.

*“My sense is that the climate of unconditional positive regard, non-judgemental attitude underlie the process of enabling each client within the couple to feel heard, accepted, not ridiculed, but valued and respected. All of these things are huge and each client needs to feel them. As a counsellor of the couples, I feel that one is encouraging the other within the couple, the two individuals within the room, to articulate those sort of values, and to begin to be actually adopting them in relation to the other. The way in which the client is heard by their partner, accepted and not judged, paves the way to successful therapy. And to me if you can achieve in a valid way, that is the basis, the foundation. It enables each individual to begin to accept or perhaps risk outside their normal way of being and respond differently to what they are hearing. Their partner may also be able to have changed perhaps their way of expressing their rules. So it is a whole, a kind of difficult to isolate out any of those, but those are all factors around which you are going to increase the possibility of change if it is going to happen [Appendix 10].”*

WCI15 identified the couple's recognising of their own progress as part of the change process. She emphasised the importance of motivations to change but also the problem that motivation could be unbalanced because it was more on the part of one than the other.

*“The main factors are that the people have motivation to change. Sometimes one person can have more motivation to change than the other person. If the motivation balance is not equal, it can damage the process, especially when the less motivated person is dragging. It is important that some of the suggestions are put into practice. They will benefit more and recognise their own progress. When couples recognise the progress they make it gives them more motivation to continue. When people recognise the progress they are making and they build on it, it becomes more successful. Being motivated, not destructive and the effort being made are valid considerations [Appendix 12].”*

WCI15 helped the couple to get motivation for the change process and explored how they get there.

*“I would start as I said before with a detailed history of each person. I would thereby learn the difficulties, how they have helped themselves up to that point, their motivation for coming to therapy now, any sudden change that made that happen, whether they feel motivated to change, what they hope to achieve in the short, middle and long term, their commitments to appointments, negotiation, communication skills, and to building intimacy and trust again depending on the respective difficulty [Appendix 12].”*

WCI15 described how the couple started to communicate with each other. The couple had taken each other for granted, they had lost interest in each other as individuals and they had certainly ceased to communicate well if they still communicated. Communication opened their eyes and awakened them to how little they knew or understood each other. It also brought their lack of mutual appreciation to light and how rarely they would have expressed it verbally.

*“They start to look at each other with new eyes. They have taken each other for granted and they have started to get an interest back in each other as individuals, so they realise they haven't really fully understood*

*this person in front of them- their partner. There is still much more to know and they learn to discover that person in a new way and to carry on the newness. The second principle would be a way of appreciating that. Communicating their appreciation for each other verbally rekindles fondness for each other. Furthermore, they start to communicate [Appendix 162].”*

This section manifests how the interviewees describe the change process in working with couples. Whether the couple can move from the problem they have or they remain stuck in it depends on the issue they bring to counselling and on how positive or negative they are. The more bitter and negative they are towards one another, the more difficult it is.

The couples are inclined to cover up the problem when they accuse one another of what he did and what she did. If they can deal with that first, they feel that they can have more trust in their partner, the counsellor, the environment and in the work they are doing together. Then they begin to reflect on their own participation in the counselling process and the pain they experience.

The couple therapists need to be well motivated to use their skills and techniques to help the couple to make the changes that are right for them. It is important for the couple to be aware that the couple and the therapist are in the change process together. Those who do not want to take responsibility for their own share of the problem are not likely to engage in the change process either. However the therapist can help the couples that want to engage in the change process and lead them to action steps. Engagement in the change process involves time and commitment. The couple need to have the same level of commitment as the therapist. They need to give time, keep appointments, be punctual, come to sessions and do the homework. To be highly motivated in the change process is to want the same goal.

Some therapists impress upon the couple that their previous experiences of

good relationships in life lay a solid foundation for the change process. Good relationship experiences give people security to handle their issues with their partner or with other people. It is a fact that some people did not have the person in their childhood who would have looked after them and kept a good relationship with them. Such a deprivation can be picked up in their deep personal pain. The couple must understand that there is a vital link between the adult part and the child part so as to be willing to engage fully in the process. The couple need to be positively motivated, put effort into it, and rightfully recognise and acknowledge the action steps they are taking. The couple therapist can facilitate the couple's change process in the following ways: They make suggestions for the couple to improve their communication skills. They model better ways of relating and communicating in the sessions that the couples can try out themselves at home. For some therapists, the communication between the couple is the main element of the change process. Communication opens their eyes wide, makes them aware of how little they know and understand one another, and reveals their lack of mutual appreciation and especially their verbal expression of it which is seldom done. The signs of poor communication are failure to encourage one another, frequent arguments, shouting instead of talking, poor planning, disorganised domestic arrangements, no delegation, mixed messages in the form of different commands and permissions given to the children, and lack of solidarity as a couple before the children. Ground rules need to be made in the form of using 'I' and not 'you', avoiding criticism, and being non-judgemental. The couples are given homework tasks if they are willing to do them. Giving each other five minutes of uninterrupted time and then swapping over is one example. During the therapy the therapist helps the couple to achieve more mutual acceptance, to listen to each other more effectively and to keep the flow of communication, going on a regular basis, without any criticism. The therapist encourages them to keep to the present



and to let go of the past. The therapist allows the partner who has been badly hurt as much space as is needed to hear the hurt. They suggest being creative and empathic in offering possible suggestions to solve specific problems.

## 5.4 The role played by attention to bodily sensations

As discussed in Chapter 2, focusing-oriented therapy often gives significant attention to bodily responses and sensations. I therefore included two questions for the couple therapists about bodily sensations in order to draw out whether this aspect of therapy is significant in the work of couple therapists generally.

WCI5 believed that our relationships could affect our bodies negatively and positively. So she would check whether the couple's physical symptoms had got worse since their relationship got worse.

*“If they have tightness in the chest, they say it is emotional, relational or it is to do with the endocrine system. There is a book called The Anatomy of the Spirit about different energy centres in the body. She connects that to emotional situations. I do believe that our relationships can affect our bodies negatively and positively. If it comes up that they have got an issue or a problem, I will ask them if it has got worse since their relationship has got worse [Appendix 16].”*

WCI16 described how she approached the physical sensations of the couple. Putting their safety first, she encouraged them to see a doctor to make sure there was no physical problem there. When they had got the ‘all clear’ from the doctor, she would say that the sensations amounted to a good way of expressing how they felt. Fear or anger gave rise to physical symptoms, described for example by a knot in the stomach.

*“I think one of the first things that I would ask her is: “Is this an emotional pain that you are feeling? Would you think that it is an emotional pain?” I would not like people to keep coming for counselling and therapy if they really did have something physically wrong with them. And it is to suggest that the person would see a doctor to make sure that there is nothing physically wrong. I ask them to talk to their doctor first and I say that the therapist can work with them from an emotional point of view. I have got to keep them safe. If they have been to the doctor, checked it out and there is nothing physically wrong, I would say it is*

*really a good way of describing how they feel. Fear or anger does give you physical symptoms. And just how you have described it then is that you have this knot in your stomach [Appendix 11].”*

WCI16 offered an example of how she dealt with the physical sensations. They would look at the physical sensation with simple breathing techniques to help undo the knot.

*“We could look at that with some simple breathing techniques that would help to undo that knot. And different breathing techniques to try and I would suggest if they were complaining of a physical sensation they check it out [Appendix 11].”*

WCI13 felt it was very important and part of the work to find out about the bodily sensations of traumatised couples. Both therapist and couple needed to be aware of physical sensations.

*“Someone told me this week that her arms were tingling. For her that was a bodily sensation. Some other one can say they are feeling sick or nauseated. It depends on what the sensations are really. Someone could say they have got a headache or they are very tired or I think it is all part of the work to find out about bodily sensations. It is very important because they are traumatised as you know. What I would do is be aware of bodily sensations [Appendix 14].”*

In the case of the woman with the tingling arms, WCI13 asked her what that meant to herself. Her response indicated that she got very squeamish when her husband talked about some particular issue.

*“The woman who had arms that were tingling, I asked what that meant. And she described it as when her husband was talking about some particular issue. So it was a kind of an instinctive reaction of squeamishness of feeling sick. I just checked that one out. Obviously she gets very squeamish when her husband talks about a particular issue [Appendix 14].”*

WCI14 recognised that her clients had physical sensations:

*“It is like they have a knot in their stomach or they have told me that they*

*have stomach problems if they feel like loneliness. But it is because of course the tension that the body is experiencing [Appendix 13].”*

WCI14 explored physical sensations with the clients, bearing in mind their style of living, other relationships they were experiencing, and the physiological factors that were all part of the particular physical sensation.

*“I explore with them what is the experience, how it is experienced, when it is produced, how they deal with it. I try to make sense with them what would be a better way of coping with it. The physical sensation they have may perhaps be a reaction to how they are living or to the other relationships they are experiencing. There are a lot of psychosomatic reasons. According to the fear, very introverted people get a lot of problems with tension. That is a physiological fact [Appendix 13].”*

To summarise, the interviewees agree that our relationships can affect our bodies negatively and positively. However, they do not show much interest in bodily sensations (four out of seven couple therapist interviewees mentioned it and they were not very much enthused about it). Some couple therapists approach the physical sensations of the couple in the context of the clients’ safety, they encourage them to see a doctor to make sure that there is no physical problem involved.

The interviewees’ reports reveal that the bodily sensation can be feeling sick, being nauseated, a headache, feeling very tired, a knot in the stomach, tingling in the arms. For example, one client gets very squeamish when her husband talks about a particular issue. There can be a link between the bodily sensation and the experience of the relationship problem, how it is experienced, and how it is dealt with.

Only one of the interviewees says how she deals with the physical sensation. She uses relaxation and simple breathing techniques to help undo the knot of the physical sensation. Thus, the physical sensations do not have any

significant meanings for most of the interviewees and the interviewees do not often focus on the bodily sensations of the couples in their work.

## 5.5 The therapeutic environment

It is very widely accepted that in most forms of counselling the quality of the relationship between the therapist and the counsellor is very important (Mearns, 2003; Schapira, 2000; Thorn, 2002), and there is research evidence that confirms this (Sexton & Whiston, 1994). However, in working with couples there is not only the relationship between therapist and each partner to be considered, but also the relationship between the partners. These two themes were strongly present in the data, and then within the theme of therapist-couple relationship emerged the more specific theme of the ‘safety’ of the couple clients. Further, within the theme of the relationship between the partners emerged two significant sub-themes: that of blaming, and that of ways of improving communication between the partners.

### 1) Making a good relationship between the couple and therapist

WCI14 believed that being curious could be useful and effective in establishing a good relationship. The way she asked the questions made a big difference. She asked questions with a curious interest which made the couple reflect on what they were saying as they told their story and both sides maintained an open mind.

*“Whenever they tell me their story I am curious. I do not say I have heard this before. I make my own assumptions in the way I should go forward. By the way I ask questions, I get them to reflect on what they are saying, and I maintain an open mind. I engage with them in a way that I explore with them. I help the couple both to explore and understand. At the same time, I get to understand more about their situation [Appendix 13].”*

MCP9 thought it was important to establish relationships with each of the partners and with their relationship, using the six conditions.

*“It is inherent in the PCA. I try and make sure the six conditions are present. Right from the start, when I see a couple, I am giving a model of*

*a type of relationship that I believe is person-centred and effective. This approach seems to work: I seem to build up trust and connection quickly; moreover, flow between clients usually increases, at least during the sessions [Appendix 15].”*

Like WCI14 and MCP9, WCI32 stated that a good relationship between the couple and the counsellor was very important. She followed the Rogerian idea to establish a good relationship.

*“The Rogerian stuff established relationship in terms of acceptance, listening, respect, empathy, being able to hold, being able to relate. The establishment of a good rapport between the therapist and the couple is very important. Establishing a good relationship is absolutely important in terms of being able to move along well with whatever is going to emerge in the therapy session. There are all kinds of ways to do so. One can have a physical way of knowing, particularly the unconscious elements really. But it is by using all of those techniques that the relationship evolves [Appendix 10].”*

There is evidence from the data in this section that the couple therapists are convinced of the importance of establishing a good relationship in their work with couples. They strive to make a good relationship with couples. There is an assumption that most of the couple therapists base the good relationship on the six conditions in person-centred therapy.

## **2) Safety of the couple**

WC114 believed that the couple needed the secure and safe environment within the process in order to be able to listen to each other and to talk to one another honestly and openly. It was the therapist’s job to establish the suitable environment.

*“Listening to each other is very important because there are certain things that are not easy to say to each other outside the session. They might not be sure about each other. They may not be very clear about what they want to say. So in counselling my job is to provide them with enough safety and security in the process for them to be able to say*

*things [Appendix 13].”*

WCI15 based the idea of the safe environment on the couple’s need to be comfortable where they were. She would give them every reassurance. Boundaries would have been set to start a trusting relationship between the couple and the therapist.

*“The safe environment is very important. Couples need to be comfortable where they are. I would explain the confidentiality policy to them, offer them reassurance about their notes, where they are going to be held and make sure they have access to those. I would explain and be very clear on the number of sessions allowed under NHS and on what would be realistic to achieve in that time. It is a matter of setting boundaries together really so that a trusting relationship also starts between us [Appendix 12].”*

WCI15 emphasised the significant place of the non-judgemental attitude, openness, honesty, authenticity and genuineness of the therapist or counsellor in providing the safe environment. WCI15 believed that therapists should not pretend to understand everything, especially cultural issues.

*“The most important is to be non-judgemental, passive as much as possible, very open and honest about things you may not understand. I think one of the worst things counsellors sometimes do is pretend they know about something when they don’t. It is a cultural issue. I find it better to say, I apologise in advance, I do not want to offend you. If I say anything about your culture, please stop me and I will try and rephrase it. It is being honest about who you are without giving any personal details about yourself, being non-judgmental and avoiding stereotypes. It is important to recognise transference and counter-transference that might be going on in the room and to make sure of having good supervision on a regular basis [Appendix 12].”*

This section suggests that therapists tend to see great value in the provision of a secure and safe environment. The couple therapists create the safe environment in simple conducive ways. The non-judgemental attitude, openness, honesty, authenticity and genuineness are essential characteristics of the therapist



or counsellor providing the safe environment for the couple coming to counselling.

## 5.6 Communication between the partners

### 1) Blaming each other

WCI5 stated how to deal with blaming each other. She would reflect back and stop the person who was blaming and then ask the partner how he felt about what she said. She would try to keep it balanced so she monitored the time given to each of them and she did not allow either of them too much power in the counselling session. One of the key factors in couple therapy was not to allow one person to dominate or to abuse the other.

*“I would reflect back. I would stop that person who was blaming. Then I would ask the other partner how he feels about what she said. I would try to keep it balanced. I wouldn't give or allow that person to have too much time. Once they had said a bit, I would stop them because I wouldn't want to let them have too much power in the counselling session. Therefore I would make an example of there is two sides. There are two of them and just one person can't dominate. I believe not to let one person dominate the other and abuse the other. And if one of them does, I would quietly and firmly say that should not go on in a session [Appendix 16].”*

When WCI15 was in the situation of the couple blaming each other, she demonstrated how it came across and then she explored how they communicated with one another. Her aim was to help the couple to become aware of their own communication dynamics so that they might change and do it differently. Blaming each other was the result of failing to own their own feelings. When people were not sure of the facts, they made assumptions. When people were not allowed to speak, they made assumptions. When people were not listened to properly, they made assumptions. Exploration of the conflict brought the assumptions to light. Then it would have been appropriate to look at the parent-adult-child role to see how they communicated with each other and how they might communicate in a more assertive way and thus get clearer about things. They could take a look at

some specific examples and make a diary for the following week of how they might use a particular situation and try to do it differently. In this way, the couple could begin to see the light and rather than blame they could begin to negotiate.

*“That is where I would look at how they communicate with each other and how that ends up in becoming blame because that is when we don't own our own feelings. We say to somebody, ‘You made me feel....’ Rather than that, ‘I feel angry when you talk to me that way.’ I would give them an example. I would say, ‘It seems to me that one says this and then the other says that, with the interpreting questions, ‘How does that make you feel? And if I were to say this to you, how would you then feel, would you feel differently?’ So I would get them to almost, I would demonstrate what it looked like and does and how the conflict would continue and naturally rise. From that sort of pattern I can get assumptions because people are not clear, they are not allowed to speak and they are not listened to correctly. So again we would maybe role play that. But I would certainly look in that situation at the parent-adult-child role and how we communicate with one another and how we might communicate more assertively with one another and be clearer about things, and looking at some specific examples and a diary of the following week of how they might use that particular situation and do it differently. You are looking at how you might change the dynamics of that. And again once you can do that, the couples become a little bit more aware, ‘Yea, I tend to blame you and you do this. Yea, then I blame you.’ So people tend to then negotiate a little bit. It isn't easy to do that because it is a suggestion made by a couple therapist and may be it doesn't go quite as well as planned, then that is got wrong, rather than I told you that wouldn't work and then the conflict starts again. I think when couples are coming back on a regular basis, it gives them an opportunity to explore that hopefully in a safe environment and then go away and practice it a little bit more what didn't go so well and then explore that further. ‘It didn't go so good, so let us look at why it didn't go so good, how we might have done that differently’[Appendix 12].”*

WCI15 believed that the therapist had sometimes to let the people know that they were blaming each other and how to get rid of it before it went too far. The therapist had to be honest enough with the couple to try and get them to use their time beneficially.

*“I think sometimes you do have to point out that people are blaming each other and how that escalates and how we might defuse that sooner, and be honest enough with couples and try and get them to use their time*

*out well in a way that doesn't mean anything to anybody. It could be a suit you don't like or a word that makes you sigh a lot just to defuse the situation. If somebody is starting to blame somebody and they are not getting a word in, and they are not quite sure how to handle it, they might just say, and it might be enough to just say, 'Oh yes, I am shouting again, I am kind of going on.' Sometimes it can just ease the moment for a second. Sometimes it might be all the strategies to a sort of let us use that one at the next session. It might be that you suggest that they put on the kettle and sit down and have a cup of tea and a biscuit together and calm the whole situation down. You don't necessarily have to have great big things. It can be simple strategies to just take out the conflict for that split second and for them to take responsibility for their own behaviour [Appendix 12]."*

WCI13 mentioned why couples blame each other and how she helped them to stop blaming each other.

*"Well, it is a gradual process of listening to the other person and hearing that the other person has a valid point of view and that while may be one of them is, both of them aren't over reacting. So they have to separate out their points of view. Often they blame each other and they get very what we call 'merged' and too close together, and they can't see the other person as a separate individual. And the healthy relationship needs to have two separate individuals who are both strong themselves, who have good self-esteem. Often people have low self-esteem and they blame the other one for making them feel the way they feel. But actually it is up to them to sort out their own self-esteem. And sometimes we will suggest that one or other or both of them has individual therapy to help build up their self-esteem. Also what I do is that I make out a diagram with the words on it, parent, adult and child. I just say now, which do you think you are? And which do you think your partner is? And I often put that to them as well to help them to see what is going on. Then they become aware of the fact that they are not operating as adults. And there you can be a child sometimes and sometimes a parent. It is best to have the couple operate as two adults and so I suggest that they try to work at that point of view [Appendix 14]."*

MCP9 found that feelings got overwhelming if they were not heard. He maintained that hearing the client's feelings lessened the intensity. He helped them to realise the hurt and the pain of being blamed.

*"Feelings are usually overwhelming because they are not heard. My hearing a client's feelings helps diminish their intensity and models this*

*process for both partners. I try and suggest ground rules such as neither to blame nor criticize. I help them to realize how hurt they can feel when they feel that they are being blamed and that they are being criticized and therefore how it might help the relationship if blaming, criticizing and judging are minimized [Appendix 15].”*

WCI32 tried to help the couple not to blame each other by using different language. She identified what the partner who was blaming was feeling. She worked on helping the couple to speak for themselves and to get used to saying ‘I’. She found that using ‘You’ kept them going round in circles and coming across as accusing faultless people themselves. WCI32 had to teach them to break that vicious circle. She stopped them, explained what was happening, and she helped them to express themselves in a different way.

*“Using different language. Identifying what the issues are, what the person who is blaming is feeling. Actually being able to talk in more ‘I’ language rather than accusatory type of language and breaking that cycle. Stopping them and getting them to rephrase their needs in a sense in a different way and to understand that that is what is actually happening [Appendix 10].”*

In the interviews some couple therapists believed the couple can actually see the situation through a new perspective which can be helpful (e.g. WCI32). Many couple therapists actively offer a new perspective to the couple for several reasons (Johnson, 2008). Each partner has his or her own unique way to frame reality. Sometimes they are too rigid even to think about the situation or to behave in another way. Couples need to be creative as most distressed couples need to discover new and creative ways to think about their problems. Couple therapists strive to help the couple to look at their situations or problems with new eyes, to get a new perspective on them so as to be better able to resolve their issues.

As the interviewees mentioned, many of the couples feel they cannot change and they blame each other for their feeling of hopelessness and each of

them in turn gets more and more defensive too. With the help of the therapist's new perspective on the problem, the couple can redefine the problem and interrupt 'the endless cycle of recriminations.' The couple may learn from this how to arrive at more optimistic conclusions in any specific problem or situation. Given that the other partner has good motivation, the couple may come to understand why things are as they are, and blame their partners for less bad behaviour, faulty motivation and inappropriate language.

To some couples the conclusion is either black or white and there is no room in between. They jump from A to Z all at once and thereby narrow their vision of the whole picture in question. In this case, it will help them to broaden their horizons and to sift out new information and ideas that will lead them naturally to change their perceptions. The therapist helps them see a situation from a different perspective in order to gain different feelings and judgements. It is necessary for the couples to see their conflict in a new light with new meanings that call forth new emotions and different beliefs.

How can the therapist offer new perspectives to the couple? Firstly, the therapist is open with the couples as they share their problems, so that they can develop a discussion in which new perspectives can emerge. Secondly the therapist creates a safe environment in which the couple can share what they think and feel about their distressed situation. Thirdly, the therapist makes active interventions, gets involved in the dialogue to keep it open and useful, and shares ideas and information that are deemed relevant to the couple's dilemma. Fourthly, the therapist strives to find the meanings of what the couple have said, interprets one partner's words to the other congruently, but in the most positive way to open up new perspectives. Lastly, the therapist offers new perspectives by pointing out what the couple is saying and what is missing in what the couple is saying.

There are several different ways to deal with the problem of clients

blaming or accusing each other. The couple therapist reflects back, interrupts the partner blaming, and asks the partner being blamed how he feels about what she says. As a way of teaching the couple better communication skills, the therapist and the couple together explore the couple's way of communicating. That can help the couple to grow in awareness of their own communication dynamics and to learn from their own mistakes. Berg-Cross (1997, p.232) stresses why this is so important:

Communication that is viewed in a context of resentment and old grudges gets myopically focused on two destructive, overarching interpretative lenses: The first is "I'm right and you're wrong," and the other is "Don't tell me what to do." Both of these interpretive lenses sabotage the goal of most communication to influence another person to see the world as you do. Stripping these interpretive blinders is essential for improved communication.

The couple therapist needs to let the couple know that they are blaming each other. Since that kind of bickering escalates, it needs to be defused before it goes too far. The therapist helps the couple to acknowledge the hurt and the pain of being blamed and criticised, so that blame and criticism begin to fall out of their relationship.

In order to reduce blaming the therapist gets them to listen to each other and to be aware of the other partner as a separate individual. Blaming can originate from low self-esteem and the therapist helps each partner to work on his or her own self-esteem. Low self-esteem in a conflict situation manifests itself in the form of blaming, reacting and over-reacting.

## 2) Improving communication between the partners

WCI5 helped the couple to improve their communication by telling them about the different ways of communication. *“I tell them about different ways of communication.”* Another approach was the ‘Five Love Languages’,<sup>4</sup> the way they express their commitment, which could be learned or changed to be most effective for both partners. Besides, it was important for them to learn about themselves. The way they liked to express love to each other could have been saying words of affirmation, spending quality time together, receiving a gift, doing a favour, physical touch. Her curious approach helped the couple to explore.

*“Curiosity, having a curious approach helps as well. Using solution-focused brief therapy to find out what they would like to have happen, how they know when they have started what will have made a difference to them, what positive changes have happened since their last session. It is also asking them about scaling their relationship between one and ten and how they are going to make one higher next week [Appendix 16].”*

WCI32 had different ways to help the couple to improve their communication. She educated the couple in some counselling skills, such as listening, reflecting back etc. She also explained why these were important.

*“Certainly the basic is giving them the discipline of listening and reflecting back exactly what they have heard. It is also eventually getting them to focus and know that they are actually listening to the whole context of what the other person has said rather than their own point of*

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<sup>4</sup> Referring to Chapman in *The Five Love Languages* (1995), it is important for the spouse to be able to express love in a way that the other spouse can understand. He uses the five love languages to describe this kind of communication. Words of affirmation affirm how nice the spouse looks or how great the dinner tasted. They notice these things and do not take them for granted. Affirmation and appreciation are always positive. The partner has a good self image and a good sense of confidence. Quality time is time well spent together. For some partners, the best way to show love is to be together, to do things together and to have a period of time to give undivided attention to one another. If the partners want to have quality time, they need to turn off the TV or whatever else might infringe on their quality time. Receiving gifts is another expression of love and joy. It is a common universal practice to give gifts. The gift is a symbol of love. Even the smallest inexpensive gift conveys the expression of love, which is all that matters. If one of the partners forgets the other partner's birthday or anniversary, the forgotten partner will feel disappointed, neglected and unloved, especially if that partner enjoys gift giving. Acts of Service describe the ordinary simple everyday things one partner can do for the other as another gesture of love. Examples of these acts of service are vacuuming, planting a garden, mowing the lawn, putting out the trash, etc. When they are gladly done, they are perceived as a gift of love. Physical touch is another form of expressing love. It can vary from just stroking the partner's back to holding hands, to a peck on the cheek or to whatever else will fulfil this need.



*view on it. So you do a bit of work around that and maybe send them away to do that. It is really like analyzing what we are actually saying. That is where TA technique comes in really well because it is interpreting what am I actually saying when I am saying something like this which seems quite an interesting comment. And certainly in the room you would be picking up what is just being said, how that is being said. 'It is not your intention to be telling your partner what to do. Well no. That was how it revealed. Ah, right.' So you would be giving them ways to unpick how they are actually talking to each other. It is good you have got the couple in the room to be able to watch the dynamics of that happening and then to be able to bring them to see what they are actually doing. It is ways and things like that that are helpful. Also identifying the 'I' statements rather than the blame statements, 'You'. 'When you do that, this is how I felt.' And getting them to really work on that is immensely rewarding [Appendix 10]."*

WCI5 gave the couple homework to improve their communication. She wove the homework into the session by talking over the importance of communication and impressing upon the couple the roles of listening and reflecting back.

*"We talk about the importance of communication, listening and reflecting back. I sometimes give them exercises to take home to practice. I say that checking homework is important if they want to come into counselling, since most of their work to restore communication is going to be done at home. This is just an hour. I only spend an hour with them. But they have got to put time aside to communicate. So I do say that this is standard. You can find one evening a week or at least one half an evening a week when I would like you to turn the television off and spend some time asking each other either these questions or just reflecting back, yes, and talking to each other meaningfully. So I check that homework and then I check whether they have done it [Appendix 16]."*

WCI13 gave the couple homework to change the dynamic to something more positive. She told them that it was standard practice to put time aside to communicate.

*"I would ask them each to do something nice for the other person, something small like making a cup of tea, buying some flowers or something else. And each one has to do something for the other person but not tell them. When they come back the next week, they have to tell*

*me and tell each other what the nice thing was. For the whole week they are looking out for something nice the other one has done [Appendix 14].”*

Like WCI13, WCI5 also gave homework to the couple as a listening exercise.

*“I asked them to do a listening exercise. I would ask them to set aside one half hour a week. They take it in turns. One person of the couple talks for five minutes, but not on the subject they argue about. It could be something like a film they have seen or a book they have read or a movie they like and the other person has to say nothing but just listen for five minutes. At the end of the five minutes the person who was listening has to repeat back what they heard without being defensive. I give them the homework. I start it in the counselling room. The next week they come and tell me about it [Appendix 16].”*

The feedback from the couple in the next session was that they were amazed at how hard it was to listen.

*“They usually find it very helpful and are quite surprised at how hard they found it to listen. Sometimes couples cannot do it because it is too difficult [Appendix 16].”*

MCP9 also gave homework to the couple to improve the quality of their contact.

*“I always joke about the concept of ‘couples homework’. There will be no detention! If the homework is too difficult, I say it is my responsibility as I probably have not tuned into them sufficiently. I ask them not to be disheartened if the tasks seem hard. Even though they want to change, they must realise that everyone finds change difficult. The essence of my ‘homework’ is suggesting that they build in more contact, and improve the quality of their contact. I always check out if they feel they are spending enough quality time together; what they regard as ‘quality time’, how they could increase the amount of quality time they have together. If they have disputes about division of labour, I suggest they could set up weekly planning meetings, perhaps on a Sunday, when they could compare diaries, discuss what needs doing, and decide who is going to do what [Appendix 15].”*

MCP9 gave listening exercise homework to improve the couple's ability to communicate effectively. He gave an example of improving the couple's communication as homework.

*"I suggest they set aside some time each day where there are no distractions such as phones, TV or children. They give each other five minutes of uninterrupted time and then swap over. I don't want them to interrupt as they risk taking over, or prejudging. Couples often find this helpful, but they also find it hard and certainly find it particularly difficult to sustain. But it can help them in a number of ways: thinking aloud' helps them see things in perspective; listening to their partner helps them to listen, read and cue into their partner more effectively. When they start this exercise, clients usually focus on what they have done (e.g. I went to a meeting). I try and help them to become aware of the underlying feelings. 'It is true that George always seems to dominate. I do get angry when he tries to impose something on me that I know won't work. I feel hurt when he dismisses me with sarcastic comments.' One of the partners often finds 'talking about their day' boring. But when they can process at the level of feelings, 'talking about their day' helps their mutual understanding, their ability to show vulnerability and their bonding [Appendix 15]."*

Many couples have problems with their communication. Crowe & Ridley (2000, p. 125) state:

Many couples come to therapy feeling completely overwhelmed with their inability to relate to each other sensitively and effectively. 'I really don't know what has gone wrong, We are constantly bickering, constantly upset with each other. We don't know if anything can be done' is a theme that often presented by couples where communication difficulties are paramount

This research reveals that the interviewees strive to help the couple to improve their communication. Feeling so overwhelmed with their lack of skill in relating to each other sensitively and effectively, many couples coming to therapy say, "I just do not know what has gone amiss, we are all of the time squabbling and upset with each other. We do not know if it has gone beyond the stage that anything can be done." In couple therapy many couples present their communication problem. Improving communication in the couple is an important

task in working with couples. Why do the couple have communication problems? It seems that men and women have different communication styles. In Vangekustu and Banski's (1993) 709 demographically diverse couples' interviews, the discovery was made that women made a big distinction between listening and talking to the extent that they were looking for equity in both listening time and talking time. Men tended more to look upon conversation as an event in itself and they were not concerned about having equal amounts of talking time and listening time. The content of the conversation is also different for men and women. Women like to elaborate on all the emotional, relational issues of the day and they go into much more detail than men. Men prefer to talk about abstract, philosophical issues. For example, Brenda and David are colleagues at the same office. When Brenda goes home she talks about how hard it is to teach David to use Excel in the computer and a lot of little things that he does during the day to upset her. David is more likely to go home and tell his wife how frustrating it is to use Excel and that he made a lot of mistakes making tables with Excel.

The dysfunctional pattern of couple communication for the most part is exhibited in language like "I am right, you are wrong," "self-justification" or "putting the blame on the partner." The couples do not seem to make any allowance at all for the other partner's good intentions when judging them. Rather, they keep harping on about what they see as behaviour deficiencies and negative intentions of their partner. Most of the couple therapists try to break this pattern of interaction. By bringing the couples' attention to the vicious circle of this type of repetitive interaction, the therapists can enable the couple to see that both are right and wrong at the same time.

The couple therapist encourages the couples to have good communication (Gurman, 2008; Halford, 2003; Baucom et al., 2011). Firstly, the therapist observes the couple's mode of communicating with each other in the

counselling session (Chernin & Johnson, 2003; Young & Long, 1997). They bear in mind the assumption that the couple's way of communicating with each other in the session is much the same as what they normally do at home. Therefore, it is essential for the therapist to notice whether the couple's way of communicating might be improved. Accordingly, the priority for the therapist here is to make an accurate observation of the way the couple communicate with each other, and what is actually said falls into second place. Secondly, the therapist is wide awake to the place of balance in his or her work with the partners (Gurman, 2008, p.83; Gurman, 2010, p. 409; Leavitt, 2009, p.24). The therapist distributes time and attention evenly between the partners, avoids taking sides, refrains from making value judgements about the choices made by the couple together, and is always on the alert not to be dragged into anything where the counsellor does not belong. Concretely speaking, if the counsellor invites the husband to say something affirming to his wife, the latter is also invited to say something affirming to her husband. Thirdly, as some interviewees mentioned, the therapist encourages the partners to use 'I' messages (O'Farrell & Fals-Stewart, 2006, p. 129; Ingram, 2011, p.339). It is difficult for some couples to speak only for themselves. In this case one partner speaks continuously for them both. For example, "We hate taking a walk in the park in the evening. We have always really disliked visiting her parent's house." In this example the other partner does not make any different comment. There is also the case of one partner speaking for the other as if this partner is not in the room. For example, "Sue is always cross with her father; he never understands how she feels about her work." "Tony feels fed up with his boss at work; he's always picking on him and finding fault." The weakness here is the lack of effort made either to invite the partner to speak for him or herself or to clarify with the partner whether those are the actual feelings. Fourthly, the therapist helps the partners to be aware of its shortcomings and to discourage mind-reading

(Amatenstein, 2010). One partner is mind reading when he or she is speaking for the feelings, motives or experiences of the other, without first checking out the accuracy of what they are saying. This kind of lack of clarification with the other partner distorts proper understanding and perception. Hence it is necessary for the therapist to query mind-reading in the session. Lastly, the therapist tries to find ways of increasing the level of positive interaction between couples (Gurman, 2008). The couple need to have the ability to improve their skills so as to be able to change criticisms and complaints into simple and practical requests for alternative positive behaviour.

The interviewees try to help the couples to improve their communication. One interviewee tells the couple about the different ways of communication. Another interviewee gives them the discipline of listening and of reflecting back exactly what they have heard. Referring to Ridley (1999), the therapist becomes an educationalist. Particularly, most of the interviewees give homework to improve the couples' communication because the therapist feels the need to encourage the couple to maintain and improve their communication outside the counselling session. The couples are encouraged to set aside specific time to spend together when they turn off the television, ask each other their homework questions or just reflect back and talk to each other meaningfully. The couple set aside one half hour a week, take it in turns, and each of them talks for five minutes on any subject except the one they argue about. Some couples have a daily schedule including a time free of all distractions, when they give each other five minutes of uninterrupted time. However, some therapists have found that it is difficult for the couple to do or implement the homework.

## 5.7 Feelings

As with the notion of ‘relationship’ it is widely accepted that counselling is centrally concerned with ‘feelings’. Significant themes that emerged from the data in this connection were that the interviewees had various ways of working with feelings, and of helping the clients to do so. Then two more specific themes emerged that are of especial relevance for my later study of focusing-oriented therapy, namely, emotional flooding and over-intellectualisation. In focusing-oriented terminology these would be understood, respectively, in terms of a client being either ‘too close’ or ‘too distant’ from their experiencing.

### 1) Ways of working with feelings

Being in touch with feelings is an ongoing process. It is important to help clients to be aware of their feelings, to express them, to talk about them to their partner, and in that way they could become aware of their partner’s feelings and needs. MCP9 emphasised the important place of feelings in couple work. He gives feelings attention to help people become more emotionally aware. Becoming more aware of their own feelings would in turn have helped them to have been more aware of their partner’s feelings and would have given the people more control and more awareness of their choices.

*“My belief is that feelings drive thoughts and actions, but that not enough attention is given to feelings. This often means that thoughts and actions are driven by strong feelings such as anger, fear or jealousy, but that this process is often out of awareness. Giving feelings attention has several benefits - it helps people become more emotionally aware: aware of their own feelings and then hopefully of their partner’s feelings; it helps reduce the intensity and the power of the feelings; it gives people more control and more awareness of their choices. But ultimately, feelings are what bond people; it is the underpinning agent for relationships [Appendix 15].”*

WCI13 was very convinced of the importance of working with the couple's feelings.

*"It is the most important thing. Feeling is terribly important. And we are tuned into that level of feelings all the time. It is a vital part of how we work. If you can't work with feelings, you shouldn't be a counsellor. It goes without saying it is so important [Appendix 14]."*

Her way of working with their feelings was to keep exploring and checking how they felt, and then why they felt like that. When she could work that out, she could develop the feeling and check out what was happening for them at that moment.

*"The whole time I am trying to work out what they are feeling. I say to them, 'what do you think your partner is feeling at the moment?' When they see that the partner is feeling upset that can surprise them. I would step in and say, would you just check in and see how your partner is feeling right now. That is what I tune into all the time, feelings. And if they are angry, I ask them why they are feeling angry. If they are upset, I ask them what they are upset about. Because you have to work out if they are angry, resentful, upset, frightened, cross, fed up [Appendix 14]."*

WCI5 helped the couple to hear the other partner's feelings so that they could understand their partner's hurts or fears using the emotionally focused couple therapy method.

*"I would use the emotionally focused therapy method at the beginning to find out and reflect back what I am hearing they are saying to me is hard for them. I will also practice it if they are getting into an argument. 'Can you just listen to her right now?' 'She needs you to understand this.' It is getting them to listen to each other. Emotional focus is when I help the partner to hear their partner's fears. They have to shift their perceptions to acceptance and listen to what their partner has just said. The emotional focus is when the awareness comes and I help them to engage with their partner's fears or hurts. Key emotions have taken effect on their problems. Making them aware of it deepens it and deepens their understanding and disclosure of it. 'Emotionally-focused' is more in-depth, harder to stay with and quite intense [Appendix 16]."*

WCI5 went on to say that the couple's feelings need to be expressed in their own words. She explained how she dealt with their feelings if they were not in touch



with them.

*“Their feelings are expressed in their words. If they are really not in touch with their feelings, I tell them what I have picked up and I say, ‘I feel that you are feeling or I hear that you are feeling.’ It is sad when people are not in touch with their feelings. Mostly couples coming to counselling are very much in touch. One of them is more aware than the other. Otherwise, they wouldn't come to counselling. The therapist asks one partner what he or she thinks of the other partner's feelings and how he or she copes with the feelings expressed. The therapist identifies the couple's feelings so that the couple are aware of their feelings [Appendix 16].”*

WCI15 helped the couple to be aware of their feelings by teaching them. She explored with them how both partners could deal with whatever the particular feeling was.

*“I teach them, empathize and sense. I sense and understand that you are feeling sad. I would like to know how we can deal with that and how John can deal with that too [Appendix 16].”*

WCI14 believed that it was important for the couple to relate the story they were telling to the feelings they were experiencing at that moment. She also referred to their body language and noted their response to that.

*“At first talking about their story is very important. The content of the story is important, but their feelings about it are also quite important. When they talk about their story, I would ask them to pause and we would talk about it and about the feelings they are experiencing at that moment. Or I would make a comment about how they look in their body language and see what their response is. I would also check how the other partner is responding too. Then we make a conversation about it. So both the content of the story and the couple's feelings about it are very important [Appendix 13].”*

WCI14 tried to be aware of what the couple was feeling. Whatever was happening in the room in terms of emotions was going to affect the couple concerned.

*“When they are talking to me or to each other about something that could be a painful experience for them, I would pick up the pain and I am aware of what they are feeling. I must be aware that whatever is*

*happening in the room in terms of emotions is going to affect them. I am trying to deal with that at one level in my head. At another level, I am trying to see how effective I still have to be with it. In a way, I have to monitor. When there is anger in the room, it will also affect me as a practitioner. Having all the emotions in the room is going to affect me one way or another. It is being able to be aware of that that really matters, like I have to work on two different levels [Appendix 13].”*

The data in this section give evidence that many couple therapists attach great importance to feelings. They tune into the level of feelings all the time. The couple therapists help the couples to be aware of their feelings. They help them to express their feelings and to talk about their feelings to their partner. When they express their feelings and talk about them to their partner, they also become aware of their partner’s feelings and needs. The couple therapists keep exploring and checking how the couple feel and why the couple feel, for example, resentful, upset, cross, frightened, bored or fed up.

Some interviewees find that the couples express their feelings in their own words. Most of the couples coming to counselling have some emotions. They sometimes reveal their emotions in various ways (for example, through tearfulness, raising their voices, gestures, and facial expressions, etc.). However there is a distinction between showing one’s emotions and expressing them in words. Some people are unwilling to express their feelings or they do not know how to express them. Thus therapists help the couple to get in touch with their feelings. Showing emotions happens spontaneously. Expressing them in words means struggling with communication skills.

Often one of them is more aware of his or her feelings than the other. The therapist invites one of the partners to say what he or she feels about the other partner’s feelings and to say also how he or she copes with the partner’s feelings towards them. The therapist identifies the couple’s feelings to help the couple to be aware of them. Therefore, it is important for the couple to relate their story to the

feelings the couple are experiencing at the given moment. In order to do that, some couple therapists at the beginning of therapy reflect back what she or he is hearing that the couple is saying. Then the therapist gets them to listen to each other and to hear their partner's feelings. In this case the therapist needs to be on the alert not to take sides but to give both partners an equally balanced chance and enough time to verbalise what they both need to say. They believe that it helps the couple to shift their perceptions to acceptance by listening to what the partner has just said.

## 2) Emotional flooding

Emotional flooding happens when the client is so overwhelmed by emotions that he or she cannot think straight. WCI15 tried to slow down the emotional flooding in couples by asking questions to explore what was underneath feelings. Then she asked the other partner whether they heard what their partner was saying, in order to get into the feelings in a safe environment.

*“I would try and slow it right down. I would ask the ones getting upset why they are feeling so upset and what brought those tears on. And I would ask them if they could say more about that. I would ask the partner could they hear what their partner is saying, what they heard and how they feel in response to that. We would try to get into the feelings in a safe environment. So hopefully nobody is ever going to stand up and kind of get all aggressive. They haven't thank goodness, but you know some people do start to get angry. They just cry for the sake of getting attention, it is a sympathy thing. 'Let us look at that in a little bit more detail because some things can get you quite upset. So maybe we would stay with that a few minutes and talk about it.' Allow somebody the opportunity to say why he or she is feeling that way. So it is just about managing, I think just slowing it down [Appendix 12].”*

WCI13 would have stopped the session and asked them why they were feeling so overwhelmed. She would have asked the other partner to look after them.

*“If they would be too overwhelmed, I would stop the session and ask them have they had enough and would they like to go off and have a cup of coffee together, if it is too overwhelming, because I am not there to*

*break them down. That is not what I am trying to do. I am trying to help them understand. I would have a few boxes of tissues and I would give them a tissue. I would obviously ask them what is going on, why are they feeling so overwhelmed. I would ask the other partner to look after the partner who was very upset [Appendix 14].”*

Thus some interviewees describe how they deal with emotional flooding. Couple therapists explore the emotional flooding in a little bit more detail. They use relevant questions to explore the reasons for the couple being so upset. The therapist checks whether the other partner hears what the partner is saying, how he or she understands it, and how he or she feels in response to what is being said. The therapist is trying to get them into the feelings in a safe environment. The couple therapist invites the couple to stay with the emotional flooding for a few minutes and to talk about it. They think that it is important to allow somebody the opportunity to say why he or she is feeling that way, and this is part of the slowing down too. On the other hand, some couple therapists stop the session and encourage them to go off and have a cup of coffee together. While the approach is different, it is aimed at getting the couple into the feelings in a safe environment. One therapist sees the value of teaching the slowing down process in the session to that couple. The other therapist sees the coffee break creating an easier and warmer atmosphere.

### **3) Over-intellectualisation**

Over-intellectualisation is to talk too much from the head and too little from the heart about one's problems. MCP9 found that the people who intellectualised were often not in touch with their feelings.

*“When someone intellectualizes, it often means they are not in touch with their feelings. I try and empathize with my perception of their underlying feelings, and thus offer them the opportunity to explore the feeling rather than the cognitive plane. I also offer my belief that the quest for ‘reasons’*

*is often overdone; I can understand the reason why I feel upset, but I'm still upset! [Appendix 15]"*

Like MCP9, WCI13 tried to get to the feelings of couples who over intellectualised. When they were talking too much, she stopped them and asked if they could talk about feelings and not just thoughts or she asked how they were actually feeling at the given moment.

*"In that case, I try and get to the feelings. And if they are talking too much and over intellectualising, I would try to get them to, I would stop them and say could we talk about feelings, not just thoughts. Or I would stop them and say can we stop right now, and can I ask you how you are actually feeling at the moment [Appendix 14]."*

Thus when some interviewees work with couples who are very intellectual or, are not in touch with their feeling, they stop the couple right there, and check how the partners are actually feeling at the given moment. The therapist uses questions to invite the partners to get in touch with their feelings. The therapists offer the couple the opportunity to explore their feelings in a non-cognitive way. The therapists try to empathise with the couple's perception of their underlying feelings, and ask the couple to be empathetic to one another.

## **5.8 Couple therapist activities**

As seen from the couple therapists' survey and interviews, couple therapists seem to be very active. During the counselling session they make more interventions than the individual therapists. The counsellor in individual counselling is perhaps careful not to distract the client's process in order to stay with the edge of their experiencing. Instead of sitting patiently to the end of the argument, the couple therapist sometimes intervenes to change the direction of the other interactions by asking for feedback on an argument in order to break the vicious cycle.

It is clear from the way they function in the therapy session that couple therapists are active. Couple therapists are identified as mediators (Stuart, 2004). The couple therapists are quite clear on the concessions that each partner needs to make in order to reach the goals the couple and the couple therapist have set. It is the therapist's task to help each partner to state his or her desires, to negotiate with the other for the exchange of requests, to ensure that each partner can develop the skills necessary for delivery on the agreements, and to monitor follow-through and follow-up. Couple therapists are often seen as teachers, either directly or indirectly (Glick, et al., 2000). The therapist teaches values, not explicitly but often implicitly. For instance, the therapist is modelling good communication and at the same time demonstrating implicitly the value of respecting the thoughts of the other partner. The couple therapist gives whatever explicit information the couple needs to cope adequately.

The reason that couple therapists are active is that they are interacting with two people. They have more strategies and techniques than individual therapists because they are dealing with more than one person in the counselling

hour. The therapist deals with the one who is speaking and with the one who is listening when they are exploring, clarifying, asking questions, reflecting, and so on. The therapist uses some techniques in special cases which include changing the couple's beliefs or cognitions, changing behavioural sequences, expanding emotional awareness, and so forth, and deciding on giving homework between the sessions. This explains why they are doing more, saying more, asking more questions, interacting more with the couple and offering more suggestions than the individual therapist during the session.

A number of distinct themes emerged in connection with what couple therapists actually *do* in their work with clients. These included listening, questioning, and the use of particular techniques and strategies.

### **1) Listening**

WCI14 noted that listening to each other had beneficial consequences. The couple could understand each other more deeply. Openness, understanding and, giving the benefit of the doubt replaced the judgemental mentality.

*“By listening to each other they can understand where the other person is coming from or what has been the experience of the other individual and sometimes that is different from what the assumptions that they might have had about that type of behaviour of the other individual. It is opening, understanding, and becoming curious instead of being judgmental about it [Appendix 13].”*

WCI13 had never forgotten one of the most important things her tutor said: *“The three most important things you need to do are listen, listen and listen.”* She listened a lot, reflected back, gave observations, and asked them to think about feelings. She modelled a process of listening from which the clients learned how to listen and the importance of listening without immediately expecting to answer back.

*“I would be listening most of the session, then I reflect back, I would give observations, I would intervene to suggest doing this or that? Yes, I would stop them and ask them to think about feelings. But you are right about listening. I would be listening a lot of the time. That for them is quite good modelling. Yes, I am modelling a process of listening. And then as they see some listening they learn from me how to listen, I am modelling the process of good listening, which is to listen without immediately expecting to answer back. A good listener is simply listening to the message and not preparing an answer and just simply listening to the message and trying to understand what the other person is trying to say [Appendix 14].”*

WCI13 emphasised listening, saying tuning into a person at a deep level gave an empathetic understanding of where they were. Body language is important. It was a unique experience for the couple to feel that there was a meeting of minds, no judgements, and that they had safely arrived at the point of breaking ground.

*“Listen, listen, and listen, the three most important things. If you can listen, then you can tune in. It is almost like tuning in on a radio. You are tuning into the person at a deep level, which gives you that empathy, it gives you a sort of understanding of where they are, feelings, thoughts, emotions, physical reactions, everything you are tuning in at that level. You can sometimes see tears across their face and then they are gone. You have to watch very carefully. You are watching body language. You are watching their face. You are tuning in on a very profound level really to the other person. And then the clients get a feeling of being understood at a deep level. For them it is a very comforting feeling to be really understood and not judged at a very deep level. That can be for them very containing and helpful. Maybe it is the first time it has ever happened to them [Appendix 14].”*

WCI16 found that reflecting showed the couple that the therapist was listening and understanding. They could pick up on what they had said or they could modify it and elaborate on what they meant.

*“Reflecting is what shows that you are listening and understanding. It is very useful. It gives the couple a chance to hear what they have said coming from somebody else. Then they can say, ‘Oh no, no. I didn't mean that.’ The client can say, you know when they have heard you reflect back what you have heard, ‘Oh no, I didn't mean it like that.’ I didn't want it to sound like that.’ So they can start explaining a little bit more.*



*And that is getting people talking. Then they can explain what they did mean [Appendix 11].”*

Thus the interviewees believe that listening is important to enhance the couple's relationship. Furthermore, it is necessary as a good tool for therapy. One interviewee states the rewards of the couple listening to each other. There are three: (1) The couple can understand the other person's background and situation. (2) The couple can be aware of the other partner's experience. (3) Sometimes understanding and awareness help the couple to change their assumptions about the behaviour of the other individual.

Listening to one partner without interrupting is another example of how the couple can improve their relationship. One of the partners describes how he or she feels and the other partner just listens without interrupting.

It is often held that listening to the client is the most important element in counselling, and the data collected here provides some evidence that the interviewees share that perception. The therapists try to tune into the clients. Tuning into a person at a deep level gives an empathic understanding of how the person is feeling and of the physical reactions in the person's experiencing. Reflecting back, in particular, shows the couple that the therapist is listening and understanding. The couple have a chance to hear what somebody else heard them say. The therapist picks up on what the partners have said. Some couple therapists refer to the advantages of reflecting back. Reflecting back clarifies and confirms what the client is saying. It gives the client time to listen himself or herself to what he or she is saying. If it is accurate and true, the client can affirm it. There are also times when the clients cannot identify with the reflecting back. It is not what they want to say. It is not how they are experiencing. So they are amazed to pick up different messages from the reflecting back. But reflecting back gives those clients

the opportunity to check the accuracy of what they are saying, to acknowledge the inaccuracy and to correct it. It is obvious that reflecting back does help to improve communication between the couple.

## 2) Questioning

WCI5 could help the couple to open up by the type of questions she asked about the family with an individual interest in each of them.

*“I help the couples to open up by my questions, the type of questions I ask. I ask about their families. I am interested to know individually about their family. I ask them questions about brief attachment based intervention, the search for the secure base attachment theory. I ask them about who were they closest to and I do the genogram with them. I suppose that helps them to open up very much. I often ask them quite deep questions about growing up and they tell me [Appendix 16].”*

WCI14 used questions with listening and reflecting back to make a good relationship and to explore further about the couple’s issues. She found that making use of the different ways of asking questions allowed the couple to think, to listen, and to articulate.

*“There are different ways of asking questions according to the methodology that you are using. But working with the questioning from the systemic practice, tends to be useful I found in my practice. It is a way of asking questions, the same as other theories probably, that includes open-ended questions and time questions and reflexive questions, all that type. But as well as the questions, when they answer, you sort of almost rephrase what they have said and allow them to think because they can listen to what they have said. And then that way, it creates a bond if you like between the three people that are involved in the process. It is also giving them time, time to think and reflect [Appendix 13].”*

WCI5 used questions about whether each of them knew their partner’s life goals. Asking about their partner’s basic philosophy of life was another way of finding out how much they really knew each other. Other questions concerning what was meaningful to each other, their great hopes in life, their dreams, and their

stresses, especially the main ones, revealed a lot.

*“I sometimes use exercises, questions like ‘Do you know your partner's life goals?’ I have got a questionnaire that I use, which is from a book about asking whether the partner is aware of the other partner's life goals. It is taken from that book. I have got a copy here of the questions I use. It is about a love map, knowing whether they know their partners. It is from the book, the seven principles for making marriage work. I say ‘Can you tell me what your partner's basic philosophy of life is?’ It is a very good way of finding out how much they know about each other or still know. I ask them deep questions about meaningful stuff. I ask them what attracts them to each other in the first place. I ask them what their major hopes in life and their dreams are. I also ask them what is the most stressful thing that has happened to each of the partners and that kind of thing. Then we talk about communication and about how important it is. We also talk about listening and reflecting back and about their importance too [Appendix 16].”*

It is evident from the data that couple therapists help the couple to open up by the type of questions they use to explore the couple's issues further. The interviews have brought to light that the couple therapists' qualities of empathy, listening and acceptance of the client are the cornerstone of good therapy. Furthermore, the effectiveness of the process depends on the quality of the therapeutic relationship, the presence of the therapist's respect for and acceptance of the client. All of these factors provide the necessary environment within which change may occur. Furthermore, some questions can create new pathways for change, loosen constraints, and open space for new thinking. Anderson (1997, pp.150-151) sums up the key points of questioning: “Any question can be asked, any comment can be made, anything can be talked about. What is important, however, is the stance from which it comes - the manner, the tone and the timing.” The skill of questioning and the attitude of the therapist create pathways for change.

In the literature we find further discussion of some common categories of couple therapist questions: miracle questions, exceptions questions, scaling questions, coping questions. One of the common categories is called **Miracle**

**questions** by de Shazer (1988). The clients are required to consider the question of if a miracle occurred, what would they notice as different? The therapist asks, “If a miracle happened and the problem you have was solved overnight, how would you know? What would be different in your life? What else would be different?” The couple is encouraged to try putting into practice what would be different even though they can foresee problems in doing so. The advantages of this type of questions are: i) the problem is clearly defined, ii) how the problem currently gets in the way of the couple’s happiness demonstrated, iii) the couple is asked to consider the range of future possibilities opened up if a miracle takes place, and iv) the kind of changes they want to see are identified (DeJong & Berg, 2002).

**Exceptions questions** refer to the times in the couple's lives in which they think that their problems were not problematic. These times are called exceptions (Bateson, 1972). The therapist asks the couple to isolate times when the problem is usually not present, what happens differently at those times, and/or what the couple has done differently when the problem arises but why it is dealt with better this time. The therapist finds out from the couple what must happen for these exceptions to occur more frequently. Helping the couple to identify and examine these exceptions will hopefully increase their chances of working towards solutions (Guterman, 2006).

**Scaling questions** (Berg, 1994; de Jong & Berg, 2002; de Shazer, 1994) focus on motivating couples toward change, especially specifying desired change in terms of process and small steps. For this, the therapist asks, “On a scale from zero to ten, where ten is the point where you don’t need to come to counselling any more, and zero represents the worst things have been, where would you say you are today?” Depending on the couple’s response, a sequence of follow-up questions is used to invite specification of what might need to happen in order for them to move ever closer to ten or to avoid moving backwards from where they are.

**Coping or endurance questions** take advantage of the couple's strong points and stimulate optimism. The type of questions asked show appreciation of the couple's efforts in spite of the problems that exist and also for the endeavours that prevent the problem from getting worse. The therapist asks, "Despite these marital problems, how do you still hang in there?" or "How do you keep things from getting even worse than they have been?"

**Agency or efficacy questions** ask the kind of questions that bring out the couple's ability to make change happen. The therapist asks, "How did you do that?", "How did you make that happen?", "How do you take that course of action?", "How did you decide to do that?"

**Meaning or self-other perception questions** focus on bringing forth and highlighting positive qualities, strengths, and successes, and weave them into the interpersonal context. The therapist asks, "What does this say about you as a couple?", "What else would you want your partner to know that would tell him how much you care (or are working hard, or want the relationship to improve etc.)?" or "How does your partner telling you that she notices and appreciates how you are changing affect you in your efforts to keep working for positive change?" or "How will this make a difference that you want to see continue?"

**Circular questionings** are used in couple therapy when couples are in a repetitive argumental and adversarial state. These kinds of questions explore and motivate the couple to look for new meanings in their life experience when they have the opportunity to hear what the other partner perceives about them and their problem(s) (Bobes & Rothman, 2002). For example, instead of asking a husband his own opinion about a situation, the therapist asks him to state what he thinks his wife's opinion is about the situation. Similarly, she is asked what she thinks her husband feels about the situation. People are not surprised at being asked to share their own opinions, but they are taken by surprise when they are asked what they

think someone else thinks or feels (Katz, 2005, pp.181-182). This is not according to the couple's expectations, but it does shift them into a healthy dimension of trying to see the situation from the other partner's point of view. This is particularly important in couple therapy since most couples stop listening to each other. There is no guarantee that there is empathy or understanding gained even though each of them gets a chance to voice their own opinions of a situation or problem. It is not unusual for them to be stuck in their distressed situations, repeating the same arguments in their endeavour to be heard, but failing to move forward from that situation. The participants in circular questioning usually become highly engaged. They listen attentively to what the other person says about them, learn more about their own behaviours and the new insights gained help them to feel more understood by their partner.

The couple therapists believe that asking questions is effective in helping each partner listen to the other while that partner is answering the question. Some questions lead the couple to reflect on their issues and to articulate their problems.

### **3) Working with one partner in front of the other**

WCI15 worked with one partner in front of the other depending on what the difficulty was. However, she kept balance to give each partner time.

*“It would depend on what the difficulty was, but I would also try and include the other person at least with eye contact and body posture. It is about being inclusive and looking at what role that other person might be in. It might be just holding hands or being encouraging and it would depend on what it was. I would always try to at least bring it back so that there was some balance. It might be another session that there would be more concentration on the other half of the partnership [Appendix 12].”*

She also described the impact on the other partner when she was working with one partner. It was helpful for the couple to recognise how the other partner felt while the partner worked with the therapist.

*“If they are being supportive of the partner they might hold their hand, or put an arm round somebody. They may say, ‘Yes, I agree, or that sounds good, or I could help with that.’ You may get a situation where somebody tries to manipulate or damage in some way because they may not like what they are hearing. They may say ‘No’, if the partner is saying something not very nice about the partner. They may say no they don’t do that or ask why you are saying that. I would just ask them if they wouldn’t mind just waiting a few minutes and then we will come to that, hold that thought and we will come back to it. So they do get a chance to speak to it realistically and acknowledge how each other are feeling as well. It is not ignoring somebody in the room like that but recognising and keeping your eye I guess on how might they be feeling, are they feeling apart, are they feeling excluded [Appendix 12].”*

Like WCI15, WCI32 emphasised a balance of time. She tried to be equal in the time and attention she gave them. When WCI32 was particularly working with one person of the couple, she tried to include the other person too. She included the other partner by making reference to that partner. She also tried to involve that partner in some way.

*“When they come to counselling, they come as a couple. What I tend to do is work with as even of a balance of time as is possible. Also if I am particularly working with one person I will make and include reference to the other involving them in some way. Even if it is just to check out what they are experiencing as they are hearing what is going on. But certainly one would be constantly making eye contact with the other, a kind of keeping them in the room and in the focus, but clearly the focus is going to be on one particular individual. But constantly I think trying to find elements that you move into, maybe stuff that is happening which you could relate to. Keeping the balance in terms of time where one client wouldn’t get the entire time and the other person is just there [Appendix 10].”*

Thus the interviewees remarked on what the impact on the other partner was when the therapist worked with one partner: the other partners react in various ways. Some partners are supportive of the other partner, but some react negatively. Although couple therapists work with one partner in front of the other partner they try to include the other partner to check what they heard and how they feel about

what the partner said. The therapist is concerned about the time balance that gives both partners equal time to speak. While working with one partner in front of the other partner, they have an opportunity to notice how the partner feels about their issues and to reflect on this.

#### **4) Working with the structure (technique, strategies, and interventions)**

Therapeutic procedure includes the typical structure, techniques, strategies, and interventions. This section shows how the interviewees made the decision to use a particular technique or intervention at a particular time.

For WCI14 there were three levels of procedure in working with couples. In these levels she explored with the couple their problems, behaviour or thinking and how they can change. Then she tried to look at what should change. Sometimes she discovered that the change was not just about their interaction with each other. There might have been changes in their environment. She helped the couple change by helping them to understand their present problem as well as the history, where they came from, and how they felt themselves.

*“I think that basically I would explore with them whatever the problem they are experiencing is about, how they feel about it, and what it comes from. The first level is to get an understanding of what is happening to them at that time. The second level is to get an understanding of where this comes from and of what could be done about it. The first one would be just exploring how things are done at that time with them and their life, how they interact with each other, how does that affect each one of them and how does that effect their family life or the people in their life. Once we do that, we would get into the second level, which is the self-sense. Where do they think these ways of behaviour or thinking come from? We would do exploration about that. The third level would be what changes that understanding, what they think they can do to make things different for both of them. And sometimes the change is not just about their interaction with each other. There might be changes in their environment. There might be changes about the culture they are in. We might be working with a general stereotype about issues. So there has to be a level of understanding of not only their present problem, but also of the history and where they come from and how they feel themselves. And only then you would go into the third level. But you have to understand there are*



*these three things that normally don't go first level, second level, third level harmoniously with each other [Appendix 13].”*

WCI16 like WCI14 gave the couple an opportunity to explore their issues. Her procedure was to explore, assess, set goals, give homework for the goals, and review.

*“I will probably recap a little bit. I said about the assessment and what they both want out of it. I would give them the opportunity to talk on their own with me if they wish. Then we try and elicit what their goal is, where they want to get to, plan a little homework for them to try and get them to their goal. And then we would review, revive, change the goal, and do it again until they are happy to leave. I mean I have made that sound very easy and it is not actually. Some people move very quickly. Some people after they have the initial assessment ring up and say we are okay now, because that opportunity to get things off their chest has been the thing they needed [Appendix 11].”*

WCI16 said that the therapist’s role could be a teacher or an umpire depending on what the couple were bringing to counselling. In this role she was getting them more used to talking to each other and to listening to each other.

*“Well I could be there as a teacher, and I could be there as an umpire, depending on what the couple are bringing. But one of the techniques that I often use is to say, don't tell me, tell him. When the couple are telling the therapist in the session that one of them is lonely, fed up, or whatever, the therapist asks them not to tell the therapist but to tell that to their partner. This is how the therapist teaches the couple to talk to each other and to listen to each other. The therapist finds this a useful communication tool [Appendix 11].”*

In the procedure WCI15 basically maintained the non-judgemental, empathic and understanding attitude. She established trust to check whether the couple felt comfortable and compatible in the session. She tried to check, summarise, clarify and acknowledge what was going on at all times. Then she made a plan of action with the couple.

*“I do try to be non-judgemental at all times. I try to be empathic and*

*understanding. I try to acknowledge what is going on. I would be checking out what I am hearing you say whether it is correct, summarising on a regular basis, ask them to clarify, some clarification perhaps and summarise where we are at, is that a picture of what you have told me. Hopefully they can understand I have listened, I have been attentive, I have got a good understanding of what is going on for them and that we draw up a plan of action together and that we are contracting together and the parties involved in what we are hoping to achieve together, so that trust is established and they feel comfortable, comfortable in the session, that if anything is too difficult I would always recap at the following session what we talked about, how they felt afterwards, was there anything further they wanted to bring up from last time. I mean it is standard[Appendix 12].”*

WCI13 said the way she worked was to listen to the couple and to try and understand the patterns of behaviour the couple had got into and to try to change the negative patterns of behaving the couple had got back into. For WCI13 the therapist’s work was to help the couple to understand their negative patterns of behaviour in order to make them aware of more positive ways of behaving to help their relationship and to help them to separate out as individuals within the relationship and take responsibility for their own behaviour and feelings.

*“I would welcome them into the room, get them to sit down, ask them to talk about what is going on for them, listen carefully, ask them how they are feeling, reflect back what is going on, observe behaviour, suggest interventions which might be helpful for them, suggest ways they could behave, ask them to listen to each other in the session. There is a lot going on all the way through and I am listening hard. The way I would work is to listen to the couples and to try and understand the patterns of behaviour the couple have got into and to try and change the negative patterns of behaviour the clients have got back into. So it is a question of helping them to understand their negative patterns of behaviour and hoping to make them aware of more positive ways of behaviour to help their relationship and to help them to separate out as individuals within the relationship and take responsibility for their own behaviour and feelings. It is a sort of dynamic way of working really [Appendix 14].”*

## **5.9 A summary statement of the findings**

In this section I will summarise my findings concerning couple therapy, as understood and described by the interviewees. This section forms the final part of my analysis of the couple therapy interview data.

Most counsellors see couples together, but there can be reasons for seeing one partner separately. One of the most important elements of successful couple therapy is the creation of a safe environment and the establishment of a therapeutic bond. Trust in the therapist is basic to successful therapy. Goal setting is also an important element of successful couple therapy, as is the effort made on the part of both of the partners. Couples initially are inclined to accuse one another. If they can deal with that first, they may come to have more trust in their partner, their counsellor, and in the work they are doing together. Then they may begin to reflect on their own participation in the counselling process and the pain they experience.

It is important for the couple to be aware that the couple and the therapist are in the change process together. The couple need to have the same level of commitment as the therapist. Some therapists impress upon the couple that their previous experiences of good relationships in life lay a solid foundation for the change process. The couple needs to understand that there is a vital link between their adult part and their child part, so as to be willing to engage fully in the process.

The couple therapist can facilitate the couple's change process in a variety of ways: They may make suggestions for the couple to improve their communication skills, and they may model better ways of relating and communicating. Ground rules need to be agreed such as avoiding criticism, and being non-judgemental. In general, the therapist helps the couple to achieve more

mutual acceptance, to listen to each other more effectively, and to maintain the flow of communication.

The interviewees agree that our relationships can affect our bodies negatively and positively, but they do not show much interest in bodily sensations. Some couple therapists approach the physical sensations of the couple in the context of the clients' medical condition, but there is some acceptance of the idea that there can be a link between the bodily sensation and the experience of the relationship problems. The interviewees do not often focus on the bodily sensations of the couples in their work.

Couple therapists attach great importance to feelings. They tune into the level of feelings all the time, and help the couples to be aware of and express their feelings. Some people are unwilling to express their feelings or they do not know how to express them. Showing emotions happens spontaneously; expressing them in words means struggling with communication skills. Often one partner is more aware of his or her feelings than the other. The therapist invites one of the partners to say what he or she feels about the other partner's feelings and to say also how he or she copes with the partner's feelings towards them. The therapist identifies the couple's feelings in order to help the couple to be aware of them.

A number of distinct themes emerged in connection with what couple therapists actually *do* in their work with clients. These included listening, questioning, and the use of particular techniques and strategies. It is often held that listening to the client is the most important element in counselling, and the data collected here provides some evidence that the interviewees share that perception. The couple therapists also help the couple to open up by the type of questions they use to explore the couple's issues. Further, some questions can create new pathways for change, loosen constraints, and open space for new thinking. Asking questions can be effective in helping each partner listen to the other while that partner

is answering the question.

It is often helpful for the couple to recognise how the other partner feels while a partner works with the therapist. Some partners are supportive of the other partner, but some react negatively. Although couple therapists work with one partner in front of the other partner they try to include the other partner to check what they heard, and how they feel about what the partner said. The therapist is concerned about the time balance that gives both partners equal time to speak. While working with one partner in front of the other partner, they have an opportunity to notice how the partner feels about their issues and to reflect on this.

Couple therapists use a variety of techniques and strategies apart from listening and questioning. For example, they may summarise, clarify and acknowledge what is going on. They may help the couple to understand their negative patterns of behaviour, and help them to separate out as individuals within the relationship, and take responsibility for their own behaviour and feelings. They may also make a plan of action with the couple.

This completes the analysis of the findings concerning standard couple counselling. In the following chapters I will turn to the examination of focusing-oriented therapy, and the possibilities for integrating this into the framework of couple counselling that I have explored in this chapter.

## **Chapter 6: The Basic Concepts of Focusing and Their Application in Focusing-Oriented Therapy**

### **6.1 Introduction**

In this Chapter I will introduce the main concepts of focusing, as these have been developed in the literature. I will then consider ways in which the application of these concepts can in principle make a difference to the practice of therapy. I will illustrate some of these points by reference to data taken from the recordings of focusing sessions that I made with Diploma students on the UEA course Focusing-Oriented and Experiential Psychotherapy. This Chapter provides the necessary conceptual background to the analysis of the interviews with focusing-oriented therapists in Chapters 8 and 9.

## 6.2 The basic concepts of Focusing

When people do well in psychotherapy, they pause and grope for words or images. They pay attention to an unclear, yet bodily-sensed aspect of how they are in a situation. They do not just think about the situation and they do not drown in emotions. They attend to what we call a “bodily felt sense of” a situation or problem. Words or images arise directly from that sense. What comes is often a surprise. A new aspect of experience emerges, a small step of change that brings a body response, like a slight physical easing of tension, or tears, or a deeper breath. We call this a “felt shift”. This kind of process is one “motor of change” in psychotherapy.

Focusing is an interaction in which clients can contact their direct experience in this manner. Focusing is a powerful experiential practice that has its roots in clinical research going back more than forty years when Carl Rogers and Eugene T. Gendlin at the University of Chicago, and some of their colleagues in coordinated research at other universities in U.S.A., Canada, the Netherlands, Germany, the UK, and Japan asked why some clients significantly improve in psychotherapy, and why others do not. The reasons they found are surprising and have nothing to do with the therapeutic orientation of the therapist or counsellor, be it psychoanalytic, humanistic, or whatever, nor have they anything to do with the kind of problem or content discussed in the session. It has to do with the internal process of these clients, with what they were doing inside themselves.

When these successful clients speak, *their speech is frequently more hesitant, their pace often slower in forming words ... they feel free to change their wording any number of times, even in mid sentence, and to correct previous statements.* It turns out that these clients check their words against the dimension of

a preverbal experiencing, and then further precision them, making them fit more exactly what they are feeling at the non verbal level of experiencing. As they do so new insight and new steps of forward movement emerge along the lines of whatever issue or problem they focus their inward attention on.

### **1) Focusing and the related capacity of attention**

There are two valid reasons for trying to understand better what Focusing and the related capacity of attention are. Personal and therapeutic change is highly dependent upon our ability to focus inwardly. Extensive research also shows that the ability to focus attention is not highly developed in most people, yet can become so with a little instruction and some practice (Gendlin et al., 1968).

### **2) Dictionary definitions**

Searching for the dictionary definitions of the word 'focus' I found that it means a central point of attention or attraction. It is also an activity of consciousness in which all elements or aspects converge in a focal point, *a centre of attention*. Psychologically speaking, Focusing is related to the processes of attention.

### **3) Body attention yet unknown to most people**

Focusing is a gentle, transformative process that one can use to bring clarity to one's life issues. In Focusing we pay attention to our whole body. This process is about a kind of bodily attention that is not yet known to most people. It differs from the usual attention we pay to feelings because it involves the body, and occurs in the zone between the conscious and the unconscious. Focusing is a way of listening to one's body with compassion and without assumptions.



#### 4) Attention

Attention is the directing of the mind on to an object of concentration. It is a capacity of the mind or consciousness which can direct its focus on a single object in the world, or within our own inward experiencing. In this sense, it is like a flashlight and we can freely choose to shine its light on whatever content we wish, inwardly or outwardly.

Attention can be “captured” by some inward or outward stimulus. This aspect of attention is why we are so distractible. The outer world can be highly stimulating. When I am taking a walk and thinking about something I have to do later on, I can lose my track. Suddenly I hear the sound of leaves and branches creaking, and I look around to see what has captured my attention. Then if it is a little squirrel for example, I start thinking about foraging for nuts, how soon autumn is coming, and off I go ... having lost track of my previous trend of thought. Both aspects of attention are used in the process of focusing on a felt sense.

On the one hand focusing teaches you *how to keep* a hold of something you feel inwardly and not get distracted. Yet at other places it will *invite you to gently notice* what is capturing your attention just now, what you are drawn to, or which issue most wants your attention. Human attentional process can be fragile, but its fragility can be used creatively, and it can become less fragile when you know how to keep a hold of a felt sense of whatever you are focusing on.

Since most of us are good at visual perception and focusing our attention on things that are before our eyes-out there in the world, I am going to use my own experience at the seaside in Kent as a kind of template to explain the basics of the *inward* focusing process. The principle steps in the visual focusing process will be encountered again in the inward focusing process.

*(1) Experience of outward focusing*

I was at the seaside in Kent gazing out on the horizon. A vast expanse of greenish-blue water and ever-shifting waves ... gradually *something began emerging* in the field of my awareness there in that mass of undulating greenish-blue water, *but I could not yet say what it was*. I did not know. It was still unclear. *But something was there, I was sure of it*. For some time I still did not know what it was..., it was getting closer and clearer ... but I still could not identify it. I noticed that *my body felt a bit tense* as I watched. But I kept watching and attending to it visually. It looked like a speck ... no, more like a ball. No sooner did I say “ball” than this mysterious object *shifted and showed another side of itself*. I asked myself: “Okay. How does it look now? It looked ... it looked like kind of ... long .... A ship? ..., no, too small for that ... I could see.” [Long pause] “Ahhh!!! ... ah ... yes, it was a large piece of drift wood!” It came closer, *and I checked again*. Right enough, I could see a root area and a branch, it was drift wood alright.

This is an example of focusing visually on some emerging object outside of me, out there in the world. It offers us an example of many of the same kinds of steps or moves used when turning our attention inward and focusing on some as yet unclear feeling of whatever we are focusing on. In the example just given, I am just sitting and watching the wide greenish-blue expanse of the sea, and for a little bit of time, before something begins to show itself a tiny little bit on the water’s surface.

I try to get a hold of what it is with some concept. I try to figure out what it is, but I can’t; no concept will fit it yet. But I trust that it will eventually come more clearly into view and show me what it really is. So I just keep observing, just keeping a hold of that tiny little speck, watching it gradually get larger and clear. I try again to say what it is ... it looks like a speck ... no, maybe a ball ... but then it shifts a little and it now looks distinctly different from a ball.

Most people check their outward perceptions like I did often enough. But extensive psychological research shows that most people do not check their own thoughts or words against their inward experiencing. This is the crucial process which makes therapy work, which can help us change, grow, come more into our own, and become more creative.

Looking at the steps, attitudes, and questions in italics in the example above, we pay special attention to the words in italics, because these kinds of steps go on in inward focusing as well.

- 1) *A space has been cleared* for focusing, opening up, and taking in the greenish-blue expanse. The reason for this was to get a sense of the drift I am just sitting comfortably there attending to the vast expanse *when something begins to emerge* into my awareness. I begin to notice a little speck on the horizon.
- 2) At first this little speck is *unclear, I cannot yet say what it is.*
- 3) *But I keep attending to it,* so I am sure something not water is there.
- 4) It moves closer and I slowly and progressively get more of a sense of what it is, but still it is not clear. *I try out different words for it.*
- 5) I notice that *my body feels a little tension* as I keep my attention on it.
- 6) I try out different words on it, “It’s a speck, a ball, no ...” and I keep waiting for the right word that fits.
- 7) I ask: “What does it mostly seem like now?” ... and I wait some more ....
- 8) It comes closer and *shifts,* showing a different side or aspect of it; it is “long”.
- 9) I notice a little *easing of the tension* in my body with this shift. I grasp more of what it is. I try another word [it’s a ship, maybe?].
- 10) Finally, *Ahh!!* ... It is a large piece of driftwood. I notice the tension is released, a shift of energy felt very subtly but definitely in my body.
- 11) *I check again* as it comes closer. [Right enough, it is drift wood.]

*(2) Paying attention inside*

‘Paying attention’ to these little movements is an invitation to shift awareness from habitual thoughts and distractions to what is happening in the body right now (e.g. Gendlin et al., 1968). This redirection of attention often helps the client experience a quiet internal space, separate from his or her usual thoughts and opinions. Hence the reason for suggesting to clients at the very beginning of a session to just take a moment to check and see, “*What feels important or meaningful today....*” or “*See if there is anything there that wants attention today ....*”

*(3) Focusing on a felt sense*

Focusing on a felt sense uses basically the same steps I used in my experience at the seaside in Kent. In the inward act of Focusing, you turn your attention inward to a spot, a place that feels as yet unclear, some stirring of energy, some disagreeable feel of ..., that you cannot yet name; some odd sense of discomfort. There is a bodily felt quality to it, however subtle. This unclear kind of body sense is called a ‘felt sense’ in the practice of Focusing.

The idea of a felt sense is not new. Research (Gendlin, et al., 1968) shows that successful clients check their words and phrases against it and modify them to communicate it more precisely. The felt sense is used in the creative activities of artists, philosophers, scientists, therapists and so on. We all tap it unknown to ourselves, at times, as illustrated in the following examples.

*(4) On the tip of the tongue*

There are times when I am trying to say something but the right word will not come. I hem and haw, and groan, but it just will not come yet. My body feels tense because it cannot say it yet - but wants to, yet it feels the meaning, and

awaits the right words. This is a felt sense. It is a felt meaning more exactly, without the word. When the right word comes, it is satisfying, and the body shifts and relaxes, or feels a release of energy (Lou, 2008, p.79).

*(5) Forgetting a person's name*

Another closely related example is seeing someone I know at a party, but I cannot recall their name. Yet I know them, I *feel* who they are, the word, or rather the exact name has not yet come, there is only the felt sense of that person. When the name comes, again there is a pleasant if subtle bodily shift (e.g. Gendlin, 1978).

*(6) The forgotten dream*

I wake up in the morning from a dream, but I cannot remember it at all. There is only a murky residue of a dream, a kind of felt mood, and it can tell me if the dream was scary, or very pleasant, or what have I. If I stay with this murky residue left by the dream, keeping a hold of it for a while, *focus* on it, sometimes I cannot get the dream back, but I feel the body sense of relief when you do (e.g. Gendlin, 1986)

*(7) The poet writing the poem*

When a poet feels the urge to write, and before the words have come, he or she feels some urge to let words form about something. They sit down with that feeling, keep a hold of it, and wait for the words to come, for the pen to start moving. Often they will cross words out as they check them against something felt very exactly - and yet is still awaiting the words that fit or match it exactly (e.g. Cornell, 1996).

Artists in search of the right colour, musicians in search of the right tonality or chord, intuitive scientists in search of the right kind of concept also

frequently visit this zone, although it can often happen haphazardly for them because they do not know the focusing steps that can help them go there anytime they choose and get a hunch, an intuition, or inspiration for whatever it is they are in search of.

In all these fairly common examples of having a felt sense, it is to be found at a level before words and other kinds of expressions form, and it is a felt touchstone against which words and other kinds of expressions are checked.

### **5) Central to the focusing approach**

The felt sense is central to the Focusing approach. It is felt within the body, and contains everything we know regarding a situation. A felt sense is not an emotion (Gendlin, 1996). The felt sense contains within it much more than we can think or emotionally know about a situation. The felt sense of a situation or problem is usually vague and unclear when it first forms. You can sense that something is there, but it is hard to put a name or a word on it. The felt sense brings the exact word, image, memory, understanding, new idea or action step that is needed to solve the problem. When the felt sense has revealed its content the physical body will experience some tension release, and the felt sense will change. This release is telling us that we have heard the message and the deep meaning of our felt sense. When trying to solve our problems with what we already know, think, and feel, we may find that we are going in circles. However, from the felt sense something new can emerge and real change can happen. The discovery of the felt sense is a breakthrough in the field of psychology. It includes behaviour, emotion, cognition, and it goes beyond them to reach a deeper level of awareness and insight in a whole body sense. In summary, we can say that a felt sense is a body sensation that has meaning.

## **6) Example of a felt sense**

In the course of my study in England there were times when I was sitting in a room full of people, mostly native English speakers. Each person had to take turns speaking. As the turn was coming closer and closer to me, I started to feel a tightness in my stomach like a rubber hose that is tighter and tighter.

If you function only with emotions, then fear is fear. It is just fear, no more. But if you function on the felt sense level, you can feel that the fear you have right now is different from the fear you had yesterday. Yesterday my fear was like a cold rock in my stomach. Today's fear is like a pulling back. As I stay with today's fear, I start to sense something like a shy creature pulled back into a cave. I feel that by sitting with it long enough, I may find out the real reason for being scared.

A felt sense is often subtle and as you pay attention to it you discover that it is complex (Cornell, 1996). We have a very specific vocabulary for emotion that is always the same, but every felt sense is different. No other approach talks about the felt sense. Focusing brings this new dimension which is not an emotion, not a thought, but a subtle quality that is concretely felt within the body.

## **7) The formation of a felt sense**

When a client is sitting quietly, looking inward, feelings begin to emerge that are connected with particular pieces or memories of a person's experience. These vague, and at first unclear feelings are called the felt sense. The felt sense is often at first unknown - like noticing "butterflies in your stomach" connected to 'something', but definitely experienced physically or viscerally, and related to feelings and memories that interact with our current life situations. A felt sense is wider than an emotion - it contains the 'whole' of the story - and leads into new insights and positive steps toward resolving problematic issues (Gendlin, 1992).

The day I was planning to meet someone for dinner comes to mind here. The person phoned to say that he could not make it. I felt ‘something’ about that ... but I didn’t know what. Maybe the feeling was ‘something like’ ... anger ... or disappointment ... or maybe hurt ... or jealousy ... As I sat with this intricate mix of feelings, I sensed a particular tightness in my stomach. This whole sense of tightness is the felt sense of ... ‘*All about the missed evening...*’

### **8) Helping the felt sense to form**

The therapist assists the client in helping the felt sense form by asking open-ended questions.

Therapist: Can you check and see ... What is the feel of this whole thing ...? (issue, situation, problem). Or What is it about all this (issue or concern) that makes it feel so ...?

The client quietly waits ... listens ... allowing the subtle bodily feel of the issue or situation to form. Words or images begin to emerge that gradually capture the exact feel of the whole issue. It feels edgy ... or like a knot in my stomach ... or it’s like I am sinking into a hole....

### **9) Facilitating Questions**

Here are some facilitating questions that a Focusing Oriented Therapist might gently pose to a client.

- “Would it be okay to take a moment ... maybe sitting quietly ... to sense what your body has to say about all this ...?”
- “Maybe notice ... where that is in your body right now ....”
- “See if you can sense ... what you are feeling about all that ....”
- “Would it feel right to take a moment and ... just sense into that anger ...?”



## **10) Finding a ‘fit’ or a ‘match’**

As the client continues to ‘sit with’ the emerging images, and words, which are sometimes called Handle words and images, there is an ongoing checking to notice if there is a fit or match between the feeling (the felt sense) and the words or felt-pictures. The client is asking or sensing inwardly: “Is *this* right? Is *it* edgy?” ... or “Is *it* more like ...” The client is experimenting, waiting for the right felt-word that describes the inner sense of knowing: “Yes, *that’s* it! It *is* edgy.”

## **11) Experiencing a felt shift**

This “ahha” moment, when the client experiences a sense of felt-knowing: “Yes, that’s exactly what it feels like” is called a felt shift, and is experienced as a physically-felt release of tension and easing in the body. There is an absolute feeling that something has changed, or shifted, not necessarily in the problem or issue, but in how the problem is “carried” in the body. In addition to a feeling of relief or “fresh air”, a felt shift is often experienced as new knowing, like a complicated puzzle suddenly falling into place, or a new stream of words and images that prompt a movement toward new possibilities for change.

## **12) Receiving**

At times during a session or as a session is coming to a completion, we may invite the client to notice “where he or she is” right now. Whether it is a shift in feeling tone, an unexpected insight, or a fresh understanding, the client is encouraged to pause and appreciate whatever forward movement or new opening may have come, even if a small one. The therapist might also guide the client to notice how this new knowing *fits* into the client’s life in relation to the presenting issue, perhaps trying on new possibilities to see how these inner shifts might help the client move forward toward possible action steps and change.

### **13) Carrying forward and the implied next steps**

A felt sense of something occurs at the mind-body interface, inside you. It is neither clear like an emotion nor a thought, but has an unclear quality at first, and when it shifts and opens, its detail can be seen with clarity. Words or other expressions that fit it exactly help carry it forward into little next steps.

This is not just positive thinking. There is an implicit forward moving direction in anything natural and living. The body just like anything in the natural world is an intricate mesh with the world, with the earth and myriad other living beings. You cannot really separate lungs and air and trees, they all imply each other. Take away the trees and there wouldn't be much air around. Take away air from the world and there would be no lungs. Similarly eating implies digestion which implies digestive juices, which implies hunger pains in the stomach, which implies food, which implies digestion, nutrients in the blood stream, which implies excretion, which implies earth, which implies water, sunshine and air, and ... so on. Our felt-sensing naturally has the same implying of next steps. Because of this something deep within our experiencing is always wanting us to grow more, change, develop. Jung said, "Everything living dreams of Individuation" (Smith, 2007, p.294). Carl Rogers said that the *directional tendency* of human beings is an instance of what nature does, he called it *self-actualizing tendency*. Hence focusing on a felt sense is a way of tapping this natural forward moving tendency for person and relationship growth, for creative problem resolution, for gaining insight and better understanding of ourselves and others.

### **14) The focusing attitude**

In the focusing process after you are aware of the felt sense, you pay some attention to it. You become friends with it. Through this interested curiosity about the felt sense, you become open to sense what is there, but is not in words yet.

This process takes time. So you embrace this unknown place and cultivate patience, acceptance, curiosity and openness. Slowly you start to sense more. This can be like coming into a dark room and letting your eyes getting used to the darkness. As you welcome the darkness you start to become more sensitive to your environment and sense more. You are not trying to change anything or do something. In Focusing we are interested in being with the felt sense and knowing it just as it is. Through this curious inner attention the felt sense will move, and will make steps as Gendlin said (Cornell, 2011). The inner world is not static. As you bring awareness to it, it moves to its next step.

The foundation for the practice of Focusing is what Gendlin refers to as the Focusing attitude - a way of being with ourselves and others that embraces an attitude of respect, gentleness, and compassion. As each issue or concern emerges, we are asked to welcome it with a non-judgemental and caring presence. The Focusing Oriented Therapist helps by modelling this attitude and by encouraging clients to develop this attitude towards their own experience during sessions.

### **6.3 How the focusing-oriented therapist makes therapy different**

It is evident from section 4.3 that most of the couple therapists encouraged their clients to communicate (85.7%, n=30, Table 11) through listening, empathy, reflection (74.3%, n=26, Table 11), therapeutic alliance (85.7%, n=30, Table 12) and a trusting environment (71.4%, n=25, Table 12), all of which were crucial elements to the success of couple therapy. These significant elements in couple therapy were also examined in the analysis of the tape recordings of the focusing-oriented therapy sessions.

All of the tape recorded sessions included the three elements of listening, empathising and reflecting which were used in order to help the clients to get in touch with their inner experiencing. More than a third of the tape recordings revealed that the therapists did in fact establish a good therapeutic alliance and a trusting environment leading the clients to open themselves safely and to stay with their felt sense. Reflecting, listening, empathising, a good therapeutic alliance and a trusting safe environment are all essential elements in both theory and practice.

Gendlin (1996, p. 297) emphasises that ‘without listening one is not really in continuing touch with a person.’ Reflecting has been variously called ‘reflections of feelings’ (Rogers, 1975, 1980), ‘clarification of feelings’ (Snyder, 1947), ‘active listening’ (Gendlin, 1970) and ‘experiential response’ (Gendlin 1968, 1974). Merry (2000, p.2) says that over 80% of Roger’s responses were empathic reflection of what the client had said. Purton (2004, p. 109) says the empathic attunement maintained with the client allows the client to follow a path which they sense is right for them. This close empathic following of a client is typical of FOT sessions. Timing and the tone of the therapist’s voice, for example, can make a difference in reflecting back (Purton, 2004, p. 101), and this was well revealed in the tape recordings, for instance, extract SG, (p. 216). When the therapists reflected

back what the clients said, the clients explored their feelings further and their felt sense changed and carried into a felt meaning. Clark (1990, p. 153) talks about the importance of paying attention to the bond aspect of therapeutic alliance. Gendlin (1996) alludes to the interaction as the most important therapeutic avenue. The therapeutic alliance is the part of client and therapist relationship that enables the client and therapist to work together (Clarkson, 2003). It (therapeutic alliance) is the crucial and sometimes the only relationship necessary for effective therapy (Dryden, 1984). Gendlin (1996, p. 289) stresses that safety requires therapists to establish trusting and safe environments with the acceptable norms of their boundaries. The interviewees resonate with Gendlin in his book, *Focusing*, (1978/1981/2003) that since Focusing is guiding the client from inside, the deeper level of self is always being invited to enter into the dialogue that is taking place between the client and the therapist. These elements which are important for both standard couple therapists and focusing-oriented therapists are important too when FOT is integrated into couple therapy. Gendlin (1996, p. 293) is quite adamant that carrying on in the wrong relationship is going to have adverse effects as well as undoing the good effects of any other therapeutic means. This section explores and discusses the way focusing-oriented therapists use these elements.

### **1) Client-therapist relationship**

There are three types of client-therapist relationship. Firstly, some clients bring negative feedback. They blame the therapist, get angry, feel nobody cares about them, complain that the therapist is not genuine, do not turn up for sessions, regret spending their money and seeing the therapist; thus they show their hurt feelings to the therapist. Secondly, some clients manifest positive feelings such as wanting to meet the therapist outside of therapy, raising sexual issues and so on.

Lastly, clients who remain neutral regarding the therapist speak about themselves but scarcely about the relationship. When the relationship between the client and the therapist is not going well the therapy does not work well. Gendlin (1996, p.289) says that ‘therapy is a plain real relationship between the two people.’

In therapy the therapist builds up a good relationship with the client, where unconditional positive regard is of the utmost importance. Gendlin (1996, p.297) provides a guideline for FOT: “In therapy, the relationship (the person in there) is of first importance, listening is second, and focusing instructions come only third.”

Gendlin highlights the profound significance of the basic and proper relationship in counselling and in therapy. He (1996, p.293) is quite adamant that carrying on in the wrong relationship is going to have adverse effects as well as undoing the good effects of any other therapeutic means. He (1996, p.297) is convinced that something wrong in the relationship should be nipped in the bud and get immediate attention while all else is put on hold. It is impossible to do therapy other than in the relationship. Provided the relationship is as it should be, therapeutic alliance can also be possible. The good relationship that the therapist establishes with the client determines the making of a good therapeutic alliance as well, so the two really dovetail and go hand in hand. The person-to-person relationship is the core relationship to create the therapeutic alliance. Gendlin is very clear on what the essence of working with another person is: it is as simple and as profound as being present as a living being. What matters is to be a human being with another human being, to acknowledge the other person as another being, and to be aware that you have to wait for that person to be in contact with you. He (1990, pp. 205 - 6) emphasises ‘being present’:

I want to start with the most important thing I have to say: The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, then we would

probably be in trouble. But, what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there. Even if it is a cat or a bird, if you are trying to help a wounded bird, the first thing you have to know is that there is somebody in there, and that you have to wait for that “person,” that being in there, to be in contact with you. That seems to me to be the most important thing.

Focusing-oriented therapists view therapy as a collaborative venture. Emphasis is placed upon eliciting what is true, real, and resonant for each client. A focusing-oriented therapist might at times offer viewpoints or interpretations to a receptive client. However, the client is always invited to check whether these ring true or not. They may also be a step toward mutual discovery of a new felt insight or self-understanding. While always respecting boundaries and the client’s own sense of what feels right, Focusing-oriented therapists may at times gently invite the client to pay attention to the interactions and relationship between the therapist and the client during a session. Sometimes sensing deeply into what happens between us and others can open a very helpful avenue of change.

## **2) Therapist-client interaction**

Purton (2004, p.150) does not favour separating Focusing as a procedure from the therapeutic bond with the client and quotes Clark’s conclusion that ‘Therapists using a heavily task-oriented form of therapy must be particularly careful to pay attention to the bond aspect of the therapeutic alliance’ (Clark, 1990, p.153). Everything the client and the therapist do in the therapeutic alliance is interaction. Gendlin makes it crystal clear that the therapist-client interaction is of eminent importance in FOT. He (1996) alludes to interaction as the most important therapeutic avenue, and its quality pulls up or pulls down all the other avenues since they all happen within the interaction. He (1996, p.283) laboured the point that interaction is always going on, whether it is spoken of or not. In this kind of

interaction the therapist is alert, alive, energetic and life-giving, accurate and clear in picking up and reflecting back and in leading the client through the different steps of the client's inner experiencing. The client's role is more passive, listening to the inner experiencing and letting what comes, come as it comes, tidying away the thoughts and feelings already there and making space for what is being expressed, and giving an attentive ear to the therapist's leads and reflections.

The therapeutic alliance is the part of client and therapist relationship that enables the client and therapist to work together (Clarkson, 2003). It is the crucial and sometimes the only relationship necessary for effective therapy (Dryden, 1984). The respondents in the previous chapter also provide evidence that the therapeutic alliance is an important factor in successful couple therapy.

### **3) The climate of safety and trust in FOT**

The tape recordings convey that most of the therapists tried to establish a trusting and a safe environment (71.4%, **Table 12**), taking into account the impact of the safe environment for the clients to be comfortable enough to explore their experiencing and for the therapists to be able to work effectively with them. This confirms what is said in the focusing literature (Purton, 2004, p.151). Gendlin (1996) emphasises that the client needs to be free and safe to express all his or her feelings. If the therapist's way of relating to the client does not provide a climate of safety and trust that puts the client at ease, it will be very difficult for an ill-at-ease client to explore his or her inner world. Gendlin (1996, p.289) stresses that safety requires therapists to establish trusting and safe environments within the acceptable norms of their boundaries:

Safety requires that the therapist will not act in response to a client's feelings of sexual attraction, or a client's report of unlawful behaviour. These things will not lead therapists to act as they usually would. To keep this safety unshakeable is part of the reality of a therapy relationship....the therapy relationship is rare and has another purpose. This makes it narrower in acceptable conduct, but deeper



than most other relationships.

When trust and a safe environment are established, clients can express all feelings freely. How can therapists create the climate of safety and trust in FOT?

Extract SH<sup>5</sup> exhibited a trusting environment, where gentleness and gradual pace prevailed throughout the session in tune with the client's readiness to explore his or her feelings or experiences.

- C1: Okay. I am just not quite sure what I am going to get into. I am a bit like Tony. I think I will perhaps just leave it and see what happens. Or I could reconnect with the Focusing I did yesterday. Or I could bring something up completely new and (Laughing) I am...Or could you connect with the Focusing I did yesterday?
- T1: It's okay. A sort of just to get into something there, we could just stay with these different options and see what comes.
- C2: Yea, but I don't know. [Silence] We have these different options. I don't want to feel put under pressure. I just want to make a choice.
- T2: I don't want to put you under pressure on what we are doing about your choice. Just whatever feels right [Appendix 31].

At T1 and T2, the therapist helped the client to notice what she was feeling right now and see if it was possible to simply let the feeling be there. The therapist kept holding the client, and noticed whether it was difficult or unfamiliar to let her feelings be there.

The style of safe environment in the transcripts was that of holding the client so as establish a therapeutic relationship in which the client could feel safe about exploring their feelings. In the extract SD, the therapist at T4 checked whether or not the client felt safe about exploring a situation.

- F1: I want to make some steps
- T1: A definite wanting to, to make some steps, but you don't know if you can.
- F2: And there is excitement in wanting to make the steps.
- T2: There is excitement in wanting to make the steps. Oh yes.

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<sup>5</sup> SH is a code in the transcript which was used when the tape recordings had been sorted out. The tape recording is coded from SA to SI.

- F3: There is fear about making them too (Voice breaking)
- T3: Mhm, mhm. So we have those two. There is excitement about making the steps. There is excitement about making the steps. There is fear about making them too. And you have fears about making them and fears bring tears.
- C4: (Crying) Yeah, because it is a big risk.
- T4: Yes. It is a big risk. So don't take that seriously, because it is a risk. Yeah, so can, is it okay to just stay around that place for just a short while? Or do you think a long while? There is a place there where you feel excited about making some steps, but you don't know if you can, afraid of making the steps, of where you are, a sort of sense the situation there.
- C5: (Weeping) I don't know if I am making the steps because I am ready for it and I really want to do it. Or is it because a part of me is pressurizing me to make that step? [Appendix 27]

The therapist in the transcripts did not criticise or jump into the client's situation to make the client take a step but was following the clients' experiential track, while maintaining the safe environment. In the extract SE the therapist at T2 was patient and waited until the client carried forward their process.

- C1: Mhm, mhm. And I can feel... I am not sure what it is because one is coming up stronger. And I think it could be the one that I should go with or that I don't want to. Or it could be for example this is the half one I am not sure which.
- T1: Okay. So there are two possibilities here, which or which?
- C2: Mhm, mhm.
- T2: Could you stay around that a minute to see which of those it might be, if you want to. There is a definitely not wanting to, because it is coming up here. It is coming up here [Appendix 28].

The extracts reveal that the therapists often led the clients to trust the felt sense, saying 'could you stay around that...'. The therapists did not analyse, ask why, judge what the clients had said, or control the direction they were going in. When a felt sense first comes, the client may neither know what it is nor what to call it. So it is important that the therapist leads the client to stay with the felt sense, to trust it and to listen to it.

#### **4) The listening process in FOT**

Perhaps the most fundamental skill which helps to make counselling different from other forms of communication is active listening, which is also the real starting point of the counselling process. Counsellors, listening for meaning, try to listen actively and accurately. Egan (2007, p.78) maintains that listening is both a skill and an eloquent metaphor for the helping relationship itself. He (2007, p.79) favours empathic listening which is conducive to the kind of attending, observing and listening required to get a good sense of the clients and their world. Carl Rogers eloquently addressed empathic listening in terms of being with and understanding the other. He (1980, p.142) describes it as follows:

It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever he or she is experiencing. It means temporarily living in the other's life, moving about in it delicately without making judgements.

##### **(1) Empathic Listening**

Counsellors, following Roger's description of empathic listening, listen to the moment-by-moment experiencing of the clients so that they can enter their world deeply enough in order validly and substantially to understand their struggles with problem situations and find opportunities for development. Experiencing is how we are, and how we feel in any given moment. If someone asks you, "*How are you,*" you can automatically reply, "*Oh fine, thank you, and you?*" Or you can actually stop, check inside, and ask yourself, "*Well, how AM I right now?*" What emerges is often more profound and truthful than what you would ever have imagined when you initially said, "*Fine.*"

## **(2) Reflective Listening**

Gendlin (1984b, 1986a) acknowledges that listening comes from client-centred therapy. Finding that some people do not listen, receive and check what they hear, he needed to specify listening in a form that he could distribute and teach. Gendlin calls it 'reflective listening'. In this specific form of listening there is a bit of inward movement with each step, and it can help us all to be more effective listeners. Gendlin teaches listening as repeating, that is 'saying back'. In this listening way, most people can hear and receive their own inward experience just as it is, and sometimes they can add something to it, improve it and put their meaning onto it. Gendlin (1984b, p.288) presents a specific form of listening:

What is listening? It is receiving what someone wishes to convey and saying it back to the person exactly as it was meant. One usually fails in one's first attempt to say a message back. The speaker corrects it: "No, that's not what I meant, it's . . ." The listener says "Oh, I see, you meant . . ." Even at the second try the speaker typically says "Yes, that's right, but not exactly - I mean it just this way . . ." "The listener grasps that too: "It's exactly this . . ." There is then usually a visible relief in the speaker. What needed to be heard has actually got heard. It was received. There is no need to say it over and over. Now there is a little silence usually. The person feels inwardly freed from what needed to be said, because it was said and heard. There is a freed space inside. Something new can now come up from deeper within the person. Usually it is a further bit of whatever the speaker is working on. If this new bit is again received by the listener, there is again a freed space inside. More and more further steps arise within the speaker. Aspects of the problems develop that are new to the speaker. A change process is inwardly experienced, step by step.

## **(3) Experiential Listening**

Experiential listening is more than simply repeating back what the client has said. A focusing-oriented therapist listens not just to the words, but also to the feelings and meanings that have not yet been articulated, but which are implicitly there. The therapist before responding, gets a sense of the client's meaning from using his or her own felt sense as a touchstone. Then from a place of "deeply feeling into" what the therapist senses to be the client's meaning, a reflection back

is made. The client is then invited to check for felt accuracy. The therapist may reflect back the exact words of the client or find words that point to the underlying 'feltness' that have not yet been verbalized.

The experience of being listened to is a freeing experience that triggers off forward movement. It is like opening the doors and windows of the house and allowing the fresh air to flow freely through the whole house. The person being really listened to can think more clearly, put words into his or her inner world, take a realistic look at issues, cope better in stuck situations, and move forward in his or her experiencing. According to Purton (2004, p.193) in the case of the client who is already engaging with their experiencing, the only help needed from the therapist is that active and accurate listening that keeps the client pursuing his or her own experiential direction. Focusing-oriented therapists pay attention to the client's expression of their whole inner experiencing, listen to its resonance, and echo words that insinuate the felt sense that has been communicated. If it does not fit right, the client corrects the therapist.

Therefore, in FOT, the listening process involves reflecting back and checking in to help the clients move towards their felt sense. The clients can check what the counsellors say against their own felt sense, and then continue to articulate, until they are satisfied that the words said fit exactly. Gendlin (1996, p.11) states that without the client's inward checking, the client's messages can become mere words. In the extract SH, at C13 the client inwardly checked what the therapist said back. What the therapist said back connected with what the client sensed concretely. However, from C11 to T15 the client could not find the exact right words. The listening process enabled the client to grasp what they were exactly.

**C1:** There is a kind of ... with that and it is a feeling... it's like I want to

take care of myself and I want to stand up for myself in a non-aggressive way, in an assertive way, but somehow, I stop myself short from going all the way.

- T1:** Okay. So you wanted to take care of yourself. You wanted to stand up for yourself. So something really stops you short of going all the way.
- C2:** Yeah.
- T2:** In that situation yeah.
- C3:** And I get really angry when that happens.
- T3:** Okay. And you get really angry when that happens. So do you have a sense right now of that stopping short situation?
- C4:** [In a more subdued voice] It is a sort of a fear. So it is fear. [Silence]
- T4:** Mhm, hum.
- C5:** It is fear that I will not [Silence]. It is fear that I will go into ... adopt an attitude of 'come off me' or something like that, because I am taking too much time.
- T5:** Mhm. Okay, that you are going into a [inaudible], because you are taking too much time.
- C6:** Maybe I haven't got the time. I have got to get on.
- T6:** Mhm.
- C7:** And I am frightened, ah, I am going..., I am going to be a nuisance.
- T7:** You are going to be a nuisance and that is like too embarrassing.
- C8:** It feels like if I. It feels as if I, if I carried on, it would be pushing too far.
- T8:** [In a very low voice] Mhm, mhm. A kind of pushing too far.
- C9:** And I would be unreasonable and they would see me as being unreasonable.
- T9:** [Very low voice] Unreasonable and would see you as being unreasonable.
- C10:** And so I have been frightened to confront that.
- T10:** Frightened to confront that. Fear that you are unreasonable. How does that feel when you have got that feeling in you?
- C11:** Shaky.
- T11:** Shaky.
- C12:** Quite shaky.
- T12:** Quite shaky.
- C13:** Not a big shaky, just slightly. Being shaky? Inside I feel it is just like that.
- T13:** Mhm, mhm.
- C14:** Ah, ah
- T14:** Is it okay just to be with that shakiness?
- C15:** Yeah. It just feels vulnerable.
- T15:** Just feels vulnerable [Appendix 31].

As the extract shows, listening is being with and holding safely whatever is going on inside a person, which is related to their experiencing although it is not clear what it means. At T1, T5, T7, T8, T9 and T15 the therapist is containing and

holding whatever is inside the client. In the extract, listening is letting the client check and be corrected. At C12 and C13 the client checked inside what was going on.

### **5) Application to couple therapy**

In FOT, first of all, through listening the therapist is in psychological contact with the client. Gendlin (1996, p. 297) emphasises that ‘without listening one is not really in continuing touch with a person’. Secondly, in listening the therapist is being with whatever is inside the client, and then the client can get in touch with his inner world. Listening is a way of helping clients go into inner experiencing and form a felt sense. Listening is also a way of helping clients contain and hold a felt sense and keep it company. As long as couple therapists work with couples by encouraging them to communicate (86% in the survey) and to listen (74% in the survey), this focusing-oriented, reflective listening can form an essential foundation for couple therapy interventions. Couples who come to couple therapy often do not talk with and listen to one another in the rest of their lives, but here they are talking with and listening to one another in the couple therapist’s presence.

### **6) Reflecting back influences inner experiencing and processing in therapy**

In this section, reflecting back is considered in the specific case of the transcripts in order to explore how reflecting influences the client’s inner experiencing and processing in therapy. Reflecting has been variously called ‘reflection of feelings’ (Rogers, 1975, 1980), ‘clarification of feelings’ (Snyder, 1947), ‘active listening’ (Gordon, 1970) and ‘experiential response’ (Gendlin, 1968, 1974). Rogers was instrumental in developing reflection into a feeling technique, thus enabling the client to feel understood, with the outcome of greater emotional

clarity and a sense of self. Prouty (1994, p.13) says that Otto Rank, the original developer of reflection, used it as a cognitive method and the therapist reflected the content of what the client expressed. However, in the *Person-Centered Review*, Rogers (1986, p.376) wrote:

From my point of view as therapist, I am not trying to 'reflect feelings'. I am trying to determine whether my understanding of the client's inner world is correct – whether I am seeing it as he or she is experiencing it at this moment.

Rogers used reflection to understand the client's inner world. While the mirroring function did not really enthuse him, he could still see its value to the client (Purton, 2004, p.49). Gendlin accepted reflection as his main therapeutic practice. In a paper published in 1968 entitled 'Experiential response' Gendlin conceptualizes reflection as an experiential response. In his view reflection facilitates the experiential process.

In an extract from SA, at T1, T3, and T4 the therapist just repeated or rephrased the client's statements that were expressing the felt sense. However, the response modes of reflection in the tape transcripts had far more depth and substance than mere duplicates of the client's statements. In extract SA, the response modes of reflection to what the client had said were simple and effective ways of facilitating the client's process of change. This fits in with Gendlin (1968) providing suggestions for therapist reflections that may further facilitate experiencing. After reflection at T1, the client's process changed.

**C1:** So if I just stay with that at first and try and get a sense of that [Long Silence] Okay, so I get a sense with the natural boundaries, the ones I feel I need. It has got this feeling where emu, emu (Coughs) creates a space, a safe space around my being. It is a funny feeling of [Silence].

**T1:** A safe space, a safe space around your being but it is vague anyway.

**C2:** Yeah, it is a bit vague feeling.

**T2:** Mhm.

**C3:** But though it is vague, it has got very strong ..... a strong feeling, strong lead possibly that strong sort of feeling ah and also it comes out like it is the feeling, it is sort of like valuing.



- T3:** Valuing.
- C4:** Valuing myself to put this around to protect.
- T4:** Valuing yourself to put this around for protection [Appendix 24].

The following extract from SF demonstrated that the client, having expressed what he or she was previously unable to express, moved on a step, when the therapist reflected back at T2 and T3. At T3 the therapist pointed the client's attention to a 'something'; this is another example of the therapist's reflection letting the client enter further into his or her own experience.

- C1:** Mhm ... mhm ... mhm ... My son is 9 today. And my mother, his grandmother, phoned up from my country, and so she spoke to him. And as she started talking to me, I can sort of understand her worrying about me coming here so far from home. And ah [Silence] (Sighs) and while I was talking to her, I a sort of I realised that I got to the (gave a half cough) the same nervous state that I used to get when we lived sort of very close, ah, to each other in my country. [Silence] Ah (In a laboured tone of voice) as you see I have quite a difficult relationship with my Mom.
- T1:** Mhm.
- C2:** And so she tried to control me all my life in small things. [Omission] And that here it sort of it suddenly appeared as like something very sharp and dark and.....
- T2:** Very sharp and dark it appeared.
- C3:** Yes, as if again like some sort of pressure was put on my shoulders and some sort of chain was around me. And ah [Silence], ah [Silence]. I couldn't express myself really, and I wanted to talk [Silence] to her but [Silence]
- T3:** Something you wanted to say to her.
- C4:** Yes, and I realised again this is a sort of wall and the small bad world would never get through [Appendix 29].

Examination of the impact of reflection on the client's inner experiencing and processing in the tape transcripts manifests that reflection is an essential helping response. Certain characteristics of reflection emerge from the analysis of the transcripts.

Firstly, reflection involves being present. The therapists in the extracts above sat comfortably across from the clients and did not make any assumptions

about the client's issues. They were a gentle non-intrusive presence. The therapists did not try to change the clients. When the therapists tried to be present to the clients, the clients soon began to speak, and then the therapists began to reflect back what they heard.

Secondly, empathic understanding was the guiding light throughout the reflection and the focusing-oriented therapy session. Merry (2000, p.2) claims that over 80 percent of Rogers' responses were empathic reflection of what the client had said. Purton (2004, p.109) wrote:

Such reflection maintains the empathic attunement with the client, and allows the client to follow a path which they sense is right for them. In focusing-oriented psychotherapy this close empathic following of the client occupies much of the time in most therapy sessions, and in some sessions it may occupy the whole of the time.

Most of the reflection in the transcripts was to focus on the clients' felt sense of a situation. The therapists were not trying to fit their clients' experiencing into their own categories, based on what they themselves understood from their clients' stories, and they were not trying to label a client's experiencing as a particular kind of feeling.

Thirdly, there is a strong connection between reflection and listening. Listening was seen to be a necessary element, as without it, the therapist could not reflect back to the client. The listening, connected with reflecting, safeguarded against analysing, thinking, judging and planning. The therapists in the transcripts used listening to further their clients' experiencing and focusing process by reflecting back what the clients had said after listening to them and with them. For example from extract SA, when the clients said, "*It is a sort of like valuing,*" the therapist said, "*Valuing.*" Then, the client said, "*Valuing myself to put this around to protect,*" the therapist said, "*Valuing yourself to put this around for protection.*" Thus, listening and reflecting back are like two front wheels of a car. They lead the

client to get in touch with the client's experiencing and to form the felt sense. However in the analysis of the transcripts only approximately half of the responses of the therapists were reflecting back: the therapists did not reflect back *everything* that the clients said. Most of the time, the therapists used reflecting after listening to the clients' inner experiencing including feelings. For example from extract SH, the client said, "*I am frightened, oh, I am going..., I am going to be a nuisance,*" the therapist said, "*You are going to be a nuisance and that is like too embarrassing.*" Or, the client said, "*And so I have been frightened to confront that,*" the therapist said, "*Frightened to confront that.*" Furthermore, in the analysis of the transcripts after the therapists had listened to the clients saying a lot, the therapists reflected back the last thing that the therapist listened to. For example from extract SH, the client said, "*And I get angry with myself, because, not with other people, I get angry with me because [Silence] I haven't done it. I have missed the opportunity or I don't know how to do this. I have let myself down. I have abandoned myself. (Then in a stronger, more aggressive voice) That is what I have done. I have abandoned myself,*" and the therapist said "*You have abandoned yourself.*"

Fourthly, in the analysis of the transcripts, reflection enhanced interaction between the client and the therapist. As the client experienced a felt sense, it was complex and undifferentiated. The interaction throughout the reflecting elaborated the felt sense from vagueness to clearer and more concrete detail. Particularly now that reflecting led to interaction, the client was able to confirm whether or not it was the right word to fit the felt sense of the issues or problems that the client was exploring for. For example from extract SC, the client said, "*It is a compassion. Yeah, it is allowing myself, holding that part, that I would allow myself to be kind to that,*" the therapist said, "*You need to find that. You need to be compassionate.*" Then, the client said, "*I think I found it. As you said, this is*

*me finding it.*” Thus, the interaction between the client and the therapist, when the therapist reflected back what the client said, led the client to felt experiencing and then the client went further with the felt sense and unfolded the felt meaning.

Lastly, in the analysis of the transcripts, reflection facilitated experiential process. Reflecting back can seem a bit strange, like being a parrot, or a tape recorder. However, the reflection here is different from just saying back what the therapists heard, because this kind of reflection is to help the client stay with their experiencing so that they can carry forward their experiencing. In this case, timing and the tone of the therapist’s voice, for example, can make a difference in reflecting back (Purton, 2004, p.101). In the tape recordings this was very well revealed. When the therapists reflected back on what the clients said, the latter explored their feelings further and their felt sense changed and carried into a felt meaning. For example from extract SG, the client said, *“I suppose, the worst of it is, or the worst of those two things is, that one is being completely out of control, which I can kind of handle. And I think, neither one is being really, somehow, like the outcome of the guilt would be, just feeling a kind of something, like ashamed, and more like ashamed and isolated together. I don’t really know. That is not so clear.”* The therapist reflected the felt aspect of the message, *“Mhm... It is a murky feeling, something like, a sort of being ashamed.”* The client elaborated further and said, *“Yeah. I think I can cope with the vulnerable side of things. (Therapist: Mhm). And it is like, it is familiar to be vulnerable, and I am okay with that, even though it is, being vulnerable is uncomfortable.”* The evidence from the analysis of the tape transcripts indicates that the therapist’s reflections facilitated the client’s experiencing, as the latter was able to take a new step after being able to put words or symbols on what he or she was previously unable to articulate.

## **7) Mirroring his or her language**

I have found that I do my clients a great service by mirroring his or her language. This is what Gendlin means by 'reflecting'. 'To reflect' writes Gendlin, is 'a rare and powerful way to let clients enter further into their own experience.' The therapist, in this way, is able to be with the client in a therapeutic way without imposing on the client. Gendlin, however, does not merely reiterate, but actively encourages the client to unpack those words or phrases which resonate, and, as he claims, prevents the therapy from leading to the dead-ends that result from mere talk. Besides, this kind of attending to language is much more than listening to mere content. It is listening to mood, to the 'felt sense'. When one is attuned to gaps, fissures and words that resonate, one can invite the client to unpack these words, and, almost magically, the client's dwelling within his or her own language creates a space for language to speak. The words or symbols come and speak what, before, was stuck and inarticulate. The process of meeting the client at the level of engagement, for me, begins with the facilitation of a therapeutic alliance in which I strive to hold the client with "unconditional positive regard" and mirror his or her language. By being with the client in a mode of active listening, I try to allow the client to move into his or her language, thereby making explicit what had been implicit. Eventually, when the therapy feels safe enough for the client and the timing is right, I make interpersonally-oriented interpretations regarding what is happening between us. I feel that the client's feeling of being safe in the therapy with me is truly an essential ingredient to any approach. I strive to make the client feel safe enough to be genuine and open with me.

## **8) Empathising**

In his 1975 paper, "Empathic: An Unappreciated Way of Being", Rogers

took a very close look at and assessed again the empathic way of being with another person. He ceases to use 'state of empathy', as he did in the definition of empathy in 1959, because he believes it to be a process. He (1980, p142) writes about the process of empathy rather than the state of empathy:

The way of being with another person which is termed empathic has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgements, sensing meanings of which he/she is scarcely aware, but not trying to uncover totally unconscious feelings, since this would be too threatening. It includes communicating your sensings of the person's world as you look with fresh and unfrightened eyes at elements of which he or she is fearful. It means frequently checking with the person as to the accuracy of your sensings, and being guided by the responses you receive. You are a confident companion to the person in his or her inner world. By pointing to the possible meanings in the flow of another person's experiencing, you help the other to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing.

Gendlin (1962) sees the flow of experiencing that is going on in the human organism as a referent that the individual can repeatedly rely upon in order to understand the meaning of his or her experience. For Gendlin, it is important that the therapist helps the clients carry forward their experience. Gendlin describes empathy as being sensitive to the felt sense which the clients are experiencing in this particular moment, so that they can focus on that felt sense and carry it forward to its full unimpeded experiencing. For this to happen the therapist reflects back to the clients what they said in relation to the client's experiencing. The clients check it against the ongoing psycho-physiological flow within themselves to see if it fits. For example, extract SA revealed this process well:

- C:** Yeah. A sort of vague as well. There is a sort of like a suffocating sort of feeling.
- T:** A suffocating feeling.
- C:** A sort of a feeling that wants..... if it is that one..... it feels just wanting to get free from me.
- T:** It feels like wanting something to get free.

C: Yeah, it's a sort of to get free, freer, yeah, that I am still hoping to get rid of it. Yeah, break, breaker, a sort of breaking it down yeah, to be free. I feel like breathing really, having that breathing feeling [Appendix 24].

In this case, 'a suffocating feeling' does not match the felt sense exactly. The client was able to use it as a referent. Thus she was enabled to carry it forward by the therapist's responses that encouraged the client to pay attention to the felt sense of her experiencing, and then she got a more exact felt meaning, 'to get free'. Empathy, which is at the heart of the therapeutic process is being fully tuned in to the client's experiencing, so that the client and therapist can together refer to 'this feeling' - the client's expression and 'what you are sensing here' - the therapist's expression (Purton, 2004, p.203).

Gendlin's (1996) 'focusing-oriented psychotherapy' is one approach to providing such a therapeutic context. Gendlin differentiates between 'therapy' and 'talk.' He understands that language is an embodied phenomenon, not mere words. One can talk with words without the words resonating for the person in a bodily way. When words tap into a 'felt sense' in the body, this means that the words have a deeper connection to one's experience. When one's words 'resonate' in such a bodily way, this means, for Gendlin, that one has come up against the murky edge of one's lived experience which is implicit. For Gendlin, any other talk in therapy leads to a dead-end instead of leading toward transformation of the whole person. The human being can be transformed when language speaks through the body, through one's attunement to what matters. To use Griffith & Griffith's metaphor, the client may shed light on those aspects of the 'forest' which had previously remained in darkness (Robbins, 1991). A previously constricted existence can be opened to new modes of engagement with others and the world.

## 9) Conclusion

I have tried to show that checking our own thoughts or words against our inward experiencing is a crucial process in effective therapy, which can help us change, grow, come into our own, and become more creative. Hence there are two sides to the felt sense which is central to the Focusing approach. The felt sense is to be found at a level before words and other kinds of expressions form. It is also a felt touchstone against which other words and other kinds of expressions are checked. We have a very specific vocabulary for emotion that is always the same, but every felt sense is different. Focusing brings this new dimension which is not an emotion, not a thought, but a subtle quality that is concretely felt within the body. Because Focusing is such an experiential method, it is easier to understand by doing, and difficult to describe. According to Gendlin (1996, p.1), “General descriptions do not convey Focusing. It differs from the usual attention we pay feelings because it begins with the body and occurs in the zone between the conscious and the unconscious.”

Gendlin sees therapeutic change as possible when we approach an issue from an unclear felt sense about the whole of it. As we stay with it, the next step naturally comes. If we start from what we already know, we will travel down the same old lanes. Focusing asks us to sense into what is present, complex, and implicit, like the feeling that we get from a piece of art that stirs up far more than we can immediately say about it. “Every experience and event contains implicit further movement. To find it one must sense its unclear edge,” (Gendlin, 1996, p. 15). He says small steps of change can come at these edges, and many small steps add up to real, lasting change.

For myself, I treasure Focusing as that thing which allows my deeper or unknown or confused parts to come into focus. Through Focusing I am touching



into my core in a way I have not previously known through the inner experiencing of it. Focusing is about forming and maintaining relationships. The therapist is to be fully present as a human being and not just as a therapist. The empathic moment is the moment of concentrated, deepened empathy during which the entire relationship often shifts. Focusing is a model of balance. It is non-authoritarian and non-hierarchical. It empowers the client to give the therapist or the listener guidance in the form of feedback about the level and accuracy of empathic listening. As a therapist, I trust the client to direct the process and to know how it should have been for him or her. I am there to listen, to keep company and to hold a safe space for the client to find his or her own right way. I will listen empathically so that he or she can feel heard, and so that he or she can listen to himself or herself empathically. I will be caring and accepting. This is what I believe helps the client to become all that he or she can be.

The essential aspect of this model, when using it with couples is to help each partner connect with their own authentic felt experience in a setting that creates safety and openness to express feelings, wants, and viewpoints. Through the use of experiential listening, the therapist ensures that each person not only gets 'heard' by the therapist, but models new and safe ways for the partners to hear, and 'take in' what each is attempting to communicate to the other. By learning to speak directly from a genuine inner place, using language that is non-blaming and non-judgemental, the couple becomes less defensive and less reactive, and more open to each other. They develop greater empathy for how the other 'carries' various issues, leading to more mutual understanding and deepened intimacy.

Communication is only effective to the degree that clients are able to contact what is real and genuine within themselves. Focusing oriented therapy provides a model for couples to do just that.

## **Chapter 7: Quantitative survey of the work of focusing-oriented therapists**

### **7.1 Target group and return rates of the pilot questionnaires**

The questionnaire was sent as an attachment by email to focusing teachers, counsellors and psychotherapists, registered in *The Focusing Institute 2006 Membership Directory* as of November 18th 2006. They were chosen because they had trained in Focusing or FOT. Of the total number of the 796 questionnaires sent out, there were 141 failed deliveries. Out of 796, 188 questionnaires were read up to February 12th 2007 (actually December 20th 2006 was the return deadline). My *daum.net email* demonstrates whether or not the email has been read. The total number of questionnaires responded to was 33. The figure 33 included 16 complete questionnaire responses, almost 48.5%. The low percentages were mainly due to this questionnaire not being relevant to the work or to the capacity of many of the respondents. The responses indicated that some of the respondents were neither psychotherapists nor counsellors, and that those who were, did not work with couples.

The data revealed how effective and helpful FOT is perceived to be in working with couples. Thus, this questionnaire can be sorted into three categories: 1) The extent to which focusing is used when counselling couples or when dealing with marital relationship issues. 2) The effectiveness and appropriateness of Focusing in working with couples. 3) The possibility of teaching Focusing to couples to improve their relationships.

## 7.2 Analysing the data

The following questions are relevant to the extent to which Focusing is used when counselling couples: Have you used Focusing when counselling couples or when dealing with marital relationship issues? Do you use Focusing overtly as a therapeutic approach in your work with couples? Have you worked in that way with couples using Focusing during the session? Do you work mostly with couple problems? The results of the data can be found in **Table 14**.

**Table 14. Analysis to investigate how widespread the use of the focusing-oriented approach is in working with couples** (%)

Questions:	Yes	No
Have you used Focusing when counselling couples or when dealing with marital relationship issues? (i.e. whether or not the interviewee uses Focusing)	56.2	43.8
Do you use Focusing overtly as a therapeutic approach in your work with couples? (i.e. if yes, in what way – as a therapeutic approach?)	31.2	68.8
Have you worked in that way (with couples using Focusing during the session)? (i.e. whether the interviewee uses the focusing approach during the counselling session)	56.2	43.8
Do you work mostly with couple problems?	12.5	87.5

Analysis of the data revealed that 87.5 (n=29) % of the respondents did not work mostly with couple issues or problems, whereas 12.5 (n=4) % of them did. 68.8 (n=23) % of the respondents worked mostly with individuals, and only occasionally with couples. Despite the fact that the analysis of this category revealed that FOT was not explicitly and actively used to deal with relationship issues, 56.2 (n=19) % of the respondents have used Focusing when counselling couples or when dealing with marital issues. The same percentage of the respondents has worked in that way with couples using Focusing during the session. Thus, although counsellors and psychotherapists who work in the FOT orientation were not very much involved in couples' issues and did not work much with couples, more than half of the respondents had had opportunities to work with couples. These figures raise questions as to how interested focusing-oriented

counsellors are in working with couples or dealing with couples' issues and as to how they use FOT when counselling couples or when dealing with couples' issues.

Belonging to the second category, concerning the effectiveness and appropriateness of focusing in working with couples, are the following questions. Was the focusing-oriented approach effective? And do you think that focusing is appropriate in working with couples? The analysis of the data presented in **Table 15** demonstrates the therapists' views about the effectiveness of using FOT in working with couples and the possibility of applying FOT to couples' issues, or of integrating couple therapy with FOT.

**Table 15. Effectiveness and possibility of using FOT in working with couples** (%)

Questions	Yes	No	No Answer
Do you think Focusing is appropriate in working with couples	100	0	0
Was FOT effective?	56.2	0	43.8

The analysis of the effectiveness of FOT in working with couples in **Table 15** revealed that 56.2 (n=19) % of the respondents answered positively. This figure means that 100 (n=33) % of the respondents who have used Focusing when counselling couples or when dealing with marital relationship issues as shown in **Table 14** experienced that Focusing was effective in working with couples. Four respondents made significant comments on this answer:

- Roger said, *“I feel that in couples’ work it is usually more powerful and practical to facilitate a basic level of expression of feeling and the practice of uninterrupted listening to the other partner, followed perhaps by summarising what has been heard.”*
- Richard said, *“Couples who have been feeling distant, disconnected, often find themselves surprised by how close feelings of intimacy can be once they speak from their felt sense and listen to each other in supportive ways.”*
- Stephen said, *“It was helpful in developing listening skills and empathy.”*

- Maria said, “*It was effective mostly because the clients were able to identify their own ‘felt sense’ that emerged especially in repeating patterns within their relationships.*”

According to their comments, it is effective to use Focusing in relationship issues, because Focusing not only facilitated the level of expression of feeling and the skill of listening with empathy to the other partner, but it also identified their own felt sense that emerged in repeating patterns or mal-cycles within their relationship. Furthermore, 100 (n=33) % of the respondents believed that Focusing was appropriate in working with couples. These comments and figures do raise the question of what factor(s) in Focusing apply to couple counselling and why Focusing is appropriate in working with couples.

The third category, regarding the possibility of teaching Focusing to couples, asked the following questions: Have you taught Focusing to couples to improve their relationship? And do you think that it is possible for couples to use Focusing themselves during the counselling session? **Table 16** reveals that 31 (n=10) % of the respondents had taught Focusing to couples. However, considering that 56.2 (n=19) % of the respondents had worked with couples in **Table 14**, 25 (n=8) % of the respondents therefore worked with couples without teaching them Focusing. Furthermore, 81.2 (n=27) % of the respondents believed that couples could use Focusing themselves during the focusing session. This figure raises the questions of how couples can be taught Focusing during the counselling session and of how couples can themselves use Focusing during the counselling session.

**Table 16. The possibility of teaching Focusing to couples** (%)

Statement given:	Yes	No
Have you taught Focusing to couples to improve their relationship?	31	69
Do you think it is possible for couples to use Focusing themselves during the counselling session?	81.2	18.8

### **7.3 Summary**

Firstly, only a few of the focusing-oriented counsellors worked with couples and dealt with couples' issues. Most of them worked with individuals. Secondly, the respondents who have worked with couples reported Focusing was effective to work with couples. Moreover, the respondents all believed that Focusing was appropriate in working with couples even though they did not mostly work with couples. Lastly, most of the respondents supported the experience that couples could be taught Focusing to improve their relationship and that they could use it themselves during counselling sessions. There are some questions which arise from this result of the survey:

- How do the counsellors use Focusing when counselling couples?
- What factor(s) in FOT apply to couple counselling?
- Why is FOT appropriate in working with couples?
- How can couples use Focusing themselves during the counselling session?
- How can couples be taught Focusing?

## **Chapter 8: Focusing-oriented therapy with couples: A qualitative analysis of the FOT interviews**

### **8.1 Introduction**

The evidence in **Section 7.1** indicates that most of the surveyed focusing-oriented therapists who worked with couples responded that the focusing approach was effective in working with couples. Furthermore they all believed that the focusing approach was appropriate. Here are some of the reasons they gave for why the focusing approach was effective and appropriate in working with couples. It was found to be both instrumental and practical in eliciting a concrete expression of feeling and in easing the practice of attentive and uninterrupted listening to the other partner and then recapping what had been heard in couple work. Furthermore, couples who were feeling distant and disconnected were amazed at their close feelings of intimacy as soon as they began to speak from their felt sense and to listen to and support one another. The focusing-oriented approach was able to help couples to express their feelings, get in touch with their felt sense and listen uninterruptedly to one another.

However, according to this survey, only a few of the therapists who worked with clients in the focusing-oriented approach worked with couples. This means that the focusing approach to working with couples is in its infancy, and that it is important to explore its validity in working with couples, and consider how a limited number of therapists did work with couples using the focusing approach. Inviting these therapists to share their experience of working with couples was invaluable.

Through interviews with the focusing-oriented therapists who had

worked and were working with couples, the nature of a focusing approach to working with couples could be demonstrated. All the focusing-oriented interviewees held that the focusing approach worked for couples. This chapter then explores how the focusing-oriented therapists work with couples in the focusing approach, how the focusing approach helps them work with couples, and whether or not there are elements in the focusing-oriented approach that makes for successful couple therapy.

As in Chapter 5, the main IPA analysis presented in this Chapter involves the extraction of themes from the interview data, the noting of sub-themes and the interconnections between themes. Each theme is illustrated by quotations from the interview data, and is followed by a narrative summary. At the end of the Chapter the themes are drawn together in an overall narrative summary of the findings (Section 8.7). The main themes and sub-themes are as follows:

### **The influence of Focusing on the counselling work**

#### **How the therapists understood FOT**

- Ways of defining FOT
- Understandings of Focusing
- Understandings of the focusing attitude
- Understandings of the ‘felt sense’ and ways of working with it
- The relationship between Focusing and listening
- How Focusing facilitates self-acceptance

#### **Applying FOT to couple work**

- Views on the reasons for positive outcome in FOT
- Different ways of working with couples in FOT
- How FOT makes a difference to couple therapy

#### **Teaching Focusing to couples**

#### **Views on the limitations of FOT in working with couples**



## 8.2 The influence of Focusing on the counselling work

WFS20 knew nothing about Focusing when she began to train as a counsellor. After one year of training in counselling she learned Focusing for herself. She said, *“I learned to do it myself for myself. And once I learned it for myself, I wanted to teach it to everybody because I found it so helpful [Appendix 17].”* Once she learned Focusing, she was able to say, and she still says, that her usual feelings are what helped her. In other words, Focusing helped her to deepen her good feelings and to work with her difficult feelings. She repeated, *“If they are good, Focusing will help me deepen them. And if they are difficult, Focusing will help me to work with them [Appendix 17].”* Focusing taught her to like herself so that she could keep herself at peace. Whenever visiting lecturers asked her what she found helpful about Focusing, her answer was always that *“Focusing has enabled me to live my life in peace [Appendix 17].”*

WFP17 trained in Focusing many years ago. It was a massive change in her life and in her work. *“It has become very much, so much a part of me that it is really hard to separate it out [Appendix 19].”* Her training was in individual psychotherapy, so she used to find it hard to deal with more than one person at a time. However when she added Focusing to the individual psychotherapy, she found that *“Just as I could hold the different parts of myself, so I could hold more than one client at a time [Appendix 19].”* WFP17 stated that Focusing helped her to become aware of her body and to respect the client she worked with in a new way. She encouraged the client to draw on his or her felt sense.

*“I mean I probably have more or less covered it all. It will help me to become aware of my body. It has helped me to respect the people I work with in a new way. It has also enabled me to draw on my own felt sense when I am with people and I encourage them to do that [Appendix 19].”*

MFR10 described how Focusing helped him. It enabled him to slow down and to check out what was going on with him, which made it less likely that he was going to get hooked into someone else's process without being aware of what was going on in himself. So he said,

*“I know what is happening in this relationship where I am. This person is very upset and I am feeling something going on in me. I need to check what is going on in me. If I am angry at this minute, what's going on here? ‘Counter-transference, Yes.’ How do I deal with it? For me, I need to slow down. And Focusing helps. Adding Focusing to the process work helped me to slow down and to notice things [Appendix 23].”*

Focusing helped MFR10 to notice if he was being judgmental. In terms of practice, it helped him to notice things and to know whether to put them aside or to introduce them. But mostly he thought that Focusing was about space and gentleness and unconditional positive regard.

*“I wouldn't want to be judgmental whether I was a focusing client or a therapist or not. But what Focusing helps me to do is to notice those judgments when they are there and to take some action to put them aside or to bring them in, if I feel it is appropriate to bring them in. But mostly I think it is about space again and gentleness. You could say unconditional positive regard. They are there already [Appendix 23].”*

MFI16 had the focusing-oriented approach always there at the back of his mind. There were times when MFI16 was working in therapy that he wanted actually to *do* a bit of Focusing. But the focusing-oriented *attitude* was there all the time.

*“I think it is always a good idea to have a focusing-oriented approach in there at the back of your mind, to have it waiting at your side to use it. Working in therapy there are times when I want to do a little bit of Focusing or to have the couple do a bit. The focusing-oriented attitude is there all the time. It is not something that is there some of the time and not there at other parts of the time [Appendix 20].”*

It is evident from the data that Focusing helps counsellors to be aware of

their own feelings in counselling. Once the counsellors and the couples learn Focusing they are able to say that their usual feelings are what helps them. Focusing helps them to deepen their good feelings, and to work with their difficult feelings. It also teaches them to like themselves so that they can live their lives in peace.

In terms of practice, Focusing helps the counsellors to notice if they are being judgmental and whether it is appropriate to leave aside the things they notice or to bring them in. The interviewees suggest that Focusing is about gentleness, spaciousness, and unconditional positive regard. They believe that Focusing enables them to be with situations in their own relationships. For MFR10 people listening deeply to each other is the key point. Therefore, couples can use Focusing beneficially to hear one another. The focusing-oriented *attitude* is there all the time, not just sometimes.

The importance of the counsellors being aware of their own feelings can never be overestimated. This awareness enables them to use their feelings to respond more constructively within themselves and towards others. Pellitteri et al (2008) state that when counsellors spend time checking in with their own feelings, they get into the habit of doing it with others. Furthermore, Focusing helps the counsellor to check out what is going on with the client as well as in their own feelings, by becoming aware of their body sensations. This process makes them slow down so that they are not likely to get hooked into a client's process without being aware of what is going on. Thus Focusing helps the counsellor create a safe environment. It also helps the counsellor to be gentle and to have unconditional positive regard rather than having judgmental attitudes.

### 8.3 How the therapists understand focusing-oriented therapy

In this section I will investigate the therapists' views about what focusing-oriented therapy involves, and how it is related to Focusing and the focusing attitude. I will then analyse further the emerging themes of 'felt sense', 'listening' and 'self-acceptance'.

#### 1) Ways of defining FOT

MFE14 defined FOT as, "*getting the clients to connect inside or within and to listen to their whole body wisdom.*" The whole body wisdom is not just what the mind thinks that it knows. He said, "*It is listening to the whole system in getting that whole body wisdom which is something a lot of people never do [Appendix 21].*" People are surprised when they connect with that felt sense. The answers they get surprise them and yet they make sense answers in their own way. He believed that "*Focusing is about working with the inner relationship and developing it and starting it sometimes [Appendix 21].*"

MFP10 defined FOT as "*working with and often forming a felt awareness of the client and their situation*", adding, "*They are working in such a way as to encourage the client to calm down and to allow process to happen [Appendix 22].*"

WFS20 defined FOT as guiding the client from inside. She stated, "*In the long term, I want them to be able to focus when they deal with their own problems and guide themselves from the inside [Appendix 17].*" She stated that 'guiding from inside' meant from the felt sense, and that this was Focusing. What she wanted for the clients in the long term was that they would discover their own felt sense, their own inward source.

*"The one that comes to me about their problems, what I am wanting for them in the long term is that they will discover their own felt sense, their own inward source, and that they are able to live their lives out of that.*

*They are able to receive guidance from within themselves. Meanwhile, I would be teaching them the focusing attitude. The more I am doing that myself, the more I am with them, moving around in that way [Appendix 17].”*

WFP17 defined FOT as using the focusing attitude and being aware of the felt sense.

*“I would be using the focusing attitude of curiosity and compassion, aware of the body with its felt sense and directing people towards the felt sense. If I were working with individuals I would perhaps teach them more of the focusing steps [Appendix 19].”*

MFI16’s definition of FOT was similar to WFP17. He defined FOT as using the focusing method and the focusing attitude. MFR10 defined FOT as gentleness and spaciousness, saying that it came with the listening. He said, *“The first thought that comes to mind is that there is gentleness and spaciousness in that, which are what I like about it, and it is a thing that comes with the listening [Appendix 20].”* He stated that the gentleness and spaciousness unfolded from the felt sense. *“Allowing the space for things to unfold at the pace of the client and I feel I ought to say something about the body in there and the felt sense in there. And yet strangely, they never worked for me [Appendix 20].”* When the body sensation is missing, the client can, for example, be helped along by a suggestion such as: “Could you try to sense how all that feels in your body?” or: “How does your body react to that?” or: “Is there a sense in there about...?” The kind of gentleness and spaciousness seem to be quite important because they allow subtlety and they help the felt sense to emerge.

A client who does have body sensations but nothing else may be asked: “which emotional qualities are present in this situation?” “Does it feel like something threatening, or pressing, or pleasant, or which emotional tone does it have?”

The link with the situation in the client's life should always be established if one does not want to get stuck in a series of vague sensations which lead nowhere. The situation can be elicited by questions such as: "What in your life feels like that?" or "Do you have a feel for what this is about in your life?"

A full felt sense usually unfolds through different components: a) body sensations; b) emotions; c) external situation; d) symbols or images. Clients have their own preference for starting with a specific component and for stressing certain elements. A felt sense comes to completion by letting the connection between body sensations, emotions, external situations and symbols take place. This process of unfolding results in a feeling of relief, a bodily felt experience of something having been freed, whereby a new surge of energy is felt. Real therapeutic change always carries with it the characteristics of this process.

When the various elements do not unfold spontaneously, then the therapist has to evoke the missing components in order for the felt sense to become fully present. A therapist who is alert to a missing component is able to lead the stagnating process towards renewed movement.

In this section there are several definitions of FOT that give us an insight into the way the focusing-oriented therapists work with their clients. The interviewees describe FOT:

- FOT is defined as getting the clients to connect inside and to listen to their whole body wisdom. It is listening to the whole system in getting that whole body wisdom, which is something a lot of people never do.
- FOT is working with and often forming a felt awareness of the clients and their situation and working in a way that encourages the clients to calm down and to allow process to happen.
- FOT is using the focusing attitude and being aware of the felt sense. It is

using the focusing attitude of curiosity and compassion.

- FOT involves gentleness and spaciousness and it comes with listening.

The gentleness and spaciousness unfold from the felt sense. Allowing the space for things to unfold at the pace of the client gets the client to connect inside and listen to the whole body wisdom. This kind of gentleness and spaciousness allow the subtle felt sense to emerge.

How the interviewees defined FOT is consistent with how Gendlin defines it (1996, p.1). Gendlin writes:

Focusing is a mode of inward bodily attention... Some people are able to do it immediately once they attend to their bodies in relation to a problem... It differs from the usual attention we pay to feelings because it begins with the body and occurs in the zone between the conscious and the unconscious. Most people don't know that a bodily sense of any topic can be invited to come in that zone, and that one can enter into such a sense. At first it is only a vague discomfort, but soon it becomes a distinct sense with which one can work, and in which one can sort out many strands.

Both Gendlin and the interviewees emphasise a special kind of internal bodily awareness and the listening to inner sources in working with the client in focusing-oriented way.

## **2) Understandings of Focusing**

It is important to explore what Focusing itself is, and how to do it, in order to understand FOT. Focusing is an important intervention in FOT. MFP19 described Focusing as a way of listening. When he listened to the client and heard what the client said he took it in. He waited for that deeper level of thought in order to know how to be with the person in what that person was asking, saying or sharing. He noted the frequent pause that could be noticed that signified the thinking that waited for the response from inside his inner self.

*“The Focusing is the way that I listen and after all these years is very special. When I listen to you and hear what you say I take it in. You can hear me on the pause at times. Because at some level I don't know what to say back, but something in me does. I wait for that deeper level of thought to know how to be with you in what you are asking or what you are sharing or something like that. There is that deeper level of self of a larger sense of self that is always being invited to participate in this dialogue that is happening between us. You will notice there is often a pause, as I let that thinking wait, waiting for the response from inside of myself. I listen that way regardless of the situation [Appendix 18].”*

WFS20 presented an example of how she used Focusing when a family member of her rang her the other night (which is re-edited from the original transcript). The example suggests something of what Focusing is, and what happens to the client when the therapist uses the focusing method.

F: I am feeling very anxious.  
T: Ah dear! There is anxiety there.  
F: Yes.  
T: And you are noticing that there is anxiety there.  
F: Yes.  
T: And perhaps you are noticing where that is in your body.  
F: Oh yes, in my chest that feeling.  
T: Where?  
F: There in my chest.  
T: That is where it is. It is a burning feeling.  
F: Yes.  
T: It would be okay now for you to be present to that in a very gentle way and let that whole anxious part of you can feel that it is heard by you.  
F: Yes. [*She knows Focusing.*] (*Pause ... after sometime*) It is beginning to ease a little bit.  
T: Oh yes! Now it is beginning to ease. And now you might get a sense of what it is that brings it just now this anxious part.  
F: It is about a course that I am following.  
T: Oh yes! The course that you are following! You might get a sense of what it is about the course that brings this anxious part.  
F: Oh! It is that I feel a lot of pressure between minding my children and going to the course.  
T: Oh! There is all that there now about minding your children and going to the course. And we are both listening to that now. And you might get a sense of what feels like the crux of the whole thing now.  
F: Why?  
T: Here and now.  
F: A memory comes.  
T: Oh! Your memory is there.



- F: Ah! It brings tears. (*The focuser is in tears.*) It is about how I failed an exam long ago myself.
- T: Oh! And that memory comes right now and it brings tears. (*Therapist and Focuser stayed like that.*)
- F: It is hard having hidden that memory or that experience and never telling anyone about it.
- T: Ah! And there is that there, too.
- F: There is. And there is a part of me that is ashamed about it.
- T: Oh! And there is all of that there now in that memory that comes. Just take some time now if that feels okay. Just listen to all of that, just being with it now in an open way. (*Focuser and Therapist did that. And after sometime...*)
- F: Oh! You know I feel it is easing a little bit. And so I am noticing now that it is easing.
- T: You might get a sense now of what all of that needs from you.
- F: You know (*after a little while*) it needs me to be gentle with it. (She took sometime with that and she is going to be gentle and not judge it.)
- T: Yes. (*Coming to the end of the session time*)
- F: It is all clear. A big energy has come, a big shift that I could feel has come once that memory came. I am feeling a good bit better.
- T: I invite you now to protect all that has come from anything negative that might come out.
- F: I could sense it... light around it to protect it.
- T: Just thank your body for all that special guidance it has given you.
- [Appendix 17]*

One might argue here that the therapist was too hasty in presuming that the bodily sensation in the client was a burning feeling. It seems to me that she could be accused of asking leading questions. The danger of this is that the client may respond to the therapist's position of power by focusing on a real or imagined burning sensation, rather than getting in touch with some other sensation that may be more urgent to explore such as tightness, palpitations etc.... Perhaps if she had been a little more patient she might have pursued a less directive line of questioning like this:

- T: There in my chest.
- F: That is where it is. Can you tell me what that feeling is like? (*Or, if the client has difficulty describing the sensation: Might that be a burning feeling?*)
- T: It is a burning feeling.
- F: Aah, that is what it is a burning feeling.

Such an approach is a less directive one which gives more space to the client to tune into his or her real bodily sensation and it fits in better with the slow, patient, gentle and non-imposing approach that is characteristic of FOT.

MFR10 described how to do Focusing. It would all depend on the guidance somebody needs. The needs varied from very explicit, to not so explicit, to just a reminder to pay attention to the body. The individual himself or herself was signalling what needs to happen and what instructions needed to be given to them.

*“Gendlin has people know how to focus, which is something that some people just do automatically. And some people, if you have people who can talk to you, feel it. There is not much in just talking about things. How do they connect? That might be one way. Some people just keep talking very fast. You do not see them taking any breath anywhere. The breath may be the sign for that one to take some deep breaths, go inside and sense what is there in their body. Whatever they want to deal with is already there. Somebody might say, ‘I really don't know where to start. There are so many things going on in my life.’ ‘Okay, let's find out what the things are.’ If there is one that seems more urgent than the others, that would lead them that way. The person himself or herself is signalling what needs to happen. They are suggesting what instruction they need. I wouldn't go through this with every client. I would do a wait and see particularly because I meet people in different contexts [Appendix 23].”*

In this section, the interviewees state what Focusing is and how to do Focusing. In his book, *Focusing*, Gendlin (1978/1981/2003) describes how Focusing is an inner process directly connecting with one's felt sense of a problem, issue, or circumstance. The specific steps in the process enable a felt shift to happen thus manifesting the power of the body to resolve the issue. The interviewees resonate with Gendlin's description of Focusing. They say that Focusing is a way of listening. The therapist listens to the client and takes in what the client expresses, and waits patiently for that depth of thought to know how to keep the person company in what he or she is asking, saying, or sharing. The listening trait of the therapist can be noticed in the frequent pauses, and in gently and patiently waiting for the response from inside the therapist's inner self. Since

Focusing is guiding the client from inside, the deeper level of self is always being invited to enter into the dialogue that is taking place between the client and the therapist.

### 3) Understandings of the focusing attitude

WFS20 described the focusing attitude as listening carefully. She listened carefully to what clients were saying and reflected that back.

*“Always as far as I can, I am bringing the focusing attitude to them. I listen carefully to what they are saying and reflect that back. That is always where I start. It is a focusing attitude. I may not be able to do anymore than that in a session. If they tell me that they are very anxious, I just reflect that back. ‘Oh, so there is an anxiety there.’ I won't say that they are very anxious [Appendix 17].”*

Saying it in one way rather than the other has to do with helping the client get a better distance from the anxiety. The words we need to say arrive directly from the body (Gendlin, 2004a). Ann Weiser-Cornell (1996), with her linguistics background takes a keen interest in developing language that facilitates the focusing process. For example when a focuser says, “I’m scared”, she would suggest the therapist rephrase this “You’re sensing something in you that feels scared.” This is a way of providing greater distance from what is sensed, to help the focuser to stop identifying with the fear. Focusing teaches one to find the right distance from a felt experience: not so far away that it is intellectualisation, and not so close that one is immersed in the feelings, but just the right distance to be in contact with whatever comes. This makes it possible for focusers to work with anything that might come up for them, even if it at first appears difficult or frightening.

She also stated that this attitude was a person-centred focusing attitude involving listening, reflecting back, moving slowly and helping the client to notice where they were feeling in their body.

*“I would be there with my own person-centred focusing attitude, person-centred relationship and reflecting back. I would be listening, reflecting back and helping them to develop that attitude. If I hear them being critical of themselves, I would be rephrasing so that they would begin to notice that open accepting attitude towards themselves. I would be moving slowly, and then gradually I might be able to ask or suggest whether they would be able to notice where they are feeling, particularly in their body. So it would be very gradual over a long period [Appendix 17].”*

MFI16 defined the focusing attitude as approaching the inner world of feeling with openness, gentleness, compassion and patience.

*“I have my own way of saying what it is. The focusing attitude is approaching the inner world of feeling with openness and patience. I have notes when I teach it. Openness, patience, taking time, being open to whatever is there are all very important. I use four qualities when I teach Focusing actually, openness, gentleness, compassion and patience. They are important because they enable the person to have a richer experience of their inner world [Appendix 20].”*

He stated that these attitudes were as important in working with couples as with individuals.

*“They are so important that I, as the therapist, want to have that sort of attitude in listening to both of them and to whatever extent I can to encourage both people to have that attitude with each other and with themselves [Appendix 20].”*

This section reflects what the focusing attitude is according to the data collected from the interviewees. The focusing attitude is characterized by openness, non-judging, gentleness, compassion and patience. It is being with another person, and with a very loving presence staying beside, what is happening with the client as well as with themselves. It is quite similar to the person-centred attitude. The therapist is listening, reflecting back and helping the client to develop that attitude.

The therapist rephrases to help the self-critical client to evoke an open accepting attitude towards themselves. Moving slowly manifests the gradual approach of Focusing that enables the therapists to feel their way to ask or suggest whether the client can notice what they are feeling and where they are feeling it.

Since focusing-oriented psychotherapy comes out of the client-centred tradition, Focusing therapists can be expected to create a safe, supportive environment; and to listen in a patient, non-judgemental, refined manner with deep respect for the competence and full potential of each individual. The Focusing therapists expertise at contacting their own inner senses and processes will assist them in helping others find their own creative ways of tapping into deeper levels of awareness and wisdom, and achieving greater happiness.

However, when typical therapeutic changes take place, there are two important theoretical differences between client-centred therapy and focusing-oriented therapy. The first difference is that in person-centred therapy, the therapist functions consistently with trust in the client as a whole person, while in focusing-oriented therapy, the therapist's trust is in the client's experiencing process. The second one is that in client-centred theory, the therapist-related cause of therapeutic change lies in the therapist's attitudinal conditions. Whereas, for focusing-oriented psychotherapy, there are two distinct aspects of the attitudinal conditions. One is that the attitudinal conditions contribute to therapeutic change in so far as they have the direct effect of stimulating or sustaining a focused experiencing process at a high level in the client. A second is that the attitudinal conditions help to create a quality of relationship between therapist and client such that the client feels safe and trusting in relation to the therapist.

#### 4) Understandings of the ‘felt sense’ and ways of working with it

MFE14 described felt sense as the whole body wisdom.

*“I mean the body is wise. Listening to the body and not ignoring it is the recipe. The felt sense, that whole body wisdom, includes your mind, emotions, experiencing and everything. It has the whole picture. It is a felt sense experienced and it only happens in the moment [Appendix 21].”*

He said that whole body wisdom includes the wisdom that the body holds but not in words.

*“It is more than just what the mind thinks. It includes what the heart feels, that inner knowing called the gut instinct, and the wisdom that your body holds but not in words [Appendix 21].”*

He offered an example of the whole body wisdom to explain how it operated. He demonstrated the link between something bothering a person and a tense shoulder.

*“Sometimes there is something bothering us and we notice the shoulder is tense. The tension in the shoulder is holding information that we need to know. The shoulder will remain tense until we pay attention to it, try to get a sense of what it wants us to know and whether the tension in the shoulder is holding information that we need to know. So the body is wise [Appendix 21].”*

MFP10 presented how he worked with the felt sense.

*“If I were working with two people at the same time, I would be very gentle and subtle. I will encourage them to find their awareness of something, not to just talk about it, not just intellectualise and rationalise. I will encourage them to ground what they are saying in their experiencing [Appendix 22].”*

WFS20 emphasised that felt sense and the focusing attitude were the two key points in FOT. She demonstrated how she helped some people when it was difficult for them to get the felt sense. There was one woman who was not able to notice anything in her body and who kept talking all the time from her head. WFS20 reflected back, stopped her from talking, slowed the pace and invited her to

share what she wanted to tell very slowly. Then she invited her gently to notice anything in her body.

*“I had a woman come to me one time, and she wanted to learn Focusing. One of her problems was that she was not able to notice anything in her body. She kept talking all the time from her head. I would not let her do that for the whole hour. When she had talked and talked and I had reflected back, I would stop her up and ask if she might just like to say how she was. I asked her just to notice how her chest was and her abdomen and whether she was noticing anything in there. I notice myself getting tired listening to somebody talking and talking from their head all the time. When that happens, I stop them up, slow the pace, and invite them to share the thing back very slowly, some of what they are telling me. Then I invite them gently to notice anything in their bodies. Once the woman coming to me to learn Focusing began to be able to do it, she was very good at it [Appendix 17].”*

WFP17 said that she encouraged contact with the felt sense to help the couple to see how they felt.

*“I use the felt sense when I feel that the couple or somebody is having a problem or a difficulty. I would encourage them to see how they are feeling. I also use the felt sense in the way that the people would see from their expression that their body is involved and that there is a felt sense response [Appendix 19].”*

MFP19 stated that he searched for the client’s felt sense and that there was life energy in that.

*“In each case, what we were looking for is for somebody to have a felt sense of what they are feeling, whatever that might be. The value of that is that when they are able to get a felt sense of their pain or their pain due to their stress, or whatever they call their feeling, there is energy in that. I am looking for the life energy in the felt sense [Appendix 18].”*

It was interesting that MFI16 stated that the felt sense was less important in working with couples than the individual.

*“I am thinking about felt sense rather less with couples than I am with individuals. My own felt sense, which helps to tell me what is going on for the couple, is very important to me in my work with the couple [Appendix 20].”*

As with many practices, what works best is an open-minded approach or an interested curiosity. If someone is looking to Focusing just to help them get rid of a troublesome feeling or an uncomfortable symptom, it may be more difficult to explore what Focusing has to offer. If, however, they are willing to trust that something may happen, the outcome of which is unknown, they may well find, as with therapy and meditation, that unexpected changes do take place.

People vary widely in their ability to sense into the body. Some people are natural focusers, while for others the whole idea seems at first foreign and difficult to grasp, especially if the way in which it is presented does not speak to them. Sometimes someone's experience of pain and trauma has left them dissociated from their body, perhaps with deep fears of what they may find there. For other reasons which are not so clear, a person may simply not be very sensitive to their own inner process.

Having preconceived ideas and expectations of what Focusing ought to be can also be a difficulty, in that someone will tend to discount what is going on and may give up because nothing seems to be happening. At the other extreme, someone may be so overwhelmed by painful feelings that for the time being it is not possible to sense into them.

Although Focusing works with feeling at a profound level, it does not necessarily involve manifesting feelings. In older humanistic models there was often an assumption that the client needed to become totally immersed in the feelings in order to express them as fully as possible. While Focusing certainly does not exclude expression, the emphasis is on 'sensing into it' rather than 'getting it out'. It will then let the focuser know whether and in what way it wants to be expressed. Rather than presupposing that one can already identify the feeling, for instance, "I am angry," Focusing takes time to sense more precisely into its particular quality and to get alongside it. This involves moving into the wider,



containing space of Presence. To quote Gendlin, “If you want to smell the soup, you don’t stick your head into it (Cornell, 1996).” In this particular case, as you sense the ‘anger’ it may turn out to be annoyance, irritation, frustration, fury, or a whole host of other shades of feeling, sensation and emotion, some of which may not be anger at all. Focusing on its own is not sufficient to help many people who come to psychotherapy, where working in and through relationship provides a kind of ‘holding’ that Focusing does not offer. Knowing how to use focusing interventions in psychotherapy takes care and judgement, but what always can be useful is the focusing attitude, the sense of presence and the larger space of kindness and acceptance towards whatever arises. It can help therapists to acknowledge and be with their own difficulties as well as those of the client. We are the inheritors of a Doing/Fixing culture with the mindset that nothing changes unless we make it change.

This section shows how focusing-oriented therapists help client couples to work with the felt sense. The therapists facilitate working with the felt sense through gently encouraging couples to ground what they are saying in their experiencing and to find their awareness of something. They help the couple to see how they feel instead of merely talking, intellectualising, rationalising, and staying up in the air. When it is difficult for some people to get the felt sense, the focusing-oriented therapists help them by inviting them to be aware of something in their body. Using the felt sense and the focusing attitude, the focusing-oriented therapists reflect back, slow the pace, and invite the client gently to notice anything in his or her body.

##### **5) The relationship between Focusing and listening**

MFP10 believed that Focusing enhanced the capacity to listen. He emphasized listening with the whole being. He gave an example of a couple where

did not know what his partner was telling him for twenty years, until he heard her saying it to the therapist. Just being somebody acting as a conduit is a necessary part of couple's work.

*“It is amazingly important because what happens is: she says something to the therapist. The therapist turns to him and says: ‘Did you hear that?’ and he says, ‘Yes, I never knew that.’ And she says, ‘I have already been telling you for twenty years. Just being somebody who acts as a conduit is a big part of couple work.’ He never heard it until he heard her say it to somebody else. That happens all the time. Focusing really enhances our capacity to listen. You listen with your whole being. If you are really familiar with Focusing, then you perceive. I find that anyway and so do some of my students - you perceive the level from which the person is speaking. Sometimes I find I hear what they are saying from the level from which they are speaking. I am aware of stuff away further down in their body that isn't in their awareness. Yet you can sense it if you can feel it. So it really alters the way a person listens [Appendix 22].”*

He knew that what he did that enhanced the client's capacity to listen, but he was not sure what the mechanism was. *“It is just that when somebody is listening to what is being said to another person and that other person is feeling it is very important they hear it.”* He thought that it would be worthwhile to do some research on what the mechanism is and on how it works since it does work for him. *“I am not sure what the mechanism is. It is worth research. I don't know how it works, but it does work.”*

WFS20 identified listening and reflecting back as essential elements. The foundation of something deeper happening was a person listening within and reflecting back what somebody else was saying and feeling.

*“I found that nothing deeper could happen unless a person could listen within and reflect back what somebody else is saying and feeling. That is essential [Appendix 17].”*

She demonstrated an example of a way of listening. WFS20 would give the new person enough time to tell the whole story. Then she would check if it would be all

right for her to reflect back some of what she had been told. She would invite them to correct her if she had not got the story right.

*“If a person comes for the first time and tell me they have this problem and that problem and all the things that happened, I let them go on for some time. Usually I would ask them if it would be okay for me to say back some of what they have told me. I would always do that with a new client. That is how I reflect back what I am hearing. I invite them to correct me if I have not got it right [Appendix 17].”*

WFP17 emphasised listening with her own felt sense to the body messages of the client and what they were saying. She believed that the focusing training had helped her to become much more aware of her body.

*“I find it very important to listen with my own felt sense, to absorb the body messages of my clients as well as what they are saying and to hear the tone of voice. The focusing training has helped me to become much more into my body. It is a kind of listening intuitively and also bringing the physical dimension into my work [Appendix 19].”*

WFP17 spoke about how she helped a couple listen to each other and when one partner did not want to listen to the other, it would impact on the other.

*“They don't want to listen, but they want to be heard. Creating the space to be really heard is very important. Deciding which one is better able to give some space to the other person and to listen to them because of having the experience of being really heard creates the space and willingness to help the other person. I had one couple recently. The woman was so angry, upset and overwhelmed with her feelings, I wasn't even sure I was going to be able to create the space for the other person to be heard. He was going to get upset because he never gets listened to [Appendix 19].”*

She also noted the therapeutic change in couples listening to each other. She linked Focusing to elements in Imago therapy. Luquet (1996, p.14) refers to these elements as safety, couples dialogue and stretching and he explains them further:

It [Imago therapy] is cooperating with nature to restore individual wholeness. To do this, the couple needs to understand their woundedness and must be committed to restoring both their own wholeness and their partner's wholeness.

Be aware that the process of becoming whole is often painful... Imago Therapy employs three principles in restoring wholeness: safety, couple dialogue, and stretching. Imago Therapy strongly contends that nothing changes if it is not safe. This is because when a situation is dangerous our old brain goes into its defense mode... Our old brain kept us from being eaten by tigers in the wild, and it keeps us from being eaten by our partners now.

Luquet's explanation is highly relevant to what WFP17 shared as her experience in which she acknowledged that it was not easy for them to listen to each other, although they knew they were both going to have a turn, attacking each other was not allowed, and they were in a safe place where dialogue was the priority.

*“There is a very strong therapeutic change, particularly when people have to make that stretch to validate the other person's point of view. I have to explain that validating is not agreeing. It is just it says you have the right to feel in the way you do. The other thing that is very important that comes out in the work is the links. This is very much in the Imago element, the links with childhood. If somebody is talking and then they seem to get upset, I will often come in gently and they will continue to do the dialogue, but I would feed them the beginning. I would say how I feel when that happens, what frightens me about my childhood and what that reminds me of in my childhood. Very often they go right back because it is really through the felt sense of the present moment that they are able to connect with the early childhood piece. And then the partner is able to see that their behaviour in the present has its roots in some need that wasn't met in their childhood. Compassion begins to come into the relationship. It is not easy for them to listen to each other. They know they are going to have a turn and that there is no attacking each other allowed. You know it is a safe place for listening [Appendix 19].”*

WFP17 explained that certain mental activities make it very difficult to hear the other person from their point of view. Couples demonstrated this difficulty in communicating with each other when they tried to speak and to listen at the same time. This brought out the importance of taking turns, in which four steps are required: mirror, summary, validation and empathy.

*“One of the reasons why couples have such difficulty in communicating with each other is that they try to communicate and to listen at the same time. So I stress the importance of taking turns. In order to make that possible, there are steps. The first step is to mirror what the other person is saying. I encourage them to do that from a felt sense, from a feeling*

*place. In order to do the mirroring they have to listen very well, otherwise they won't pick it up. I teach the person who is speaking how to just say a little piece, and then the person who is listening how to know about that. That is the first step of listening. We call the second step validation. They have to say to the other person, 'what you say makes sense to me and because, given that you have this experience, it makes sense to me that this is how you feel.' And for that again they have to be able to listen very well. Oh, I left out a step. The first is the mirroring and the second is the summary, to be able to give the person a summary of all that they say, then the validation, and then the empathy. The validation is to say it is like it is a mind that makes sense, it is to do with your mind. The last step is empathy, which is to do with your heart. You say I imagine that you might be feeling and you might say something the other person didn't say at all like feeling lonely, frustrated or feeling whatever it might be. In a way you have to listen with your heart, look at the expression of the other person, as well as hearing the actual content of what they are saying. It is a very deep listening [Appendix 19]."*

For MFI16 the point about the couple really listening to each other was very important. He could get a sense of how their listening to each other actually was by having them talk to each other or to him. He could see whether they were in any way listening to each other when they were talking about the issues they brought to counselling. He made sure that they did listen by giving each of them in turn uninterrupted periods of time to speak when the one who was listening was not allowed to speak.

*"What is most important is that they can really listen to each other. By having them talk to each other or if they are talking with me, I can get a sense of how their listening to each other actually is. In talking about the issues that they are bringing to couples counselling, I can see whether they are listening to each other at all. To make sure that they do listen, I sometimes give a period of time to one partner to speak when the other partner is not allowed to speak. And then the other partner has the same amount of time to speak in an uninterrupted way. And sometimes with that sort of exercise I do get the partner who has been listening to summarise what they have heard [Appendix 20]."*

He added:

*“They have made progress and it is successful if they are able to listen to each other and accept each other. Each of them understanding themselves better and how their own personal feelings are triggered in their relationship is also a sign of success [Appendix 20].”*

MFP19 stated that he taught the couple to listen to one another. *“I kept it to the level of listening, because I teach them to listen to one another.”* He said the reason he taught the couple to listen to each other was to help them to keep up the dialogue.

*“They were people who were willing to continue to dialogue with each other because they know how to, and that was really the message: ‘Can I teach you how to listen to each other?’ [Appendix 18]”*

He stated that he had a model for listening. He had a manual on whole body focusing. He could always refer people to one of the many manuals written on the interactive model.

*“I am sure I have written a piece somewhere that I haven't used for a number of years. I have a manual on the larger thing, on whole body focusing, or what you call Focusing with your whole body. That is one manual. There were many manuals written with the interactive model. And I could/can always refer them to that. Or there was a handout on how to listen to each other. In those days there was lots of information around that I would use depending upon who was there [Appendix 18].”*

MFR10 stated that listening deeply to each other was the key to working with couples because they needed to be able to hear each other. They could not hear if they did not listen.

*“When I had trained as a focusing professional that immediately was the idea coming to me, the couple idea was always there. It has this thing about people listening to each other. Listening deeply to each other is the key to whether or not to use it. But in terms of the couple, they need to be able to listen to each other in order to hear each other. It would seem to just emerge from that as opposed to selecting a method. It would feel like I couldn't quite imagine what else I would be doing somehow [Appendix 23].”*

He stated that they needed to be able to create a space in order to listen to each other. There needed to be space where they could listen to each other and hear each other, for the feelings to be uncovered rather than being just superficially sorted.

*“When it is clear what the conflict is, it needs to be slowed right down and there needs to be space for the feelings to be uncovered as opposed to sometimes when a conflict comes up, just being sorted very superficially almost. But where it is clear that the problem is connected to not listening to each other, then they need to be able to create a space and hear each other [Appendix 23].”*

He went on to say that reflecting back was a part of the listening.

*“I could see reflective listening is part of this. It is listening and saying back what is being heard, checking that what is being heard is being heard, listening to how the other is affected by what is being said, also noticing in oneself what is happening. It is important to both hear yourself what the other says and be able to repeat it back and also to notice what happens in one's own body and felt sense when speaking and hearing [Appendix 23].”*

Emphasising that the couple have to listen to each other and that each one has got to listen to them, MFR10 noted that someone can listen to the other person without ever paying attention to what is going on in their own self in response to what is being said. This point was important when people were in conflict. But conversely they might not be paying attention to what the other person was saying, but simply be responding to some story of their own.

*“One has got to listen to oneself. There are two things because I can imagine somebody only listening to the other person and having some kind of reflective listening of the other person without ever paying attention to what is going on in their own selves in response to what is being said, as opposed to what they are hearing. Not always, but when people are in conflict, they are not actually paying attention to what the other is saying. They are responding to some story that they have. The one that is an easily resolvable conflict is a good example for me. They were seeing each other working, seeing each other everyday with only everyday exchanges. There was a story being built up. One person was rude, insensitive, uncaring. The other side was that this person was disrespectful, grouchy, and irritable [Appendix 23].”*

He described how he helped the couple to listen to each other by slowing down and gently inviting communication. He invited them to do Focusing to listen to each other.

*“What I notice is that you are both very distressed by this. ‘There is something very intense here. Can we slow down and absorb all that is here? Can we slow down and take this gently? Can we see if we can create a space for what needs to be heard without recrimination?’ There are so many different ways to gently invite them. I can ask: ‘I wonder how this feels for you? I wonder if you feel this anywhere in your body.’ I would have them take two or three deep breaths here. ‘Just see if you can find a sense of all of that.’ Focusing with a couple doesn’t seem to be particularly different from focusing with an individual. You are doing what you would normally do with an individual. But you are also inviting them to be listening to the other and paying attention to what happens in themselves [Appendix 23].”*

It is evident from the data that listening is an essential element in FOT. Since couples need to hear each other, the essential listening element can facilitate work with couples in FOT. The interviewees present how the focusing-oriented therapists listen and what they listen to. The therapists listen with their felt sense to tune into their client’s bodily sensation. The focusing-oriented therapists listen to the couple, reflect back what they hear the couple say, and then check with the couple if that is right. They listen to what is being said and to how the couple are feeling.

Like the couple therapists, the focusing-oriented therapists believe that listening to each other is what brings the therapeutic change in couples. This is another way of saying that listening to each other helps the couple to make progress in therapy. Both individuals of the couple understand themselves better and how their own personal feelings influence their relationship. It is not always easy for the couple to listen to each other. It can be difficult to hear the other person from their point of view. They are not paying too much attention to what the other person is saying when they are in conflict. The pace is not right and they are getting



nowhere when they are attacking each other. They need to slow down and to be in a safe place where there is space for the feelings to be aired, not superficially glossed over. The focusing-oriented therapists give some space to the other partner and listen to them. Couples are not very willing to listen to each other but still they want to be heard. The focusing-oriented therapists use the focusing attitude to get the couple to listen to each other and to talk to each other in meaningful ways. They gently invite the couple to listen to each other, to slow down, to create a space for what needs to be heard without accusing or blaming the other and to feel some sense in their body. They try to teach the couple to listen to each other, as they are concerned about the communication between the couple and about the couple listening to their felt sense.

#### **6) How Focusing facilitates self-acceptance**

For MFE14 facilitating self-acceptance was extremely important. He said that the first thing he did was to pick up on and to correct any excuses the clients were using to reject themselves, because self-rejection was the deep-seated root of many long term problems. Focusing really fosters self-acceptance. The gentleness of Focusing was a key point since some people found it very hard to be self-accepting.

*“It is very important in energy psychology to check for self-compassion. We do some tapping on some acupressure points while they say something like, ‘Even though my boyfriend is leaving me, I still deeply love and accept myself.’ Correcting for any excuse the client is using to reject himself or herself is the first thing we do. Self-rejection is behind so many long-term problems that won’t go away. Focusing really fosters and promotes self-acceptance in a very gentle, subtle way. I think that is very important in any therapy [Appendix 21].”*

MFE14 offered an example of using Focusing to explain how Focusing brought self-acceptance and self-compassion when the clients were angry and frustrated with themselves.

*“I would have used Focusing to promote self-acceptance when some people were angry at themselves and feeling frustrated. They used very small excuses to beat themselves up. People came into counselling angry and upset with themselves because they did not get promotion at work. They were saying they had got a bad performance evaluation and that, ‘this just proved they were not good enough, usually the old negative belief from childhood.’ Rather than trying to persuade them that they were good enough, I would just acknowledge that in something like the following expression. ‘I can see that you are very upset. Let us just go inside for a moment, check in with the whole system, and see how this is affecting the news of not getting promotion.’ I would guide their awareness back inside their bodies by having them close their eyes, keep their feet on the ground so that their feet are grounded, bring their awareness down into the middle part of their body, and notice whatever they are noticing. There could be a physical sensation. It could be a thought, an emotion or an image. When they connect with that, I would invite them to pay attention to it in a very patient way. When they sense something like the felt sense we are looking for, I would have them ask that felt sense what it wants them to know about not getting promotion. What the felt sense says is never critical. It is usually not negative. It would be full of self-compassion. If they listen to that place patiently, perhaps they will hear that they just need a little more experience in this area, not that they are not good enough[Appendix 21].”*

MFE14 continued by describing how this person would be after the focusing experience.

*“After doing some Focusing on the issue and realising it was not a negative reflection on him, he would go back to the office and feel better about himself, take this bad news in his stride, and hope the opportunity will arise again. In the meantime, he still has a job and has been well liked. Focusing like that on an issue helps to take the sting out of it. People can accept reality better without it ruining their day [Appendix 21].”*

MFE14 also stated that self-acceptance is something that one fosters over a span of time, not just in one session.

*“Self-acceptance is something that is fostered over time, not something achieved in one session. But the more a person connects with that felt sense, the more their self-acceptance grows until eventually they can live, if not in that place, close to that place. When something is upsetting them, they can access that and not take it so personally and not be so upset by the events of the world [Appendix 21].”*

Like MFE14, MFP10 stated that Focusing facilitated people to grow in awareness of how things were for them. Focusing was used to enable the person to get a better sense of a situation. Focusing was used to facilitate process. They processed things instead of just being stuck with them. However, MFP10 suggested that the client is only going to move to awareness when they are ready to do.

*“Focusing is always used to the same end to help a person get a better sense of a situation and of something they need to know more about for themselves. It is used to facilitate process instead of just being stuck with things. It varies depending on the individual and on the couple. My experience is that a focusing-related way of working does facilitate people to grow in awareness of processing and of how things are for them. It facilitates them to the degree that they are ready for awareness, acceptance and processing. The point about being client led is that you recognise people are only going to deal with moving to awareness when they are ready to do so [Appendix 22].”*

The interviewees affirm that the focusing-oriented approach enables the client to become keenly aware of the great necessity of self-acceptance and self-compassion in our lives. Moreover, the client needs to grow in their awareness of how they are experiencing these in their lives. The focusing-oriented therapists find that the clients are often lacking in self-compassion. Focusing is always very helpful in facilitating self-acceptance. Focusing confirms for the client that whatever feeling they have is normal and that there is nothing wrong with them; their feelings are important and cannot be ignored. The therapists need to be alert to spot the excuses that clients are making to reject themselves. The therapist guides the client to correct these negative excuses because self-rejection is the root

of long-term problems that keep recurring. For some clients, self-acceptance is not easy. So they need to use the gentle gradual subtle process of Focusing to reach self-acceptance themselves.

Self-acceptance is not an overnight achievement. It needs to be given whatever length of time it takes. Each time the client connects with his or her felt sense, the closer he or she gets to achieving self-acceptance. When some experience or situation is upsetting a person, he or she can access that situation without being too overwhelmed or too upset by people or the events of the world.

Focusing facilitates people getting in touch with their feelings, to get a better sense of the situation they are in and to get to know how they need to respond to their situation. Focusing is a slow, gentle, gradual process that enables clients to get out of their stuck situations. The therapists find that the pace varies for the individuals and for the couples. Some people move slower or faster than others. The client leads therapists follow the pace the client or the couple is comfortable with.

## 8.4 Applying FOT to couple work

MFE14 found some couples were stuck in a cognitive mode and that they tried to explain what was wrong with the other partner without getting in touch with his or her felt sense of the whole situation. They were either very defensive or they were attacking each other, repeating the same old faults that came to mind from past memories. Focusing was especially helpful for the couple to consult their full body wisdom.

*“Just after I learned Focusing, I would apply it to individuals of course. It was especially helpful when I could see a couple occasionally. Normally, the problem between the two people is cognitive and the full body wisdom is not being consulted [Appendix 21].”*

He believed that Focusing helped the couple to get less defensive when one partner focused because the other partner listened and felt compassion for the other person. It was also more powerful when both of the couple focused. In this case he may invite both partners to stay with their felt sense for a moment without saying anything. Then he invited each to say what was going on. It could occur to them to have compassion for the other person’s experience as they were not talking at the same time. One was speaking and the other was listening and hearing it.

*“Focusing is great for having one party focus and the other party listen and feel compassion for the other person. They get less defensive. It is even more powerful to have both people focus. They are both having their experiencing with a deep experience. They both have compassion for the other’s experience, as they are hearing it at the same time. That is very powerful, and it really lowers the defences. That is very important with couples [Appendix 21].”*

MFE14 gave a specific example of how he applied FOT to his work with couples. In this example he presented how the client’s process changed when he invited her to do Focusing.

*“I was working with a couple a few months ago. A man brought in his girlfriend. He is already married. There is a wife and then there is a girlfriend. She had been pressing him to leave his wife for her. He had been resisting because the work that he and I were doing individually was improving his relationship with his wife. The mistress, if you would, was impatient and mad at him because he said he was going to leave his wife. She was mad at him because she said he was dragging his feet. Then he got mad at himself for letting her down. He felt like a bad boy and all that. I had them both sit on the couch, focus, drop down into the middle part of their bodies, and let their awareness drop down. When she did that, she did not feel so much like a victim after a while. She realised she still had choices, no matter what he did. She did not have to wait for him or judge him. If it was not working out for her, she could take her own steps. Whereas before she had been in the victim position of him doing this to her. By not taking this step, he was hurting, disappointing her or letting her down. When she heard his process, she felt a little more compassion for why he could not do this yet. Then she felt some compassion for herself. She realised she was not a victim here and that she needed to take care of herself. That was really good. That would not have happened if we had not focussed. She would have been too defensive to open up and become aware that she was not taking care of herself by giving him all the power [Appendix 21].”*

MFP10 followed the couple’s process and responded to the couple from a place of deep experiencing within himself:

*“I follow the client. For the most part I wait for those moments when the client is already beginning to deepen their experience. Or I respond to the client from a place of deep experiencing within myself. Or occasionally if I know them well enough and they are just going around and around in their head, I will suggest that we check out what is going on in the body [Appendix 22].”*

When they said something was going on in their body he responded to that. When they did not follow his suggestions, he followed them and waited to see where they would go next. His aim was to help them to be with their process, not to impose it on them.

*“I follow their process. I will respond in ways that are more or less directive, encourage deepening the process, and then use reflection and process direction. ‘Can you stay with that for a minute? Okay. I hear that*

*and at the same time I am wondering how that feels if you come down into your body, down to where you feel things, how is that?’ [Appendix 22]”*

WFP17 applied Focusing to a block, either in the flow of the material or in the communication between the couples. When one person appeared to be full of anxiety, she said, *“I would encourage them to connect with themselves and to help to take care of themselves to feel safer. Focusing is always very helpful with that [Appendix 19].”*

MFP19 referred to interactive focusing, the model that was developed by Janet Klein and Mary Maguire (e.g. Klein, 2001):

*“That work came out of a development stage that goes back many years called interactive focusing. It was a model that was developed by Janet Klein and Mary Maguire. It included me on many occasions. I taught their model for many years. I worked with it personally in my own relationship. There was a particular model of listening that I used for maybe 10 or 15 years. I would do it in workshops. I would formally teach that model, not necessarily to clients, but as a teacher of a model, I would teach interactive focusing. That was the basis of how I approached the client work. That is mine. It has some differences, but the original model was that. I never had any other model, because the interactive focusing is Focusing. Since I am not trained in any other field, I only use the elements of Focusing as a way of being with a client. That means I used my intuition of when to interfere or when to stop, or for what to say. So intuitively, the power of intuition was a primary function of my work [Appendix 18].”*

Janet Klein writes in her website ([www.interactivefocusing.com/therapist.htm](http://www.interactivefocusing.com/therapist.htm)), *“Because Interactive Focusing is used in relationship building, it serves this function in therapy, also. It is rare if not unique to find a therapy that is used as the therapeutic mode and that is also an ‘in real life’ way of being. By this I mean the therapist uses the elements of Interactive Focusing in the therapy with the client, and as the client imbibes it, she then takes it outside the therapy hour to use it in her everyday life.”*

In this section the interviewees show the way the focusing-oriented

approach can be applied to couple work. When the couple are engaging in a purely cognitive way, they find that Focusing is particularly useful in helping the couple to dip into their inner resources and consult their whole-body wisdom. The couple get less defensive when one partner feels compassion for the other. When both partners focus they both have compassion for the other person's experience since they are not talking at the same time. One is speaking and the other is listening and hearing it. The focusing-oriented therapists follow the level of awareness, pace and process of the client. They facilitate the couple to be with the process but they do not impose it on them. The couple going round in circles prompts the therapist to suggest that they check out what is going on in their body. The couple do not always take them up on their suggestions. Then the therapist respond in quite directive ways to encourage the couple to deepen the process, direct and reflect on it. They invite them to acknowledge whatever comes, stay with it in a loving accepting way, see how they feel when they come down into the body 'where they feel things' and how that is for them. The therapists encourage the partners to take care of themselves. Focusing is always very beneficial when there is a block in the flow of communication between the couple.



## 1) Views on the reasons for positive outcome in FOT

MFP19 stated that FOT was effective in each case because he selected his clients based on their ability to have a felt sense.

*“I was quite often surprised. I felt that it was very successful. I based my clients’ selection on their ability to have a felt sense. So the outcome was generally very positive. I was all pleased with the results [Appendix 18].”*

MFE14 believed that Focusing worked well in each case. It was the only thing that could get the client to make that little bit of progress and to listen to that place inside which she ignored most of the time.

*“It really is effective in each case. It is subtle. Sometimes the person feels it profoundly. Sometimes the person is just surprised. But it is always validating and positive in its outcome. It never fails even with a really difficult client. I am working with a very depressed woman and I have tried everything with her. The only thing that really seems to work, even though it is just in small baby steps, is Focusing. Focusing is the only thing that enables that little bit of progress. It helps her to listen to that place inside that she ignores most of the time. So when all else fails, Focusing works [Appendix 21].”*

Like MFP19 and MFE14, WFS20 found the focusing-oriented approach helpful. It helped her to discover her own inward source so that she could listen to that and be guided from inside herself.

*“I have found it helpful. When I sit with anybody who comes to me, what I want to achieve, the outcome I want for them, is that they will discover their own felt sense and be able to listen to it, and guide themselves out of that in their lives. This is how it helps my own self, and it is then that I discover this inner sense. This inward source is what Gendlin calls it. It helped me to discover my own inward source. I can listen to that and be guided from within myself and not be easily manipulated by other people. I can stand back a little bit from the challenges that are there, get a sense of how I am carrying them and of how I can move forward [Appendix 17].”*

There is some evidence then, in this section, that Focusing can work well in couple therapy. Focusing is subtle, felt profoundly, surprising, validating, and

often positive in its outcome. When all else fails, Focusing may work. The case of the very depressed woman in this section supports this. The therapist tried everything and anything with her. Focusing in small steps was the only method that was effective for this depressed woman. Normally, she neither looks nor listens inside. Focusing is the only thing that can get her to look and listen inside a little bit.

The therapists find that the couple can find their felt sense in FOT. The felt sense guides them to new life and carries them forward. What the therapist wants for the couple is that they find their own felt sense, so that they are able to listen to it and live their lives accordingly. Gendlin (1984a) calls this 'the inward source.' The therapists themselves are able to discover their own inward source. They can listen to that and be guided from within themselves so that they are not easily hooked into the client's problems. They can distance themselves from the issues they need to respond to, get a feel for how they are carrying them, and for the appropriate next step to take.

On the other hand, the input from the interviewees reveals that the outcome in terms of the couple separating or staying together varies. The interviewees find that the relationship begins to work more effectively for some couples. They feel that their relationship improves. Others recognize that they need to separate. The relationship may continue only for a short time with some couples even though the therapist makes space for them to hear each other. If a couple on the verge of break up is able to stay in the relationship after getting the space to be heard that is a worthwhile outcome. More generally, the worthwhile outcomes articulated by the interviewees are those of the couple listening to and, understanding each other; also, paying attention to each other, to themselves, and to their own experience in the relationship.

## 2) Different ways of working with couples in FOT

MFE14 said that he worked with couples by helping them to bring their awareness inside and to be more compassionate towards the other partner who was Focusing. It was very interesting that he stated that he helped the two partners to focus at the same time. MFE14 said that couples who were in trouble normally found it difficult to have compassion for their partner without the use of Focusing.

*“One way is to have each individual focus at the same time. You bring their awareness inside at the same time and you go back and forth. Another way is to just have one of them focus and have the other one witness. Focusing brings self-compassion to the person who is focusing and to the half of the couple who is listening and more compassion for the partner who is listening. That is how I think of that. You can do it either way. But it is very effective to have them both close their eyes and let their awareness drop down. It is very helpful to do that. They can both focus at the same time. It is always good because they are both having an authentic experience. Both are experiencing self-compassion at the same time they are having compassion for their partner. And usually couples who are in trouble are having trouble having compassion for the partner [Appendix 21].”*

When MFP10 used Focusing he did not talk about it but he helped the couple to focus on their bodily awareness.

*“I often use Focusing, usually in a very subtle way. I don't talk about Focusing. I don't give people focusing instructions. I am with them and I encourage them to move down into their bodily awareness. That is how therapy works in my conception of therapy. You don't get anywhere until you do move into the body and engage with the implicit. I can't imagine working in any other way. There is no point just talking about stuff. It is pointless and boring [Appendix 22].”*

He emphasized that getting a bodily felt sense was very important not only for Focusing but also for human beings to achieve real authenticity.

*“I think it is very important for human beings. You are not alive. You are not properly alive if you are not operating from the implicit because you are dissociated in a very important and destructive way [Appendix 22].”*

Thus, he stated that all his work was grounded in felt awareness and related to process.

*“It is built into everything I am doing. I will be encouraging them to speak from a place of felt experiencing. I am not saying that they are always going to do it. If it is not really what they want to do right now, I am going to follow what they want to do. If they want to squabble about the last one hundred pounds in their bank account, I am going to go with them while they squabble about it. But if they can go to their place of depth, I am going to be encouraging a deepening of awareness that is speaking from the place of depth within them. It is going to change their lives if we move into greater awareness. That does change their lives [Appendix 22].”*

WFS20 used reflecting back to work with couples. She asked them what it was in their relationship that they would like to be different.

*“I would either reflect that back myself or get the partner to reflect it back. I am sure that would take some time. I would have each of them do that in turn. I would be asking something like the following: ‘Would there be one quality that each one values in their partner?’ I would ask each one to state that one quality and the other to reflect it back. An alternative would be one quality that they value in their relationship. It could be either of the alternatives or both. I would ask them what they would like to be different in the relationship. I would get them to reflect back. I would ask them if there would be one action step that each one would feel they could take towards improving the relationship. This would be enough for one session [Appendix 17].”*

MF116 facilitated the couple to listen to each other and to understand their reactions to each other.

*“I get them to identify what the issue is, what change they want, and to talk to each other in a way they have not been able to do before. The aim is to help them both to listen to each other and to understand each other better. I would help them to understand their reactions to each other better and how they might be repeating patterns from their parents [Appendix 20].”*

MFP19 explained how he works with couples. Each of them tells their story in turn and MFP19 listens. He reflects that story back so that the couple can hear it for themselves.

*“In my approach, I get to hear each of them in turn. Each of them tells me their story. I reflect that story back so they get to hear it for themselves. We are in agreement that I understand what they are saying. They say that what I am saying feels right. We are in agreement about what is being said. At the same time, the other person hears the one telling the story. The one telling the story is heard by the other partner. They don't say anything, but they just hear the story being told like this. I am looking for some change, thought, or signal from the other person at the same time [Appendix 18].”*

He offered a further illustration of how he works. He works with one of the partners first in a focusing way while the other observes. When he feels the partner has enough, he works with the other one. He is aware that what they want to say changes, and this perception of change comes to him through a kind of bodily sense that is difficult to describe.

*“First of all, the two are sitting there. I do not listen to any story until I give them an attunement, which is really a type of grounding and relaxation. Then they become present in the moment. They are able to ease up a little bit from the tension of being there together and of being involved in what they want to say. I want them to be a little bit more relaxed and safety is important. They need to feel safe with me, safe in the room, and safe in the environment. Then I will choose or we will see who wants to go first. I set the ground rules. I will be speaking to one person. The other is to remain very silent but aware. It is not just aware of what is being said, but also aware of how their bodies are experiencing what is being said. Then I listen to the person basically through Focusing. I am listening to them in a focusing way. I have got a feeling for what they are saying, take it in, get a felt sense of what they are sharing, reflect that back and the whole process slows down. The heated feelings get to soften, have less intensity, and things begin to change just a little bit. Another way of saying it is that the way they carry that story begins to change. The other person is picking that up. When that one person, person No. 1 feels complete in the bit I felt we have enough here to pause and to go on to the other person. The ground rules apply. They are to be quiet. Then I build the same rapport and relationship with the other person who has now two things going on. The other person had something they wanted to say from the beginning of course, but they have also heard what the other person has shared. What they may want to say now might have changed from what they had intended to say. I listen in that way. Obviously, they start to feel and carry that in their own story a little more softly and less intensely. Again I am looking for something happening. Some kind of change is happening between them and I get that in mostly through a bodily sense.*

*There can be eyes but basically it is a bodily visual sense. I don't quite know. It is hard to define. But I am looking for some deepening connection between them that seems positive in some way. There is a connection that is very tight perhaps. But they are saying that there is a listening to that tightness. There seems to be some flow. Maybe it is the flow between them. That is what I am looking for. If I can name it or use it, I will [Appendix 18].”*

MFR10 offered an example of how he worked with couples. He led the couple to slow down and to pick up subtle senses of the whole of the situation. Then he asked them to listen to each other while each partner articulates how he or she got the felt sense of the whole of the situation.

*“What I am thinking of was not a relationship between spouses. It was actually a professional relationship between two women where they are working with each other everyday. I regard this as a different relationship. There is a huge status difference between them. This is an example of one when I met them separately. It became very clear that this was a situation where very subtle signals from each other were being read in a particular way. They were being read as signs of neglect or of dislike in the same way that intimate couples behave. It seemed quite an easy job. In that situation they had to be enabled to slow down, take their time to pick out those subtle signals, describe them, articulate what the feeling was in all that, listen to the other one, be heard by the other person, and then listen to the other person. It is really getting a sense of the whole, asking a person to get a sense of the whole of this situation from these subtle things. In a sense from the outside, it was very simple. They were implying having a sense of something. The sense of something was becoming a story that was damaging the relationship. As soon as they were able to hear each other and articulate it, it disappeared [Appendix 23].”*

This section shows some of the ways in which focusing-oriented therapists work with couples. Is it important, inevitable and a successful factor in working with couples that the therapist is actively offering new perspectives and asking questions? Of course the activity of the therapist may be inevitable in order to stimulate the couple to consider what their problem is, what they are doing in their problems, how new perspectives can be explored, and how they can move forward. However the therapist in working with couples sometimes tends to forget

that the couple process is more important than the therapist activity. The couple can be uncomfortable with the activity of the therapist or they can be less motivated by it, unless they understand their process. The excessive activity of the therapist tends to undermine the autonomy of the couple or it can impede their own pace and process. On the other hand, the inactivity of the therapist can sometimes convey the idea that the therapist is non-caring and lacking in awareness of the couple's problems. Not everyone liked Rogers who was always the same, constantly offering his carefully cultivated warmth, genuineness and empathy to all his clients. Some clients neither want nor benefit from this at all, but these people are better helped by other styles of counsellor-relatedness (Dryden & Feltham, 1996). How should the therapist work with the couple? The therapist should consider the couple's own pace and process first and put them before the activity and initiatives of the therapist. They also need to consider safer and more effective ways of working actively with couples, offering new perspectives and asking questions. Gendlin (1996, pp.45-46) remarks on how the therapist works with the client:

The therapist is a separate, different person and may say and do many things, but what should always come first is for the therapist to receive the client's communication just as it was intended. The therapist keeps company with each nuance. She does not need to argue with him about what her experience is at any given moment. How it seems to her is what he wants to understand.

At first the focusing-oriented therapist works with the client by reflecting back what the client says in an effort to get a firm grasp of how each moment of the client's experiencing feels to him or her. The therapist invites the client to let a felt sense come and to focus on it. Thus the way of working with the client for the focusing-oriented therapist is likely to be in some ways inactive but in other ways active. They listen to the client with acceptance, warmth, and empathy. At the same time, they actively try to help them to get in touch with their felt experiencing to unfold new meanings by inviting them to stay with 'something there' and asking

‘what is that all about?.’ In FOT what the therapist does is mainly to engender the process steps of the client. In order to do so they are active and they ask questions with the felt sense.

The focusing-oriented therapists use the focusing method to ‘bring the couple’s awareness inside’ and they help each member of the couple to focus on their bodily awareness. Some focusing-oriented therapists get the two people to focus at the same time: both of partners look to their own inner awareness at the same time. It is a big help for the couple to both close their eyes and let their awareness drop down. This helps them to focus at the same time. They are both taking advantage of an authentic experience. The two individuals of the couple are practising self-compassion simultaneously and they are having compassion for their partner too. Another way is that one of the couple focuses and the other one observes. Some interviewees state that this can bring compassion for both of the partners.

Some focusing-oriented therapists help the couple to focus on their bodily awareness without giving instruction on Focusing. They encourage them to move down into their bodily awareness and emphasise that getting a bodily felt sense is very important. Not operating from the implicit means being dissociated in a destructive way whereas operating from the implicit is being fully alive. Thus the focusing-oriented therapists have all their work firmly established in felt awareness and connected to process. They guide the couple to speak from a place of felt experiencing. Becoming aware of something that they do not know already turns out to be a therapeutic change for the couple that may change their lives or their issues.

Most of the focusing-oriented therapists working with couples use reflecting back to facilitate the couple to listen to each other. They get them to identify what the issue is and what change they want. They also get them to talk to



each other in a way that they have not been able to do before, so that they will both listen to and try to understand each other better. This will enable them to understand their reactions to each other better and to recognise how they might be repeating patterns from the past, arising perhaps from their relationship with their parents. In using reflecting back, they ask the couple each in turn why they have come and what they expect to get out of it. Usually they ask one person first and then the therapist either reflects back, or gets the other partner to reflect back. The therapist has each of them do that in turn. Then the therapist asks if there is one quality that each one valued in their partner. The therapist asks each one to say that and the other partner to reflect it back.

### 3) How FOT makes a difference to couple therapy

MFE14 suggested what made FOT couple therapy different:

*“It cuts through to the inner experience in each member of the couple very fast. Whatever helps cuts through or relaxes the defences is very important. It can be hard to do this in couple therapy [Appendix 21].”*

He stated that Focusing helped the couple to look at what their real experiences were so that they could break old relationship patterns.

*“Couples establish their patterns of behaviour that usually mimic old relationship patterns from childhood. Often they automatically re-enact or recreate the old relationship patterns, good and bad, from their parents. Focusing helps to look under the bad patterns getting in the way, see what the real experience is, its hurts, insecurity, anger, fear of abandonment. Focusing helps the couple to break the pattern or to see behind it. That is really important as it is hard for them to see their own issues all by themselves [Appendix 21].”*

MFP10 pointed out that the focusing-oriented approach moved the couple into awareness.

*“It is the same answer to a focusing-oriented way of working. It tends to move us into process and awareness. Most of us most of the time are not aware of a great deal of things which are important to us. For example, a couple may be squabbling over something and not have any sense of what they are really squabbling about. It is not in awareness. If they can bring a focusing type of awareness to the squabble and to what that is all about for them, then they can get down to what the issues are [Appendix 22].”*

Similarly to MFP10, MFP19 added a bit about the body and being aware of what the problem is.

*“It is the fact that people are grounded in their whole bodies and in a sense of themselves as a person. To some degree they are separate from their stuck place about what the problem is with each other. That makes them aware of the larger picture of what is there between them. It is not just all about what is wrong with the other person [Appendix 18].”*

WFS20 also stated that FOT helped the client to carry their problem forward.

*“It makes it much more fulfilling for me when I am sitting with somebody who is listening inside themselves and finding their own wisdom. She was able to go inside and notice how she was carrying the problem, listen to the story underneath that experience that brought it back, then notice that felt shift that came, and get a sense of how to move forward[Appendix 17].”*

MFR10 noted that FOT provided the opportunity for something to unfold by letting a space be created when the clients were getting no further than merely expressing what they felt and getting stuck in their story.

*“It would move you away from simply talking and reactive feeling into sensing. You could be in a situation where people are just expressing what they feel, and not really going beyond that, just getting stuck in a kind of story. It offers the opportunity for something to unfold with a gentleness and spaciousness that allows some way for the space to be created in which anger can be articulated and held and not kind of thrown around [Appendix 23].”*

WFP17 stated that FOT helped people to take responsibility for their own selves, and also that it helped her to be aware of what is whole and healthy in the client.

*“It brings the body element in, helps me to be very respectful and to help people to take responsibility for their own selves. The Focusing-oriented approach always helps me to be aware of what is whole and healthy in the individual rather than what is in need of help. Focusing has helped me to look on people who come for help as healthy whole people who have made unhealthy adjustments due to the unhealthy environment that they were in [Appendix 19].”*

MFI16 stated that he had never done couple therapy without a focusing-oriented approach and that the focusing approach was always there so that he could not answer whether or not that made couple therapy different.

*“I am not sure whether it necessarily is different. The focusing orientation is always there in the background for me. It doesn't mean that I get couples to do Focusing. I don't teach them to do Focusing in couples counselling [Appendix 20].”*

This section suggests that the focusing-oriented approach makes couple therapy different by providing specific modes of help that involve increased awareness. Couples fail to identify their issues and sort them out because they are quite often unaware of a lot of things that are important to them. It can make all the difference for the couple to be able to bring awareness to the issue in Focusing. Being grounded in their whole body and in a sense of themselves as people enable them to separate themselves from their stuck place, from what the problem is with each other. Then they become aware that there are two sides to the story and that the fault is not on one-side only. Thus, the couple can deal positively with their problem. To enable positive action to happen, the focusing-oriented therapists guide the couple inside to notice how they are carrying the problem, to listen to the story that relates to the experience that mirrors it and to explore the appropriate action step.

More specifically, FOT makes couple therapy different by having the couple become more in touch with inner experience and their felt sense. This can involve helping people to take more responsibility for themselves, and encouraging the capacity to grow in awareness of what is whole and healthy in each other and in their relationship. The spotlight is not so much turned on what is dysfunctional. The old relationship patterns that the couple naturally carry on from their childhood or from other past experiences can be severed when FOT mirrors the real experience for them. The practical outcome of FOT is that it gets the couple to stop just talking and to move into sensing and away from whatever reactive feeling might be in the picture. Some couples only express what they feel and come to a full stop in their story, but the unrushed, gentle, spacious climate of Focusing allows whatever has to unfold to be articulated, contained and defused if necessary.

As WFP17 stated that it helped her to be aware of what is whole and healthy in the client, FOT and systems thinking share some common characteristics

that enable them to understand human beings and their problems. They both have the holistic principle. As with the systems framework, therapists think that the whole is greater than the sum of its parts (Bradshaw, 2005). Basically, Focusing is to work with the whole situation because a felt sense, which is the key concept of Focusing, is experienced as an intricate whole (Gendlin, 1996). A felt sense can include many intricacies and facets. A couple can be seen as stuck because each member is repetitively trying to solve a problem by fixing the other partner in the situation in which they are blocked. The felt sense gives freedom to move forward in another area. From the felt sense something comes out to the couple and they can move forward. When one partner continually focuses on it another thing may emerge for him. Until he feels all right with that when he checks it, he will stay with the felt sense. There are many steps in the unfolding of a felt sense and every step is related to every other step. All steps of this process are part of the whole so that the focuser gains a new meaning or awareness within the whole situation.

Focusing-oriented therapists perceive the couple's situation or issues as a whole so they help the couple to understand a single event within a whole situation. For example a husband who is constantly angry without any specific reason shouts when he talks to his wife and his wife shouts back as well. The couple as a whole may be seen to be violent or unhappy. Systems theory therapists and focusing-oriented therapists help the couple to understand this situation as a whole, but their approach to the process of this issue is different: using the systems theory approach, the therapist endeavours to broaden the focus of observation by taking the concentration away from the petty details of their interaction to helping the couple to understand and notice the process and pattern of the interaction (Crow & Ridley, 2000): the focusing-oriented therapists interact with each partner of the couple in the manner that each partner can contact a felt sense of the whole situation. Furthermore, the therapist helps each partner to stay with the felt sense of this issue

in order to understand it and move it forward.

## 8.5 Teaching Focusing to couples

MFE14 stated that he guided the couple to enter inside rather than teaching it Focusing as such. He simply suggested doing something that might be helpful.

*“In an individual setting I lead them through it. I guide them inside without saying that I am going to teach them something. I just say, let's do something I think would be hopeful and helpful. So if you would both close your eyes, get comfortable in your chair, put your feet flat on the floor, notice your breathing, and all these things and then let your awareness just drop down into the middle part of your body. That is different [Appendix 21].”*

WFP17 stated that she taught couples reflecting back for each other and she was modelling for them.

*“Very often if I am doing the reflecting back in my work with couples, I am actually modelling for the couple, teaching them how to do it for each other, or coming in to bring an extra element in [Appendix 19].”*

MFP19 described how he taught Focusing to clients. The couple did Focusing at home after learning it.

*“The idea is for them in the end to listen to each other in a Focusing way, outside of the session with me. It is a life skill that I want them to take home. There is one separate simple exercise I have with people who are very new. I say, ‘Go for a walk with each other. For the first five minutes, one person just simply says what is there for them at the moment. The other person keeps quiet. They just say whatever is on their mind. The other person doesn't judge or get into it in any way. Then they switch. The other person has five minutes just to say what is there for them. The other person doesn't say anything.’ I found that simple exercise very useful. I remember my own experience. I used to think that my partner must be thinking about me all of the time and all the bad things I am doing, to discover that actually they have their own lives, they are not even thinking of me at all. That was very helpful to me and I know that people like doing that [Appendix 18].”*

The data in this section suggest how the focusing-oriented therapists help the couple to focus. Some focusing-oriented therapists guide the couple to 'enter inside' without saying that they are teaching anything. They simply suggest doing something that would be helpful. They have the couple get comfortable, and then let their awareness drop down into the middle part of their bodies. On the other hand some therapists tell the couple something specifically about Focusing, such as the way Gendlin discovered it and developed it. They work with the couple on some experience or situation when the couple needs to pay attention to themselves and to their experiencing. They take them through the basic steps very naturally in the gentle gradual process which they say is called Focusing. They ask the couple whether they ever have the experience of getting the felt sense. The therapists lead the couple to pay attention to how they are inside and to listen to themselves.

Some of the focusing-oriented therapists use their own experiencing in leading the couples. They do not say anything about teaching or Focusing at all. The therapists leave the couple or the client free to choose the issue they want to talk about themselves. They listen very attentively to their story and very gently lead them to take that story into a deeper inside to really get a sense of it and a feeling for it. Using reflecting back, the therapists mirror the story and demonstrate to the couple the way they can listen to each other in a Focusing way when they are not in the session with the therapist. The therapist wants to give the couple or the client a skill that is useful for life and that the couple can do at home or wherever they are by themselves. The therapists encourage the couples do Focusing at home after learning it.



## 8.6 Views on the limitations of FOT in working with couples

MFE14 identified Focusing as a slow, gentle process. He suggested that for some people it might not be fast enough, but otherwise he said that he did not know of any limitations.

*“Focusing is not fast. You would not start Focusing at the end of a session, because it is not what you rush. It is an inner process that can be slow. Impatience works against the process. You want to make sure you have time Focusing and to lead them through it. EMDR is fast. Focusing is slow, gentle and gradual, but some people can connect with it fast. I don't know if there are any limitations. But it is just a gentle slower process. If you do not have many minutes left in a session, you could not start that. There was a famous Focusing teacher in California, Ann Weiser Cornell. I was out there learning how to teach Focusing from her. And we were at lunch and I told her that I do EMDR mostly. She said, ‘Oh, I tried that once.’ I said, ‘What did you think?’ And she said, ‘Fast for me’ which was interesting because Focusing is a slower gentle process. At first I thought that's crazy that you wouldn't want to heal fast from something that was troubling you. She prefers Focusing and likes its slow gentle nature. She said, ‘It is not rushed. It is a very gentle climate.’ I don't know if there is any limitation. It is gradual, slow and gentle. For some people it is not fast enough. Everyone wants instant results now in this culture. It is cumulative, not instant [Appendix 21].”*

MFP19 mentioned some limitations of FOT, especially in the case of addiction issues:

*“The bigger thing is that many people cannot get a felt sense for one or a variety of reasons. I have worked with people with forms of addiction to alcohol or drugs. When they are in the addiction, I don't feel they can work with me, because they are not able to be with themselves. Focusing can only work and this particular counselling for couples works when people are genuinely willing to be open to their own selves first. The felt sense requires an openness of attitude towards what there is inside with me. There is a certain degree of honesty and integrity required. Not everyone has that. There is also the role to honestly listen to what is actually happening in the other person. There is a fair amount of maturity required for this type of thing to work in a focusing way. There are a lot of limitations to Focusing I think [Appendix 18].”*

MFI16 felt that the focusing-oriented aspect was not always as great in working with couples as with individuals because getting the couple to talk and listen to each other was more important.

*“Working with couples the focusing-oriented aspect of the work is not always as great as with individuals. I am trying to get the couples to talk to each other and to listen to each other in meaningful ways. That does include something of a focusing-attitude. But I am less concerned about Focusing with a couple than I might be with an individual [Appendix 20].”*

The data in this section suggest that some interviewees feel that there are few clear-cut limitations of FOT in working with couples. However, there is also the perception that FOT is cumulative, not instant. This means that Focusing needs to be given time as it is a slow, gradual inner process. It was also noted that the couples that are not able to be open to themselves and work with themselves cannot get a felt sense. This is certainly a limitation, and it raises the question of how the therapist can help such people.

Through Focusing oriented therapy, addiction clients can be helped to stop fixing themselves, fighting themselves and trying to change themselves, none of which work very well to produce long lasting change. Instead, they can start paying attention to what is really going on inside them when felt sensing frees them to move forward in their lives and to have a compassionate, creative relationship with themselves and with others. It enables them to ground themselves in presence to process feelings and situations in a safe, spacious way. Discovering deeply held feelings, thoughts and desires that they were half aware of but never quite understood before, suddenly they can understand how they are getting in their way. Then by continuing the Focusing process, they actually transform the feelings, thoughts and desires so that they stop working against them - they work for them.

Finally, the people engaged in the focusing process in the couple context need to have a lot of honesty and integrity, and not everyone has all that is required.

Much maturity is required to be able to honestly listen to what is actually happening in the other partner.

## 8.7 A summary statement of the findings

Focusing helps counsellors to be aware of and deepen their own feelings in counselling. It also helps the counsellors to notice if they are being judgmental and whether to express their own responses in the session. Focusing is about gentleness, spaciousness, and unconditional positive regard; the focusing-oriented *attitude* is there all the time. Focusing helps the counsellor to check out what is going on with the client, as well as in their own feelings, through becoming aware of their body sensations. This process enables them to slow down so that they are not likely to get 'hooked into' a client's process. Thus Focusing helps the counsellor create a safe environment.

The interviewees describe FOT as helping the clients to connect inside and to listen to their 'whole body wisdom'. It is a matter of working with, and often forming, a felt awareness of the clients and their situation and working in a way that encourages the clients to allow the therapeutic process to happen. FOT involves using the focusing attitude and being aware of the felt sense. It involves the gentleness and spaciousness which unfold from the felt sense. Allowing the space for things to unfold at the pace of the client helps the client to connect inside and allows the felt sense to emerge.

The interviewees say that Focusing is to be understood essentially as a way of listening, in which the therapist takes in what the client expresses, and waits patiently in order to find how to keep the person company in what he or she is asking, saying, or sharing. In such listening a deeper level of self is always being invited to enter into the dialogue that is taking place between the client and the therapist.

The focusing attitude is characterized by openness, non-judging, gentleness, compassion and patience. The therapist is listening, reflecting back and helping the client to develop the same attitude towards their own experiencing. Moving slowly manifests the gradual approach of Focusing that enables the therapists to feel their way towards asking whether the client can notice what they are feeling. The therapists' expertise at contacting their own inner senses and processes will assist them in helping others find their own creative ways of tapping into deeper levels of awareness and wisdom.

We are the inheritors of a Doing/Fixing culture with the mindset that nothing changes unless we make it change. Using the felt sense and the focusing attitude, the focusing-oriented therapists reflect back, slow the pace, and invite the client gently to notice anything in his or her body.

The 'felt sense' is understood as 'whole body wisdom', which includes thinking, emotions and what the body holds – but not in words. It is 'what the heart feels', an inner knowing, a gut instinct. Therapists facilitate working with the felt sense through gently encouraging couples to ground what they are saying in their experiencing. When it is difficult for some people to get the felt sense, the therapists may help them by inviting them to become aware of how an issue is felt in their body.

Listening is an essential element in FOT. Therapists listen with their felt sense to tune into their client's bodily feelings. Like the couple therapists, the focusing-oriented therapists believe that listening to each other is what brings the therapeutic change in couples. Focusing-oriented therapists give space to each partner, and use the focusing attitude to get the couple to listen to each other and to talk to each other in meaningful ways. They may try to teach the couple to listen to each other, as they are concerned about the communication between the couple, and about the couple listening to their felt sense.

Focusing is very helpful in facilitating self-acceptance. Focusing confirms for the client that whatever feeling they have is normal and that there is nothing wrong with them; their feelings are important and cannot be ignored. The therapists need to be alert to spot the excuses that clients are making to reject themselves. Self-acceptance is not an overnight achievement. It needs to be given whatever length of time it takes.

FOT seems often to be positive in its outcome. When all else fails, Focusing may work. Often clients neither look nor listen inside; focusing helps them to do this. The felt sense guides clients to new life and carries them forward. The outcome in terms of the couple separating or staying together varies, but there is often a positive outcome in the sense that the couple listen to, and understand each other, better; and also that they tend to pay more attention to each other, to themselves, and to their own experience in the relationship.

The way of working with the client in the FOT is likely to be in some ways inactive but in other ways active. Therapists listen to the client with acceptance, warmth, and empathy. At the same time, they actively try to help them to get in touch with their felt experiencing to unfold new meanings. They use the focusing method to 'bring the couple's awareness inside'. Some focusing-oriented therapists get the two people to focus at the same time. Another way is that one of the couple focuses and the other one observes. Some focusing-oriented therapists help the couple to focus on their bodily awareness without giving instruction on Focusing. Most use reflection to facilitate the couple's listening to each other. They get them to identify what the issue is and what change they want. In using reflection, they may direct a question to each partner in turn, and then reflect, or get the other partner to reflect what has been said.

The focusing-oriented approach makes couple therapy different by providing specific modes of help that involve increased awareness. More

specifically, FOT makes couple therapy different by having the couple become more in touch with inner experience and their felt sense. This can lead the couple people to take more responsibility for themselves, and develop the capacity to grow in awareness of what is whole and healthy each other and in their relationship. One outcome of FOT is that it gets the couple to stop just talking and to move into sensing, away from whatever reactive feeling might be in the picture. Focusing-oriented therapists perceive the couple's situation or issues as a whole; the therapist endeavours to broaden the focus of observation by taking concentration away from the petty details of the couple's interaction.

Some focusing-oriented therapists guide the couple to 'enter inside' without saying that they are teaching anything. Others tell the couple something specifically about Focusing, They typically take them through the basic steps, and ask the couple whether they ever have the experience of getting the felt sense. The therapists want to give the couple or the client a skill that is useful for life and some therapists encourage the couple to use focusing at home.

There were seen to be few clear-cut limitations of FOT in working with couples, but there was the perception that FOT is cumulative, not instant. This means that Focusing needs to be given time as it is a slow, gradual inner process. It was also noted that some couples cannot get a felt sense. Couples engaged in the focusing process need to have a lot of honesty and integrity, and not everyone has all that is required. Much maturity is required to be able to honestly listen to what is actually happening in the other partner.

# **Chapter 9: Implications for the development of focusing-oriented couple therapy**

## **9.1 Introduction**

Two things are clearly brought to light by this research. First, the practice of using FOT in working with couples is still relatively rare within couple therapy. Secondly, focusing-oriented therapists do not work very much with couples, yet most of them believe that FOT is effective in working with couples. It is important that there is an informed debate about the acceptability and possibility of integrating FOT with couple therapy (e.g. Amodeo, 2007). In this research, there are seen to be many possibilities for usefully applying FOT to work with couples. It can be integrated in an appropriate and practical manner by practitioners who are open to its use.

There are some findings of the research that remain to be discussed, and related to relevant themes in the literature. This chapter discusses further how FOT can be relevant to couple therapy and the practical implications of using FOT in couple therapy.



## 9.2 Some issues in connection with FOT generally

### 1) The therapeutic process in FOT

In this research we have seen that most of the focusing-oriented interviewees believe that FOT works well. They maintain that couples co-operating with focusing-oriented therapists can get their felt sense, which in turn leads the couple to new life and helps them to move forward. However, some focusing-oriented therapists also experience that it does not always work well. MFR10 said, *“Allowing the space for things to unfold at the pace of the client, I feel I ought to say something about the body in there and the felt sense in there. And yet strangely, they never worked for me [Appendix 23].”* The interviewee affirms being led by the client and the importance of waiting until the client is ready for things to happen. The interviewee also feels that he should say a little bit about drawing attention to the body and the felt sense in his work with clients. But surprisingly for him, reference to the body and the felt sense did not really have much of an impact. This brings up the question of why it never worked for him as it did for the others. Of course it is too much to expect that each and all of the therapists succeed in using the skills, techniques and interventions they are trained in. Obviously, the gap between the inexperienced and the proficient therapists is connected with the extent to which they succeed or fail in therapy. Some therapists use the skills and techniques well but some others do not. The interviewees in Chapter 5 state that one approach in counselling does not work out well for every client because people are so different. Basically, each school of psychotherapy has a different understanding of human beings and of the problems of the client. For example, in the case of psychoanalytic therapy human nature is seen to have a fundamentally determined aspect. Following Freud’s line of thought, our behaviour is determined by irrational forces and unconscious motivations. Attention is also rightly paid to

the happenings of the first six years of life since these events are seen to impact the later development of personality. However they claim that the unconscious becomes conscious and that choice takes the place of blind habit (Kovel, 1976). Provided the proper conditions fostering growth are in existence, the person-centred therapists are fairly confident of one's ability to move forward moving ability in a positive way. They trust the individual's innate capacity to opt for psychological health rather than settle for maladjustment (Bor & Palmer, 2002). Cognitive behaviour therapists believe that human beings have the potential for both rational and irrational thinking. While the CBT belief is that human beings naturally move towards growth and actualisation, they often miss this growth opportunity just because they also have a natural tendency to fall for irrational thinking and self-defeating patterns they have learned (Corey, 2001). Each school has a different approach to the client's problems. Some therapists hold that it is more effective to use a different approach depending on who the client is and what the problems brought to counselling are (see Chapter 5). In other words, if the therapist uses a tool that is unsuitable for the client's nature and problem, that approach will not work out well. This is what some of the clients mean when they say, "I don't like his approach."

In FOT, the therapist tries to put together what the client feels or notices happening in their bodies on the understanding that their feelings relate to their behaviour and how they understand themselves and what they are doing. The focusing-oriented therapists make interventions to get the client to be aware of their bodily felt sense. This is sometimes misunderstood. Some therapists naively and directly invite the client to explore their bodily sense and then to stay with it for a moment after listening to their problems. Although they are invited to stay with their bodily sense, the client feels slightly uncomfortable and perplexed. They are not ready to explore and stay with their bodily sense. It is very important to follow

the pace of the client and be aware of the process of the client when the therapist invites them to stay with their bodily felt sense. Not noticing their pace and process, some therapists make interventions. In this case the therapeutic intervention does not work well. When the client comes to counselling they have some difficulties with strong emotions such as anger, sadness, frustration and so on. They may also have some strong memories that are painful for them, especially in connection with the counselling itself. Thus they often say ‘Last time you did....’ or ‘you said yesterday...’

What does the client want at the beginning of counselling? Often, they want to complain about their difficulties, accuse somebody, talk about what is happening in their stories, or describe their difficult or stuck situations, and this talk is usually from their head. They need to talk, and the therapist allows them to do it because that is their pain. On the other hand it is difficult for them to get a felt sense because they are occupied at the cognitive level (e.g. Purton, 2007, pp.11-12). They *think* about what is happening to them. The more they think and try to define the problem, the more they are surrounded by it and the more intense their emotions are (Gendlin, 1996, p.58). They are stirring up feelings and are so full of turmoil inside that they become narrow-minded and short-sighted, so that their experiencing is finite and stuck at a particular event. The client needs to take out their intense emotions and occupied thoughts (e.g. Gendlin, 1964). First of all they need to calm down from this distress. They need to talk about it and to look for somebody who will listen to them and to what their difficulty is as well as wanting to solve it. When the counsellor listens attentively to the client, the inner process that was at a standstill starts to flow. When their inner process is flowing the counsellor avoids interrupting it. This means the counsellor does not make interventions too quickly. It also echoes Elfe Hinterkoph’s (1998) belief that patience is one of the four critical attitudes necessary in Focusing, since it can

sometimes take a while for the felt sense to come. Making an intervention too quickly can be an obstacle to the client's process because it disturbs or changes their process direction.

The impact of the clients talking about their intense, tense and distressful emotions, and the counsellor listening attentively to them, gives them some needed space to 'look inside'. The friendly focusing attitude, openness and acceptance of what comes are really important here. This attitude changes the client's attention from the intense emotions and the preoccupied events to inner experiencing. In this process their inner process can become more calm and quiet. Gendlin (1984a, p.81) states that "The inward process we are specifying involves keeping quiet, and sensing the unease in the body, directly, whole as it comes, without putting one's maps, cuts, and distinctions on that." After this process the focusing-oriented therapist can work with the body and the felt sense of the client. The client can then get in touch with the felt sense that was already there, but which their intense emotions and preoccupied thoughts prevented them from getting before. Therefore in FOT this therapeutic process is important because the client needs to allow the felt sense to emerge. Without this process the focusing-oriented approach cannot work well.

## **2) How FOT can work with different techniques and procedures**

It is evident from this research that couple therapy deals with problems which arise from the couples' *relationships*. MCP9 said, "*I prefer to see the couple rather than either of them separately. This is because the couples are experiencing difficulties with their relationship. I need to be able to relate to their relationship; I need to be able to help them process and work on their relationship [Appendix 15].*" Unlike individual therapists, couple therapists are concerned with the problems in the couple's relationship (Luquet, 1996). The relationship problems occur in the

interpersonal interactions between the couple since relationship involves both people, not just one of them.

Considering how to improve the relationships, couple therapists have developed their own theories and procedures. Most of them have tried to combine their original approach with other approaches. They have elaborated on more active and effective interventions in their therapeutic procedures. However, as this research shows, some couple therapists have no special principle for choosing another approach. Representing them well WC113 said, "*I use whatever approach I feel would help with the people in front of me [Appendix 14].*" This is consistent with Gendlin's view (1996, p. 172) that the therapist's theoretical views do not really matter but what is helpful to the client does. Since all theories can be modified, framing the client's experience in terms of the therapist's theoretical views can be unhelpful, if we think that a person can be limited to what a theory says. It is of the utmost importance for the therapist to get his or her thinking straight, so as not to fall into the trap of thinking that a person is what a theory says. In other words, the therapist must always bear in mind that a person is a human being, *a who*, not *a what*, and always this living one, in front of us. There is a connection between this view of Gendlin and how couple therapy has been changing. This research suggests that various shifts in approach through these seem to be found in almost all approaches. The importance of person to person connection, and not simply emphasis on theories and techniques, is revealed in couple therapy. Following the same line of thought as Gendlin, Purton (2004, p.129) clearly identifies the relevant relationship between theory and the client: "The only theoretical formulations which are relevant for the client are those with which the client's experiencing 'resonates'."

Although couple therapy approaches have specific and well-organised theories and procedures, they need to be used in relation to contact with the

client(s). In particular, as long as couple therapists are interested in the couples' relationship in their therapeutic procedure, they cannot reject or abandon each couple's experiencing in their relationship. WCI16 said, "*couples are telling me about their upbringing, work, education, dreams, family set up, and the problem as well, why where they are now isn't where they want to be, what has gone wrong. I really allow them to talk [Appendix 11].*" In accordance with Gendlin's view (1996, pp. 172-176), the therapeutic procedure is to help the client to contact with their experience. Purton (2004, p.130) explains Gendlin's view:

He has no first-level theory of therapy beyond the principles which are involved in helping clients to formulate their own 'theories' in a way which will carry forward their experiencing. Similarly he has no theoretically based procedure apart from the 'procedure' of trying to do whatever will help the client to engage with their own experiencing.

Experiencing involves feelings, interactions, cognitions, memories, actions, and images. However, if we take a look at where these elements of experience occur, they seem to be separate from each other. The place of feelings is inside the individual. Interactions are external, and occur in the relations and the relationships between people. The conscious mental process seems the obvious operating source for cognitions. Events from the past are contained in our memories, while images are the pictures that we get from our mind or from an idea or ideas. When a couple comes to a session, they may complain about their relationship each from their own perspective. WCI14 said, "*When they are talking to me or to each other, they are talking about something that could be a bit of a painful experience for them [Appendix 13].*" Their experiences are not made up of one of the packages of experience. They may have feelings, interactions, cognitions, memories, actions, and images towards the other partner in their experiences. The couple therapists mostly work on a few of these experiences, not on all of them. WCI16 said, "*It would depend on what the difficulty was. They might have misconceptions. We all*

*have rational and irrational thinking. Then I would look at CBT as well, introduce them to looking at the thoughts and the feelings and get looking at the response to situations [Appendix 11].”* Some couple therapists focus on behavioural exchanges. Some work mainly with emotional experience. Some spend most of the time on the thoughts with an emphasis on partners’ interpretations. Some employ miracle questions using images. Some use conversations in which one partner explores his or her memories while the other listens and then comments on what has been said.

The experiential mesh that Gendlin calls the felt sense which senses the whole feelings of the entire situation is clearly not divided. MFE14 said, *“The felt sense, that whole body wisdom, includes your mind, emotions, experiencing and everything. It has the whole picture [Appendix 21].”* A partner can seek the felt sense of what the other partner has just said or felt or done, and the felt sense of how a partner just responded to the other partner or the therapist, and both partners can seek the felt sense of what is going on in the therapeutic procedure. Therefore, change processes come not only from emotions, cognitions, or images, but from a felt sense as well. Starting from any of the different kinds of experience, the couple can look for the felt sense of their experiences. Each avenue can be used in relation to the whole experiential mesh or the felt sense. Gendlin (1996, p.171) notes:

[O]nce there is a felt sense, all avenues are ways to carry it forward. From a felt sense the next step can come as words, an image, an emotion or an interpersonal interaction.

This central experiential process then is the open door for each therapeutic avenue to come to or to go out from. The new and wider felt experience that comes can bring about new experience on each avenue. This affirms that the felt sense can be the connection between the avenues in working with couples. The next section will discuss some issues that some interviewees pointed to in the interviews and then how the felt sense operates in working with couples.

### **9.3 The application of focusing-oriented principles to couple therapy**

#### **1) Introduction**

Focusing-oriented therapy has a particular way of working with clients. MFE14 defined FOT as “*getting the clients to connect inside or within and to listen to their whole body wisdom.*” This means that the clients get in touch with their inner experiencing. In FOT the key term is “experiencing”, which refers to ‘the flow of feeling, concretely, to which you can every moment attend inwardly, if you wish’ (Gendlin, 1997a, p.3). We can at any moment turn our attention to our inner world, tune into it, and listen to our experiencing. The focusing-oriented therapist enables the clients to get in touch with their own experiencing and to articulate their experiencing in ways that will help them to carry on taking forward moving steps. Gendlin calls this process ‘Focusing’. He (1964) declares that “Focusing is the whole process which ensues when the individual attends to the direct referent of experiencing.” Gendlin refers to the direct referent of experiencing as a “felt sense.” A felt sense is a “bodily sense of some situation, problem, or aspect of one’s life” (Gendlin, 1996, p.20). This is also very important in working with couples and can be a particular characteristic of the focusing-oriented couple therapy. By staying with the felt sense and finding a symbol that matches it, the felt sense unfolds its meanings and shifts. The felt shift is the feeling of therapeutic change.

When a couple comes to the therapy each partner has his or her own experiencing in connection with their relational problems. In their experiencing they feel that they have something wrong between them. This research suggests that the problems between couples usually start when they stop communicating, argue a lot, and are no longer interested in each other (Gottman, 1994). However, they do not know what is really going on, what is going wrong and where they are



going in their relationship because they do not turn their attention inside to their inner experiencing. They do not listen to each other. They are so busy accusing and blaming each other or finding fault with the other partner that only the negative atmosphere remains in their relationship. They are really stuck in the negative atmosphere or circle or dynamics.

Little has been written about how the focusing-oriented approach can be applied to couple therapy. However, the present research suggests that there can be helpful ways of working with couples using Focusing, ways of helping to make contact with the couple's experiencing process so as to facilitate its being carried forward: Some elements of Focusing can be used to shift the negative atmosphere, to restore their intimacy and closeness and to help couples resolve conflicts. The following discussions provide food for thought on the way that these elements of Focusing could be understood in the context of couple therapy.

## **2) The focusing attitude**

This research (Chapter 8) reveals that it is important for the therapist to take the focusing attitude towards the client's own experiencing. MFI16 defined the focusing attitude as "*openness, gentleness, compassion and patience*". In this attitude the therapist encourages them to explore what they are experiencing. This attitude can be described as friendliness and acceptance of the person and the experiencing (e.g. Gendlin, 1996; Purton, 2004; Rappaport, 2008). The therapist's friendliness and acceptance are priorities which are crucial to make the client feel safe, for without that sense of safety, the therapist cannot do anything with the client. This focusing attitude entails staying respectful, friendly, and welcoming towards whatever emerges. Although negative feelings emerge, the therapist invites the client to welcome whatever comes in a friendly and non-judgemental way instead of trying to fix it or change it.

When the two partners can see one another as whole human beings with a mixture of good and bad, and when they can accept that every day is not all sunshine, but that it has its inevitable ups and downs, things are likely to go well. Many relationships have a good beginning but run into problems as time goes on. The couple's relationship can become the very opposite to what it was meant to be. Instead of being comforting and nurturing, it can be full of pain and stress. Emotional distance, positive feelings giving way to negative ones, and increased heated conflicts are some of the reasons for the current situation. In the focusing attitude the therapist can invite the couple to stay friendly and respectful towards their negative feelings without judging or changing them.

In this attitude the sense of safety can also be created between the therapist and the couple as well as between the members of the couple. They can learn this attitude from the therapist because the therapist models this attitude to the couple. In this attitude the couple can themselves create the safe environment in couple therapy, and the couple can try to discover the blocks to their effective communication and satisfactory relationship. They discover a new awareness of how certain predictable and unpredictable patterns of interaction keep them going around in circles. New and increased awareness brings about changes in feelings and behaviour within the relationship. This attitude can motivate the couple to explore more constructive and mutually supportive ways of relating in order to prevent the old patterns from getting in the way again.

### **3) Slowing down**

It is evident from this research that the focusing-oriented therapists invite the client to slow down. MFR10 asked if the couple could slow down gently: *“There is something very intense here. Can we slow down and absorb all that is here? Can we slow down and take this gently? Can we see if we can create a space*

*for what needs to be heard without recrimination? [Appendix 23]*” Gendlin and his colleagues spent a huge amount of time studying hundreds of hours of taped therapy sessions (e.g. Gendlin 2003, Cornell, 1996). They found that there was a distinct difference between successful and unsuccessful therapy clients. The successful clients showed evidence at times of slowing down their talk, having difficulty articulating, and struggling for words to express what they were feeling and experiencing. They did not analyse what they were feeling, but they directly sensed the hazy, nondescript bodily awareness that was part and parcel of that feeling. Gendlin called this vague physical awareness the ‘felt sense’, and the process of tuning into the felt sense for meaning to emerge, he called Focusing. He carried forward this new discovery called Focusing by developing a way to teach this welcome skill of emotional healing. Focusing was found to be both a natural skill and the keystone for success in therapy. Thus, in focusing-oriented therapy, *what* clients talk about does not make so much difference to therapeutic progress (Purton, 2007). *The way* clients talk, when they make more direct reference to their felt experiencing, can make therapy work differently. Once I met a client, David, in his late 40s. He was referred to me after the loss of his second child when his wife had a miscarriage in the seventh month of her pregnancy. Since then he lost his temper easily and sometimes he was out of control. During the first and second session, he was fiercely talking about what happened to him with intense emotions. He was upset and angry at the hospital where his seven month-pregnant-wife was treated and his daughter died. I usually held and supported him by listening actively and reflecting back appropriately. I used ‘reflecting back’ to help him slow down when he kept talking continually and with intense emotions. While he was talking with intense emotions he did not notice how he felt about what he was saying about the situation. When I reflected back what I heard him say and what he said about how he felt about all that, he slowed down to look at what was going on

in him and was able to get in touch with his feelings. After that the way he talked was totally different. He was more prudent and considerate of his situation and issue, and it was also like a search in the darkness for the right direction, a groping around his own feelings. In this case, there were some short pauses in his sharing and the subject matter included not only the external world but his own feelings of the particular incident(s) as well. In the third session I made an intervention by inviting him to take time for a moment to notice if there was any physical sensation in his body. He started moving his life forward from his felt sense. In the third session I made an intervention by inviting him to take a moment to notice if there was any physical sensation in his body. This gave him space to pause, slow down, get the felt sense of what was going on in his life, and to start moving his life forward from his felt sense.

‘Slowing down’ will help the clients become more present and attentive to their felt experiencing. MFP19 said “*It became very clear that this was a situation where very subtle signals from each other were being read in a particular way. They were being read as signs of neglect or signs of dislike in the same way that intimate couples behave. It seems quite an easy job if you see what I mean. So all that had to be done in that situation was to enable them to slow down and take their time to pick out those subtle signals, describe them and articulate what the feeling was in all that and listen to the other one and be heard by the other person [Appendix 18].*” In fact, by helping the clients to pause deliberately and to slow down, the focusing-oriented therapists allow them to feel into the implicit consequences of their actions, emotions, and thinking.

#### **4) Working with feelings that are actually there**

In this research (Chapter 5), couple therapy focuses on the problems existing in the relationship between two people. But, these relationship problems

always involve individual feelings, as well as the relationship conflicts. WCI13 was convinced of the importance of working with the couple's feelings: *"It goes without saying that feeling is terribly important. We are tuned into that level of feelings all the time. It is a vital part of how we work. If you can't work with feelings, you shouldn't be a counsellor. It sort of goes without saying it is so important [Appendix 14]."* If one partner is constantly arguing with the other partner, he or she will probably also be anxious, angry or depressed. Or, if one partner has difficulty controlling his or her temper, the other partner will have more arguments with his or her partner. How do couples express their feelings? There are some couples who are very good at communication on an intellectual level but they cannot express their feelings. For them, feelings become ignored in the relentless pursuit of agreement on opinions, and both partners intellectualise any feelings they have. In other couples there is a marked difference between the partner who is logical and self-controlled and the partner who lets feelings out and cries or becomes angry quite easily. There are some couples who can easily show sympathy or sadness, but who find it difficult to show anger. On the other hand, some couples are very good at showing their feelings, and some are skilled in talking about them.

Focusing can help both partners to achieve flexibility in expressing their feelings towards each other. Focusing-oriented therapists work primarily with the overall feeling of what the client is saying and respond to this feeling, inviting them to stay with their feelings. Usually, couple therapists try to encourage couples to show their feelings. WCI13 said, *"I say to them, 'What do you think your partner is feeling at the moment?' And when they see that the partner is feeling upset that can surprise them. And I would step in and say, 'Would you just check in and see how your partner is feeling right now?' That is what I tune into all the time, feelings. And if they are angry, I ask them why they are feeling angry [Appendix*

14].” Some couple therapists ask, “How are you feeling?” Or “How do you feel about that?” They are likely to be answered with an expression of opinion, such as “I feel she could make more effort” or “I’m feeling that he doesn’t understand me.” Focusing-oriented therapists have a different approach. MFP10 said that he followed the couple’s process and asked them, “*Can you stay with that for a minute? Okay. I hear that and at the same time I am wondering how that feels if you come down into your body, down to where you feel things, how is that? [Appendix 22]*” The focusing-oriented therapists help the client to stay with the feeling of the situation as a whole, rather than asking directly how they feel it. The therapist might ask “Take your time..., stay with how you feel about that, and welcome whatever comes to you.” In focusing terminology we say that there is much in a situation that is *implicit* rather than *explicit* (Purton, 2007, p.19). This means that we need to return to what is implicit in the problem to let some new expression of it arise. For example, the focusing-oriented therapist asks “I am wondering how it feels for you that your husband doesn’t understand you... Take your time... and stay with what the feeling of this whole thing is.” After a while, she might say, “I feel lonely and sad in that he doesn’t understand me. I want to feel closer to him.”

In focusing-oriented therapy emotions and the particular kind of feeling that is called the felt sense are distinguished (Gendlin, 1991, 1996, 1997a; Purton, 2004, 2007). There is something about the situation that makes people feel the emotion as a change in the situation that can bring a different feeling (e.g. Purton, 2004, 2007). Our scope is limited when we can only work with emotions. Emotions are emotions. Thus anger is just anger and no more. Then the opposite is true when we work on the felt sense level, as the anger we feel today is different from the anger we felt yesterday. As we stay with today’s anger, we start to sense something different. The subtlety of the felt sense requires us to stay with it and to be attentive

to it so that we become more fully aware of its intricacy and that we are drawn to the 'more' that is in it, in our experiencing. Thus when a partner talks about emotional states such as being anxious, angry or depressed, it is important for the therapist to help that partner stay with the emotions and try to sense what it is about the situation that makes him or her feel those emotions. When she or he does that, something new might emerge from it as in the example above, "I feel lonely and sad... I want to feel closer to him." If the other partner heard that, he might feel very different from hearing that "I feel that he doesn't understand me." Now they can move forward in their lives and have new perspectives in their relationship.

##### **5) Avoiding emotional flooding**

In this research (Chapter 5), some couple therapists described how they deal with emotional flooding. WCI15 said, "*I would ask the ones getting upset why they are feeling so upset, what brought those tears on, and if they could say more about that. I would ask the partner if they could hear what their partner is saying, what they heard and how they feel in response to that [Appendix 12].*" When a client comes with strong or intense emotions they say, "I am drowning in sadness", "I feel overwhelmed. I am just so terrified", "I am scared." Here they may be too close to their feelings to be able to relate to them. Going back on their feelings over and over again makes them too trapped to change them. Neuroscience researchers have suggested reasons why we repeat our feelings. They claim that repetition is the brain's way of acquiring new habits. According to Hebb's Law (Hebb, 1949), brain processes that occur together repeatedly tend to become so welded together that they will probably happen conjointly in the future. Such strong and intense emotions are unhealthy. Healthy emotions lead the client to respond more constructively but unhealthy emotions make him or her stuck (e.g. Ellis et al., 2003). Healthy emotions are characterised by awareness. We can identify our

feelings and connect with the situations and with others. In strong or intense emotions we cannot be aware of the whole complexity of the situation. Neither can we see a person as a whole person or a situation as a whole situation when we have strong and intense emotions. There are also unhealthy emotional expressions and healthy emotional expressions. “I’m just very angry” could be seen as an example of an unhealthy emotional expression. It does not specify anyone or anything at which the anger is directed. “I am angry that I was not informed when the plans had changed” is regarded as a healthy emotional expression, because it is accepted, expressed appropriately and it can be acted upon in an effective way. Awareness can be a key to healthy emotions and it enables change, forward movement and release from stuck spots. The felt sense can help people to get an awareness of their feelings or situations because there is always more to these than they can speak or conceptualise. When they are invited to stay with their feelings (for example “Could you stay with what you are angry about or wait for a moment without saying anything?”) something that they have not yet said begins to emerge.

The consequences of emotional flooding for couples can be exhibited in criticism, contempt, defensiveness, the sense of being up against a stone wall and other conflicted marital behaviours (Turner, 2005, p.646). Here emotional flooding blocks their experiencing and stalls them in their relationship. Gendlin (1973a, 1991, 1996) says that overwhelming emotions narrow our experiencing. He goes on to say that forward movement is blocked unless intense emotions are experienced in a way which is appropriate to the whole complexity of the situation we are in. Clients become frightened of the intensity of the feeling and stop it. Strong and intense emotions also interfere with the client’s sense of fine distinctions, just as the melody can be drowned in very loud music (Cornell, 1996, p.96). It is vital to address the issue of how focusing-oriented therapists can work with couples who are overwhelmed by emotions and who express the same strong



emotion over and over in order to avoid it.

Some focusing-oriented therapists use the term of 'dis-identification' (e.g. Cornell, 1995, 1996), when the client learns to experience a strong feeling 'from a distance' so as not to become caught in the overwhelming emotion. Other focusing-oriented therapists speak of 'finding a certain distance' (Hinterkopf, 1998a, 1998b) or 'putting something at a distance' (Purton, 2002, 2004, 2007). The client is thereby enabled to get in touch with a feeling more fully and to stay in touch with that feeling with enough distance to avoid being trapped by the overwhelming intensity of the feeling. The therapist does not immediately go into the client's intense emotions. Being concerned about the client's intense feelings the therapist leads the client to get a bit of distance from them. Hinterkopf (1998a, p.30) believes that learning to keep a certain distance helps clients to develop an observer self. Helping the client to keep a certain distance helps them move in a new direction. It is unhelpful and unhealthy for both partners when one of them feels so angry towards the other partner that she refuses to speak to him. Her intense emotion may be preventing him from being able to respond to her in a sympathetic way. She needs to get a little bit of distance from her emotion to feel it as a whole thing. The therapist may ask her to dis-identify; "There is all that feeling about him and there is anger in it. Can we keep that company for a while? Can you get a sense of all that is for you right now?" Or, "There in all that feeling about him is the anger you are feeling. Perhaps we could step back from it a little and see what is in it or what this is all about?" There is a sense of release in her after a while because she gets a felt sense of it and then it changes her emotion. She does not feel her state is identifiable with this emotion as anger. She can see the whole complexity of the situation from a distance. This may help her emotion to de-escalate. She may then think more clearly and be able to communicate more effectively.

## 6) Avoiding over-intellectualisation

It is evident from this research (Chapter 8) that intellectualising clients find it hard to get in touch with their feelings, as they tend to keep talking and analysing themselves. MCP9 said, *“When someone intellectualizes, it often means they are not in touch with their feelings. I try and empathize with my perception of their underlying feelings, and thus offer them the opportunity to explore the feeling rather than the cognitive plane [Appendix 15].”* Every human being needs to pay attention to their stuck areas and to express their feelings about them. Talking about their external situations solely in an intellectual way can be both superficial and an indication of vulnerability or fragility. Furthermore, intellectualising clients distance themselves too much from their problems and fail to see the problem as a whole. Regardless of whether or not the client can comprehend his or her problem intellectually, he or she can feel it. Gendlin and his colleagues (1968, p.217) point out that ‘intellectualising’ and ‘externalising’ are well known to be ineffective modes of behaving in psychotherapy. It has long been known in all approaches that clients who ‘intellectualize’ or ‘externalise’ tend to fail in therapy. The type of expression in intellectualising and externalising is different. The intellectualising type explains their problem logically: for example, explaining why they should have this problem and where it starts. Sometimes they are very good at analysing their problems or making excuses. They could put their problem onto others or onto a situation or circumstance. They think that it has nothing to do with them and they deny feeling something from their problems.

The intellectualising couple typically analyse their situations and the other partner’s reactions and go on explaining what happened to each partner. It is difficult for them to get in touch with their feelings and be aware of feelings around their experiencing. In therapy they usually talk about what the other partner did and felt or about their conflict intellectually. They may illustrate how they should work

to resolve their conflict and develop their relationship and intimacy: “I’ve really been telling him about our problem a lot the last few days, explaining about all the ways that this could go wrong, that it’s unworkable, that it’s impossible to change his mind, and just on and on, telling it over and over. But instead of listening to me, he tells me off. I think he comes from a family background where they were so negative to each other that he has always to respond negatively.” The intellectualising couple partners make it difficult for themselves to fully appreciate the present or the here and now. Far from looking at what is going on in their own inner world, they try to separate themselves from their problem and they use their energy analysing their situations. They cannot move forward from their problems and conflict. Their own experiencing which causes the conflict, themselves and their feelings need a connecting bridge.

On the other hand, the externalising type keeps talking about the external world. Their attention is the outside world. They want to keep talking about others or some incidents, or about what happened to them, but they do not want to talk about themselves. There is no ‘I’ as a subject but there is ‘I’ as an object in what they are saying. ‘I’ is dead and insensitive because they do not sense the ‘I’ of a happening in what they are saying or they do not feel how ‘I’ feels about what happened to them in the words they expressed. They also shirk responsibility for their problem or they point their fingers at others or to situations. Both the intellectualising and the externalising types do not get in touch with their feelings. They stay on the cognitive level. There is no further step. They remain stuck in the same situation until they make contact with their felt sense, which is an inner motive, to get out of the place where they get stuck and to move their lives forward.

Ann Weiser Cornell (1996, pp.90-92) offers a helpful suggestion to clients who always tend to relay events from an external perspective without any reference to their own feelings and reactions. Her sequence-questions of

therapeutic moves, can be a good means of linking with the clients' feelings and experiences. The therapist can adopt these sequence-questions in working with the intellectualising couple. After listening to one partner relay what the other did, or to how she analysed their problem, the therapist asks, "And what was that like for you?" or "And how was that for you?" or "How did you feel about that?" Due to not being familiar with the language of feeling, some couples need the therapist to lead them into how they felt about that: "I'm imagining that you might have felt really upset and angry when your husband doesn't listen to you and tells you off. Would 'upset and angry' be right?" Although the intellectualising or externalising couple could express their feeling, they easily get into intellectualisation or continue to talk about their external perspective or events. It is good for the therapist to make interventions that invite the couple to be aware of the present and what is presently felt. Once the client's feelings have been awakened without relapsing into intellectualisation, the therapist leads her to access and express feelings in the present asking "And how is that for you right now?" or "I wonder if you are feeling upset and angry right now?" Now she can stay with her felt experiencing and this may help her to get a new direction and move forward. From this process she is aware that she is not listening to her husband and she realises that she needs to be fully present to him.

#### **7) Getting beyond fixed views to reach the felt edge**

Some couples experience difficulties in living together, often to the point that the partners become profoundly disappointed and upset about their relationship. Their problems are about problems in the relationship such as communication, arguing, intimacy and sex. These often begin with partners simply not having a good sense of how to communicate (e.g. Markman et al., 1994; Crowe & Ridley, 2000). Neither partner wants to listen to the other. Each one is holding on to blame,

whining, and withdrawal with the apparent expectation in therapy that the therapist is going put their partner right. It is not unusual for couples to say that they tried and tried and that nothing worked. WFP17 said, "*I would say to people when they come in, you wouldn't be here if you didn't feel there was something you didn't understand and I don't either. In other words, you don't know how to fix your problem. I don't know how to fix your problem [Appendix 19].*" Unknown to themselves, they try to do the same thing over and over because they do not have any new strategies. Instead of trying to fix each other, they definitely need some new strategy.

Gendlin (1996, p.14) brings out the point that neither past nor present exists in fixed forms. Experience and situations arise and happen as they come, but they are not arranged in neat and fixed packages like mathematical formulae and equations or logic. Focusing-oriented therapy is based on the premise that all events and experiences can be carried further or moved forward, which in turn means that there is a change too in the perception of what they had been. The focusing-oriented therapist working with the couple who strive to set each other right, works with the new strategy that is beyond the fixed views of the couples. The couple with the fixed view are narrow-minded towards each other and they have preconceived ideas about the other partner also. The focusing-oriented therapist is concerned with each partner as a whole person and with their situations as a whole. MFR10 said, "*It is really getting a sense of the whole, asking a person to get a sense of the whole of this situation from these subtle things [Appendix 23].*" How can the therapist lead them to understand and connect to their situation as a whole? If the therapist approaches the couple's thoughts as a whole, he can find endless facets. Their problem cannot be *thought of* or represented conceptually as a whole. In order to work with the whole the therapist invites each partner to stay with their 'felt edge' or 'felt sense', which is the complexity of feelings and

experience to emerge from their situations, spending equal time with each partner. It will help them to extract unexpected and creative possibilities for change thereby enabling them to gradually bring to light the meaning of their whole situation.

Once one partner brings his/her attention into his/her body and asks himself/herself what is the feeling of this whole thing, he/she experiences the felt sense in her chest. Through the felt sense he/she moves more deeply into what he/she is experiencing and discovers a new perspective on him/her situation which was not explicitly there before. Amodeo (2007) points out:

Partners often cling tenaciously to their viewpoint that the source of their impasse is their obstinate partner. If partners can suspend their beliefs and perspectives for a moment and attend to their bodily felt sense of what bothers them, then something new might arise from within them – and then gradually between them.

Trying to fix each other neither changes nor resolves the conflict in the couple. To achieve the desirable outcome, they need to go back to what implicitly exists in conflict situations, stay with it, express it in a felt sense and allow new aspects of it to emerge.

## **8) Sensing 'More'**

It is evident from this research (Chapter 8) that Focusing helps the couple to look at what their real experience is so that their experiencing can move forward. MFE14 said, *“I think couples establish patterns of behaviour that can and that usually mimic old relationship patterns from childhood, very often from the parents, and they automatically re-enact or recreate all the old relationship patterns from the parents, good and bad. The bad ones are getting in their way and Focusing helps get under the pattern to look at what the real experience is, its hurts, insecurity, anger, or its fear of abandonment [Appendix 21].”* Through the felt sense, the body allows us to access more of the real story. There is always more to

a situation than the client can explain. It is a stepping-stone for the client to carry forward their experiencing. Sometimes they have particular feelings when they feel uncomfortable with a person or a situation and their minds can come up with explanations. However, they still feel discomfort until they take some time to go deep into the inside and feel into it. As they stay with that something new, more than what they explained before, begins to emerge. In order to let something inside them come out or shift they contact what is more authentic within them, and thus discover more wholeness and more connection with themselves.

Each of the partners has a different family background. Each family has stories, secrets and myths which are so painful and shameful. Secrets in a family give a false strength to shame and lower self-esteem. They avoid talking about the particular issue. Bobes & Rothman (2002, p.93) write about how those impact on our lives: “When they are perpetuated from one generation to the next, they become deep wounds.... [S]ecrets that pass from generation to generation become untouchable wounds.” An untouchable wound can deeply affect couples’ present relationship. It makes them feel discomfort accompanied by physical sensations when they encounter a topic related to their secrets or when it is suddenly recalled. It is not easy for them to talk about the shadow of their family to the other partner or to others.

When the therapist helps him/her to contact the story with his/her felt sense, he/she can move into his/her inside through the felt sense. Then something new unfolds for her. Fleisch (2006, p.3) says that previously held understandings and implicit bodily-sensed knowing come together and something more can be felt and carried forward in that space that is the relational edge. This carries forward her experiencing. She says: “There is something here.... I’ve never felt closer to him.” This kind of deeper connection with the felt experience provides the impetus to connect with his or her partner in a really authentic, empathic, tender way. When

they get in touch with their felt sense of the other partner's story they are both able to carry forward their experiencing in empathising and expressing their compassion. Through this felt sense connection to each other's story partners are able to begin the healing process with each other.

#### **9) Encouraging positive ways**

In Chapter 5 we saw that couple therapists help the couple to be aware of more positive modes of behaviour and feelings. WCI13 said, "*It is a question of helping them to understand their negative patterns of behaviour and hoping to make them aware of more positive ways of behaviour to help their relationship and to help them to separate out as individuals within the relationship and take responsibility for their own behaviour and feelings [Appendix 14].*" When called upon to face up to difficult situations and resolve specific problems, well-functioning couples view their potential positively and they have a basic sense of trust about the world in general and their relationship in particular. By and large they have positive feelings. In contrast, malfunctioning couples can manifest relatively greater degrees of negativism, distrust, pessimism, helplessness and despair (e.g. Beavers, 1985). Too many negative interactions often cause the couple to become increasingly distant and consequently their time together also becomes more and more limited. Fruzzetti & Fantozzi (2008, p. 580) say that the more partners argue, the more they avoid each other, and in this roundabout way, they put asunder the positive and neutral things in their relationship as well. With positive feelings, the partners in the couple feel nourished and healed to a degree, and they are thereby enabled to stay on board and struggle on to learn and change. The therapist needs to encourage positive feelings by allowing time to experience them before the couple tackles issues that are more difficult, and that involve more vulnerability, and therefore, more resistance on their part. Positive feelings can



help partners to be less reactive to and less provoked by an accumulation of negatives, and they can also get disentangled quicker from the negative cycles. Gendlin (1968) highlights that the very close attention that the therapist must pay to whatever positive aspects exist can be instrumental in reversing negative behaviours and feelings.

Amodeo (2007) feels that inviting partners to take it gradually when establishing some trust with them, enables the partners to take time to experience something more positive and then to ask something like the following. “Would it be all right to just notice how it feels being closer right now?” This helpful experience of something more positive may well become quite a powerful resource in their relationship. Staying with positive feelings helps them to be at their best to deal as fully as possible with their conflict and problems. When partners stay with this experience, the felt sense emerges and leads them in a new direction and to a possible positive perspective. They also experience a shift and a new meaning unfolds. Thus they can begin trying this new way to resolve their conflict. The therapist invites them to pause for a while, pay attention to their felt sense, and facilitates them to find words that convey the deeper nuances of their felt sense.

## **9.4 FOT in relation to specific couple therapy procedures**

### **1) Equalisation of empathy**

It is very important that the therapist in couple therapy works toward empathic connection with each partner. This gives the couple an opportunity to communicate with their feelings and to feel understood and accepted by the therapist. Giving an equal empathic understanding to the experience of each of the partners, the therapist helps them to rise above a self-centred perception and to make a genuine connection with the other partner. Through the therapist listening and reflecting back their experiencing, the couple can respond by listening to themselves and to each other more closely. Berne (1963, p. 195) notes that ‘in intimate love relationships, people talk to each other relevantly, directly, without distraction, and intensely.’ Listening and reflecting back, which convey to a person the essence of their unique subjective experience, can be potent as one way for partners to better understand each other and to express unacknowledged and even unknown needs and feelings. As the therapist gives this full attentiveness, a fuller understanding comes with a better working capacity also. It also helps the couple create a respectful and friendly attitude towards each other so that they can establish a safe and supportive environment in which they can share a depth and effectiveness of expressing their feelings and explore their problems openly.

In focusing-oriented therapy, the therapist creates a friendly and welcoming attitude towards whatever the client expresses by reflective listening in order to facilitate the client’s carrying forward of their experiencing (Gendlin, 1996, pp.55-56). Through the therapist listening and reflecting back to the clients they feel safe and understood. If the therapist reflects back exactly their experiencing a therapist’s empathy varies with the depth of client communication. The therapist

can articulate the client's experiencing to the degree that he or she is empathically in tune with the edge of the client's experiencing. The client and the therapist can voice the same feeling simultaneously, when the therapist is of one accord with the edge of the client's experiencing.

The focusing-oriented therapist can empathise equally with both of the partners because they listen and reflect back equally what each partner has said in their experiencing (e.g. Amodeo, 2007, p.172). The therapist can equally invite each partner to bring their attention to the edge of their experiencing in front of the other. In this case the therapist listens and reflects back empathically what one partner said, so as to develop the edge of his or her experiencing. Then he or she does the same with the other partner so that that partner can feel equally empathised with. Through this process the partners can have a new perspective of their relationship because they can carry that experiencing forward.

## **2) Interrupting the blame cycle**

Partners often begin therapy blaming the other partner and accusing him or her of being responsible for the difficulties in their relationship. One reacts to the other's nagging by going silent. The other's silence sets the one nagging. Why do partners blame each other? Dym (1995, p.1) sees blaming each other as lacking in responsibility for one's actions and also a failure to acknowledge the consequence and impact of what one does. The blamer attributes the misery of the relationship to the other partner and sees himself or herself as the victim of the other. So blaming features as their main communication characteristic. The partners often attack each other defensively. Repeated blaming brings up defenses against the change implied by the blame. Patterns also become visible when they snowball each other with 'I do this because you do that' and vice versa; feeling trapped within the pattern, the partners are unable to change.

It is important for the therapist to understand the dynamics of blame in the relationship. When the therapist establishes a trusting and safe environment with each partner by adopting the focusing attitude of being gentle, friendly, respectful, non-judgemental and a 'caring feeling presence' (McMahon, 2001), the dynamics of blame can be uncovered, and the partners can discover a new mode of relating and being. Safety and trust are essential ingredients in exploring one's experiencing, and when they exist the dynamics of blame can also be explored in a new light. Experiencing unfolds with greater ease and with more connection with the other's point of view, so they can become less defensive, less inclined to attack and dig in their heels with one another. The therapist can then lead them to slow down by helping them to relate to the edge of their experiencing of blaming each other. Forgetting the wedding anniversary is one example of the type of evidence they use for accusing the other partner of caring very little. If they are facilitated well by the therapist, they begin to stay with their felt sense of the whole situation where they were blaming each other repeatedly. Then specific things which can be helpful to their partner may arise from their felt sense. Partners can get beyond their blame, take their respective part of the responsibility and feel less like a victim of the other. Blame thus features less prominently in the relationship.

There is another dynamic of blame. As the victim becomes a victimiser through 'a revolving slate of vindictive behaviour (Boszormenyi-Nagy & Ulrich, 1981, p. 167)', blame tends to beget blame. Partners may have past negative experiences of blame in their own family, at school or elsewhere. They may have become so used to being blamed that they have brought this to their marriage; in which case one or both of the partners may need to resolve unfinished grievances with their family, teachers or caregivers. This can be revealed when the partner talks about their childhood and admits their blame pattern comes from the relationship between their parents and themselves. Blame in the couple can often

echo childhood memories of their own parents blaming them. Now they behave in the same way themselves with their partner or children as well. This means that their behaviour does not carry them forward. Focusing-oriented therapy holds that in the stuck state there is the implying of what would release it. A good example is in the way people talk about their issues. Just talking and talking gets them nowhere. But when they frequently slow down the talking and become less fluent, they pause what they are saying and check out whether their words accurately reflect their experiencing. They would sense into their issues, and change the language to fit their experience. These people would often feel a release of tension in their bodies.

When the partners who are stuck in the blame cycle bring their attention to their stuck states they may find what it is that needs to come. The therapist invites them to stay with their felt experiencing of old or ongoing hurt or anger related to families of origin until something new begins to emerge. Staying with that felt experiencing until something new emerges may be the way each partner can come to understand their parents or others as whole people and experience release and peace in forgiving them.

### **3) Pausing when hurtful comments are made**

Couples who are in conflict frequently make hurtful comments to attack each other. Even partners who are very much in love may say or do something that hurts the other partner, but this kind of hurt is more accidental than intentional. However, the couples in counselling intentionally or habitually make hurtful comments without caring about how the other partner feels about it and hurt feelings can remain in the other partner. It can cause the couple to go into a protective mode, where they fight, flight, freeze, submit or hide (Luquet, 1996, p.65). In any of these places they do not pay attention to the deeper feelings

beneath their surface emotions because each partner seems to want to win or keep the other one quiet. Thus they make hurtful comments by belittling and exaggerating the problem. For example, one partner says, “You know, every time your parents come over they cause trouble, and we end up not talking to each other for weeks!” (exaggerating). Then the other partner replies, “It’s not that bad. They’re just excited to see us” (belittling). In this situation, they are not hearing each other.

They need to realise what they are experiencing inside themselves right now, and how the other partner feels about these hurtful comments. Staying with their felt experiencing in a focusing way helps them to contact their felt sense of the whole situation that causes them to make hurtful remarks. Something new may occur between them so that they may be aware of their own experiencing and the other partner’s feelings. They can change their manner in the dialogue. In order to do that, the therapist encourages them to stop talking from the moment that they exchange their hurtful comments. The pausing moment is helpful for the couple to turn into their felt experiencing. They are attending to what they feel inside. They also notice how they are feeling about that right now. The therapist asks both of them to take some time for a while to check their felt experiencing and to see whether they have any more of that edge of their felt experiencing. Then they can put these feelings into words that are totally different from their hurtful remarks, since they now speak from their felt sense of what they are exploring, and they can be sure that something appropriate is happening. Therefore, when they speak from their felt sense they can avoid making hurtful comments and begin listening to each other.

#### **4) Working with one partner in front of the other**

Although the therapist engages the couple in the way he or she sees each

partner as a unique individual, but there are two separate and distinct family cultures coming together under one roof. The therapist's empathy and genuine feeling for each partner are tangible in a way that each partner can sense that the therapist is really tuned into them. The therapist is thorough in finding out, clarifying, and verifying what each partner's sense of the problem is. It is really essential to explore each partner's experience of the problem to the point where each person's point of view gets full attention, is gratefully acknowledged, and satisfactorily understood. When the therapist's acceptance of, respect for, and understanding for each partner are visibly manifest, the partners can experience the therapist's concern, acceptance, respect and empathy, which can lead to a closer bond being born between the partners. In addition, they can experience the support of the therapist not only for each of them individually, but also for both of them as a couple. One way of achieving this is for the therapist to work with one member of the couple in front of the other.

In particular, when a deep issue such as an unresolved family of origin issue, unfinished business, unresolved grief or loss that have influenced the relationship between them surfaces in a partner, the therapist takes some time to work with one partner in front of the other. In this case one partner goes deeply inside and the other partner can understand more and sympathise with her or his pain while he or she is listening and observing. Although most couple therapists admit that it is important to help couples to get in touch with their deep issues they do not always give space and time to allow deeper feelings to emerge from within the couple since they focus on the couple's relationship or on resolving their conflict or problems (e.g. Amodeo, 2007).

In the focusing process the therapist can find some space and time to help the partner get in touch with their deeper feelings. The partner stays with the edge of their felt experiencing, allows it to unfold, and then it carries them forward. This

process can evoke empathy from the observing partner so that they can mitigate familiar defences and attacks. On the other hand since the focusing attitude is gentle, friendly, non-judgemental and caring, the therapist using the focusing method gives the observing partner a good model of how to improve their relationship. Couples want to make the other partner happy, care for him or her and, communicate better but they do not know how to do it. However, watching the therapist working with the other partner, he or she may notice how the other partner expresses feelings and meanings as the therapist accepts, respects and understands her or him giving non-judgemental, warm and curious attention. The couple may learn from the therapist working in a focusing way how to listen to each other, and communicate well in different ways, and how to avoid their familiar defences and repeated attacks on each other. The focusing process may impress the couples so much that they want to know more about Focusing. In this case, the therapist can teach Focusing to the couples in the session and encourage them to use Focusing at home as homework in between sessions so that they know and have felt the effects of this new way of interaction. Couples can be good companions for focusing and through it they can make their relationship better. What they need for Focusing is first to be present, secondly to listen and lastly to maintain the focusing attitude. The partners are to be there together. One is a listener, the other is a focuser. Her attention turns to him, the focuser, inviting him to take some time and to bring awareness into his body and to be aware of the middle area of his body, throat, chest, stomach, and abdomen. In a moment he will begin to speak, and then she will begin to say back what he has said. As a listener it is important to listen without thinking, analysing, judging and planning. Focusing makes a trusting and safe environment through being gentle, friendly, non-judgemental and caring for present feelings. However the couple may need to avoid some issues about the other partner, their relationship and the other family's



origin (e.g. Bobes & Rothman, 2002, p.57). It would not be in keeping with the non-fixing, accepting, compassionate and spacious nature of focusing. While Focusing does not exclude expression, the emphasis is on 'sensing into it' rather than 'getting it out'. It will then let the Focuser know whether and in what way it wants to be expressed. Focusing takes time to sense more precisely into its particular quality and to get alongside it. There may be very delicate and sensitive issues where they can hurt each other or damage their relationship. Thus the therapist needs to give some instruction and advice about doing Focusing at home and discuss the dangers with the couple.

#### **5) Klein's interactive focusing**

Couples need to use a combination of 'self support' and 'environmental support', which gestalt therapists use as a central concept (Macken, 1997), in order to create a more friendly intimate climate. Focusing can fully provide self support and environmental support to couples. Focusing works with one partner's thinking, or emotion, or behaviour but it helps the couple to work with their whole situation. In Focusing the couple can become more aware of their authentic feelings and yearnings, and they can find a new meaning for themselves and for the situation that comes from the edge of their own felt experiencing. When they check their needs and deep feelings and communicate these to the other partner in a safe environment, they can also draw the other partner's empathy and support. Thus the partner actively listens to her experiencing and reflects back what he has heard, and then she resonates the reflection. They can have an opportunity to replace old, unproductive and destructive ways of engaging with deeper expressions that emerge from their felt sense.

Klein's interactive focusing can be a possible adaptation to foster these supports in couples. Interactive focusing is set in the practice of focusing and the

bodily felt sense. In *Interactive Focusing Therapy: Healing Relationship* (2001), she describes the therapist as a 'couples coach.' When they are ready to listen to one another, the therapist becomes the couples coach. In Klein's description the responsibility of the therapist as a coach is to maintain a safe space, to help the couple adhere to the form of the process, to encourage them get in touch with their felt sense, to facilitate them to talk from inner experiencing, avoiding blaming 'you' statements and using 'I' statements instead. She (2001, p.51) emphasises that when therapy is able to create the safe space, and trust blossoms, the developmental process occurs so that one of the primary functions of coaching is helping to maintain the safe space. In a safe space the couple exchange their felt senses. Klein (1994, p.17) describes this process as follows: "After the first person has talked from the felt sense about an issue, the second person reflectively responds and then speaks from his/her own felt sense of what is going on for him/her in the moment about that issue." In this process the listening partner is invited to see what was touched inside of him/her by what the focuser partner just processed. Amodeo (2007) points out that interactive focusing is a powerful means to support and nurture each other. He continues (p.181):

As one person expresses their felt sense about something, the other senses how it affects them to hear that. This is then expressed in a gentle, focusing kind of way. Their partner may then notice how it feels to hear this, and what it touches in them.

In interactive focusing, the couple can express their deep feelings and needs more freely to enhance their understanding of self and draw empathy, acceptance, and caring present feelings from the other partner. Therefore as the partners are tuned into themselves and to each other at the moment of change, or as something new emerges, they can give their attention to the other partner's experiencing in order to understand in new ways how to connect better with each other.

## 9.5 Integrating Focusing into working with couples

In the relationship, each member of the couple may be accusing, blaming, criticising or complaining to the other partner. Or, they are shirking their responsibilities, making excuses and defending in an intellectual way. Both members of the couple may attack each other and defend themselves from the other partner's attacks. While they are acting like that they are feeling it somewhere in their body as well, but they are not noticing what they are feeling in their body because they do not pay attention to the bodily feel. The therapist needs to lead the couple to slow down first for each partner to be able to create a space, rather than continuing to attack each other or trying to defend themselves from the other partner. Getting the felt sense helps the couple to become less defensive and less aggressive. It helps to locate and change what is going on inside in our bodily knowing. Gendlin has substantiated this in his discovery that feelings are able to change inside the person to the extent that a person can be in touch with more than the emotion, namely, the felt sense. The potential for change and growth then lies in the felt sense, not in the emotion. Furthermore, merely feeling a painful emotion over and over again provides absolutely no assurance that it will ever change into something better.

Being able to be in touch with a felt sense in a way that allows it to unfold and tell its story is the key to any lasting, forward movement in the emotions, feelings, images and thoughts connected with it. I suggest six-stage model for the way in which the focusing-oriented therapist approaches the felt sense (see **Table 18**). This six-stage model is not always followed exactly: sometimes stages can overlap or be omitted depending on the couple's process.

**Table 18. Integrating Focusing into working with couples**

Stage I	Stage II	Stage III
<b>Listening</b>	<b>Exploring</b>	<b>Understanding</b>
-Each partner expressing what is difficult -Attacking and defending -Listening to each partner giving equal time to talk without being judgemental	-Exploring and clarifying their relationship and stories: What is the most difficult thing in the relationship?	-Identifying their problem -Helping to create a space -Inviting them to get a felt sense: What is the crux of the whole problem? -Gaining new prospects
-Focusing attitude: being with the client, friendliness, acceptance, welcome for whatever emerges, non-judgement, openness.	-Focusing attitude -Listening and reflecting back -Explaining Focusing	-Slowing down -Focusing: inviting both partners to stay with their felt sense of what the crux of the whole problem is for a moment without saying anything and then inviting each to talk about what is going on
Stage IV	Stage V	Stage VI
<b>Goal</b>	<b>Strategy</b>	<b>Checking</b>
-Making goals: What do you want?	-Discussing how they get there	-Checking how they have been since last session: what has been the most difficult for them to achieve their goal?
-Focusing: inviting both members of the couple to stay with their felt sense of what the other partner wants for a moment and then inviting them to write down what is going on. Then inviting each to talk about what they have written.	-Giving them homework to do Focusing at home	-Focusing

**Stage one is ‘Listening’.** At the beginning of the therapy each partner expresses what is difficult in their relationship. Sometimes they are attacking and defending in this stage. It is important for the therapist to listen to each partner giving each of them equal time to talk without being judgemental. Most of the counsellors who work with couples do this. However, the focusing-oriented therapist brings in the focusing attitude - being present with the client in a friendly, accepting, non-judgemental way, open and welcoming towards whatever emerges.

**Stage two is ‘Exploring’.** The focusing-oriented therapist is active rather than sitting patiently and just nodding to what the couple says. They explore and clarify the couple’s relationship and their stories asking what the most difficult thing in the relationship is. In this stage they maintain the focusing attitude and

carry on listening and reflecting back. In this stage, the therapist also interrupts, asking them to slow down when they attack each other. The reason for the slowing down is to help them to get in touch with their inner experiencing rather than keeping on talking or attacking each other. The therapist in stage two can explain Focusing to the couple and get them to try it for a moment.

**Stage three is ‘Understanding’.** The therapist and the couple try to identify their problem. The therapist uses the focusing method by helping them to create a space. The therapist invites both members of the couple to stay with their felt sense of what the crux of the whole problem is for a moment without saying anything and then he or she invites each partner to talk about what is going on. For example, the therapist says, “You both mentioned that your relationship has been a problem. Would both of you be willing to take a moment to sit quietly, and check in with yourself how it feels in your body? And it would be helpful if you could find your way to welcome whatever comes up for you.” Then they can move forward a little bit from that situation.

**Stage four is ‘Making a goal’.** From their felt sense they understand more what is wrong with them. When they stay with the felt sense of their problem they get to know what they really want in this situation as well. They can make a goal to improve their relationship and situation. Then finally they check with their felt sense whether or not that goal is quite right for them. The therapist invites both members of the couple to stay for a moment with the felt sense of what each partner wants and if they wish to write down what is going on. Then the therapist invites each one of them to talk about what they have written. If they prefer, they can talk to each other about that.

**Stage five is ‘Strategy’.** To achieve their goal the couple can discuss with each other in an open and flexible way. The therapist invites them to stay with their felt senses to check their strategies. In this stage the therapist can give the

couple homework to do. Focusing at home in between sessions is for them to know and have felt the effects of this new way of interacting. Couples can be good Focusing companions, using Focusing to improve their relationship. The therapist needs to discuss the homework with the couple and to give them some advice on doing Focusing at home. Delicate and sensitive issues regarding their relationship, or regarding their weaknesses, can otherwise lead them to hurt each other or damage their relationship.

**Stage six is 'Checking'.** At the next session the therapist asks them to use their felt sense to check how they have been during the week, asking what is most difficult for them in achieving their goal. During the session the therapist invites them to do Focusing. Their felt sense will lead them in the right direction.

## **Chapter 10: Conclusion**

### **10.1 Introduction**

It is clear from this research that there are many possibilities for bringing focusing-oriented therapy into work with couples (see 8.4: Applying FOT to couple therapy). It can be integrated in an appropriate and practical manner by practitioners who are open to its use. This chapter will summarise the main findings of the research. It will explore the relationship and the common factors between FOT and traditional couple therapy in order to consider how FOT can be used in couple therapy. Areas for future research will be identified as well; this chapter will conclude the research.

### **10.2 Summary of the main findings**

This research has fulfilled its aims which were:

1. To examine how couple therapists usually work with couples.
2. To investigate how widespread the use of the focusing-oriented approach is as a therapeutic approach when working with couples.
3. To explore what are seen as the common factors of therapeutic change in standard couple therapy and in focusing-oriented therapy.
4. To examine what elements of Focusing-Oriented therapy can be brought into couple therapy.
5. To ascertain whether there is any evidence for the focusing-

oriented approach being effective in working with couples.

6. To discover how using the focusing-oriented approach makes couple therapy different.

### **1) The way traditional couple therapists work**

(See Chapter 4: Quantitative survey of standard couple therapy)

The survey and the interviews suggest that regardless of their primary orientation, most couple therapists use a variety of approaches. What has also come to light as a result of the survey and interviews is that there are two ways to work with couples. In the first place, it is clear that the couple therapists encourage the couples to *do* something. Firstly, they encourage them to communicate by getting them to be concrete in saying what behaviour they need to see more of in each other. Secondly, the couple therapists help the couple to converse better and more easily with each other by being sounding boards for what each of the partners might be thinking and feeling. Listening, empathising, reflecting back, asking questions, and defining and clarifying the relationship between the couples are all techniques which support the view that couple therapists take a quite active role in working with couples.

This research demonstrates (Chapter 4, Table 11) that couple therapists have different ideas about the elements of successful couple therapy. Some of them maintain that the therapeutic alliance and a trusting and safe environment are essential elements. Others claim that, besides these, goal setting is also an element. Being realistic from the outset is considered to be extremely important. Such realism involves making realistic goals and establishing a good relationship in a trusting environment, in order to foster a therapeutic alliance with the couple at the beginning of the session. Others again would stress that the wholehearted contribution of both partners is a necessary component of successful couple



therapy. The fact that both partners are willing to be present at the session with a desire for success in reaching the goal and that they are equally committed to the session and putting their best efforts into whatever homework there may be are all part and parcel of the success package.

## **2) Frequency of using the focusing-oriented approach in working with couples**

(See Chapter 7, Table 14)

This research reveals that very few couple therapists use the focusing-oriented approach whilst very few focusing-oriented therapists work primarily with couples. However, over half of those focusing-oriented therapists surveyed who responded have had opportunities to work with couples.

## **3) The common factors between traditional couple therapy and FOT**

The qualitative data referring to the survey questionnaires contained in Chapter 4 and the interviews in Chapter 5 clearly demonstrate that irrespective of their theoretical orientations the majority of the couple therapists tend to follow a variety of approaches in their couple work. This variety of concepts, strategies and interventions demonstrates their belief that one approach does not suit everybody, since we are all different. What the actual problem is and how the couple present it are also influential. Those who use mixed approaches on the premise of helping the couple to understand their problems try to pair the couple's history with the appropriate theoretical background to make sense of the problems and to enhance their understanding. Then in the event that one approach does not seem to work, some couple therapists try another one instead.

This research suggests that traditional couple therapy and FOT share a

number of common factors, in particular, listening, reflecting, empathising, the establishment of a good therapeutic alliance and the creation of a trusting environment.

***(1) Traditional couple therapy (See Chapter 4, Table 11)***

Most of the traditional couple therapists stick to some basic principles in their work with couples even while using different approaches. They normally listen to the couples' stories at the outset of therapy. They encourage the couple to fill them in on the whole story which would also include their upbringing and what had gone wrong. Then they try to get the couple to articulate what they want to happen. The therapist helps the couple in the course of the therapy to have a better acceptance of one another, to listen attentively to each other, and to maintain a regular flow of communication (i.e. one that is free of criticism). It is particularly important for the couple therapist to get the couple to listen closely to each other, especially when they need to be aware that they are blaming one another. Reflecting back is found to be a good way for the couples to check the accuracy of what they are saying and of what the therapists are mirroring and also to acknowledge and correct inaccuracies if there are any. Reflecting back is moreover a way of improving communication between the couple.

The couple therapists, in this research, reckon that a therapeutic alliance with the couples and a trusting environment are the foundation of successful couple therapy. The therapist has a big role to play in creating an ideal and secure environment for the couple to be open and honest and to feel safe, thus enabling them to more freely express themselves. In the case of emotional flooding the couple therapist tries to enable them to get in touch with their feelings in a safe environment. The way that couple therapists work with couples is important since that it is closely linked to the elements of successful couple therapy. Couple

therapists work with couples by listening, empathising, reflecting back, asking questions, and clarifying the relationship between couples. For the therapists the crucial elements of couple therapy demonstrated in this research are a therapeutic alliance with couples, a trusting environment, listening, empathising, reflecting back and encouraging the couples to communicate.

*(2) FOT (See Chapter 6)*

Like the traditional couple therapists, the focusing-oriented therapists also believe that listening to each other is what brings about the therapeutic change in couples. The focusing-oriented therapists listen attentively to the couple, reflect back what the couple say, and check with the couple for the accuracy of what they have heard. They listen not only to what the couple are saying, but also to how they are contacting their inner experiencing and how they are feeling. The interviews with focusing-oriented therapists reveal that they enable couples to get in touch with the edge of their experiencing, to have a better sense of the situation they are in and to discern how best to respond to that situation.

The result of the research reveals that reflecting, listening, empathising, a good therapeutic alliance and a trusting safe environment are all essential elements in Focusing (See 6.3). Those interviewees trained in focusing-oriented therapy believe that Focusing helps the counsellor to create a safe environment, to be gentle, to have unconditional positive regard, and to avoid being judgmental. The interviewees say that Focusing is a way of listening. The therapist listens very carefully to the couple, hears what they have to say, waits patiently for that inward source that guides them in accompanying the person to be with whatever they need to be with. This research demonstrates that focusing-oriented therapists use the felt sense in gently encouraging couples to ground what they are saying in what they are experiencing and to become aware of something. They help the couple to avoid

just talking, intellectualising or rationalising on a merely abstract level, and to slow down so as to make contact with their inner experiencing and their felt sense and to welcome whatever it is that comes to them. Some people find it difficult to get the felt sense, so focusing-oriented therapists invite them to tune into what their body is feeling and telling them. They use the felt sense and the focusing attitude to reflect back, slow the pace, and to gently get the client to notice anything relevant in their body.

The traditional couple therapists and the focusing-oriented therapists in this research both notice that the pace varies for individuals and couples. Some move slower or faster than others. The therapist always goes at the pace the client or the couple is comfortable with. However, the slow gentle gradual process of Focusing in order to get the felt sense enables the couple to break free of their stuck situations.

**4) The elements of focusing-oriented therapy that can be used in working with couples** (See Chapter 8.2)

In this research, I have considered how the focusing attitude might be used in couple therapy. Such a focusing attitude is characterised by openness, non-judging, gentleness, compassion and patience, aimed at creating a safe environment that involves unconditional positive regard. The focusing attitude is linked to a special kind of internal bodily awareness and it involves listening to inner sources and paying attention to the felt sense.

The focusing method is another relevant element that can be introduced into couple therapy. The research shows that Focusing helps counsellors to be aware of their own feelings in the counselling. It directs the counsellors' attention to being non-judgmental and enables them to discern what they might appropriately do with the things they notice, i.e. whether they should introduce them or not. Through making them aware of their body sensations or felt sense, Focusing helps the counsellors to check out their feelings and what is going on within them.

The felt sense is a third element that can be brought to bear. Therapists gently use the felt sense to encourage the couples to speak from their own experiencing and to discover their awareness of something. The couple are helped to see how they feel, as opposed to just talking, intellectualising and rationalising, all the time dealing with things on a purely abstract plane. The focusing-oriented therapist may get the two people to focus at the same time in order to look to their own inner awareness at the same time so that they might be able to simultaneously look to their own inner awareness, or they may have one of the couple focus and the other observe. In this latter case the focuser can make contact with his or her inner experiencing while the observer has an opportunity to appreciate what the

other partner's inner experiencing is. This can give the observer a new perspective derived from the other partner's felt sense.

This research confirms that listening is an essential element of focusing-oriented therapy and that its importance needs to be emphasised in couple therapy. The inclusion of an essential listening element can open an avenue of communication for each partner. Thus focusing-oriented therapists provide space for the other partner and for both partners to be listened to and heard. Although couples find it difficult to listen to each other, they still want to be heard. The focusing-oriented therapists find that they can get the couple to listen to each other and to converse in meaningful ways when they use the focusing attitude. The focusing-oriented therapists working with couples generally use reflecting back to enable the couple to listen to each other. In the process of listening to each other, the couple can identify what the issue is and what change they want. Getting the couple to talk to each other in a way that they have not done before helps to improve their ability to listen to one another, to be more reasonable with each other, and to try to understand each other better. In this way they are enabled to understand their reactions to each other better, and to be alert to the fact that they might be re-enacting their past patterns originating from their relationship with parents or significant others.

##### **5) Effectiveness of using FOT in working with couples**

(Chapter 7, Table 15)

The results of the survey and the interviews reveal that in the therapists' view FOT is effective in working with couples. Most of the focusing-oriented therapists believe that in couples' work FOT is powerful and practical in providing a good basis for clients to express feelings and the practice uninterrupted listening to their partner; it helps develop listening skills and empathy.

**6) The way in which the focusing-oriented approach makes couple therapy different** (See Chapter 8.7)

The importance of self-acceptance and self-compassion in couples' lives is noted by the interviewees in this research. Couples need to get to know how they can experience such self-acceptance and self-compassion in their lives. The focusing-oriented approach gives the couple access to inner experiencing and to their felt sense. The felt sense helps the couple grow in their self-esteem in all sort of ways, as well as helping them become healthier and more whole. Furthermore it gives them great insight into their situations and possible constructive responses to such situations. The slow gentle gradual process of Focusing becomes the moving force that enables therapists to help their clients to break free of their stuck situations.

The focusing-oriented approach allows the couple to access their inner resources and to get into their whole-body wisdom. The concreteness they experience in their whole-body and the whole sense of themselves as a person lifts them out of their stuck location regarding the issue and with each other. In order to help with that the therapist is ever ready to tune in to what they say is happening in their body. Thus the focusing method is their means of helping the couple to focus on their bodily felt sense, bringing them to inner awareness. They lead the couple to a place of felt experiencing so that they can speak from it. The therapeutic change for the couple happens when they become aware of something that they do not know already. In this process one partner can feel compassion for the other and then the couple becomes less defensive. While some focusing-oriented therapists do not teach Focusing to the couple, others do and they may even encourage couples to do Focusing at home once they have learnt it.

### 10.3 Limitations of the research

The *practicalities* of integration featured as a main concern of the research. Therefore, the interviewees were not led to discuss their psychological understanding of the psychodynamic process in couples or of the process in therapeutic change. Research along these lines might have enriched the study with a deeper understanding of the realities involved in the application of FOT to couple therapy.

The research methodology, interpretative phenomenological analysis (IPA), has enabled a solid grounding of the analysis in the actual experiences of the participants. I find my own experience of IPA to be one of freedom, allowing me to interpret and analyse the data in my own way. At the same time, I can let the participants' experience be heard by the reader who is able to make their own interpretation. IPA does not involve theory construction. Hence it is suitable for those who just want to participate and discover the richness and deep meaning of the phenomena with which they work. This could be looked upon as a limitation of the approach for those with an interest in creating a model or a theory.

Another possible drawback is the limitations imposed by telephone-based research. However in this case the use of web cameras to record interviews greatly helped overcome many of these limitations, since it enabled the researcher to engage visibly as well as audibly with those surveyed.



## 10.4 Implications for future research

During this research, four possibilities for future research have surfaced. These can be pinpointed as ways of further pursuing the integration of FOT and couple therapy. Firstly, most of the participants emphasise that listening to each other is important in enhancing the couple's relationship. What happens in the two partners, and what changes in them when they listen to each other? Especially, when one partner does Focusing and the other partner observes and listens to that partner's felt sense what is experienced inside in the other partner? How do the couple perceive the value and limitations of Focusing in listening? Secondly, working with the felt sense is a key aspect of FOT. When the therapist uses the felt sense in working with couples is this of the same value and effectiveness as it is in individual therapy? Or is the felt sense less important in working with couples than it is in working with the individual therapy? Thirdly, *getting in touch with* the felt sense is important in FOT. How can the therapist invite the couple to make contact with their felt sense? Is it better that both members of the couple do Focusing at the same time or that one partner does Focusing while the other partner observes? What are the outcomes when both of the couple do Focusing at the same time or at different times respectively? Lastly, some focusing-oriented therapists report that it is difficult for some clients to get the felt sense. What are the advantages and disadvantages when only one of the partners can get the felt sense and do Focusing in couple therapy? How does it impact the other partner who does not get it?

## 10.5 Personal reflections on the research

For me this research has been something of a personal journey and exploration. I set out on this journey and exploration with an open, curious, and sceptical mind. I bore in my mind many children suffering on account of their parents' rows, arguments, fighting or splitting up, and the couples who were not able to deal with their difficulties and who were stuck at repeating problems. I was concerned about how to help these couples, especially when they came for counselling. They hurt each other and damage their relationship so they are in need of healing in their relationship. How can the therapist help in healing their relationship? Far from being a machine, their heart is a living, feeling and experiencing organ. It has an influence on their relationship. This relationship is a relationship between two people, in other words it is the way two people feel and behave towards one another. Thus in their heart their relationship should be growing and moving dynamically. When, however, their heart is hurt by each other their relationship stops growing and can be destroyed. Couple therapists try to restore the damaged relationship by their own techniques and procedures. Although recently they have become more interested in the humanistic model most of them are still grounded in family, systemic and psychodynamic theory. They focus on the couple's relationship rather than on the individual people. They say, 'the relationship is their client.' They try to find out why the couple's relationship is deteriorating. But this approach can amount merely to an assessment of the couple's problems; it is a diagnosis. The therapists then strive to fix the problem, to solve it, or to rid the relationship of it, without encouraging any direct sensing of inner experiencing. They focus on what is wrong in the relationship and look for the best means of fixing that problem. The couple are left with no opportunity to get in touch with their own inner experience or to find impetus for further steps that

need to be taken. In such a process the therapist's role is more that of a mediator or a teacher than that of a counsellor. Such therapists tend to overlook a very important aspect of therapy, namely that, in the relationship between them, couples are human beings with hearts and not mere mechanical organisms. When they overlook this fact they cannot help the couple get in touch with their inner experiencing. I have come to realise that the felt sense is a gateway to enter into, and be aware of, our inner world. It provides an impetus for facilitating the growth of the human beings involved and of their relationship. It can heal our hurt by contacting it. I have discovered that Focusing can help the couple heal themselves, enhance their relationship and find a new direction.

## Glossary

**BEHAVIOURAL COUPLE THERAPY (BCT)** Behavioural couple therapy originated from behaviour and cognitive behavioural therapy; BCT has its roots in the philosophy of behaviourism and applied social learning theory.

**BOWEN FAMILY SYSTEMS THERAPY (BFST)** The therapeutic focus in BFST is on modifying the recursive, repetitive, chronic cycling of symptoms between both partners and key extended family members.

**BODY SENSE** The feel of situations or problems in the body.

**BRIEF STRATEGIC COUPLE THERAPY (BSCT)** Brief strategic couple therapy is concerned with breaking the continuity of the vicious circles that happen when the efforts that are made again and again to come to grips with a problem maintain the problem and worsen it.

**COLLABORATIVE COUPLE THERAPY (CCT)** Collaborative couple therapists show the partners the way to discover and to confide in the 'leading edge' thought or feeling of the moment and thereby to switch out of a withdrawn or assailant cycle into a collaborative one.

**CONJOINT METHOD** This method engages both partners in counselling.

**COUPLE THERAPY** A format of psychotherapy involving both partners of a dyad in which the intervention is focused on the problematic interactional patterns of the couple.

**EDGE OF AWARENESS/ FELT EDGE** Awareness that is surfacing somewhere in the background, unclear, and not yet articulated. A bodily sense of situations as a whole from which change can come is at the edge of awareness.

**EMOTIONAL FLOODING** The state of being overwhelmed by or caught in emotion.

**EMOTIONALLY FOCUSED COUPLE THERAPY** A combination of both experiential and systemic traditions in psychotherapy. It was formulated by Susan Johnson and Leslie Greenberg. The underlying trend of thought guiding this approach holds that the way people handle and process their emotional experience and the potentially self-reinforcing patterns of interaction which they take on can result in the maintenance of marital distress.

**EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)** A form of exposure therapy that involves imaginable flooding, cognitive restructuring, and the use of rapid, rhythmic eye movements and other bilateral stimulation to treat clients who have experienced traumatic stress.

**EXPERIENCING** Awareness of our situation sensed at the moment of experiencing the situation and which has components of sentience and understanding.

**EXPLICIT** The aspects of our experiencing which have been made concrete and articulated in words or other symbols. The opposite of implicit.

**EXTERNALISING** Talking in counselling about external events as if the events had nothing to do with the counselee's own responses or feelings.

**FAMILY THEORY** A theory that explains how the members interact with each other in their family and how that affects their family.

**FAMILY THERAPY** The ideal family strives to have the family and family members functioning well. Family therapy focuses on the existing interactions concerning unions or mergers, boundaries and matters of systemic dysfunction. There is the assumption that there is a link between the person problem and the malfunction in the family system. Therefore, mobilising and reorganising the system are deemed effective to bring solutions.

**FELT SENSE** A bodily sense of problems or situations as a whole from which change steps can come.

**FELT SHIFT** The change movement as the person pays attention to a felt sense.

**FOCUSING-ORIENTED THERAPY (FOT)** A form of therapy in which clients are

encouraged to contact their bodily felt sense.

**FRAMEWORK ANALYSIS** An analysis that is similar to a thematic analysis approach that can be used within different theoretical and methodological traditions.

**GESTALT THERAPY** A form of therapy developed by Fritz Perls and his wife, Laura, based on the premise that individuals must be understood in the context of their ongoing relationship with the environment.

**GENOGRAM** A picture that is used to summarise family relationships across several generations.

**GROUP THERAPY** The ultimate aim of the group format is improved individual social functioning. The focus is on existing group interaction and intermediate goals, as well as on the individual sharing with the group and showing evidence of a better relation skill with other group members.

**HWA-BYUNG (HB)** A Korean folk illness label commonly used by patients suffering from a multitude of somatic and psychological symptoms.

**HUMANISTIC COUNSELLING** Covers the broad range of counselling schools that are person-centred therapy, gestalt therapy, experiential therapy, and existential therapy.

**IMPLICIT** That which is in the background of our experiencing: what has not yet been fully formulated or conceptualised. The opposite of explicit.

**INSIGHT-ORIENTED MARITAL THERAPY (IOMT)** An empirically supported approach, draws on psychodynamic object relations theory, interpersonal role theory and social learning theory, with a developmental emphasis.

**INTERGRATIVE ORIENTATIONS** The field of couple therapy has entered an era of great activity in the various kinds of insight and formal research studies that are springing up and being drawn together.

**INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)** A research method that explores an individual's personal perception or account of an event or state that is under investigation.

**INTERVENTION** Often used to mean counsellor-response.

**MOMNET OF MOMENTS** Rogers' term for what Gendlin calls a felt shift.

**NARRATIVE COUPLE THERAPY (NCT)** The narrative orientation emphasises cognition and social processes in creating meaning. NCT capitalises on the stories that the partners formulate about their relationship (Zimmerman & Dickerson, 1993) and highlights the way they are organised and curtailed by culturally dominant ideas and practices.

**OVER-INTELLECTUALISATION** Understanding one's problem intellectually or analysing it intellectually will distance themselves from their problems.

**PERSON-CENTRED COUNSELLING** the school of therapy initiated by Carl Rogers and now incorporating classical client-centred therapy, focusing-oriented therapy and process-experiential therapy.

**POSTMODERNISM** A diverse movement in late 20<sup>th</sup> century philosophy and culture characterised especially by the idea that there is no ultimate Truth or Reality, and that human beings construct, rather than discover, meanings and values.

**PYRMID** A relationship described as triangulated that is an interaction in which a third person is drawn into a relationship with two other persons.

**PSYCHOANALYTIC ORIENTATIONS** Psychoanalysts believe that couples do not know what happens to them unconsciously so that couples' problems, predicaments and conflicts occur. In this case, particularly, managing the aggressive drive is a major challenge to couples. When they gain insight into the aggressive drive, it can be controlled. Thus in psychoanalysis, couples therapy is to resolve couples' problems and to learn new behaviours by making the unconscious conscious through analysing unconscious behaviour.

**QUID PRO QUO** Unconscious effort of both partners to assure themselves that they are equals,

that they are peers. When the quid pro quo is broken by one partner, the other retaliates by punishing the partner, either directly, by being openly antagonistic, but more indirectly, by using offensive, rejecting messages to redress the imbalance.

**QUALITATIVE RESEARCH** Research that used non-quantitative methods of enquiry: concerned with the qualities of human experience and behaviour.

**QUANTITATIVE RESEARCH** Research involving quantifiable data and often statistical analysis.

**SEMI-STRUCTURED INTERVIEW** Simply conversations in which an interviewer knows what he or she wants to find out about and so has a set of questions to ask and a good idea of what topics will be covered.

**SOLUTION-FOCUSED COUPLE THERAPY (SFCT)** de Shazer is known as solution-focused couple therapy, which works from the concept that couples want to change.

**STRUCTURE-BOUND** Gendlin's term for experiencing that has become fixed, frozen, inaccessible to change.

**STRUCTURAL-STRATEGIC COUPLE THERAPY (SSCT)** Structural therapy and strategic therapy include couple therapy orientations. Both approaches are also focused on the hierarchical structure of the family.

**SYSTEMS THEORY** It is related to the relationship between the parts of a complex whole, and they interact with systems' environments rather than on an isolation of events from their context. In other words, a system is interwoven in the relations between the parts which connect them into a whole. In these terms, a living system is organised, adapts to its environment and process in it.

**UNFINISHED BUSINESS** Gestalt concept applying to experiencing that has not been completed, especially in situations where an emotion has been suppressed.

**VERBAL RESPONSE CATEGORY SYSTEMS** A useful model for understanding the therapeutic work and the skills associated with the work.

## Bibliography

- Ackerman, N.W. (1970). Family psychotherapy today. *Family Process*, 9, 123-126.
- Ainsworth, M. D. S. & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, 46, 331-341.
- Alexander, F. (1968). An empirical study on the differential influence of self-concept on the professional behavior of marriage counselors. Unpublished Doctoral Dissertation, University of Southern California.
- Amatenstein, S. (2010). *The Complete Marriage Counselor: Relationship-Saving Advice from American's 50 + Couples therapists*. Avon: Adams Media.
- Amodeo, J. (2007). A Focusing-Oriented Approach to Couple Therapy. *Person-Centred and Experiential Psychotherapies*, 6 (3), 169-182.
- Anchin, J.C. & Kiesler, D.J. (1982). *Handbook of interpersonal psychotherapy*. New York: Pergamon Press.
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Androutsopoulou, A., Thanopoulou, K., Economou, E. & Bafiti, T. (2004). Forming criteria for assessing the coherence of client's life stories: a narrative study. *Journal of Family Therapy*, 26, 384-406.
- Antony, M.M. & Roemer, L. (2005). Behavior therapy. In A.S. Gurman & S.B. Messer (eds), *Essential psychotherapies: Theory and Practice*. New York: Guilford, pp. 182-223.
- Apfelbaum, B. & Gill, M.M. (1989). Ego analysis and the relativity of defense: The technical implications of the structural approach. *Journal of the American Psychoanalytic Association*, 37, 1071-1096.
- Avis, J.M. (1988). Deepening awareness: A private study guide to feminism and family therapy. *Journal of Psychotherapy and the Family*, 3, 15-46.
- Aylmer, R.C. (1986). Bowen family systems marital therapy. In N.S. Jacobson & A.S. Gurman (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp. 107-148.
- Baucom, D.H, Snyder, D.K., & Gordon, K.C., (2011). *Helping Couples Get Past the Affair: A Clinician's Guide*. New York: Guilford Press.

- Baine, D. & Sawatzky, D. (1991). Mediation methods as an adjunct to counselling couples. *International Journal for the Advancement of Counselling*, 15(4), pp. 273-284.
- Bandura, A. (1969). *Principles of behavior modification*. New York: Wiley.
- Barker, R.L. (1984). *Treating couples in crisis*. New York: The Free Press.
- Bartholomew, K, Kwong, M.J & Hart, S.D. (2001). Attachment. In Livesley, W.J. *Handbook of personality disorders: theory, research, and treatment*. New York: Guilford, pp.196-230.
- Bateson, G. (1972). *Steps to an ecology of mind*. NY: Aronson.
- BBC. (2010). Divorce rate lowest for 29 years.  
Available at [http://news.bbc.co.uk/2/hi/uk\\_news/8485132.stm](http://news.bbc.co.uk/2/hi/uk_news/8485132.stm). accessed 28th Jan 2010.
- Beavers, W.R. (1985). *Successful marriage*. New York: Norton.
- Belshaw, B. & Strutt, M. (1996). *Couples in crisis*. London: Ward Lock.
- Berg, I. K. (1994). *Family Based Services: A solution-focused approach*. New York: Norton.
- Berg, I.K. (2000). Solution-Focused Couple Therapy: Helping Clients Construct Self-Fulfilling Realities. In M.F. Hoyt, *Some stories are better than others: Doing what works in brief therapy and managed care*. Philadelphia: Brunner/Mazel, pp. 143-166.
- Berg, I.K. (2002). *Interviewing for solution*, Pacific Grove, California: Brooks Cole.
- Berg-Cross, L. (1997), *Couples therapy*, London: Sage.
- Bergin, A.E. (1963). The effects of psychotherapy: Negative results revisited. *Journal of Counseling Psychology*, 10, 244-250.
- Berman, E.B., Lief, H. & Williams, A. (1981). A model of marital integration. In G.P. Sholevar (ed), *The handbook of marriage and marital therapy*. New York: Spectrum, pp. 3-34.
- Berne, E. (1963). *The structures and Dynamics of Organisations and Groups*. New York: Grove Press.
- Birchler, G., & Spinks, S. (1980). A behavioural systems marital and family therapy: Intervention and clinical application. *American Journal of Family Therapy*, 8, 6-28.
- Bobes, T. & Rothman, B. (2002). *Doing couple therapy: integrating theory with practice*,



New York: Norton.

Bond, T. (2004). *Ethical Guidelines for Researching Counselling and Psychotherapy*. Rugby: British Association for Counselling and Psychotherapy.

Bonnigton, S. (1993). Solution-focused brief therapy: helpful interventions for school counsellors, *School Counselor*, 41, 126-128.

Bor, R. & Palmer, S. (2002). *A Beginner's Guide to Training in Counselling & Psychotherapy*. London: Sage.

Boszormenyi-Nagy, I. & Spark, G. (1973). *Invisible loyalties: Reciprocity in intergenerational family therapy*. New York: Harper & Row.

Bowen, M. (1976). Principles and techniques of multiple family therapy. In P.J. Guerin (ed), *Family therapy: Theory and practice*. New York: Gardner Press, pp. 388-404.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Bowlby, J. (1988). *A secure base*. New York: Basic Books.

Bradbury, T.N. & Fincham, F.D. (1990). Preventing marital dysfunction: Review and analysis. In D. Frank, F.D. Fincham & T.N. Bradbury (eds), *The psychology of marriage: Basic issues and applications*. New York: Guilford Press, pp. 375-401.

Bray, J.H. (2008). Couple therapy with remarried partners. In N.S. Jacobson & A. S. Gurman (eds), *Clinical handbook of couple therapy* (3<sup>rd</sup> ed). New York: Guilford Press, pp. 499-519.

Breakwell, G.M., Hammond S., Fife-Schaw, C. & Smith, J.A. (eds). (2006). *Research Methods in Psychology*. London: Sage.

Brewer, J. & Hunter, A. (1989). *Multimethod research: A synthesis of styles*. Newbury Park, NJ: Sage.

Broderick, C.B. (1983). *The therapeutic triangle: a sourcebook on marital therapy*. London: Sage.

Broderick, C.B., & Schrader, S.S. (1981). The history of professional marriage and family therapy. In A.S. Gurman & D.P. Kniskern (eds), *Handbook of family therapy*. New York: Brunner/Mazel, pp. 3-35.

Broderick, C.B. & Schrader, S.S. (1991). The history of professional marriage and family therapy. In A.S. Gurman & D.P. Kniskern (eds), *Handbook of family therapy* (2). New York: Brunner/Mazel, pp. 3-40.

- Brown, S.D. & Lent, R.W. (2000). *Handbook of Counseling Psychology (3<sup>rd</sup> ed)*. New York: Wiley.
- Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done?. London: Sage.
- Burton, G & Kaplan, H.M. (1968). Group counselling in conflicted marriages where alcoholism is present: clients' evaluation of effectiveness. *Journal of Marriage and the Family* 30, 74-79.
- Campbell, W.K, Brunell, A.B. & Finkel, E.J. (2006). Narcissism, interpersonal Self-Regulation, and Romantic Relationships: An Agency Model Approach. In D.V. Kathleen & E.J. Finke (eds), *Self and relationships: connecting intrapersonal and interpersonal processes*. New York: Guilford, pp. 57-132.
- Carr, A. (2000). *Family therapy: concepts, process, and practice*. USA: John Wiley & Sons.
- Cassidy, J. & Shaver, P. (1999). *Handbook of attachment*. New York: Guilford Press.
- Catherall, D.R. (1992). Working with projective identification. *Family Process*, 31, 355-367.
- Chapman, G.D. (1995). *The Love Languages: How to Express Heartfelt Commitment to Your Mate*, USA: Northfield Publishing.
- Chasin, R., Grunebaum, H. & Herzig, M. (1992). *One couple, four realities: Multiple perspectives on couple therapy*. New York: Guilford Press.
- Chernin, J.N. & Johnson, M.R. (2003). *Affirmative psychotherapy and counselling for lesbians and gay men*. London: Sage
- Cho, H.G. (1991). *The treatment methods of distress and Hwa-Byung in Oriental medicine*. Seoul: Open Books.
- Christensen, A. & Heavey, C.L. (1999). Interventions for couples. *Annual Review of Psychology*, 50, 165-190.
- Christensen, A. & Jacobson, N. S. (2000). *Reconcilable differences*. New York: Guilford.
- Christensen, A., Jacobson, N.S. & Babcock, J.C. (1995). Integrative behavioral couple therapy. In N.S. Jacobson & A. S. Gurman (eds), *Clinical handbook of couple therapy*. New York: Guilford, pp. 31-64.
- Clark, C. A. (1990). A comprehensive process analysis of focusing events in experiential therapy. Doctoral dissertation, University of Toledo.

Clarkin, J.F. & Carpenter, D. (1995). Family therapy in historical perspective. In B. Bongar & L.E. Beutler (ed), *Comprehensive textbook of psychotherapy: theory and practice*. New York: Oxford, pp.205-227.

Clarkson, P. (2003). *The therapeutic Relationship*. London: Whurr.

Cleavelly, E. (1993). Relationships interaction, defense and transformation. In S. Ruzsyczynski, *Psychotherapy with couples: Theory and practice at the Tavistock Institute of Marital studies*. London: Karnac.

Clulow, C. (2001). *Adult Attachment and Couple psychotherapy: The 'secure base' in practice and research*. London: Brunner-Routledge.

Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy*. London:Sage.

Corey. G. (2001). *Theory and Practice of Counseling and Psychotherapy*. London: Brooks/Cole.

Corey. G (2004). *Theory & Practice of Group Counselling*. Belmont: Brooks/Cole.

Cornell, A.W. (1993). Teaching focusing with five steps and four skills. In D. Brasier (ed), *Beyond Carl Rogers*. London: Constable, pp. 167-180.

Cornell, A.W. (1995). Relationship=Distance+Connection: A Comparison of Inner Relationship Techniques in Focusing. *The Focusing Folio, Summer*. Available: [www.focusingresources.com](http://www.focusingresources.com).

Cornell, A. W. (1996). *The Power of Focusing: A practical Guide to emotional Self-Healing*, Oakland: New Harbinger.

Cornell, A.W. (2011) Three Key Aspects of Focusing. Available at [www.http://www.focusing.org/cornell\\_three\\_key\\_aspects.html](http://www.focusing.org/cornell_three_key_aspects.html).

Coulehan, R., Friedlander, M.L. & Heatherington, L. (1998). Transforming narratives: a change event in constructivist family therapy. *Family Process*, 37, 17-33.

Crawley.J. & Grant. J. (2007). *Couple therapy: The self in the relationship*. New York:Palgrave.

Creswell, J.W., Plano Clark, V.L., Gutmann, M. L. & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (eds), *Handbook of mixed methods in social and behavioral research*. Thousand Oaks, CA: Sage, pp. 209-240.

Crowe, M. (2006). Couple psychotherapy. In Bloch, S. (ed), *An introduction to the psychotherapies*. New York: Oxford, pp. 351-372.

- Crowe, M. & Ridley, J. (2000). *Therapy with Couples: A Behavioural-Systems Approach to Couple Relationship and Sexual Problems*. Malden: Blackwell Science.
- Dattilio, F.M. (1998). *Case Studies in Couple and Family Therapy: Systemic and Perspectives*. New York: Guilford.
- DeJong, P. & Berg, I.K. (2002). *Interviewing for Solutions*. Pacific Grove, California: Brooks/Cole.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: Norton.
- de Shazer, S. (1991). *Putting differences to work*. New York: Norton.
- de Shazer, S. (1994). *Words were Originally Magic*. New York: Norton.
- de Shazer, S., Berg, I.K., Lipchik, E. & Nunnally, E. (1986). Brief therapy: focused solution development. *Family Process*, 25, 207-221.
- DiCaro, V. (2005). NFI Releases Report on National Marriage Survey, *Fatherhood Today*, 1 (3), pp. 4-5.
- Dicks, H.V. (1967). *Marital Tensions*. London: Routledge & Kegan Paul.
- Doherty, W.J. & Simmons, D.S. (1996). Clinical practice patterns of marriage and family therapists: A national survey of therapists and their clients. *Journal of Marital and Family therapy*, 22, 9-25.
- Dollard, J. & Miller, N.E. (1950). *Personality and Psychotherapy: An analysis in terms of learning, thinking, and culture*, New York: McGraw- Hill.
- Donovan, J.M. (2003). *Short-term object relations couple therapy: the five-step model*, New York: Routledge.
- Dorfman, R.A. (1998). *Paradigms of clinical social work*. New York: Brunner-Routledge.
- Dryden, W. (1984). *Individual Therapy in Britain*. London: Harper & Row.
- Dryden, W. & Feltham, C. (1996). *Developing the practice of counselling*. London: Sage.
- Dym, B. (1995). *Readiness and change in couple therapy*, New York: BasicBooks.
- Egan, G. (2007). *The Skilled Helper*. Belmont: Thomson.
- Elliot, R. & Greenberg, L.S. (1995). *Experiential therapy in practice: The Process-*

Experiential Approach. In B. Bongar & L.E. Beutler (eds), *Comprehensive textbook of psychotherapy: Theory and Practice*. New York: Oxford, pp. 123-139.

Ellis, A., Gordon, J., Neenan, M. & Palmer, S. (2003). *Stress Counselling: A Rational Emotive Behaviour Approach*. London: Sage.

Ely, A.L. (1970). *Efficacy of training in conjugal therapy*. Unpublished Ph.D thesis: Rutgers Univeristy.

Epstein, N., Baucom, D. H. & Daiuto, A. D. (1997). Cognitive-behavioral couples therapy. In W. K. Halford & H. J. Markman (eds), *Clinical handbook of marriage and couples intervention* New York: Wiley, pp. 415-449.

Feldman, L.B. (1985). Integrative multi-level therapy: A comprehensive interpersonal and intrapsychic approach, *Journal of Marital and Family therapy*, 11, 357-372.

Feldman, L.B. (1979). Marital conflict and marital intimacy: An integrative psychodynamic-behavioral-systemic model. *Family Process*, 18, 69-78.

Feldman, L.B. (1990). *Multi-dimensional family therapy*. New York: Guilford.

Fielding, N. & Schreier, M. (2001). Introducion: On the Compatibility between Qualitative and Quantitative Research Methods. *Forum: Qualitative Social Research*, 2(1) (February). Retrieved 24 May 2006 from the Forum: Qualitative Social Research website: <http://www.qualitative-research.net/fqs/fqs-e/inhalt1-01-e.htm>.

Finkelstein, L. (1987). Toward an object relations approach in psychoanalytic marital therapy. *Journal of Marital and Family Therapy*, 13, 287-298.

Finlay, L. (2011). *Phenomenolgy for Therapists: Reseraching the Lived World*. London: Wiley-Blackwell.

Fisch, R., Weakland, J.H. & Segal, L. (1982). *The tactics of change: Doing therapy briefly*, San Francisco: Jossey-Bass.

Fisher, J. (1999). *The uninvited Guest: Emerging from narcissism towards marriage*. London: Karnac Books.

Fisher, J. & Crandell, L. (2001). Patterns of relating in the couple. In C.F. Clulow (ed), *Adult attachment and couple psychotherapy: The 'secure base' in practice and research*. London: Brunner-Routledge.

Fitzgerald, R.V. (1969). Conjoint marital psychotherapy: an outcome and follow-up study. *Family process*, 8, 260-271.

Fleisch, G. (2006). An interactive model of how focusing works at the outset of therapy. Unpublished article.

Fraenkel, P. (1997). Systems approaches to couple therapy. In W.K. Halford & H. J. Markman (eds), *Clinical handbook of marriage and couples interventions*. New York: Wiley, pp.379-414.

Fraenkel, P. & Pinsof, W. (2001). Teaching family therapy-centered integration: Assimilation and beyond. *Journal of Psychotherapy Integration*, 11, 59-85.

Fraenkel, P., Markman, H. & Stanely, S. (1997). The prevention approach to relationship problems. *Sexual and Marital Therapy*, 12, 249-258.

Framo, J.L. (1965). Rationale and techniques of intensive family therapy. In I. Boszormenyi-Nagy & J.L. Framo (eds), *Intensive family therapy*. New York: Harper & Row, pp. 143-212.

Framo, J.L. (1989). How AFTA got started. *American Family Therapy Association Newsletter* 37, 10-15.

Freedman, J. & Combs, G. (1996a). Gender stories. *Journal of Systemic Therapies*, 15 (1), 31-46.

Freedman, J. & Combs, G. (1996b). *Narrative therapy: The social construction of preferred realities*. New York: W.W. Norton.

Freedman, J. & Combs, G. (2000). Narrative therapy with couples. In F.M. Dattilio & L.J. Bevilacqua (eds), *Comparative treatments for relationship dysfunction*. New York: Springer Publishing Company, pp. 342-361.

Freedman, J. & Combs, G.C. (2002). Narrative couple therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guilford, pp.229-258.

Freedman, J., & Combs, G.C. (2008). Narrative couple therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp.229-258.

Freeman, E. & Couchonnal, G. (2006). Narrative and culturally based approaches in practice with families. *Families in Society*, 87 (2), 198-208.

Friedman, E.H. (1985). *Generation to generation: Family process in church and synagogue*. New York: Guilford.

Fruzzetti, A.E. & Fantozzi, B. (2008). Couple Therapy and the Treatment of Borderline Personality and Related Disorders. In A.S. Gurman (ed), *Clinical Handbook of Couple Therapy*. New York: Guilford, pp.567-590.

Gendlin, E.T. (1961). Experiencing: a variable in the process of therapeutic change. *American Journal of Psychotherapy*, 15 (2). 233-245.

Gendlin, E.T. (1962). *Experiencing and the creation of meaning*. Toronto: The Free Press of Glencoe.

Gendlin, E.T. (1964/1973). A theory of personality change. In A.R. Mahrer and L. Person (eds), *Creative Developments in Psychotherapy*. New York: Jason Aronson (1973). Originally published in P. Worchel and D. Byrne (eds) *Personality Change*. New York: Wiley (1964), pp. 439-89.

Gendlin, E.T. (1966). Research in psychotherapy with schizophrenic patients and the nature of that illness. *American Journal of Psychotherapy*, 20, 4-16.

Gendlin, E.T. (1968). The experiential response. In E. Hammer (ed), *Use of interpretation in treatment*, New York: Grune & Stratton, pp. 208-227.

Gendlin, E.T. (1970). The significance of felt meaning. In R. Cormier, E. Chinn & R.H. Lineback (eds), *Encounter: An introduction to philosophy*, Glenview, IL: Scott, Foresman & Co, pp. 561-566.

Gendlin, E.T. (1973a). A phenomenology of emotions: Anger. In D. Carr & E.S. Casey (eds), *Explorations in phenomenology: Papers of the Society for Phenomenology and Existential Philosophy*, The Hague: Martinus Nijhoff, pp. 367-398.

Gendlin, E.T. (1973b). Experiential psychotherapy. In R. Corsini (ed), *Current psychotherapies*. Itasca, IL: F.E. Peacock, pp. 317-352.

Gendlin, E.T. (1974). Client-centered and experiential psychotherapy. In D.A. Wexler & L.N. Rice (eds), *Innovations in client-centered therapy*. New York: John Wiley & Sons, pp. 211-246.

Gendlin, E.T. (1978/1981/2003). *Focusing*. New York: Bantam Books.

Gendlin, E.T. (1980a). Client-centered therapy as a frame of reference for training: The use of focusing during therapy. In W. De Moor & H.R. Wijngaarden (eds), *Psychotherapy: Research and training. Proceedings of the XIth International Congress of Psychotherapy*, pp. 279-297. Amsterdam: Elsevier/North-Holland Biomedical Press.

Gendlin, E.T. (1980b). Imagery is More Powerful with Focusing: Theory and Practice. In Shorr, J.E, Sobel, G.E, Robin, P and Connella, J.A (eds), *IMAGERY-Its Many Dimensions and Applications*, New York and London: Plenum Press.

Gendlin, E.T. (1984a). The client's client: The edge of awareness. In R.L. Levant & J.M. Shlien (eds), *Client-centered therapy and the person-centered approach: New directions in theory, research and practice*, New York: Praeger, pp. 76-107.

- Gendlin, E.T. (1984b). The politics of giving therapy away: Listening and focusing. In D. Larson (ed), *Teaching psychological skills: Models for giving psychology away*, Monterey: Brooks/Cole, pp. 287-305.
- Gendlin, E.T. (1986). *Let your body interpret your dreams*. Wilmette, IL: Chiron Publications.
- Gendlin, E.T. (1986a). Listening is still unknown: We need to get it into every other therapy method. *Person-centered Review*, 1 (3), 337-339.
- Gendlin, E.T. (1986b). What Comes After Traditional Psychotherapy Research?, *American Psychologist*, 41 (2), 131-136.
- Gendlin, E.T. (1988). Carl Rogers (1902-1987). *American Psychologist*, 43(2), 127-128.
- Gendlin, E.T. (1990). The small steps of the therapy process: how they come and how to help them come. In G. Lietaer, J. Rombauts & R. Van Balen (eds), *Client-Centered and Experiential Psychotherapy in the Nineties*. Leuven: Leuven University Press, pp. 205-224.
- Gendlin, E.T. (1991). On emotion in therapy. In J.D. Safran & L.S. Greenberg (eds), *Emotion, psychotherapy and change*, New York & London: Guilford, pp. 255-279.
- Gendlin, E.T. (1992). The wider role of bodily sense in thought and language. In M. Sheets-Johnstone (Ed.), *Giving the body its due*, pp. 192-207. Albany: State University of New York Press. From [http://www.focusing.org/gendlin/docs/gol\\_2067.html](http://www.focusing.org/gendlin/docs/gol_2067.html).
- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford Press.
- Gendlin, E.T. (1997a). *Experiencing and the Creation of Meaning*. Evanston, IL: Northwestern University Press (Originally published by The Free Press, 1961).
- Gendlin, E.T. (1997b). *A Process Model*. New York: Focusing Institute.
- Gendlin, E.T. (2002). Foreword. In C.R. Rogers & D.E. Russell, *Carl Rogers: The quiet revolution. An oral history*, Roseville, CA: Penmarin Books, pp. XI-XXI.
- Gendlin, E.T. (2003). *Focusing*, London: Ridder.
- Gendlin, E.T. (2004). Introduction to 'Thinking at the Edge.' *The Folio*, 19 (1), 1-8.
- Gendlin, E. T., and F. Zimring. (1955). The Qualities or Dimensions of Experiencing and Their Change. *The Person-Centered journal* 1 (2): 55-67.
- Gendlin, E.T., R.H. Jenney & J.M. Shlien (1960). Counselor ratings of process and



outcome in client-centered therapy. *Journal of Clinical Psychology*, 16 (2), 210-213.

Gendlin, E.T. & Tomlinson, T.M. (1967). The process conception and its measurement. In C.R. Rogers (ed), *The therapeutic Reslationship and its Impact: A Study of Psychotherapy with Schizophrenics*. Madison: University of Wisconsin Press, pp. 109-131.

Gendlin, E.T., Beebe, J. Cassens, M. Klein & M. Oberlander. (1968). Focusing ability in psychotherapy, personality and creativity. In J.M. Shlien (ed), *Research in psychotherapy*. 3, Washington, DC: APA, pp. 217-241.

Gendlin, E.T., Jenney, R.H. & Shlien, J.M. (1960). Counselor ratings of process and outcome in client-centered therapy. *Journal of Clinical Psychology*, 16 (2), 210-213.

Gendlin, E.T., Grindler, D. & McGuire, M. (1986). Imagery, body and space in focusing. In Sheickh, Anees, A. (ed), *Imagination and Healing, Imagery and Human Development Series*, New York: Baywood.

Gilbert, M. & Shmulker, D. (1996). *Brief therapy with couples*. Chichester, UK: Wiley.

Giorgi, A. (1997). The Theory, Practice and Evaluation of the Phenomenological Method as a Qualitative Research Procedure. *Journal of Phenomenological Psychology*, 28 (2), pp. 235- 261.

Glick, I.D., Berman, E. M., Clarkin, J.F & Rait, D.S. (2000). *Marital and Family Therapy*. Washington: American Psychiatric.

Gold, J. (1996). *Key concepts in psychotherapy integration*. New York: Plenum Press.

Goldner, V. (1985a). Feminism and family therapy. *Family Process*, 24, 31-47.

Goldner, V. (1985b). Warning: Family therapy may be hazardous to your health. *The Family Therapy Networker*, 9(6), 18-23.

Goldner, V. (1988). Generation and gender: Normative and covert hierarchies. *Family Process*, 27, 17-31.

Goodman, E.S. (1973). Marriage counseling as science: Some research considerations. *The Family Coordinator*, 22, 111-116.

Gordon, T. (1970). *P.E.T.: Parent effectiveness training*. New York: Penguin Books Ltd.

Gottman, J.M. (1994). *What predicts divorce?: the relationship between marital processes and marital outcomes*. London: Routledge.

Gottman, J.M. (1999). *The marriage clinic: A scientifically based marital therapy*. New York: W.W. Norton.

- Green, K.A. (1963). The echo of marital conflict. *Family Process*, 2, 315-328.
- Greenberg, L.S. & Johnson, S.M. (1986). Emotionally focused couples therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of marital therapy*. New York: Guilford, pp. 180-220.
- Greenberg, L.S. & Johnson, S.M. (1988). *Emotionally Focused Therapy for Couples*. New York: Guilford.
- Greenberg, L.S., Rice, L.N. & Elliot, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York: Guilford.
- Greene, B.L. (1965). *The psychotherapies of marital disharmony*. New York: The Free.
- Greene, G.J. & Mabee, T.F. (1992). Differentiation of self and marital adjustment of clinical and nonclinical spouses. In B.J. Brothers (ed), *Couples therapy, multiple perspectives: In search of universal threads*. New York: The Haworth Press, pp. 133-145.
- Griffith, J. & Griffith, M. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York: Harper Collins.
- Guerrero, L.K., Andersen, P.A., & Afifi, W.A. (2010). *Close Encounter: Communication in Relationships*. London: Sage.
- Gurman, A.S. (1971). Group marital therapy: Clinical and empirical implications for outcome research. *International Journal of Group Psychotherapy*, 21, 174-189.
- Gurman, A.S. (1973a). Marital therapy: Emerging trends in research and practice. *Family Process*, 12, 45-54.
- Gurman, A.S. (1973b). The effects and effectiveness of marital therapy: A review of outcome research. *Family Process*, 12, 145-170.
- Gurman, A.S. (1981). Integrative marital therapy: Toward the development of an interpersonal approach. In S. Budman (ed), *Forms of brief therapy*. New York: Grune & Statton, pp.415-462.
- Gurman, A.S. (2002). Brief therapy and family/couple therapy: An essential redundancy. *Clinical Psychology: Science and Practice*, 8, 51-65.
- Gurman, A.S. (2005). Marital Therapies. In A.S. Gurman & S.B. Messer (eds), *Essential psychotherapies: Theory and Practice*. New York: Guilford, pp. 463-514.
- Gurman, A.S. (2010). *Clinical Casebook of Couple therapy*. New York: Guilford.
- Gurman, A.S. & Fraenkel, P. (2002). The history of couple therapy: A millennial review.

*Family Process*, 41, 199-260.

Gurman, A.S. & Jacobson, N.S. (1995). Therapy with couples: A coming of age. In N.S. Jacobson & A. S. Gurman (eds), *Clinical handbook of couple therapy*. New York: Guilford, pp. 1-10.

Gurman, A.S. & Kniskern, D.P. (1978). Research on marital and family therapy: Progress, perspective, and prospect. In S.L. Garfield & A.E. Bergin (eds), *Handbook of psychotherapy and behavior change*. New York: John Wiley & Sons, pp. 817-901.

Gurman, A.S., Kniskern, D.P. & Pinsof, W.M. (1986). Process and outcome research in family and marital therapy. In A. Bergin & S. Garfield (eds), *Handbook of psychotherapy and behavioral change*. New York: John Wiley & Sons, pp. 565-624.

Guterman, J.T. (2006). *Mastering the art of solution-focused counseling*. Alexandria, VA: American Counseling Association.

Hahlweg, K. & Klann, N. (1997). The effectiveness of marital counseling in Germany: A contribution to health services research. *Journal of Family Psychology*, 11, 410-421.

Hahlweg, K. & Markman, H.J. (1988). Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating distress. *Journal of Consulting and Clinical Psychology*, 56, 440-447.

Haley, J. (1963). Marriage therapy. *Archives of General Psychiatry*, 8, 213-234.

Halford, W.K. (1998). The ongoing evolution of behavioral couples therapy: Retrospect and prospect. *Clinical Psychology Review*, 18, 613-633.

Halford, W.K. (2003). *Brief Therapy for Couples: Helping Partners Help Themselves*. New York: Guilford.

Halford, W.K., Sanders, M.R. & Behrens, B.C. (1993). A comparison of the generalization of behavioural marital therapy and enhanced behavioural marital therapy. *Journal of Consulting and Clinical Psychology*, 61, 51-60.

Hamburg, S. (1996). Review of Jacobson & Gurman's *Clinical handbook of couple therapy*. *Child and Family Behavior Therapy*, 18, 55-60.

Hardy, K.V. & Laszloffy, T.A. (2002). Couple therapy using a multicultural perspective. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp.569-593.

Hare-Mustin, R.T. (1978). A feminist approach to family therapy. *Family Process*, 17, 181-194.

Hare-Mustin, R.T. (1987). The problem of gender in family therapy theory. *Family Process*, 26, 15-27.

Hebb, D. (1949). *The organization of behavior*. New York: Wiley.

Hendricks, M.N. (2002a). Focusing-Oriented/Experiential Psychotherapy. In D.J. Cain and J. Seeman (eds), *Humanistic Psychotherapies: Handbook of Research and Practice*. Washington, DC: American Psychological Association, pp.221-251.

Hendricks, M.N. (2002b). What Difference does Philosophy Make?: Crossing Gendlin and Rogers. In J.C. Watson, R.N. Goldman & M.S. Warner (eds), *Client-centered and experiential psychotherapy in the 21st Century: Advances in theory, research and practice*, UK: PCCS BOOKS, pp. 52-63.

Heppner, P.P., Kivlighan, D. M. & Wampold, B.E. (1992). *Research Design in Counseling*. Monterey: Brooks/Cole.

Hill, C.E. (1986). An overview of the Hill counsellor and client verbal response modes category systems. In L.S. Greenberg & W.M. Pinsof, *The psychotherapeutic process*. New York: Guildford, pp.131-159.

Hinterkopf, E. (1998a). *Integrating Spirituality in Counselling: A Manual for Using the Experiential Focusing Method*. Alexandria, VA: American Counselling Association.

Hinterkopf, E. (1998b). Finding a Certain Distance: A helpful and Even Life-saving Technique, *The Focusing Connection*, 14 (6). 1-4.

Hoshmand, L. (1989). Alternate research paradigms: A review and teaching proposal, *The Counseling Psychologist*, 17, 3-79.

Hudson, P. & O'Hanlon, W.H. (1992). *Rewriting love stories: Brief marital therapy*. New York: W.W. Norton.

Iberg, J. (1988) Experiential psychotherapy. Unpublished manuscript.

Imber, S.D., Pilkonis, P.A., Sotsky, S.M., Elkin, I., Watkins, I.T., Collins, J.F., Shea, M.T., Leber, W.R. & Glass, D.R. (1990). Modespecific effects among three treatments for depression. *Journal of Consulting and Clinical Psychology*, 58, 352-363.

Ingram, B.L. (2011). *Clinical Case Formulations: Matching the integrative Treatment*. New Jersey: John Wiley & Sons.

Jackson, D.D. (1959). Family interaction, family homeostasis and some implications for conjoint family psychotherapy. In J. Masserman (ed), *Individual and family dynamics*. New York: Grune & Stratton, pp.122-141.

Jacobson, N.S. & Addis, M.E. (1993). Research on couples and couples therapy: What do we know? Where are we going?, *Journal of Consulting and Clinical Psychology*, 61, 85-93.

Jacobson, N.S. & Christensen, A. (1996). *Integrative behavioral couple therapy*. New York: W.W. Norton.

Jacobson, N.S. & Margolin, G. (1979). *Marital therapy: Strategies based on social learning and behavior exchange principles*. New York: Brunner/Mazel.

Jacobson, N.S. & Martin, B. (1976). Behavioral marriage therapy: Current status. *Psychological Bulletin*, 83, 540-566.

Jacobson, N.S. & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 58, 12-19.

Jacobson, N.S., Christensen, A., Prince, S.E., Cordova, J. & Eldridge, K. (2000). Integrative behavioral couple therapy: An acceptance-based, promising new treatment for couple discord. *Journal of Consulting and Clinical Psychology*, 68, 351-355.

James, K. & McIntyre, D. (1983). The reproduction of families: The social role of family therapy. *Journal of Marital and Family Therapy*, 9, 119-129.

Johnson, S.M. (1986). Bonds or bargains: Relationship paradigms and their significance for marital therapy. *Journal of Marital and Family Therapy*, 12, 259-267.

Johnson, S.M. (1996). *The practice of emotionally focused marital therapy*. New York: Brunner/Mazel.

Johnson, S.M. (1999). Emotionally focused couples therapy: Straight to the heart. In J. Donovan (ed), *Short-term couple therapy*. New York: Guilford Press, pp. 13-42.

Johnson, S.M. (2004). *The Practice of Emotionally Focused Couple therapy: Creating Connection*. New York: Routledge.

Johnson, S. M. (2007). Emotion in couple therapy. *Therapy*, 16, 7-11.

Johnson, S. M. (2008). *My How Couples Therapy Has Changed: Attachment Love and Science*. Psychotherapy.net.

Johnson, S.M. & Boisvert, C. (2002). Treating couples and families from the humanistic perspective: More than the symptom, more than solutions. In D. J. Cain & J. Seeman (eds), *Humanistic psychotherapies: Handbook of research and practice*. Washington, DC: American Psychological Association, pp. 309-337.

Johnson, S.M. & Denton, W. (2002). Emotionally focused couple therapy: Creating secure connections. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guildford, pp. 221-250.

Johnson, S.M. & Greenberg, L.S. (1988). Relating process to outcome in marital therapy. *Journal of Marital and Family Therapy*, 14, pp. 175-183.

Johnson, S.M. & Greenberg, L.S. (1995). The emotionally focused approach to problems in adult attachment. In N.S. Jacobson & A.S. Gurman (eds), *Clinical handbook of couple therapy (2nd ed)*. New York: Guilford Press, pp. 121-146.

Johnson, S.M., Hunsley, J., Greenberg, L.S. & Schindler, D. (1999). Emotionally focused couples therapy: Status and challenges. *Clinical Psychology: Science and Practice*, 6, 67-79.

Johnson, S.M. & Lebow, J. (2000). The coming of age of couples therapy: A decade review. *Journal of Marital and Family Therapy*, 26, 23-38.

Jones, A.C. (2004). Transforming the story: Narrative applications to a stepmother support group. *Families in Society: The Journal of Contemporary Social Services*, 85,129-138.

Jordan, K. & Quinn, W. (1994). Session two outcome of the formula first session task in problem- and solution-focused approaches. *American Journal of Family Therapy*, 22, 3-16.

Kaslow, N.J., Dausch, B.M. & Celano, M. (2005). Family Therapies. In A.S. Gurman & S.B. Messer (eds), *Essential psychotherapies: Theory and Practice*. New York: Guildford, pp. 400-462.

Katz, L.S. (2005). *Holographic reprocessing: A cognitive-experiential psychotherapy for the treatment of trauma*. Aingdon Oxon: Routledge.

Keim, J. & Lappin, J. (2002). Structural-strategic marital therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guildford, pp. 86-117.

Kessler, S. (1975). *The American Way of Divorce: Prescription for Change*. Chicago: IL, Nelson Hall.

Kerr, M. & Bowen, M. (1988). *Family evaluation*. New York: W.W. Norton.

Kimber, J.A. (1966). Referred and unreferred patients: A comparison. *Journal of Marriage and the Family*, 28, 293-295.

Kimber, J.A. (1967). Psychologists and marriage counsellors in the United States. *American Psychologist*, 22, 862-865.

- Klein, J. (1994). Interactive focusing, *The Focusing Folio*, 13 (1), 17-24.
- Klein, M. H., P. L. Mathieu, E. T. Gendlin, and D. J. Kiesler (1969). *The Experiencing Scale: A Research and Training Manual*, Madison, WI: Wisconsin Psychiatric Institute.
- Kirtner, W. L. & Cartwright, D. S. (1958). Success and Failure in Client Centered Therapy as a Function of Client Personality Variables. *Journal of Consulting Psychology*, 22, 259-264.
- Klein, J. (2001). *Interactive Focusing Therapy: Healing Relationship*. Chicago: Center for Interactive Focusing.
- Knobloch-Fedders, L.M., Pinsof, W.M & Mann, B.J. (2007). Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy*, 13 (2), 245-257.
- Korea Herald, Values decline, divorce increases in Korea, December 31, 2004.
- Kovacs, L.(2007), *Building a reality-based relationship: The six stages of modern marriage*. Lincoln: iUniverse.
- Kovel, J. (1976). *A complete guide to therapy*. New York: Pantheon.
- Kral, R. & Kowalski, K. (1989). After the miracle: the second stage in solution-focused brief therapy. *Journal of Strategic and Systemic Therapies*, 8, 73-76.
- Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow: Pearson Education.
- Lazarus, R.S. & Lazarus, B.N. (1994). *Passion & reason*. New York: Oxford University Press.
- Leader, W. & Jackson, D.D. (1968). *The mirages of marriage*. New York: W.W. Norton.
- Leary, T. & Walton, G. (1994). Marital psychotherapy. In Clarkson, P. & Pokorny, M (eds), *The handbook of psychotherapy*. London: Routledge, pp.225-230.
- Leavitt, J.P. (2009). *Common dilemmas in couple therapy*. New York: Routledge.
- Lebow, J. (1997a). The integrative Revolution in Couple and Family Therapy. *Family Process*, 36, 1-17.
- Lebow, J. (1997b). Why integration is so important in couple and family therapy. *Family Process*, 36, 23-24.
- Lee, S.H. (1977). A study on the Hwa-Byung (anger syndrome). *Journal of Korea General Hospital*, 1 (2), 63-69.

- Levitt, H. & Baker, R. (1969). Relative psychopathology of marital partners. *Family Process*, 8, 33-42.
- Libow, J. A., Raskin, P.A. & Caust, B.L. (1982). Feminist and family systems therapy: Are they irreconcilable? *The American Journal of Family Therapy*, 10, 3-12.
- Lin, K. M., Lau, J.K.C., Yamamoto, J., Zheng, Y. P., Kim, H.S., Cho, K.H. & Nakasaki, G. (1992). Hwa- Byung: A community study of Korean Americans. *The journal of Nervous and mental disease*, 180 (6), 386-391.
- Linda, B. (2001). *Couples Therapy*, New York: The Haworth Clinical Practice.
- Lipchik, E. (1988). Purposeful sequences for beginning the solution-focused interview. *Family Therapy Collections*, 24, 105-117.
- Locke, D.C., Myers, J.E., & Herr, E.L. (2001). *The Handbook of Counselling*. London: Sage.
- Lowenstein, L. (2010). *Creative family therapy techniques: Play, art & expressive activities to engage children in family sessions*. Ontario: Champion.
- Luquet, W. (1996). *Short-term couples therapy: The Imago model in action*. London: Routledge.
- Lyons, E. & Coyle, A. (2007). *Analysing Qualitative Data in Psychology*, London: SAGE.
- Mace, D.R. (1958). Marriage Counseling in Britain Today, *Marriage and Family Living*, 20 (4), 379-383.
- Macken, J. (1997). *Developing Gestalt Counselling*. London: Sage.
- Mahler, A.R. (1983). *Experiential psychotherapy: Basic practices*. New York: Brunner/Mazel.
- Maione, P.V. & Chenail, R.J. (1999). Qualitative inquiry in psychotherapy. In M.A. Hubble, B. L. Duncan & S. D. Miller (eds), *The heart and soul of change*. Washington, DC: American Psychological Association, pp. 57– 88.
- Markman, H.J., Stanley, S.M. & Blumberg, S.L. (1994). *Fighting for Your Marriage: Positive Steps for Preventing Divorce and Preserving a Lasting Love*. New York: Jossey-Bass.
- Mathie, A. & Camozzi, A. (2005). *Qualitative Research for Tobacco Control: A How-to Introductory Manual for Researchers and Development Practitioners*. Ottawa: IDRC/RITC.



- May, R. & Yalom, I. (1989). Existential psychotherapy. In R.J. Corsini & D. Wedding (eds), *Current psychotherapies*. Itasca: Peacock, pp. 363-402.
- McConkey, N. (1992). Working with adults to overcome the effects of sexual abuse: integration solution-focused therapy, systems thinking and gender issues. Special section: Gender, power and abuse: rewriting the systems' story. *Journal of Strategic and Systemic Therapies 11*, 4-19.
- McGoldrick, M. & Gerson, R. (1999). *Genograms: Assessment and Intervention*, New York: W.W. Norton & Company.
- McGoldrick, M, Gerson, R & Shellenberger, S, (1999). *Genograms: Assessment and Intervention*, New York: W.W. Norton & Company.
- McLeod, J. (2003). *Doing Counselling Research*. London: Sage.
- McMahon, E. (2001). The Habit of Felt Sensing, *STAYING IN FOCUSING, 1 (3)*. Available: [http://www.focusing.org/newsletter/sif\\_9-2001](http://www.focusing.org/newsletter/sif_9-2001).
- Mearns, D. (2003). *Person-Centred Counselling Training*. London: Sage.
- Merry, T. (2000). *Person-Centred Practice: The BAPCA Reader*. Ross-on-Wye: PCCS Books.
- Meissner, W.W. (1978). The conceptualization of marriage and family dynamics from a psychoanalytic perspective. In T. Paolino & B. McCrady (eds), *Marriage and marital therapy*. New York: Brunner/Mazel, pp. 25-88.
- Messer, S.B., Sauer, A. & Gurman, A.S. (2011). *Essential Psychotherapies: Theory and Practice*. New York: Guilford.
- Miles, J. & Gilbert. P. (2005). *A handbook of research methods for clinical and health psychology*. USA: Oxford.
- Miller, J.G. (1978). *Living systems*. New York: McGraw-Hill.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Minuchin, S. & Fishman, H.C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Mitrani, V. B. & Perez, M.A. (2003). Structural-strategic approaches to couple and family therapy. In T.L. Sexton., G.R Weeks. & M. Robbins (eds), *Handbook of Family Therapy*, New York: Bruner Routledge, pp. 177-200.
- Mittelman, B. (1948). The concurrent analysis of married couples. *Psychiatric Quarterly*,

17, 182-197.

Molnar, A. & de Shazer, S. (1987). Solution-focused therapy: toward the identification of therapeutic tasks. *Journal of Marital and Family Therapy*, 13, 349-358.

Mudd, E.H. (1957). Knowns and unknowns in marriage counseling research. *Marriage and Family Living*, 19, 75-81.

Nardone, G. & Watzlawick, P. (2005). *Brief Strategic Therapy: Philosophy, Techniques, and Research*. USA: Rowman & Littlefield.

Neal, J., Zimmerman, J.L. & Dickerson, V.C. (1999). Couples, culture, and discourse: A narrative approach. In J. Donovan (ed), *Short-term couple therapy*. New York: Guilford, pp. 360-400.

Neimeyer, R.A. & Bridges, S.K. (2005). Postmodern Approaches to Psychotherapy. In A.S. Gurman & S.B. Messer (eds), *Essential psychotherapies: Theory and Practice*. New York: Guildford, pp. 272-316.

Newman, B.M. & Newman, P. R. (2011). *Development Through Life: A Psychosocial Approach*. Belmont, CA: Wadsworth.

Nichols, W.C. (1988). *Marital therapy: An integrated approach*. New York: Guilford Press.

Nichols, M.P. & Schwartz, R.C. (1998). *Family therapy: Concepts and methods*. Boston: Allyn & Bacon.

Oberndorf, C.P. (1938). Psychoanalysis of married couples. *Psychoanalytic Review*, 25, 453-475.

Office for National Statistics, Divorces: 1957-2003, (numbers) duration of marriage at divorce by age of wife at marriage. Available: <http://www.statistics.gov.uk/StatBase>.

O'Farrell, T.J. & Fals-Stewart, W. (2006). *Behavioral couples therapy for alcoholism and drug abuse*. New York: Guildford.

O'Leary, C.J (2007). *Counselling Couples and Families: A person-Centred Approach*. London: Sage.

Olson, D.H. (1969). The measurement of power using self-report and behavioural methods. *Journal of Marriage and the Family*, 31, 545-550.

Olson, D.H. (1970). Marital and family therapy: Integrative review and critique. *Journal of Marriage and the Family* 32, 501-538.

- Olson, D.H. (1980). Marital and family therapy: A decade review *Journal of Marriage and the Family* 42, 973-993.
- Paolino, T.J. & McCrady, B.S. (1978). *Marriage and marital therapy: Psychoanalytic, behavioural and systems theory perspectives*. New York: Brunner/Mazel.
- Papero, D. (1995). Bowen family systems and marriage. In N.S. Jacobson & A.S. Gurman (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp.11-30.
- Papero, D.V. (2000). Bowen's systems theory. In F.M. Dattilio & L.J. Bevilacqua (eds), *Comparative treatments for relationship dysfunction*. New York: Springer Publishing Company, pp. 25-44.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Newbury Park, CA: Sage.
- Payne, S. (2007). Grounded theory. In E. Lyons & A. Coyle (Eds.), *Analysing Qualitative Data in Psychology*. London: Sage.
- Pellitteri, J., Stern, R., Shelton, C. & Muller-Ackerman, B. (2008). *Emotionally Intelligent School Counseling*. New Jersey: Lawrence Erlbaum Associates.
- Perls, F. (1969). *Gestalt Therapy Verbatim*. New York: Bantam Books.
- Perez, J.F. (1979). *Family counselling, theory and practice*. New York: Van Nostrand.
- Pinsof, W.M. (1995). *Integrative problem-centered therapy: A synthesis of family, individual, and biological, therapies*. New York: Basic Books.
- Prouty, G. (1994). *Theoretical Evolutions in Person-Centered/Experiential Therapy: Applications to schizophrenic and retarded psychoses*. Praeger: Westport.
- Purton, C. (2002). Focusing on focusing: the practice and the philosophy. In Watson, J.C., Goldman, R.N & Warner, M.S. *Client-centered and Experiential Psychotherapy in the 21st Century: Advances in Theory, Research and Practice*. Ross-on-Wye: PCCS Books.
- Purton, C. (2004). *Person-centred therapy: the focusing-oriented approach*. New York: Palgrave Macmillan.
- Purton, C. (2007). *The Focusing-Oriented Counselling Primer*. Herefordshire: Pccs Books.
- Rait, D. (1988). Survey results. *Family therapy Networker*, 12 (1), 52-56.
- Rappaport, L. (2008), Focusing-Oriented Art Therapy. *The Folio*, 21 (1), pp. 139-155.

- Reid, K., Flower, P. & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18 (1), 20-26.
- Rice, L.N. & Greenberg, L.S. (1992). Humanistic approaches to psychotherapy, In D. Freedheim (ed), *History of psychotherapy: A century of change*. Washington, DC: American Psychological Association, pp. 197-224.
- Richard, M. P. (2000). Family life in historical and sociological perspective. In Ira D. Glick (eds), *Marital and Family Therapy*. Washington: American Psychiatric Press, pp.29-51.
- Ridley, J. (1999). *Intimacy in Crisis*. London: Whurr.
- Ritchie, J. & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R.G. Burgess (eds), *Analyzing Qualitative Data*, London: Routledge, pp.173-194.
- Robbins, B.D. (1991) Reflections on Being a Psychotherapist. Available at <http://mythosandlogos.com/Reflections.html>.
- Roberts, A.R., & Watkins, J.M. (2009). *Social Workers' Desk Reference*. New York: Oxford University Press.
- Rogers, C.R. (1951). *Client-Centered Therapy*. London: Constable.
- Rogers, C.R. (1961). *On Becoming a Person*. London: Constable.
- Rogers, C.R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5(2), 2-10.
- Rogers, C.R. (1980). *A way of being*. Boston: Houghton Mifflin.
- Rogers, C. R. (1986). Reflection of feelings. *Person-Centered Review*, 1(4), 375-377.
- Ruszczynski, S. (1993). *Psychotherapy with couples: Theory and practice at the Tavistock Institute of Marital studies*. London: Karnac Books.
- Sadock, B.J. & Sadock, V.A. (2008). *Kaplan and Sadock's Concise Textbook of Clinical Psychiatry*. Philadelphia: Lppincott Williams & Wilkins.
- Sager, C.J. (1966). The development of marriage therapy: A historical review. *American Journal of Orthopsychiatry*, 36, 458-467.
- Sager, C.J. (1967). Transference in conjoint treatment of married couples, *Archives of General Psychiatry*, 16, 185-193.

Salts, C.J. (1979). Divorce process: integration of theory. *Journal of Divorce*, (2), pp. 223-240.

Sanders, P. (2008). *The Person-Centred Counselling Primer*. Herefordshire: PCCS Books.

Santen, B. (1988). Focusing with a borderline adolescent. *Person-Centered Review*, 3, pp. 442-462.

Satir, V.M. (1965). Conjoint marital therapy. In B.L. Greene (ed), *The psychotherapies of marital disharmony*. New York: The Free Press, pp. 121-133.

Satir, V.M. (1972/1990). *The New Peoplemaking*. California: Science & behavior books

Schapira, S.K. (2000). *Choosing a counselling or psychotherapy training: A Practical Guide*. London: Routledge.

Scharff, J.S. & Bagnini, C. (2002). Object relations couple therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therap.* New York: Guilford Press, pp. 59-85.

Scharff, D. & Scharff, J.S. (1991). *Object relations couple therapy*. Northwale. N: Jason Aronson.

Shoham, V. & Rohrbaugh, M.J. (2002). Brief strategic couple therapy. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp. 5-25.

Shoham, V., Rohrbaugh, M.J. & Patterson, J. (1995). Problem- and solution-focused couple therapies: The MRI and Milwaukee models. In N.S Jacobson & A.S. Gurmand (eds), *Clinical handbook of couple therapy*. New York: Guilford Press, pp. 142-163.

Segraves, R.T. (1982). *Marital therapy: A combined psychodynamic behavioral approach*. New York: Plenum Press.

Sexton, T.L. & Whiston, S.C. (1994). The status of the counselling relationship: an empirical review, theoretical implications, and research directions. *The Counseling Psychologist*, 22(1), pp. 6-78.

Sexton, T.L, Weeks, G.R. & Robbins, M.S. (2003). *Handbook of Family Therapy: The Science and Proactive of Working with Families and Couples*. New York: Brunner-Routledge.

Siegel, J. (1992). *Repairing intimacy: An object relations approach to couple therapy*. Northwale, N: Jason Aronson.

Simmons, D.S. & Doherty, W.J. (1995). Defining who we are and what we do: Clinical practice patterns of marriage and family therapists in Minnesota. *Journal of Marital and Family Therapy*, 21, 3-16.

- Skinner, B.F. (1971). *Beyond Freedom and Dignity*. New York: Knopf .
- Skyenner, A.C.R. (1976). *Systems of family and marital psychotherapy*. New York: Brunner/Mazel.
- Skyenner, A.C.R. (1980). Recent developments in marital therapy. *Journal of Family Therapy*, 2, 271-296.
- Skyenner, A.C.R. (1981). An open-systems, group analytic approach to family therapy. In A.S. Gurman & D.P. Kniskern (eds), *Handbook of family therapy*. New York: Brunner/Mazel, pp. 39-84.
- Smith, C.M. (2007). *Jung and Shamanism in Dialogue: Retrieving the Soul/Retrieving the Sacred*. Oxford: Trafford.
- Smith, J.A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261-271.
- Smith, J.A. (2008). *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage.
- Smith, J.A., Harre, R. & Van Langenhove, L. (1995). *Rethinking Psychology*. London:Sage.
- Smith, J.A., Osborn, M. & Jarman, M. (1999). Doing interpretative phenomenological analysis. In M. Murray and K. Chamberlain (eds). *Qualitative Health Psychology: Theory and Methods*. London: Sage, pp. 218-240.
- Smith, J.A., Eatough, V. (2007). Interpretative phenomenological analysis. In Lyons, E & Coyle, A (eds), *Analysing Qualitative Data in Psychology*. London: Sage.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.
- Snyder, D.K. (1999). Affective reconstruction in the context of a pluralistic approach to couple therapy. *Clinical Psychology: Science and Practice*, 6, 348-365.
- Snyder, D.K. & Schneider, W.J. (2002). Affective reconstruction: A pluralistic, developmental Approach. In A.S. Gurman & N.S. Jacobson (eds), *Clinical handbook of couple therapy*. New York: Guilford, pp.151-179.
- Snyder, D.K., Castellani, A.M. & Whisman, M.A. (2006). Current status and future directions in couple therapy, *Annu.Rev.Psychol*, 57, 317-344.

- Snyder, D.K., Wills, R.M. & Grady-Fletcher, A. (1991). Long-term effectiveness of behavioral versus insight-oriented marital therapy: A four-year follow-up study. *Journal of Consulting and Clinical Psychology, 59*, 138-144.
- Snyder, W.U. (1947). *Casebook of non-directive counselling*. Boston: Houghton Mifflin.
- Sprenkle, D.H., Davis, S.D. & Lebow, J.L. (2009). *Common Factors in Couple and Family Therapy: The overlooked Foundation for Effective Practice*. New York: Guilford.
- Srivastava, A. & Thomson, S. B. (2009). Framework Analysis: A Qualitative Methodology for Applied Policy Research. *Journal of Administration & Governance, 4*(2), pp. 72-79
- Stanley, S.M., Markman, H.J., St. Peters, M. & Leber, D. (1995). Strengthening marriages and preventing divorce: New directions in prevention research. *Family Relations, 44*, 392-401.
- Stanton, M.D. (1981). Marital therapy from a structural/strategic viewpoint. In G.P. Sholevar (ed), *The handbook of marriage and marital therapy*. New York: Spectrum, pp. 303-334.
- Stastics Korea. (2010), 2010' stastics of marriage & divorce.
- Stricker, G. (1994). Reflections on psychotherapy integration. *Clinical Psychology: Science and Practice, 1*, 3-12.
- Stricker, G. & Gold, J. (2005). Integrative Approaches to Psychotherapy. In A.S. Gurman & S.B. Messer (eds), *Essential psychotherapies: Theory and Practice*. New York: Guildford, pp. 317-349.
- Stuart, R.B. (1969). Operant-interpersonal treatment of marital discord. *Journal of Consulting and Clinical Psychology, 33*, 675-682.
- Stuart, R.B. (2004). *Helping couples change: A social learning approach to marital therapy*. New York: Guilford Press.
- Tashakkori, A. & Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Thibaut, J.W. & Kelly, H.H. (1959). *The social psychology of groups*. New York: Wiley.
- Todd, T.C. (1986). Structural-strategic marital therapy, In Jacobson, N.S. & Gurman, A.S (eds), *Clinical handbook of couple therapy*. New York: Guilford, pp. 71-99.
- Taibbi, R. (2009). *Doing couple therapy*. New York: Guilford.

- Thorn, B. (2002). *The Mystical Power of Person-Centred Therapy*. London: Whurr Publishers.
- Treadway, D.C. (1989). *Before it's too late: Working with substance abuse in the family*. New York: Norton.
- Turner, F. J. (2005). *Social Work Diagnosis in contemporary practice*. New York: Oxford.
- Vangekustu, A. & Banski, M. (1993). Couple's debriefing conversations: The impact of gender, occupation and demographic characteristics. *Family Relations*, 42, 149-157.
- Walters, M., Carter, B., Papp, P. & Silverstein, O. (1988). *The invisible web: Gender patterns in family relationships*. New York: Guilford.
- Watson, A.S. (1963). The conjoint psychotherapy of married partners. *American Journal of Orthopsychiatry*, 33, 912-922.
- Watson, J.C., Greenberg, L.S. & Lietaer, G. (1998). The experiential paradigm unfolding: Relationship and Experiencing in Therapy. In L.S. Greenberg, J.C. Watson & G. Lietaer (eds), *Handbook of experiential psychotherapy*, New York: Guilford, pp. 3-27.
- Watzlawck, P., Weakland, J. H. & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- Weakland, J.H., Fisch, R., Watzlawick, P. & Bodin, A. (1974). Brief therapy: Focused problem resolution. *Family Process*, 13, 141-168.
- Weiner-Davis, M. (1992). *Divorce-busting*. New York: Summit Books.
- Weiss, R.S. (1975). *Marital Separation*. New York: Basic Books.
- Wengraf, T. (2001). *Qualitative Research Interviewing: Semi-Structured, Biographical and Narrative Methods*. London: Sage.
- White, M. (1986/1987). Couple therapy: Urgency for sameness or appreciation of difference. *Dulwich Centre Review/Summer*, 11-13.
- White, M. (1987). Family Therapy and Schizophrenia: Addressing the 'In-the-corner' lifestyle. *Winter Dulwich Centre Newsletter, Spring*, 14-21.
- Wile, D.B. (1981). *Couple therapy: A non-traditional approach*. New York: Wiley.
- Wile, D.B. (1995). The ego-analytic approach to couple therapy. In N.S. Jacobson & A.S. Gurman (eds), *Clinical handbook of couple therapy*, New York: Guilford Press, pp. 65-90.
- Wile, D.B. (2002). Collaborative couple therapy. In A. S. Gurman & N.S. Jacobson (eds), *Clinical Handbook of couple therapy*. New York: Guilford Press, pp. 281-307.



Young, J.E. (1994). *Cognitive therapy for personality disorders: A schema-focused approach*. Sarasota FL: Professional Resource Press.

Young, M.E. & Long, L.L. (1997). *Counseling and therapy for couples*. Pacific Grove: Brooks/Cole.

Zimmerman, J.L. & Dickerson, V.C. (1993a). Bringing forth the restraining influence of pattern in couples therapy. In S. Gilligan & R. Price (eds), *Therapeutic conversations*. New York: W.W. Norton, pp. 194-215.

Zimmerman, J.L., & Dickerson, V.C. (1993b). Separating couples from restraining patterns and the relationship discourse that supports them. *Journal of Marital and Family Therapy*, 19, 403-413.

Zimmerman, J.L. & Dickerson, V.C. (1994). Using a narrative metaphor: Implications for theory and clinical practice. *Family Process*, 3, 233-245.

## Appendix 1: Participation-Release Agreement

I willingly consent to be a Research Participant in the PhD research of *how to integrate focusing-oriented psychotherapy into couple therapy, grounded on the main factors* in the process of change in couple therapy as outlined in the letter sent to the Research Participant.

I understand that:

- I am free to discontinue being a research participant at any time.
- I will be able to make any necessary amendments to my own data up to the time of the final publication.
- I can address ethical complaints about the researcher to The Research Ethics Committee, School of Education and Professional Development, University of East Anglia, Norwich NR4 7TJ, U.K.
- I am aware of and consent to the data that I share and edit being used in the process of finishing a PhD degree, writing a thesis and any other future publication.
- I am assured that my name and other demographic information which might identify me will not be used in this study

I freely consent to meet at the following place on the following date and time to facilitate an interview for not more than 60 minutes. I also give full permission for the interview(s) to be tape recorded.

Research Participant

## **Appendix 2: Interviewee contact details**

**If you would be willing to be interviewed (face to face or by phone, email or mail) on the views you have answered above, please can you give your details:**

-Name:

-Address:

-Telephone. No:

-E-Mail Address:

### **Appendix 3: Letter to research participant**

Dear Participant

I am writing to ask for your assistance with my PhD research in Counselling Studies at the University of East Anglia in England. I hope this does not impose too much on you. I am sending this Questionnaire to those who are registered in the Focusing Institute, and I got your email from the Focusing Institute Directory. I anticipate that it will take no more than *five minutes of your time* to complete and return the questionnaire by email. I appreciate your time and whatever help you can give in my research.

I am enquiring into how to use Focusing for marital issues. As part of that research, I need to collect data that can give me some idea of how to apply Focusing to problems of couples and develop a theory of 'Focusing oriented couple therapy', as an integrative model when working with couples or for marital issues.

If you are willing, I may then contact you to arrange an interview which could be face to face, by email, by phone, or by mail, in which we can explore more deeply whether it is effective to use Focusing in couple therapy; or why you use Focusing in couple issues; or when/how to apply Focusing to couple therapy or couple issues.

**Confidentiality is assured.** The data you give will not be used for any purpose other than for informing this research. Any names and addresses supplied will not be passed on to others, and will not appear in any publication of the results. I appreciate your honesty and contribution.

Thank you again for your time.

## Appendix 4: Letter to participant

Dear Participant,

I am writing to ask for your assistance with my PhD research in Counselling Studies at the University of East Anglia in England. I hope this does not impose too much on you. I am sending this Questionnaire to those who are working with couples, and I got your name and your email from the internet.

I am enquiring into how you work with couples to integrate couple therapy with focusing-oriented psychotherapy. As part of that research, I need to collect data that can give me some idea of how couple counsellors work with couples in order to develop a theory of integrative couple therapy when working with couples or for marital issues.

Please complete the questionnaire that I am sending as an attachment and return the questionnaire by email. Should you have any problem opening the attachment, let me know and I will send it to you again. Also, if you wish to receive the questionnaire by post, I can send it to your postal address with a stamped envelope enclosed. In this case, please let me know your postal address. It should only take a few minutes to complete the questionnaire as most of the questions just need a slash. I appreciate your time and whatever helps you can give in my research. Thank you again for your time. **Confidentiality is assured.** The data you give will not be used for any purpose other than for informing this research. Any names and addresses supplied will not be handed on to others, and will not appear in any formulation of the results. I appreciate your honesty and contribution.

Please complete the questionnaire and return it by email by 30th of April at the latest.

## **Appendix 5: Instructions**

- Please slash (/) or tick (✓) boxes (□) for each question, following each section instruction. Some questions you can answer more than once if you have more than one answer.
- If none of the boxes listed in some questions, please write down your opinion and write as much as you want to.
- After completing the questionnaire, send it to me, and let me know if you have any problem sending it
- Please complete the questionnaire and return it by email by 10th of June at the latest.

## Appendix 6: List of questions

**1. Are you male or female?**

- Male
- Female

**2. How old are you?**

- 20-30
- 31-40
- 41-50
- 51-60
- 61-70

**3. How many years have you been a counsellor/psychotherapist?**

- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- Over 20 years

**4. What is your main counselling orientation?**

- Psychoanalytic Orientation
- Person-Centred Orientation
- Existential-Humanistic Orientation
- Behavioural Orientation
- Cognitive Orientation
- Bowen Family systems Orientation
- Structural & Strategic Orientation
- Emotionally Focused Couple Orientation
- Solution-Focused Couple Orientation
- Narrative Couple Orientation
- Collaborative Couple Orientation
- Integrative Orientation
- Insight-Oriented Orientation
- Focusing-Oriented Orientation

■ If none of the boxes above, please write it down:

**5. How many sessions working with couples do you have most of the time?**

- 1-5 sessions
- 6-10 sessions
- 11-15 sessions
- 16-20 sessions
- 20-25 sessions
- 26-30 sessions
- 31-35 sessions
- 36-40 sessions
- 41-45 sessions
- 46-50 sessions
- Over 51 sessions

**6. How do you meet couples in couple therapy most of the time?**

- Both partners
- One of the partners
- Mix conjoint and one to one

**7. When you met just one partner why was this? if more than one answer, you can**

**slash more than one**

- Only one of the partners came to the counselling
- You felt one-to-one (individual counselling) was more effective and helpful for the couple
- One of the partners wanted one-to-one sessions
- One of the partners was not able to express or speak because of the other partner
- To counsel them effectively
- To use special technique

■ **If none of the boxes above, please write it down:**

**8. What is your aim working with couples?**

- To modify the recursive, repetitive, chronic cycling of symptoms between partners
- To improve the partner's individuation and to expand capacity for empathy, intimacy and sexuality
- To emphasize resolution of the couple's presenting problem
- To solve the presenting problems and conflicts as quickly as possible
- To enhance relationship skill or personal growth
- To foster greater self-esteem and self-actualization, achieved by increasing individual congruence and clarity of self-expression about relational needs, self-perceptions, and perceptions of one's partner
- To modify distressed couples' constricted interaction patterns and emotional response and to foster the development of a secure emotional bond
- To increase the overall positive in the relationship and to decrease the overall negativity, teaching problem solving and communication skills
- To transform partners' individual and relational identities, not to solve problems to help the partners recruit each other as resources to solve the overt problem
- To persuade the couple, or one member of the couple, to behave less in ways that they think will solve problems
- To reduce conflict between partners
- To improve partners' relationship

■ **If none of the boxes above, please write it down:**

**9. What kind of techniques do you use in your work most of the time?**

- Family dynamic techniques (e.g. family genograms, family sculpture, family reconstruction)
- Teaching about the functioning of emotional systems
- Transference and counter-transference
- Interpretation
- Reflecting back
- Direct and indirect intervention
- Structural-strategic intervention
- Homework tasks
- Restructuring technique
- General and specific interventions
- Gestalt and interventions
- General systemic interventions
- Emotionally Focused Couple therapy nine steps
- Behaviour change interventions and acceptance-enhancing interventions
- Communication and problem solving training
- Cognitive restructuring techniques
- Process-oriented interventions
- Questions (e.g. miracle, exceptions, scaling, agency, coping questions)
- Externalizing conversations
- Focusing

■ **If none of the boxes above, please write it down:**

**10. How do you usually work in couple therapy?**

- Actively controlling the flow of the session as a coach



- Encouraging couples to communicate
- Using the knowledge of family systems principles for therapeutic change
- Defining and clarifying the relationship between the couples
- Listening non-directively, maintaining a simultaneous awareness of both partners transference toward the other and the mutually transference projective system within the marriage
- Intervening to interrupt, redirect, and change problem-maintaining sequences in the couple's interaction
- Restructuring problem-maintaining behaviour
- Restructuring interpersonal patterns to incorporate each partner's need for secure attachment
- Encouraging couples to specify behaviourally what behaviours they would like to see increased in each other
- Listening, empathy and reflecting back
- Discussing and finding mal-cycles and cutting them
- Forming felt senses and then being aware of what is going on in the couple's relationship through the felt sense
- Inculcating systemic awareness in the couple, teaching relationship skills and challenging dysfunctional relationship rules by actively interrupting
- Asking questions
- Facilitating collaborative conversation for each of the partners by speculating aloud about what each may be thinking and feeling

■ **If none of the boxes above, please write it down:**

**11. What do you think the elements of successful couple therapy are?**

- Interventions
- Therapeutic alliance with couples
- Understanding what each partner wants changed and in what way he or she would like to change it
- Interpretations
- Identifying a negative central theme that can be changed into something that is more constructive
- Questions
- Understanding each partner's perception of solutions and how he or she intends to bring this about
- Empathy
- Corrective emotional experiences
- A trusting environment (a mutual sense of safety) in which self-exploratory and self-disclosing risks may be taken
- Structuring of the sessions
- Integrative theoretical approach and integrative techniques
- Understanding the power and control in the dynamics of a marriage
- Conjoint treatment
- Replacing the vicious cycles with virtuous cycles
- Cognitive restructuring
- Communication or problem-solving methods
- Changing the repetitive cycles of interaction between partners

■ **If none of the boxes above, please write it down:**

**12. What did you notice was happening to couples in their particular moment of change?**

- Started talking to each other, accepting and understanding what each other said
- Stopped blaming each other
- Found a new direction from their difficulties or conflict
- Made a decision
- Released physical sensation or pain
- Took responsibility
- Expressed their feelings

- ( ) Accepted both good and bad
  - ( ) Listened empathically to the partner's feelings
  - ( ) Accepted new alternatives
- If none of the boxes above, please write it down:

## **Appendix 7: Participation Release Agreement in the Diploma Course in Focusing and Experiential Psychotherapy**

I agree to participate in a research study entitled, *The Contribution of Focusing-Oriented Psychotherapy in dealing with couples' issues*. I understand the nature and purpose of this study and I am participating willingly and voluntarily in order to examine how the felt sense operates

I understand that:

- I can opt out of the research participation at any time.
- I will be given the opportunity to make amendments to the data which concern me before their final publication.
- I can address any ethical complaints about the Researcher to the Research Ethics Committee, School of Education and Professional Development, University of East Anglia, Norwich NR4 7TJ, UK.
- The data that I share and edit may be used in the process of completing a PhD degree, including a thesis and any other future publication.
- My name and other demographic information which might identify me will not be used.

I freely consent to the tape recording and analysis of some of the sessions during observation of participants in the Diploma Course in Focusing and Experiential Psychotherapy at the University of East Anglia.

Research Participant

**Appendix 8:**  
**The Written Permission of the Diploma in Focusing  
and Experiential Psychotherapy Course Directors**

I, the undersigned, \_\_\_\_\_, one of the Course Directors of the Diploma in Focusing and Experiential Psychotherapy, freely consent in writing to any recordings, observations in Focusing Programme Sessions done by Kimin AN for his PhD research of *The Contribution of the Focusing-oriented psychotherapy approach in dealing with couples' issues* as outlined in the letter sent to the Research Participant.

**Course Director:** \_\_\_\_\_

## **Appendix 9: Interview invitation**

### **How to work with couples**

**Dear Participant**

First of all, I do not want this email to impose on you or burden you. Last year, in 2008, I sent you an email and a questionnaire, asking for your assistance with my PhD research in Counselling Studies at the University of East Anglia in England. I really appreciate the completed questionnaire you returned to me, which provided very helpful and useful data for my research.

Now at this stage of further development in my research, I need to have interviews with couple therapists or counsellors to collect information on how to work with couples I wonder how couple therapists work with couples in each orientation and what the elements of successful and effective couple therapy are. The completed research questionnaire that you returned to me did provide this kind of data, but I need to collect more data specifically to underpin the data from the research questionnaire. I am writing then to explain about why it is necessary to have interviews and to humbly ask for your assistance again.

The interview, which will be audio-recorded, will probably not last any longer than one hour. The data will then be transcribed, coded and analysed in accordance with Grounded Theory Analysis. To ensure the protection of your identity and confidentiality, the final data will not include any identifying features. The rest of the data will form part of my PhD thesis and may also be publicly accessible in the future. But rest assured that you will not be identifiable from that material.

I am very aware that you have your own commitments and heavy schedules that my invitation to participate might be infringing upon. For this reason I deeply appreciate whatever help a participant can give. I can have the interview in two ways. One option is to have the interview on the telephone. The other option is that I could visit you and we could have the interview there. I would like to choose the option that suits you best. If you are willing to participate, please let me know whatever dates, days and times are convenient for you. Then it will be easier for us to choose the best date, day and time for our interview

I appreciate your honesty and contribution.

Yours sincerely.

## **Appendix 10: Interview Transcript with WCI32 (10 January 2009)**

KMN: How many years have you been a counsellor or psychotherapist?

B: Since 1977, coming up to 32 years.

KMN: Were you a couple therapist at that time?

B: Yes. I have worked with couples throughout.

KMN: That means you have worked with couples for 32 years.

B: Yes.

KMN: What is your main counselling orientation?

B: It is ultra Egan based and it is cognitive behavioural in the main.

KMN: CBT.

B: Yes.

KMN: So can I put your counselling orientation CBT?

B: In the main I do use that. Working with couples I use CBT. It is mainly the Egan model really.

KMN: How many sessions working with couples do you have most of the time?

B: With one set of couples, I would say it can vary between 8 and as many as 20.

KMN: 20 sessions.

B: It can vary. I can work with people for a short space of time. Or I have had them for a longer space of time as well. I could have them over the period of a year or slightly longer.

KMN: How do you meet couples in couple therapy most of the time? Do you meet only one partner or both of them together? **[QUESTION 1]**

B: Mostly couples. I have also worked with people who have presented as a single person as part of the marriage or of the relationship.

KMN: So most of the time you meet both of them.

B: Mostly couples. But I have also worked with individuals as part of their relationship problems.

KMN: When you met just one partner, why was this? **[QUESTION 2]**

B: In general it might either be the breakdown of their relationship or that their relationship is actually coming to an end or considered finished. Or I have had individuals who come for counselling and in the hope that their partner might come. Quite often that is also working towards ending the relationship.

KMN: What issues did couples bring to therapy most of the time? **[QUESTION 3]**

B: That is myriad. It is a huge question really, because it includes all the issues that arise in terms of living out the relationship. It could be lack of communication, falling out of love, issues to do with adultery, a kind of jealous partners, unusual behaviours, a breakdown in communications generally and many variations of that, and a few suffer from a sense of bereavement around the losses in the relationship.

KMN: I have another question as you mentioned that you usually see both of the couples in your work.

B: Generally.

KMN: Yes. Generally. But is that important to see both of them?

B: It is much more effective for counselling to have the couple in the room because you can see the dynamics of the relationship of both. They act it out in front of you. It is also easier to identify issues from individuals if there are particular issues that the individual has. You can actually work with that when you have got the client in the room. It is difficult to work with the client who is not in the room.

KMN: Okay. The next question is a kind of integrative approach. How many approaches do you use in your work with couples? **[QUESTION 4]**

B: I would say a number really. I would say that most of the structures and the model that I use are Egan based. I use quite a dynamic theory and approaches. I have used TA or Transactional Analysis, bits of Gestalt, and bits that I have picked up from Solution Focused Therapy. And the Egan and Cognitive Behaviour method is very much based on establishing the relationship in a continuous person centred way, in a humanistic way; then clearly there is an underlying element of that.

KMN: Okay. Why do you use quite a lot of approaches in your work?

B: I think it depends very much on, I think working with couples and working with a lot of unconscious and material which may not be in the awareness of the individual and these methods are ways in which a new perspective can be brought to the fore and they can actually see the situation through a different viewpoint which can be very helpful. (KMN: Okay.) And then the other areas which I do work in is with Object Relations. It is almost like getting them to have another image of ways of thinking about their situation which is almost outside of them.

KMN: Okay. So the next question is, what were the circumstances that led you to applying the other approaches overtly with the couple in your counselling work? **[QUESTION 5]**

B: Usually, in relation to the last principle really. What you are looking at is whatever potentially binds thoroughly and underlying things. You need to find ways of bringing to the fore into the real and into the client's awareness, using those sorts of methods, that methodology. As the story is shared, then you perhaps maybe look at the story and look at the underlying issues around it and maybe find ways of identifying the increasing awareness of the stuff that really surrounds what appears to be the way in which it is actually demonstrated in their relationship the here and now, in the interventions that happen between the couple which are triggered by stuff that is happening in the immediate sense. It may actually be triggering stuff which is related to patterns of genes and which has been going on in their life anyway. We need those for their support. It can actually increase their wealth and at least they are beginning to understand the patterns that have been developed. And then they have a question of choice as to whether or not they choose to change that pattern. So that depending on what the pattern is then they have to make sense of having any agenda, any ability to act to change the situations that many of our clients are in and they are very stuck because of that. So those are the sorts of methods that can be used in many different ways and depending on the situation can actually throw some light which enables the client to see things in a different way, to reframe if you like their theory and then to think of having the sense of being able to change their reactions to the situation.

KMN: You said you use different types of approaches. How did you mix and combine the other approaches? **[QUESTION 6]**

B: With great ease because I felt that moving out to especially what the individual might need, I might on occasion just give a simple explanation on something around TA techniques in terms of identifying themselves in parent adult child and maybe even directing them off to go and read on little bits so that they get bits of insight around how that theory would work and then apply it. They themselves can begin to see the language and recognize when each of them might be in that stage. I don't know how you would say mix and combine. It happens. I don't say now I am going to act in a particular way. I think I am much more tactful than that.

KMN: Nowadays there are 3 main approaches in counselling, for example, Psychodynamic or Psychoanalysis, Humanistic Approach and the next one is the CBT approach. Each one emphasizes some area. Humanistic emphasizes feelings. CBT puts the emphasis on our thoughts, actions and behaviour. The Psychodynamic usually focus on insight. In other words, making the unconscious conscious. That is the main point and things like that. When you work, what is your main stress point? What is your main point in dealing with couples? Is it feelings, thought, unconscious? For you, what is your main point?

B: I would be very much led by the story. And when you go back to the Egan model, telling the story and even in your first stage you are telling your second stage is actually about the blind spots. And my sense is that the story it will throw out all sorts of things. And then by exploring more perhaps or looking to see what happens in an individual's life and particularly when you have got a couple, you pick very different. I am thinking in a sort of dynamic way, you know picking up on how they experience and how that can be lived out in the here and now. Looking at those and bringing out these situations can throw light on where this couple appear to be operating from. Certainly we would be using the basics such as humanistic in order to hold the clients throughout. So you would be continually going back and working towards sufficient knowledge in terms of where maybe the psychodynamic theorist or therapist would be concentrating on that particular area. One would only be doing as much as one needs to do to throw light on a particular interaction from what the clients have thrown up. They are not going into in a deep therapy with each of the clients. We would be looking at touching into those theoretical bases to bring as much as is necessary in to throw some light on the particular situation that we are working with. Then we are moving towards a kind of understanding cognitive that would affect therefore the behaviour that they are then able to choose to do differently. But they are informed by as much of the other insights that they might need in order to give them that awareness. So we are not necessarily going to mediate with all of the issues that they have had ever since they have been developing. However, it is useful to have it in their awareness exactly where the behaviours are coming from, and in that sense they can then see that either they are still operating at that level or you know they can actually recognize or move into a different response. So they are not conditioned by a tape in their heads about how they actually have to work without having any sense of awareness. So it is very much around that, the weight of it, of cognitive behaviour. You may need to utilize the other elements of different theories in order to help people's awareness, to look at different ways of operating, to understand the dynamics of what is happening in the relationship and that sort of TA doubt in terms of what is coming behind the statements that are apparently being done. So it is really to support the increased awareness of each of those that using the sort of therapies and theories that highlight the areas that are causing them problems.

KMN: So you mean awareness is quite a key point. So awareness is very important in your work.

B: Yes.

KMN: What are the elements of successful couple therapy? **[QUESTION 7]**

B: In my experience certainly being able to work with the partners in the same room is extremely helpful I think. Also it is helpful if there is a degree of motivation to succeed on both parties. If you have got one of the couple who has almost completely closed it down, then it is going to be very very hard. But when both parties are motivated to try and make it work, then I think you have a good chance, a second chance, if you have got the reluctant client being dragged along by the other who is keen to have work done on it. A degree of willingness to be able to a kind of move and then again if somebody is very very heavily defended, it can be quite hard to move somebody on. And again too, if somebody feels medically depressed, that can be quite hard to work with. Medical conditions on the part of one or the other cause more difficulties, but it is not impossible. I think clinical depression is quite hard to work with. The motivation factor is about being motivated to succeed. In other words, they both want the same aim of making the marriage better. And to some degree, obviously the earlier individuals can come in the process, then that also has a high correlation in terms of success. In other words, if the issues are not long established, it is much easier because then that motivation is much higher at that point certainly on both parts I suppose.

KMN: What do you think about making a good relationship and safe environment and some counselling skills such as listening, reflection, summarizing for the clients of couple therapy? Are they included in the successful elements of couple therapy?

B: Oh very much so and that would go without saying. And in fact it would be understood that in that sense all of that would be part and parcel of what would help to make it successful. And my sense too is that as part of the process that makes successful therapy is when the clients begin to learn the techniques that are being applied to them, so that they begin to start communicating well, they begin to start empathizing with each other. They are actually in it learning the skills as they are experiencing them and to put themselves into doing it so that they would work almost as modelling it in some ways in terms of relationship that they begin to use the experience and techniques for themselves. And that again is a very fruitful experience to see that actually happening as they are progressing in counselling that they begin to internalize some of their skills and strategies in meeting up with new situations. That again is another sort of marker which is perhaps going to perhaps look at their good outcome.

KMN: What are the main factors of the changing process in couple therapy? First of all, could you say what the changing process is in couple therapy? **[QUESTION 8]**



B: My sense is that the climate of unconditional positive regard, non-judgemental attitude and a sort of those things underlie the process of enabling each client within the couple to feel heard, accepted, not ridiculed, but valued and respected. All of these things are huge and each client needs to feel them. My sense is also as a counsellor of the couples that one is encouraging the other within the couple, the two individuals within the room, to articulate those sort of values and to begin to if they haven't already got them to be actually adopting them in relation to the other. Because if that it seems to me that when you are not reaching you are there and sometimes you can be, it is the way in which the client is heard by their partner and accepted and not judged, and all those factors. And to me if you can achieve in a valid way, that is the basis, the foundation. Then it enables each individual to begin to accept or perhaps risk outside their normal way of being, responding differently to what they are hearing and also maybe on the part of their partner to be able to have changed perhaps their way of expressing their rules. So it is a whole, a kind of difficult to isolate out any of those, but those are all factors around which you are going to increase the possibility of change if it is going to happen.

KMN: Okay. So could you tell me what the main factors of the changing process in couple therapy are?

B: It would be a sort of the predisposition maybe of being able to seek the new light. So you are talking you know it is much like the Sistine theory thing you change. One person changes how they behave and it has an automatic response to creating change in the other.

KMN: How can you change one person?

B: Simply in the way that I have just been identifying. If somebody has or can through a process of identifying and being heard and listened in the story for themselves and also being challenged around essentially aspects of that and to facing up to changing their way of responding. Then that will have a knock all effect, immediate knock all effect in the other person's perhaps maybe they are not feeling. Say somebody was constantly reacting in a very angry way, putting somebody down or doing one of those things. Instead of doing those, those sorts of things would actually be naming the behaviour in the other person that they found irritating or identifying what was going on for them at the time instead of blaming the other person. It takes blame out of the situation. And the other individual then has the capacity to hear and to listen without actually being on the defensive. So that simple interaction instead of being an attacking aggressive situation, it would have the emotion taken out of it. I am just giving that as an example of being blamed for something or attacked. If someone attacks you for something, one attacks back. It is an automatic reaction. So if you need to say that you are unhappy about something, there are ways of communicating that, which we can teach the client. And that can be heard in a very different way. It doesn't set up defence mechanisms, but it lets you hear what the other partner is trying to say. And that is something which one can teach in the room in terms of the interactions that you are witnessing. So you can actually stop the discussion at that point. Or you can just reflect back to each, "Let us look at what you actually said at that point." You can ask the other individual, "How did you feel about that? What was going on in your head when you heard that?" And when you are aware of what you actually said sounds this way, so you are actually unpicking in a sort of microscopic way the interactions that are happening and giving it back to the couple when they hear and understand what is happening and then they have the opportunity to try it differently and the result can immediately improve their way of communicating. It takes the anger out of it. They don't want to blame or attack and their behaviour then changes. What the main factors of that are you can actually pinpoint in that kind of way. But that would be the sort of situation that can actually help to change the process and it understands some one partner. I just had a young couple. She had expectations in order to have a happy family. She was on her own all day with her baby daughter. Her husband would come home having done a heavily stressed job and having travelled through nightmare traffic and he would somehow greet her at the door. He was looking forward to come in and collapse. And she was looking forward to I want this person to come in and cheer me up. Because in her background, her grandfather when in came in through the door after a day's work, he would throw the door open and everybody would go leaping into his arms, and he would be absolutely joyous. So in her head, she had that image of this is how things are, and here is my husband not applying it. So you can see and shortly after that session when we came back later and she said, "I just never realized what it was really like and that I was putting so much on him and expecting him to do something that he couldn't do. It was almost like a false expectation. And it changed the dynamics of his coming in at night which relieved some of the pressure. So that is an example really of how the change does happen through insights as much as and also even technically in how they actually speak to each other.

KMN: In other interviews, the counsellors or therapists said, "I start assessment. I put some skills in my work. I lead the clients to resolve their problems. Then I use this technique, this technique ..." Cognitive therapists usually work with negative thought or dysfunctional thought and then testing their behaviour or identifying their beliefs and things like that. Person Centred therapists work with feelings. Psychodynamic therapists usually work with the client's unconscious. So how do you usually work with couples?

**[QUESTION 11]**

B: It is cognitive behaviour but with elements of the other dimensions. Probably structurally, it would be through the Egan model. But that as you know just goes round and round. So you might tell a story, even look at the preferred model, and then look at leverages and moving into action. But quite often you can be identifying that and then moving back because you have identified another area that gets in the way. So the Focusing session then would go back again in that sort of circle to a different area back to identifying more neatly I suppose. They don't say much around that way of working. I think it is a slight catch on the other theoretical models and theories which come into play. And then depending really on whether to take this to which dimension, to which element of theory might be appropriate in terms of working out their particular goal. And I mean we can work through goals and all of that but I tend to a sort of find that they put a sort of and in the end they can be quite they get in the way or can get in the way at times. I think it is identifying within the material that they come up with where they see differences and then obviously looking at how that can be applied in the next period of time before we actually meet up again. So then we probably go home with some homework as it were but it would be perhaps to explore, to think about or maybe to try out different ways of working and see what you think those might be.

KMN: Some counsellors say that feeling is very important in counselling. Feeling is the effective element in counselling. Do you agree with that?

B: One can be very aware of the processes which are going on in the room and it can be quite easy to pick up with feeling or stuff or stuckness the clients are feeling. And the counsellors are a sort of disabled by that. But I think in supervision it is possible to identify where those feelings. And I have been counselling for a number of years with a lot of experience, so I guess it is being able to work through it and identify where the stuckness is and then to be able to relate it as to whether it is within the room or not. And if it is in the room and one is working in counselling, it is actually being able to stay in the room with that and staying with the clients, because that is their experience, to be in touch with it, to have the supervision around it, but also to remain very much in the room with what you are working with and not to allow it to disable you. So it is working in that kind of way.

KMN: Establishing a good relationship is very basic and very important in counselling. How do you make a good relationship in your work with couples?

B: Through all the Egan stuff that presumably you have done as well, the Rogerian stuff, establishing that relationship in terms of acceptance, listening, respect, empathy, being able to hold, being able to relate, let them know that you have understood. I mean these are all a kind of you cannot guess how important that establishment of that rapport is in terms of being able to move well enough with whatever is going to emerge. So establishing that relationship is absolutely important. There are all kinds of ways. One can have a physical way of knowing, particularly the unconscious elements really. But it is by using all of those techniques that the relationship evolves.

KMN: Many couple therapists give homework to the couples. Do you give homework to the couples?

B: Yes.

KMN: What kind of homework do you give?

B: It very much depends on the outcome of what has actually happened. I send them away to a kind of look at say needs they might have. In particular, a couple I have just worked with or am working with, it is actually to identify what do you want out of this relationship?, what are your needs in this marriage?, what are the hopes for the relationship as an individual and as a couple? They went away and did them separately. And then they came back into the room, and we looked at where they matched, where their differences were, the bits or other parts that perhaps they hadn't identified as being quite as major. Then they have the opportunity to think through in a wider way, sometimes as an individual, mostly as an individual, but also even just practicing the sort of communication skills for instance suggesting again maybe that they actually come with a designated particular amount of time per week and schedule that in if that is one of the issues they have with each other, how can we actually weave that into your time, how you are going to do this, come back the next week, either having achieved it or finding out what has got in the way, thinking how we might avoid that next week. It is things like that thinking of in a way doing some activity together, make a special activity. In general, we would be sending them away to further the work that has been done in the room and they in fact do that anyway.

KMN: Why do you give homework to them?

B: I suppose it is what I am saying, they do that anyway. But it can also give a bit of a focus or it can help to give a bit of a focus and particularly if they are. It is very much about the ongoing stuff that they are doing in

between the time that they are in the room and the next session. Quite often the couple will be doing that anyway. There will be things that will have been triggered for them in the room after they have been that they will carry on and work through afterwards. Sometimes for some, they may find that they are not actually doing much discussion in between sessions. Then you might look at that and perhaps look at maybe putting some time when they can actually look at issues. It is the discipline to get them to take time when it doesn't often happen.

KMN: You mentioned communication. Many couple therapists mention improving communication between couples. How do you improve their communication in your work?

B: Certainly the basic is giving them the discipline of listening, of reflecting back exactly what they have heard, eventually getting them to focus and know that they are actually listening to the whole context of what the other person has said rather than their own point of view on it. So you do a bit of work around that and maybe send them away to do that. It is really like analyzing what we are actually saying. That is where TA technique comes in really well because it is interpreting what am I actually saying when I am saying something like this which seems quite an interesting comment. And certainly in the room you would be picking up what is just being said, how that is being said. "It is not your intention to be telling your partner what to do. Well no. That was how it revealed. ah, right." So you would be giving them ways to unpick how they are actually talking to each other. It is good you have got the couple in the room to be able to watch the dynamics of that happening and then to be able to bring them to see what they are actually doing. It is ways and things like that that are helpful. Also identifying the 'I' statements rather than the blame statements the 'You'. "When you do that, this is how I felt." And getting them to really work on that is immensely rewarding.

KMN: Do you give homework to couples in order to improve their communication?

B: I get them to focus on their different issues. I get them to report back on what the difference was if any.

KMN: Do you have any instruction for that? Or, how do you give homework?

B: Demonstrating or modelling it with them in the room. Suggesting that they go away and do the same thing. I don't actually write this down, but I put them experiencing it. Then they go off and they do it and then they come back and talk about the difference. They also talk about whether there have been opportunities they could have missed in situations which have arisen. It comes out very much in the... Quite often it is apprehension, it is a misunderstanding about what somebody hasn't done at all, something that wasn't intended that the person who has actually given it is not aware that it was coming across in quite such a...Homework is about real life experience. I am not going to give homework that has nothing to do with what the session is about or it is outside their normal experience. Because what we are looking at and what we are working with is actually that experience that lived experience as it is.

KMN: Have you found the client's bodily sensations or physical sensations when couples talk about their issues or problems? For example, 'I have butterflies in my stomach'. How do they describe them?

B: In a very empathic experience for them. It is also quite helpful to have an image of how that particular problem or issue is very painful within themselves.

KMN: Give me an example of empathic experience?

B: It very much depends on your individual as well. I mean psychosynthesis might use that particular type of modelling more, but it is certainly one when one is actually a kind of identifying and it is useful to have also if somebody is struggling in terms of expressing feelings and stuff. It can be quite helpful and a very powerful way through to identify what is actually happening within them. And its experience is a very therapeutic intervention and empathetic intervention.

KMN: So how do you describe their bodily sensations? **[QUESTION 9]**

B: Programming comes into play there. A real kind of hurdle that went their way. A knot in my stomach. A kind of a lump. A real kind of hurdle that went in my way. There are all sorts of ways. Certainly the programme uses that sort of that image, the image of the body. And for people that can be a way which when they are more familiar within the language and how they actually create.

KMN: How do you handle their bodily sensations? **[QUESTION 10]**

B: By naming it. By actually saying it. Empathizing. Getting them to articulate what that impact is. Having that sort of sense of what is around for it if you are a kind of feeling choked. Then the whole imagery you can

use in a very powerful way because it comes out in all sorts of elements. It is a kind of being able for them to articulate and to make it clear exactly and for them to also appreciate for themselves the way they actually are, and having somebody else there holding that and acknowledging and accepting that, just staying with it I suppose. Naming it makes it helpful.

KMN: So when you do that, what happens to the couples?

B: When you are working with an individual who is naming that, it can have a real powerful experience on the partner as well. We work with couples, but a couple is made up of two individuals. And in terms of counselling and to be in the room, one really needs to be totally with each individual as well as with the couple. And that is part and parcel of it, isn't it? Giving them the same amount of time, making sure that one hasn't got the entire time and the other hasn't got very much. Then communicating with each other around this kind of sense of what is emerging. So it is actually sharing one individual's insights with the other which can have a very powerful effect if the other isn't aware of that type of pessimistic way of feeling.

KMN: Do you teach couples to improve their relationship?

B: I don't think one sets out to teach them. I think one sets out to guide them in their experience. They are responsible for the relationship. I don't actually set out to be the teacher, because they know themselves. I am simply the facilitator and certainly not the expert in terms of identifying what they should be doing and what their relationships are.

KMN: Some clients when they come to counselling they have overwhelming feelings. So in this case, how do you handle that?

B: Much the same way that one would handle whatever comes. We are a container as a counsellor. And we would be demonstrating by the fact that we can contain, that we are not going to be annihilated by the strong feelings or whatever. But we are able to receive, acknowledge, accept whatever feelings are in the room and we are able to respect that. So it is about, if we are truly containers, certainly at the time that we are in the room, we are actually demonstrating almost like a safe place, a secure place where they can be held. And for some it may actually be the first place where they felt they can actually hold that.

KMN: How do you handle clients who are intellectualizing, externalizing and analyzing?

B: One gives feedback around. One listens confidently in hearing what was said but also challenging them to go beneath that. Also gives them feedback around the experience that you are having so they get a sense of that now they may be in that place because of defence mechanisms or whatever. The feedback is how we are experiencing people and how perhaps the partner experiences it. And also then that will where perhaps their defences are raised which makes it perhaps difficult to get in touch with their feelings because they can't say they are going to be successful in unblocking that. But certainly it is about naming it, identifying, holding it, but also challenging that.

KMN: How do you handle the couple who are accusing and blaming each other?

B: Breaking the cycles. Using different language. Identifying what the issues are, what the person who is blaming is feeling. Actually being able to talk in more 'I' language rather than accusatory type of language and breaking that cycle. Stopping them and getting them to rephrase their needs in a sense in a different way and to understand that that is what is actually happening. Do it in a very real way and try and get them to get themselves to stop. That is why being in the room with them as it happens is so helpful. Get them to focus on the kind of interventive stuff that goes on.

KMN: This is the last question. When you are working with one partner in front of the other partner, has that a therapeutic effect for the other partner?

B: My sense is that they lie into the relationship as one individual. But when they come to counselling, they come as a couple. What I tend to do is work with as even of a balance of time as is possible. And also if I am particularly working with one person I will make and include reference to the other involving them in some way even if it is just to check out what they are experiencing as they are hearing what is going on. But certainly one would be constantly making eye contact with the other, a kind of keeping them in the room and in the focus, but clearly the focus is going to be on one particular individual. But constantly I think trying to find elements which you move into, maybe stuff that is being happening which you could relate to. Being quite careful about including them. Keeping the balance in terms of time where one client wouldn't get the entire time and the other person is just there. But they are included appropriately in terms of what is going on for them as they are witnessing. It is about checking it out with the other person as well.

## **Appendix 11: Interview Transcript with WCI16 (16 January 2009)**

Kmn: This is Kimin An. How do you do?

Mur: I am fine, thank you.

Kmn: I am very happy to talk to you on the telephone today. Thank you very much indeed for doing this interview with me.

Mur: That is all right.

Kmn: It is a big help and I really appreciate it.

Mur: Okay.

Kmn: To make it easier for both of us and to use our time well, I have prepared some questions.

Mur: Fine.

Kmn: Some of the questions require only short answers, while some others require longer answers according to your own experience and situation.

Mur: Right.

Kmn: You may feel that some of the questions are not relevant to your situation. In that case, you could say why it is not relevant for you. (Mur: Yes.) Anyway, feel free to answer them in whatever way you think is best.

Mur: Fine.

Kmn: Would you like to make any comment or to ask for any clarification before we begin?

Mur: No. I was glad to complete the initial questionnaire and I am glad to help you. Are you recording this?

Kmn: Yes.

Mur: Yes. That is fine. Because it is hard, isn't it to listen, to ask questions, and to write things down. So I am happy with that.

Kmn: Thank you very much really. So are you ready to begin now?

Mur: I am, yes.

Kmn: Okay. Thank you very much. So how many years have you been a counsellor psychotherapist?

Mur: Ah, since 1992. So that is ah oh 16 years.

Kmn: Thank you. How long have you worked with clients in couple therapy?

Mur: About the same time, about 16 years, yes.

Kmn: That means did you train as a couple therapist?

Mur: I trained as a counsellor first of all. And I was working as a midwife and I did counselling training to help parents who had lost children or whose babies were born with abnormalities. So I have been a counsellor for a long time. And then in 1990, I did a psychosexual therapy training course (Kmn: Em em.) so that I could move into couples' counselling and that is my specialism.

Kmn: Em em. Okay. Okay. What, so in this case, what is your main counselling orientation?

Mur: It is generally person-centred is the base. (Kmn: Aha!) But I do use some TA especially with couples, because then they can understand why they keep behaving in the same way. (Kmn: Em em.) I do sometimes use brief therapy.

Kmn: Brief therapy.

Mur: Yes, or sometimes called solution focused therapy.

Kmn: So you use solution focused therapy. In this case, okay, carry on.

Mur: It depends who has referred the couple. (Kmn: Em em.) Sometimes the company I work for refers a couple to me and says, you can only have 5 sessions. So then I really have to use the techniques that get results quickly. (Kmn: Em em.) But if I am working on my own, I don't have that compulsion to finish quickly.

Kmn: Em em. Okay. So in this case, you a kind of use, well, use, it is not the correct word anyway, you use person-centred therapy, TA, brief therapy.

Mur: Yes. CBT sometimes.

Kmn: CBT, solution focused therapy, yes. You use quite a lot of orientations.

Mur: Yes.

Kmn: In this case, you can say you are an integrative.

Mur: Yes, integral yes, integrative.

Kmn: Integrative. Aha. Okay. Integrative orientation probably, okay. So would you say more about your main counselling orientation?

Mur: No, no. That is fine really. I think you have go it. I would say it is an eclectic approach.

Kmn: What kind of approach?

Mur: Eclectic.

Kmn: Eclectic. That is quite eclectic and integrative. They are similar. But do you, do you distinguish between them or just do you use or do you prefer eclectic rather than integrative?

Mur: No. I think they are the same. I think they are the same.

Kmn: So you feel the same.

Mur: Yes.

Kmn: They are not different.

Mur: No.

Kmn: Okay. Anyway you prefer eclectic.

Mur: Yes.

Kmn: Okay. Okay. How many sessions working with couples do you have most of the time?

Mur: Most of the time, it would be between 5 and 10.

Kmn: Between 5 and 10 sessions.

Mur: Em em.

Kmn: Okay. So what is the, how long is the longest one?

Mur: Gosh, when I have had coming back to me was about.

Kmn: 1 year or 2 years.

Mur: About 16 sessions.

Kmn: 16 sessions.

Mur: Yes, yes.

Kmn: Aha so that both of.

Mur: That was unusual.

Kmn: Aha.

Mur: Yes.

Kmn: The usual is between 5 and 10 sessions.

Mur: Yes.

Kmn: Okay. Okay. How do you meet couples in couple therapy most of the time? **[QUESTION 1]**

Mur: Do you mean how are they referred to me? Or how do you start off? Because sometimes I receive referrals from the Company that I work for (Kmn: Aha.) who have referred them because their problems are impacting on their employment. (Kmn: Em em.) But generally couples ring me because they see my advert or because they have been recommended by somebody else.

Kmn: Okay. Also in this question, there is another meaning. For example, do you meet both partners together?

Mur: Oh right, right. I see what you mean now.

Kmn: Do you meet just one partner? **[QUESTION 2]**

Mur: Yes. I prefer to see them both together for the first time.

Kmn: Both of them together.

Mur: Yes, and then give them the opportunity to have an individual session.

Kmn: Oh, individual session. So in this case, okay. I will ask next time. Okay, carry on.

Mur: Yes.

Kmn: Yes. So you meet both partners together at the beginning.

Mru: Yes.

Kmn: And then later on you meet one of them.

Mur: Yes.

Kmn: individually.

Mur: Yes, individually, if that is what they want. I give them the choice.

Kmn: You say to have individual session or they say it or they want it.

Mur: Well, usually, this is how I put it to them. If you would each like to see me on your own, I am happy for that to happen. (Kmn: Em em.) And then we can meet up together. (Kmn: Em.) And that would give me more of an idea about your problems. (Kmn: Em em.) Sometimes couples can think as you probably know - no secrets kept. (Kmn: Em.) It might be something they don't want to share. It could be an affair. It could be

debt. It could be you know sexuality. It could be all sorts of things. So I give them that opportunity. And I would say about 50% say yes to that, and the rest say oh no, we don't need that, we have no secrets.

Kmn: Em. So that means when you meet just one partner, the reason is that they have a kind of secret.

Mur: Yes, yes. They want to say things that they know might upset the other partner. (Kmn: Em em em em em.) I mean it might just be. (Kmn: Em em.) I think this therapy isn't going to work because I really want to divorce.

Kmn: Okay. Oh that is interesting. So they have some secret in individual. (Mur: Em.) Oh, so that makes you, that makes them have an individual session rather than together.

Mur: Yes, yes.

Kmn: Do you have anything else in this case?

Mur: Well no because then we would bring them together after that. (Kmn: Em em.) There would be no point in continuing with individual sessions. They have to come back together again.

Kmn: Em em. Okay. So what issues did the couples bring into the counselling most of the time?

### [QUESTION 3]

Mur: Now, it is varied as you understand. But it is usually because they have stopped communicating, they have stopped talking to each other. (Kmn: Aha!) But lately, I seem to have had a run of couples where the man has been involved in internet, either internet pornography or internet dating. (Kmn: Ah!) And this is really destructive to a relationship. I don't know if this is the growing trend at the moment, but if you ask me for a breakdown of my last three months' work, I would say about 80% of them was something to do with the internet.

Kmn: Em em. So they are, so one of the partners is kind of addicted to the internet, watching internet pornography.

Mur: Yes, yes or chastise, chat rooms. And though that they may not ever meet another person in the flesh, it still seems like moving away from their real partner.

Kmn: Emm. That is very interesting. Oh! Okay. And anything else? What kind of difficulties do they have?

Mur: Sexual difficulties. Well, you know.

Kmn: Okay. Sexual difficulties. Em em. So what do you mean exactly? Sexual difficulties?

Mur: Certainly a mismatch between desire, the desire levels are not the same. So you know one partner would like more sex than the other partner does. (Kmn: Em.) And then as soon as somebody has been rejected, this causes more problems the next time. And then when this all started in the 1990s, we had a lot of problems with rectile dysfunction. I haven't seen a man with a recticle dysfunction for about 2 years. And I think that was due to the availability of viapara tablets, that they are being treated by medicine rather than coming for psychotherapy.

Kmn: Em em. Oh! Okay. So I can say they have problems with stopping communication, and watching the internet, especially pornography, and then sexual difficulty. Okay. So would you like to say more?

Mur: Well lately there has been quite an increase in debt causing problems between the couple. (Kmn: Em.) I think that is just the times we live in.

Kmn: So what do you mean increase in causing problems?

Mur: Well I have a couple at the moment, where the wife has run up a lot of debts on credit cards. She hasn't been telling him.

Kmn: Oh debts! Okay, financial problem you mean?

Mur: Yes, and that is one of the problems.

Kmn: Oh, I see. Okay. So that is a very practical problem.



Mur: Yes.

Kmn: Aha, okay, okay. Would you like to say more?

Mur: No, no.

Kmn: Or shall I go to another question? Okay. Thank you very much. How many approaches do you use in your work with couples? You said this already, but maybe you would like to say more. **[QUESTION 4]**

Mur: Sorry. Can you just say that again? How many?

Kmn: How many approaches do you use in your work?

Mur: Oh yes, approaches. I am with you, yes. I tend to just use what feels right at the time. If something isn't working out, I try something else. But I can be quite, I can tell people what to do you know. I can give them homework. I can be quite directive about this. (Kmn: Aha!) And of course if it is a psychosexual problem. (Kmn: Em em.) Then we often use sensate focus.

Kmn: Sensation focus?

Mur: Sensate, yes. It is like getting people back to the very start, starting to help them to enjoy each other's bodies again without the actual sexual intercourse at the end of it.

Kmn: Em em em. That is interesting. Aha. Okay. The next question is that: What were the circumstances that led to you applying the other approaches overtly with a couple in your counselling work?

**[QUESTION 5]**

Mur: I see, yes. That is fine, yes. I think after assessment. (Kmn: Em em.) We tried to find what the problem is and then choose the approach for the problem. (Kmn: Em em.) So if the problem is because one partner has a lack of desire, then we would try some physical therapy that they do on their own away from me to help that situation. (Kmn: Em em.) If it is because they are not talking to each other, then we may bring in a different approach to assist them to listen to each other.

Kmn: Em em, listen to each other, okay. Em em, okay so.

Mur: Okay, you carry on.

Kmn: So you have a kind of a structure (Mur: Yes.) to apply the other approaches. (Mur: Yes.) One like after assessment.

Mur: That is right.

Kmn: You try to find what the problem is. And when you have found the problem, then you use physical therapy sometimes, if they have a problem with like desire. And then if they have a problem of not talking to each other, you try them to listen to each other.

Mur: Yes.

Kmn: Okay. So could you say more about that?

Mur: Very often they will try to defend their behaviour. And then I will challenge them as to: Have you thought of using a different approach? Have you tried something else within the counselling session? I would say to them, when you go home this week I want you to try five different ways this week to let your partner know that you are thinking about him. So I could hardly believe.

Kmn: So this is a kind of that you give them homework.

Mur: I give them homework, yes.

Kmn: Oh, I see. So how is it? So do they follow the homework?

Mur: They generally do, yes. Generally, they do.

Kmn: So what kind of homework do you usually give them?

Mur: Well, just to go back to what I was saying. If I say you have both got to find five ways to let your partner know that you love them still.

Kmn: Five different.

Mur: Five ways to let your partner know that you still love them to let, to show that you love your partner. To show that you love your partner. That might be...

Kmn: Five ways to let the partner love you. Ah! Okay.

Mur: So they might choose to buy a small gift or they might choose to send a text message. They may choose to leave a little note in the bathroom. Or say I have made your favourite meal tonight.

Kmn: Em em. Is it effective to improve their relationship?

Mur: Yes.

Kmn: When they have done their homework?

Mur: Yes. It does. It starts them thinking, not about how bad things are, but about how good things could be.

Kmn: Em em em. Okay. Also, I have 2 questions from what you are saying just now. One is you said if they have a problem with not talking to each other and then you try them to listen to each other. Yes, a kind of this approach is, I don't know how, what do you do with this approach, listening to each other?

Mur: Well sometimes within the counselling session, I will make one person sit still and not respond, not say anything, while their partner tells them how they feel.

Kmn: I see just one partner just listens (Mur: Yes.) to the other partner until you give the indication.

Mur: Yes. And I also say the thing they must remember is that just thinking something doesn't mean that your partner knows what you are thinking. It doesn't work. (Kmn: Em em em.) You have got to actually say it. In other words, they say, "I thought he knew that". You never told him, but you think he knows it.

Kmn: So that means you don't let them do what do you call this, read their minds.

Mur: Yes. That is right, yes.

Kmn: Aha, okay. That is very interesting anyway. So do you think listening to each other is very important?

Mur: Yes, I do.

Kmn: To improve, enhance their relationship?

Mur: Yes.

Kmn: Okay. And then you say also physical therapy if they have some problem with their desire.

Mur: Yes.

Kmn: Yes. So what do you mean by physical therapy?

Mur: Right. We take them right back to the beginning of the relationship. (Kmn: Em em.) And this therapy is like going up a ladder. We start at the base with simply massaging, stroking, cuddling the bits of the body that you normally can show, so that would be hands and arms. And they do this to each other telling each other, so they have got to talk, telling each other what they are enjoying about it.

Kmn: Em em. So that is very important.

Mur: That is right. They are beginning to ask for what they want. (Kmn: Aha.) And then when they are ready they move to the next rung which is the same massaging, cuddling, stroking, using the lower limbs and the upper arms so that they, they are still fully dressed of course, and then bit by bit when they are ready, they gradually include more bits of the body to include in the massage. While they are doing this, premature sex is banned. Once you have removed that pressure of performance, they can just enjoy the rest of what they are

doing. (Kmn: Em em.) And because as a therapist I have said you must not have full sex. If they do, they feel quite naughty about it, which often adds to the pleasure.

Kmn: So where do you do that in the counselling session in a special ?

Mur: Oh no, no. I tell them how to do it and what to do and I give them a handout. And then they do that at home and then will report back.

Kmn: Okay. You give homework.

Mur: Yes.

Kmn: Oh, I see, not in the therapy session.

Mur: Yes, yes.

Kmn: Yes okay, not that.

Mur: Please don't get the wrong idea about that.

Kmn: You know some therapists, some sexual therapists do that in the therapy room, yes. I thought you too did that. Okay, I have got it. So you gave them a kind of homework, instruction yes or whatever anyway. Okay Okay. I am moving to another question. How did you mix and combine the other approaches? For example, you have or you use PCT, TA, Brief Therapy, Solution Focused Therapy. So how did you mix and combine the other approaches? **[QUESTION 6]**

Mur: Well as a counsellor originally, just a counsellor, I have always expanded my 2 boxes of interventions by going on courses. And I now teach counselling. So I have to keep myself up to date by reading and attending conferences. So we are always learning and that keeps everybody fresh and then feels empty, doesn't it? (Kmn: Em em.) So I have quite a few certificates in the other methods, yes.

Kmn: Yes. So do you have any of a kind of theory or idea or conception when you mix or combine the other approaches in your work? Do you use just this person is probably like this person? This person is maybe I guess this person, that is very good for this person to use person-centred therapy or like.

Mur: Well not really, no. It is trial and error really. And of course you have got to get to know the person amicably of the couple of the people, because some people are very theoretical and they would respond better to a CBT approach, a cognitive behaviour approach. And others are much more emotional. And so it is after assessment when you have got to know them. Then you would choose the two times. You think now we will try this. It doesn't work. So you try something else.

Kmn: Em. You say several times assessment. Yes. So how do you do assessment?

Mur: Well I guess the first session is usually quite a long one. It usually takes about an hour and a half. (Kmn: Okay.) And then I want them to tell me their story you know. How did they get to where they are? And they are telling me about their upbringing, their work, their education, their dreams, their family setup, and the problem as well, why where they are now isn't where they want to be, what has gone wrong. So I just really allow them to talk and I suppose that is the person-centred approach at the beginning.

Kmn: Em em. Okay. So at the beginning you usually use the person-centred approach.

Mur: Yes, the person-centred approach.

Kmn: Aha, to make a good relationship with them, okay.

Mur: Yes, that is right.

Kmn: Okay, carry on.

Mur: And then I try to elicit what they want to happen. This is great, if they say well we want to get back to how it used to be. We want to stay together. Sometimes one of them says a lot and the other one rather - I don't think this is going to work anymore. I want to divorce.

Kmn: Oh yes, that is terrible. So,

Mur: So then we work with trying to help them to reach their goals, what they want to be the outcome.

Kmn: Oh, so that means that setting their own goals is very important.

Mu: Yes. Yes.

Kmn: Ah, okay, yes.

Mur: And those can be adjusted. As we move along the therapeutic relationship, we can adjust their goals.

Kmn: Em em em. And then okay, you say that when you mixed or combined the other approaches, first of all, you have assessment with them. And in this case especially you use the person-centred approach to make a good relationship with them. And then after assessment you said if they had very emotional or if they had very cognitive level (Mur: Yes.) in this case you choose. (Mur: Yes.) Yes, CBT or person-centred therapy, or they might have very short sessions. (Mur: Yes.) Or brief sessions. (Mur: Yes.) In this case you focus, you use Solution Focused Therapy. (Mur: Yes.) Like that, okay. So that means it depends on who your clients are. (Mur: Yes.) So you use this approach or that approach. (Mur: hat is right.) Aha. So assessment in this case, assessment is very crucial, (Mur: Yes, yes.) which approach you are going to use.

Mur: Yes, that is right.

Kmn: I see. Okay. Would you like to say more about mixing and combining the other approaches?

Mur: No. I think you have got most of what I am trying to say.

Kmn: Em em. And then do you have any special form of assessment?

Mur: No, I don't. I don't have a form that I fill in. I just do it by allowing them to talk.

Kmn: Em em. I see, just by allowing them to talk. Okay. Shall I move to another question?

Mur: Yes.

Kmn: Okay. What were the elements of successful couple therapy? **[QUESTION 7]**

Mur: To me the most important thing is that they both want to be there.

Kmn: Ah, both want.

Mur: Both must want to be there.

Kmn: Want to be there. Oh! Okay.

Mur: And both must want success.

Kmn: What do you mean? Both want to be a success?

Mur: Both must want to be successful in reaching the goal. So if I ask them to do something before the next session, I don't want one of them to say you know I really want to do it and their partner to say I can't be bothered doing it, I am not interested because it is not going to work. (Kmn: Em em.) So they both must have the same level of commitment.

Kmn: Em em. Oh, the same level of commitment. Aha. So both want to be there. And the second one is the same level of commitment. (Mur: Yes.) Anything else?

Mur: No. I think that is about it.

Kmn: So you said two elements (Mur: Yes.) is very important (Mur: Yes.) and successful (Mur: Yes.) couple therapy. Okay. The next question is. What are the main factors of the changing process in couple therapy? **[QUESTION 8]**

Mur: Em. Ha ha. I think that they must give time to it. Now sometimes these days even trying to book the next appointment is difficult. (Kmn: Em em.) So there is a time element that they must be willing to give if

this is important to them. They must be willing to give the time to come to the sessions and to do the homework as well.

Kmn: Em em. Homework. What about listening? And then from the couple therapist or couple counsellor. (Mur: Yes.) What are the most important or the main factors of the change process?

Mur: Yes, I think that the therapist must also want the same outcome. Want the same outcome, yes.

Kmn: Yes, the same outcome. That is very important. So you mean reaching the same goal or what do you mean?

Mur: We are in it together.

Kmn: Ah, reaching the same goal. So reaching the same goal, that is a kind of, you can say, reaching the same goal. But I can say maybe reaching the same goal means the change process in couple therapy, probably. (Mur: Yes.) Yes. Because if they reach the goal, so that means they change (Mur: Yes.) their relationships or they resolve their problems, things like that. So that means they change, yes. So in this case, what factor is important for couple, counsellor, or therapist? So there are many many factors.

Mur: Yes. There are lots of factors.

Kmn: Listening or reflecting back, or questions, or insight, or whatever, anyway.

Mur: Yes.

Kmn: What do you think?

Mur: The first one that would come out is to like people and being very adaptable to good communication.

Kmn: Em em, good communication.

Mur: And although I said before that you must like the people and you must love the same goals, it is also important that you can let go of them.

Kmn: You mean ah let go of them.

Mur: So that you know you are not a sort of saying that they can't live without you.

Kmn: Oh yes. Oh I wonder in the counselling session, in your counselling session, you are doing counselling and then there are many counselling skills, so which one is the most important to change the couples?

Mur: I would say that unconditional positive regard which is allowing people to be human and you still like them, so it is being very nonjudgmental.

Kmn: Okay. So unconditional positive regard is the most important. It is not judging.

Mur: Yes. It is not judging, yes.

Kmn: So that means you, in this case, it is important to listen to them without judgment.

Mur: Yes, because some you know you could side with one person over the other one partner. You might feel more sympathetic to the wife than to the husband. You know that's the skill (Kmn: Em em.) of not letting those feelings affect the sessions.

Kmn: Em em em em. Okay. Okay. That is interesting. Do you and how often do you use reflecting back in your work?

Mur: Oh yes, quite a lot.

Kmn: Quite a lot.

Mur: It is what shows that you are listening and understanding.

Kmn: Em em em. So, that means you show them that you understand them.

Mur: Yes.

Kmn: Aha, Aha, Okay. How do you find reflecting back?

Mur: It is very useful.

Kmn: It is very useful.

Mur: Yes. It gives the couple a chance to hear what they have said coming from somebody else.

Kmn: Em em em. Okay.

Mur: Because then they can say Oh no, no. I didn't mean that.

Kmn: Em em. What do you mean, I didn't mean that?

Mur: Well the client can, you know when they have heard you reflect back what you have heard, they can say oh no, I didn't mean it like that. I didn't want it to sound like that. So they can start explaining a little bit more. And that is getting people talking, isn't it?

Kmn: Aha. At that time how did you feel about they say no, no, no, I didn't mean that?

Mur: Yes. Then they can explain what they did mean.

Kmn: Em em. So how did you feel about that? So did you feel okay? Or did you feel embarrassment?

Mur: No, no. I felt it's okay, yes.

Kmn: So that is just they can say that.

Mur: Oh yes, yes.

Kmn: And then that is more useful even though they don't accept what you reflect back. Aha, I see. Aha.

Mur: For instance, if one partner says he is always telling me that I look ugly and I reflect back and say so your husband keeps telling you you look ugly. She says you know I didn't mean he is always doing it. He does it sometimes, but he makes me feel like that. They are putting themselves right as well as putting me right.

Kmn: Ah yes, that is a good example. Yes, that is true. Okay. Shall I move to another question? I have 3 questions left. Is that okay for you? Okay. Thank you very much. Have you found bodily sensation when couples talk about their issues or problems? And if so, how did the client describe them? **[QUESTION 8]**

Mur: Now I think I need some explanation of the question.

Kmn: Okay. So when people say about their problem for example. They have okay one partner; a wife has a problem with the husband, yes. The husband is quite aggressive and sometimes violent at home, yes. And then she mentioned this incident or event. (Mur: Yes.) And at that time, she said also uh I feel heavy in my chest. Or I feel something in my shoulder, yes, very heavy. Or I feel something in my stomach. It is like a lump. Or I have a pain in my chest. I think this incident or whatever.

Mur: Well I think one of the first things that I would ask her is. Is this an emotional pain that you are feeling? Would you think it is an emotional pain? Or do you think because I would not like people to keep coming for counselling and therapy if they really did have something physically wrong with them. And you know it is easy to suggest. Well we can work on that from an emotional point of view. Talk with your doctor first. (Kmn: Em em.) Because I have got to keep them safe. (Kmn: Em em.) But if there nothing physically wrong and they have been to the doctor and checked it out, then I would say that is a really good way of describing how you feel. (Kmn: Em em.) Because fear or anger does give you physical symptoms. And just how you have described it then is. You have this knot in your stomach. We could look at that with some simple breathing techniques that would help to undo that knot.

Kmn: Em em. So do you use some technique in this case?

Mur: Yes, yes.

Kmn: Aha, aha.

Mur: Some relaxation techniques perhaps.

Kmn: Em em em em em. Okay. So that is the next question, the same. When you found a bodily sensation from your clients, how did you deal with them? So you say a kind of a relaxation. [QUESTION 10]

Mur: Yes, yes.

Kmn: Aha aha

Mur: And different breathing techniques to try and I would suggest if they were complaining of a physical sensation they check it out.

Kmn: But I would like to know how the client describes the body sensation?

Mur: Well the examples you gave I have heard all of those. And sometimes its you know it is usually the woman that describes these. She may say when my husband turns to me at night and wants to start making love to me I feel physically sick. (Kmn: Em em.) And then we look at when did this start? Has he always given you this feeling? And look at times when it doesn't happen, when it does happen.

Kmn: Em em. Okay. So and then you use look at the bodily sensation. You would explore it, okay. Have you found when a client talks about something, some story and then they speak very fluently. And then suddenly they are maybe they go into their inner world, yes. They don't say fluently. They say just they have pause or silence. Or they just say, oh I don't know what it is exactly. Its like bla bla. Oh I don't know what is that exactly. Have you found like that?

Mur: Yes sometimes. And then I think I have to try to help them out. I don't really understand you. But are you thinking it may be like this or it maybe like that. They can agree with you or not. Is it like a rush of a waterfall or do you feel you are going into ah you know a big dark cave? So we can use metaphor to help the client in describing her feelings.

Kmn: Em em. So could you say how you describe when they don't speak fluently? So what, how do they usually say? They say?

Mur: Yes, I mean very often they just say oh, I don't know what to say. I can't describe that. And then it is a bit of guess work on my part. And I will say well some people have said this, they feel like this. Or some people have said that it feels like that. And if I get anything back, then I just say that is because they their head and say no, no, it is not like that.

Kmn: Do you think in that case like when your clients say like that, that it is significant?

Mur: Yes.

Kmn: In your work?

Mur: Yes. Yes.

Kmn: Why?

Mur: It is because very often when we are doing the detective work to look for the person who is not saying anything, has got the most to say. So I can't just ignore that and say they are always very quiet and move on.

Kmn: You can't ignore them. Yes, yes. Okay. So you just wait until they say something more.

Mur: Yes. Yes.

Kmn: Or you can facilitate them to say.

Mur: Well sometimes you can help them out. But sometimes just being silent gives them then the opportunity to sort things out in their own heads. (Kmn: Em em.) And I think the therapist is more comfortable with silence than the clients are. So generally, it is the clients that break it.

Kmn: Em em. Yes. Aha. So did you find situations like this very often in your work?

Mur: Yes. Yes. It does happen.

Kmn: Aha. Oh. That is very interesting. In Focusing, we call it Felt Sense, in Focusing-oriented psychotherapy. Okay. I am going to move to the last question probably. How did you usually work with couples? **[QUESTION 11]**

Mur: I will probably recap a little bit. I said about the assessment and what they both want out of it. And giving them the opportunity to talk on their own with me if they wish. Then we try and elicit what their goal is, where they want to get to, plan a little homework for them to try and get them there. And then it is review, revive, change the goal, do it again until they are happy to leave. I mean I have made that sound very easy and it is not actually. Some people move very quickly.. Some people after they have the initial assessment ring up and say we are okay now, because that opportunity to get things off their chest has been the thing they needed. And sometimes therapy is not useful and they have already decided that they don't want to be together. And no amount of therapy is going to change their minds. And I think as a therapist, you have to be prepared to be ignored, to be rejected like I have already said, you have to be prepared to let go.

Kmn: Okay. So like this when you work there are two people, yes. So how do you do with two people? So there is a kind of a triangle.

Mur: Yes. Well I could be there as a teacher, and I could be there as an umpire, depending on what the couple are bringing. But one of the techniques that I often use is to say, don't tell me, tell him. So if they are looking at me straight in the eye and saying, I get fed up every time he does this, or I am lonely, and I would say, don't tell me, tell him. So I am getting them to get more used to talking to each other and to listening to each other. And that is probably quite a powerful tool.

Kmn: Aha. They are talking to each other, they are talking to you.

Mur: Yes. Yes.

Kmn: Which one? They are talking to each other or they are talking to you.

Mur: I try to persuade them to talk to each other.

Kmn: Talk to each other. So of there is Marie and Peter, you say, Marie talk to Peter.

Mur: Yes. Marie, tell Peter that.

Kmn: Yes. Talk to Peter. Peter, I am very sad about what you are doing now.

Mur: Yes.

Kmn: Like that?

Mur: Yes.

Kmn: And then so they are a kind of conversations.

Mur: Yes, that is right.

Kmn: in front of you.

Mur: If they get upset and the partner is just a sort of sitting there and I will say, what do you want to do now? Well I want to comfort her. And I say well, go on with it. So it is really giving permission to them. I suppose why I am finding it difficult to reply is that there isn't a set, you know, we do this, this and this, because every couple is different.

Kmn: Sure. Em em. So that is interesting anyway. You allow them to treat each other like in daily life, just you are always a kind of referee, or (Mur: Yes.) facilitator.

Mur: Facilitator, yes.



Kmn: And I wonder what is the difference between they are talking in front of you in couple therapy and they are talking to each other at home?

Mur: Very often if they are at home talking and there is a complaint made by one, the reactions are either tears, shouting, doors slamming and leaving, finish the conversation. And that is very unlikely to happen in front of a neutral person especially if they are paid to be there. You don't let them walk out and run away. But if they were at home, they might. I am not listening to this, so they never get any further. But if they are in front of a neutral person, they generally stay and listen and sort it out.

Kmn: Em em em. So in this case, do you teach them something?

Mur: Yes.

Kmn: Aha. In the session? So what do you teach them?

Mur: I am teaching them the value of being calm, listening and proper listening, not just you know listening, and the value of making a decision about the problem, instead of the problem never being listened to, never being and then coming up again, again and again. Because very often it is small changes that make a world of difference.

Kmn: Em em em. I feel very much listening is a very important element (Mur: Yes. Yes.) from what you are saying. Aha. Aha. Now that is a very simple one, but very crucial (Mur: Yes.) to heal themselves. So is there anything else you would like to say?

Mur: I am really interested in your research. It must be taking you a long time. But are you finding it difficult to get respondents?

Kmn: Oh yes, very very difficult. You see time is limited. It is very difficult to find people and to get some reply. Oh, it is so so difficult. And then I am not a native as you can guess.

Mur: And is this for your Ph.D?

Kmn: Yes. I am doing a Ph.D.

Mur: Well I wish you all the best of luck in the world and I hope that you are successful. I know you will be.

Kmn: Thank you very much anyway. You have made a very valuable and worthwhile contribution today to my study and research.

Mur: Thank you.

Kmn: I really appreciate your time, participation and input during this interview. I have learned a lot from you.

Mur: Good.

Kmn: It has been an enriching experience and a great opportunity for me.

Mur: Thank you.

Kmn: Thank you very very much.

Mur: All right.

Kmn: Bye.

## **Appendix 12: Interview Transcript with WCI15 (16 January 2009)**

KMN: Hello. Can I speak to Trudy?

TRU: Hello. I will just be a second. I will just go somewhere else where it will be a little bit quieter.

KMN: Okay.

TRU: I don't know how long it will be quiet for because my children are home from school today.

KMN: Okay.

TRU: Okay. I am ready when you are.

KMN: Okay. Thank you very much for this interview.

TRU: You are welcome.

KMN: I am very happy to talk to you on the telephone today. It is a big help and I really appreciate it.

TRU: Yes, no problem.

KMN: To make it easier for both of us and to use our time well, I have prepared some questions. Some of the questions require only short answers, while some others require longer answers according to your own experience and situation. Okay. Anyway feel free to answer them in whatever way you think is best.

TRU: Okay.

KMN: Would you like to make any comment or to ask for any clarification before we begin?

TRU: No, no. That is fine.

KMN: Okay. So are you ready to begin now?

TRU: Yes.

KMN: Okay. How many years have you been a counsellor?

TRU: I have worked in general counselling for about 15 years in social health, but I specialised as a psychosexual therapist and that is 6 years ago.

KMN: Oh so you started 15 years ago.

TRU: General counselling but then I did some further training as a psychosexual therapist and that was about 6 years ago.

KMN: Okay. Lovely. Okay. How long have you worked with clients in couple therapy?

TRU: About 6 years.

KMN: Okay. So that is a kind of sexual therapy is a kind of couple therapy.

TRU: Yes, it is sexual relational therapy.

KMN: Okay. What is your main counselling orientation?

TRU: Well, I like to think that I use a combination of things. My training was in CBT, psychodynamic, and also systemic, but I still draw around some of my previous training things like solution focused therapy, brief therapy and I look in at Transcendental Analysis, and things like that. So I would maybe use a combination depending on what the difficulty was and what the client responds to.

KMN: Oh anyway, you trained a lot, in CBT, psychodynamic, systemic.

TRU: Yes. It as a combination. The course in sexual therapy was a combination of all three disciplines.

KMN: Okay. What is your main counselling orientation? Can you say that?

TRU: I think eclectic, so I would use a mixture.

KMN: So integrative.

TRU: Yes.

KMN: Aha. Okay. How many sessions working with couples do you have most of the time?

TRU: Well, I have a NHS contract. Even though I am self-employed, I have a contract with them. And so we have a set amount of session hours which we are allowed to have, which is 12 sessions. Occasionally, if a case is more complicated, then we can contact the GP that has referred them and we can extend that if we need to. But we are a sort of very up front with the client beforehand to say that we are allowed and the cost will be covered for 12 sessions.

KMN: Okay. So usually 12 sessions.

TRU: Yes. But sometimes a couple may only need 8 sessions, and sometimes they may need a little bit longer.

KMN: Yes. I understand. Okay. This question is a little bit longer. How do you see couples in couple therapy most of the time? For example, do you see both partners together? Or do you see just one partner? Or do you see both partners together and individually? **[QUESTION 1]**

TRU: When we get the referral through, it is usually for one person, the referral, because one person is presented to the doctor. And in the letter that goes out to the patient, we encourage them to bring their partner with them. So depending on what the difficulty is, some people, particularly women, if it is a sexual difficulty might choose to come alone first because they feel it is their problem or they are embarrassed and feel that maybe they can talk more freely without the partner there. But then I would always ask the partner to come along at least to some of the sessions if not all because if they have got a sexual difficulty, then 9 times out of 10, there are all sorts of relational difficulty that needs addressing at the same time. So it would vary, but depending, I offer a late night on a Saturday, so that impacts you know whether I think sometimes across the board if people only work 9-5, Monday-Friday, it maybe that somebody can't come along because of work commitments. Then it can be flexible with an evening appointment for a Saturday, and then naturally we try and encourage as much as we can for partners to come along.

KMN: Okay. So anyway at the beginning you start to see only one partner.

TRU: Not necessarily. No, it does vary a great deal. As I say, some choose to come on their own. But the letter always says we encourage the partner to come with them. And it is also important that the partner is at least supportive if nothing else. Otherwise, it can feel a little bit like the one that is going along is that you go and get fixed because there is nothing wrong with me rather than being in it together and looking at perhaps how their role in the relationship impacts on any of the difficulties that they have got and that it is quite important for people to be drawn out and recognised.

KMN: Okay. I see. That means you see both of the partners.

TRU: Yes. I would encourage them to come together as a couple.

KMN: Both partners. Okay. When you see just one partner, why is this? **[QUESTION 2]**

TRU: Because maybe work commitments of the other person. Or because the partner doesn't think that there is anything wrong with them and they see the problem solely as that person so they don't want to be involved and maybe embarrassment. Or sometimes it is for cultural reasons.

KMN: Oh! Cultural reasons as well.

TRU: Not often, but sometimes that can happen.

KMN: Okay. The next question is. What issues do couples bring to the counselling most of the time?

### [QUESTION 3]

TRU: Okay. The common one for me because I am a psychosexual therapist is a sexual difficulty on either part. So for the lady it might be lack of desire or lack of arousal, or pain, when being sexual. For a man, the main ones are premature ejaculation and erectile dysfunction, and less common is lack of desire with men. And in general the grouchy one is relationship difficulties. So they don't get along very well. And because they are not getting along very well they argue a lot, they can't agree on anything and they don't communicate very well and therefore they don't have a very good sex life.

KMN: That means besides sexual problems yes?

TRU: Yes, because that is what my job is.

KMN: Yes, I understand. They have a problem with their communication you mean.

TRU: Yes that would be right. So the main reason they may come to have the referral is that they have got sexual difficulties that actually when you unpick some of that and see the couple, actually then the underlying problem of why they have got sexual difficulties is because they don't communicate well, they don't get along well, they argue a lot or they don't support one another so there is conflict in the relationship.

KMN: Okay. How many approaches do you use in your work with couples? You said already CBT, psychodynamic, systemic, solution focused. [QUESTION 4]

TRU: I often use solution focused therapy and motivational therapy. So again it is integrating things with looking at what the problems are and some of it can be quite directive so it might be that you give people instructions on what to do. The behavioural programme is very instructional about the expectations of what they are meant to do when they go back home as homework. Sometimes you would still be person centred. You would try and keep like as much person centred as you could. But there are times when you have to give directions. And sometimes it might be an educational thing as well. There may be some educational sections to it, particularly when they do not know enough about this for example. It might be an educational session that you would run. So it would vary depending on the client and on what the difficulty is.

KMN: Sure definitely.

TRU: So I think for most couples, it is rare that I would only use one discipline.

KMN: Okay. So what are the circumstances that led to you applying the other approaches overtly with a couple in your counselling work?

TRU: Because some people are more responsive to certain types of learning as well, which we all are you know. Some people respond better to reading. Some people are very visual. Some people like to see what they do. So they like the practical things and some people like to be directed and told as well. So it would be if I was past making any suggestions then if the couple were receptive and responsive to those suggestions, then I would know that that was a good discipline to use. If the couple said I can't do that, I don't want to do that, we would be looking at a different way. If you are looking systematically, you might look at their life map and how they got to where they were and how they respond and how they feed up each other in a situation that keeps their difficulty going. One particular patient might say, I don't do that, I don't agree. It might be then you look at people communicate. So then you would maybe look at more Transactional Analysis, in the sense of the parent-child role that we all carry. So I would use a varied technique and see what response that was getting from the client. Clients are very good at giving you feedback. So they will say, oh yea, I understand that, or oh yea, that makes sense to me, oh yea, I like that idea that you gave us.

KMN: Okay. You said already a little bit. How do you mix and combine the other approaches? Can you say more about that? [QUESTION 5]

TRU: Obviously I take a detailed history when I first see somebody. It would depend on what the difficulty was because there are particularly sexual difficulties, there are certain set things that we know work as approaches. So some things might be that that is what I was taught to do and we know from our experience in research that in 9 times out of 10, that won't work for somebody. We know a behavioural programme would 9 times out of 10 give the answer. But it also or it might be that there are some educational work that needs to be done because of their religious upbringing. They might have misconceptions and we all have rational and irrational thinking. So then you would then look at CBT as well and introduce looking at the thoughts and what feelings we then get to look at the response to situations. So you would then integrate possibly that as well. So it would lead on from depending on what the difficulty was and what history I have gathered from

them in terms of how they normally respond in situations, what they have found helpful and what is unhelpful to them, and I would build on that.

KMN: Okay. The next question is. What are the elements of successful couple therapy? **[QUESTION 6]**

TRU: Well I guess how you would measure that is by looking at what the situation was then they came into therapy. And I would evaluate and explore where we are and reset goals and perhaps make a session for and look at where we have got to. And I would be asking for a feedback from the clients. Obviously you use your own judgement of people making progress. But it really needs to come from the client in the fact that they have committed to coming to sessions and they are making progress because they think that this is going well. We feel we are getting better at this. So a feedback from clients would be one thing. The fact perhaps that people maybe may not always complete therapy as well. I guess you have to define what are your goals for that couple and what are their goals and whose agenda are you working to? That is quite important for good supervision. There may be things that you think they could be doing better than they are actually they are quite happy with the system that they then get to.

KMN: So that means achieving the goal is the element of successful couple therapy?

TRU: Well not necessarily the end goal because it depends if the end goal is realistic or not. It is about being realistic with the clients beforehand and it is about having a good enough as well. What you should always ask the client in the first session is, what are you hoping to achieve from coming to this therapy? So I guess that is what you would then work with the client and whether that was realistic or not.

KMN: Still I am not clear on what you said about the elements of a successful goal.

TRU: I said the elements of it being successful couple therapy is if the clients think it is successful. And that can vary because I may feel that somebody has moved on and has achieved quite a lot and then they don't think it has been helpful to them and that they have not achieved what they thought they were going to achieve and I guess that is when people set unrealistic goals. You see what I mean. It is very important to keep evaluating as you go along. What I think is being successful, another couple may think it is not. So it is very individual, isn't it? I guess we have to rely on the feedback we get from our clients. And the commitment as well, their turning up for appointments, are they putting the effort into it? It is like anything, what you put into it is what you get out of it. And it is the motivation to change and things like that. I mean it could be successful and they might still choose to separate but that might be a more satisfactory solution. They feel they have tried everything. So it is not always about and successful therapy doesn't always have to be that the couple always end up staying together. It can be that they feel okay about the decisions that they make.

KMN: That is true, yes.

TRU: which would take you back to unrealistic goals in the first place, wouldn't it?

KMN: So realistic goal is the first place.

TRU: Being realistic in the beginning. Being very clear with the client on what you can offer them and about them being realistic. They say, I want to achieve A, B, C and you think there is no chance of that happening, being very honest with them in saying these are some of the reasons why you might not be able to do that. I think we could take D, E, F. That is negotiation, isn't it? So there is a number of elements I think that goes into whether it is successful or not. It is about what the client thinks is successful. That would be the outcome. It might not be what they thought that they intended to come with. Some couples can't do no matter what. They are just not compatible. Or they can't forgive something for example adultery. It might be that they are trying to work it out. And no matter how they try, one of them in the relationship just can't. Some people feel happy that at least they tried everything before they gave up. So it can be more helpful for people to come to that conclusion really. It is a difficult one to answer I guess.

KMN: Okay. The next question is. What are the main factors or skills of the changing process in couple therapy? **[QUESTION 8]**

TRU: Okay. The main factors are people have motivation to change. Sometimes that can be more one person than the other person. The balance there can a sort of damage the process if it is not equal, especially when the other person isn't doing their bit. I think some of the important things are that some of the suggestions are put into practice and then they will benefit more, so that they will recognise their own progress. When couples recognise what progress they make it gives them more motivation to continue. So I think it is whether someone is destructive or whether someone is motivated and the effort is being made and

people recognise the progress they are making and they don't build on it so that is how it becomes more successful.

KMN: So how do you do for the changing process or the successful couple therapy? How do you make a changing process in couple therapy?

TRU: Well I would start as I said before with a detailed history of each person. And then I would see from the detailed history what the difficulties are, what they may have done to help themselves up to that point, what was their motivation for coming to therapy now, so what was the sudden change that made that happen, do they feel motivated to change and what do they have a kind of hope to achieve in the short-term, medium term and in the long-term, and then their commitments to the appointments, negotiation, communication skills, starting to build intimacy again and trust depending on what the difficulty was of course.

KMN: What do you think about the safe environment in couple therapy?

TRU: I think the safe environment is very important. I think couples need to be comfortable where they are. I would explain to them what the confidentiality policy was. I would try and offer them reassurance about their notes and where they are going to be held and make sure they have access to those. I would explain about and again be very clear how many sessions are allowed under NHS and what would be realistic to achieve in that time. It is a matter of setting boundaries together really so that a trusting relationship also starts between us.

KMN: How do you make a trusting environment?

TRU: It depends on where I am based. It is a very private room, it is secure and nobody can hear from the outside. Have a nice setting. Have nice comfortable chairs, like people to feel comfortable when they come along, make sure I am pleasant. I try to put people at ease and things like that. For reassurance see there are no phones ringing. Their session time is a set time. They know their start time. They know the finish time. I try not to delay anybody. I try not to keep anybody waiting beyond the appointment time.

KMN: So how do you do with clients to make a trust environment? In the counselling session what do you do?

TRU: Well I think what you have got to be and the most important is be non-judgemental and passive as much as you can and to be very open and honest about things you may not understand. I think one of the worst things counsellors sometimes do is pretend they know about something when they don't. It is a cultural issue. I find it better to say, I apologise in advance, I do not want to offend you. If I say anything about your culture, please do stop me and I will try and rephrase it or you know so it is being about being honest about who you are without giving any personal details about yourself, being non-judgemental, not stereotype, to recognise transference and counter-transference that might be going on in the room and also of course to make sure of good supervision on a regular basis.

KMN: Okay. So do you work with their feelings? When couples come to the counselling room, they bring some issue which involve maybe their feeling level as well. So do you work with their feelings as well?

TRU: Yes, absolutely. But it is about something they own in the feelings, so we are dealing with communication. I would do quite a lot with some of these to own their own feelings so that they are not saying to the partner, 'you made me feel. I always try and get them to refer in fact to I feel angry, when you talk to me that way. So I would get them to own their own feelings. But to acknowledge them is I think incredibly important to know not to take sides, but to try and help one partner put their voice across and then to give the other partner enough time to be able to do that. Sometimes you have to be quite strong as a counsellor if somebody is quite aggressive in a session, sometimes you have to referee where you have to help that person if they could just be quiet for a few moments while the other person gets their opportunity to speak. So the time allowance is balanced as well.

KMN: Em em. So in this case, how do you do? One partner is very emotional flooding and then the other partner is over-intellectualising. How do you handle that?

TRU: Okay. I would try and slow it right down. And I would ask the ones getting themselves upset, why they are feeling that upset, what brought those tears on, could they say more about that? I would ask the partner can they hear what their partner is saying, what did they get, how do they feel as a response to that, so that we get into the feelings but in a safe environment. So hopefully nobody is ever going to stand up and a kind of get all aggressive. They haven't thank goodness, but you know some people do start to get angry. They just cry for the sake of their, it is a sympathy thing. Let us look at that in a little bit more detail because

some things can get you quite upset. So maybe we would stay with that a few minutes and talk about it. Allow somebody the opportunity to say why they are feeling that way. So it is just about managing, I think just slowing it down and you know keeping, I do think perhaps that you do have to be assertive and that also along with that it is I guess mirroring and role modelling as well in terms of how you communicate with somebody. It would be no good if the therapist got aggressive in the session because that is not role modelling. So maybe we would even practice in the session. I would look at perhaps a particular scenario and say how do you normally speak in this situation, and let us try something different, how does that feel to you if we talk like that. So we may actually role play it practically in the session as well.

KMN: And then what about over-intellectualisation? How do you handle that?

TRU: I guess again I would ask, I will try and think of any example I have got there. You get a partner, let us say a man who is very intellectual and who has always had a fine job. He might put his wife down and a sort of demote what she does or her contribution to the relationship. Sometimes I will do some paradox work where I will change them round and so that they would hopefully respect each other that little bit more with more courage or acknowledge the contribution that the person makes and how that helps them to be better than the way they are. It is about asking them as individuals to be empathic to one another as well. Sometimes depending on the client, you can say it just seems in some situations you seem quite critical or you are analysing that quite a lot. Is that what you normally do with things? Could we look at, perhaps how would it feel if we looked at that a different way? What would that, I would work like that on a practical level really. So I would use some sort of paradox in that and even changing seats in the room maybe. And then I would possibly role play that. Or I would just say you over-intellectualise that. Could you say more about that and look at maybe the psychodynamic elements of that? Is that what you used to do? Is that what happened in his family? Is that what has become their learned behaviour to them? Is that what they do? I would just unpick it really and explore it a little bit more. I would be very gentle with that.

KMN: Okay. Very gently. Okay. In this case, how do you deal with the couples blaming or edging each other in the counselling sessions? They are blaming each other, accusing each other, and they have lots of negative feelings towards each other. How do you handle that?

TRU: Yes. That is where I would look at how they communicate with each other and how that ends up in becoming blame because that is when we don't own our own feelings. We say to somebody, 'You made me feel...' Rather than that, 'I feel angry when you talk to me that way'. I would give them an example. I would say, 'It seems to me that one says this and then the other says that, with the interpretation, how does that make you feel. And if I were to say this to you, how would you then feel, would you feel differently? So I would get them to almost, I would demonstrate what it looked like and does and how that the conflict would continue and naturally rise. From that sort of pattern I can get assumptions because people are not clear, they are not allowed to speak and they are not listened to correctly. So again we would maybe role play that. But I would certainly look in that situation at the parent adult child role and how we communicate with one another and how we might communicate more assertively with one another and be clearer about things, and looking at some specific examples and a diary of the following week of how they might use that particular situation and do it differently. You are looking at how you might change the dynamics of that. And again once you can do that, the couples become a little bit more aware, 'Yea, I tend to blame you and you do this. Yea, then I blame you'. So people tend to then negotiate a little bit. It isn't easy to do that because it is a suggestion made by a sexual therapist and may be it doesn't go quite as well as planned, then that is got wrong, rather than I told you that wouldn't work and then the conflict starts again. I think when couples are coming back on a regular basis, it gives them an opportunity to explore that hopefully in a safe environment and then go away and practice it a little bit more what didn't go so well and then explore that further. It didn't go so good, so let us look at why it didn't go so good, how might we have done that differently. I think sometimes you do have to point out that people are blaming each other and how that escalates and how we might defuse that sooner, and be honest enough with couples and try and get them to use their time out with in a way that doesn't mean anything to anybody. It could be a suit you don't like or a work that makes you sight a lot just to defuse the situation. If somebody is starting to blame somebody and they are not getting a word in, and they are not quite sure how to handle it, they might just say, and it might be enough to just say, 'Oh yes, I am shouting again, I am a kind of going on'. Sometimes it can just ease the moment for a second. Sometimes it might be all the strategies to a sort of let us use that one at the next session. It might be that you suggest to put on the kettle and sit down and have a cup of tea and a biscuit together and calm the whole situation down. You don't necessarily have to have great big things. It can be simple strategies to just take out the conflict for that split second and for them to take responsibility for their own behaviour. We all respond to how we are treated, don't we? And I think that is quite important sometimes to point out to couples how you are treating people. You are very likely to get when somebody is not being very nice to you. So the nicer and more supportive you want to be to somebody, the nicer somebody wants to be back to you. So it is just pointing out things like that, just slight differences really.

KMN: Okay. And then usually in couple therapy, if you work with one partner, because you can't work with two partners at the same time, you are working with one partner in front of the other. So in this case, how do you work with one partner in front of the other?

TRU: It would depend maybe on what the difficulty was, but I would also try and include the other person at least with eye contact and body posture. And I think it is about being inclusive and looking at what role that other person might be in. It might be just holding hands or being encouraging and it would depend on what it was. But then I would always try to at least bring it back so that there was some balance. It might be another session that there would be more concentration on the other half of the partnership. And it would depend really on what the difficulty was.

KMN: How does that impact on the other partner when you are doing like that?

TRU: What is the impact on them?

KMN: Yes. On the other partner. So when you are working with one partner and then the other partner might be watching you and the other partner - How would the other partner react?

TRU: If they are being supportive of the partner they might hold their hand, they might put an arm round somebody, they may say, 'yes, I agree, or that sounds good, or I could help with that'. You may get a situation where somebody tries to manipulate or damage in some way because they may not like what they are hearing. They may say no if the partner is saying something not very nice about the partner. They may say no they don't do that or ask why are you saying that. So then I would just ask them if they wouldn't mind just waiting a few minutes and then we will come to that, hold that thought and we will come back to it. So they do get a chance to a sort of speak it realistically and acknowledge how each other are feeling as well. It is not ignoring somebody in the room like that as much as possible, recognising and keeping your eye I guess on how might they be feeling, are they feeling apart, are they feeling excluded.

KMN: Can you empathise with each partner equally in the counselling session?

TRU: I would like to think you can. One would hope that you would do that, because that would be really good practice. However, we all carry our own values and our beliefs and our attitudes. And that is why it is important to have good supervision. So it is about making sure that as a therapist who stays as objectively as you possibly can, each having their feeling and to try and help them getting their point across whether you agree with it or not, because you may not do.

KMN: So that means sometimes you don't empathise with each partner equally.

TRU: Yes. It would be very difficult. You would always hope that you would, but there must be times, and I have clients say, you were more on his side than mine, or do you know what you mean. Then I would explore that in a bit more detail and ask what made them say that and think that, how did they feel about that. There is no point in denying it if that ever happened. Because sometimes people may feel that even if you cannot find that you have done it. It may be the interpretation of the client. One would hope as a therapist that you can try and empathise with both clients that you are seeing. But there may be occasions when you find it difficult to do so and that is when it is important to make sure that you are getting supervision and to pick up on your own feelings and a sort of check out if there is some sort of transference going on.

KMN: Have you noticed bodily sensations or physical sensations when couples talk about their issues or problems? And is so, how did the clients describe them? **[QUESTION 9]**

TRU: Yes. I work in a sexual dysfunctional clinic, so we may get people complaining of being abused. It might be a good example to use and I think it is very difficult and they have an instant feeling that is tragic. It is a sort of how you control your feelings in order to be helpful to your client. It is about acknowledging rather than denying that they are there, and you wouldn't be helpful to your client if you suddenly burst into tears and said, 'Oh my goodness, that is really tragic...So it is about staying objective and thinking what might be the best way to try and help, just sitting and listening and letting them be able to say that without looking shocked by something they tell you, being aware of your own reactions really and not being in denial of them.

KMN: So how did you deal with their physical sensations? **[QUESTION 10]**

TRU: I guess I would check out the breathing. I would check out my own body. I would be aware. I would take a few seconds to be aware of my own body language, how I am sitting, how I am breathing, how I might be looking at somebody. I would check on keeping eye contact. I would try and settle you know ground myself really to be more objective because I would try very quickly to recognise I am not going to be very



helpful if I don't get control of my feelings. And sometimes it is important to acknowledge them, that I will say to a client, that is obviously a very difficult situation for you, that is not minimising somebody's feelings or something like that. I think that if ever I had felt a strong emotion, I guess it wouldn't be appropriate to say to a client, 'Oh gosh, I feel like I am going to cry now you have told me'. Obviously, you learn skills to control your feelings. So it would be about grounding myself to feel a bit more comfortably just to take a minute to catch my breath acknowledging where I am in it. As soon as you can acknowledge how you are feeling, then it is easier to control the feelings. It is when you try and fight against them all that your body sensations will become even more so.

KMN: This question is very short, but quite a big question probably. How do you usually work with couples? You said a little bit already. **[QUESTION 11]**

TRU: I am not sure what more I can say really. I do try to be non-judgemental at all times. I try to be empathic and I try to be understanding. I try to acknowledge what is going on. I would be checking out what I am hearing you say is, is that correct, summarising on a regular basis, ask them to clarify, some clarification perhaps and summarise where we are at, is that a picture of what you have told me. Hopefully they can understand I have listened, I have been attentive, I have got a good understanding of what is going on for them and that we draw up a plan of action together and that we are contracting together and the parties involved in what we are hoping to achieve together, so that trust is established and they feel comfortable, comfortable in the session, that if anything is too difficult I would always recap at the following session what we talked about, how they felt afterwards, was there anything further they wanted to bring up from last time. I mean it is standard. It is what you are taught I guess you do it once you are in practice. It is the automatic style, what you do, isn't it? I am not quite sure what more I can say really. I mean every couple and every individual in that relationship are individuals. So, whether or not they are the same as the last referrals you have had, every story will be different. You know the stereotype and you acknowledge the differences in it. What works for one might not work for another and this is why you often need to be integrative really. Am I making sense?

KMN: Oh, you make sense all right.

TRU: I have been doing therapy for 5 hours today so my head is a little bit heavy, but I have a day off tomorrow.

KMN: Thank you very much anyway. I think I have done all.

TRU: Okay.

KMN: Then okay.

TRU: You can always come back to me if you need to.

KMN: Okay. Thank you very much.

TRU: You are welcome. I don't know if I have confused you more, but I hope I have helped. Please do come back to me if you want to clarify anything. Or I don't know how helpful it would be or anything like that, but I always send out patients questionnaires afterwards, anonymous as well, to that we can gather some feedback. And I don't know whether any of that would be helpful to you, whether you would want any copies or examples of the kind of feedback that we get. And a lot of people do say that even though they might have been nervous to come in, particularly it might have been a sexual difficulty, and the feedback we get is that we do make people feel they have come along, we make them feel comfortable and they then generally have a good understanding of what difficulties there are, they are made feel at ease, they have been given very practical help to cope with the difficulties. You get feedback that says me and my partner are much better at communicating with each other now, we are tolerant and understanding of one another, we have used a lot of the strategies that you gave us. I learned a lot educationally that I never knew about and some things are very practical in a sex clinic. So please do come back to me and good luck with your Ph.D. It is a lot of work.

KMN: Thank you very much.

TRU: Okay. You are very welcome.

KMN: You have made a very valuable contribution today to my study and research. I really appreciate your time and participation.

TRU: You are very welcome. Will you let me know when it is published?

KMN: Maybe next year probably.

TRU: Yes. Okay. Would you give me a copy?

KMN: Oh yes. Yes.

TRU: That would be lovely, yes.

KMN: Surely, surely.

TRU: You are doing a really good research. It is a good evidence base that couple therapy is good. Your kind of research will hopefully evidence that it is. It is needed. I look forward to reading it and good luck with it.

KMN: Thank you very much. God bless you. Goodbye.

## **Appendix 13: Interview Transcript with WCI14 (20 January 2009)**

Mta: How are you?

Kmn: I am fine. How are you?

Mta: I am okay, thank you.

Kmn: I am very happy to talk to you on the telephone today. Thank you very much indeed for doing this interview with me.

Mta: That is okay.

Kmn: It is a big help and I really appreciate it. Okay.

Mta: Okay. Thanks.

Kmn: Okay. To make it easier for both of us and to use our time well, I have prepared some questions. (Mta: Okay.) Some of the questions require only short answers, while some others require longer answers, according to your own experience and situation. (Mta: Okay.) Would you like to make any comment or to ask for any clarification before we begin?

Mta: Yes.

Kmn: Okay.

Mta: Could you explain to me a little more clearly what is the objective of the interview?

Kmn: I am doing a Ph.D at the University of East Anglia. And then my research is on inquiring or exploring how the use of the Focusing-oriented approach makes couple therapy different. Now I am researching on how couple therapists work with couples. Or simply how do you work with couples?

Mta: Yes.

Kmn: Yes. Is that clear?

Mta: Yes. That is fine, yes. So the questions would be based on a sort of the practice that I have in working with them, (Kmn: Yes. Yes.) when working with couples.

Kmn: Yes. Yes. Yes.

Mta: Yes, that is fine.

Kmn: Most of the questions are about how you work with your clients in couple therapy. Okay?

Mta: Yes.

Kmn: Okay. So are you ready to begin now?

Mta: Yes. Yes.

Kmn: Okay. How many years have you been a counsellor or psychotherapist?

Mta: How many years in total?

Kmn: Yes.

Mta: Okay. 14 years.

Kmn: Okay. So where did you train?

Mta: Well I originally, my Ph.D if you want is in Clinical Psychology. (Kmn: Okay.) Yes. But when I came over to this country I realised that it was going to take at least two years to revalidate my degree here as a Clinical Psychologist and all that. And because I was already married I decided that maybe I could look for something that is not as time consuming as it would be carrying on a practice in Clinical Psychology. (Kmn: Em em.) So I researched for a while and then found Relate, (Kmn: Em em.) as an alternative for couple counselling. So I applied to work with them and they had two interviews. (Kmn: Em em.) They agreed that I could work with them if I went through a training, and so I said yes I would. So then when I started, but after like 4 or 5 years of working as a counsellor I decided that I could take it to a therapy state or level. So I went back to University and I studied there to become a therapist. And I became a sexual therapist. And then I became a family therapist. So that is what I am doing.

Kmn: Okay. So anyway you have been a counsellor for 14 years.

Mta: Yes.

Kmn: Okay. How long have you worked with clients in couple therapy?

Mta: All those 14 years.

Kmn: With couple work?

Mta: Yes.

Kmn: Ah, so that is the same 14 years. 14 years.

Mta: It is because in the organisation that I work, I work 20 hours if you want. Of those 20 hours, there would be a percentage of couple work, a percentage of sexual therapy, and a percentage of family therapy.

Kmn: Em em. Okay. Okay. The next question is. What is your main counselling orientation?

Mta: I do, I am an eclectic. Relate as an organisation works mostly with psychodynamic.

Kmn: Psychodynamic?

Mta: Yes, but because of my other pieces of training that I have done, I tend to, according to the client's needs, what they want to achieve through counselling, I tend to use systemic and cognitive and behavioural therapy, too.

Kmn: Systemic and then cognitive,

MTA: And behavioural.

Kmn: And behavioural. So you use all of the approaches in your work.

Kmn: Yes. Aha.

Mta: Yes.

Kmn: How many sessions working with couples do you have most of the time?

Mta: Well at the moment I am doing in a week if you want, I would see 5 couples or 6 couples and they would be between family and sexual therapy.

Kmn: Em em. So usually how many sessions do you work?

Mta: With couples? With each couple?

Kmn: Yes, with couples.

Mta: It ranges...

Kmn: 5 sessions or 12 sessions?

Mta: It ranges from 4 to 6 sessions. Or there have been occasions in which I have worked for 20 or 30 sessions.

Kmn: So usually 4 to 6 sessions.

Mta: Yes, I normally would do between 6 and 10 sessions.

Kmn: Em em. Okay. The next question is. How do you meet couples in couple therapy most of the time? Do you meet both of them? Or do you meet one of them? **[QUESTION 1]**

Mta: What happens in the organisation that I work for is that they call Relate and they make an appointment. (Kmn: Em em.) And then they are allocated a counsellor or a therapist to work with them. So then it is when they start to either see one of my colleagues or myself. (Kmn: Em em.) So I would have the first interview, the assessment interview. Then I make the decision if Relate or the Services they would provide, are they proper for what the couple want to achieve. (Kmn: Em em.) So then according to where they are, I offer them another appointment and start to work with them. Or I refer them to another therapist.

Kmn: Em em. So that means you see couples separately or together?

Mta: It depends. Sometimes they come, I tend to see generally I would work with both of them

Kmn: Ah, both of them?

Mta: Yes.

Kmn: Generally.

Mta: Generally, it would be both of them. But there has been or there are special situations, in which one of the couple partners, when they come to the first interview, the assessment, and then it would be their first and second interview on their own and then normally the other partner will come. But I would tend not to see one individual on their own for a long period of time because of the therapeutic alliance if you want. We think it might get distorted. So we try to start from the beginning with the two people present.

Kmn: Em em. Okay. So when you meet just one partner, why is that? **[QUESTION 2]**

Mta: Normally because they just want to begin with, they just want to find out how Relate works. (Kmn: Em em.) And what are the rules if you want and what is the contract that we offer to them. So that seems to be it. Other times, it is because the other partner is not very sure if he or she wants to come. So the client tends to have one or two sessions and then report to the other partner what is happening during counselling as much as they can without violating confidentiality. And then the other partner comes along.

Kmn: Em em. Yes, okay. The next question is. What issues do the couples bring to the counselling most of the time? **[QUESTION 3]**

Mta: I could say that most of the time is that one of them has been unfaithful or is thinking about it. The next category would be that they are arguing a lot in their relationship. (Kmn: Okay.) And the other category would be that there are either sexual problems or they have problems with their children or family, if there is family.

Kmn: So you said the first category is what?

Mta: Unfaithfulness.

Kmn: Unfaithfulness?

Mta: Yes.

Kmn: Em. And then the second is relationship. The third one is sexual problem (Mta: Yes.) between them. The last one is children. (Mta: Yes.) Aha. Okay. Would you like to say more?

Mta: Well sometimes they come because they have ceased to communicate between them, normally because one of them has outgrown the other partner in general terms. So they have to strike a new balance between them.

Kmn: You mean they have simply a communication problem?

Mta: That sound very generic, but it is more that over time, they have if you want, grown up in different ways from each other, (Kmn: Em em.) either because of their work maybe or because of their life experiences. And people tend to after a while take for granted their life because they are together is just going to be the same as it has always been. So it is almost like they have lost touch with each other.

Kmn: Em em. Okay. Okay. Good. The next question is. How many approaches do you use in your work with couples? You said already, psychodynamic, systemic, cognitive and behavioural. So you use four counselling approaches. **[QUESTION 4]**

Mta: Yes.

Kmn: So that means you are an integrative counsellor?

Mta: I am a pardon?

Kmn: You are integrative.

Mta: Yes. I am an integrative, yes.

Kmn: Yes, integrative.

Mta: Yes, integrative counsellor, yes.

Kmn: Em em. So you don't use only one particular approach, yes?

Mta: The approach that I was using would be depending on what, how the couple if you want, or the people, how they are presenting their problems. They have a history most of them. I explore what their history is. Then I can a sort of realise which theory would make more sense for the problem and also see how the level of understanding would be. Because at some point during counselling they are, normally they require an understanding of how these things process. Then I would try to use a theory background so that it would make more sense to them.

Kmn: Em em. Okay. So you mixed other orientations in your work. (Mta: Yes.) Okay. The next question is a little bit of a longer question. What were the circumstances that led to you applying the other approaches overtly with a couple in your work, in your counselling work? **[QUESTION 5]**

Mta: What led me to use any type of therapy that I use?

Kmn: Em em.

Mta: As I said before it depends on the problem that they bring and the background that the people have. Some of them express in their history that they have had for example problems in childhood with their mother or father. So then I could see if working with an attachment model would be better than working with the Jungian model or another type of Melanie Clay's model, if it is based on their childhood. And if it is not based on the childhood, if it is based more about middle age or early adulthood, then I would look more to working with TA, Transactional Analysis. (Kmn: Yes, TA.) And also with cognitive and behavioural therapy.

Kmn: Okay. So it depends on what issue (Mta: Yes.) the clients bring to counselling.

Mta: Yes.

Kmn: So you use sometimes psychodynamic or sometimes you use TA, sometimes CBT, etc.

Mta: Yes.

Kmn: Okay. The next question is. How do you mix and combine the other approaches? How? Of course you already said a little bit. It depends on the issues. And you say that usually at the beginning they talk about their own history. And you use probably psychodynamic, attachment theory or object relation theory and things like that. So how do you mix and combine the other approaches? Can you say more about that? **[QUESTION 6]**

Mta: Well people have different ways of learning. And some of them a sort of like more the theory way of learning. Then when I explain normally what it would be, say attachment theory, not that they wouldn't understand the literature, but to make it, to use the same language if you want, that are in the books, but I would use exercises, more tasks given to them. With those clients, I would use more the cognitive behavioural, because that is what they want. So that is normally how I guide it or how I am guided, it is assessing what are the couple's own way of doing things a language that would make sense to them. Other people tend to learn or they are keen to have more.

Kmn: That means you first assess what kind of problems the clients have.

Mta: Yes.

Kmn: And you choose orientations.

Mta: Yes. But sometimes I may have chosen one orientation and then after two or three weeks I realise really they are not taking advantage of that, it is not very useful what I am doing. So then I would ask the clients, I would have a conversation with them, if what I am doing, are they finding it that it is useful for them or not. So it depends on their answer. I may continue then what I am doing or I might change and refocus. And that gives me more directly what is it that they want to achieve and how they would like to achieve it.

Kmn: Em em. Okay. The next question is. What do you think the elements of couple therapy are?

Mta: Normally they have a strong commitment to the relationship, not to each other maybe, but to that relationship.

Kmn: Em em.

Mta: When the situation that they present hasn't sort of gotten to be very faithful towards each other, I think that is probably much easier because they can then move a little bit quicker from whatever problem they are having. When it gets really into being very bitter, very negative towards each other, then it is very very difficult. But some people do come to that stage. And some people just want to come and somebody tells them really and they understand through the process that there is not much holding them together. So I wouldn't say that the most success is when they get together. It can also be when they decide not to stay together.

Kmn: Okay. And then this question is maybe similar to the previous question, but a little bit different probably. What should a couple therapist do to achieve successful couple therapy? **[QUESTION 7]**

Mta: It depends what you mean by achievement.

Kmn: Well to improve their relationship. Well to achieve their goal. They probably might have some goals, yes.

Mta: I think it is being flexible, being flexible in the mind, being flexible in which tools to use in terms of theoretical approaches according to the couple. And it is also very important to maintain an open relationship with them, acknowledging that the counsellor or the psychotherapist have enough power because of the implication that they have come to see an expert and that is what they pay for. But with that in mind, I think you should be able to be open enough to question if the work that you are doing is being useful for the people that you work with. So taking that on board and also maintaining a relationship with them all alone. It is not just you are giving to them something, they also have to engage in the process of work, in the process of change.

Kmn: So that means you think it is very important to make a good relationship with them.

Mta: Yes. It is very important to maintain a very good therapeutic relationship with both of them.

Kmn: Okay. So how do you make a good relationship with them, if that is very important for you?

Mta: Well by being curious.

Kmn: What do you mean being curious?

Mta: Whenever they tell me their story, not getting into I have heard this before and I make my own assumptions in the way that I should go forward. It is more a sort of by way of asking questions, making them

reflect on what they are saying, and with that and also in maintaining an open mind. I am engaging with them in a way that I explore with them, I help them to explore as well as understand and at the same time I am understanding more.

Kmn: So that means you mean to make a good relationship with them it is important for you to make a good environment - asking questions or reflecting back what they said and maintaining an open mind. (Mta: Yes.) And then exploring more about their issues. (Mta: Yes) So that means a kind of listening and then reflecting back and then asking questions.

Mta: There are different ways of asking questions according to the methodology that you are using. But by working with the questioning from the systemic practice, that tends to be useful I found in my practice.

Kmn: Systemic questions?

Mta: Yes. There is a way of asking questions, the same as other theories probably, that is open-ended questions and time questions and reflexive questions, all that type.

Kmn: Miracle questions and things like that you mean?

Mta: Yes. But also in doing the questions, there are when they answer, you a sort of many almost rephrase what you have said and allow them to think because they are listening while they are saying. And then that way, it creates a bond if you want between the three people that are involved in the process. It is also giving them time, time to think and reflect.

Kmn: So you mean, you said they are listening to each other in the counselling session, which is important.

Mta: Yes. It is very important because there are certain things that they might have not been able to talk to each other outside maybe, because they weren't sure about each other, they weren't very clear about it. So in counselling my job is to provide them with enough safety and security in the process for them to be able to say things.

Kmn: Why is that so important? They are listening to each other?

Mta: Because by listening to each other they can understand what the other person is coming from or what has been the experience of the other individual and sometimes that is different from what the assumptions that they might have had about that type of behaviour of the other individual. So again it is opening and understanding and then becoming curious instead of being judgemental about it.

Kmn: Em em. That is interesting. Because I have quite a lot of interviews so far, and then they all say it is very important that couples listen to each other in the counselling session So that is very interesting and you said it as well. Okay. Shall we move to the next question?

Mta: Yes, yes.

Kmn: Would you like to say more?

Mta: No, no. That is fine.

Kmn: Is it okay?

Mta: Yes.

Kmn: Okay. What are the main factors of the change process in couple therapy? **[QUESTION 8]**

Mta: Really it is how as I said before it is when they have experience of the damage that they have done to the relationship is not to a personal level. What I mean is that it is not included in the mental health situations. And if they have experienced a good relationship in their previous experiences of life, that will give them enough security to deal with the problem that they have with their partner. (Kmn: Em em.) If that hasn't happened, if they for whatever reason in their childhood they haven't had a person that would maintain a good relationship with them, that would impair, or somebody to look after them, somebody whoever it was in charge of them, then the pain gets much more personal. (Kmn: Em em.) Because we are not working just with the adult part, then we are working with a child part. (Kmn: Em em.) So for people to be able to work with it, sometimes it is necessary that they understand that and that they want to engage with that type of work. Then when they get to where they are at the present is much easier because they have much more understanding of it.



Kmn: Em em. Okay.

Mta: I am sorry I am not being very succinct about this.

Kmn: No, no, no. Not at all. Maybe you mean that this question is similar to the previous question yes, not quite a different one, yes?

Mta: Yes.

Kmn: So I think that is okay for me really. Yes, very good for me anyway. And then well this question is maybe a little bit difficult probably. (Mta: Okay.) Anyway, we will try. Have you found bodily sensations when couples talk about their issues or problems? **[QUESTION 9]**

Mta: If I have?

Kmn: Yes.

Mta: Yes.

Kmn: Have you found that? Oh really?

Mta: Of course.

Kmn: Physical sensation?

Mta: It depends what you mean. We might be talking about different things. When people, if you want the couple, they are talking to me or to each other, and they are a sort of, they are talking about something that it could be a bit of a painful experience for them. (Kmn: Em em.) But that would also, you see when they would pick up that, I would pick up the pain or I am aware of what they are feeling. And so I have to be aware that whatever is happening in the room in terms of emotions is going to affect them. So it is trying to deal with that at one level in my head, and at another level seeing how effective I still have to be with it. So in a way I have to monitor. Because also when there is anger in the room, that also will affect me as a practitioner. So what I am trying to say is that having all the emotions in the room is going to affect me one way or another, but it is being able to be aware of that really.

Kmn: So there is a kind of felt sense is there.

Mta: Pardon?

Kmn: Maybe this is a new term probably felt sense. You felt something.

Mta: Yes. Well it is like I work in two different levels. So I engage in two different levels with people. One is the one that is speaking and functioning. And there is another one that is observer.

Kmn: Em em. Okay. And also have you found like this when clients talk about their problems they say, Uh, I have a problem with my husband. He is very violent at home. So I am very scared of him. At the moment I am talking about this behaviour to you. Now I have some tension in my body, especially I have something in my chest. I feel heaviness in my chest or very heavy when I am talking about my husband like that you know. So that is a kind of a physical sensation.

Mta: Yes.

Kmn: Or bodily sensation, things like that. Have you found like that? Yes?

Mta: Yes.

Kmn: With your clients?

Mta: Yes, with my clients a lot. They tend to when there is anger or when....

Kmn: Yes, anger.

Mta: When there is anger, they mostly feel stomach problems.

Kmn: Aha, something in their stomach.

Mta: Yes. It is like they have a knot in their stomach or they have told me that they have stomach problems if they want like loneliness. But it is because of course the tension that the body is experiencing.

Kmn: Em em em. That is interesting. And then how do you handle or deal with their physical sensation? Do you talk about that or do you ignore that or do you just listen to that? **[QUESTION 10]**

Mta: I talk about it. I explore with them what is the experience, how it is experienced, when it is produced, how they deal with it. And then I try to make sense with them what would be a better way of may be coping with it.

Kmn: Em em em. Ah, okay. So you explore the particular physical sensation in them.

Mta: Yes, because whatever physical sensation that they have is, maybe is a reaction to how they are living or to what other relationships that they are experiencing. If you think about it, there are a lot of psychosomatic reasons of these people that are very introverted according to the fear they get a lot of problems with tension and all that, so that is a physiological fact.

Kmn: Em em em. Okay. So anyway you try to get to know what it is.

Mta: Yes.

Kmn: Okay. This question is also a little bit not clear probably. But anyway when you meet clients, they say about their story, their problems or whatever anyway. Some and most of them probably talk about their problems or difficulties, maybe fluently, but anyway, they keep talking about their issues rather than looking at their inner world or inner experiencing usually. So they are just talking about the story, what happened to them, what is wrong with them. And they sometimes blame each other and things like that. And then as counselling sessions pass, the clients are getting to look at their inside, isn't it?

Mta: Yes.

Kmn: So they have some feelings.

Mta: Yes.

Kmn: They notice that yes?

Mta: Em em.

Kmn: Their own feelings or their own inner experiencing. So how do you know that, when they are getting into their inner experiencing?

Mta: If normally people they go through the process to begin with they just give you the facts, they accuse each other, there is a betrayal of how the arguments go about what did he do, what did she do. Normally that tends to be a cover that is of the problem. (Kmn: Em em.) So when they have almost managed somehow to deal with that and they hopefully would feel more trusty or trusting more. (Kmn: Em em.) Not only the person that they are working with, the counsellor, but also the environment, and the work that they are doing and their partner. Then they would start to reflect what is their participation into it, what might be doing that, that is not the result of just the pain of feel of the terrible lump and all that sort of thing they meet when they looked at it. (Kmn: Em em.) So I would be guided by that. Some people don't want to engage in that. They don't want to take responsibility for it. They don't want to have their own part into the problematic. (Kmn: Em em.) And that is fine if what they want is just sort of lay in different ways of diminution, of occasions of diminishing their interactions, and then they are happy with that, that is fine. If they want to progress further, then I go into it.

Kmn: Em em. Okay. In relation to this question, which one do you think is more important, what the clients are talking about, or, how the clients are talking about it? So which one is more important for you? So what they are talking about is that they are talking about their story, their problems.

Mta: Yes.

Kmn: Then how they are talking about it, when they are talking about it, these things?

Mta: At first that is very important. Because the content of the story is important. But it is also quite important, their feelings about it. (Kmn: Em em.) And sometimes that, it goes one with the other, if you want.

When they talk about their story and they, maybe I would pause them and ask them about it , what feelings they think they are experiencing about at that moment, talking about it. Or maybe I would make a comment about how they look in their body language. (Kmn: Em em.) And see what their response is. I would also ask about how the other partner is responding too in that and then make a conversation about it. So both of those are very important.

Kmn: Em em em. Okay. Okay. The next question is quite a big question probably. How do you usually work with couples? **[QUESTION 11]**

Mta: That is a broad question.

Kmn: Yes. Can you just briefly speak about that?

Mta: Emm. How do I work with couples?

Kmn: Usually? Yes, you have told me a little bit about that.

Mta: Yes. I think the basic thing is that I would use, it would be a willingness to explore with them whatever the problem that they are experiencing is about, how they feel about it, and what does it come from? Whilst we go through that exploration of understanding of first of all it is a sort of understanding what is happening to them at that time. Then they would go to the second level which is understanding where does this come from, what could be done.

Kmn: The second one is?

Mta: The first one would be just exploring how things are done at that time with them and their life, how they interact with each other, how does that affect each one of them and how does that effect their family life or the people in their life. (Kmn: Em em.) Once we do that, we would get into the second level, which is the self sense if you want. Where do they think these ways of behaviour or thinking come from? We would do exploration about that. (Kmn: Em em.) And then the third level it would be what changes that understanding, what changes, what do they think they can do (Kmn: Em em.) to make things different for both of them. And sometimes the change is not just about their interaction with each other. There might be changes in their environment. There might be changes about the culture they are in. We might be working with Gendlin's stereotype about issues. So there has to be a level of understanding of not only their present problem but the history and where they come from and how they feel themselves. And only then you would go into the third level which is. But you have to understand there are these three things that normally don't go a sort of first level, second level, third level directly with each other.

Kmn: Of course.

Mta: Does that answer the question?

Kmn: Em em. So anyway there are four levels.

Mta: Yes.

Kmn: For you, what happened at the moment, and then where this problem comes from, and then what change do they want, how do they want to change?

Mta: Yes.

Kmn: From this issue. And the last one is?

Mta: Is how they might have wanted to change not only the issue about their relationship, maybe what they are experiencing in the extended family or in the society where they are.

Kmn: Aha, so the problem is not only from them. (Mta: Yes.) A kind of from their original family and the society. (Mta: Yes.) So anyway, they are not exactly like one step and the next step and the next step. They do not work like that. They are a kind of interactive.

Mta: Yes. As you get them involved, they are explaining to me what has happened to them now. When they have finished their explanation, I would say, where do you think that comes from? How do you experience or have you had those thoughts before? (Kmn: Em em.) So then we go into the second level and then we might go again to the first one and then we might move to another one.

Kmn: Em em em em. Good. I think I have done all the questions. (Mta: Okay.) Anyway, thank you very much. I really enjoyed doing this interview with you. And then I have another question. This is not for my research questions. Just I am wondering as I listen to you, you said attachment theory. (Mta: Yes.) So how do you use attachment theory with couples?

Mta: Well if I have to think about the relationship in couples, there are two people. And their relationship, their primary relationship as in most life is with the caregiver. That normally would be the mother. And in some cases it is not the mother. So you are actually asking questions about what was their experience of the relationship that they had whether the mother or the caregiver used to do it. And so if that primary experience that would normally give security to the person and in case of that, that person would be able to a sort of engage in different ways with the partner. So it is asking questions and sometimes I do ask them what their sort of siblings might, how their siblings might have seen the situation. (Kmn: Em em.) So we work with that really.

Kmn: Em em. That is very interesting. So you use attachment theory like that. (Mta: Yes.) So you are looking for what kind of relationship they have made at the beginning.

Mta: Yes. What was their experience of the first relationship that they had and not only with the partner, but it would be with how they dealt with this other person that was looking after them.

Kmn: And then when you find what kind of relationship they make at first and then what do you do after that?

Mta: Well after that I a sort of, then I make a decision if you want on which theory I am going to go for, depending on how well attached or if the experience of mother or fatherhood was good enough. Then I know in my mind that these people are in love in their instinct to move to look for change.

Kmn: Ah, so that is a kind of assessment level.

Mta: It is sometimes an assessment level. It is also when I ask questions about their parents or their family life. Also I do it, I do not know have you heard of the Genogram?

Kmn: Ah, genogram. Yes, of sourse, yes.

Mta: Yes. I use that in the sense of asking questions. How they dealt with each other when they were sad. How they dealt with each other when they were angry. Why was this family breakup? Then actually they can think about it. And they ask each other what is different of how you are reacting now to your partner? And then they make connections with it.

Kmn: Em em. Aha. Okay. That is good. Okay. Thank you very much anyway.

## **Appendix 14: Interview Transcript with WCI13 (25 January 2009)**

LSE: You are very quiet actually.

KMN: Pardon me.

LSE: Yes. That is alright. You are a little bit better now. That is fine.

KMN: That is okay. Can you hear me?

LSE: That is fine.

KMN: Okay. Anyway, I am very happy to talk to you on the telephone today.

LSE: Yes.

KMN: Thank you very much indeed for doing this interview with me today.

LSE: And will that be used anonymously?

KMN: Oh yes, sure.

LSE: That is fine. Okay.

KMN: Yes. Yes. Definitely.

LSE: Actually it is still a bit hard to hear you.

KMN: Not too good.

LSE: That is better yes. Thank you.

KMN: To make it easier for both of us and to use our time well, I have prepared some questions. Okay?

LSE: Yes, that is fine.

KMN: Some of the questions require only short answers (LSE: Okay.) while some others require longer answers according to your own experience and situation. Okay. (LSE: Yes.) Okay. Would you like to make any comment or to ask for any clarification before we begin?

LSE: Is it, are you using it for? What are you using the material for, to write a thesis or an essay?

KMN: This is my Ph.D research.

LSE: That is fine. Okay. All right.

KMN: Okay.

LSE: I want you to stop half way through to I am cooking something at home to just catch something in the oven.

KMN: Okay.

LSE: All right. Go ahead.

KMN: Okay. So are you ready to begin now?

LSE: Yes.

KMN: Okay. How many years have you been a counsellor?

LSE: 13 years.

KMN: Oh thirteen years, okay. How long have you worked with clients in couple therapy?

LSE: 13 years. The same.

KMN: So did you train as a couple therapist?

LSE: I did, yes.

KMN: What is your main counselling orientation?

LSE: It is psychodynamic.

KMN: Aha, psychodynamic.

LSE: And behavioural,

KMN: Aha, behavioural.

LSE: That is the main way.

KMN: Okay. So psychodynamic and behavioural.

LSE: Yes. But I use everything I find would be helpful. (KMN: Okay.) I do a lot of courses. So you know if I do a course and then I find something might be helpful, then I would use that. Integrative must be another word you could put down.

KMN: Okay.

LSE: All right.

KMN: Okay. How many sessions working with couples do you have most of the time?

LSE: Most of the time about 12 a week.

KMN: Ah 12 sessions.

LSE: Yes, yes a week.

KMN: Okay.

LSE: But sometimes it will not be with a couple. It would be with an individual.

KMN: Okay. The next question is. How do you meet couples in couple therapy most of the time? For example, do you see both partners together? **[QUESTION 1]**

LSE: I am sorry. You are gone faint again, very faint. Could you try and talk closer to the ... Okay. Start that again?

KMN: How do you meet couples in couple therapy most of the time?

LSE: Face to face.

KMN: Do you see both partners together? Or do you see just one partner? Or do you see both partners together and individually also?

LSE: It is a bit of a mixture really. Sometimes it is couples together. Mostly it is couples together. And occasionally I see people individually.

KMN: Occasionally individually.

LSE: Yes.

KMN: Okay. When you see just one partner, why is this? **[QUESTION 2]**

LSE: Could you repeat that question?

KMN: When you see just one partner, why is this?

LSE: Well sometimes because they have approached me individually because they are having a problem with their relationship and they want to talk to me about it. Sometimes because they came as a couple but then they broke up and one of them wants to carry on seeing me. And sometimes someone is feeling distrust because they can't make relationship and they want to come and see me, (KMN: Em em.) to talk about relationships in general.

KMN: Okay.

LSE: That sort of thing, yes.

KMN: Okay. I am going to the next question. What issues did couples bring to the counselling most of the time? **[QUESTION 3]**

LSE: What issues?

KMN: Yes.

LSE: That is a very very difficult question because it could be any issue. I find it difficult to generalise. (KMN: Em em.) Usually because of lack of communication.

KMN: Lack of communication.

LSE: Yes, or relationship breakdown altogether.

KMN: Relationship breakdown!

LSE: Yes, sometimes or a sexual problem.

KMN: A sexual problem.

LSE: Or just being arguing a lot. A lot of lies.

KMN: Okay. Argument.

LSE: Lots of arguments. Maybe there is a decision one of them wants to make and the other one, and that would be like, should we have children; should we move house, how they should go on a holiday, that sort of thing where they can't come to an agreement.

KMN: Em em. Okay. The next question is. How many approaches do you use in your work with couples? **[QUESTION 4]**

LSE: How many approaches?

KMN: You said already, psychodynamic, behavioural.

LSE: Lots of approaches. It could be any approach which is helpful for the couple. Psychosexually, I use the behavioural approach. (KMN: Aha!) But if it is relationship difficulties, sometimes it is behavioural, and sometimes I give them some homework. (KMN: Em em.) Sometimes it is psychodynamic because of patterns adopted from childhood and assumptions they have about relationships which we need to talk about. (KMN: Em em.) Sometimes in the room I would make them talk and the other one listen. And the one who is not talking will have to repeat back what the sort of behaviour was. Sometimes I ask them to do a drawing and they would go away and they would each draw a picture of how they would like their relationship to look like. (KMN: Em em.) Because words are not the right thing and they need to approach it from a different angle. Sometimes I use coins and I put some coins on the table and I say describe put the coins how you feel you are with your husband and your children, so group them according to how you feel it is with your partner. Then I ask the other partner to group the coins and then they look at the difference. (KMN: Okay.) So I have just to take something out of the oven, so hold on a second.

KMN: Okay. Don't worry.

LSE: Okay.

KMN: Okay.

LSE: Next question.

KMN: Maybe you, I think you answered already but anyway. What were the circumstances that led to you applying the other approaches overtly with a couple in your counselling work? **[QUESTION 5]**

LSE: That is a good question, but difficult to answer. I use whatever approach I feel would help (KMN: Em em.) with the people in front of me. (KMN: Em em.) And some people are quite psychologically minded. And then I can work psychodynamically. Some people ask for POORF like ways to make things work. (KMN: Okay.) And then I will give them some hints about how to listen to each other, how to talk to each other. (KMN: Em em.) How to avoid rows. Some people say they are stuck, so that is when I might use the coins or drawings.

KMN: Some people stuck, you use drawing.

LSE: I might use drawing because if I feel we can't get anywhere in the counselling, I would think what approach can I try which might be different. (KMN: Em em.) And then I would say you might draw your relationship, because it accesses a different part of the brain. And then that might bring something to the surface which we can then talk about.

KMN: That is interesting.

LSE: Yes.

KMN: Anything else? Would you like to say more?

LSE: On any other activity or any other approaches? I have asked them to change chairs in the room. (KMN: Em em.) I have sometimes given them a piece of paper in the room and said I would ask them to draw a large circle and then to divide it up and explain how much the work means, how much is involved in their relationship, how much with the children and that sort of thing.

KMN: What is that?

LSE: I would ask them to draw a circle. (KMN: Yes.) And to divide it up (KMN: Yes.) into pieces which is how much percentage (KMN: Em em.) or home, or relationship, or children. (KMN: Em em.) And then I ask the other partner to do the same.

KMN: Em em em. That is interesting.

LSE: Yes. And another think I would do

KMN: Does it work well?

LSE: Well sometimes the other partner is surprised by what the partner has drawn. It is always a way of looking at the situation in a different angle. That is what I am searching for all of the time, so it clarifies their problems. (KMN: Oh! Okay.) Sometimes I ask them to do homework which is to go back home and during the week to do one nice, especially nice thing for the other person, but not tell them.

KMN: So you are talking about homework. In this case, what kind of homework do you usually give them?

LSE: This is one that I am just describing. This one is where I would ask them each to do something nice for the other person, something small like make a cup of tea or buy some flowers or something small. And each one has to do something for the other person but not tell them. And when they come back the next week, they have to tell me and to tell each other what it was, which for the whole of the week, they are looking out for something nice the other one has done. (KMN: Em em em.) And that changes the dynamic to something more positive.

KMN: So why do you give them homework?



LSE: Why do I give them homework?

KMN: Yes.

LSE: Well because the relationship doesn't really happen in the counselling room. It happens outside the room. And it gives them something to think about and something positive to work on outside the room and between sessions.

KMN: Okay. So outside of counselling room, you said one of the issues is lack of communication between them.

LSE: Yes.

KMN: So in this case, what kind of homework do you give them? Do you give them homework?

LSE: Yes, I do. I will ask them to do a listening exercise.

KMN: A listening exercise! That is very interesting. How do you do that?

LSE: I would ask them to set aside one half hour a week. (KMN: Yes.) And they take it in turns. One person talks for five minutes about a subject (KMN: Em em.) but not the subject they argue about. It could be something like a film they have seen or a book they have read or a movie they like and the other person has to say nothing but just listen for five minutes. And at the end of the five minutes the person who was listening has to repeat back what they heard. (KMN: Ah, reflect back, ah!) And then the person who was talking has to say, yes, you got that right or you left this bit out. And then they take it in turns and then the other person has to do it. It is a very good exercise to learn to listen and not to interrupt. (KMN: Em em.) And not to be defensive.

KMN: Aha, exactly yes. If you give them homework, do you do that in the counselling room?

LSE: I give them the homework. I start it in the counselling room.

KMN: In the counselling room about how they can do that.

LSE: And then the next week they come and tell me about it.

KMN: What do they usually say about the homework?

LSE: They usually find it very helpful and they are quite surprised.

KMN: In what way?

LSE: Surprised how hard they found it to listen. (KMN: Aha!) And then sometimes couples can't do it, too difficult.

KMN: Aha. That is very interesting. Okay. Shall I move to another question?

LSE: Yes.

KMN: Okay. Actually my research is on integrative orientation. So these kinds of questions are quite a lot on.

LSE: Okay.

KMN: So in this case, this question is the same. How do you mix and combine the other approaches?

### [QUESTION 6]

LSE: It is almost impossible to describe. But particularly if I have given them homework, which is behavioural work, I always talk about that first in the session. I talk about that part first. And then after that I will ask them about general things about their relationship. And then that is when they might go more into psychodynamic work, discussing feelings and patterns and things like that. And then for instance if I do feel very very stuck, you know the client that can't completely move on, that is when I might do something different like getting some coins out and you know and asking them to group the coins. It is quite unusual. The thing about it is I have quite a lot of experience.

KMN: So do they work well?

LSE: Do they work well? Can you hold on one second? Do they work well with the integration of approaches?

KMN: Yes, yes.

LSE: They do. I don't find it a problem because I am used to doing it, but I think it can be quite difficult. I don't find it difficult. I like to use as many tools, as many approaches as possible to help the couple to find some understanding.

KMN: Okay. I am going to the next question.

LSE: All right.

KMN: What are the elements of successful couple therapy? **[QUESTION 7]**

LSE: What are the elements. Right. I think the most important thing first of all is that they have a good relationship with the therapist. That is the most important and I think it is being shown in surveys.

KMN: You say they have a very good relationship with the therapist.

LSE: Yes. They have to trust the therapist.

KMN: Oh! Trust the therapist.

LSE: The most important thing is that the client therapist relationship has to be good. That is the most important thing for successful therapy. That is the first thing. (KMN: Okay.) After that once you have established trust and their motivation is good, one or other might not want to be there. But if the motivation is good, then it doesn't really matter what approach you use as long as the therapist is skilful and the client wants to do some work and change, then any approach I think will help them. Because what you are trying to do is just a different handle for them. There are difficulties there that they are having, and to help them see the problems in a new light and in a more positive way.

KMN: Do you want to say more? So making a good relationship with the therapist, establish trust and then a good motivation.

LSE: And when it is about understanding where they are going wrong, what is going wrong most of their stuckness, it is very difficult to put it into words. What you are trying to do for them is give them a handle of what is going wrong for them and help them each to understand their part in the relationship difficulties. Because what happens usually is when the couple come in they each blame the other for things going wrong. (KMN: Aha!) And what we work at is finding out where actually they each have responsibility for things not working well. And so they can then take control of their own behaviour and perhaps change that if it is helpful, and to see that it is not all the other person's fault.

KMN: It sounds very interesting to me that you said that when they come to the counselling they blame each other, they are accusing each other.

LSE: That is right.

KMN: So how do you do that in this case?

LSE: How do I stop them doing that? How do I do that? Well, it is a gradual process of listening to the other person and hearing that the other person has a valid point of view and that may be one of them is, both of them aren't over reacting. So they have to separate out their points of view. Often they blame each other and they get very what we call merged and too close together, and they can't see the other person as a separate individual. And the healthy relationship needs to have two separate individuals who are strong in themselves, who have good self-esteem. Often people have low self-esteem and they blame the other one for making them feel like that. But actually it is up to them to sort out their own self-esteem. Does that make sense to you? (KMN: Yes, yes.) And sometimes we will suggest that one or other or both of them has individual therapy to help build up their self-esteem.

KMN: Okay. Would you like to say more?

LSE: I was just going to say there is another thing I often use with clients. I had forgotten to say that. What I do is that I make out a diagram with the words on it, parent, adult and child. (KMN: Ah! TA.) Haven't you heard about that one? (KMN: TA!) TA. That is right. I just say now, which do you think you are? And which do you think your partner is? And I often put that to them as well to help them to see what is going on.

KMN: So after that, what happens to them? I usually use adult, I usually use child and then after that what happens to them?

LSE: Then they become aware of the fact that they are not operating as adults. And there you can be a child sometimes and sometimes a parent. It is best to have the couple operate as 2 adults and so I suggest that they try to work at that point of view.

KMN: Em em em. okay. And then another thing is that you said quite often being stuck within couple. So have you found this situation very often in couples?

LSE: That you get stuck. (KMN: Yes. Yes.) They are often yes, but they usually get unstuck. And if they are stuck, I would say to them, what do you think we should do? I would talk to them about it and say you know what should we do next. And you obviously know that not all couples stay together. (KMN: Yes, sometimes yes.) It might, it does happen that couples would come together and then in the process of the counselling they realise their relationship is not going to work and they will decide that they do want to break up.

KMN: Also do you think in this case, it is important to work with their feelings?

LSE: It is the most important thing, oh very very important. I mean that comes with when I am talking about having a good relationship with the therapist. I mean that goes without saying feeling is terribly, is very very very important. And we are tuned into that level of feelings all the time. It is a vital part of how we work. If you can't work with feelings, you shouldn't be a counsellor. Does that make sense?

KMN: Oh yes.

LSE: It a sort of goes without saying it is so important.

KMN: So how do you work with their feelings?

LSE: Well the whole time I am trying to work out what they are feeling. I say to them, what do you think your partner is feeling at the moment? And when they see that the partner is feeling upset, that can surprise them. And I would step in and say, would you just check in and see how your partner is feeling right now. That is what I tune into all the time, feelings. And if they are angry, I ask them why they are feeling angry. If they are upset, what are they upset about. It is a kind of ....

KMN: So that means do you check each of them? Do you check their feelings in each of them?

LSE: Oh absolutely. I don't say it specifically, but I am always always thinking of their feelings, all the time, all the time. Because you have to work out if they are angry, resentful, upset, frightened, cross, fed up. Because when you can work that out, that is when you can develop that feel and check out what is happening for them at the moment.

KMN: So why is that important to check their feelings?

LSE: Because in the counselling room you are trying to be as authentic as possible and as real as possible. And when couples get home they can always walk out or say it doesn't matter or they don't address the actual situation. But in the counselling room you can keep them checking on what their feelings are because that is the real thing. The feelings are the real thing. So they need to both be aware of what the other person is really feeling authentically at that moment.

KMN: Okay. And then this is a slightly different way of question probably. I think you might find sometimes emotional flooding in couples. How do you do that?

LSE: How do I deal with that? It depends on what you mean by emotional flooding, you mean they are overwhelmed?

KMN: Yes, a sort of yes, exactly.

LSE: If they would be too overwhelmed, probably I think I would stop the session and ask them have they had enough and would they like to go off and have a cup of coffee together.

KMN: Oh break the session you mean?

LSE: Yes, if it is too overwhelming, because I am not there to break them down. That is not what I am trying to do. I am trying to help them understand. I would have a few boxes of tissues and I would give them a tissue. I would obviously ask them what is going on, why are they feeling so overwhelmed. And I would ask the other partner to a kind of look after them. It doesn't happen and I don't think I have really come across it. Because I am seeing couples who are fairly healthy psychologically.

KMN: Okay. Also, I think you might find over-intellectualisation in couples.

LSE: Yes. I do sometimes. In that case, I try and get to the feelings. And if they are talking too much and over intellectualising, I would try to get them to, I would stop them and say could we talk about feelings, not just thoughts.

KMN: So that is a very simple way. Let us talk about your feelings rather than externalisation or thoughts. But do they follow your instruction?

LSE: Yes. Could you just repeat your question?

KMN: My question is how do you deal with over-intellectualisation?

LSE: Like I said when someone is talking over-intellectually, I would stop them and say can we stop right now, and can I ask you how you are actually feeling at the moment.

KMN: Okay. So you invite them to get in touch with their feelings.

LSE: Yes exactly. Not easy, but I would try. I might make a joke. I might say this is very difficult for you two to think about your feelings but it would be helpful.

KMN: Okay. I am going to the next question. What are the main factors, or skills, or techniques of the changing process in couple therapy? **[QUESTION 8]**

LSE: Just one second. Do you mean by that, how do we effect change? Or do you mean what are the main latest methods? What do you mean?

KMN: How can you change couples in the therapy session?

LSE: I feel I have answered that question already by telling you how I would deal with things in the sessions. I suppose the change comes when people understand more about their part in the relationship.

KMN: So in this case what skills?

LSE: What skills?

KMN: do you use, yes?

LSE: All my skills and all my techniques. Any of them. And there is no one way which works. It depends on the couple.

KMN: Okay. So do you usually do listening and reflecting back, empathising and things like that?

LSE: Listening did you say?

KMN: Yes. Okay. So you use some techniques in couple therapy to change them.

LSE: Yes.

KMN: And then mainly what do you do? For example, do you listen to them?

LSE: Yes.

KMN: And then do you reflect back what they said?

LSE: That is right. Of course that is right. I would be listening most of the session, then I reflect back, I would give observations, I will have interventions about why don't you try doing this? Yes, I would stop them and ask them to think about feelings. I mean just any and everything I use. But you are right about listening. I would be listening a lot of the time. That for them is quite a good modelling. Yes, I am modelling a process of listening. And then as they see some listening they learn from me how to listen, I am modelling the process of good listening, which is to listen without immediately expecting to answer back. A good listener is simply listening to the message and not preparing an answer and just simply listening to the message and trying to understand what the other person is trying to say. And when I first trained, one of the most important things my tutor said. He said there were three things,. These are the three most important things you need to do, listen, listen, and listen. And I have never forgotten that.

KMN: Ah, listen and listen.

LSE: Yes. Listen, listen, and listen, the three most important things. Because if you can listen, then you can tune in. It is almost like tuning in on a radio. You are tuning into the person at a deep level, which gives you that empathy, it gives you a sort of an understanding of where they are, feelings, thoughts, emotions, physical reactions, everything you are tuning in at that level. You can sometimes see tears across their face and then they are gone. You have to watch very carefully. You are watching body language. You are watching their face. You are tuning in on a very profound level really in the other person. And then the clients get a feeling of being understood at a deep level which is for them a very comforting feeling to be really understood and not judged at a very deep level. That can be for them very containing and helpful. Maybe it is the first time it has ever happened to them.

KMN: Okay. You are talking about listening. So how do you express that you are listening to them?

LSE: How do I express it?

KMN: Yes. Yes.

LSE: Well they will see, because they can see me looking intensely at them. And because I am able to then report back to them what I have a feeling they are feeling and saying.

KMN: Reflect back.

LSE: Reflect back, yes. That is right, without judging them.

KMN: Without judging them.

LSE: No, no, no, never judging, never criticising, never judging, just observing.

KMN: Just observing. So that is a kind of, observing is a kind of a safe environment.

LSE: Yes. It would be just saying I have noticed that you say something like this. And have you noticed that when your partner says such and such, you always look angry. Or have you noticed when your partner says such and such, you always react in this way. And then I would suggest, perhaps you could try reacting in a more positive way.

KMN: Okay. I am going to the next question. It is probably not familiar to you.

LSE: All right.

KMN: Have you found bodily sensation or physical sensation in couples when couples talk about their issues or problems? **[QUESTION 9]**

LSE: Have I found that I have bodily sensations?

KMN: In couples? Have you found bodily sensations in couples?

LSE: Sorry, I am not clear. Who has the bodily sensations, the couple or me?

KMN: The clients?

LSE: Yes. Often they talk about bodily sensations.

KMN: So if so, how did the clients describe them?

LSE: Well it depends what the sensations are. Someone this week told me her arms were tingling. It depends what the sensations are really. Someone can say they are feeling sick, nausea. Someone could say they have got a headache or they are very tired or I think it is all part of the work to find out about bodily sensations. It is very important because we are traumatized as you know. What I would do is be aware of bodily sensations.

KMN: Okay. In this case, when you found bodily sensation from your clients, how did you deal with them?

**[QUESTION 10]**

LSE: The woman who had arms that were tingling, I asked what that meant. And she described it as when her husband was talking about some particular issue and he said you also get tingling arms when you see blood. So it was a kind of an instinctive reaction of squeamishness of feeling sick. So I just checked that one out. So obviously she gets very squeamish when her husband talks about a particular issue.

KMN: Okay. We have only one question left.

LSE: Okay.

KMN: This is very short, but quite a big question probably. How do you usually work with couples?

**[QUESTION 11]**

LSE: What do you mean, how do I usually work with couples? I thought I had already answered that.

KMN: Yes. You probably have answered it already.

LSE: I think so, because I work in whatever way would be helpful.

KMN: Yes. But you have usually 12 sessions.

LSE: I am glad you cleared that up. I don't normally work for 12 sessions with couples. I thought you meant how many couples do I see a week.

KMN: No, no, no.

LSE: You mean how long do I see them? Well, the session would be 50 minutes.

KMN: Oh 50 minutes, 12 sessions.

LSE: No, not 12 sessions. As many as are needed, but it is completely open-ended.

LSE: 50 minutes per session, plus once a week, and as many weeks as is necessary. It could be six weeks. It could be 10 weeks. It could be two years.

KMN: two years, yes.

LSE: It could be anything. I have no limit.

KMN: Okay. So you say you probably usually listen to them and reflect back and sometimes you intervene, then you make interventions. And then what do you do in couple sessions?

LSE: What do I do?

KMN: Yes, usually.

LSE: Everything. I would welcome them into the room, get them to sit down, ask them to talk about what is going on for them, listen carefully, ask them how they are feeling, reflect back how I think what is going on observed behaviour, suggest interventions which might be helpful for them, suggest ways they could behave, ask them to listen to each other in the session. There is a lot going on all the way through and I am listening hard.

KMN: Okay. In this case, you use everything.

LSE: I use everything. It is very tiring actually.

KMN: Okay. Cognitive therapists they usually find negative thought between them. And then they try to correct that for example, so then they try to change in this way. Or maybe person centred therapists, they might be listening and empathising and they also are reflecting back what they say according to their feelings. And then they change in this way making relationship. So they work like this.

LSE: Well in that case, the way I would work is to listen to the couples and to try and understand their patterns of behaviour the couple have got into and to try and change the negative patterns of behaviour the clients have got back into. So it is a question of helping them to understand their negative patterns of behaviour and hoping to make them aware of more positive ways of behaviour to help their relationship and to help them to separate out as individuals within the relationship and take responsibility for their own behaviour and feelings. It is a sort of dynamic way of working really.

KMN: Also a kind of behavioural way.

LSE: Yes as well as you say it actually.

KMN: It tries to find their negative behaviour.

LSE: Yes.

KMN: You try to change their negative behaviour.

LSE: Yes, that is right. Yes, because it is not helpful to them.

KMN: So this means quite your behaviour orientation.

LSE: I would call it psychodynamic predominantly. But it has got behaviour elements to it. And you see unlike seeing an individual, when you are seeing a couple, what can happen is they can decide that they don't want to be a couple anymore. So they can actually break up. So the outcome, I never have an agenda in mind about whether to keep them together or whether they should separate. That is for them to decide after they have been in counselling for a while. I would never make that decision for them. But I help them to come to a decision which would be right for them.

KMN: Okay. I think I have done all.

LSE: You have. Okay.

KMN: Would you like to say anything more?

LSE: I forgot to say that in counselling, it is also important to have a nice safe room for them to talk in. It would have to be a good counselling room for confidentiality, comfortable, safe. They feel safe in the room, because the room too is a container to contain the feelings. The other thing in the way I work is that in a way we see marriage or couple relationship as a psychological container. And when the container is not working, when couples are feeling that they are not contained in their relationship, then they come to a counsellor. Then for as long as they are coming to see me, I become their container. It is like I can hold a sort of a couple being a couple in my head. And so I hold a sort of the container while they are working out what is going wrong.

KMN: So that is a kind of safe environment.

LSE: Yes. That is it.

KMN: Oh! So that is interesting. So you will be a container.

LSE: Yes. When the relationship is no longer containing them and they feel messed and helpless. It is like me and the room together become a container for them until they can mend their relationship.

KMN: You are containing their feelings.

LSE: I am containing no. I am containing the hope that the relationship could work.

KMN: Oh I see! You are containing hope to improve their relationship.

LSE: Yes. When they come to me they are in a terrible state because they think their relationship is broken. But the very process of coming to see someone, it means they put their hope in me and I become the person who keeps the relationship together in my head for them. I become the container.

KMN: Oh! You are becoming a container.

LSE: That is very different from working with individuals you see.

KMN: I have a question. There are many terms of couple therapy. You have couple therapy or relationship counselling or marital counselling or marriage counselling, so which one do you prefer?

LSE: They are the same thing. There is nothing, they are just words. I call myself a couple therapist yes, because sometimes I would have gay couples and a lot of my clients are not married.

KMN: So couple counselling is bigger than marriage counselling?

LSE: I would never call it marriage counselling because marriage is not the issue.

KMN: Do you also use relationship counselling?

LSE: Yes. It is the same thing, relationship counselling.

KMN: Relationship is including family as well?

LSE: No. I don't deal with families. I only deal with couples.

KMN: So that means couple therapy is more proper.

LSE: That is what I would be a couple therapist, not a relationship therapist, because it is couples I see. It doesn't matter as I say if they are gay, it is still fine.

KMN: Have you met gays?

LSE: Yes. I have worked with gay couples.

KMN: How did it go?

LSE: Oh fine. It is the same thing because the relationship is all about you know power and trust and vulnerability and well you know communication.

KMN: The same issues.

LSE: The same issues, exactly the same issues. It is not a problem.

KMN: So what do you think is the most problem in couples? What is the main factor causing the problems? You say power just now yes.

LSE: I don't think I can give you a main factor, because it always just depends on each person.

KMN: Oh, of course.

LSE: I really can't. It is far too general. Usually communication has broken down by the time they come to see me. There is no main factor. As many people as there are in the world, there are as many different problems and issues.

KMN: Yes. That is true. I know, yes. You have made a very worthwhile contribution to my study today.

LSE: It is my pleasure. Let me know how it goes.

KMN: I appreciate your time doing this interview. I have learned a lot really from you.

LSE: Okay. Not at all.

KMN: Thank you very much.



LSE: Goodbye. Thank you.

## **Appendix 15: Interview Transcript with MCP9 (22 March 2009)**

### **1. How do you meet couples in couple therapy most of the time? For example, do you meet both partners together? Or do you meet just one partner? Or do you meet both partners together and individually also?**

- I usually meet people as couples, and continue in this way. Occasionally I'll see one or the other for one session for a particular reason (e.g. to give the man some space to express his feelings). I can't simultaneously be a couple therapist and offer one to one ongoing therapy to either partner. If one of them needs one to one alongside the couples work, I refer them to other therapists.

### **2. When you met just one partner why was this?**

-I answered this above

### **3. What issues did couples bring to the counselling most of the time?**

-Conflict, communication difficulties, sex, affairs

### **4. How many approaches do you use in your work with couples?**

- My values are person centred. Rogers referred to the 6 conditions as being necessary and sufficient, and I have never had evidence to contradict this. I am happy to read or hear about any ideas relating to counselling, because they may help me empathise more effectively with my clients. Relate offered me some systemic training, which I have not found particularly helpful. It is largely based on circular questioning, which is cumbersome, ineffective and unnecessary. On the 'directive-non-directive' continuum lies 'suggestive'. I make tentative suggestions (possibly from my own framework rather than theirs) mainly because they usually expect some suggestions to work on. When I do this, I still stay within the person centred framework.

### **5. What were the circumstances that led to you applying the other approaches overtly with a couple in your counselling work?**

### **6. How did you mix and combine the other approaches?**

- I don't use other approaches. The PCA is necessary and sufficient. I just have to adapt it to couples work

### **7. What were the elements of successful couple therapy?**

- I need to establish relationships with each of them and with their 'relationship', using the 6 conditions.
- When I contract, I explain I am there for their relationship, and will try not to take sides, nevertheless recognising that they probably have very different point of view.
- I offer a safe space for them to express their feelings, stories, points of view etc; the person talking has themselves as the primary audience; then their partner and me.
- I make suggestions for alternative ways of relating and communicating; we model them in sessions, and they can try them out at home.
- I suggest ground rules, which include speaking for 'I' and not for 'you', and for avoiding criticism and judgment.
- I give them 'homework' tasks if they are willing; e.g. giving each other 5 minutes uninterrupted time and then swapping over.
- Regularly reporting back on the time since we have met is usually helpful.
- We try and operate in the present, and let go of the past.
- If one partner has been badly hurt e.g. following the other partner's affair, we give as much space as is needed to hear that hurt.
- Sometimes, there are specific problems to solve; I am creative and empathic in offering possible suggestions.
- After a while, they often report more mutual acceptance, listening to each other more effectively, communicating on a regular basis with flow and without criticism.

### **8. What are the main factors of the change process in couple therapy?**

- See above.

**9. Have you found bodily sensations when couples talk about their issues or problems? And if so, how did the client describe them?**

- No.

**10. When you found bodily sensations from your clients how did you deal with them?**

**11. How did you usually work with couples?**

- See above.

**(Extra questions)**

**1) Why is it so important to see both of the couple?**

Where possible, I do prefer to see the couple rather than either of them separately. This is because the couple are experiencing difficulties with their relationship. I need to be able to relate to their relationship; I need to be able to help them process and work on their relationship. If I see just one of them (as happens when one partner doesn't come), I inevitably get a one sided view of the relationship. When they both come, they can both express their viewpoints, their dissatisfactions (and hopefully their satisfactions). Whatever the perceived dissatisfactions are (e.g. communication difficulties, rows, power struggles etc) I can help model alternatives with them, which they can try out when they are together.

**2) Can you give an example or case when you give the man some space to express his feelings?**

Sometimes at the end of a couple session, when we are discussing next steps, the possibility of my seeing one of them for an individual session is discussed. Occasionally I do this. I explain that I cannot simultaneously give ongoing support both to the couple and to one of them individually. But one off sessions seem to work. For example, with one couple, both partners seemed hurt and angry with each other. Both found it difficult to process issues without being critical and thus wounding. The male seemed to be sitting on a lot of anger which he didn't know what to do with. He looked about to burst! I suggested seeing the male on his own for a session. He took up this suggestion; he was able to express his feelings and give me background information, without having to worry about his partner's feelings. When we met together, he really seemed much calmer, and more able to negotiate future possibilities. Out of fairness, I then offered the female a session on her own, for similar reasons, which she has accepted.

**3) Why do you not use another approach?**

My background and training is person centred. My values are person centred. This means that I accept that Rogers' 6 conditions are necessary and sufficient. I have no evidence that this is not the case. They have certainly proved effective for me as a practitioner, so I have not needed to use 'another approach'. A key issue is the power relationship between counsellor and client. I see my role as facilitating clients taking power for themselves in a beneficial way. I don't 'do' anything to clients. I don't need 'techniques'. I don't use 'skills'. But I feel I am skilful, perhaps in a Buddhist sense. However, I am aware of the idea underpinning the 'Systemic' approach that families (and couples) are systems: but to me this means that there are patterns of relationships; the PCA helps me help them explore these. Some approaches within 'Systemics' seem over directive which I feel risks distorting the power relationships, with the therapist being perceived as 'expert'. There is a subtle difference between 'directing' which I am wary of, and 'steering' which I use, in the same way that an orchestra can benefit from a conductor, whereas a solo singer doesn't need one. So I prefer the agenda and dialogue to be controlled by the clients. However, I sometimes choose to invite one partner to make a response to something their partner has said. My steering is hopefully tentative, suggestive, but not directive. Similarly, I sometimes make suggestions for couples to try out between sessions. I always try and be empathic with these suggestions, and vocalise things to try out that the couples are ready and willing to try. I would never impose my suggestions.

**4) How do you make a good relationship?**

It is inherent in the PCA I try and make sure the 6 conditions are present. Right from the start, when I see a couple, I am modelling a type of relationship that I believe is person centred and effective. This approach seems to work: I seem to build up trust and connection quickly; moreover, flow between clients usually increases, at least during the sessions.

**5) Why is it so important for you to work with couples' feelings?**

My belief is that feelings drive thoughts and actions, but that not enough attention is given to feelings. This often means that thoughts and actions are driven by strong feelings such as anger, fear or jealousy, but that this process is often out of awareness. Giving feelings attention has several benefits – it helps people become more emotionally aware: aware of their own feelings and then hopefully of their partner's feelings; it helps reduce the intensity and the power of the feelings; it give people more control and more awareness of their choices. But ultimately, feelings are what bond people; it is the underpinning agent for relationships.

**6) What do you do after they express their feelings?**

This is an ongoing process – I try and help clients to become aware of their feelings, to name them, to talk about them to their partner and then to become more aware of their partner's feelings and thus their needs.

**7) How do you deal with overwhelming feelings, intellectualising, blaming each other?**

Feelings are usually overwhelming because they are not heard. My hearing a client's feelings helps diminish their intensity and models this process for both partners. I try and suggest ground rules such as not blaming or criticising. I help them realise how hurt they can feel when they feel blamed and criticised and therefore how it might help the relationship to minimise blaming, criticising and judging. When someone intellectualises, it often means they are not in touch with their feelings. I try and empathise with my perception of their underlying feelings, and thus offer them the opportunity to explore the feeling rather than the cognitive plane. I also offer my belief that the quest for 'reasons' is often overdone; I can understand the reason why I feel upset, but I'm still upset!

**8) How does one partner respond or feel when you work with the other partner?**

When I contract at the beginning, I state that I try not to take sides, but will offer a safe space for them to express their feelings and points of view, recognising that their points of view may be very different. I often find that I am talking more to one partner than another. I might comment on this, and certainly offer opportunities for the other partner to express what they want to too. This usually seems to work, but if I had doubts I would check out how both partners might be feeling about this. No-one seems to have complained, so I assume my judgment is reasonable.

**9) What do you teach couples and how do you teach them?**

My model for education is Rogerian – I facilitate learning. The learners have responsibility for their learning. They set goals in the sense of becoming aware of what they might want to achieve and I support them. I don't 'give' them anything' or 'do' anything to them; I don't 'pour knowledge' into them. I model Rogers 6 conditions in terms of how to relate to each other: establishing psychological contact; being aware when their partner is in any way distressed; giving and receiving appropriate attention; becoming understanding, accepting, real; not being critical, blaming or judgmental; staying with feelings rather than 'ranting'; checking out that the attention given has been perceived, appropriate and helpful.

**10) Can you tell me about giving homework?**

I always joke about the concept of 'couples homework'; there will be no detention; in fact if the homework is too difficult, that is my responsibility and I have probably not tuned into them sufficiently; couples usually find the tasks difficult, but this can form a useful discussion at the next session. I also explain that they want to change, and everyone finds change difficult, so not to be disheartened if the tasks seem hard. The essence of my 'homework' is suggesting that they build in more contact, and improve the quality of their contact. I always check out if they feel they are spending enough quality time together; what they regard as 'quality time'; how they could increase the amount of quality time they have together. If they have disputes about division of labour, I suggest they could set up weekly planning meetings, perhaps on a Sunday, when they could compare diaries, discuss what needs doing, and who is going to do what.

To improve their ability to communicate effectively, I set listening exercises. I suggest they set aside some time each day where there are no distractions such as phones, TV or children. They then give each other 5 minutes of uninterrupted time and then swap over. I don't want them to interrupt as they risk taking over, or prejudging. Couples often find this helpful, but also find it hard and certainly find it particularly difficult to sustain. But it can help them in a number of ways: 'thinking aloud' helps them see things in perspective; listening to their partner helps them listen, read and cue into their partner more effectively. When they start this exercise, clients usually focus on 'what they have done' (e.g. I went to a meeting). I try and help them become aware of the underlying feelings (it is true that George always seems to dominate; I do get angry

when he tries to impose something that I know won't work; I feel hurt when he dismisses me with sarcastic comments). 'Talking about their day' is often viewed as boring by one partner; but when they can process at the level of feelings, this helps their mutual understanding, their ability to show vulnerability and their bonding.

## **Appendix 16: Interview Transcript with WCI5 (15 March 2009)**

CLR: Well Kimin. Is it Kimin?

KMN: Yes.

CLR: Yes, hello.

KMN: I am fine. How are you?

CLR: Yes, you are a bit faint. I can't hear you very well.

KMN: Ah you can't hear me very well. Can you hear me now?

CLR: Yes. Keep talking.

KMN: Okay.

CLR: Okay.

KMN: I am very happy to talk to you on the telephone today and thank you very much indeed for doing this interview with me.

CLR: Yes, that is all right.

KMN: It is a big help and I really appreciate it.

CLR: All right.

KLM: Okay.

CLR: Yes, yes.

KMN: To make it easier for both of us and to use our time well I have prepared some questions.

CLR: Okay.

KMN: Some of the questions require only short answers, while some others require longer answers according to your own experience and situation.

CLR: Right.

KMN: Okay.

CLR: Yes.

KMN: You may feel that some of the questions are not relevant to your situation. In that case, you could say why it is not relevant for you. Anyway feel free to answer them in whatever way you think is best.

CLR: Okay.

KMN: Would you like to make any comment or to ask for any clarification before we begin?

CLR: What is your thesis on?

KMN: My research is on a kind of integrative couple therapy using Focusing-oriented psychotherapy.

CLR: Okay. Sorry! Using what? Integrative Psychotherapy and what?

KMN: Focusing-oriented psychotherapy. Maybe that is a new psychotherapy area.

CLR: Right. Okay. Good.

KMN: Then I am going to ask you about couple therapy.

CLR: I can't hear you very well. You have gone a bit distant.

KMN: Okay. I am asking you about couple therapy.

CLR: Yes.

KMN: Okay. Okay. Shall we begin?

CLR: Yes please, yes.

KMN: How many years have you been a counsellor?

CLR: I started my training in January 2006. So three years.

KMN: Okay. Three years.

CLR: Yes.

KMN: Okay. So how long have you worked with clients in couple therapy?

CLR: Two and a half.

KMN: Two and a half.

CLR: I started the training yes; I had to do six months training before I started my actual practice.

KMN: Em em. Okay. What is your main counselling orientation?

CLR: Ah I integrate my training with systemic and psychotherapy. I have added solution focused.

KMN: Solution focusing, okay.

CLR: With therapy and emotionally focused couple therapy from Susan Johnson's approach.

KLM: Okay. Good. How many sessions working with couples do you have most of the time?

CLR: Okay. About 10, 8-10 sessions. I have done 20. But normally, it is 8 to 10 sessions.

KMN: Okay. Something like that.

CLR: It is normally about 8, 8 to 10 sessions.

KMN: Eight sessions, okay. This question is a little bit longer. How do you meet couples in couple therapy most of the time? For example, do you see both partners together, or do you see just one partner? Or do you see both partners together and individually also? **[QUESTION 1]**

CLR: Yes. Mostly I see them together. And sometimes I just see them together. But if something comes up and they would like to, I have one session individually with them, if they are agreeable to it, it is helpful. But it is normally one session one week and one session another week. Normally then, we come together. It is a bit of both. But mostly it is together.

KMN: Okay. You say you see one partner for one session. So when you just see one partner, why is this?

**[QUESTION 2]**

CLR: Sometimes if the couple if one person dominates in the couple and talks too much, it is nice then to get more from the quieter one. And first of all, I would never start that way. I always talk around with the couple just so that they don't mind coming on their own. And I find I say to them I don't want, it is not that I am prying into their personal, it is not that I am vying for one more than the other. It is for me to get a perspective and to I sometimes I find a way of talking to one about the other one that I would be happy to do just to give them some maybe a bit of my perception of it, you know, to tell them maybe what I perceive,

what I picked up from their communication with the other one. I perhaps give them some more feedback or sometimes it is logistical that somebody can't come because of a meeting or something. And they say is it okay if just one of us comes. And then I say well yes, that is fine. And then I will see the other one the next week, just to make it balanced. So it is always fair. I always see, I never see one more than the other one. Is that all right?

KMN: Okay. Thank you. Okay the next question is. What issues do the couples bring to the counselling most of the time? **[QUESTION 3]**

CLR: Communication.

KMN: Communication?

CLR: Yes. They are not talking properly. They are not listening to each other. They have lost their connection, their deeper connection, their meaning for being together. They have lost their initial positive of coming together.

KMN: Why do they have this problem, especially the communication problem between them?

CLR: I think it is sometimes due to after maybe years of marriage they are getting over familiar. They have lost the ability to be polite to each other. They assume that they know what the other person is thinking. So their assumption gets in the way of their communication. It stops them communicating. They just assume and they have lost interest; it has died down. Maybe children have taken over. Children have come into the scenario, and they are too busy looking after their children. And they have lost their coupleness, now that their children have got in the way of their coupleness. It could be after years of over familiarity and forgetting that they are still individuals, that they are still growing, that they have a personal growth. My focus is often on their personal development, because that affects their couple development.

KMN: That is very interesting that you said that they are forgetting that they are still individuals and that they are still growing. That is very interesting.

CLR: Yes. I remind them that they are.

KMN: That means well I think in this case they may be disturbed with each other or they are a kind of a block to each other's growth.

CLR: Or they might have been, they might have a block and a lot of resentment that has built up over the years because they haven't resolved hurts. They haven't dealt with their hurts. They haven't communicated how they have been hurt by that person. So then they build up to become a blockage. So we have to go back over some history in their relationship, and perhaps sometimes untangle the negative pattern that is blocking them.

KMN: Okay. So in this case, in this issue, how can you help them? They have a problem with their communication.

CLR: Yes. How can I help them? Awareness is the key I think for them to see.

KMN: Awareness.

CLR: Awareness, self-awareness. And also by my reflecting back to them what they are answering to my questions about each other, I am demonstrating how to communicate with each other, how to talk deeply. I sometimes use exercises, questions about their do you know your partner's life goals, that kind of question.

KMN: Do you know - what did you say?

CLR: I have got a questionnaire that I use, which is from a book written by, which is from a book about asking the partner are you aware of your partner's life goals. It is taken from that book. I have got a copy here o the questions I use. It is about a love map, knowing whether they know their partners. It is from the book, the seven principles for making marriage work. And it is a questionnaire about enhancing your love life's principle one. I say can you tell me what your partner's basic philosophy of life is? It is a very good way of finding out how much they know about each other or still know. It is a good book, the Seven Principles of Making a Marriage Work. I don't use it for every couple, just when I feel I need some help when I am getting to know them. I have to find the author of the book.. Yes, I ask them deep questions about, yes meaningful stuff about what makes them, what attracts them to each other in the first place, their major hopes in life, their



dreams. I also ask them what is the most stressful thing that has happened to your partner or to yourself and that kind of thing. And then we talk about communication and how important it is, about listening and reflecting back, so that we know. I have got some exercises that I sometimes give them to take home to practice.

KMN: To practice! So you give them homework.

CLR: Yes, I have. Yes. Not every week, but sometimes.

KMN: Okay. So do they do that?

CLR: Yes.

KMN: Do you check that?

CLR: Yes, I do. I do say it is important if you want to come into counselling that most of the work to restore your communication is going to be done at home. This is just an hour. I only spend an hour with them. But they have got to put time aside to communicate. So I do say that this is standard. You can find one evening a week or at least one half an evening a week when I would like you to turn the television off and spend some time asking each other either these questions or just reflecting back, yes, talking to each other meaningfully. So I check that homework and then I check whether they have done it.

KMN: Okay. I am going to the next question. How many approaches do you use in your work with couples? You said already systemic, psychotherapy, solution focused and emotional couple therapy. How many approaches do you use? **[QUESTION 4]**

CLR: Approaches. Right. Well I read around different books, couple therapy and I take on board what I have read. So it is very, it could be, I can't say what approach. Sometimes it is a made up approach. So I would say it is a very mixed, I wouldn't like, I don't use just open approach. I think that is a bit dangerous because everybody is so different.

KMN: So that means it depends on who the couple are.

CLR: It does I think yes. Yes, it depends on the couple which approach, but also how many approaches. I really, I can't, I do use a very integrated approach. And it is sometimes hard to say how many I use. I don't analyse it.

KMN: Anyway you use quite a number of approaches.

CLR: Yes. Probably more than four.

KMN: More than four in your work with couples.

CLR: Yes.

KMN: Okay. So what are the circumstances that led to you applying the other approaches overtly with a couple in your counselling work? **[QUESTION 5]**

CLR: What led to me? I feel getting stuck, one way not working so I look around thinking what is the best way so I read around and I start to think what would be best for this couple. Yes, I mean after my training, I found it was I needed to explore, there wasn't enough on the training course systemic and therapeutic, so I needed more tools.

KMN: So especially when you were getting stuck you use a different approach to work with couples.

CLR: Yes.

KMN: So why does the one way you use not work with the couple?

CLR: Why doesn't it work?

KMN: Yes. Why do you think it doesn't work well?

CLR: Because if I use the genogram as a systemic way for some couples, they haven't got much in their history, it is very normal. They haven't got much difficulty. It is just a very ordinary upbringing. Or they are not giving me much. Then I will not use exploring their past with them. That doesn't work, so I use something different. And I suppose when I did my solution focused brief therapy course, that approach encouraged me to be more present rather than delving back into their past. And it just worked with what is in the now, what is in the here and now, what is their problem now. Some of the work in the systemic approach and psychotherapy treats differently and is delving back in the past too much I think. And for relate it is not a psychotherapy, you know you don't spend, you are not meant to spend like 20 sessions, it is not too deep, it doesn't go individually too deep, it is working with the present, the couple, and it is more of a short sort of therapy I believe. And I think often that behaviour therapy should be short term. So I use a sort of behaviour therapy quite a bit. I would just ask them to do tasks, taking each other out or surprising one another, giving them some ideas to improve their intimacy because that is part of their bad communication. To be intimate you need good communication, you need to be vulnerable. They need to share their weaknesses and they need to have physical touch. We work on those three as well. But mostly they come with problems of communication or intimacy. And I really believe in going with my intuition I think. I feel I am quite intuitive though I am client led. So it is an approach. I don't like to have one approach in my mind, and if I get stuck, I am led by the client. And sometimes I ask how do you think you are going to solve this problem. I can put it back on them.

KMN: Okay.

CLR: To empower them.

KMN: Are you all right?

CLR: Yes. Are you recording this?

KMN: Yes. I am recording. And I am also writing down as well, so I am so busy.

CLR: Yes.

KMN: The next question is similar to the previous one probably because as I said at the beginning my research is an integrative couple therapy using Focusing-oriented psychotherapy. So many questions are on how to use other approaches in your work, working with couples.

CLR: Yes.

KMN: So this question is similar. How do you mix and combine the other approaches? **[QUESTION 6]**

CLR: Questions. Give them questions based on the different approaches.

KMN: How do you mix? How do you integrate the other approaches in your work with couples? Because you use more than four psychotherapy, solution focused, emotional therapy, couple therapy. How do you mix the other approaches?

CLR: How do I mix them? I don't think I mix them. I just use them.

KMN: Use them or combine them?

CLR: I combine them yes by having a different list of questions. Like I have got a list of solution focused questions. I have it in my hand which is helpful, because a lot of my approach is questions probably.

KMN: You use many questions in your work with couples.

CLR: Yes, or I am reflecting back because I am demonstrating communication.

KMN: How do you demonstrate communication with couples?

CLR: By being interested in them. I also tell them about different ways of communication. And that is another approach which is the five love languages. Have you heard of that? Which is the way they express their commitment, and it can be learned or changed to be most effective to their partners. So it is also important for them to learn about themselves. First, the way they like to express love to each other, and that could be by words of affirmation, quality time, receiving a gift, asking a favour, physical touch. Or I do use different tools in these different approaches. So the way I apply these different approaches is by looking at

my tool box and linking what will be best in this session. So that is how I apply it. And because of my curiosity. I think curiosity, having a curious approach helps as well. And finding out, using solution focused brief therapy, what would they like to have happen and how they will know when what they have started, what will have made a difference to them, what positive changes have already happened since their last session, also asking them about scaling their relationship between 1 and 10, then how they are going to make one higher next week. That is solution focused. I use that quite a bit. But these love languages is another tool. The five love languages is another approach that I just picked and how do I mix them? I have them as my tools and I will pick them out of my bag when I intuit that they will fit. So there isn't a set answer to that. And I don't think you can. Is it Okay? Is it the right answer?

KMN: Yes, it is okay. I would like to ask, you said already when you use solution focused therapy in your work, and when do you use emotional couple therapy?

CLR: Emotional focused couple therapy that is Susan Johnson's. I did use it a while ago. I haven't used it so much recently. But I guess I would use it more at the beginning to find out, to reflect back about what I am hearing that they are saying to me is hard for them, and also if they are getting into an argument I will practice it, 'Can you just listen to her right now?' She needs you to understand this. It is getting them to listen to each other. So I think that emotional focus is when I help the partner to hear their partner's fears, they have to shift their perceptions to acceptance and listening to what their partner has just said. So I suppose the emotional focus is when the awareness comes and I help them to engage with their partner's hurts or fears. I think I already clarified that key emotions have taken effect on their problems. And by making them aware of it, it a sort of deepens it, and deepens their understanding and disclosure of it. But it is correct that emotionally focused is more in depth. It is harder to stay with. It is quite intense. So I don't use it all the time.

KMN: You don't use it very often.

CLR: Or if I do, it will just be a bit. I find it quite hard.

KMN: Em em. So which one do you usually use?

CLR: Well, I suppose my native one. It is the solution focused brief therapy. But also I am still using the love languages and the principles of understanding the love map, and appreciation, communication exercises, it is about behaviour really. I do think the emotional focus is very important too.

KMN: Okay. I am going to the next question. What are the elements of successful couple therapy?

### **[QUESTION 7]**

CLR: Elements right? Openness. If I can facilitate the couple being honest and open about their past, their hurt. So I suppose establishing a safe secure place for them to express their fears.

KMN: You mean safe environment?

CLR: Yes, safe environment, openness

KMN: What about therapeutic relationship?

CLR: I am talking about a therapeutic bond. They will be safe with me and so I will, the elements will be my reflecting back, my understanding of their situation, that I will validate them individually and as a couple. I will normalise their life stage and I say this is common (normalising), so I don't make them feel that they are weird normalising things, their situations, validating them as individuals, reflecting back what I have understood, so that they know that I have understood, that I am with them, and that I can see some potential if there can be improvement so that I can give them hope.

KMN: Yes, hope.

CLR: Hope is important. And you know self development. I say you know and I encourage them that they have come here because it is very courageous of them to open up and I honour that, and they share some deep things with me, intimate things, and I am aware that that is quite hard, so I appreciate their openness with me. And I make sure that I am honouring them. So it is honouring openness.

KMN: So you say openness is a very important element and also for couple therapy. How can you help them to open up?

CLR: Okay. By my questions, the type of questions I ask. I ask about their families. I am interested to know individually about their family. I use the attachment theory as well, that is the psychotherapeutic model. I ask them questions about Brief Attachment Based Intervention (BABI), the search for the secure base attachment theory. I ask them about who were they closest to and I do the genogram with them. I suppose that helps them to open up very much. I often ask them quite deep questions about growing up and they tell me.

KMN: So you say therapeutic bond is also one of the elements for successful couple therapy. Do you think it is the most important for the elements of successful couple therapy?

CLR: Yes, I do. Because without that you won't get, they won't come back, or they won't work at it together. They won't facilitate their own healing if they don't see the importance that you place in them. Because I honour the couples that come to me for what they want to improve and I really am for couple development. And sometimes I use the element of self-disclosure. My husband and I have had therapy. They therefore feel that I am with them and I am not judging them, that I have been there.

KMN: That is very important. So being with them, non-judgemental are very important. I am going to the next question. What are the main factors or skills of the changing process in couple therapy?

### [QUESTION 8]

CLR: They start to look at each other with new eyes. They have taken each other for granted and they have started to get an interest back in each other as individuals, so they realise they haven't really fully understood this person in front of them their partner. There is still much more to know and they learn to discover that person in a new way and carry on the newness. And the second principle would be a way of appreciating that, communicating their appreciation for each other verbally, and which rekindles fondness for each other, appreciation and fondness besides the fact that they start to communicate. First they come across as artificial because I have told them to say, 'Oh that looks really well' or 'you look wonderful tonight'. These little comments are like the things they used to do when they first met, but making that a key ingredient in their communication, appreciating each other more. So that is a fact that they are appreciating, expressing and verbally appreciating and encouraging each other. The other things would be they start to, when they do have disagreements, they will not shout but they will talk in a calm way. I suppose communication. They will learn to sit down and talk. I perhaps teach them or I will talk to them about that. Because they have been coming to counselling, they will have had an example of it. By coming to counselling, they will have that new education as a factor with admiration, and with admiration comes a bit of affection, you know (in a) physical touch, learning to actually give each other some affection a bit more like a hug just realising that is important to somebody. Then talking about their domestic arrangements that is important, their planning perhaps. They are not very good at planning, so their domestic arrangements are disorganised and they haven't delegated enough. So we talk about domestic planning and also about the children and child rising and how sometimes there is difficult because they don't say the same things. The children can have different commands from different parents. That ask one and one says you can. They ask the other, and the other one says, no, you can't. So they have got to have solidarity as a couple in front of their children and they have got to work that out before. And I often suggest having family meetings where the family talks in a circle and uses a North American tradition of passing around a talking piece and the parents setting the agenda. That is a factor. When they have a certain time that he parents set the agenda, it is teaching the family that communication is important and listening is important. When one of the family is holding the talking piece or stick, nobody else must interrupt because they have got the talking stick. It is their native American tradition, so I incorporate that. We talk about sex, the physical side. That is a factor which after a while they open up to me about. Sometimes it is quite quick. Sometimes it is not very important. And I just, one brilliant quote is you know: "A man needs sex to be loved, whereas a woman needs to be loved to have sex". And that is quite a key factor for them to get. And then coming to completion. With 2 couples, I have done a recommitment ceremony at the end where they have made some promises and I am the witness. I don't offer it to everybody. But some of them want that whether it be an affair or something. They need to have a new start. So it is quite a nice way of coming to the end completion of the counselling. It is also I say, it is the beginning now. And I have had a couple come back. They wanted to come back just to review how they had been getting on with the promises they have made. And which was good, because they knew they were coming back, so they felt good, they have maintained it.

KMN: Okay. So you are saying there are quite a lot of factors in the change process of couple therapy. So in order to do, what do you do?

CLR: So what is the question?

KMN: So you are saying about the factors of the changing process in couple therapy, understanding, expression and so on, yes. So how do you do for making factors of the changing process?

CLR: How do I...?

KMN: How do you do with couples in couple therapy?

CLR: How do I what?

KMN: Do to improve their communication and whatever?

CLR: Well I give them tasks to do. I give them tasks. I photocopy some worksheets that I give them and they take a lot of time to do it when they get them.

KMN: Hello, hello. Can you hear me? Hello Clare. How do you get them to do the changing process in Couple Therapy?

CLR: I ask them to set some time aside. They need to alter their timetable. They are not spending enough time together. If that was the case, they need to put time aside to take each other out. I give them tasks to do, something different or to do hobbies, to start doing something different instead of getting stuck in a rut, to start a new hobby together or even individually and then to talk about it when they come home, to have something new in their timetable that they can do because often people haven't got enough of a relationship and so they, I think, depend too much on their partners and so we look at that aspect if they have other hobbies and encourage each other individually if they have hobbies and then go out with other couples or other friends so that they have a network, they have a social life. What is their social life like? We look at that. We do look at the time they have for intimacy emotionally and physically, do they go away sometimes by themselves? Could somebody look after the kids sometimes to give them opportunities? And the mistakes they make. I have got a sheet about mistakes that men make mistakes that women commonly make when they don't feel loved. It is from one of John Gray's books entitled MEN ARE FROM MARS, WOMEN ARE FROM VENUS. John Gray's book has got a chapter on discovering our different emotional needs and the mistakes women commonly make when they don't feel loved and then mistakes that men make when they don't feel loved. She feels unloved, because he is not attentive or showing that he cares. And actually John Gray has some very good ways of listing gender, different gender needs, which you can use on some couples, but you can't use on others. I wouldn't use them on all couples. You know once I get to know a couple, I see that their problems are related to quite specific gender needs. But some men can be more feminine side or some women can be more masculine side. So gender does come into couple therapy a lot. And there are a lot of gender issues as I say with a lot of couples.

KMN: The next question is a little bit longer. Have you noticed the bodily sensations or the physical sensations when couples talk about their issues or problems? And if so, how do the clients describe them?

CLR: Physically.

KMN: Physically. So for example when one of the partners talks about the anger with her husband and that time she says, 'Oh I have something in my chest when I talk about my husband'. For example, like that.

CLR: I do believe that biology is part of biography or biography things that are happening to people. Yes, quite a few couples have got health issues and I think they are related to stress in their relationship. I can't often see them in the actual counselling room. But if they tell me about it, often people have been to the doctor because they have got anti-depressant problems. Also if they have got tightness in the chest as you say, they say it is emotional, it is relationship. It is to do with endosacrificism. There is a book called The Anatomy of the Spirit which is about different energy centres in the body. And she connects that to emotional situations. And I do believe that our relationships can affect our bodies negatively and positively. So I suppose if it comes up that they have got an issue or a problem, I will ask them if it has got worse since their relationship has got worse. Or is it something like that? Is that what you mean?

KMN: Yes. Yes.

CLR: My opinion is that I do believe that our relationships do affect our health. I would say that and listen to their response. Has this happened to you...? In the counselling room, there was one couple. The man was very stiff and he had a very bad back and he had to sit on a chair and it was quite hard for him to sit still. I said you can move around. But when he was talking it eased. It was when he was not talking, when he was listening, so it made it very hard for his partner to be able to talk to him, because he wouldn't be able to sit still. So we did come to the conclusion that it was very good for his back to walk. So then we went walking together and we could talk more easily

KMN: When you find that couples are blaming each other or accusing each other in the counselling session, how do you deal with that?

CLR: I don't get that too much. But if it does happen I would reflect back and I would say, I would stop that person who was blaming and then ask what do you feel about what she said, so that it is balanced. I wouldn't give or allow that person to have too much time. Once they had said a bit, I would stop them because I wouldn't want to let them have too much power in the counselling session. And therefore I would make an example of there is two sides. There are two of you and just one person can't dominate. And that is the key to what are the factors in couple therapy I believe, not to let one person dominate the other and abuse the other. And if one of them does, I would quietly and firmly say that should not go on in a session.

KMN: Can you work with couples' feelings? If so, how do you handle that?

CLR: The couples' feelings. That is what I am trying to deal with all the time.

KMN: How do you deal with their feelings?

CLR: Their feelings are expressed in their words. And then I perhaps if they don't know, they are not really in touch with their feelings, I will say I feel that you are feeling or I hear that you are feeling, so I tell them what I have picked up, what their feelings are if they are not in touch with them. Sometimes people aren't in touch with their feelings, so it is really sad when it doesn't happen. Mostly couples coming to counselling are very much in touch. One of them is more aware than the other. Otherwise, they wouldn't come to counselling. But I do say to one partner, what do you think of this partner's feelings? How do you cope with the person's feelings towards you doing this? I deal with their feelings by identifying them so they are aware.

KMN: So that means you help them to be aware of their feelings.

CLR: Yes. I am teaching them, yes. I empathise and I sense. I sense and I understand that you are feeling sad and I would like to know how we can deal with that and how John can deal with that too.

KMN: Okay. This question is very short, but quite a big question probably. Describe how you work with couples. **[QUESTION 11]**

CLR: How do I work with couples?

KMN: How do you usually work with couples? This is the main question for me in my thesis.

CLR: I work by interacting with them, getting involved with their patterns, interacting with their patterns. When I have interacted with them, I can reflect back. By interacting with them, by discovering their negative patterns going on between them, by recognising that. Then I show them that and I say this is your enemy, so that they can work together in untangling and deconstructing the pattern and doing something totally new. There is a new start and they see it as a new start, and not just putting on cello tape and sticking plaster. It is allowing change, allowing each other to change. I really want them to recognise that they can allow, they must allow each other to change. And I work with them to learn to respect each other again and appreciate each other again. I don't want them to get too much past the line where they tend to have got too much resentment there and then it is too late really I think. Some couples, they come too late. But for others it is learning new ways of sharing appreciation and doing these things again. Some couples are starting to date again. It is reconstructing together.

KMN: Okay. I think I have done all the questions. Would you like to say more?

CLR: No. You have got my email address if you want to ask my anything. And let me know when your thesis is available.

KMN: Thank you very very much for doing this interview with me. I really appreciate your participation and time and I have learned a lot from you in this interview.

CLR: Take care. God bless.

KMN: Goodbye and God bless you.

CLR: Goodbye.

## **Appendix 17: Interview Transcript with WFS20 (9 December 2008)**

Mai: Speaking to Mairead already.

Kmn: Oh, this is Kimin. Thank you very much for your time and interview anyway.

Mai: You are welcome.

Kmn: I am very happy to talk to you on the telephone today and thank you very much indeed for doing this interview with me. (Mai: Yes.) It is a big help and I really appreciate it. To make it easier for both of us and to use our time well, (Mai: Yes.) I have prepared some questions. (Mai: Yes.) Some of the questions require only short answers, (Mai: Yes.) while some others require longer answers, (Mai: Yes.) according to your own experience, (Mai: Yes.) and situation. (Mai: Yes.) You may feel that some of the questions are not relevant to your situation.

Mai: It is because I have not actually counselled couples.

Kmn: Okay. In that case, you could say why it is not relevant for you. (Mai: Okay.) Feel free to answer them in whatever way you think is best. (Mai: Yes.)

Kmn: Would you like to make any comment or to ask for any clarification before we begin?

Mai: Well, I am wondering if we are talking about couples who learned Focusing.

Kmn: Ah, a little bit, but also, this interview is about Focusing.

Mai: Yes, it is about counselling couples. (Kmn: Em em.)

Mai: And I wondered if the couples we are talking about would know the Focusing process.

Kmn: Yes. So I didn't get your point. Sorry.

Mai: You don't understand this. (Kmn: Yes, yes.)

Mai: Can I ask this? Am I at the moment, do I have couples that I am working with?

Kmn: Ah, no.

Mai: Then perhaps I can hear some of your questions, Kimin, and I will know from that.

Kmn: Okay. Are you ready?

Mai: Yes.

Kmn: It is okay. Okay?

Mai: Yes. Yes.

Kmn: It is okay.

Mai: Yes.

Kmn: How many years have you been a counsellor?

Mai: For about 20 years.

Kmn: 20 years.

Mai: Yes.

Kmn: How long have you worked with clients in Focusing-oriented psychotherapy?

Mai: I qualified as a Focusing Facilitator in 1995. So that would be about 14 years.

Kmn: So you are very experienced.

Mai: Yes, I have a good deal of experience, Kimin.

Kmn: Em. That is good. What is your main counselling orientation?

Mai: Psychodynamic.

Kmn: Okay. Psychodynamic, yes.

Mai: Yes.

Kmn: So do you use both of them?

Mai: Pardon.

Kmn: Do you use both of them? Psychodynamic and Focusing?

Mai: Not very consciously. Of course in my work, ah well sometimes. But my main way of being with people is more on the person-centred Focusing way.

Kmn: Okay.

Mai: A sort of done in the Focusing way.

Kmn: Em em. But you also use the Psychodynamic approach.

Mai: Yes, yes. But to clarify that.

Kmn: Okay.

Mai: I mainly teach people how to connect with their own inward source, with their Felt Sense. (Kmn: Em em.) And so when we are talking about a current problem that they have. (Kmn: Em em.) I encourage them to make it how that feels for them. (Kmn: Em em) And as they pay attention to that, then somehow that stirring emotional comes up. (Kmn: Em em) And so they are going into the psychodynamic area of what of their past has effected their behaviour.

Kmn: Em em Okay. How many sessions working with clients do you have most of the time?

### [QUESTION 1]

Mai: I am not sure what comes to mind, because the more that I teach Focusing, they are usually coming wanting to learn the process. (Kmn: Em em.) And so I will offer them initially six sessions, six weekly sessions.

Kmn: Six sessions. Aha, yes. So once a week you mean?

Mai: Once a week, yes, for six weeks.

Kmn: For an hour.

Mai: One hour?

Kmn: Yes.

Mai: And after that if there are clients interested in going more deeply into the process, then I would continue it. Usually I would tell them then, once every two weeks.

Kmn: Em em. Once every two weeks.

Mai: Yes, I mean when I am teaching them the process and they are wanting to learn it from me.

Kmn: You mean during the counselling session, do you teach them?



Mai: Yes, I do. Yes. Remember Kimin that they are coming to me in order to learn Focusing. (Kmn: Em em.) But dealing with their problems, they are also wanting to learn the process.

Kmn: Em em em. Okay.

Mai: So it is a little different from the open counselling.

Kmn: Em em. I see. Okay. That is interesting. Okay. How would you define the Focusing-oriented approach?

**[QUESTION 4]**

Mai: How would I...?

Kmn: Define.

Mai: How would I define it?

Kmn: Yes, yes, the Focusing-oriented approach.

Mai: Well, more about that other one, Kimin, the one that comes to me about their problems. (Kmn: Em em.) What I am wanting for them in the longterm is that they will discover their own Felt Sense, their own inward source, and they are able to live their lives out of that. (Kmn: Em em.) They are able to receive guidance from within themselves. Well, that is what I want for them in the longterm.

Kmn: Aha, that is longterm.

Mai: That is longterm. Meanwhile, I would be teaching them the Focusing attitude. And the more I am doing that myself, then the more that I am with them, and moving around in that way.

Kmn: And moving around in that way. So how can you say the Focusing-oriented approach?

Mai: Well, I think that is what I have just said, Kimin, about the Focusing-oriented approach. In the longterm, I am wanting them to be able to Focus when they deal with their own problems, and guide themselves from the inside.

Kmn: Em em. Okay. Guide them inside.

Mai: Guide themselves from inside.

Kmn: From inside. Okay. So that is Focusing from the Felt Sense. That is a Focusing-oriented approach, and it is what you mean. (Mai: Yes.) Aha, okay. What were the circumstances that led to you applying the Focusing-oriented approach overtly with a client in your counselling work? **[QUESTION 5]**

Mai: Can you repeat that question, Kimin, please?

Kmn: Yes, a little bit longer. What were the circumstances that led to you applying the Focusing-oriented approach overtly with a client in your counselling work?

Mai: I didn't get the first part of it.

Kmn: What were the circumstances that led to you applying the Focusing-oriented approach overtly with a client in your counselling work?

Mai: When I began to train as a counsellor I did not know Focusing. (Kmn: Em em.) And after one year of counselling training, I learned Focusing. I learned to do it myself for myself. And once I learned it for myself, I wanted to teach it to everybody (Kmn: Em em.) because I found it so helpful.

Kmn: Em em. In which way, especially?

Mai: Once I learned Focusing, I was able to say, and I still say that my usual feelings are what helped me. If they are good, Focusing will help me deepen them. And if they are difficult, Focusing will help me to work with them. Focusing teaches me to like myself, so that I can keep myself at peace. Well, whenever visiting lecturers came and asked that question, and asked me for example, what you do find helpful about Focusing? That was always my answer. Focusing has enabled me to live my life in peace.

Kmn: Okay. In peace.

Mai: And that answer is coming to me from my environment through events and people.

Kmn: Em em. Interesting. And then you said your main counselling orientation is psychodynamic. (Mai: Yes.) So how do you know when and if to apply the Focusing-oriented approach?

Mai: In one way, Kimin, I don't think consciously now when I meet someone about psychodynamic. (Kmn: Em em.) My approach is always more a person-centred. And you know, I do trust my own Felt Sense in wanting the client to connect with theirs.

Kmn: Em em em em. So you are not conscious of that.

Mai: I am not really conscious of approaching things in a psychodynamic way.

Kmn: Aha. Okay. Em. Okay. Would you like to say more, or is it okay?

Mai: I think yes. Maybe I can come back to it again, Kimin, if I want to.

Kmn: Okay. You know in Focusing, there are especially listening and (Mai: Yes.) reflect back.

Mai: What?

Kmn: Reflecting

Mai: Yes, yes, yes.

Kmn: Quite important elements.

Mai: Yes. Right.

Kmn: In Focusing.

Mai: Yes.

Kmn: How do you find that? First listening?

Mai: I repeat what you have just said. I found them very important elements. I found that nothing deeper can happen unless a person can listen within themselves and reflect back what somebody else is saying and feeling. They are essential.

Kmn: Em em. So in your work, do you use listening and reflecting back?

Mai: All the time.

Kmn: All the time, and then are they effective?

Mai: If a person comes, say, for the first time, and they tell me well you know, they have this problem and that problem and all the things that happened, I let them go on for some time. (Kmn: Em em.) And then usually I would ask them if it would be okay for me to say back some of that they have told me. I would always do that with a new client. And that is my way anyhow to reflect back what I am hearing. (Kmn: Em em.) And I invite them to correct me if I have not got it right.

Kmn: Em em. So they are very very crucial elements.

Mai: They are very crucial, Kimin, yes.

Kmn: Aha, aha. Okay. How was Focusing used in each case? **[QUESTION 6]**

Mai: I don't, I find that question a bit general, Kimin. How do I use Focusing in a particular case?

Kmn: Yes, yes.

Mai: I can give you an example.

Kmn: Okay. Thank you.

Mai: A family member of mine rang me the other night, and she said, "I am feeling very anxious".

Kmn: Anxious. Okay. Em em.

Mai: Okay. Ah dear, there is anxiety there. (Kmn: Em em.) She said, "yes". And I said and you are noticing that there is anxiety there. And she said, "yes". And perhaps you are noticing where that is in your body. (Kmn: Em em.) Oh, she said yes, in my chest that feeling. It is like a burning feeling. Where, I said. There in my chest. That is where it is. It is a burning feeling. And she said yes. It would be okay now for you to be present to that in a very gentle way. Let that whole anxious part of you can feel that it is heard by you. And she said, "yes". And this particular person knows Focusing. And then after some time, she said "it is beginning to ease a little bit". Oh, I said, yes. Now it is beginning to ease. And now you might get a sense of what it is that brings it, just now this anxious part me, she said, it is about a course that I am following. Oh yes. The course that you are following. You might get a sense of what it is about the course that brings this anxious part. She said, oh its that I feel a lot of pressure between minding my children and going to the course. Oh, I said, there is all that there now about minding your children and going to the course. And we are both listening to that now. And you might get a sense of what feels like the crux of the whole thing now. And she said, "why?" I said. Here and now she said a memory comes. Oh, I said, your memory is there. She said ah, it brings tears, and now she is in tears. And then she said it is about how I failed an exam long ago myself. Oh, I said and that memory comes right now and it brings tears. And so we stayed like that. And she said its hard having hidden that memory or that experience and of never telling anybody about it. So, ah I said and there is that there, too. Tis she said and there is a part of me that is ashamed about it. Oh, I said and there is all of that there now in that memory that comes. Just take some time now if that feels okay. Just listen to all of that, just being with it now in an open way. And so we did that. And then after some time, Oh, she said, you know I feel it's easing a little bit. And so I am noticing now that it is easing. You might get a sense now of what all of that needs from you now. And then she said, you know, after a little while, it needs me to be gentle with it. And then now she took some time with that and she is going to be gentle and not judge it.

Kmn: Em em not judge it.

Mai: Yes, and then we were coming to the end of our time. And then just she mentioned that it was all clear, a big energy had come, a big shift that she could feel had come once that memory came. And now she is feeling you know a good bit better and I invite her now to protect all that had come from anything negative that might come out. And so she did that, and she said I could have sensed it light around it to protect it. And I said just to thank her body now for all that special guidance it had given her. And that was the end of the session.

Kmn: Aha. That is the end of the session. So beautiful, oh! Yes, I like that very much. A very good example. I can use it. Do you know the six steps in Focusing?

Mai: Pardon.

Kmn: Do you know the six steps in Focusing?

Mai: Yes, right.

Kmn: Do you follow them in your work?

Mai: I follow them very well, Kimin, if you were noticing.

Kmn: Em em. Aha.

Mai: Would you like me to track them down? The first thing would be that you would ask the person to become quiet, which I did. She was sitting down. And after she told me about the anxiety, I asked her to let her mind become quiet. That is the first step. And then to notice how that anxiety felt in her body in order to get the Felt Sense. Then I would bring in the Focusing attitude to it. And then listening of course. And then noticing when something had shifted. When the memory came and the tears came, then she had that Felt Shift.

Kmn: I can see that, yes.

Mai: And then looking for the action step at the end.

Kmn: Em em. Do you have your own steps? Or do you just follow the 6 steps generally? That is my actual question.

Mai: No, I wouldn't be counting them, Kimin, because they would always be there.

Kmn: Em em. Oh, okay.

Mai: You are aware of the steps yourself at the end of Gendlin's book.

Kmn: Ah, yes, yes.

Mai: Yes.

Kmn: Because some have different steps, yes.

Mai: Pardon?

Kmn: Some people have different steps in Focusing.

Mai: They are different ones.

Kmn: Different steps, a different way to follow or to use.

Mai: Perhaps. Well, I am sure there are different ways of doing it, Kimin. But my thing is that you get to the Felt Sense and that you are listening with them.

Kmn: That is the main point, yes?

Mai: That is right. The Felt Sense and the Focusing attitude, those are the two key points.

Kmn: But you know some people, well for some people, it is very difficult to get the Felt Sense.

Mai: Oh, sure. I know. I understand.

Kmn: So how do you do that? How do you do it in this case?

Mai: Well I had a woman come to me one time, Kimin, and she wanted to learn Focusing. And that was one of the problems that she was working with. She wasn't able to notice anything in her body. She kept talking all the time from her head. Now I would not let her do that for the whole hour. When she had talked and talked and I had reflected back, I would stop her up and ask if she might just like to say how she was. And just to notice how her chest was, and her abdomen, was she noticing anything in there? In other words, I wouldn't let a person go on talking, talking, from their head.

Kmn: Yes, yes, yes. Some people are just talking, talking, talking.

Mai: Talking, talking, yes.

Kmn: Yes, yes.

Mai: I might get very very tired listening to somebody like that up in their head all the time. And so I notice myself getting tired. And when that happens, I begin to invite them and stop them up and slow the pace, and share the thing back very slowly, some of what they are telling me. And then invite them gently to notice anything in their bodies. And the woman I mentioned that was coming to me. As she began to be able to do the Focusing, and once she learned it, she was very good at it.

Kmn: Em em. Oh, I see. Okay. This question is maybe a little bit awkward. Oh, anyway. Was the Focusing-oriented approach effective? Of course, you will say effective, probably. How? What outcome was achieved?

### [QUESTION 7]

Mai: When I used it with clients is it? You are asking me to say whether I found it, the Focusing approach, helpful when I used it?

Kmn: Yes, yes.

Mai: Yes. I have found it helpful. And that is the answer to that.

Kmn: What outcome was achieved?

Mai: What I had been wanting to achieve. When I sit with anybody who comes to me, what I want to achieve, what the outcome I want for them is that they will discover their own Felt Sense and be able to listen to it. And guide themselves out of that in their lives.

Kmn: Em em. Guide them.

Mai: And this is how it helped myself, Kimin. And it is then that I discover this inner sense. This inward source is what Gendlin calls it.

Kmn: Pardon me. I didn't get it, the last one.

Mai: You haven't got that? Gendlin calls it the inward source.

Kmn: Inward source.

Mai: Yes. So for myself it helped me to discover my own inward source so that I can listen to that and be guided from inside myself in my life

Kmn: Be guided from inside yourself

Mai: Yes, So then I am not easily manipulated by other people. I can stand back a little bit from the challenges that are there. And get a sense of how I am carrying them. And how I can move forward.

Kmn: Okay. How does using the Focusing-oriented approach make your work different? **[QUESTION 8]**

Mai: It makes it much more fulfilling for me.

Kmn: Much more.

Mai: Much more fulfilling. I get a lot of satisfaction out of it. Do you understand that word?

Kmn: Em em, satisfaction.

Mai: Yes. I find it very satisfying, when I am sitting with somebody who is listening inside themselves and finding their own wisdom.

Kmn: Em em. Find their own wisdom.

Mai: Yes, their own wisdom. Like when I was listening to that family member the other night when I am sitting with somebody who is listening inside themselves and finding their own wisdom. And she was able to go inside and notice how she was carrying the problem. And listen to the story underneath that experience that brought it back. And then notice that Felt Shift that came. And get a sense of how to move forward. I find that gives me a great sense of, gives me great energy.

Kmn: Great energy.

Mai: So I am not tired after a session like that.

Kmn: Aha, you are not tired.

Mai: You are not tired.

Kmn: Aha. Okay. That is interesting. Aha. Okay. You say you are not tired. Usually, you spend a lot of energy, yes?

Mai: Yes, I do and I am not tired at the end, even though I have put a lot of energy into it.

Kmn: Em em em. That is interesting. I am sorry I have a cold, so...

Mai: Yes, I can hear that, Kimin. And I hope you are taking care of it.

Kmn: Thanks. Another question. Do you have a special way of Focusing overtly with clients when you work as a counsellor? **[QUESTION 9]**

Mai: Can you repeat that, Kimin?

Kmn: Do you have a special way of Focusing overtly with clients when you work as a counsellor? If so, how do you do that?

Mai: Well I would like to say, Kimin, that I don't make a distinction between counselling and Focusing. When I am with a client who comes with their problem, I am with that client in a Focusing way, and wanting that client to be able to get in touch with their Felt Sense.

Kmn: Em em, get in touch with their Felt Sense.

Mai: Yes. Now I said, I must make this clear. Sometimes counsellors come to me.

Kmn: Em em. Counsellors! You mean counsellors?

Mai: Yes, yes. I have a male counsellor at the moment who comes to me to get more experience with Focusing. He is dealing with clients who are very very vulnerable, clients you know have addictions, drug and alcohol addictions and come from very disturbed backgrounds. Now the people that I deal with would not be in that category. So that counsellor who comes to me, he would be talking about, you know, the huge problems his clients have. And now they would not be able to Focus, those clients yet. So in the long-term, he would be hoping that he will be able to get them to find their own inner wisdom

Kmn: Em em, inner wisdom.

Mai: Yes. But meanwhile, he won't be able to do any of you know the Focusing steps with them.

Kmn: Em em. Why?

Mai: Well, he will be able to be with them you know with the Focusing attitude that would be there.

Kmn: Em em. Just focusing attitude.

Mai: Focusing attitude, the person-centred attitude.

Kmn: Do you mean the Focusing attitude is the same as the person-centred?

Mai: Yes, I think so. The Focusing attitude is that open non-judging attitude. It is that open, non-judging attitude that takes people where they are. And I think that is what the person-centred attitude is, isn't it?

Kmn: Yes, yes. You are right. You said during the counselling session you teach people Focusing. So how do you teach them? Just you have, do you have a special way to teach them? **[QUESTION 11]**

Mai: The first two hours, Kimin, are always as far as I can, bringing the Focusing attitude to them. I listen carefully to what they are saying and I will reflect that back. And that is always where I start. It is a Focusing attitude. And then I may not be able to do anymore than that in a session. But I would be asking them. So if they tell me that they are very anxious, I will of course just reflect that back. Oh, so there is an anxiety there. I won't say that they are very anxious. Do you get me?

Kmn: Yes, yes, yes. But you know, so how you know. I can't imagine how you teach them especially they don't know Focusing. They don't know a Felt Sense. They don't know, ah well, Focusing itself. So how do you teach them?

Mai: Kimin, I wouldn't imagine any technical language.

Kmn: Em em. Okay. You don't use any technical language.

Mai: I don't say I am going to teach you Focusing. I wouldn't mention Focusing at all to them. I would be there with my own person-centred Focusing attitude, person-centred relationship and reflecting back. Listening and reflecting back. And then helping them to develop that attitude. If I hear them being critical of themselves, I would be rephrasing. So that they would begin to notice that open accepting attitude towards themselves. I would be moving about slowly. And then gradually I might be able to ask or suggest: Would they be able to notice where they are feeling, particularly in their body. So it would be very gradual over a long period.

Kmn: Em em. Do you think listening and reflecting back are enough to resolve clients' problems?

Mai: No.

Kmn: No?

Mai: Well, if....

Kmn: What else do you need?

Mai: It is good. But I think the ideal is that the person will be able to take normal care of themselves, and hear themselves guide themselves from the inside. That would be the ideal. Now everything that helps them to move towards that I would think is good.

Kmn: Em em. That is interesting. I think I have done with you. Thank you very much anyway.

Mai: I had made out some notes, because I thought we were going to be talking about how you would approach a couple with a problem. That is what I thought we would talk about. But perhaps we have talked enough, Kimin, for now.

Kmn: Say again. I didn't get it, the last

Mai: What I am saying is perhaps we have done enough for now.

Kmn: Em em. So! Could you say about couple work as well you mean?

Mai: Well, I wrote a few things. I made a few notes.

Kmn: Oh really? Yes, actually okay. So have you done couple work?

Mai: No. I haven't done actual couple work. But I have done some work with couple individuals who were resolving a conflict that had arisen. And I think it would be something like that.

Kmn: Em em. So how could you use Focusing-oriented approach to do couple work?

Mai: Well, that is what I asked myself when you rang me, Kimin. And I thought I was going to ask you with regard to couples, counselling couples, whether they know the Focusing process or not. That would be the first thing.

Kmn: Ah, I think I have done interviews already with others who are working with couples (Mai: Yes.) and then they say, it is very good to use Focusing, (Mai: Yes.) in working with couples. So I think, and they say usually they use, as you said, listening and reflecting back (Mai: Yes, yes.) and empathy.

Mai: Yes, of course.

Kmn: Yes, when they come to, usually when the couples come to counselling usually 2 people. (Mai: Yes.) That is couple therapy. (Mai: Yes, yes.) Husband and wife or partners, yes, and they come to the counselling session. (Mai: Yes.) And then of course they have some issues (Mai: Yes.) And then the counsellor gives time to each partner to say about their issue (Mai: Yes.) And then at that time ah the counsellor usually uses listening and reflecting back (Mai: Yes.) The Focusing attitude, as you said, yes. (Mai: Yes.) So that is very very powerful (Mai: Yes.) And effective in couple therapy. And they use the Focusing way, yes. Like as you gave one case example, yes like that, they use like that exactly.

Mai: Yes. And the two points that I had noted were. If a couple come to me, two people, looking for counselling, I would be asking them, each in turn, to say what has encouraged them to come for counselling. In other words, why have they come? And what did they expect to get from it? So I would ask one person first. And then I would either reflect that back myself or get the partner to reflect it back. Then I am sure that would take some time. Then I would have each of them do that in turn. Then I would be asking something like : Would there be one quality that each one values in their partner? And I would ask each one to say that and the other to reflect it back. And then an alternative would be one quality that they value in their relationship. It could be either or both. (Kmn: Oh, yes, of course.) And then I would ask them what in the relationship they would like to be different. And get them to reflect back. And then would there be one action step that each one would feel they could take towards improving it. Something like that. This would be enough for one session.

Kmn: One session, oh. Great! Very good. That is a very good kind of formation really. (Mai: Yes.) I think usually the counsellors who are using Focusing for couples would like that probably.

Mai: Yes, I am sure. I am sure.

Kmn: Yes. That is a very good way really.

By the way, where did you learn Focusing?

Mai: Where did I learn it?

Kmn: Yes, yes.

Mai: I learned it first. I was working in England.

Kmn: Aha, okay. I am very happy to hear that. Okay anyway. Thank you very much.

Mai: Thank you, Kimin. Thank you. Take care of that cold that you have.

Kmn: Oh yes. Today I am very bad. It is very difficult for me to have an interview today.

Mai: I know. I know.



## Appendix 18: Interview Transcript with MFP19 (17 December 2009)

Kmn: Are you okay?

V: Okay.

Kmn: It is a big help and I really appreciate it.

V: You are welcome.

Kmn: Okay. Thank you. To make it easier for both of us and to use our time well, I have prepared some questions. (V: Yes.) Some of the questions require only short answers, while some others require longer answers according to your own experience and situation. Okay? (V: Em. Yes.) You may feel that some of the questions are not relevant to your situation. In that case, you could say why it is not relevant for you. Anyway, feel free to answer them in whatever way you think is best. (V: Em em. Okay.) Would you like to make any comment or to ask for any clarification before we begin?

V: No. I think if I have anything that needs some clarification, I will, probably I will say so at that time.

Kmn: Okay. Thank you very much, Kevin. Okay. Are you ready to begin now?

V: Yes.

Kmn: Okay. How many years have you been a counsellor psychotherapist?

V: A counsellor I have been, and I have been a counsellor since 1979.

Kmn: Ah! 1979. Wow! How long have you worked with clients in Focusing-oriented psychotherapy?

V: I am not a Focusing-oriented psychotherapist. I am not a therapist. But I have been with Focusing since 1980 I guess.

Kmn: 1988. Oh 1980.

V: 1980, yes. I am not a psychotherapist. That is a psycho division of Focusing. I am a Focusing trainer and I am a Focusing Coordinator. I try to verify people in that process.

Kmn: Okay. What is your main counselling orientation?

V: Listening.

Kmn: Listening. What I mean is - Do you know there are many approaches, a kind of person centred approach, cognitive approach like that....

V: Oh, it probably follows most closely from a client centered approach to listening. (Kmn: Ah ha.) Yes. You see Carl Rogers that is the approach and with the Focusing attitude. So it is a way of listening from inside yourself to what is happening between us.

Kmn: I see. So can I say your approach is client centred listening approach?

V: Yes.

Kmn: Okay.

V: Yes. It is modelled on that history. It has evolved into my own particular thing, that is including more than Carl Rogers. But it certainly is included in Carl Roger's approach, yes.

Kmn: Okay. Oh, okay. Thank you. How many sessions working with couples do you have most of the time?

**[QUESTION 1]**

V: How many?

Kmn: Sessions.

V: Do I have?

Kmn: Yes, working with couples do you have most of the time?

V: If I understand you, I am not quite clear, because I can have up to four years or maybe five years of sessions.

Kmn: What I mean is: How many sessions in counselling session?

V: Yes.

Kmn: One session or 10 sessions or 25 sessions?

V: Maybe hundreds.

Kmn: Ah! 100 sessions?

V: Could be.

Kmn: With couples?

V: Oh, not with couples. No. I don't do much with couples now. Oh, maybe 10 sessions.

Kmn: 10 sessions. Okay?

V: Yes. But with other things, it can go on for years, because it is involving training and all kinds of different things. (Kmn: Okay) With couples, yes, it is different, yes.

Kmn: Okay. Can I say you have 10 sessions with couples?

V: I think so because well I haven't done it, I haven't actually listened to a couple now for maybe five or six years. So if my memory maybe is not that clear.

Kmn: Okay. Thank you. How do you meet couples in couple therapy most of the time? **[QUESTION 2]**

V: In my studio I meet them, in my place.

Kmn: What I mean is, only one partner or both of them?

V: Both of them.

Kmn: Both of them.

V: Always two.

Kmn: Both of them.

V: Em em.

Kmn: When you met just one partner, why was this? **[QUESTION 3]**

V: No, always two. I always met both of them.

Kmn: Always, you met both of them.

V: When it is work with a couple, it is always with two people.

Kmn: Ah, two people, okay. How would you define the Focusing-oriented approach? **[QUESTION 4]**

V: In my approach, I get to hear each of them in turn. Each of them tells me their story. And I reflect that story back, so they get to hear that story for themselves. (Kmn: Yes.) So that we are in agreement that I understand what they are saying, and they say, yes, that feels right what I am saying. So we are in agreement

about what is being said, and at the same time, the other person hears the one telling the story. The one telling the story is heard by the other partner. (Kmn: Em em.) They don't say anything, but they just hear the story being told like this. And I am looking for some change or some thought, some signal from the other person at the same time.

Kmn: Okay. It is clear. Okay. Next question is quite a long question. What were the circumstances that led to you applying the Focusing-oriented approach overtly with a couple in your counselling work?

**[QUESTION 5]**

V: Okay. That work came out of a development stage that goes back many years called Interactive Focusing. It was a model that was developed by Janet Klein and Mary Maguire. (Kmn: Em em.) And it included me on many occasions and I taught their model for many years. (Kmn: Em em.) And I worked with it personally in my own relationship. So there was a particular model of listening that I used for maybe 10 or 15 years. I would do it in workshops. I would teach, formally teach that model. Not necessarily to clients, but as a teacher of a model, I would teach Interactive Focusing. That was the basis of what of how I approached the client work. (Kmn: Em em.) And then it evolved into my work, it is called Whole Body Focusing.

Kmn: Whole Body Focusing. I know, yes. .

V: That is mine. And it has some differences, but the original model was that, okay?

Kmn: Em em. So are there any case examples you could provide?

V: Any what?

Kmn: Are there any case examples you could provide? **[QUESTION 5]**

V: Any examples?

Kmn: Yes.

V: Not off the top of my head. I would have to go back years to remember the duration and the exact concrete. And I never recorded them. So I never did take notes, and I didn't record them like a therapist might. I didn't.... It was more experiential in the moment kind of thing.

Kmn: Okay. So when you met couples, so you listened to them. And then you needed to interrupt or make intervention, what I mean is, at that time you probably used Focusing, how do you know when and if to apply Focusing oriented approach? **[QUESTION 5]**

V: Well, put this way, I always use the Focusing Approach, always. I never had any other model, because the Interactive Focusing is Focusing. I am not trained in any other field, so I only use the elements of Focusing as a way of being with a client. That means I used my intuition of when to interfere or when to stop or to what to say. So intuitively, the power of intuition was a primary function of my work. So there is no theoretical model.

Kmn: So you don't have any theoretical model except Focusing.

V: That is right. Because I am an organic teacher at the same time which has nothing to do with therapy. An organic teacher is a body work orientated process. So I have not and I didn't have any particular training in theory. Theory isn't a thing that I feel a need for. It might be here after I have developed it, something, a programme. It might be here that other people also have that done and they write about it. I have people write about me and my work, but it is after the fact that I am the one who has a sort of created it by this intuitive. I am intuitive by nature. I let other people put the theories behind it.

Kmn: Em em. Okay. How was Focusing used in each case? Can you answer that? How was Focusing used in each case? **[QUESTION 6]**

V: Well, in each case, what we were looking for is for somebody to have Felt Sense of what they are feeling, whatever that might be. (Kmn: Em em.) And the value of that is that when they are able to get a Felt Sense of their pain or their due to there is a stress, or whatever their feeling let's call it, there is an energy in that. And that is what I am looking for, it is the life energy in the Felt Sense.

Kmn: If the clients, he or she, wouldn't get the Felt Sense.

V: Yes.

Kmn: What would you do in this case?

V: Then I wouldn't continue.

Kmn: Until they get the Felt Sense.

V: Yea. I would feel if the client was not able to have a Felt Sense, then my experience was not useful to them. So I would pass them over and refer them on to somebody else, because I am not able to work in other models. So I would only take on clients who could Focus. That was important for me as a way of working out of. I have certain skills, but I also have my limitations. So if someone, let's say someone is extremely angry and were unable to get a Felt Sense in the situation I couldn't work with them. And we wouldn't move from the anger into another place, there was no sense of help either. I am not a therapist so I don't intend to you know take on that type of situation. (Kmn: Em em.) And also my boundaries. I have taken myself to be extremely successful in the way I did, but there were limitations too with who I could work with and who I couldn't.

Kmn: Em em. Did or do you touch a client's body when you work with clients?

V: I can....

Kmn: You have Whole Body Focusing

V: Yes and I also have a right to and I am an organic teacher which is basically a touch kind of therapy. Then we have a training, a three year minimal training for touch and many many hours 15-100 hours per year or something. You need a lot of training for that, so I have the right to. I tend not to do so much touch anymore, so I am not in a situation for prescribing (describing) for clients. And unless it is absolutely necessary, I don't. And I have not and I don't remember particularly a couple therapy situation. I try not to because touch takes away from some way, because there are many reasons why I would prefer not to if I don't have to.

Kmn: Have you ever like that when a couple came to you and then they had some problem and then they had a Felt Sense each one.

V: Em...

Kmn: And then especially bodily sensation is very strong, yes

V: Yes.

Kmn: In this case, would you introduce them to touch their Felt Sense area in each other?

V: No.

Kmn: No, never?

V: No. I kept it to the level of listening.

Kmn: Just listening.

V: Because I teach them to listen to one another. So I don't go into touch, no. I could have, but I didn't.

Kmn: Ah no, what I mean is, you don't touch

V: No, no, but I didn't teach them to touch either. No, I didn't. That would be a whole other field and I am aware that touch is pretty powerful. While I felt that there were some limitations around what was possible in this particular therapeutic model I was using, which was mine, and touch would have been an extra piece that would have to be. I would have to teach a certain kind of touch and it was called touch without agenda. In other words, touch without any anticipation of any expectation of the result.

Kmn: Em em. Okay. Thank you. Was the Focusing-oriented approach effective in each case?

**[QUESTION 7]**

V: Yes, I was quite ever surprised. Yes, I felt that it was very successful but then remember that I selected my clients based on their ability to have a Felt Sense. So the outcome was generally very positive.

Kmn: Em, very positive.

V: Very positive, yes. I was all pleased with the results. It didn't matter and often it didn't need, it didn't necessarily need separation. And there are which often was at least I know from other counsellors in couples' work that often needs for separation when they come to counselling it is almost over you know. But in this case, no. They were people who were willing to continue to dialogue with each other because they know how to and that was really the message: Can I teach you how to listen to each other?

Kmn: Okay. So the next one. How does using the Focusing-oriented approach make couple therapy different?

**[QUESTION 8]**

V: Make what different?

Kmn: Make couple therapy different.

V: Oh, I think because I

Kmn: How?

V: How? I think it is a, in my opinion, it is the fact that people are grounded in their whole bodies, grounded in a sense of themselves as a person and to some degree separate from their stuck place about what the problem is with each other, makes them aware of the larger picture of what is there between them. And so it is not just all about what is wrong with the other person. (Kmn: Em em.) For example, if the person is angry with the other person about something, it is always about I am feeling anger and it is about being able to be with the anger in the full right and how I am impacted about it. (Kmn: Em So you take it a bit away from the content to be able to, to not isolate, but just to allow the body itself to embrace and support the pain of the story, the pain of the suffering, this pain of it. (Kmn: Em.) That seems to take a lot of pressure away from content.

Kmn: Em em. Something is very interesting. Em. But sometimes you know, I hope you remembered your therapy session with the couple therapy. Usually they came to the counselling, both of them usually.

V: Em.

Kmn: And then ah well they had some issues, usually they have relationship issues. So somebody, well, one of them is usually wicked and then the other is usually persecuted, so they are attacked all things like that.

V: Yes.

Kmn: So in this case, I think it is very difficult to meet a place of them because there is imbalanced power between them, so how would you do that in this case?, in a Focusing way?

V: Em. Well, first of all there is a Felt Sense. For example, the one who feels the victim.

Kmn: Em em

V: Hopefully I can get actually their experience of themselves is, is more than the victim. And so what I am looking for is the self of a sense of empowerment beyond victim, that would empower and the other side the person who was feeling relief or control, I guess we might say, it is the opposite of the victim. There is the other kind of defence mechanism. You have to find some softening and some compassion for themselves who have to do that and some softening in that as I see it I kind of defend it or protective that is rigid and tight or whatever and looking for a sense of self that can move beyond it and hold it. So I am always looking for the larger picture I can get. Focusing of course is a great help. Focusing, I think it is a great help, because it brings a much larger sense of their experience, beyond the pain of it.

Kmn: Em em. Okay. The next one. Do you have a special way of Focusing overtly with clients (couples) when you work as a counsellor? **[QUESTION 9]**

V: Do I have a special?

Kmn: Special way of Focusing

V: Yes, I do.

Kmn: So, if so, how do you do that?

V: As I said earlier, I first of all, the two are sitting there. I don't listen to any story until I give them what is called an intunement, and really it is a kind of grounding and relaxation. So that they become present in the moment and are able to ease up a little bit from the tension of being there together being involved with what they want to say and I want them to be a little bit more relaxed and safety is important they feel safe with me, and safe in the room, and safe in the environment. (Kmn: Em.) And then I will choose or we will see who wants to go first. I set the ground rules. I will be speaking to one person. And the other is to remain very silent but aware. Not just aware about what is being said but also aware of how their bodies are experiencing what is being said. (Kmn: Em em.) And then I listen to the person basically through Focusing, basically in a Focusing way. I am listening to them, I have got a feeling for what they are saying. I take it in. I get a Felt Sense of what they are sharing. And I reflect that back and the whole process slows down. So the healed feelings get to soften and have not got quite such an intensity. (Kmn: Em.) And things begin to change just a little bit, or to say it in another way, the way they carry that story begins to change. The other person is picking that up. And then when that one person, person No. 1 feels complete in the bit I felt we have enough here to pause and to go on to the other person. (Kmn: Em.) The ground rules apply. They are to be quiet. And then I build the same rapport and relationship with the other person who has now two things going on. The other person had something they wanted to say from the beginning of course, but they have also heard what the other person has shared. So what they may want to say now might have changed from what they had intended to say. (Kmn: Em em.) And then I listen in that way and obviously then they start to feel and carry that in their own story a little more softly and less intensely. And again I am looking for something happening. Some kind of change is happening between them. And I get that in mostly through a bodily sense. (Kmn: Em.) There can be eyes but basically it is a bodily, maybe a bodily visual sense. I don't quite know. It is hard to define. But I am looking for some deepening connection between them that seems positive in some way. The other thing there is a connection that is very tight maybe. But they are saying that there is a listening to that tightness and there seems to be some flow, maybe the flow between them. That is what I am looking for and if I can name it or use it I will.

Kmn: Em em. Okay. Thank you. In what other ways does Focusing influence your counselling work? **[QUESTION 10]**

V: The Focusing is the way that I listen in Focusing, after all these years is very special so when I listen to you and hear what you say I take it in. (Kmn: Em em.) You can hear me on the pause at times. Because at some level I don't know what to say back. But something in me does. (Kmn: Em em.) And I wait for that deeper level of thought to know how to be with you in what you are asking or what you are sharing or something like that. So there is that deeper level of self or a larger sense of self that is always being invited to participate in this dialogue that is happening between us. (Kmn: Em em.) And you will notice there is often a pause, as I let that thinking wait, waiting for the response from inside of myself and that would be, I listen that way regardless of the situation.

Kmn: Em em em Okay regardless of the situation. Have you ever taught Focusing to couples?

**[QUESTION 11]**

V: Yes, I have.

Kmn: How do you do that?

V: Ah, there are different situations that come to mind. Often they know, some people know something about Focusing before they have come to me. Ah, I teach them directly out of their own experience. For example, when I teach them how to tell me a story, and then I guide them to take that story into a deeper inside and get a feeling for it. Often the way I reflect it back, I will say, so you are feeling this anger here. Can you feel that? Where do you feel that in your body? (Kmn: Em em.) So I am teaching them an experiential way. At some point I say that is a Felt Sense. And so depending upon the people I would go by what I know of Focusing gradually through their experience of their situation. The idea is for them in the end to listen to each other in a Focusing way, outside of the session with me. So it is a life skill that I want them to take home.

Kmn: Em em. So they can focus. They can do Focusing with each other.

V: Yes

Kmn: At home?

V: Yes.

Kmn: Aha, ah, that is interesting.

V: Yes. And there is one little separate little simple exercise I have with people who are very new. And I say, go for a walk with each other. (Kmn: Em em.) And for the first five minutes, one person just simply says what is there for them at the moment. And the other person keeps quiet. And they just say whatever is on their mind. And the other person doesn't judge, doesn't get into it in any way. And then they switch. So the other person has five minutes just to say what is there for them. The other person doesn't say anything. (Kmn: Em em.) I found that simple exercise very very useful. Because I remember my own experience. I used to think of my partner must be thinking about me all of the time and all the bad things I am doing to discover that actually they have their own lives, they are not even thinking of me at all. (Kmn: Em.) That was very helpful to me and I know that people like doing that. If you are heard, knowing that you are not going to be judged or criticized or say oh yea, I hear that. Hear is, this is for me you know coming in with their own stuff right away, it prevents them to get from getting their story out. And that is what I would probably teach them at the first lesson.

Kmn: Em em em em okay. So I was wondering whether you had a special model for couples?

V: Ah, I probably do. I probably have written a piece somewhere. I haven't used it for a number of years, for quite a few years, but I am sure I do. I have a manual on the larger thing (Kmn: Em em.) that on whole body Focusing, or what you call Focusing with your whole body, that's one manual. But there were many manuals written with the Interactive Model. And I could/can always refer them to that. Or there was a handout on how to listen to each other. In those days there was lots of information around that I would use depending upon who was there.

Kmn: Do you think there is any limitation, when you use Focusing to couples?

V: Is there a limitation?

Kmn: Yes.

V: Yes. Well, yes. I think there is a few things. The bigger thing is, I mean first of all, many people cannot get a Felt Sense for one or a variety of reasons. I am thinking, I mean I do, I have worked with people who are either forms of addiction and alcohol or drugs. When they are in the addiction, I don't feel they can work with me, because they are not able to be with themselves. (Kmn: Em em.) So, oh yea, Focusing can only work when some, this particular counselling for couples works when people are genuinely willing to be open to themselves first. I mean Felt Sense requires an openness of attitude towards what there is inside with me. So there is a certain degree of honesty that is required and integrity. Not everyone has that. And then the role to honestly listen to what is actually happening in the other person. (Kmn: Em em.) So there is a fair amount of maturity required for this type of thing to work in a Focusing way. Yea, there are a lot of limitations to Focusing I think.

Kmn: Em em. This is a very special case in my country. I am from South Korea.

V: Yes.

Kmn: Anyway, we have special symptoms, and especially female who is married gets these symptoms usually.

V: Yes.

Kmn: They have, we call it, Hwabyung, that means anger bodily symptom kind of (V: Em em.) because they have, for example, they have a heaviness in their chest. (V: Right.) Because her husband is drinking too much. (V: Yea.) And sometimes very violent at home, (V: Right.) yea, domestic violence. (V: Yea.) So she gets these symptoms like heaviness. (V: Yea.) So they go to the hospital to check their body because that is a kind of very painful as well from time to time. (V: Em em.) And then they take an X-ray, but it doesn't have anything (V: NO.) in their chest. (V: No, no.) Yea, and then usually the doctor says to go to the psychiatric doctor, counsellor or psychotherapist, yes. (V: Em em.) Because this is not body problem. That is psychological problem.

V: Yes.

Kmn: Things like that.

V: Yes, that is a good example. Yea, that is a very good example.

Kmn: Yeah. This is very often in my country and very strained.

V: It happens a lot, did you say?

Kmn: Yes, yes, a lot.

V: Yes.

Kmn: Especially between husband and wife.

V: Yea.

Kmn: They have their problem.

V: Yea. That is a very good example. But I have experience of doing a lot of teaching in Japan. Not the same as South Korea.

Kmn: In Japan?

V: Oh yes, I used to go there for five weeks a year.

Kmn: Really? Okay.

V: Yes, so I am familiar with Focusing in Japan. And though I can't compare that to South Korea because I don't know it. But I know that bodily based, there is a deep connection in Japanese culture between the feeling in the body. And what is actually being said or thought. And much more so than in the Western Culture. I remember working with that because I was quite amazed when you are listening to the Japanese, the Japanese person will pick up a lot more information than just what I am saying. (Kmn: Em em.) And I don't know, but anyways, you have given me a very good example of a situation where whole body Focusing would be a very good instrument because when we are dealing with this physical response to a painful situation. (Kmn: Em em.) Husband's drinking and the bodily response has a pattern that may be peculiar to South Korea I don't know, but it definitely has a reaction. And the question is can we get a sense of that reaction, that pattern by bringing it to the surface. So the pattern itself, the thing itself, like the rhythm for the shift or the change of response pattern comes from within it given that there is enough support from the rest of the body. So there is a whole relationship between the body as a whole well grounded and that sense of flow that the part of the body that feels healthy, the part of the body that is obviously responding in an unhealthy way. Can we get that unhealthy part to rethink? To reprogramme itself to handle the situation of the drinking differently, that would be the challenge. (Kmn: Em em.) That wouldn't be in couple therapy. That would be one on one. Because that is a particular issue for that person. It is triggered by the behaviour of the husband, but the change has to come from within that one person. The husband really has no role until that person is able to deal with the response pattern and part of that is to address the issue of the husband's drinking I think. I haven't done any work on that, but I do a lot of work with people who have got these kind of patterns, because that is my organic background, yes. (Kmn: Em em.) Tha to me is a fascinating, the link between the physical disability and the emotional story, and that was my own story originally 25 years ago. I was interested in going into this field because in my work I related my own body between my physical disability and emotional situation. So I have a personal interest in. (Kmn: Okay.) And I know how and that there are ways of addressing this and I am sure there are many ways.

Kmn: Em em. Oh, thank you very much. Would you like to say anything?

V: Would I like to say anything?

Kmn: Yea. I am finished.

V: But if there is anything you wanted to ask me further, just email me.

Kmn: Oh, it is okay to send email?

V: Yes.

Kmn: Oh, thank you very much.

V: Okay.



Kmn: Okay.

V: Bye bye for now.

Kmn: Have a good day.

V: Okay, yes, yes.

Kmn: Okay. God bless you. Bye.

## **Appendix 19: Interview Transcript with WFP17 (28 November 2008)**

Sly: Hello.

Kmn: Okay. Are you all right?

Sly: Good. Yes. That is fine.

Kmn: I am very happy to talk to you on the telephone today, and thank you very much indeed for doing this interview with me.

Sly: You are welcome.

Kmn: It is a big help and I really appreciate it. (Sly: Good.) To make it easier for both of us and to use our time well. (Sly: Yes.) I have prepared some questions. (Sly: Right.) Some of the questions require only short answers. (Sly: Yes.) While others require longer answers according to your own experience and situation. (Sly: Okay.) You may feel that some of the questions are not relevant to your situation, and in that case, you could say why it is not relevant for you. (Sly: Okay.) Anyway, feel free to answer them in whatever way you think is best. Okay?

Sly: Right

Kmn: Okay. Would you like to make any comment or to ask for any clarification before we begin?

Sly: No. I am happy to go ahead, and if I need to ask a question, I am sure I can, as we go through it.

Kmn: Okay. So the first question. How many years have you been a counsellor?

Sly: Seventeen.

Kmn: Seventeen?

Sly: Yes.

Kmn: How long have you worked with clients in Focusing-oriented psychotherapy?

Sly: Okay. Now, that is a good questions. I am trying to think of when I actually did the training. -About two or three -yea. I am wondering if I should try to check that out for you do you know. If you put it at ten to seventeen, question mark beside that one. If you would like the exact, your know the exact year that I trained in Focusing, because I would have been bringing Focusing into my work with clients from the time I trained and I can go off and find that for you now or I can find it and you know send you a message on the email for that if that is easier for you.

Kmn: Okay, anyway, can you just say that approximately?

Sly: Okay. I would say a sort of maybe ten years or that kind of thing.

Kmn: Yes. Okay. And then, how long have you worked with couples?

Sly: Well, I would say.

Kmn: What did you say, the Imago?

Sly: Yes. The Imago couple relationship therapy I have only trained in during the last two years, three years. (Kmn: Em, em.) But I would have worked with couples, I am a child and adolescent psychotherapist, so people ccome to me with problems with their children. (Kmn: Okay.) And sometimes then I would work with the parents, and sometimes I would work with the couples. So I am sure you could say if I were to develop that a little bit more, maybe twelve years, but small amounts, small numbers of couples. Only more recently have I specifically you know focused on couples.

Kmn: Em em. Oh, that is good. Anyway, Okay. What is your main counselling orientation?

Sly: That is a good question, too, because I have done so many trainings.

Kmn: So in this case, can you say? Okay, go on.

Sly: Yea. I mean my foundational training was in Psychoanalytic Psychotherapy. But really since discovering Focusing, I have become much more person centred.

Kmn: Person centred. Okay.

Sly: Yea.

Kmn: So can you say you are a person-centred therapist?

Sly: Can I say I am a person-centred therapist? Let me think about that for a moment. (Kmn: Okay.) Yea, I would say so. I mean I think that I am very much aware of the spiritual, the spiritual dimension. (Kmn: Oh, spiritual!) Spiritual dimension, like psycho-spiritual work. You know there is the person who is struggling and then there is the whole person at the centre of that. You know what Eugene Gendlin talks about, the client to client you know.

Kmn: Yes, yes. The client to client, yes. Em em. So okay, so you are a sort of person centred therapist, okay?

Sly: Yea.

Kmn: Okay. How many sessions working with couples do you have most of the time, when you work with couples? **[QUESTION 1]**

Sly: You mean, how often would I see them? How long would I see them?

Kmn: How many sessions yes, 10 sessions or...

Sly: I see them. Okay, so with the Imago, it is usually about twelve sessions. But after that there would be followup.

Kmn: Yes, yes, about 12 sessions.

Sly: Yes, plus they would be 2 hour sessions.

Kmn: Okay. So how do you meet couples in couple therapy most of the time? Do you meet both of a couple or one of them? **[QUESTION 2]**

Sly: I would be meeting both of them in the Imago approach when you know you meet the couple together. In the past I would have seen them individually as well. But now I would see them as a couple.

Kmn: Aha. So now both of them, yes?

Sly: Yes.

Kmn: Okay. When you met just one partner, why was this?

**[QUESTION 3]**

Sly: Okay. Well, part of it is, it was because of the particular nature of my work. But to begin with, when a couple come to me, it is often to discuss their child, and as part of the assessment I would see the parents individually and I would see the child also individually. (Kmn: Em.) And then with working with couples, sometimes if the tension has been too great, I would see that couple individually to see maybe there might be things they wouldn't feel free to say in the presence of the other. (Kmn: Okay.) That is in the Imago approach. That is a change in how I work. (Kmn: Okay.) Because I am working with the relationship now rather than with the individuals in the relationship.

Kmn: Aha, okay. Thank you. How would you define the Focusing-oriented approach? **[QUESTION 4]**

Sly: How would I define a Focusing-oriented?

Kmn: Define, define.

Sly: Define?

Kmn: Yes.

Sly: Yes. How would I define the Focusing-oriented approach? Okay. Well I would be using the Focusing attitude of curiosity and compassion and I would be aware of the body with its Felt Sense and directing people towards the Felt Sense. (Kmn: Em em.) And I would be empowering people to know that the answer lies within themselves. That would be part of it. I mean if I was working with individuals I would maybe teach them more of the Focusing steps. When I work with couples, I don't.

Kmn: You mean Six Steps or other Steps?

Sly: Yes, the Six are the basic Steps of Focusing.

Kmn: Six basic steps, okay.

Sly: But when I work with couples, I don't do that. I teach them the method, the Imago method, but I would direct them to the Felt Sense and I would be encouraging them to have Focusing attitudes to themselves and to each other.

Kmn: Em em. Okay. I will ask you later more about that probably. Okay, okay. This question is quite a long question. What were the circumstances that led to you applying the Focusing-oriented approach overtly with a couple in your counselling work? Are there any case examples you could provide? How do you know when and if to apply the Focusing-oriented approach? **[QUESTION 5]**

Sly: Okay, okay. That is a good question. And I will have to a kind of again think well when if there seems to be a kind of a block in the flow of the material or in the communication between the couples. (Kmn: Em.) Or if one person seems to be maybe freezed up with anxiety, I would encourage them to connect with themselves and to help to take care of themselves to feel safer. And Focusing is always very helpful with that.

Kmn: Em em. Okay. So are there any case examples you could provide? **[QUESTION 6]**

Sly: Any case examples that I could provide?

Kmn: Yes.

Sly: I would find that difficult to do because at this point I incorporated you know so unconsciously and because I have trained in the Imago, I am still learning how to apply the Imago principles and practices. So my emphasis, my conscious emphasis is on that because I am not used to it. The other you know, I just do it in a natural way.

Kmn: Em em. Okay. So how do you know when and if to apply the Focusing-oriented approach?

Sly: Well, I think I have answered that question already. You see the problem really is that you know I do use Focusing as part of, I use it very much in my own life. And I also use it with clients as appropriate. But I don't. I am not just a Focusing-oriented psychotherapist you know, so I told you that at the beginning. I only use it to an extent you know.

Kmn: Yes, yes. Aha. Okay. How was Focusing used in working with couples? **[QUESTION 7]**

Sly: Oh, I think again you see I answered that question. I know it is hard because you are doing a project on Focusing-oriented psychotherapy, so you really want very specific examples, and I can't give those to you.

Kmn: Aha. Okay. Oh!

Sly: That is hard. You see I am not at the moment, most of my work is not with couples. (Kmn: Aha.) I mean I actually only have one couple that I am currently seeing. There are two couples that I am currently seeing. And one of them I only started with last week and the other I have stopped until after Christmas you know. So my couple work is a very small part of my practice.

Kmn: Okay. So how do you, okay, in this case, a more specific question. How do you find listening in your work? In your work with couples?

Sly: How do I find listening?

Kmn: Yes.

Sly: Yes. Well I find it very important to listen, to listen with my own Felt Sense. And also to be absorbing the body messages of my clients as well as what they are saying you know, to hear the tone of voice to be, I think that the Focusing training has helped me to become much more into my body. (Kmn: Em em.) So it is a kind of listening intuitively and also bringing the physical dimension into my work.

Kmn: Em em. So do you think listening is very very important in your work?

Sly: I am sorry. What did you say?

Kmn: Listening is....

Sly: Listening is very important. Oh yes, it is very very important.

Kmn: Yes, yes.

Sly: And my work with the Imago, it is all about listening. It is dialogue. So one person speaks and the other person really listens.

Kmn: Oh yes.

Sly: And there are steps with that. So I am teaching also my clients to listen.

Kmn: So how do you do that? Yes.

Sly: How do I listen?

Kmn: How? No. How do you teach listening to clients?

Sly: Yes. How I teach listening to couples and again I will have to tell you because it is the Imago approach, I explain to them that it is not possible to listen to somebody if you are already thinking in your mind about how to make your response, or about whether you agree with what they say, as any of that mental activity makes it very difficult to hear the other person from their point of view; and that one of the reasons why couples have such difficulty in communicating with each other is that they try to communicate and to listen at the same time. So what I stress is the importance of taking turns. And in order to make that possible, there are steps. And the first step is to mirror what the other person is saying. (Kmn: Em em.) And I encourage them to do that from a Felt Sense, you know from a feeling place. And in order to do the mirroring they have to listen very well because otherwise they won't pick it up. So I teach them how to, the person who is speaking how to just say a little piece. (Kmn: Em.) And then the person who is listening how to know about that. And that is the first step of listening. And then the second step we call it validation. And with the validation, they have to say to the other person, you know what you say makes sense to me and because given that you have this experience it makes sense to me you know that this is how you feel. (Kmn: Em em.) And for that again they have to be able to listen very well. Oh, I left out a step. The first is the mirroring and the second is the summary, to be able to give the person a summary of all that they said, then the validation, and then the empathy.

Kmn: Solidation?

Sly: Validation. It begins with V.

Kmn: Ah! Validation. Yes, okay.

Sly: Yes, validation. The validation is to say you know it is like it is a mind that makes sense, it is to do with your mind. (Kmn: Em.) And then the last step is empathy, which is to do with your heart. So you say you know I imagine that you might be feeling and you might say something the other person didn't say at all like you know feeling lonely or feeling frustrated or feeling whatever it might be. (Kmn: Em em.) And in a way you have to listen with your heart and you have to look at the expression of the other person as well as hearing the actual content of what they are saying. So it is a very deep listening.

Kmn: Ah, this is a kind of listening in Imago or....

Sly: Yes. This is a sort of Imago dialogue.

Kmn: I know the dialogue, and there are steps, mirroring, summary....

Sly: The mirroring, the summary, the validation, and empathy.

Kmn: Empathy?

Sly: Yes.

Kmn: That is very good.

Sly: Yes, so it goes very well with Focusing.

Kmn: So then you, when do you use these 4 steps? Do you also use Focusing?

Sly: Sorry!

Kmn: Do you also use the Focusing way? As well?

Sly: When you say the Focusing way, you would have to tell me exactly what you mean by that?

Kmn: Using the Felt Sense.

Sly: I will use the Felt Sense when I feel that the couples, when somebody is having a problem, somebody is having a difficulty with the flow, then I would encourage them to see how they are feeling. (Kmn: Em em.) And also I use the Felt Sense in the way that those people, when somebody is doing the empathy piece that they watch the other person and that they would see from their expression that their body is involved, you know that there is a Felt Sense response.

Kmn: Em em. Okay. Felt Sense, okay. Anyway, this is very interesting, the four steps, mirroring, summary, validation, empathy.

Sly: Yes. So there is also in that the training that I have been doing for the last 3 years, which is called HAKONI. I don't know if you have heard of Hakoni?

Kmn: No, no, I have never heard of that.

Sly: Right. Because in a lot of ways Hakoni is very close to this

Kmn: How do you spell it?

Sly: H for house, H A K O N I.

Kmn: Hakoni. It sounds like Japanese.

Sly: It does, but it is not actually. I think it is a North American Indian word.

Kmn: American Indian word, okay.

Sly: Yes. It is developed by a man called Roundkirk. There are different kinds of Hakoni. And the Hakoni I am studying is Roundkirk's Hakoni.

Kmn: So what is Hakoni?

Sly: Well, what the Hakoni is, is that it is being with another person with a loving presence and then you know really staying very present to what is happening with them and what is happening with you at the same time. It is a mindfulness.

Kmn: A mindfulness.

Sly: A mindfulness approach which is very close to Focusing.

Kmn: Yes, it sounds very similar to Focusing really.

Sly: Yes, yes.

Kmn: Aha, so do you use both of them? Imago and Hakoni?

Sly: Yes. I do. Hakoni work with my individual work. But I use it with the couples because of the structure you know in order to absorb (involve) somebody, you have to create a very safe space. (Kmn: Em em.) And Hakoni is that the first thing is that you are a loving presence with whoever you are with so that they feel very safe, which is very close to the Focusing attitude.

Kmn: Okay. Was the Focusing-oriented approach effective? **[QUESTION 7]**

Sly: I am sorry. Could you repeat that?

Kmn: Was the Focusing-oriented approach effective?

Sly: Well you see it is hard for me to separate it out because it is just one element you know. But yes I think that to slow down and help people to be connected with their bodies, and when people can't do that then the work is not so easy; (Kmn: Em em.) it is not so effective. So in that sense yes.

Kmn: Okay. So I feel very much you say your main counselling orientation is person-centred therapy, yes. But I feel very much now you are more integrative therapy.

Sly: That is true, yes.

Kmn: Yes.

Sly: Yes, integrative. That is right.

Kmn: Rather than person-centred therapy.

Sly: Yes, that is right.

Kmn: Because you use.

Sly: Yes, I use so many therapies.

Kmn: You use many methods.

Sly: That is right, yes.

Kmn: Yes.

Sly: Yes.

Kmn: Oh! Okay. So why do you use many methods in your work?

Sly: I suppose it is something that it has evolved in a kind of organic way really. Do you know, I mean with the couple work, I was trying to help the couple, I was working with their child. The parents were having a lot of difficulties and I was working with them and having a hard time working with them. And I came across the Imago and there was a training available and I found it a very very good way to work with couples. So that is how that developed. And then with the Hakoni again, I wasn't planning to do another training and I received an email and it was talking about the giving and receiving of nourishment in psychotherapy. And I thought, oh yes, I am very good at giving the nourishment but I don't receive it. You know, I often, I don't think that I always see my work as being nourishing. You know sometimes I see it as being draining. So I just went along to a, you know, to a day and I just liked it so much that I have continued to do it. (Kmn: Em.) And I find that I am incorporating it.

Kmn: Em em. And the Focusing?

Sly: And the Focusing thing. I mean I trained in Focusing many years ago and I have kept, you know, it was a massive change in my life and in my work. (Kmn: Oh! Em em.) And it has become very much, so much a part of me that it is really hard to separate it out you know. (Kmn: Em) I remember that I used to find it hard to deal with more than one person at a time, because I trained in individual psychotherapy. But when I added the Focusing to it I found that just if I could hold the different parts of myself, so I could hold more than one client at a time.

Kmn: Em em. Okay. So where did you learn Focusing, in Ireland or in USA?

Sly: I learned it in Ireland.

Kmn: Ireland? Oh!

Sly: Yes.

Kmn: Okay. Em. So there is still a Focusing training course in Ireland?

Sly: Well, what I did was I learned it mostly in one to one work with Kathleen Kavanagh who trained with Eugene Gendlin and she was you know the main person to supervise the training in Ireland. So I did my week long and I did then a couple of workshops, but mostly I did it in one to one work with her.

Kmn: I see! okay. Okay. The next question is. How does using the Focusing oriented approach make couple therapy different? **[QUESTION 8]**

Sly: That is another question that is very hard for me to answer.

Kmn: Yes, yes. This question is very important for me.

Sly: Yes, yes, I know. How does it make it different? Yes, it brings the body element in. It helps me to be very respectful and to help people how to take responsibility for themselves. And it always keeps, I think the Focusing-oriented approach always helps me to be more aware of what is whole and healthy in the individual in the couple rather than maybe you know what is maybe in need of help. (Kmn: Em em.) I think Focusing has helped me to look on people who come for help as healthy whole people who have made maybe unhealthy adjustments due to maybe and unhealthy you know environment that they were in.

Kmn: Em em. Okay. Do you know, I think you know probably Focusing, when you use the Focusing way in your work, you probably use a lot of reflections or reflect back.

Sly: I didn't hear that, sorry.

Kmn: Reflecting back.

Sly: I can't get that last word.

Kmn: Do you know reflection?

Sly: Okay, reflecting back, yes.

Kmn: Reflecting back usually. So how do you find reflecting back in your work?

Sly: How do I find reflecting back in my work?

Kmn: Yes or reflection?

Sly: Yes. Right. Well in my work with couples actually, I teach them how to reflect back for each other.

Kmn: Yes, you said already mirroring, yes.

Sly: Yes.

Kmn: Yes, yes.

Sly: And I would make comments of course. You know of course I would reflect back and make comments, yes.

Kmn: Em em. So do you think reflection or reflecting back is an important element in Focusing?

Sly: Yes, yes. I mean in my couples work, very often if I am doing the reflecting back, I am actually modelling for the couple, teaching them how to do it for each other, or coming in to you know bring an extra element in. I may not be getting your question very well there. You know, you see the thing is I trained in Focusing. Eventhough I was given a certificate in Focusing-oriented psychotherapy because I am a psychotherapist and I incorporate Focusing and I wrote an article for the you know the Newsletter of the year about how I do that, I haven't done a Focusing-oriented Training Course.



Kmn: Em em. I see. I understand. The next question. Do you have a special way of Focusing overtly with clients when you work as a counsellor? **[QUESTION 9]**

Sly: Do I have a special way of?

Kmn: Focusing with clients when you work as a counsellor?

Sly: I can't understand that question. Do I have a special way of Focusing with my clients when I am their counsellor?

Kmn: Yes, when you work as a counsellor.

Sly: When I work as their counsellor?

Kmn: Yes. You are counsellor, yes.

Sly: When you say I am my counsellor

Kmn: No, no, when you work

Sly: When I work as a counsellor.

Kmn: Yes.

Sly: Do I have a special way of doing Focusing?

Kmn: A special way of Focusing with clients.

Sly: Okay. Well I mean if I was to teach a client how to do Focusing, I give them an explanation. I have my own way of explaining it you know. I don't know if you want to know how I explain it. (Kmn: Em em.) How I teach it. I mean I would say to people you know when they come in, look you know you wouldn't be here if you didn't feel there was something you didn't understand and you know well I don't. In other words, you don't know how to fix your problem you know. I don't know how to fix your problem. But I believe that within you there is that which knows. And you know together we can find that. And I say to them that, I tell them something specifically about Focusing. You know how Eugene Gendlin discovered it through the work he did with video taping sessions and trying to find out what works best in psychotherapy; and finding that when people pay attention to how they are inside and they seem to be listening to themselves, that that made all the difference. And the way I put it is that I usually say to clients, even if they can relate to this example, you know I say to them, do you ever have the experience of kind of getting this sense. You know there is something I have forgotten. And then you begin to think, oh! what is it, what have I forgotten and you begin to think. And as you think, you are a kind of paying attention to yourself. Things are a kind of going through your mind and then suddenly it all, 'oh, I am supposed to ring so and so'. And as soon as that comes into your mind, then immediately, you absolutely know that that is right, that is what you were trying to remember. And I say that is an example that we have two centres of knowing or of remembering. You know you have your brain, your mind, your talk. And obviously, you couldn't remember, so it is not from there. But you also have this deeper place that is taking care of you that lets you know there is something important to pay attention to. And you pay attention to that. And then when you get it, you can feel the shift. It is like a shift in your body.

Kmn: Em em.

Sly: And then I try to say to them you know all the time there are messages coming. But sometimes for me with children, it was too difficult, because there was nobody to be with us when the feelings were too strong. So we learned to cut that off. And then they tried to come up again you know. It is always trying to help us just as when you are trying to remember something, it is trying to help you. So this difficult feeling may be or the feeling that is coming up, it is really coming up for healing, it is coming up to give you a gift. And you know you need to learn to make your relationship with that. Because if you just put that down and then go off and like an addiction, instead of paying attention to that, you go and have a cup of tea or you watch the TV or have... You know I talk to them in this way and explain to them about Focusing.

Kmn: Em em.

Sly: And then I explain to them about making the relationship. With children (Gendlin?) if being too overwhelmed learn to cut it off, and it is no good being overwhelmed because then you can't process it. And

also you have to be not so cut off that you can't feel it. I keep them company so that you and I together will keep company with this part that comes up. And very often also, and more when I am working with an individual, if I get a sense that the person has a conflict, then I get them to put it, you know, one part in one hand, and one in the other hand. That makes space for the two parts and takes them in turns. But I think in my work with couples that that really happens by separating the listening and the speaking into two different roles. So it is not so much the individual that has to put one thing aside. You know it is like one person is containing whatever it is the other person is bringing up.

Kmn: Em em. So that means do you believe it is very important and effective when couples listen to each other?

Sly: Yes. Absolutely, absolutely.

Kmn: Is it a kind of therapeutic change? Can you say that?

Sly: I think there is a very strong therapeutic change, particularly when people have to make that stretch to validate the other person's point of view. Of course, I have to explain that validating is not agreeing. It is just it says you have the right to feel in the way you do. And the other thing that is very important that comes out in the work is the links. This is very much in the Imago element, the links with the childhood. So if somebody is talking and then they seem to get upset, I will often come in gently and.... They will continue to do the dialogue, but I would feed them the beginning. (Kmn: Em em.) I would a sort of say you know and when that happens how I feel is, what frightens me about my childhood is. (Kmn: Em em.) And of what that reminds me of in my childhood is. And then very often they go right back because it is really through the Felt Sense of the present moment that they are able to connect with the early childhood piece. And then the partner is able to feel (see) that their behaviour in the present has its roots in some need that wasn't met in their childhood. Then compassion begins to come into the relationship. And then of course it is not easy for them to listen to each other. And also the listening, because they know they are going to have a turn and because there is no attacking each other allowed. You know it is a safe place for listening. (Kmn: Em em.) I think Focusing is very much about acceptance and presence and I think that the work I do with couples would be very much about that.

Kmn: Em. Oh, this is very, well, I think you have taught couples Focusing or another method. Have you?

### [QUESTION 11]

Sly: Well, I have taught them. I don't teach couples Focusing. I teach them the Imago, but I incorporate Focusing.

Kmn: Okay. Em em. That is a little bit different.

Sly: My answer for the work you are doing, because I am not a Focusing-oriented psychotherapist as such.

Kmn: Em em. But you have experience?

Sly: Yes.

Kmn: teaching Imago to couples?

Sly: Yes, would be an Imago couple.

Kmn: How do you teach them? In counselling session? Or during the counselling session?

Sly: How do I teach the Imago?

Kmn: Yes, yes. When? How?

Sly: Yes, when people come to me for a session that is at least an hour and a half and sometimes two hours long, and I explain to them about where the Imago approach came from. I explain to them about taking turns. I explain to them my whole understanding of marriage as a way of completing the unfinished business of childhood; and why people fall in love with other, that it is elements of their parents that they recognise in the other.

Kmn: So that means a kind of you use attachment theory.

Sly: Well attachment theory would be part of Harville Hendrix's, the person who has developed a lot on couple relationship therapy and he would include detachment for people who go farther with it. You know there are weekend workshops and they go through the different stages like attachment and exploration and identity you know. (Kmn: Em em.) And all of that can come into the couple work. But in my one to one in my couple work just in my office, I don't give them too much theory. I give them a picture of the stages of a relationship that is romantic love and how that happens and what and then the power struggle and then moving it to the conscious relationship. (Kmn: Em em.) And the main point of the session is all about actually getting the couples to dialogue with each other.

Kmn: Em em. Oh, that is good.

Sly: And then teaching them to give each other appreciations at home so that they begin to do positive things to develop their relationship.

Kmn: Em em. So do they follow your instruction easily?

Sly: Do they follow the instruction easily? Yes, I found it is amazing the effect of the work. It is very very good work.

Kmn: Em em. Are they willing to listen to each other?

Sly: Yes, they are because they feel very safe and they listen very well to each other.

Kmn: Oh really? Because sometimes they are very upset when they come to counselling.

Sly: That is right. That is right. Sometimes they are very upset.

Kmn: They have a problem with their relationship usually. So they need a kind of counselling session probably, yes. Or they are angry with each other probably, yes.

Sly: That is right.

Kmn: They don't want to listen to others.

Sly: No, but they want to be heard. This is the thing. They don't want to listen, but they want to be heard. By deciding which one is most able to give some space to the other person and to listen to them, and creating that, this one person that has been really heard has that this experience of being really heard, they are willing to do it for each other. I mean I have one couple recently. And you know the woman was so angry and so upset and she was so overwhelmed with her feelings, you know, I wasn't even sure I was going to be able to create the space for the other person to be heard. And he was going to get upset because he never gets listened to. But because I had a long enough session, there was time for him also. And funnily enough, she listened to him very very well, once the structure was there.

Kmn: Em. So that means do you

Sly: The happily and unusually for Imago therapy, they had not only the issue of themselves as a couple, she also had a big issue with her daughter, who was a very good balliest and who was also gay, and she was full of grief around that. (Kmn: Em.) And there was so much a kind of exploding into the couple sessions that I suggested that may be a couple of individual sessions to offload around that issue might be helpful. And it was on that then that I saw her individually. And he was quite happy with that. He is actually also a psychotherapist and he sees his own therapist separately. But I didn't deal with any of the couple issues. So I didn't even refer to that when I had her as an individual because the agreement was all the couple work would be kept within the couple sessions.

Kmn: Em em. Do you think listening to each other is more important than other techniques?

Sly: Do you think that listening to each other is more important than other connections?

Kmn: Than other techniques.

Sly: Than other techniques? Listening to each other?

Kmn: Yes, yes. So there are many many different techniques in couple therapy.

Sly: Yes, of course.

Kmn: Yes, yes. So listening is the most important?

Sly: Yes, yes. And there is a deep listening when it is an empathic listening from the heart, which I think is very important.

Kmn: Em. So you know usually when they come, the couples, what I mean is when they come to counselling sessions with a problem with their relationship or some issues they have usually yes. Also sometimes they have lack of communication with each other, or some case is like may be dominant violence, yes. (Sly: Em.) Yes or alcoholic yes. There are many many different issues in the couple usually when they come to the counselling session. (Sly: Em.) So only listening is the best way to help them?

Sly: Yes. Well I mean the Imago would have a lot more than simply listening. You know actually the giving of appreciation is a vital way of connecting with what are the needs in each individual that they want the other person to meet. Because when there is a battle between them, that is an indirect way of expressing usually a very deep need. So there is a method that we do of analysing an argument or you know a conflict and as to getting down to what the need is. And then we have a technique called the behaviour change request. (Kmn: Okay.) Where a person can choose a specific thing that they would like the other person to do for them. But the three practically specific time-limited you know requests and then chooses the one that they find easiest to do. I will just quickly check this.

Kmn: Hello!

Sly: Hello. Sorry for keeping you waiting. Just one other about half a minute and I will be back to you again.

Kmn: Hello. I have only one question. Is that alright? So I am almost finished.

Sly: That is alright. Sure.

Kmn: In what other ways does Focusing influence your counselling work? **[QUESTION 10]**

Sly: In what other ways does the Focusing influence my counselling work? I mean I probably have more or less covered it all. You know it will help me to become aware of my body. It has helped me to respect the people I work with in a new way. (Kmn: Em em.) It has helped me to be able to draw on my own Felt Sense when I am with people and I encourage them to do that.

Kmn: Em em em em. Good. Anyway, I think I have done.

Sly: Good. Very good. All right. Well, I am sorry I wasn't more help to you because as you say.

Kmn: It is very good. I think I am very interested in Imago.

Sly: Yes, yes.

Kmn: And Hakoni.

Sly: And the Hakoni, right.

Kmn: They are very very interesting.

Sly: Well they are very good. I mean the Hakoni they do a lot of training in Sheffield in England

Kmn: Oh Sheffield?

Sly: Sheffield, yes. We have the people who come over who are very good. They train in Sheffield and then they come over to Ireland on the side because there is more training happening in Sheffield. (Kmn: Em em.) But I could send you a link or something if you want to investigate it. And with the Imago, there are trainings everywhere. The training in it is quite short. It is just 12 days of training.

Kmn: Really! 12 days.

Sly: Yes, for the Imago.

Kmn: For the Imago.

Sly: Yes.

Kmn: How long? How many hours each day?

Sly: I mean it would be a full day. It would probably be maybe I don't know, maybe eight or nine hours a day or something. But you do four days and a sort of three or four months later, you do another four days. And three or four months later, you do another four days. And then you have to have you know, you have to have supervision and practice and so on. But it is a good training and it is very accessible.

Kmn: Oh really?

Sly: If you look up "Getting the love you want", that is the name of the book, "Getting the love you want". And it is Harville Hendrix's. The book is that name and also the website. You get the website that way. (Kmn: Em em.) And if you are interested you could read the book and it would give you an idea. Imago for anyone working with couples I think it is just terrific, wonderful.

Kmn: Okay.

Sly: Yes.

## **Appendix 20: Interview Transcript with MFI16 (5 December 2008)**

Pet: Thank you.

Kmn: Okay.

Pet: You sound quite, quite a long way away.

Kmn: Anyway thank you very much for doing this interview with me.

Pet: Right.

Kmn: It is a big help and I really appreciate it.

Pet: Right. Good.

Kmn: Okay.

Pet: How are you getting on at UEA?

Kmn: my course?

Pet: Your Masters or Ph.D, isn't it?

Kmn: Ph.D at the moment. Anyway to make it easier for both of us and to use our time well, I have prepared some questions. Okay?

Pet: Very good.

Kmn: Some of the questions require only short answers, while some others require longer answers, according to your own experience and situation. (Pet: Em em.) I think you may feel that some of the questions are not relevant to your situation. (Pet: Em em.) In that case, you could say why it is not relevant for you. (Pet: Okay.) Anyway feel free to answer them in whatever way you think is best. (Pet: Right.) Would you like to make any comment or to ask for any clarification?

Pet: No, no.

Kmn: Okay.

Pet: Lets go.

Kmn: Okay, lets go.

Pet: Just a minute. What is the, remind me of what the title of your Doctorate is.

Kmn: Simply, I research on how the use of Focusing-oriented psychotherapy makes couple therapy different.

Pet: Makes couple therapy different.

Kmn: I go into integrative.

Pet: You are talking here about couple therapy, not individual therapy.

Kmn: Yes.

Pet: Okay. Now I have very little, relatively little experience really of using Focusing in couple therapy, but I will do my best for you.

Kmn: Okay. Thank you very much . And also the question is about Focusing as well.

Pet: Aha. That will be okay.

Kmn: Maybe no problem I think.

Pet: Okay and I have got until 9.45.

Kmn: 9.45. Oh yes, enough time. Thank you very much. Okay. So I will go. How many years have you been a counsellor?

Pet: I have been a counsellor since 1993. So that is 15. So that is going on for 16 years.

Kmn: Okay. How long have you worked with clients in Focusing-oriented psychotherapy? You said - only a few cases?

Pet: I don't understand your question. How long have I worked with...?

Kmn: Clients?

Pet: Do you mean individual clients or couples?

Kmn: Couples, yes.

Pet: How long? Well, I have started seeing couples, it would have been around - I have been doing couples counselling for 7 years.

Kmn: 7 years. Oh, great! Okay. What is your main counselling orientation?

Pet: That is a good question. Let us say it is integrative.

Kmn: Integrative, oh!

Pet: Yes.

Kmn: So which yoy? Which one?

Pet: Sorry.

Kmn: Which orientation? and which orientation?

Pet: I can say integrative as an orientation.

Kmn: Okay. So you mean integrative orientation. Okay.

Pet: Yes. My original training was in psychosynthesis. And before I learned psychosynthesis, I had studied a lot of Focusing. And I have studied Biodynamic psychotherapy and I have read a lot of Young.

Kmn: Oh, Youngian. Okay. Anyway your model is integrative.

Pet: Yes.

Kmn: Okay, okay. That is interesting. Oh, people don't say like that directly. Okay, anyway. How many sessions working with couples do you have most of the time? **[QUESTION 1]**

Pet: How many sessions? I don't understand the question.

Kmn: How many sessions, working with couples, do you have?

Pet: Do you mean how many sessions do I see them for?

Kmn: Yes, yes, yes.

Pet: Well sometimes it is just a few sessions. Sometimes, occasionally I have seen a couple for longer, maybe 20 sessions.

Kmn: 20 Sessions.

Pet: So between 1 and 20 sessions.

Kmn: Between 1 and 20 sessions.

Pet: Yes.

Kmn: Aha, okay. Quite a long number of sessions. Oh 20 sessions, okay. How do you meet couples in couple therapy most of the time? So you meet both of them or sometimes you meet one of them?

**[QUESTION 2]**

Pet: Ah sorry again, I don't understand the question. How do I meet or how do I see the couple together?

Kmn: Yes or separately?

Pet: Well I might occasionally see them separately, but normally I see them together.

Kmn: Ah, you see them together.

Pet: Em em. Almost always together. I don't really want to see people separately if we are doing couples counselling.

Kmn: You said sometimes you see one of them. So when you see just one partner, why was this?

**[QUESTION 3]**

Pet: Ah well that might be if only one of them comes to see me, then first of all we talk about it and they decide actually that they would like couples counselling and then the partner comes with them the next time and the rest of the time. The other reason I might do that is, I think I did this once with a couple. After seeing both of them a few times, I saw each of them individually to get a better understanding of their history.

Kmn: Em em. Okay. The next question well ah how would you like to define the Focusing-oriented approach?

**[QUESTION 4]**

Pet: Sorry. How would I define?

Kmn: Yes. What way would you like to define Focusing-oriented approach?

Pet: Ah, that is very difficult. [Laughs humourously] and says it is very hard to define. It is working with an awareness of Focusing.

Kmn: Okay.

Pet: Working with an awareness of Focusing in the therapy work sessions. I think it is not a good idea to try to define it.

Kmn: Aha. I wonder what people think about the definition of a Focusing-oriented approach really.

Pet: Yes, but I think it is very...It is not a good idea to think in terms of a definition.

Kmn: Em em. Yes. But it is quite difficult to define the Focusing-oriented approach.

Pet: Very difficult indeed.

Kmn: Yes, yes. Anyway, we use the Focusing method anyway.

Pet: Em em.

Kmn: You mean.

Pet: Well use Focusing method or to work with a Focusing-oriented approach means doing a lot more than using Focusing as a method.

Kmn: Em em. So plus the Focusing attitude.



Pet: Yes.

Kmn: Method plus the processing attitude

Pet: Yes

Kmn: Plus Focusing philosophy

Pet: Yes

Kmn: Okay. The next question is quite long. What were the circumstances that led to you applying the Focusing-oriented approach overtly with a couple in your counselling work? **[QUESTION 5]**

Pet: What led to my doing that?

Kmn: Yes.

Pet: Well what led to my doing that is I have worked with a Focusing-oriented approach in my therapy practice generally. So I did that with individuals. So of course, I do it with couples.

Kmn: Em em Okay. Are there any case examples you could provide?

Pet: Well I can start thinking about couples I have seen over the years.

Kmn: Em em

Pet: But examples of what?

Kmn: You see the couple and then you use Focusing-oriented psychotherapy or the Focusing approach.

Pet: Well the Focusing approach yes, yes in some way. Although I must say that working with couples I think the Focusing-oriented aspect of the work is not always as great as with individuals. Because with the couple I am trying to get them to talk to each other and to listen to each other in a, in meaningful ways, so that does include something of a Focusing-oriented attitude in that. But I am less concerned about Focusing with a couple than I might be with an individual.

Kmn: Em em. Okay. So how do you know when and if to apply the Focusing-oriented approach?

Pet: Well I think it is always a good idea to have a Focusing-oriented approach in there at the back of your mind, to have it waiting at your side to use it you know. (Kmn: Em em.) So in working in therapy there are times when I want to do a little bit of Focusing, or have the couple do a bit of Focusing. But to have the Focusing-oriented attitude is, the Focusing-oriented approach is there all the time. It is not something that is there some of the time, and not other parts of the time, I would say.

Kmn: How can you say what the Focusing attitude is?

Pet: Ah well I have me own way of saying what it is. The Focusing attitude is approaching you know the inner world of feeling with openness and patience. (Kmn: Em em.) And I can't remember the other things I say about it. I could look them up. I have notes when I teach it. So openness, patience, taking the time, being open to whatever is there.

Kmn: Em em. What about being at the present, being in the present?

Pet: Ah yes. Being in the present, that is a part of it, yes.

Kmn: Em em and the trusting environment.

Pet: Yes, the trusting, yes. And ah yes, I use four qualities when I teach Focusing actually, openness, gentleness, compassion and patience.

Kmn: Okay, openness, gentleness.

Pet: Yes, compassion and patience.

Kmn: patience.

Pet: Yes.

Kmn: So okay. So 4 elements are very important in the Focusing attitude for you.

Pet: Yes.

Kmn: Em em. Okay. So why are they important? There are other attitudes.

Pet: They are important because they enable the person to have a richer experience of their inner world.

Kmn: Em em Okay. Okay, inner world. So do you think these attitudes are important when you work with couples?

Pet: Ah, yes.

Kmn: Em em. So they are as equally important as when you work with the individual.

Pet: Yes, I would say so. Yes, and they are so important that I, as the therapist, want to have that sort of attitude in listening to both of them and to whatever extent I can to encourage both people to have that attitude with each other and with themselves.

Kmn: Em em. Okay. So shall we move to the Focusing method? So in the Focusing method, Felt Sense is the element, isn't it?

Pet: The Felt Sense is the element.

Kmn: Yes, in working with people, yes?

Pet: Aha.

Kmn: So do you think it is still the element when you work with couples?

Pet: Yes, but as I said before, with couples it seems to be to me to be rather I am thinking about Felt Sense rather less with couples than I am with individuals. Although it depends you see on my own Felt Sense. When I am working with a couple, it is very important to me.

Kmn: Okay. Why?

Pet: Because it helps to tell me what is going on for the couple.

Kmn: Okay. So okay, what are the elements of successful couple therapy?

Pet: What are the elements of a successful couple therapy? Oh God! The elements are that the couple feels that they have made some progress.

Kmn: Yes, yes. That is successful. So how do you make them process? What makes them process?

Pet: What makes them process?

Kmn: Yes. So that is one of the elements of successful couple therapy. You said process, their process.

Pet: No, I said they feel that it is in being successful. No, I said they have made progress.

Kmn: Em em. Progress, okay.

Pet: They have made progress. So if they are able to listen to each other and accept each other, that is successful. And if they, each of them understands themselves better and how their own personal feelings are triggered in their relationship that is a sign of success

Kmn: Em em. So listening to each other. Do you think listening to each other is an important

Pet: Yes.

Kmn: Element?

Pet: Yes important, very, very, very, probably it is THE most important element.

Kmn: Aha. So how do you do when they listen to each other, the couples?

Pet: Yes.

Kmn: So how do you do?

Pet: How do I do it? I don't understand you. In the session?

Kmn: In the session of course, yes.

Pet: How do I get them to listen to each other?

Kmn: Yes, yes.

Pet: Well by having them talk with each other and making sure that they do listen and sometimes that might mean I will give a period of time to one partner to speak and the other partner is not allowed to speak. Sometimes. And then the other partner has the same amount of time to speak in an uninterrupted way. And sometimes I do with that sort of exercise I get the partner who has been listening to summarise what they have heard.

Kmn: Em em. Okay. So have you found bodily sensations when couples talk about their issues or problems? And if so, how did the client describe them?

Pet: How did the client describe their bodily sensations?

Kmn: Em em. Have you found bodily sensation when couples talk about their issues?

Pet: I don't remember. To me that is not

Kmn: Felt Sense.

Pet: That is not very important. That is not as important as in individual counselling.

Kmn: Couples.

Pet: Yes. I am saying it is not as important for me in doing couples counselling as individual counselling.

Kmn: Em em. Okay. You mean Felt Sense, you mean that is not important?

Pet: I mean bodily sensation.

Kmn: So in this case, bodily sensation means Felt Sense, yes.

Pet: Bodily sensation is different from Felt Sense.

Kmn: Ah okay, I understand.

Pet: Obviously, you know it is the same, but also it is different.

Kmn: Em. Yes, I understand what you mean. Okay so in this case Felt Sense. Okay. Have you found Felt Sense when couples talk about their issues?

Pet: Have I found the Felt Sense? I have a Felt Sense.

Kmn: Yes, you have a Felt Sense.

Pet: I have a Felt Sense when couples talk about their issues. Well of course I think there is always the Felt Sense somewhere. But the extent to which it is important to bring attention to it is another question. My main point here is that with couples I am less concerned about their careful listening to the Felt Sense than I am with individuals, because it is more about the communication between the couple than it is about each

person's listening to their Felt Sense so that I wouldn't that is important and it does come into it.

Kmn: Em em. So what is the most important for you in working with couples?

Pet: What is most important is that they can really really listen to each other.

Kmn: Okay. Listening to each other uhu. And then you said how do you get them listening to each other? It is not clear.

Pet: Well by having them talk to each other or if they are talking with me, I can get a sense of how their listening to each other actually is. (Kmn: Yes.) And in talking about the issues that they are bringing to couples counselling, I can see whether they are listening to each other at all.

Kmn: Em em. Okay. This is the main question for me. Okay the first thing. Was the Focusing-oriented approach effective in each case? That means in each couple therapy case. **[QUESTION 7]**

Pet: Right. Can you say that again?

Kmn: Was the Focusing-oriented approach effective in each couple therapy case?

Pet: Was it effective? (Laughs heartily - ha ha ha.) Well it is not that it wasn't effective. But as I said, I am thinking less in Focusing-oriented terms with couples. Then the answer to your question is yes. (Kmn: Em em. Okay.) The question is really what can be a Focusing-oriented approach when it comes to doing couples counselling?

Kmn: Em em. Okay, couples counselling. Ah, this question is the main question for me. How does using the Focusing-oriented approach make couple therapy different? **[QUESTION 8]**

Pet: Yes. I don't know the answer to it. Ha ha ha. Because the answer is simply okay if you are using the Focusing-oriented approach, you are using the Focusing-oriented approach, whether that makes it, or what happens in couples counselling is any different from not using the Focusing-oriented approach, I couldn't possibly say. I have never done couples counselling without having a Focusing-oriented approach, so I can't say how it is different. I am not sure whether it necessarily is different.

Kmn: Okay. So you always use the Focusing approach.

Pet: Of course. I can't not use the Focusing-oriented approach really.

Kmn: But you say integrative. You are integrative.

Pet: Yes.

Kmn: Approach?

Pet: Yes.

Kmn: But so when you work with couples, you usually use the Focusing approach?

Pet: Well, like I have said, the Focusing approach is always there. The Focusing orientation is always there in the background for me. It doesn't mean that I get couples to do Focusing. I don't teach them to do Focusing in couples counselling. Now I know that some couple people, some Focusing therapists have and do get couples to do Focusing. I have never done that.

Kmn: Em em ah, you have never done that.

Pet: Never.

Kmn: So that means you can't, you don't know the answer to my question.

Pet: Well if your question is what, how does it make it different? If the counsellor shows the couple how to do Focusing with each other they take it in turns to do Focusing. Then I don't know, because I have never done that.

Kmn: Em em, okay. The next question. What are the main factors of the changing process in couple

therapy?

Pet: That is the question?

Kmn: Yes, what were the main factors of the changing process in couple therapy?

Pet: Well, that depends on the couple.

Kmn: From the counsellor.

Pet: I didn't understand you there.

Kmn: What are the main factors of change process in couple therapy from the view of the therapist?

Pet: I don't understand the question. Each couple is different.

Kmn: Of course, each couple is different, yes. But there is a kind of the common factors, yes. For example, listening or reflecting back or questions or you lead them to stay with their Felt Sense, whatever anyway.

Pet: Kimin, are you citing those as factors?

Kmn: Yes.

Pet: Right. So what is your question?

Kmn: What are the main factors of the changing process in couple therapy?

Pet: Well I mean in answer to that question you hope that the couple will be willing to learn to listen to each other better than they were before.

Kmn: Okay. So that is a kind of outcome, yes a kind of outcome after that, aha.

Pet: Well, I hope so. But it is different every time. But there is something I would always hope for.

Kmn: Em em. Okay. Ah, this question is also very broad. How do you usually work with couples?

Pet: How do I usually work with them? (Kmn: Em em.) Well, I suppose I get them to identify what the issue is, what change they want, and get them to talk to each other in a way that they haven't been able to talk to each other before so that they would both listen to each other and try to understand each other better. (Kmn: Em em.) And that they would understand their reactions to each other better and maybe understand better how they might be repeating patterns from their parents.

Kmn: Em em, okay. I think I have done all the questions.

Pet: Okay.

Kmn: Would you like to say anything more?

Pet: Ah I don't think so. I must say I find these sort of interviews just a little frustrating. Ah, because it is actually very hard to put all yes, to put all my experiences of seeing couples together and to answer questions like this. It is much easier to take a particular work with a particular case as you do in supervision (Kmn: Em) and talk about it in some of these terms that is much easier.

Kmn: Em em, yes sure. I understand yes. That is just my question and not for my research. So when you work with , this is individual counselling.

Pet: Individuals.

Kmn: When you work with a client, I wonder how do you use the Focusing way?

Pet: How do I use it?

Kmn: Yes yes.

Pet: Well lots of ways. I would say the main way that I work with it is to make the dialogue and the process we are engaged in a Focusing based one so that as much as possible whatever we are doing is related to the Felt Sense.

Kmn: Yes, but this is my question, okay? So people, usually the clients don't know about the Felt Sense or Focusing whatever anyway yes, so they come to me because they have some problem.

Pet: Yes.

Kmn: Sometimes they have their own personal problems, sometimes they have problems with their partner and things like that. Okay. But they don't know about Focusing and the Felt Sense. (Pet: Em em.) So they talk about their story first and then sometimes they are very talkative really, they keep talking, blaming somebody, like that, and then they don't look at themselves, yes, so....

Pet: What do you mean they don't look at themselves?

Kmn: They don't look at their inside.

Pet: Maybe not. They need help to do that.

Kmn: Okay anyway. So the next step is that I usually invite them to look at themselves, at what is going on in them really, yes inside. And then I tried them to get in touch with their feelings or whatever in their inner experiencing yes. But they don't do that, it is very difficult.

Kmn: I feel frustrated.

Pet: Yes.

Kmn: Because they haven't done that before yes, so it is quite difficult for them.

Pet: To make this inner experiencing.

Kmn: Yes yes, it is very difficult for clients, some clients, not all clients probably.

Pet: Yes, yes.

Kmn: And then but I continue to invite them to stay with in their inner experiencing yes.

Pet: Well...

Kmn: But it is very difficult anyway for them and then finally they got that, yes what is that, so they stayed with their experiencing, yes a kind of what is going on in them really in relation to their issues. Okay, this is good. But the next time I usually use the Focusing way or method whatever anyway. So I try them to let the Felt Sense tell them.

Pet: You try to let the Felt Sense tell them.

Kmn: Yes, yes. Tell them.

Pet: Yes.

Kmn: Yes. So I try to teach them a kind of Focusing. And then they do that, but still it is difficult for them to get to know about Focusing or the Felt Sense. So how do you do that in this case?

Pet: Well, it has to be adjusted for the particular client So I encourage clients to notice how different feelings feel in their bodies.

Kmn: Oh, that is very difficult for them.

Pet: Well, it is not necessarily very difficult. Sometimes it is more difficult than others but sometimes in a general way it is good to encourage.

Kmn: And then I wonder why we should do that?

Pet: Because it is an integrative thing to do. If we can put together what they can feel in their bodies, what they notice happening in their bodies.

Kmn: So that.

Pet: So that what they think they are feeling and with an understanding that their feelings relate to their behaviour and how they understand themselves and what they are doing. Then that is good. Then you have covered everything.

Kmn: So you mean they understand.

Pet: Well, try to encourage them to help to understand.

Kmn: From their bodily sensation your mean?

Pet: Well, to relate what is happening, to relate their body sensation with their feeling, with their thinking and their behaviour so that they are all related. So that is the general thing I encourage clients to do.

Kmn: Em em. Okay. So they stay with their bodily sensation yes, and then they say what after that what usually. So then they say, I stay with my bodily sense. I have a lump in my stomach so what...

Pet: Okay, so then you are trying to connect the lump in your stomach with a feeling, so what sort of feeling does the lump in your stomach feel like? And what in your life makes it feel like that?

Kmn: They say usually I have already told you.

Pet: Well this is a question of technique and how you do this.

Kmn: Yes, maybe. No, I am a little bit confused really in this way really. So we should need bodily sensation or just a Felt Sense? This is also a tricky question probably.

Pet: So I don't know. Say the question again.

Kmn: So how, well you say, also you say bodily sensation is different from the Felt Sense you said.

Pet: Well, it is and it isn't.

Kmn: Some people say that as well.

Pet: Yes.

Kmn: Now well this is quite tricky yes. But Gendlin usually says bodily felt sense. In the felt sense, there is a bodily sensation.

Pet: You are asking people how they have the Felt Sense without having a particular physical sensation.

Kmn: Yes, exactly. This is a little bit confusing really. I don't know which one is.

Pet: Well this is why Focusing is so interesting and why Gendlin's life is so interesting.

Kmn: And then when I visited my country to train people last summer, well in my people quite, well difficult anyway to understand the Focusing way usually.

Pet: Aha.

Kmn: That is different from Japan maybe.

Pet: Aha aha, that is interesting.

Kmn: Yes, it is not easy. I was struggling to train them a little bit. Of course I trained people in general counselling skills.

Pet: Aha.

Kmn: They liked that very much rather than the Focusing way. They are not interested in the Focusing way really.

Pet: Right.

Kmn: I taught them a little bit between general counselling skills.

Pet: Em em.

Kmn: And they were not interested in the Focusing way.

Pet: (Laughs) Ha ha ha and says ah well, there you are and (laughs again).

Kmn: Well quite a, of course the time was quite short yes, not a long time to train them, so I didn't have much time to talk about Focusing. I tried. I taught them the Focusing attitude and a little bit to get, how to get a Felt Sense, things like that, only that way.

Pet: Aha

Kmn: But anyway they are not very interested in the Focusing way.

Pet: Oh they are Korean people.

Kmn: Yes the Korean people I met last summer.

Pet: Yes.

Kmn: And then that is quite difficult and people don't understand this one especially what I am saying about a bodily sensation, a particular physical sensation and the Felt Sense. So they say they got a kind of Felt Sense yes finally.

Pet: Yes, they got the Felt Sense.

Kmn: A kind of Felt Sense.

Pet: Aha.

Kmn: Not all of them. Yes, some of them.

Pet: Yes.

Kmn: And then after that they say what usually. Yes what. So what. What shall I do with....

Pet: Yes. Well then you teach them Focusing. Aha aha.

Kmn: But it didn't work very well for them. I show them yes.

Pet: Yes.

Kmn: That is a little, I don't know, difficult anyway.

Pet: Yes. But I think you have to be quite inventive around Focusing and adapting it to particular people, because everyone is different.

Kmn: Also when I work with clients here in this country, which is as well.

Pet: I need to go very soon Kimin.

Kimin: I know, yes.

Pet: I am sorry.

Kmn: Thank you very much anyway.



Pet: All right, well.

Kmn: You have made a very valuable contribution .

Pet: All right. Okay. Good luck. Byebye.

Kmn: Bye.

## Appendix 21: Interview Transcript with MFE14 (16 November 2008)

Bru: Okay.

Kmn: Thank you very much indeed for doing this interview with me. It is a big help and I really appreciate it.

Bru: Its okay, no problem.

Kmn: Okay. To make it easier for both of us and to use our time well, I have prepared some questions. (Bru: Okay.) Some of the questions require only short answers. (Bru: Okay.) Okay. While some others require longer answers according to your own experience and situation. (Bru: Okay.) You may feel that some of the questions are not relevant to your situation. In that case, you could say why it is not relevant for you. Anyway, feel free to answer them in whatever way you think is best. Would you like to make any comment or ask for any clarification before we begin?

Bru: No. I think that is very clear so far.

Kmn: Okay. Thank you. So are you ready to begin now?

Bru: Yes.

Kmn: Okay. Thank you very much. How many years have you been a counsellor or psychotherapist?

Bru: Oh, let's see, '94. So 1994 - so I would say 14 years.

Kmn: 14 years?

Bru: Right.

Kmn: Thank you. How long have you worked with clients in Focusing-oriented counselling?

Bru: Ah yes! Let's see. Ah, six years.

Kmn: Six years. Okay. Thank you. What is your main counselling approach?

Bru: Okay. My main counselling approach is well what I would call experiential, yea experiential where you try to work with an inner experience that the client is having in the room with you. (Kmn: Em.) And that is what Focusing is about. So I would say my approach is experiential. But if I had to say what I used most, I would say energy psychology. Energy psychology and the main method I use is called EMDR.

Kmn: EMDR. Ah! yes.

Bru: That is really my biggest specialty now, EMDR.

Kmn: Oh! Could you tell me about that a little bit more?

Bru: Yes. EMDR stands for eye movements defencification and reprocessing. So that is where you ask a client to work on a memory, a problem or something upsetting them. (Kmn: Em em.) And then you get their conscious awareness to alternate between the left and the right side of the brain by having their eyes follow light, or your fingers, but it can also be audio. (Kmn: Em em) And it could also be touch, the tactile. So EMDR is now 20 years old, but it is considered the new gold standard for trauma therapy. (Kmn: Em em. Okay.) That is what I use most.

Kmn: Okay. So your main counselling approach is experience orientation and that plus energy psychology.

Bru: Yes. I use the energy psychology and the main one I use is EMDR.

Kmn: Okay. Thank you very much. Okay. How many sessions working with couples do you have most of the time? **[QUESTION 1]**

Bru: Very few. Because I am not a couples' counsellor per se. (Kmn: Em em.) I have, occasionally, a client will want to bring in her husband or you know a boyfriend. Or the guy would want to bring in his girlfriend, or his mother, or his sister. So it is very rarely, but I do work with a client who wants to bring in you know someone they are having a problem with in the relationship. So I would say it is maybe about every 3 months, it is not very often.

Kmn: Em em. That means maybe every three months means maybe 12 sessions you mean?

Bru: Every three months I would say. Well, like once every three months. It is not very often. Because if someone wants couples' counselling, I refer them out (Kmn: Em em) to a colleague who just does couples' counselling but who also does Focusing.

Kmn: Oh!!

Bru: Yes! Yes!

Kmn: That is interesting.

Bru: Yes.

Kmn: Okay. How do you meet couples in couple therapy most of the time, when you had experience with the couples?

### [QUESTION 2]

Bru: How do I work with them?

Kmn: How do you meet couples, only one of them, or both of them?

Bru: Ah, well, usually I just work with individuals. (Kmn: Em em.) And so I usually work with half of a couple. (Kmn: Em em.) And then very rarely that person will bring in the other half. Like I said only once every three months. But I usually work with just half of a couple at a time.

Kmn: Okay. Thank you Oh that means the same question maybe. When you met just one partner, why was that? Why do you work with just one person?

### [QUESTION 3]

Bru: Why do I work with just one person?

Kmn: Yes.

Bru: Well that is the main way that I work because my belief is that what gets in the way of a good relationship is the relationship the individual has with himself and if this is not a good relationship or healthy, it is very hard to have a healthy relationship with another person. So I am always working on the inner relationship itself and when that improves, then relationships with others improve automatically.

Kmn: Em em. Okay. Thank you. How would you define the Focusing-oriented approach?

### [QUESTION 4]

Bru: Well, along those same lines. I would say it is getting a client to connect inside or within and to listen to their whole body wisdom, okay. The whole body, not just what the mind or the left brain thinks that it knows. It is listening to the whole system in getting that whole body wisdom which is something a lot of people never do. (Kmn: Em em.) It is, people are surprised when they connect with that, you know that Felt Sense, that place. The answers they get surprise them (Kmn: Em em) and yet they make sense in their own way. So that is I think Focusing is about you know working with the inner relationship and developing it and starting it sometimes.

Kmn: Em em. Oh, in this your statement, I would like to clarify whole body wisdom you said.

Bru: Yes.

Kmn: So what does it mean exactly, whole body wisdom?

Bru: Well, it is more than just what the mind thinks. It includes what the heart feels. (Kmn: Em em.) It also includes that inner knowing, you could call it your gut instinct. The gut instinct and it includes the wisdom that your body holds but not in words. Sometimes there is something bothering us and we notice my shoulder is tense. (Kmn: Em em.) The tension in the shoulder is holding information that we need to know. And yet the shoulder will remain tense until we pay attention to it and then try to get a sense of what it wants us to

know and if we can be patient and listen for it and hear what it has to say, then the tension goes away. So the body is wise. So I mean the body is wise. Listening to the body and not ignoring it so that the Felt Sense, that whole body wisdom is, includes you know your mind and your emotions and your experiencing and everything, and it has the whole picture.

Kmn: Em em. So that is a kind of what our experiencing.

Bru: Yes, it is.

Kmn: Can I say and also that is a kind of Felt Sense?

Bru: Yes. It is a Felt Sense experienced and it only happens in the moment. (Kmn: Em em. Yes.) You know the right brain is in the moment. Right. So it is about accessing the right brain, if you think of it that way, right? The emotional self, the creative, the intuitive. It is that area of the brain that a lot of people neglect.

Kmn: Em em. Okay. Thank you. Okay. This question is a little bit longer!

Bru: Okay.

Kmn: What were the circumstances that led to you applying the Focusing oriented approach overtly with the couple in your counselling work?

### [QUESTION 5]

Bru: Okay. Well, it just after I learned Focusing, I would apply it to individuals of course. But it was especially helpful when I could see a couple occasionally, because usually the problem between the two people is, it is cognitive and emotional. (Kmn: Em em.) And so the full body wisdom is not feeling (being) consulted. Focusing is great for, if you have one party focus, the other party listens and it feels compassion for the other person. They get less defensive (Kmn: Em em) then, but if you have both people focus, I think it is even more powerful because they are both having their experiencing with a deep experience and they both have compassion for the other's experience as they are hearing it at the same time. So that is very powerful, and it really lowers the defences. Yes, which is very important with couples

Kmn: Em. Are there any case examples you could provide?

Bru: Let's see. Well I was working with a couple a few months ago. And a man brought in his girlfriend. And he is already married. So this is like there is a wife and then there is a girlfriend. And she had been, well, pressing him to leave his wife for her. And he had been resisting because the work that he and I were doing individually was improving his relationship with his wife. So the mistress, if you would, was impatient and mad at him because well you know, he said he was going to leave his wife and he was dragging his feet she said and so she was mad at him. And then he got mad at himself for letting her down and he felt like a bad boy and all that. So I had them both sit on the couch and focus and drop down into you know the middle part of their bodies, and let their awareness drop down. And when she did that, you know, after a while, she did not feel like a victim so much. (Kmn: Em.) She realised that you know no matter what he did, she still had choice and she didn't have to wait for him, and she didn't have to judge him, and that if it wasn't working for her she could take her own steps. Whereas before she had a sort of been in this victim position, like you are doing this to me where you by not taking this step, you know you are hurting me, or disappointing me, or letting me down. (Kmn: Em em.) And she heard his process and then she felt a little more compassion for why she could not do this yet and then she felt some compassion for herself and realised oh I am not a victim here and I need to take better care of myself she said. (Kmn: Em.) Now that was really good. That would not have happened if we had not focussed. She would have been too defensive to open up and you know become aware that she was not taking care of herself by putting, giving him all the power. So there is an example. (Kmn: Em em.) And then they felt, you know they felt closer when they left, eventhough the issue was not resolved yet.

Kmn: Em em, interesting.

Bru: Yeah.

Kmn: Okay. How do you know when and if to apply the Focusing oriented approach?

Bru: Well, for me it is never a bad idea to apply a Focusing oriented approach. It is always helpful and I use it even when I am doing EMDR. I weave it into the process, because it deepens it. But it is never a bad idea to use Focusing, because so many people live up in their brain. They live up in their left brain and they are not, they don't have a lot of self-compassion. Focusing brings self-acceptance. (Kmn: Em em.) And it also validates that the feeling they are having is natural and that there is nothing wrong with them. So the

Focusing facilitates self-acceptance. And this is very very important. In the energy psychology usually one of the first things we would check for is self-compassion. And if someone is beating herself up, rejecting herself in any way and the first thing we do is correct for that if we do some you know tapping on some acupuncture points while they say something like you know, eventhough my boyfriend is leaving me, I still deeply completely love and accept myself. Correcting for any excuse the client is using to reject himself is the first thing we do because self-rejection is behind so many long term problems that won't go away. So Focusing really fosters self-acceptance.

Kmn: Em em. So that means self-acceptance is very important.

Bru: Oh! Yes. And for some people it is very difficult, very difficult to accept themselves so Focusing is a gentle way to promote self-acceptance.

Kmn: So that means Focusing leads people to get to self-acceptance, you mean?

Bru: Yes, exactly.

Kmn: Aha aha.

Bru: Yes, in a very, in a subtle way. And yes I think that is very important in any therapy, you know.

Kmn: Em em em. So in this case, you usually use the Focusing way.

Bru: I would use Focusing to promote self-acceptance when someone is angry at themselves, frustrated with themselves. And people use very small excuses to beat themselves up.

Kmn: Could you tell me how Focusing was used in each case, a little bit more please?

Bru: Well, if someone is angry at themselves, or just upset, they come in very upset, right. Maybe they did not get a promotion at work. So they are angry, and they are upset, and maybe they are saying they have got a bad performance evaluation. (Kmn: Em em.) And they are saying, oh, this just proves that I am not good enough, you know, this old negative belief from childhood usually. Then, you know, rather than trying to persuade them that they are good enough, I would just acknowledge you know. Oh, I can see you are very upset, so let's just go inside for a second and then check in with the whole system. And see you know how this is affecting this news of not getting the promotion is effecting the whole system. I would a sort of guide their awareness back inside their bodies by having them close their eyes, keeping their feet on the floor, so their feet are grounded. You know bring their awareness down into the middle part of their body. (Kmn: Em.) Notice whatever they are noticing. There could be a physical sensation. It could be a thought, emotion and image. And then when they connect with that, to pay attention to it in a very patient way, and then when they sense something, that Felt Sense we are looking for. Ask that Felt Sense what it wants them to know about not getting promotion. And what the Felt Sense says is never critical. It is usually not negative. And it would be full of self compassion. Maybe if they listen to that place patiently what they will hear is that it is not that I am not good enough. It is just that you know I need a little more experience in this area. Or maybe you know the boss is just prejudiced and you know it was political the motivation they gave it to someone else because you know they were also you know Republican or something or whatever it is they will suddenly realise that they do not have to take this personally, that it is not a negative reflection on them and that they are good enough. And that it puts it in perspective and that you know this too shall pass you know and they will survive this and it is you know not such a terrible thing. So Focusing brings them to that self accepting place so that they don't take it personally.

Kmn: I wonder what happened to them after being aware of that?

Bru: Em em, after this kind of a session?

Kmn: Now you are saying about the process self-acceptance yes. After that, okay, after self acceptance.

Bru: Right.

Kmn: After that, okay. After self acceptance, what happened to them after that?

Bru: Well, self-acceptance is something that you foster over a time, not something you achieve in one session. But the more a person connects with that Felt Sense, the more their self-acceptance grows until eventually. (Kmn: Em em.) They can a sort of live, if not in that place, close to that place. So that when something is upsetting them, they can access that and not take it so personally and not be so upset by the

events of the world That is how I feel. It is a cumulative process. But it builds up.

Kmn: And then when you gave me some example like somebody didn't get a promotion (Bru: Right.) and that he was upset a kind of. (Bru: Right.) And then okay and then he was aware of something in Focusing process, yea? And the fact that he didn't get a promotion. (Bru: Right.) Remains, remained in him still, yea? So what happened to him? How would this person handle this issue?

Bru: Well, I think after doing some Focusing on the issue and realising it was not a negative reflection on him and he is okay, he would you know go back to the office and feel better about himself, and you know, take this bad news more in his stride as we say, and just realise, well, I have you know, the opportunity will arise again. And you know in the meantime I still have a job, I have been well liked and all of that. So Focusing like that on an issue helps to take the sting out of it. (Kmn: Okay.) So a person can accept reality better without it ruining their day, right, yes.

Kmn: Em em Okay. Was the Focusing oriented approach effective in each case? **[QUESTION 7]**

Bru: You know it really is effective in each case. I think it is subtle, and sometimes the person feels it profoundly and sometimes the person is just a sort of surprised. But it is always validating. (Kmn: Em.) It is always validating and positive in its outcome. It never fails even with a really difficult client, like I have a very depressed woman I am working with. And I have tried everything with her, everything, so many different things. And the only thing that really seems to work eventhough it is just in small small baby steps is Focusing. It is the only thing where I can get that little bit of progress is Focusing and to listen to that place inside which she ignores most of the time. So that is, so you know when all else fails, Focusing works. I think of it this way you know.

Kmn: Okay, okay. You say baby steps, small baby steps. What do you mean by that?

Bru: I mean small steps, very small steps like a baby does you know because with some people you cannot go too fast. Or they cannot do it. (Kmn: Em em.) Focusing is a slow intensive and accepting, it is so very very accepting and it helps themselves to accept themselves. So the EMDR is rather fast in comparison. They call it an accelerated model of information processing. EDMR can go fast and that is good. People want to heal fast. But some people need to take it really slow. Because they are just getting introduced to that Felt Sense you know.

Kmn: Why is EMDR faster than Focusing?

Bru: Why is it? I think because of that bilateral stimulation asking the person's awareness to alternate or go back and forth pretty quickly between the left and the right side of the brain you see. So I could be waving my fingers in front of their face pretty fast you know like a windshield wiper, right? Pretty fast and that for some reason asking someone's attention to follow that, engages both sides of the brain to have different information from an event, so we need to communicate with each other. And so it is a matter of getting all parts of the brain and to cooperate and communicate and to finally resolve a negative event or a trauma something about asking their awareness to go back and forth like that. A sort of like you know what they call REM sleep. (Kmn: Em.) When you are doing REM sleep, your eyes are going back and forth eventhough your eyelids are closed, your eyes are going back and forth, your psyche and your sleep is trying to figure out and resolve something that happened during the day. You think those eye movements mimics REM sleep. This is the theory anyway.

Kmn: Em. That is interesting.

Bru: I know it is not the Focus of your study, but it is interesting stuff.

Kmn: Em. Yes it is, yes. Okay. How does using the Focusing oriented approach make couple therapy different? **[QUESTION 8]**

Bru: Couple therapy different?

Kmn: Yes. How does using the Focusing oriented approach make couple therapy different?

Bru: I think it cuts through to the inner experience in each member of the couple very fast. You can say it cuts through the defences very fast. And that is really important in couple therapy. And it can be hard in couple therapy to do this. So whatever helps cut through or relax the defences is very important. That is how I see it.

Kmn: Okay. So cutting through defences (Bru: Yes.) is very important.

Bru: Yes.

Kmn: Using Focusing.

Bru: Yes, exactly.

Kmn: Could you say more about this question?

Bru: Yes.

Kmn: Because this question is my main point really.

Bru: Well, okay, all right. I think couples establish their patterns of behavior that can, that usually mimic old relationship patterns from childhood very often from the parents and they automatically re-enact or recreate all the old relationship patterns from the parents, good and bad. The bad ones are getting in their way and I think Focusing helps get under the pattern to look at what the real experience is, what is, you know its hurts or its insecurity or its anger, or you know its fear of abandonment. Focusing helps get to that to and that can if they can connect with that it can help to break up the pattern you see. And that is really important to break the pattern. And it is hard for couples to see this all by themselves. (Kmn: Em em.) They don't, it is, you know, it is so hard to see your own issues. And so it helps a couple to break that pattern or to see behind the pattern. Okay. So I think this is what is helpful so, yes.

Kmn: That is good.

Bru: Yes.

Kmn: Okay. Do you have a special way of Focusing overtly with clients when you work as a counsellor? If so, how do you do that?

### **[QUESTION 9]**

Bru: How do I work with clients as a counsellor?

Kmn: Yes, a special way of Focusing?

Bru: Well, you know I think every Focusing counsellor has a special way. You find your own words. So you adapt the Focusing way to words that feel, most comfortable for you to a tone of voice that works for you. And if you are comfortable with it, your client is comfortable with it. (Kmn: Em em.) This is how I think of it. And you know at first when you learned Focusing you know you tried to use the words that your teacher uses and they are not always comfortable. After a while, you feel more relaxed about it and you feel more confident to use your own words. And it takes a while to find your comfort zone in using it. At first, I used it very rigidly, you know like a script. Like a protocol, and that is too inflexible. You need to be very flexible because it is very client centered. You know you never tell a client what to do. You never tell them what is best for them. If basically you have such inherent trust that inside them is the answer they are looking for, the only valid interpretation comes from them. (Kmn: Em em.) So you know it is your job to help them reach that and accept that. And so you are very much an equal. Because they know themselves better than anyone else. So we are equals, and I am just helping them get to their own inner truth as it were. That is how I think of it. (Kmn: Em em.) So yes, everyone finds their own way of using Focusing, and you can combine it with other things like EMDR. For instance in EMDR, if someone is processing a trauma from the past. (Kmn: Em em.) You know, you use the bilateral stimulation for a little while and then you stop it and then you ask them what is coming up inside now. It could be a thought, a memory, a body sensation or feeling. And then usually no matter what they say, you say, go with that, and then you do work (more) bilateral stimulation. Well, then after a while they go with that. Go with that and you know you sound like a parrot or something. But if they say, well, what I am noticing now is that I have a knot in my stomach. (Kmn: Em em.) Instead of saying, go with that, I would say, and this is Focusing language, let that know know that you have noticed it, let that know that you have noticed it. It is a way of saying OOH! Interesting, pay attention to that. That might have something to say to you. Let us not assume that is just you know nothing. Let us assume that that is a message trying to get through to you in the form of a physical discomfort. And so let us pay attention to that. And sometimes I would say, well the knot is still there, and I would say, so see if you can get a sense of what that knot would want you to know about this whole issue. (Kmn: Em em.) Whereas in using EMDR, you would just say, go with that, go with that. Go with that you know. So I think Focusing, weaving Focusing into EMDR really deepens it. It is a, I think it gets you where you want to go yes. So that is how I think of it. So you must and I find my own words that feel comfortable for me) and that is how I use it.

Kmn: Em em. Yes. Thank you. Okay. In what other ways does Focusing influence your counselling work?

**[QUESTION 10]**

Bru: Well, I would have to say Focusing has taught me that the inner experience is everything. And people can you know, you can forget that sometimes when you think you know you know best and apply it. But it is always best to have the client check inside for what is best for them and very often what you get shows that what you were wrong you know. And if it is wrong for the, it is not helpful for them. (Kmn: Em em.) So that is how I think Focusing, it informs all the work I do, whether I am focusing or not, it is always reminding me that what we are trying to do is to consult their inner experience in their Felt sense. You know we use that term their Felt Sense. (Kmn: Yes.) We are both trying to consult their Felt Sense and then that has the most profound wisdom to offer.

Kmn: Em em. Okay. If you were doing couple therapy in a Focusing way, how would you do couple therapy with couples?

Bru: Okay. Well, one or two ways. One way is to have each individual focus at the same time. You bring their awareness inside at the same time. And you go back and forth. Another way is to just have one of them focus and have the other one witness and the Focusing brings self-compassion to the person who is focusing. And the, and to the half of the couple who is listening and more compassion for the partner who is listening. Right. So that is how I think of that. So you can do it either way. And but it is very effective to have both close their eyes and let their awareness drop down.

Kmn: You mean at the same time?

Bru: Same time, yes.

Kmn: At the same time. Oh! That is interesting! Em em. Okay. Go on.

Bru: That is just how I see it. That it is very helpful to do that.

Kmn: Em em. This is very interesting.

Bru: Yes.

Kmn: So both of them, you lead them to have Focusing.

Bru: They can both focus at the same time. And it is always good because they are both having an authentic experience. (Kmn: Em em) You see. And both having self-compassion at the same time they are having compassion for their partner. And usually couples who are in trouble are having trouble having compassion for the partner.

Kmn: Em em em. Okay. Have you taught Focusing to couples? **[QUESTION 11]**

Bru: Have I taught it to couples?

Kmn: Have you taught Focusing to couples?

Bru: Ah, not in like a classroom setting. In individual setting you know I guess I lead them through it. I guide them inside against teaching. I don't say I am going to teach you something now. I just say, let's do something I think would be hopeful and helpful. So if you would both close your eyes, get comfortable in your chair, put your feet flat on the floor, notice your breathing, all these things you know and then let your awareness just drop down into the middle part of your body. And I guide them into it without saying that I am teaching so that is a different thing I think.

Kmn: Em em. Okay. Thank you. The last question. Is there any limitation when you use Focusing in your work?

Bru: Limitation?

Kmn: Any limitation?

Bru: A good question. Ah well I would say Focusing is not (that) fast and so you would not start Focusing at the end of a session, because it is not what you rush. It is an inner process and it can be slow. Impatience works against the process. So you want to make sure you have time Focusing and to lead them through it. As I say EMDR is fast. Focusing is slow and gentle, gradual and, but some people can connect with it fast. I



don't know if there are any limitations. But it is just a gentle slower process. If you do not have many minutes left in a session, you could not start that. So and actually once you know there was a famous Focusing teacher in California, Ann Weiser Cornell.

Kmn: Ah yes, yes. I know her name.

Bru: I was out there learning how to teach Focusing from her. And we were at lunch and I told her that I do EMDR mostly. She said, "Oh, I tried that once". I said, "what did you think?" And she said, "fast for me" which was interesting because Focusing is a slower gentle process. And at first I thought that's crazy you know like so you wouldn't want to heal fast from something that was troubling you. She prefers Focusing. Well, she is all about Focusing. She likes the slow gentle nature of Focusing you see she said. It is not rushed. It is very, a very gentle climate, you know what I mean. So I don't know if there is any limitation. It is gradual and slow and gentle. And for some people you know it is not fast enough maybe. I could see some clients thinking it is, you know, everyone wants instant results you see now in this culture, right? Instant results. And it is not instant you know. (Kmn: Em.) But it is cumulative.

Kmn: Em. Anyway, thank you very much Bruce. I wonder, you mentioned about somebody who is working with couples in a Focusing way. Yes, at the very beginning. You don't have his or her email address. I need more interviews. So I need more resources really. But it is very difficult for me to find Focusing Couple Therapists.

Bru: Yes. Okay. All right.

Kmn: Anyway, thank you very much, Bruce. You have made a very valuable worthwhile contribution today to my study and research. I really appreciate your time.

## Appendix 22: Interview Transcript with MFP10 (23November2008)

Clv: Can you hear me?

Kmn: Yes, I can hear you. Yes.

Clv: Good. Right, we are in business.

Kmn: Em em. Good. Anyway, to make it easier for both of us and to use our time well, I have prepared some questions. Some of the questions require only short answers (Clv: Em em.) while some others require longer answers according to your own experience and situation. You may feel that some of the questions are not relevant to your situation. In that case, you could say why it is not relevant for you. Anyway, feel free to answer them in whatever way you think is best, okay?

Clv: Okay.

Kmn: Okay. So the first question. How many years have you been a counsellor or psychotherapist?

Clv: Em ten. I think it is ten, eighty nine.

Kmn: Okay, ten. How long have you worked with clients in Focusing- oriented psychotherapy?

Clv: The same number of years.

Kmn: So how many, maybe.

Clv: Ten. I started out using Focusing at the very beginning.

Kmn: Em em, so okay. So can I say seven or eight years?

Clv: Well, as I say, I started Focusing when I was a trainee with clients. So I think it was about my third or fourth client I started using Focusing. So it is the same number of years as I have been seeing clients.

Kmn: Ah! Okay I see. Ah, that is longer. So what is your main counselling orientation?

Clv: My main counselling, I am a client centred therapist.

Kmn: Would you prefer client-centred therapist or would you prefer person-centred therapist?

Clv: For me, they are the same thing.

Kmn: Okay. So it doesn't matter.

Clv: It doesn't matter.

Kmn: Okay. Thank you. And then how many sessions working with couples do you have most of the time?

### [QUESTION 8]

Clv: Hang on. Run that question by me again.

Kmn: How many sessions working with couples do you have most of the time?

Clv: Do you mean how many have I had overall? Or how many do I have at the moment?

Kmn: I mean when you get a couple. How many sessions do you have, ten sessions or twenty sessions?

Clv: Oh, it is open-ended.

Kmn: Open-ended.

Clv: Oh yes.

Kmn: So that means average-how many sessions usually?

Clv: God, I don't know. I haven't worked out the average.

Kmn: Oh! quite long sessions you mean that means?

Clv: Oh yes. Some couples I have seen for years.

Kmn: Oh really?

Clv: Yes.

Kmn: Oh, yes so quite difficult in this case. So maybe some years

Clv: Yes.

Kmn: Usually. Why so long? Some years!

Clv: Because what causes couples difficulty is often the problems each individual within the couple have. So to work with them as a couple, you have also some need to work with them as individuals. And therapy can take a long time if you really want to deal with stuff. My clients often do want to deal with stuff.

Kmn: Anyway. Okay. So number five. How do you meet couples in couple therapy most of the time? Do you meet both of them? Or do you meet one of them? Or whatever? **[QUESTION 2]**

Clv: I do both. I see them as a couple and I see them as individuals depending upon what they want.

Kmn: Okay. So sometimes you meet both of them. Sometimes you meet an individual.

Clv: Yes.

Kmn: Is that correct?

Clv: That is right.

Kmn: When you met just one partner, why was this? **[QUESTION 3]**

Clv: Well, it might be that initially one partner comes to see me and then decides they actually need to work as a couple. Or it may be that we realise as we are working together that one partner has stuff they want to work on individually and then come back to the couple.

Kmn: Em. Okay. How would you define the Focusing oriented approach? **[QUESTION 4]**

Clv: Say that again.

Kmn: How would you define or identify or call?

Clv: How do I understand the Focusing-oriented approach?

Kmn: Yes, yes. According to the approach, yes.

Clv: It is when the therapist is working with and often from a Felt Awareness of the client and their clients' situation, and they are working in such a way as to encourage the client to calm down and to allow process to happen.

Kmn: To allow process to happen. Em em. So that means a Felt Sense is very important, yes.

Clv: Without it, you don't have Focusing.

Kmn: Em em. Sure, yes. Okay. This question is quite long. What were the circumstances that led to you applying the Focusing oriented approach overtly with a couple in your counselling work? **[QUESTION 5]**

Clv: Oh, it is just how I work. I use Focusing often and what I get is a very subtle way. I don't talk about Focusing. I don't give people Focusing instructions. I am with them and I encourage them to move down into

their bodily awareness. (Kmn: Em em.) Well, that is just in my conception of therapy how therapy works. You don't get anywhere until you do move into the body and engage with the implicit. So you know I can't imagine working in any other way. There is no point just talking about stuff. It is pointless and boring.

Kmn: So it is very important for Focusing to get a bodily sense.

Clv: Oh, I think it is very important for human beings. You are not alive. You are not properly alive if you are not operating from the implicit. You are desociated in a very important and destructive way.

Kmn: Em em. So are there any case examples you could provide?

Clv: Of what?

Kmn: in this way, in this case.

Clv: I am not sure I know what you are asking me because all my work is grounded in Felt Awareness. All my work is related to process.

Kmn: Em em. Okay.

Clv: So when you ask for an example, I am not sure what you want an example of. It sounds....

Kmn: In your work, yes, when you meet some client

Clv: Yes.

Kmn: There is quite a particular case, yes.

Clv: Yes.

Kmn: Like you could provide maybe as an example.

Clv: Yes, but I am not sure what you want an example of.

Kmn: Ah, okay, next one. Okay in this case. How do you know when and if to apply Focusing-oriented approach? **[QUESTION 5]**

Clv: Well, I follow the client.

Kmn: Aha!

Clv: So for the most part I wait for those moments when the client is already beginning to deepen their experience. Or I respond to the client from a place of deep experiencing within myself. (Kmn: Em em.) Or occasionally if I know them well enough and they are just going around and around in their head, I will suggest that we check out what is going on in the body.

Kmn: And then. So they say something is going on in their body. And then what do you do after that?

Clv: I respond to that. I can't tell you how I respond, because how I respond will depend upon the particular circumstances.

Kmn: Oh, of course, yes.

Clv: So don't ask me

Kmn: And then they follow your suggestions.

Clv: Well, they may and they may not.

Kmn: Aha. So if they don't follow your suggestions, what could you do?

Clv: If they don't follow my suggestions, I follow them and I wait.

Kmn: You are waiting. Oh! Okay. So you wait until they follow your suggestion you mean?

Clv: Well, I wait and see where we would go next. I am very client led. I am trying to help them to be with their process. I am not trying to impose it on them.

Kmn: Okay. So you are not forcing them.

Clv: Pardon me.

Kmn: You don't force them.

Clv: No.

Kmn: No, no. Okay. How was Focusing used in each case?

#### [QUESTION 6]

Clv: Focusing is always used to the same end. Focusing is used so that a person can get a better sense of a situation. A response, something they need to know more about how it is for them. And it is used to facilitate process. So they process things instead of just being stuck with them.

Kmn: Em em. Okay. Next one. Was the Focusing oriented approach effective in each case? How? What outcome was achieved?

#### [QUESTION 7]

Clv: It varies depending on the individual and on the couple. But my experience is that Focusing, a Focusing related way of working does facilitate people growing in awareness of how things are for them, growing in acceptance of how things are for them, and processing. But only to the degree they are a kind of ready for awareness and acceptance and processing. And that is the point about being client led, you recognise that people are only going to deal with moving to awareness of go with what they are ready to.

Kmn: What they are ready to, em em. So that outcome was achieved usually?

Clv: The outcomes varied. But I think, I mean if I look at my couples work generally overall, either people find a way to make their relationship work for them more effectively. Or they separate. It is like this, they don't stay where they are. And in some cases, the relationship has for them, in their estimation, become better. In other cases, there has been a recognition that actually what they need to do is separate. (Kmn: Em em.) And I haven't kept a record. But my guess is, it is about fifty fifty.

Kmn: Fifty fifty.

Clv: I would think so.

Kmn: Em. And when you work with both of the couple, how do you use the Felt Sense?

Clv: How do I use my Felt Sense?

Kmn: No, no. Their Felt Sense in your work?

Clv: Ah, well. I will very gently and if I were working with two people at the same time, it would be very gentle and subtle. But I will encourage them to find their awareness of something, not to just talk about it, not just intellectualise and rationalise. (Kmn: Em em.) I will encourage them to ground what they are saying in their experiencing.

Kmn: Em em. So when you do Focusing to them, especially both of them, yes.

Clv: Em.

Kmn: So how do you do that usually? So do you do only one of the partners first, and then?

Clv: No, I don't work that way. Because I don't, I very rarely with a client do what most people think Focusing is. In other words, close your eyes, feel your feet on the floor and all that stuff. I work in a much more subtle client led kind of way.

Kmn: Em em. So could you tell me about that more please?

Clv: I can send you something which tells you more about it if you want.

Kmn: Oh yes, please.

Clv: If you send me, have I got your email?

Kmn: Yes, yes, yes. You have it, my email.

Clv: Right, I will send something to you which might make sense of that.

Kmn: Yes, yes, please. And then how do you find reflecting back in your work?

Clv: How do I find reflecting?

Kmn: Yes, reflection or reflecting back.

Clv: I reflect a lot. I don't say it is necessary to do good counselling practice, but I use a lot of reflection.

Kmn: Em em. So reflection is a kind of empathy for you as well.

Clv: It is the way I respond. It is my sort of fall back way of responding, is to reflect back.

Kmn: Em. So it is very important when you work with.

Clv: I don't know if it is important, but it is a large part of what I do, whether what I do would work the same way without the reflection I don't know.

Kmn: Em em. Okay. How does using the Focusing oriented approach make couple therapy different?

#### [QUESTION 8]

Clv: I think you waste a lot of time just talking from your head. I mean I think it is the same answer to a Focusing oriented way of working period. It tends to move us into process, move us into awareness more efficiently.

Kmn: So what do you mean awareness? In couple therapy you mean?

Clv: Well it is the same as awareness period. It is and most of us most of the time are not aware of a great deal of things which are important to us. So for example, a couple may be squabbling over something and not have any sense of what they are really squabbling about.

Kmn: Em em. So they don't know that exactly.

Clv: No, well, I don't know about know it. It is not in awareness. So if they can bring a bit of Focusing type awareness to the squabble and to what that is all about for them, then maybe they are going to get down to what the issues are.

Kmn: Em em. Okay. Do you have a special way of Focusing overtly with clients when you work as a counsellor? If so, how do you do that?

Clv: A special way of Focusing?

Kmn: Yes.

Clv: No, I don't think I do, because I rarely introduce Focusing in a formal kind of way. And I am guided by the clients in where they are. I mean people who have been with me for a while, clients and students, tell me that if I say em em and thump my belly, I am saying, "what is that really all about? What is the Felt Sense of all that?" But they might not even know that language. But they a kind of know what I am saying.

Kmn: Em em. Okay. So how could you do work or how could you work with couples in a Focusing way? So can you give me a more specific example? So when you meet couples yes, how do you do usually? So you introduce Focusing or just you follow their process?

Clv: Yes, I follow their process and I will respond in ways, which more or less directly will encourage deepening the process and being with.

Kmn: And then using a lot of reflection you mean?

Clv: Ah! Using reflection and using process direction. Can you stay with that for a minute? Okay. I hear that and at the same time I am wondering how does that feel you know if you come down into your body, down to where you feel things, how is that? - That kind of thing.

Kmn: Em em. And then do you do both of them like that or...?

Clv: Oh, yes.

Kmn: Usually you know a kind of triad.

Clv: Pardon.

Kmn: In couple therapy, there is a kind of triad like therapist and then husband, a husband and a wife there.

Clv: Yes.

Kmn: So there is a kind of structure in generally.

Clv: Structure. What kind of structure?

Kmn: The couple therapy.

Clv: Yes, but you are saying that there is a structure. I am wondering what you mean by structure here?

Kmn: The format. What I mean is the format.

Clv: The format is simply that there are three of us in the room.

Kmn: Yes, yes, in the room, same room, yes. And probably they say in different time, yes. And then one of them is listening to the other probably.

Clv: Yes.

Kmn: So I am wondering how do you do that usually, in this case, with a Focusing way?

Clv: Well, that is what I am saying. It is built into everything I am doing. I will be encouraging them to speak from a place of Felt experiencing, not saying they are always going to do it. And if it isn't really what they want to do right now. If they obviously want to squabble about the last one hundred pounds in their bank account, well, I am going to go with them while they squabble about it. But sooner or later, I am going to be encouraging a deepening of awareness and it speaking from the place of depth if they can go there.

Kmn: Em em. So when they become aware of something that they didn't know before so that means that is a kind of a therapeutic change you mean? So they could change their lives or their issue. Or so they could solve their practical issue or whatever.

Clv: Oh, it is going to change their lives if we move into greater awareness. That does change their lives.

Kmn: Em! So what is the main factor?

Clv: To go back to that last question, I mean, I, you know, I have worked with the couple and you know what she realised was that her husband was deeply abusive. She dealt with the abuse and she had to get out of the relationship. And she hadn't known that until then and there. End of the marriage. That is a big change.

Kmn: Aha! That is interesting. Okay. In what other ways does Focusing influence your counselling work?

#### [QUESTION 10]

Clv: Well it is integral to everything I do. It is inseparable from everything I do. I don't think Focusing is something you add on. I think if one takes Gene's insights seriously and it becomes a way of living and it becomes a way of relating and it becomes a way of responding and a way of encouraging others

Kmn: Em em. Do you think the couples are taught Focusing during the session?

Clv: I think they probably are but they probably don't know that they are.

Kmn: Em em. So have you taught Focusing to couples?

#### [QUESTION 11]

Clv: Well, I haven't done it explicitly with a couple, no. (Kmn: No.) Not explicitly. But because of the way I am and the way I respond people pick it up. (Kmn: Em em. Okay.) So I teach it, without teaching it.

Kmn: And then do you, I think you know that probably the six steps of I don't know.

Clv: Or five steps or seven.

Kmn: Do you follow the steps in your work?

Clv: No. If I am teaching somebody Focusing explicitly then I have a series of steps which I introduce. But with clients that is not usually what I am doing, so I don't. I am aware of the steps. Yes, I guess if I was to think about it that way.

Kmn: Em em. Okay. So probably you don't follow the steps in couple, when you work with a couple.

Clv: No. I use such steps as seem to be necessary at that time.

Kmn: Em. Okay. Another question. How do you find listening when you work with couples?

Clv: How do I find listening?

Kmn: Yes, when you work with couples.

Clv: I don't know. You need to be more precise, Kimin.

Kmn: Okay. So probably as I told you there is a kind of a format. Yes, a husband and a wife. So usually maybe first a wife says something (Clv: Em em.) and then the husband probably listening. (Clv: Em em.) And also you are listening. And then you probably encourage the husband or wife yes to talk more probably. And in this case, the other partner is listening. So do you think in this case, listening is a kind of a therapeutic element?

Clv: Always is. Oh, it is amazingly important because what happens is: she says something to the therapist. The therapist turns to him and says: "Did you hear that?" and he says, "Yes, I never knew that". And she says, "I have already been telling you for twenty years". He never heard it until he heard her say it to somebody else.

Kmn: I see!

Clv: That happens all the time.

Kmn: That is interesting.

Clv: It is a big part of couple's work in my view, just being somebody who acts as a conduit.

Kmn: Em em. So do you think the Focusing way means listening for both of them?

Clv: I think Focusing really enhances our capacity to listen. If I, as I say to students, you don't just listen with your ears. You listen with your whole being. (Kmn: Em em.) And you, and yes, if you are really familiar with Focusing, then you perceive, I find anyway, and some of my students do, you perceive the level from which the person is speaking. Ah, and sometimes, I find I hear what they are saying from the level from which they are speaking, and I am aware of stuff way, way further down in their body, and that isn't in their awareness, and yet you can a kind of sense it, if you can feel it. So it really alters the way a person listens.

Kmn: Em em em. That is interesting. So how do you enhance the capacity of listening?

Clv: How do I enhance their capacity to listen?

Kmn: Yes, yes.

Clv: Oh, I don't think I do particularly. It is just that when somebody is listening to what is being said to another person and that other person is feeling it is very very important. They hear it. I am not sure what the mechanism is then. It is worth research. I don't know how it works, but it does work.

Kmn: Em em. Okay. Would you like to say something more about couple therapy and Focusing? Anything.



Clv: No.

Kmn: Okay.

Clv: Couple therapy and Focusing are inseparable, so there isn't really anything to say.

Kmn: Em em. Okay. I think I have all the questions done already.

Clv: Okay.

Kmn: And then, thank you very much. And the, could you send your paper?

Clv: I will send you that. It is going to be published in the New Year and I think it will explain what I mean.

Kmn: Okay.

## **Appendix 23: Interview Transcript with MFR10 (7 November 2008)**

Kmn: I am so sorry. I am very sorry that you were kept waiting for me. Oh, this is unusual. I don't know why my skype phone is wrong at the moment. Anyway, how are you?

Frc: I am yes good. I am tired.

Kmn: Okay.

Frc: And I have ah yea yea. I am good. How are you?

Kmn: I am all right. Thank you very much. And anyway I am very happy to talk to you on the telephone today. Thank you very much indeed for doing this interview with me. It is a big help and I really appreciate it. To make it easier for both of us and to use our time well, I have prepared some questions. Some of the questions require only short answers, while some others require longer answers according to your own experience and situation. You may feel that some of the questions are not relevant to your situation.

Frc: Em em.

Kmn: In that case, you could say why it is not relevant for you. Anyway, feel free to answer them in whatever way you think is best. Would you like to make any comment or ask for any clarification before we start?

Frc: No, I am okay.

Kmn: You are okay?

Frc: Em em. That is good.

Kmn: So everything is clear.

Frc: Everything is clear.

Kmn: Okay. First, how many years have you been a counsellor or psychotherapist?

Frc: Okay. I don't work fulltime as a counsellor or psychotherapist, but I, oh gosh, in various forms, probably, bits, and you know participating maybe 30 years.

Kmn: 30 years?

Frc: 30 yes. But as somebody who takes it as a professional life or teaching Focusing to people or working with people, really only about 10 years. But I do very little because it is not my main. It is not my main employment.

Kmn: Okay. Thank you. How long have you worked with clients in Focusing oriented psychotherapy? You said only 10 years.

Frc: Then again this is very strange. Did you say to me, how long have I worked with clients using Focusing?

Kmn: Yes.

Frc: Ah, eight years.

Kmn: Eight years.

Frc: Yes.

Kmn: What is your main counselling orientation?

Frc: I was a, I spent seven years training with Arnold Mondell's process oriented.

Kmn: What is that?

Frc: Process work.

Kmn: Process?

Frc: It is a pro-human approach.

Kmn: Okay.

Frc: And that was my main professional training. It has different levels of training. So for that there is a full Diploma and seven year training. I didn't complete. I did seven years but I didn't complete the qualification bit because I decided I was going to change to change my life in a different way.

Kmn: So could you say again then, what did you have trained in?

Frc: Process work. Or sometimes it is called process oriented psychology.

Kmn: Process oriented psychology. Aha!

Frc: But it was developed by a man called Arnold Mondell. Sometimes in the early days, it was known as Dream Body Work.

Kmn: Dream Body Work.

Frc: That is what it was originally called and now it is generally called process work. I can send you an email.

Kmn: Okay. Thank you very much indeed.

Frc: I will do that. And I first. Oh, I don't know where I am, this is a long question. Tell me if I go off track, because I will just wander over a little bit. My first training was years ago, it was in reevaluation counselling.

Kmn: Re-evaluation Counselling?

Frc: Yes, Core Counselling.

Kmn: Oh!

Frc: That was the first thing I did. But then while I was in Norwich.

Kmn: Aha.

Frc: I did that basic, which I forget what it was now, it was a 12 week with Richard Curtin in Person-Centred Counselling. And then after that, I did various courses, a kind of stuff good course, lots of little professional training seminars in different perspectives. And mostly for use myself in working with teaching and working with my own material world and being a counsellor as such if they were used in that way. You see what I mean.

Kmn: You have a lot of trainings really.

Frc: Yes.

Kmn: But what is your, how can you say what is your own main counselling orientation?

Frc: (Laughs heartily) and says I don't know.

Kmn: Integrative counselling approach?

Frc: I would say it is process work.

Kmn: Process work.

Frc: I would say that because in fact that is what the bulk of my training is. So that is where the bulk of my individual therapy is as well, where the bulk of my peer group work or my supervision is. But because I worked as a theatre studies academic. My counselling orientation is always deeply informed by my creative work. So I am not trained as a drama therapist for example, but I have all of the training and more than a drama therapist would have. Ah, and I yea, and that fits mostly with me with the process work which is one of the reasons I was doing it. I do have some I don't know what is helpful for you.

Kmn: Anyway, amazing, okay. Next one. How many sessions working with couples do you have most of the time? **[QUESTION 1]**

Frc: How many?

Kmn: Sessions.

Frc: How many sessions do I have?

Kmn: Working with couples, do you have most of the time?

Frc: Very little.

Kmn: So can you say 5, 6, or 7?

Frc: Do you mean?

Kmn: How many sessions, number of sessions. How many times have you met, do you meet couples?

Frc: Yes. Do you mean how many hours of how many couples do I see? Do you mean how many hours of sessions every week, how many couples do I see?

Kmn: No, no, no. When you meet a couple in counselling and then you have a meeting with them only 4 sessions or 2 sessions....?

Frc: Oh, sorry! Because I don't have a formal practice at the minute, it varies. Somebody might call me up and say they want to do something and I would help.

Kmn: If you had couples?

Frc: It might be two meetings, it might be six.

Kmn: Two to six.

Frc: Yea. Yes, I don't think I have worked with anybody longer than six.

Kmn: Less than or fewer than six sessions.

Frc: Yes.

Kmn: Okay. Thank you. How do you meet couples in couple therapy most of the time? **[QUESTION 2]**

Frc: How do I meet them?

Kmn: Yes. So you meet two of them or you meet one of them, or a kind of mixed up. Sometimes you meet one of the partners. And then the next time you meet both of them. And then the next time you meet only one partner like that.

Frc: Oh, right, okay. It would depend on the situation. In the way that I am thinking, I would mostly meet the two of them.

Kmn: Em em, both of them.

Frc: Yes, yes.

Kmn: Okay. Thank you. Oh, when you met just one partner, why was this? You said it depends on.

**[QUESTION 3]**

Frc: Oh yes. What I am mostly thinking of is that I would do it with quite a bit of mediation work as well. So sometimes where there was a specific conflict and where the people were I would speak to each of them to find out what the conflict was and what their needs were before I would bring them together to try and work out how they might sort out the conflict. If the conflict is such that.

Kmn: Em em so that means what there is.

Frc: But I think that is more likely to be a professional couple in a professional relationship as opposed to a romantic or husband and wife couple.

Kmn: Em em, okay. So that means anyway can I say like that because of specific conflict you met just one partner?

Frc: Yes.

Kmn: Okay. How would you define Focusing oriented approach? **[QUESTION 4]**

Frc: Say that again? How would I define processing oriented approach?

Kmn: No, Focusing oriented approach.

Frc: Oh yes. Focusing oriented approach, how would I define it?

Kmn: Yes.

Frc: I will just stay with that a second. There are different, but the first thought that comes to mind is that there is a gentle, a gentleness in that and a spaciousness.

Kmn: A gentle and spaciousness.

Frc: which are things I like about it and it is a thing that comes with the listening and allowing the space for things to unfold at the pace of the client and I feel Inought to say something about the body in there and the Felt Sense in there. And yet strangely, they never a kind of worked for me, the kind of gentleness and spaciousness seems to be quite important because they allow the subtle and they get the Felt Sense to emerge. So it is a kind of, or are you looking for more kind of academic definition?

Kmn: Ah, no.

Frc: Okay.

Kmn: No, no. I don't want an academic definition.

Frc: Okay.

Kmn: Just what people think about the Focusing oriented approach. Yes, that is all. Yes, because some people have a different idea of Focusing oriented approach. It is good. I think it is a very good answer. Anyway.

Frc: Okay.

Kmn: Next one is quite a long question. What were the circumstances that led to you applying the Focusing oriented approach overtly with a couple in your counselling work? Are there any case examples you could provide? How do you know when and if to apply the focusing oriented approach. That is a long question, yes.

**[QUESTION 5]**

Frc: That is a very difficult question too I think.

Kmn: Shall I read the question again.

Frc: No, I understand the question this time. I think the long answer is quite a long silence.

Kmn: That is true.

Frc: I first started to learn Focusing centred counsel focusing years ago. Through Jimmy McGill and Chrissie's book, Intimate, whatever it was called. Gosh, I can't remember what the book was called. Do you know the book I mean?

Kmn: I don't know. I have no idea.

Frc: Hold on a second. I will just.

Kmn: Okay

Frc: And I came across this book I think while I was in Norwich and that it is a long time ago (Kmn: Em em.) And it was about relationships, that was why I am thinking of it. (Kmn: Em em.) It was, let me see, and I was trying to understand ....

Kmn: Have you found it?

Frc: No, nothing yet. Let me check the internet. I think it is put in some stuff. "Being Intimate", I was called: A guide to Successful Relationships. And that was, do you know Gerard Mondell?

Kmn: I have heard the name, yes.

Frc: So this book is about relationships so that was my first idea.

Kmn: Yes. He has written an article in relation to Focusing-oriented psychotherapy.

Frc: Exactly, yes.

Kmn: Yes.

Frc: Well, this book which was published in the eighties was my first encounter with Focusing as an idea and it was already written. It was about relationships. So I became interested in how this work then, I wasn't thinking of clients as well as that how that might be useful for me in my relationship, how my partner and I might be able to process our issues in relationship through the stuff that was in this book. (Kmn: Em em.) I didn't know how to apply this stuff type of thing focusing, I had heard about it a lot, I couldn't work it out. But I know about it, read about it and heard about it intellectually. It was always linked to the idea of relationship because of that first encounter in Jones book. And it wasn't until 2000 while I was having a girl that was a personal relationship thing. I was having lots of trouble with her as well and it was a personal relationship thing and I felt that I needed something other than the training I was getting to enable me to be with situations in my own relationships And that is when I had trained as a Focusing Professional. (Kmn: Em em.) So that immediately was the idea coming to me, the couple idea was always there. So for me, it has this thing about people listening to each other.

Kmn: Oh, listening to each other

Frc: and that was listening deeply to each other is, would be the key then to whether or not to use it, if you see what I mean. But in terms of the couple, I would be thinking that in order to hear each other.

Kmn: Hear each other.

Frc: Yes, they need to be able to hear each other. And so it would seem to me to just emerge from that as opposed to selecting a method. It would feel like I couldn't quite imagine whatelse I would be doing somehow.

Frc: Does that make sense?

Kmn: Well yes. In this case I would like to ask you something.

Frc: Of course.

Kmn: You said listening to each other and then hear each other.

Frc: And themselves.

Kmn: So how can you do that?

Frc: And themselves.

Kmn: And themselves.

Frc: Yes.

Kmn: Anyway, how can you do that?

Frc: How can you do that?

Kmn: Yes, applying the Focusing oriented approach in this case.

Frc: In this case, I could see reflective listening is part of this. So listening and saying back what is being heard. And checking that what is being heard is being heard. And listening to how the other is affected by what is being said. And also noticing in oneself, what is being, what is happening. (Kmn: Em em.) So to both hear it yourself what the other says and be able to repeat it back, but also to notice what happens in one's own body and in one's own Felt Sense, when speaking and hearing.

Kmn: Em. It is interesting.

Frc: Does that make sense?

Kmn: Yes. Yes, very much so. Okay, so maybe a similar question, just the same. How was Focusing used in each case? **[QUESTION 6]**

Frc: In each case?

Kmn: Yes.

Frc: In which case?

Kmn: Ah, just you said like for example the couple, when you meet the couple in your counselling work, so how was Focusing used in each case? Focusing-oriented approach?

Frc: I am not sure I can answer the question, which it seems to be similar to the previous question.

Kmn: Yes, so I am saying maybe similar to the previous

Frc: You are, yes. I think it is the same.

Kmn: Yes, the same way.

Frc: Yes, yes.

Kmn: Could you say more about that question?

Frc: So two people are there.

Kmn: Em em.

Frc: And ah ... No, I can't see.

Kmn: Anyway, any case examples?

Frc: Yes. I was just thinking of a case example. I didn't really think that I could say anymore on that and so that is why I was going to go into some details.

Kmn: Em em. Oh, if you can tell me how you know when and if to apply the Focusing-oriented approach in couple, in working with the couple?

Frc: How I would know, yes, how I would know.

Kmn: Yes, yes.

Frc: Yes.

Kmn: That might be also helpful for me.

Frc: Yes. I am not sure I think is the answer. I think it might be when it is clear that the conflict is it needs to be slowed right down and there needs to be space for the feelings to be uncovered as opposed to sometimes when a conflict comes up, it can just be sorted very superficially almost. But where they aren't listening to each other and then it is clear that the problem is connected to not listening to each other. Then they need to be able to create a space where they can listen to each other and hear each other. I suppose you could do that just with using person centred or I think what I am thinking is that in those circumstances there are a number of different approaches which would work. I would think that, I don't think that I would say that there is an instant where Focusing is the thing to apply. It would be because of my orientation, which is I would be more likely to do that than something else. I think that makes sense. I don't know. And it also connects with my process work and that there is the same thing there. Process work is a different modality, are different modalities. And some of my process work friends would say to me well you know what you get from Focusing is in process work anyway. It is already in there. So if I am working in the appropriate sections in the perceptive channel I am working with edges. I mean the process would use the term edge and the edge between conscious and unconscious. So those things inform the way I think and feel. I am quite intuitive I guess. So how would I know? I am dreadful at that. I really am. How do you know? I just know. (Laughs heartily) Or even if I don't know I have a hunch if you see what I mean and if it doesn't work, it doesn't work. And then I will try something else. And that maybe nothing to do with the method at all, but to do with you know sometimes people don't want to do something that is Focusing. So it is not right for them in that moment but they might tomorrow or they might have done it yesterday. It is probably just because I don't. If I was a therapist everyday, I might a sort of have a much more clear and articulate answer to that.

Kmn: Okay. So could you give me any examples you could provide? Case examples that might be very interesting.

Frc: I don't know where to turn for that. I really don't think I can.

Kmn: Em. Okay.

Frc: I am going through two or three in my head. I am thinking of. No. No. (Kmn: Em.) No. Well, what I am thinking of was actually not a relationship between spouses, but it was actually a professional relationship between two women where they are working with each other everyday. So I regard this as a different relationship. There is a huge status difference between them. Yes, this is an example of one that I met them separately. And it became very very clear that this was a situation where very subtle signals from each other were being read in a particular way. So they were being read as signs of neglect or signs of dislike in the same way that intimate couples behave. And it seems quite an easy job if you see what I mean. So all that had to be done in that situation was to enable them to slow down and take their time to pick out those subtle signals, describe them and articulate what the feeling was in all that and listen to the other one and be heard by the other person and then listen to the other person. It is really getting a sense of the whole, you know asking a person to get a sense of the whole of this situation from these subtle things. (Kmn: Em.) And it as in a sense from the outside, it really was very simple. They were implying having a sense of something, the sense of something which was then becoming a story that was damaging the relationship. And as soon as they were able to hear each other and articulate it, you know their feelings, those things, it disappeared. Okay, I mean simple things like somebody not saying, 'Good morning', or acknowledging the other person. Any help? [Laughs joyfully]

Kmn: I like that very much, yes. Okay. Okay, next one. Was the Focusing-oriented approach effective in each case? How? What outcome was achieved?

#### [QUESTION 7]

Frc: Okay. I know to really answer that question I would need more extensive work. So and the only thing I don't think I would say it is effective because people are hearing each other. And the situation when they actually get over the conflict is something else that is even in the one instance I gave you in the one case study that the conflict was easily resolved. And there was a misunderstanding that was easily observed with some kind of clarity. In other situations although I might be doing in the kind of thing that I do is creating space for them to hear each other in this particular situation which may not have any lasting effect. So it is temporary. Why I comment on the temperentia, I mean lasting effect. I am thinking of another case which was about two couples being married for twenty years. And he didn't want to really engage, he didn't really want to talk about his feelings at all. But in the process, they were in the process of separating, but they didn't separate and this was about ten years ago, and they are still together. So this is a case of just creating a space for one partner to be heard. (Kmn: Em.) It worked that way. Was it because of the work I did with them that they ended up staying together? How would I know? I would have to ask them really. God back and say, "you



know that work I did". I am not sure. I guess when I was doing some, I did some training on couple therapy which was TAVISTOCK based.

Kmn: Oh, in London?

Frc: Yes, in London, but it was one of their outreach courses or whatever. I remember that my attitude in some of the counselling was that I didn't go into the situation with the assumption that the couple should stay together. And I found that this is how quite a few other people would go into, a kind of during the training session, they would work/operate on the assumption that the aim was to keep the couple together in some way whereas in my assumption it is for the couple to sort out what it needs to sort out if it needs to separate, it will separate. And if it needs to stay together, it would stay together. And if it needs to change the rules, there is a fair chance they will. The primary thing is to be able to understand and listen to each other, and also understand whether they even want to stay together, so that the separation could be a positive outcome. And I can't think of an outcome, one of the outcomes or any examples where people have separated. (Kmn: Em.) But yes, so I am not sure what I would regard as success. (Kmn: Em em.) Other than they are by the end of the session listening better to each other and paying attention to each other, and paying attention to themselves within the relationship, how they are within the relationship.

Kmn: Em em. So that is outcomes, yes. Listening to each other, understanding each other, paying attention to each other.

Frc: And themselves.

Kmn: And themselves.

Frc: And their own experience in the relationship.

Kmn: In the relationship. That means that they so, that means a kind of their relationship enhanced really.

Frc: Their relationship would be well their relationship would be enhanced, but it is still possible that they, on account of awareness of their needs and the other's needs, might need to a letting go of the relationship. Especially, if they realise that they want totally different things and need to have the feeling for each other that they did.

Kmn: Em em. So this is very interesting. And then what I am saying is, you said, the Focusing-oriented approach is effective. Yes. Because they are hearing each other in the session. And then in this case, their conflict is easily resolved.

Frc: That was my example, yes. Yes, that was a case study, yes.

Kmn: So that is very interesting. Listening to each other makes their conflict easily resolved. How?

Frc: I keep saying listening to each other but I am a kind of thinking that they are listening to one's own self as well.

Kmn: So what I would like to ask you is that listening is very important.

Frc: Yes.

Kmn: In counselling therapy?

Frc: Yes, absolutely.

Kmn: So to each other, especially in couple therapy you mean. Why?

Frc: [Laughs heartily]

Kmn: Why?

Frc: There is a second half sort of thing. One has also got to listen to oneself. I think there are two things there because you know, I can imagine somebody only listening to the other person and having some kind of you know reflective listening of the other person without ever paying attention to what is going on in themselves in response to what is being said, as opposed to what they are hearing. When I hear this and when they hear, gosh, I feel bla, bla. (Kmn: Em.) And why it is important is because often when people are in

conflict, not always, they are not actually paying attention to what the other is saying, they are responding to some story that they have. So the one that is an easily resolvable conflict is a good example for me because they were seeing each other working, seeing each other everyday only everyday exchanges, but there was a story being built up that one person was rude, insensitive, uncaring. And the other side was that this person was disrespectful or was grouchy, was irritable and so their story is. (Kmn: Em.) And I give this as an example of when I met people individually, the stories they had were very very strong. And they were quite afraid to meet each other to talk about it. (Kmn: Em em.) Because their stories were so strong. But when they listened to each other, and we can change it around a sort of, when you do, when you come in in the morning when you don't say 'Good morning' to me, I feel that you don't like me, I feel hurt. So when the other person can hear that, they can say, "Oh, my gosh, you know, I had no idea. I had no idea that was why you were so miserable and irritable with me". The other would say, "Oh gosh, I am really sorry so that is not what I want to do, it is not what I want to happen, so I will you know I will change my behaviour".

Kmn: Em em. How can you lead or how can you invite them to listen to each other? In a Focusing way? Or whatever? Anyway.

Frc: How can...?

Kmn: How can you lead them to listen to each other? In the counselling session?

Frc: Because again I don't do it all the time I don't know how, I don't have a big bank of data. But the immediate thing is to find out whether they are willing to, an invitation, would you like to? You know what I notice is that you know that you are both very distressed by this. There is something very intensive here. Can we slow down and absorb all that is here? Can we slow down and take this gently? Can we see if we can create a space for what needs to be heard, to be heard without recrimination? I mean.

Kmn: Just gently invite.

Frc: Gently invite them and there are so many different ways you know. I can ask: I wonder how this feels for you? I wonder if you feel this in your body anywhere?

Kmn: Em em. That is a very Focusing way.

Frc: I would have them take two or three deep breaths here. Just see if you can find a sense of all of that. (Kmn: Em em.) I mean just as you would normally. The Focusing with a couple doesn't seem to be particularly different from Focusing with an individual in that sense if that is what you mean. You are doing all of those things you would be doing with an individual. But you are also doing things like inviting them to be listening to the other and paying attention to what happens in themselves.

Kmn: Em em. Sure. Thank you. How does using the Focusing oriented approach make couple therapy different? **[QUESTION 8]**

Frc: It would move you away from simply talking into sensing. But it also takes you away from simply reactive feeling which might be going on. You could be in a situation where people are just expressing what they feel, and not really going beyond that, just getting stuck in a kind of story. So I think it gives, I think it offers the opportunity for a something to unfold with a gentleness and a spaciousness as opposed to, I am not being into getting people to get up in there to get out their anger in some way, but to allow some way the space to be created in which that anger can be articulated and held and not kind of thrown around. Does that make sense?

Kmn: Oh yes. Sure, sure.

Frc: Why I am wary about saying what makes it different is I think.

Kmn: But this is my main question in my thesis.

Frc: What makes it different? I think part of my pro issue is that when therapies and things emerge, they often change, and so sometimes, it seems to me that people talk about a particular approach to therapy as if it is fixed so Gestalt becomes fixed in 1973. You know whatever fixed therapy was doing outrageously at that time. (Kmn: Em em.) And less attention is paid to the developments of Gestalt you know over the last ten years. So that some of the things that what Focusing itself and all that stuff would actually find its way moving across the different therapies and emerging and changing and shifting. So specifically Focusing in oriented therapy. I am not sure whether I would be able to say that it was actually different from any other, necessarily from any other practice as long as that is paying attention to the Felt Sense was there whether it

was the end or not. I think that is what it means, especially, as Gendlin himself says he started from noticing that people do in fact Focusing. And then they are going to move to a point where we can teach people to Focus. But if people are Focusing and we are encouraging people to get in touch with their own Felt Sense, whether we use that word or not, it does be happening in any of the experiential therapies. Isn't it? I have a little group that meets in my house. One of us is a psychiatrist and he is trained in various kinds of therapy, but he has lots of training in process work. And another has done lots in counsel work and also process work. And then there is a fourth person apart from me, is somebody who has experienced union work, but he is trained in drama therapy. And when we sit in the room and so the four of us coming from these different backgrounds just adapt to each other and work with each other. So we would mention that at some point I am going to take the others through the stages of Focusing so that I am familiar with them. But I don't seem to find much in it that they are not doing already except using different terminology. And given that people like Johnson put Focusing together with cognitive approaches. And the cognitive approach is also linking up with a Buddhist mong whose approach is Mantra, which is also holding a space for things to emerge and allowing them to emerge without judgment and it seems to me that there might even be some kind of a consensus emerging. Or it might just be that is where my interests are and so I am finding those connections. This doesn't make any sense I am afraid.

Kmn: No, no, very good. Okay. Very good answer. Do you have a special way of Focusing overtly with clients when you work as a counsellor?

Frc: I have not. Focusing myself. Well, if I were the client I might say, "Let me just try and get a sense of that for myself."

Kmn: Aha, so...

Frc: So I would listen to what they say. They might have given me a bit of conflict situation that I would feel that in and then I would want to get a sense of that for me and say that back to them. And so that appears to me to be very similar to what I would do in Focusing. But if you are saying: How would I give instructions to a client, which varies. That is, there might be somebody who I could take through the six steps, I am likely to do that. (Kmn: Em.) I am more likely to just do a little bit from a sense of breathing in and just sensing what is there.

Kmn: Ann Cornell's, Ann Weis Cornell's, you follow her steps or Mary Friedman?

Frc: No. But I suppose Ann Weis Cornell and Bobby McGill, they are the Focusing Student's and Companions Manual. Oh, where are my glasses gone? Do you know that one?

Kmn: A little bit. So you use their guideline, don't you?

Frc: I probably feel the thing that they do, the stuff is in me. (Kmn: Em.) When I am guiding somebody, it depends on what they need. So maybe they need it is very very explicit. Maybe they don't need it so explicit. Maybe all that is necessary for them is to be just be reminded to have to pay attention to the body. I think that is a reasonable thing. Gendlin has people know how to Focus, which is something that some people just do automatically. And some people, you know if you have people who can talk to you, to feel it. And there is not much in just talking about things. There is no connection with the body. There is no connection, so how do they connect? So that one way might be and if somebody is talking very fast and you don't see them taking any breath anywhere, they just keep talking like this. Maybe the breath is the sign for that one. Because take some seep breaths and to go inside and sense what is there in their body. Because what is up is already there. Whatever they want to deal with is already there. Somebody might say, "Well, I really don't know where to start. There are so many things going on in my life. Okay, let's find out what the things are. And then okay, is there one that seems to be more urgent than the others? And in which case, which would lead them that way so that I guess what I am saying is that the person themselves is signalling what needs to happen. They are suggesting what instruction they need. So I wouldn't go through this with every client. I would do a wait and see and particularly because I meet people in different contexts, either in a formal context or in a pastoral situation as a tutor.

Kmn: Em em, pastoral situation.

Frc: Yes, yes, because I work as a university tutor. That is my fulltime.

Kmn: Oh, really?

Frc: To my students. That is just my normal process. And obviously within that process I have to have a, if a student comes to me and says they needed to sort out what they are going to do with their life or a sort of just ordinary you know psychotherapy. It is just one way.

Kmn: Oh, so do you tutor, do you teach somebody?

Frc: I don't work fulltime as a counsellor. That is how I earn my living. The form that I sent to you originally just to clarify what I said and to make sure, I work as an academic. I teach drama and theatre studies in the University Centre and I find it a very practise based course. So, and because it, is in that way, we are always dealing with emotions and personal things. I also work in creative groups. So being able to deal with all those conflicts and being able to deal with all the issues that arise and being able to deal with people with difficulties, very ordinary kind of everyday levels is quite important. (Kmn: Em.) So Focusing plays a part there.

Kmn: Em em.

Frc: And then yea, sorry, does that make sense?

Kmn: Yes.

Frc: So I have quite a busy life. So all that stuff informs how I am with my children. So I don't identify, I don't identify as a counsellor or a therapist although I have done and I do still do some, and I am in a peer group that meets regularly. One thing I did when I was in Norwich was I worked with the local drug rehabilitation centre. So I used to work there, but I didn't use Focusing then, because I didn't know it. It was a Therapeutic Community Centre where people were who were convicted for drug and alcohol offences. So it was Addiction Counselling. It was a very mixed group and there was a bio-energetic therapist, and there was me. I was doing drama. There was a transactional analyst and there was a Gestalt therapist. And there was, ah, who else was there? Somebody did a lot in concrete work. So there was a really mixed therapeutic situation and anyway, but it had nothing to do with Focusing. All that kind of stuff informs the way I think about these things and why I work in a sort of multidisciplinary team. (Kmn: Em em.)

Kmn: Thank you, the next one. In what other ways does Focusing influence your counselling work?

#### [QUESTION 10]

Frc: I think that it enables me to slow down myself and to check out what is going on with me which makes it less likely that I am going to get hooked into someone else's process, (Kmn: Em em.) without being aware of what is going on.

Kmn: Em, without.

Frc: Without being aware. So I know what is happening in this relationship where I am. This person is very upset and I am feeling something going on in me and what's going on in me to check. If I am angry at this minute, what's going on here?

Kmn: It sounds like countertransference.

Frc: Counterference yes. How do you deal? For me, I need to slow down. And Focusing helps. Adding the Focusing to the process work helped me to slow down and to notice things. And yet the process work training should have done that on its own. So it was just a way of moving something. That is why I am not very good at making general comments because Focusing did something for me that somebody else might have got it from somewhere else, and they wouldn't have needed Focusing to be able to do that.

Kmn: Em em, slow down.

Frc: Slow down. I also think it helps me to notice if I am being judgmental. In terms of practice, it helps me to notice things. So I wouldn't want to be judgmental whether I was a Focusing client or therapist or not. But what Focusing helps me to do is to notice those judgments when they are there and take a kind of some action to put them aside or to bring them in, if you feel it is to be appropriate to bring them in. But mostly I would say, I would think it is about space again and gentleness. You could say or unconditional positive regard. They are there already. And I don't remember, I just, I don't remember my parents like when I was younger, I don't remember them ever asking me to sense into my body. I don't remember them ever doing that. So maybe that's the difference. Maybe there is a difference. I have just being in touch with the idea of what is happening in the body for so long. I am doing Focusing work and process work and so it may be I can't remember clearly, because there is a difference I think. (Kmn: Okay.) I am wasting your time.

Kmn: It is all right. No, no. Very good, anyway. Have you taught Focusing to couples? **[QUESTION 11]**

Frc: Have I? No. Not specifically taught them Focusing. Not specifically taught them Interactive Focusing either. I don't think so.

Kmn: Okay. Is there any limitation when you use Focusing in your work?

Frc: What do you mean by limitation?

Kmn: Not easy to use Focusing. For example, the discussion is too much cognitive level, so you can't use it.

Frc: I think what I am trying to say is that there will always be something that can be done in my experience. The example I gave earlier of somebody being on a very cognitive level. I didn't get very far. So I was taking a clue from the speed of the cognitive process that a little bit of breathing might get them more into their body. But how far? So where is the limit for that individual at that particular time? It varies from individual to individual, but I don't think that would stop the...There is always something that can be done to open up the possibilities a little beyond what the person is already aware of, however slight, there is that. I talked with cognitive therapists, and the cognitive therapists themselves who are extremely cognitive, and I asked them about how this kind of thing can happen. There are always limitations, and there are always possibilities within the limitations. And I don't think there is anything that I would regard as a counter indication against some basic work connected with Focusing because of the gentleness. There is probably truth in it. So even if the invitation is not enough at that moment, if we are going to work for six months or five years, then there would be a different kind of odds I think. I have never got them beyond being able to lift the things that were troubling them and which one was the most important and identifying that. I can imagine, I guess, I don't think that is the problem. I suppose one thing the Focusing did to me was that I had to get somebody somewhere. I don't have an agenda for this person. I don't have to get them through six steps. I don't have to get them through anything at all. To try and use the skills that I have, I would prefer to assist them to do whatever they need to do. Does that make sense?

Kmn: Yes, yes. Are you okay?

Frc: Yes.

Kmn: Okay. The last question. If you had couples now, at the moment, how would you use Focusing?

Frc: I think I would just have got to listen to myself through this process. I am actually thinking, maybe I should run some classes for couples to teach Focusing. Not just as clients maybe, but just as a, just after counselling therapy and Focusing for couples as a training course and then teach them Focusing which I don't do. This comes to me through making me think differently about what I might do. So whether it might be more useful to teach it more explicitly. Do you want more about that?

Kmn: That is all right. Very good.

## Appendix 24: Focusing Session Transcript with SA<sup>6</sup>

F: Ah, I think I am okay actually. I think I will possibly just sit with it for a minute, hold a bit, something to sit with and try to get a feel because it is quite vague.

T: Yeah, yeah.

F: Ah, I thought what would be quite good to focus on would be, ah, I have always had a thing on boundaries and I am just working, processing I suppose this thing on boundaries.

T: There is something on boundaries.

F: Yes.

T: Do you feel like some processing you could do with that?

F: Yes. Well, I am processing it at the moment. So I thought that would be a really good thing to focus on.

T: Em.

F: Ah (Silence). So I feel in a sort of reflecting on it there is a sort of separate boundaries. There seems to be a (Sighs) artificial boundaries where you have structures and imposed rules, the basis to the boundaries. And then I am being now more aware of possibly natural boundaries. So I am sort of realising it could be very, like from an animal's (adult's) point of view, there is a creditor world, there is a sort of protection boundaries. So I am quite aware of and I have done work on the artificial boundaries. So, but I am wondering whether to just sit with, ah the more boundaries that I need basically.

T: Em ... It is the natural ones that maybe you need and you haven't paid as much attention to.

F: Yes.

T: before?

F: Yes.

T: So you?

F: Yes, because I feel I have put them both together before and now my process at the moment is that I seem to be a sort of more (Silence) separating them now.

T: Yeah.

F: So if I just stay with that at first and try and get a sense of that [Long Silence] Okay, so I get a sense with the natural boundaries, the ones I feel I need. It has got this feeling where emu, emu (Coughs) creates a space, a safe space around my being. It is a funny feeling of [Silence].

T: A safe space, a safe space around your being but it is vague anyway.

F: Yeah, it is a bit vague feeling.

T: Em.

F: But though it is vague, it has got very strong ..... a strong feeling, strong lead possibly that strong sort of feeling ah and also it comes out like it is the feeling, it is sort of like valuing.

T: Valuing.

F: Valuing myself to, to put this around to protect.

T: Valuing yourself to put this around for protection.

F: Yeah, yeah, yeah. I think yeah that seems to be the process I am after at the moment is really looking at those my values yea.

T: (Laughs) So you are thinking about your values.

F: Yeah, yeah. Okay. That is it. Yeah, thinking about.

T: You are thinking about your values to protect (Silence).

F: Yeah, yeah. Ah, ah this creates like I can feel it here. It is strong. That is where the strong feeling comes from, it is just (Silence) possibly the strength comes from being able to do that now.

T: Right. The strong feeling here means you can do that now.

F: Em.

T: That is part of that strong feeling.

F: Em (Silence). I am a sort of getting this feeling with it if it needs to by creating that boundary sort of around you, it gives you just about the space to a sort of live in safely possibly. It has just got that sort of.

T: It gives you space you can live in safely.

F: Em, em, em.

T: It is giving you potential somehow that you didn't have before.

F: Ah (Silence) value, that is the value, feeling comes in from that. It is that valuing that I am not, I have a sort of got this feeling of it stops being open and the things just a sort of come in and a sort of create that (Silence) (laughs) .

T: Something is stopping anything else coming in that used to be able to come in.

F: Em.

T: It looks like you value yourself enough now to stop that happening.

F: Em.

T: And to give yourself safe space.

F: Em, em, em, em.

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<sup>6</sup> F is the focuser or the client. T is the therapist or the counsellor.

T: You give yourself a safe space.  
F: Em. There is a quality a little bit about it too. It has got more out of balance really now that there is a sort of equal feeling.  
T: More equal feeling.  
F: Em. Yeah, yeah (Silence). It is ever so vague. It is quite hard, but that is good. I feel that is good to work with if it is ever so vague to know what is needed.  
T: Yeah, must need that.  
F: Em, em. (Silence). It has a sort of got this double edged thing with the straight thing. /So it makes you stronger./But also awareness of that vulnerability about creditor sort of world. And now with both sides coming out, I do get quite angry or (Silence) disappointed that sort of feeling of having to do that where you (Silence) can't lay yourself open.  
T: So you have to do that because of the creditor, creditor.  
F: Em. I think that it is in understanding that, yet it is understanding that.  
T: But it seems a shame.  
F: (laughs) It's got that.  
T: It's like this ideal edge to the strong bit.  
F: Em.  
T: The sense of that feels good to you but strange.  
F: Em, em.  
T: But the other side of it is that actually you get angry.  
F: It is the very opposite.  
T: Yeah.  
F: It has got a sort of opposite, that sort of double edge.  
T: You just wonder why should you have to do that?  
F: Yeah, yeah, in an ideal world to be open, to have that openness of feeling.  
T: If you work with value and feeling and you'd be safe in that huge space.  
F: Em, em.  
T: You have to put this boundary around yourself to give you some space.  
F: Em, em, and as you say, to be open is to do just what we ordinarily have to do, just to protect life, to be normal about life's protection and yeah.  
T: Sudden fear now comes. You can't leave that open.  
F: But I have left it open. I have had it open. But I feel like I am building that sort of coming into place now. But that is just there, ah, (Silence) so my awareness of it then is going to the other sort of boundaries, the physical place, structures.  
T: Em.  
F: And that actually creates (Silence). So it hits me here that one. So they both hit me there, both boundaries.  
T: So there is something with the structure.  
F: Em.  
T: That felt like more that is trying to hit you.  
F: Yeah. A sort of vague as well. There is a sort of like a suffocating sort of feeling.  
T: A suffocating feeling.  
F: A sort of a feeling that wants..... if it is that one..... it feels just wanting to get free from me.  
T: It feels like wanting something to get free.  
F: Yeah, it's a sort of to get free, freer, yeah, that on I am still hoping to get rid of it. Yeah, break, breaker, a sort of breaking it down yeah, to be free. I feel like breathing really, having that breathing feeling.  
T: And you are a sort of suffocating, cannot breathe in breathing.  
F: Em, em. Breathe freely yeah. But the other one, it has a different feel to it with the (Silence) natural boundaries (Silence). What I need it that it is coming from a stimulus, the need for that.  
T: And more like the going towards because you needed it. It is natural.  
F: Yeah, yeah.  
T: Yes, yeah, natural.  
F: It has got a feeling I am okay with that now.  
T: Are you feeling okay with that now?  
F: I am okay a sort of feeling as if I am okay with that now. It is okay to do that, accepting it.  
T: Em, em.  
F: It seems an okay sort of feeling. It is okay to do that and protect yourself. I am accepting it.  
T: Em, em....  
F: When the valuing comes again, that word just keeps actually about coming to me on that when I a sort of focussed on the experience which was bothering me, I have learned to do that.  
T: Em.  
F: Just finally I have learned to do that. Now I am beginning to value it myself.  
T: That sense sounds when you said it's okay, it needs to be here but maybe.  
F: Em.

T: Is there something saying it's not okay?  
F: Em.  
T: Now that you have looked at it, you actually know that it is okay.  
F: Em.  
T: And that sense of valuing itself is free to grow.  
T: Em.  
T: Stronger.  
F: Yeah, stronger it is perhaps.  
T: Em, em.  
F: And that is the double edged bit, because when I say stronger, I can feel vulnerability that means at the edge.  
T: When you say you feel stronger, you are aware of the other edge.  
F: Yeah, but it is like it is quite an interesting sort of mix.  
T: Yes, like holding both there at the same time.  
F: Yeah, yeah.  
T: It needs to a sort of be edgy.  
F: Yeah, yeah, like a sort it is supposed to be. You are holding it (Silence).  
F: It is like growth can come out of that. That is what it feels like.  
T: Growth.  
F: From those two.  
T: From those two.  
F: Yeah, yeah.  
T: Space needs to be a place to grow.  
F: Em, em, em.  
T: You just need it again. You need a place to grow.  
F: Em.  
T: It is like a space to grow.  
F: Em.  
T: And find your strength and vulnerability.  
F: Em. It seems that the strength and vulnerability are seen as a whole, sort of is a whole.  
T: Em.  
F: I get this feeling of growth. It is quiet breathing, but it is growth.  
T: Yeah.  
F: It comes from that it is quiet breathing, but it is growth.  
T: Em, em and expansion maybe.  
F: Em, em.  
T: Expansion.  
F: Yeah, expansion and the fact there is going to be strength from that.  
T: It gives you a sort of strength.  
F: Em, again as we were saying earlier, that it is like a kind of checking.  
T: Checking on the some of the content in your head.  
F: Yeah, yeah. It is equalizing. It is like, yeah, that fit.  
T: Yes, yes (Silence).  
F: I have got this surrounding feeling. I will go back to the vulnerability. That seems to get, to capture the vulnerability and the strength.  
T: Yes, yeah.  
F: It seems to capture that the vulnerability captures the felt sense.  
T: Can you stay with it longer do you think?  
F: Em, em.  
T: The vulnerability captures the felt sense.  
F: Yes, well yes. Well both of them together. I have got this strength that keeps coming out again, but this time I could feel it. It is more just like shining-this sort of shining, feeling this expanding thing (feeling). It is just like an expanding and is (Silence), and shining. So I could feel that quite a bit then there just going around the edge of it.  
T: Trying to burst, now it is shining.  
F: Yeah, yeah, the space again.  
T: Yeah.  
F: Yeah.  
T: The standing and the space.  
F: Yeah, yeah, it is the space.  
T: So really that is the stronger strength, inner strength.  
F: As well. It seems to be quite prominent in that feeling. It keeps just a sort of coming out of that experience this feeling.  
T: This strength that seems to bring something out.



F: Em, Em, em. So when it is creating that sort of a shift a bit, it is a sort of shining. It is like it is I suppose that is a sort of clearing and a sort of polishing.

T: So that is shining a shift with a shining is somehow clearing.

F: Em (Silence). In that space that I have created.

T: In that space.

F: A sort of natural boundary where I can now feel okay with creating yeah.

T: Yeah, yeah.

F: And it is okay. That sort of a shift, it just feels okay (Silence). Ha, ha!

T: Yeah, it feels okay.

F: Yeah, yeah. It feels like a really tiny world okay, but it is a big step for me.

T: Sure.

F: Yeah, yeah.

T: We have just got a minute or two left.

F: Yeah, yeah.

T: Is it okay with you?

F: That is okay. Yeah, yeah, yeah. It has just got a lot of warmth in it like of just it is good. I can't describe it. It is really good. It is just coming from, but it is really good.

T: You have this feeling that it is really good.

F: Em, em.

T: But there is something you can't describe.

F: It has a sort of got that feeling that it hadn't been okay, but it is okay (laughs).

T: Yes, it has got the feeling of being okay now.

F: But now this is okay today.

T: Yeah, you have understood it. How do you feel about it now?

F: I feel like I have been all entwined in boundaries, all entwined in one thing.

T: Em, feeling entangled in one thing and now.

F: Em.

T: You have managed to separate.

F: I have managed to separate them.

T: Can you see that and understand it? There are boundaries that have values and you need them. There are boundaries that still have values and you don't need them. But there are still ones that can be strong and shining and it is okay.

F: Yes, okay.

T: Is it okay?

F: Yeah, too it is actually, actually is okay, yeah, yeah.

T: That is it.

F: Ha, ha.

## Appendix 25: Focusing Session Transcript with SB

**T:** Okay, we will do 20 minutes. How long would you like a minute or two?  
**F:** A couple of minutes.  
**T:** Yeah. Okay. And would you like if you are a sort of in the middle of something me to just go over slightly to see like what is a natural ending.  
**F:** Yeah.  
**T:** for you?  
**F:** Okay.  
**T:** Ah, is there anything else, any other way that you would like help for, and how far?  
**F:** I would quite like a little bit of guiding in.  
**T:** Okay.  
**F:** A little bit.  
**T:** A little bit, and then after that, have you any particular way? Okay.  
**F:** No.  
**T:** Okay then. So (Silence), that is good. (Laughs a little) So now if you would just like to take a moment or two maybe have a sort of just to observe yourself and ask yourself in a friendly way how am I feeling today? And perhaps you might like to check in with some parts of your body to see if your body is holding some answers in your feelings there (Silence). So if you could in a really friendly way just see what comes out and perhaps say something like - Oh yes, there is that there, but I won't go into that now. Perhaps there is a place you would like to put it just for now - maybe on the shelf, on the table over there. And then perhaps there are some other things coming, what we did yesterday, whether there is a little bit of that there too or not. And you could just these on the shelf in the container. I won't go into it just now.  
**F:** (Coughs, coughs, like clearing her throat) I think one thing comes.  
**T:** Do you feel that you have checked everywhere?  
**F:** You have probably helped me to actually collect the things I need to.  
**T:** put there. Okay.  
**F:** So I need.  
**T:** Em, em.  
**F:** (Coughs, coughs) It is the situation with my father.  
**T:** Em.  
**F:** And his parental feelings of responsibility and I don't want that.  
**T:** Em.  
**F:** Em, em. There is a situation at work with ah the management style, and I am having to cope with my head of school, there is stuff around my marriage relationship (Silence) with my daughter in Zambia, on my mind a lot, and there is a great inner critic stopping me from doing that today.  
**T:** Em (Silence). So that the situation with your Dad and your feelings of responsibility, and there is something about the management style at work, and something about your marriage relationship.  
**F:** Em.  
**T:** You are thinking about Samina a great deal, and also your inner critic that we have been talking about today. So does that sound about right - that is what you have on the shelf?  
**F:** Yeah.  
**T:** Em.  
**F:** I wonder if I am sorry I am a critic.  
**T:** Em. Do you think you want to focus on this inner critic?  
**F:** No.  
**T:** No. So would it be helpful to just tell me where they are at the moment. Are they on the shelf?  
**F:** Yeah, they are.  
**T:** They are up there. Would you check out those? How is that?  
**F:** It is going on down here a lot.  
**T:** Em. There is something going on with them up there, but there is something going down there (Silence). You said there is something going on down here (Silence).  
**F:** I just need to be with them for a bit to see what comes.  
**T:** Till you will see what comes.  
**F:** Em (Silence). I feel like that there is a bit of tension here.  
**T:** There is a bit of tension there.  
**F:** Yes. There is something building up in here.  
**T:** You say there is something building up in there (Silence).  
**F:** It feels like a kind of bubbling energy.  
**T:** It feels like a bubbling energy (Silence).  
**F:** It is like it is anger at the horrible voice that puts me down.  
**T:** It feels like anger.  
**F:** I am trying to stop it because that is my little girl and I don't want to hurt my little girl.

T: You don't want to hurt your little girl. She is in there with this bubbling anger.

F: And she has something to do with the critical voice.

T: Em.

F: So if I am angry with the critical voice, then she gets.

T: Em, em (Silence).

F: She gets caught in the middle.

T: Em, em. Might it be possible to put that somewhere safe? (Silence) Could we put here in a safe place, in a nice warm safe place?

F: I think she needs to be with me.

T: She needs to be with you (Silence). Well might she be in you that she maybe might not be caught in this bubbling energy that feels like it has got anger in it? (Silence) Why did you put her inside here with you?

F: She needs to be in here.

T: In here.

F: with the bubbling energy that is going up there to push away that critical voice.

T: Em, em.

F: There is another part which resents the responsibility.

T: Em, em.... So there is another part of you that for that resents the responsibility (Silence).

F: It feels like there is too much in here because I am.

T: Em.

F: being responsible for my father and my clients and my students and my colleagues and my husband and my friends and it is like this endless list of people that I feel responsible for.

T: There is an endless list.

F: I feel I cannot do it.

T: Em .... It is too long, you can't do it.

F: I feel I should burst because it is too much.

T: Em.... tis something about this that you feel you would burst, it is just too much, it is too long. So the little girl is in here. You are feeling responsible for her (Silence). She a sort of seems over there with that list.

F: And she is still in here.

T: She is still in there (Silence).

F: She is actually the most important one. She should be at the top of the list. She is the one who has got the right to be there.

T: Em (Silence). She is the one who should be at the top of the list. She has got the right to be there.

F: And the critic says I am selfish (Silence).

T: Em (Silence). And the other, another part, says she is at the top of the list, she has the right to be there (Silence). How are you?

F: And I am very sad that she is being neglected.

T: Em, em. It is very sad that she is being neglected. You are feeling it is very sad that she is being neglected.

F: Something (Silence). We know if we can grow together.

T: Em, em.

F: We can both be free.

T: Em (Silence). There is something if we could grow together, we could both be free (Silence), if we could grow together.

F: And I had forgotten she still wasn't grown up and so she got neglected again (breaking voice).

T: Em.... So you had forgotten and she felt neglected again, but you are giving her some attention now. Inside you have forgotten her (Silence). So you are still holding that part.

F: Yeah.

T: Where she is, where she has a right to be, at the top of the list. Is there anything about any feeling that is happening now? (Silence)

F: This whole business of her in me being a critic in one way seems to come together.

T: Em, em ....

F: I am sorry because she is so vulnerable.

T: Em.

F: I am a critic and I am feeling bad that she is so vulnerable.

T: Em... em.

F: A critic can't get a grown up being.

T: Em.

F: But if we could stick together on it.

T: Em.... So if you could still stick together then.

F: When she is vulnerable I can look.

T: Em.

F: After her.

T: Em, em. So if you could stick together and when she is vulnerable, and you could look after her (Silence). What does she need?

F: I have just got lots of voices saying that with all these others you have got on your list, you haven't got the time for her. You have got to pay attention to your Dad and to your husband and your students and clients.

T: Em, em. Is there something you could say to those critical voices? (Silence) Is there something you have to say from this place that you are holding?

F: I have got to put her first.

T: Em. I have got to put her first. Em. So I have got to put her first, em. Is there anything else you might say to those critical voices?

F: Ah,...(With a great sigh)

T: I have got to put her first, but now she needs to be where you said. She is at the top of the list. We can grow together if we stick together (Silence).

F: It is like.... And she is okay, I forget she is very vulnerable when she gets neglected.

T: Em.

F: But when she is really over there I can't see her in front of me.

T: Em.

F: I can't see her in me, so she is not there to help.

T: She is not there to help. She is not there to help.

F: Em.

T: We are now coming up towards the end. We have got two more minutes. And I wonder if there is something that you would like to mark this place for yourself, this memory of what you have just said. Sometimes when she is all right, I forget her, I have neglected her. And then when she is not, she is a sort of not there for me. Is there something about this place that you might like to mark, do something else, something different? (Silence) Is there something about this that you have talked about that has some kind of a word or symbol (Silence), that feels like a (Silence) there is something very alive going on in you?

F: I feel I am holding her here.

T: You are holding her there.

F: Em. There are critical voices all round there.

T: Em, em.

F: And I am (Silence) forgetting I can't.

T: Em.

F: Take care of her.

T: Em.

F: They are out there.

T: So there is something about that they are out there. Does she look right in the eye? (Silence)  
So whenever you are ready Elizabeth, in whatever way you like, perhaps you would like to come back to the room in your own way? (Silence) All right? (Low voice)

F: Thank you (Meek tone of voice).

T: Em.... Are you back?

F: Yeah.

T: Yeah, yeah. Okay. Thank you.

## Appendix 26: Focusing Session Transcript with SC

T: Shall we, yeah?  
F: Okay.  
T: Are you okay, we have got 20 minutes.  
F: Ah I thought I would say what sort of came up yesterday a little bit about something that a sort of stops me finding space to meditate really.  
T: Em.  
F: I was actually focusing a bit on it again last night and it got the sense of another session that I have had with Focusing, this treadmill a bit of.  
T: A similarity.  
F: Yeah, a bit connected. Yes, there is this with the two actually. It was a kind of touching trying to find it.  
T: Em.  
F: Through the poet (laughs), just like a cloud, you a sort of could get.  
T: Em ..... The clouds.  
F: Yeah, yeah.  
T: Like.  
F: Yeah.... It is penetrable. So a sort of, it brings this vague feeling of a in traps, being trapped and on a sort of treadmill, not being able to get off it which brings a feeling of (Silence) trapped.  
T: Stuck on the treadmill and you can't get off it.  
F: Something wants to go off the threadmill.  
T: Yeah, yeah.  
F: And that if I have something with me which traps on the threadmill, and then with that, there is a, it is like a sort of an angle which a sort of holds me on that threadmill.  
T: Yeah.  
F: And it doesn't let me be (Laughs).  
T: There is a trephines and it links somehow with the modern world.  
F: Em, Em, em.  
T: How well have you been?  
F: Em, Em, em Yeah, it a sort of links with that ah I am not so straight on it that I suppose quite frustrating of wanting to be simple, not simply being where you (Silence), yeah it's in the present times. My present self I suppose keeps me.  
T: It gets you to be simple.  
F: Yes, it would.  
T: Yea.  
F: Yea when you say that is it, you are a bit tingly and just yea.  
T: There is a tingle there.  
F: My arms notice it too. So there is something in me which really is on fire as I used to be more being.  
T: Em.  
F: And now it is.  
T: The tingle is in your wanting.  
F: Yeah, it is more wanting, it is a yearning. It is like a yearning, yeah.  
T: Like a yearning.  
F: Yeah, the yearning is really there, the trephines, yearning to be free, yeah, to get out of that and to just simply be like if you were wondering about that keeps me as well.  
T: Tingling a sort of sounds like challenging the trappedness.  
F: Yeah, ah I don't know if it the trappedness is quite bit. So to challenge it feels a little bit wrong. It would like to maybe.  
T: Yeah, yeah.  
F: The challenge is, but it is the yearning is there and would like to and would just feel like to challenge it, or to just get off and push it.  
T: The challenge is quite big and somehow there might be some light there too for the trappedness to stop the smooth.  
F: So as you said the threadmill was bit, but I feel now it is more surrounding the threadmill.  
T: Surrounding the threadmill.  
F: Yeah. So the threadmill, it is what is surrounding it keeping me in that space.  
T: So what is that?  
F: That is the big (bait).  
T: Okay.  
F: Yeah, that is the cage.  
T: Yeah.  
F: I suppose.  
T: The surrounding in the bit that is keeping you there.

F: Yes, I think the surrounding that is keeping me there. That is the biggest. The treadmill is just a small little space, that is the biggest space.

T: That is big. The surrounding is small.

F: Em, Em, em and ah I was just going a bit there. Ah ... I am just wondering I have to try and contact that smaller bit that you reflected back from wanting to challenge and not having this yearning maybe that is.

T: I am wondering if that might.

F: Yeah, except it was small (accepting the small) or that a small bit compared to the treadmill so I am wondering if that.

T: Would you like maybe to keep that?

F: It is probably and might be hard, yeah.

T: It would be hard to do that.

F: Yeah, because it is.

T: A sort of hard to take on.

F: And I feel I would like to know okay. So if I was to deal with that bit actually.

T: Em, em.... small.

F: Yeah. It is sadness. And this is like so frustrating, frustrating sort of feeling.

T: Frustration of the sadness.

F: Yeah. Ah I had another, I am just trying to think I can feel it, but to find the words.

T: Maybe just stay with it, just to stay quietly.

F: Just to stay with it. So it is so small, it a little bit comes and goes.

T: Yeah, it comes and goes.

F: Yeah, yeah.

T: How has it gone down?

F: Yeah. That feeling if I could find a word for it has just a little gone down a bit.

T: Is it a sort of scary?

F: Yeah, it is vague.

T: Yeah.

F: Right yeah, I will try and find it. Em ,that small part had a sort of got a huge silence.

T: A huge silence.

F: And now it is so peaceful. The silence, so it is a bit like the tiredness has gone away (Silence). (Laughing).

T: Em. Goes very, very smooth.

F: It goes now surrounding yeah.

T: And that silence that is.

F: That is good. That bit is good.

T: It was good to be in the silence.

F: Now I have a feeling of being bored you know just. You say where you have got this small car and then after this comes this big silence.

T: Getting out of it is like being bored.

F: And it is getting the feeling of it is such a, so that the small part it will be and then within that small part is this huge silent peaceful power/part and it is getting that out.

T: You are getting that out of silence.

F: Now that is sort of doing part.

T: Silence out and see what.

F: Yeah, yeah. I have to draw that out.

T: Yeah.

F: That is what it wants. It wants to come off the treadmill and to just bring that out.

T: It wants to come out and yet moments ago you said it came out. That was silence that came out, yeah.

F: It was yeah. Yeah, it was (Laughing) yeah, yeah, yeah. Em. I am frustrated I notice (Silence). I am aware of this just a sort of silence coming out was I am aware of this other energy stuck in it.

T: Em. It a kind of comes out, but then it meets something stuck in it.

F: Stuck in it the tension that is the sort of feeling in it. It is there. I can do it. But there is also something that stops that.

T: Something is stopping the potential of it, the potential of the silence, the silence, the quality of the silence.

F: Yeah, it is the bit that keeps me on the treadmill. It is like now I was going back to another Focusing session before finding that compassion and now I am a sort of a bit of quite a strong word in this.

T: Finding it is allowing?

F: It is a compassion. Yeah, it is allowing myself, holding that part, that I would allow myself to be kind to that.

T: You need to find that you need to be compassionate.

F: I think I found it. As you said, this is me finding it.

T: Yes.

F: This is me finding that, that part, that compassion within me, the compassion of the more modern dealings of the compassion in the days of how to hijack this piece of self really.

T: You feel more compassionate with the doing.

F: Em.

T: You notice it doesn't hijack.

F: I am just noting it there again.

T: Your mind is really turning.

F: It does yeah, that is part of the hijacking. I am not going to let it do that. I want to stay with it and get the sense of it, of being aware of that.

T: Em.

F: Doing it.

T: Em, em.

F: I just thought I had noticed my mind and thinking it is something to be aware of the full sort of swearing that I do.

T: Yea, you swear like a swearing woman.

F: (Laughing)

T: It is an unreal reaction.

F: Yeah, yeah, ah yeah you know.

T: Yeah.

F: But it is. Yeah, but it is strong. It is ah to be aware the full fat power that is doing power hijacking what I want to say, that doing power, hijacked.

T: Em. That is something you are aware of to come before doing hijacking.

F: Yeah before.

T: You wanted to swear that, do you?

F: Yeah, that is right, yeah a little more of that energy of just be you know.

T: Em.

F: (Laughs)

T: Em.

F: (Laughs.) And yeah in that swearing I suppose annoyed and angry at it. Yeah it is just.

T: through angry of doing.

F: Yeah. It is just ah, unfair is not the word. It is not right.

T: Something like an allowance, something like that.

F: Yeah, yeah. It is not how it should be and then it comes out.

T: Yeah, enough.

F: Yeah, details.

T: the peaceful part is.

F: Yeah this should be, it should have a right balance.

T: Em, em.

F: It shouldn't be. That feels good.

T: Where you are now.

F: This feeling terrible. I have got tears but it has got this gentle soft.

T: Em.

F: Compassionate.

T: Gentle, soft, compassionate, it feels good.

F: It feels right and it has waves.

T: It has waves.

F: Em, em. That was just going a bit like to what you say is going on. That feels much stronger actually. (There is a shuffle) Yeah, I will stay with it. It feels like I can stay with it now, having given my part a little space. It is where I need to knuckle back to my life I think really.

T: Space.

F: What we found.

T: Yeah, yeah.

F: Perhaps give that space to that peaceful part.

T: When you say that when you smile, you recognise that that would be a (Silence).

F: No, I am smiling because I feel I can do the swearing the threadmill.

T: Really, yeah, you are a naughty person to swear. Do you think the swearing and things like that is more like it. It would express it much better the swearing.

F: Yeah, I swear when I have to. It's a kind of sort of gets the energy up.

T: Yeah, yeah, yeah.

F: You know.

T: Now the swearing just fits in many more levels hijacking.

F: Yeah.

T: Swearing a kind of expresses.

**F:** Yeah. It has that actual intensity. I have enough of the hijacking. Yea, it annoys me. Okay that is it. I can feel it naturally ending actually now.

**T:** A sort of a natural.

**F:** Yeah, it feels like a natural something.

**T:** Natural.

**F:** I can feel that. I can feel something is just a sort of year stops in a good place. It feels like it is settling down in a different configuration I suppose. Yea, yeah.

**T:** It is probably a good place to stop.

**F:** Yeah. I feel it is a good place to stop actually.

**T:** Okay.



## Appendix 27: Focusing Session Transcript with SD

T: So ah, do you need a bit of time just to reconnect? We can start then when you are ready.  
F: Yea.  
T: And a couple of minutes.  
F: A couple of minutes, yeah. (Some shuffling) Ah, I want to try to do it without speaking about content. I want to experiment (Laughing) with it really.  
T: Okay. Yes, and see how it goes?  
F: to see if I can do it.  
T: Yeah. That is okay. You don't need to tell me anything if you don't want to.  
F: Well, I tend to. I tend to want to.  
T: You tend to want to.  
F: (Laughs)  
T: But I mean you can.  
F: Yeah.  
T: It is not a rule. There is nothing against not doing that.  
F: I feel like I shouldn't.  
T: It is just more for someone who has something a quite sort of private and they want to work with it.  
F: Okay.  
T: They really don't want anybody else to know.  
F: Yeah. Okay.  
T: It is just right for that occasion. It is not a thing giving.  
F: Not a rule.  
T: No, not at all.  
F: But I made it a rule (laughing).  
T: Oh no. I would drop it as a rule (Laughing). No, no. If the content wants to come, then that feels fine, it is not a problem at all.  
F: Okay. Well the feeling is definitely right here in the thoraplexus.  
T: Oh, so you can already feel it.  
F: It has been with me on and off for quite a while. Ah (Silence).  
T: You mean today, often, for weeks?  
F: Yeah. I mean I think it is where, it is where, when I have anxiety about something as well I feel it.  
T: So there is something anxious.  
F: Yeah, anxious and it feels like a, for what it is worth.  
T: Yeah.  
F: It is like something has punched me in there and it is making a big hole (Begins to cry here).  
F: And there is fear there too.  
T: There is fear.  
F: A lot of fear.  
T: And this fear is a sort of to do with being punched. How was that?  
F: There was anxiety. The anxiety and the fear are connected.  
T: (Very gentle) But they are a sort of separate. They are connected yet. But there is an anxiety and there is fear. And is there anything you want to say about that?  
F: Maybe under the anxiety there is fear.  
T: (Very quiet and subdued) Under the anxiety there is fear. Oh, Em, em (Silence).  
F: Maybe it is fear of the unknown.  
T: (Very gentle) A fear of the unknown (Silence). There is something unknown. It looks like you are sensing this, that unknown there (Silence).  
F: The fear of not knowing.  
T: The fear of not knowing.  
F: Yeah.  
T: The fear of not knowing (Silence).  
F: And that maybe, ah (Silence). I am ah not making steps (Silence) . I don't know if I can make them.  
T: Is this a kind of to hear that you could make some steps, but you don't know if you can.  
F: I want to make some steps.  
T: A definite wanting to, to make some steps, but you don't know if you can.  
F: And there is excitement in wanting to make the steps.  
T: There is excitement in wanting to make the steps. Oh yes.  
F: There is fear about making them too (Voice breaking).  
T: Em, em. So we have those two. There is excitement about making the steps. There is excitement about making the steps. There is fear about making them too. And you have fears about making them and fears bring tears.  
F: (Crying) Yeah, because it is a big risk.

T: A big risk. Yes. It is a big risk. So don't take that seriously, because it is a risk. Yeah, so can, is it okay to just stay around that place for just a short while? Or do you think a long while? There is a place there where you feel excited about making some steps, but you don't know if you can, afraid of making the steps, of where you are, a sort of sense the situation there.

F: (Weeping) I don't know if I am making the steps because I am ready for it and I really want to do it. Or is it because a part of me is pressurizing me to make that step?

T: Ah yes. You don't know whether it is you really want to make the steps now, or is it just pushing yourself into making them.

F: Into something that is not me.

T: Something that isn't you.

F: But I would like it to be me.

T: (Laughs) Yeah (And he laughs a little). You would like it to be like that. Yes. You would want to make the steps, but right now you are not sure what is you.

F: So I keep going from one to the other and I still don't know.

T: Yeah Okay to take a moment just to acknowledge that. You really don't know. If you really want to, it is okay. You could be pressurising yourself to be really you.

F: But then it could be a great journey (Laughs a little).

T: Then the other side a sort of says it is a bit risky.

F: Em. It could be something in me that really wants to move forward and open up to move to (Silence).

T: Em. Yes. Yes.

F: To the unknown because, ah, it wants to.

T: Em. Em. Yes. That side we have emphasised really wanting to take the steps that could lead forward and open up into the unknown. That bit especially really wants to then if you are all right with this, if it is okay to say that.

F: Yes.

T: It really does.

F: And it wants to trust.

T: Yes.

F: That everything will come (Silence), as I need it.

T: Yes.

F: And the other part is no, don't (In a don't chance it tone of voice). You are mad. How do you? How can you? (Weeping)

T: Em. Yes.

F: Crying.

T: Yes. Yes. In this sort of situation, it is important to listen to both sides to see if that feels all right, get them right, and to see which one of them would you like to a sort of stay with it for a little bit more? You are/seem upset a bit from the one that wants excitement and moving into the unknown. And the other one is saying, Oh no! Can we make something like a space for each of them? If that is really all right with you.

F: Em, em . Yeah.

T: About really.

F: Yeah.

T: Get a sense of how it is for each one you like to.... argue with it right now, to listen to each one.

F: The one I didn't want to just doesn't want me to get hurt or to get stressed or to go (Silence).

T: Okay. This one doesn't want you.

F: To make mistakes or to fall on my face.

T: Em. It doesn't want you get hurt or stressed, or fall on your face. So it is like it is protecting you from maybe something might happen. So can we a kind of sort of be a kind of friendly towards that? It is understandable it doesn't want you to be hurt.

F: Em. Yeah.... I don't feel like I have to fight it so much.

T: So that it is like it eased a little bit.

F: Em.

T: And there is a little bit of a movement there.

F: Yeah. And I feel like they can both be there and I don't have to fix it (Laughing a little), but not now, I don't have to (Silence).

T: Em, em.

F: It feels a bit different now. The anxiety has a kind of ah receded a bit. It is not so acute.

T: It feels a bit different now.

F: The anxiety is a kind of ah receded a bit. It is not so acute.

T: The anxiety is not so acute. It is still there, but not so acute.

F: It doesn't (Silence). It hasn't got a hold off on me in the same way.

T: Em, em. It hasn't got you in its grip so much.

F: No.

T: Does that feel good?

F: Yeah .... yeah. That is a release.

T: You don't have to be gripped by it.  
F: Yeah.  
T: You a sort of notice it say.  
F: Yeah.  
T: It hasn't got you. Em. You can see both sides.  
F: I feel like I can see both sides.  
T: You can see both sides.  
F: Which I did before, but it is different now. It is because I feel more even in seeing both sides. I don't feel the pull and push and the pull and push.  
T: Of the conflict that was there.  
F: No. No.  
T: How does that feel now?  
F: It has got more space.  
T: Em.... So that might be a place.  
F: A good place to stop.  
T: To stop you know.  
F: Em. Yeah.  
T: It is a sort of a place we can come back to.  
F: Em, em. A good resting place.  
T: A good resting place.  
F: Oh, thank you. That was very interesting for me.  
T: Em.

## Appendix 28: Focusing Session Transcript with SE

T: So what we usually do at the start just check out how long and of course we can set a time. But if somebody wants to stop sooner, well then, that is fine to say about the ending. Sometimes you have a time and when it comes to that time you know very clearly what you want to talk about. Something I usually do then, say well it is coming up to the time, but if you want to go on a little bit, that is okay. It is a sort of something like that. And like yesterday Focusing to set up without much warning, one minute, two minutes, whatever. And I think that is it. Okay. So I should think in terms of about ten minutes if that feels or seems all right with you. If you want to talk for that long, okay. So, ah see, to begin, do you find it easy to a sort of go inside yourself to a sort of get a sense of what is going on in there, or do you (Silence).

F: Well, I haven't much to compare it with in a sense. But I think yes. There was always business and noise that might.

T: Em.

F: And that might.

T: Oh, I see, business and noise. So, and do you want this one place you might like to start? We did that exercise this morning, and I don't know whether you would still be finding problems this and this that. Was there something there that would be good to look at now?

F: Em.

T: It might be something quite different again.

F: I think there was something I a sort of feel when you said back.

T: That is why I said that. That was a possible starting point, yeah.

F: Yeah, yeah. And so I.

T: And so you can just use how much you want. You might not want to say anything. You might want to just go inside yourself and.

F: Em.

T: So okay, we just take a little time to look back. There was something there this morning.

F: And I still get a sense of that (Silence). Em, em.

T: A sense of that.

F: The first feeling has something about responsibility.

T: Responsibility.

F: Em.

T: I think this is where we start, something about responsibility, if that still feels right for you.

F: Well, there is something else about letting go.

T: There is something else about letting go.

F: Em.

T: How do you feel that something about letting go?

F: And about what that means - how they fit together.

T: It is the responsibility thing and the letting go and it is something about how they fit together.

F: Em, and there is just easing out. No, there is nothing about that.

T: Are those two.

F: Disease (or this ease), not in a fitting, not quite fit.

T: Disease (or this ease), not in a fitting, not quite fit.

F: Em, em.

T: Responsibility and letting go and don't quite fit.

F: Em and the feeling of that in fact it seems to me that it is not the place that I should stay.

T: It is not the place that I should stay.

F: That I should stay long.

T: There is a place in the middle between.

F: Em.

T: It is hard to stay.

F: Long, like the sense that never gets clumped up and I have got the balance I want.

T: You a kind of go with one side responsibility and the other side letting go, but it is hard to find a balance, oh yes.

F: And I then like, so none of it feels.

T: Yes. It is not right to be over here, it is not right to be there, and I can't in between. So (Silence).

F: Yes. Em.

T: It is not right to be there. It is somewhere in between so.

F: Yeah.

T: (Laughs) I get that, yeah, yeah.

F: Em.

T: Can you just a sort of check how all that feels inside?

F: It sounds like quite a good description actually.

T: Pretty much catches, it will be there, it can't be here, it can't be there, it can stay long in between.

F: Em.  
T: Em and that sort of feels like uncomfortable.  
F: The feeling in the moment is of calmer thinking. It is a calmer thinking. That is how it is I find that okay.  
T: That sort of calm when you feel that is how it is.  
F: When I feel how it is, yeah.  
T: Like a standing back a bit.  
F: Yeah.  
T: Okay how it is. So it feels a bit calmer.  
F: Em. And I am not managing it, because I am talking about it.  
T: Em. You are not having to do the managing now. You can have a break from it to look at it.  
F: Yes.  
T: You want a break to have a look at it.  
F: Yeah.  
T: Okay. So now without losing that calm so to speak, I don't know would it be all right just to approach a little bit now and not exactly try to manage and get a little bit more of the sense of this to know about does that make sense.  
F: Em, em. And I can feel.... I am not sure what it is because one is coming up stronger. And I think it could be the one that I should go with or that I don't want to. Or it could be for example this is the half one I am not sure which.  
T: Okay. So there are two possibilities here, which or which?  
F: Em, em.  
T: Could you stay around that a minute to see which of those might, if I want to. There is a definitely not wanting to, because it is coming up here. It is coming up here.  
F: There (Silence).  
T: Don't want to as it is saying, and the other one seems to....  
F: That and this one feels, the latter part of it feels more that that is what I would like to do just now. And the bit I don't want to be in the middle do feels quite shaky which and it is physical.  
T: So a part of dead sort of responsibility.  
F: Em.  
T: What did you say that would be?  
F: That feels quite, that would be softer. I would like to....  
T: That would be nice (right). And that in between is just a sort of just running.  
F: That is one side of it, a sort of. It is a vibration.  
T: Em. So we have three places.  
F: Em, em.  
T: It is like I want to say let's make a little space for each one. They are all out on the bench here. It would be a sort of free. So we have got three. Would it be right to sort of ask which one you would like to deal with for a bit? Or, that might not be the right question.  
F: Em.  
T: You might want to view them all.  
F: I think the middle would be the most revealing. It could also be the most exposing.  
T: Yeah, yes, yes, the middle one be the most revealing but also possibly be the most exposing. And I a sort of get the feeling there is a bit of a concern about this exposing. Yes it is understandable. But if you would like to go for that particular one, it is possible.  
F: I felt that that one would be best for me really to have availability and access to, if I could get it down and stay down and more easily. If I go there now, it is work, so it is another tension. And I always like to be able to just visit there more often and more naturally.  
T: Yes. You might be able to go there and visit more naturally when you are that bit easier.  
F: Yes.  
T: So how would it feel just to go a little way down that track?  
F: Em.  
T: But you know you can stop any place.  
F: Okay.  
T: Just how to approach this so that it might feel a little bit easier to go.  
F: Em, em. You can help me.  
T: I would like to help if I can. Of course, I don't quite really know.  
F: Yeah. Maybe you would a sort just a sort of keep a sense of that replayed for me.  
T: Yes. We know it is a bit risky sort of.  
F: Em, em. It feels like it's like a new rewind. It does feel hard. But it doesn't feel through you, it doesn't, feeling from the opening and does that make sense?  
T: A little bit.  
F: Well, I feel a part I can go. But there is a part too I don't feel I can go. But it feels (Silence).  
T: So you mean that I need to be here for you to go over that (Silence).  
F: Em. And that this is prepared to step out.

T: You can step back. It sort a feels it is all right. You are quite happy to a sort of be here.  
F: Em.  
T: I am checking back in case.  
F: Sighs.  
T: So yeah, we need (Silence), it is there.  
F: Yeah. Unknown it is coming.  
T: Unknown. Let us have space.  
F: Much.  
T: No. Being in this.  
F: No.  
T: So this is new.  
F: There is a sort of a deep moment a place. I want to be in now. The responsibility maybe not and the letting to they looked hard.  
T: You are at a good place. You are to go there, but the responsibility and the letting go are both holding you up.  
F: Yeah, Yes, it is like a kind (Silence) of itself would be would seem to something seems to be much too much. So therefore that is not right, that is.  
T: You have let go too much. You have done that when the wall I think comes up.  
F: Yeah, yeah.  
T: You need responsibility.  
F: And if you don't have responsibility, you can't be in. You know if you don't take any responsibility, then you wouldn't want to be in this place because you would taking your responsibility usually let go. You know you are ah that kind of too much for yourself and that is not on.  
T: Yes. So this whole one thing the yes, to be able to be responsible and go where you are responsible and don't.  
F: Em.  
T: So this place is not.  
F: Not allowed.  
T: Not allowed yes. Not allowed by the responsibility yea, em.  
F: And no responsibility too might start coming from other external messages and letting go to is not places I claimed in my youth.  
T: You claimed in your youth.  
F: Yeah. So they don't do their place right, those quiet times.  
T: Em. So we have those two really strong things.  
F: Em.  
T: From your past sort of your youth, like stone, never, not allowed.  
F: Yes.  
T: And this is not a bit easy, but I do want to.  
F: In reality it feels like the place of how (Silence) or at least the place of how do you feel it.  
T: It would be how you feel actually.  
F: Yes.  
T: With help, yes.  
F: And the survival life of just gambling.  
T: How come the place is good, somewhere I want to go.  
F: Yeah.  
T: What is wrong with that?  
F: Yeah, it is not.  
T: Yes.  
F: It was the (Silence).  
T: Em, em Okay. So we just have ten minutes. So just check inside and listen to the (Silence). we don't have to stop.  
F: No. It is a bit.  
T: And maybe just the sort of place we might find just a mark somewhere you have got.  
F: Em, em.  
T: Somewhere you have got to pick up from and that.  
F: Yes, yes, okay.

## Appendix 29: Focusing Session Transcript with SF

**T:** Ah, I just wonder if you might like to - some people find it helpful to shut their eyes and just you know maybe there might be something that is going on for you that you might want to look at, that you might already know, or perhaps you want to have a look at just to see what comes if you take some time. Perhaps, something comes, you might take a look at that. And I won't go into it now. Then see what else comes and just a sort of face them around you and have a look at which one feels right for you today.

**F:** Em ... em ... em ... My son is 9 today. And my mother, his grandmother, phoned up from my country, and so she spoke to him. And as she started talking to me, I can sort of understand her worrying about me coming here so far from home. And ah (Silence) (Sighs) and while I was talking to her, I a sort of I realised that I got to the (gave a half cough) the same nervous state that I used to get when we lived sort of very close, ah, to each other in my country. (Silence) Ah (In a laboured tone of voice) as you see I have quite a difficult relationship with my Mom.

**T:** Em.

**F:** And so she tried to control me all my life in small, small things. I think it was very difficult for me all the time, because I felt as if I couldn't accept that. But on the other hand, she was my Mom, and this was very important for me to keep up this image. So in a way, I always wanted her to be different towards me. And the constant pressure on me, I think it was, ah now, I understand it was some sort of self conscious, the reason why I a sort of left Russia. I realised that it would be that way all my life, and that she would never give me freedom there. And (Silence) it was quite painful. Because now when I a sort of start realising and reflecting back, it came even to the stage that image was very vivid to them, when our son was 9. But she actually even a sort of planned for me when I should have a child. Ah, it again was so painful, and I didn't much want to stay very friendly with her. Though I realise, and I do understand I really need, I need a person whom I would call mother. And I would fully trust her and a sort of I would have the feeling that whatever happens in the world of my life, she would be the person I would always be able to come to, to tell you all. And I would feel safe there. And, and (Half coughs) I still can't find it in her. And when she phoned, she talked to my son first. And then my son said she wanted to talk to me. And some sort of again the physical fear appeared, as if she was standing right here, and again, telling me what to do right now, though I realised she was 2,500 kilometres away. And that here it sort of it suddenly appeared as like something very sharp and dark and (Silence).

**T:** Very sharp and dark it appeared.

**F:** Yes, as if again like some sort of pressure was put on my shoulders and some sort of chain was around me. And ah (Silence), ah (Silence). I couldn't express myself really, and I wanted to talk (Silence) to her but (Silence).

**T:** Something you wanted to say to her.

**F:** Yes, and I realised again this is a sort of wall and the small bad world would never get through.

**T:** Em.

**F:** And then what I would say to her.

**T:** Some part wanted to say something and then you felt the wall it would bounce back.

**F:** Yeah, it was as if the forgotten feeling that I didn't have for the year and a half that I was living here. And again it turned back and it was sharper and more vivid than it used to be. And just the sound of your/her voice, the first word would Em, em make that feeling alive.

**T:** Em. It feels very alive now.

**F:** Yes, it does.

**T:** Em.

**F:** And that wall, it is like a concrete wall and the voice the (Silence). isn't there.

**T:** And it is quite painful when they sound like your voice, when they sound like your voice.

**F:** Yes.

**T:** When he throws the ball, it is very painful when they come back and when they sound like your voice.

**F:** My Mom too. I wanted to be friendly with her, but I could never because ah, ah. And ah, (Silence).

**T:** So you wanted to be friendly and you feel the brick wall and your feelings get cooler.

**F:** Yes, but well sometimes it changes its colour.

**T:** Em.

**F:** And the colour, the sort of rays and colours in them and that wall. But the colours are again the mixture green, and dark blue, brown.

**T:** Em... a sort of where the ball, the brick wall is changing and moving. It feels the colours of blue and murky green and it feels threatening.

**F:** That is just it, yes.

**T:** Em. And something about this wall, it feels impenetratable, throwing the balls and they come back in a painful way.

**F:** Yes, I know that if I manage to penetrate the walls (Silence), so that the wall, it is so much aggressive to me (Silence), ah, ah, a sort of I can imagine how it opens and allows the balls through. So that if I force it, when I force it, it doesn't work its natural way, how it should be.

**T:** Em. What might it be like to just maybe step away on this part and the part about the bit in you, the bit in you that wants to throw the balls that if we set away from the wall, might it be okay to do that to see what might be there.

**F:** Yes, it is less painful.

**T:** Em.

**F:** Letting what is, is behind the wall.

**T:** Em.

**F:** There is light in the wall there.

**T:** There is light in the wall there.

**F:** Yes. .... It can't go over the wall, can only go through yes (Silence) is the snag.

**T:** So when you step aside from the wall, you can see something different, but it is still difficult. What you see behind the wall - Where are you? Where are you in that?

**F:** I step inside the wall now and I can see that it is quite cold on my side of the wall, and it is much warmer like on the other side of the wall. Now (Silence) away from the wall.

**T:** Em, em.

**F:** In a different direction, there is light at the moment. This is the (Silence) flowers.

**T:** Em.

**F:** I can't get the smell of the flowers. They are so beautiful, a sort of their colours. I can imagine how nice they should smell.

**T:** Em.

**F:** I have enough strength.

**T:** Em.... what would it be like to take a step, one step closer? Em. So you might want to just stay for a moment. Em, em.

**F:** I feel as if (Silence).

**T:** Em. Okay. Just stay still. You might feel better. There is something inside that is happening now.

**F:** I just see the colours. The colours are moving around. Everything is blowing.

**T:** Em, em.



## Appendix 30: Focusing Session Transcript with SG

T: (Dropping her voice asks) Do you want to take a moment just to learn to see how you feel with this whole kind of thing?

F: I find it is very much there already (Then gives a hearty laugh).

T: It is very much there already, yeah.

F: Yeah, my house is being quite a bit really (Silence). Yeah, there is a (Silence).

T: Do you need a bit of space from it? Does it feel too close, or? (Silence).

F: Ah, (Silence). I guess it is very close, but it feels comfortable. So it feels okay. Ah (Silence). So I guess it is just around ah ..... this whole situation in my life at the moment. And (Silence), em..., em..., see I guess there are all sorts of things, thoughts and feelings going round.

T: Em....

F: And..... this ties in a little bit with ah (Silence) with what I a kind of experienced this morning.

T: Em.

F: during our session. Ah (Silence) and also ah catching up with my housemate earlier at lunchtime as well (Silence). Ah (Silence), it is a kind of linked with that as well (Silence). Ah (Silence). So I am in a kind of position where ah (Silence). (Sighs). Ah, I guess I am in, in a sort of a best win position (Silence). Ah with mixed feelings (Laughs) and there is a lot of holding those feelings back I think.

T: Em..... So you are holding them back.

F: Yeah, yeah, ah..... (Sighs) and a sense of a..... Yeah, there is just a lot of a sense of holding back.

T: Em.

F: Because of appropriateness, and because of ....., and not wanting to confuse things.

T: Em..... Em.

F: And..... then it feels like a really tricky situation.

T: Em..... Em.

F: Ah....

T: But do you feel you could stay here a little bit to sense as a whole, to a sort of get a sense of that whole, to get a hold on that tricky situation? .....you have been holding back (in a slightly lower tone of voice).

F: It has a sense of being very alive but just a..... also a little dangerous.

T: Em.... Em..... It is a bit dangerous. There is an edge to it, but it is alive.

F: Em ..... And I think I am very aware of the dangerous, not dangerous, but a kind of a..... something..... like dangerous anyway, and there is a need to hold.

T: It is not quite dangerous, but something quite similar to that.

F: Yes.

T: Em.....

F: Something about the consequences if things if ah (Silence) I was to be completely open and honest I think (In a lower tone of voice).

T: Em.

F: And I think this is slightly keeping myself safe, in knots.

T: Em. Holding it has a safe sort of side to it.

F: Yeah, yeah, yeah - definitely.

T: Em.

F: There is a feeling of a.... yeah I guess there is a battle really between ah (sighs) yeah, I mean a battle would be a good description (Gives a short hearty laugh here).

T: Em.....em.

F: the whole thing really internal battle ah (Silence) which seems to a kind of change moment by moment.

T: Em.

F: I feel it is quite exhausting.

T: So you have got this internal battle going on which is a kind of quite tiring. It is like the battle of holding of it or releasing it.

F: Yeah.

T: That is the tension between this type of battle.

F: The tension is just yeah..... this constant ....

T: Em.

F: Ah... constantly reeling myself in I think and not wanting to.

T: Not wanting to really. You feel you have to reel yourself in.

F: Em, em.

T: But not wanting to do that. Something within you doesn't want to do that.

F: I guess it is just yeah, just battling myself really. Ah....

T: I am just wondering if you might want to look at that sort of something within you that really doesn't want to keep reeling in - would that be a space to look at? Or, not?

F: That is the thing that I yeah (short laugh) I am probably (Silence) that is like a sticking point (Sighs).

T: A bit risky or....

F: It is sensitive and risky I suppose. Ah (Silence). It kind of reminds me, that bit reminds me, of a sort of habit of - I am sort of aware of the habit of putting everybody else first before myself.

T: Em.

F: Which I am a kind of well aware of it. It is something I have a kind of looked into before. But it is like an automatic thing.... it is like a habit really I suppose.

T: Em.

F: And ah (Silence). I guess yeah there is some (Silence) battling whether to (Silence) ah (Silence), like I should really in a way ah (Silence) give more emphasis (Silence) to myself.

T: Em.

F: In a sense I suppose in a way a more even balance between own needs and others' needs.

T: So it is striking a balance between what you need and what others need. You feel that is a bit out of balance at the moment.

F: Em.

T: Do you feel that it is a bit out of balance at the moment?

F: I guess I am in a position I mean (Silence) that I feel like I really need to stay impartial.

T: Em.

F: And away from it.

T: Em.

F: And though I am not being open about it I suppose.

T: Em.... So it is being impartial that is hard because you feel involved.

F: Yeah.

T: In those situations.

F: And ah maybe the holding back is about ah how much, if I am able to, appropriately be more honest with the whole of the real situation for whether to just kind to try and cut the part of myself that is the slightly involved part and just to focus on being a helper part, if that makes sense. And I don't want to do that deep down. That from an everyday comfort point of view I cannot do it, prefer not to have to do that.

T: Em. A sort of easier to do that, but there seems to be struggle and confusion between them. Do you feel you could look at that bit, that sort of the struggle with that?

F: Well yeah, that is the, that is what the struggle is.

T: That is how that struggle feels within you in your experience! Could you stay with it?

F: (Laughs heartily) Ah.... just it feels like so many things, It feels frustrating. It feels (Silence) ah (Silence), it has got that feeling of like the dangling of a cart (Short hearty laugh) in a sense of like - Does that make sense? In a sense it is like not wanting to get my fingers burned in a fire.

T: Em. So you don't want to get your fingers burned.

F: No. Don't feel quite drawn to go into the fire.

T: Em.

F: And....

T: There is something drawing you, something pulling you in (Silence).

F: The fire is quite a powerful thing.

T: Em.

F: And ah the ah (Silence), it is a struggle when I have to approach a fire I guess yes and it is all sorts of tensions.

T: All sorts of things come in when you approach that fire.

F: Em.

T: Em.

F: Em.... and I suppose, in approaching it, there is a combination of vulnerability in myself, but also a sense of a feeling, a kind of guilty as well, in relation to the other person.

T: Em.

F: Ah ..... ah.

T: So you feel, there is something within you, that feels this vulnerability, when you get close to that fire, and guilty association I suppose, yeah.

F: Em.... And those, the vulnerability and the guilt, are two very strong things of me. I guess that I am experiencing that they come in between me, and just that, you know, causing me tension.

T: Em.

F: And causing tension in me.

T: Em.

F: Ah....

T: So I am wondering what, what would be the worst of this tension, that you can feel within you, if that would be a fair question.

F: I suppose, the worst of it is, or the worst of those two things is, that one is being completely out of control, which I can a kind of handle. And I think, neither one is being really somehow, like the outcome of the guilt would be, just feeling a kind of something, like ashamed, and more like ashamed and isolated together. I don't really know. That is not so clear.

T: Em ..... It is a murky feeling, something like, a sort of being ashamed.

F: Yeah. I think I can cope with the vulnerable side of things.  
T: Em.  
F: And it is like, it is familiar to be vulnerable, and I am okay with that, even though it is, being vulnerable is uncomfortable.  
T: Em ..... that feels okay.  
F: Yeah.... this whole thing is the yeah ....., is a difficult, because I don't quite ah (Silence), understand it, yeah, I guess.  
T: Em.  
F: It is like what the consequences would be ah (Silence). Consequences of the guilt or just the ah (Silence).  
T: The consequence is too much.  
F: Yeah (Silence). It just feels too much to risk.  
T: Em.  
F: Ah.  
T: So by coming out, and being out with it, is risky. That is the risk.  
F: Yeah. I suppose the worst is the unknown quantity.  
T: That is the worst. It is the unknown quantity.  
F: Yah.  
T: Em.... em.  
F: Like I guess what comes to mind is (Silence) a (Silence) sense of some concern. It doesn't make sense, but some concern about being outcast (Silence). And a kind of made out to be a bad person or what.  
T: Em.  
F: I don't know I just a kind of in a, what is the word, I don't know, like a kind of made a scapegoat a kind of thing, or maybe making myself a scapegoat.  
T: So that is, the risks, making yourself a scapegoat, is being outcast.  
F: A kind of that would like one of the worst kinds.  
T: Em. I am wondering what it needs. Maybe this part that is a sort of feels it wants to come out, but keeps I suppose, holding it in.  
F: I think it just needs some courage I think really.  
T: Yeah, a little courage.  
F: And, ah what you said, passive and carefree.  
T: Em.  
F: And.  
T: Carefree.  
F: Yeah and I just need to be grown up and just take a risk (Laughs).  
T: Em.  
F: And ah, but I guess, quite possibly this concern about the worst case scenario, or is the whole holding in thing pushing everything back and the whole thing back?  
T: The worst case scenario is.  
F: Yeah.  
T: Pushing or holding it back. That is the worst (In a slightly lower tone of voice) a sort of holding in.  
F: Yeah.  
T: There is part of you that feels you need to take up risks too.  
F: Em.  
T: Coming out.  
F: I think what is part of the problem is that most of me is pushing to take that risk and.  
T: Em.  
F: And because there is so much, ah, energy behind that, I need to.  
T: Em.  
F: There is also that real part of me that is trying to push it backwards. And that is really working hard I guess (Laughs).  
T: Em.  
F: It is a huge bit you know. The bit that is pushing it back is much smaller, and it happens in the real world, okay.  
T: To push it back.  
F: To push it back, yeah.  
T: But you can feel the force of it coming out.  
F: Em,em.  
T: I wonder how that feels to hold up that force, that feeling coming out.  
F: Well, that is the kind of part that is a sort of alive, exciting.  
T: Em.  
F: That I mean that.  
T: that is alive.

F: I think maybe, to use a metaphor, to say like an opening up, a dam in the water, a kind of it is like being pushed into the water where there is a village at the bottom you know.

T: So that is the risk. It is a bit risky.

F: Yeah, yeah. And there is a village of people there and people's lives and (Silence) ah.

T: Em ..... em.

F: Yeah. So that would be quite a good metaphor to a kind of fit.

T: Em. To a kind of fit where this would to.

F: Yeah.

T: This would affect a flood.

F: Em.... Yeah. Once you open the floodgates so to speak, it is like it is out.

T: It is out.

F: It is out.

T: Yeah, yeah.... So once it is opened, it is opened.

F: Yeah.

T: The risk as well.

F: Yeah (Hearty laugh) partly, but ah yeah, you a kind of get accustomed to pulling out really, yeah.

T: Em.

F: Yeah. So that is probably, probably why I was interested in the village (Hearty laugh).

T: Em ..... That feels like, like an avalanche (?), this point that you are at then (Silence).

F: Yeah Em, Em, em and a (Silence).

T: How does that feel now? How do you feel about that experience?

F: It feels like (hearty laugh) like I am just ah.... It just feels I can hold it.

T: You are holding it. You are holding it down, that bit that keeps from opening.

F: And I feel I can do that. I can feel the weight of it you know.

T: Yeah. There is a weight in it, a weighty feeling. Em, in the weight to do that way, just want to do that way.

F: Em, em. So I am just wondering what to do (Laughs). To do this way, to go with it.

T: To do this way. To go with it. That is good. How does that feel now? We have got one minute to go before coming to the end of this session. How does that feel for you coming to the end now?

F: It feels like I can stop here. I feel like I can maybe after the course today I need to just a sort of somehow put that down somewhere or (Silence).

T: So you feel a need to put it down.

F: I think so because I can hold it for so long, but I think just too.

T: Em.

F: Just too (Silence). it would be too exhausting to continually hold it and not put it down.

T: Em.

F: So ah to hold it as well. I am happy to do that for the time being, hold it with a knowledge that it needs to be put down

T: Yeah, yeah. That could be a marker just too.

F: Yeah, yes.

T: The flooding and feeling you have to put it down and finding a way.

F: Yeah. Yeah, it could be an easy place to come back to.

T: To come back to how you feel about it could be a place of return to carry on.

F: Yeah, yeah.

T: Is that okay, then?

F: Okay.

T: We will stop here then.

## Appendix 31: Focusing Session Transcript with SH

T: Just tell me before we start, what would you like? What would you like me to...?  
F: Ah ..... I don't understand the question.  
T: Would you, do you want maybe just the feeling? The content? Or reflection of it? Everything?  
F: Whatever feels right for you.  
T: Okay.  
F: I don't think I have a (Silence).  
T: Preference.  
F: Okay. I am just not quite sure what I am going to get into. I am a bit like Andy. I think I will perhaps just leave it and see what happens. Or I could reconnect with the Focusing I did yesterday. Or I could bring something up completely new and (Laughing) I am....Or could you connect with the Focusing I did yesterday?  
T: It's okay. A sort of just to get into something there, we could just stay with these different options and see what comes.  
F: Yea, but I don't know (Silence). We have these different options. I don't want to feel put under pressure. I just want to make a choice.  
T: I don't want to put you under pressure on what we are doing about your choice. Just whatever feels right.  
F: (Silence) I think I probably would like to bring in something completely new (Silence) ah (Silence), which is an issue about that it is that we carry on to me, and one that I have tried to understand ah. And I feel I have some understanding about it. But at the same time, I'd like to do Focusing I suppose, to a sort of see how it helps. And it's around ah. And I will bring content in this one. I was trying to keep away from content yesterday and do it differently.  
T: Em.  
F: I find myself often in situations, ah, where ah, ah, I, the best way of describing it, is that I stop myself short of going all the way. And what I mean by that, it is just a very quick example of that would be, ah (Silence). Let us say I want to know about something. I want to get some information about something. And it could be with a doctor or it could be about fixing something or whatever. And there is always a point where I would stop asking or stop checking.  
T: Em.  
F: And I know that I am not always going all the way, that it is like ah, what can I say?  
T: Is it possible to a sort of stay, even it you don't say it out loud, can you just be with the situation to look at that and then try and get a (Silence).  
F: Yeah. I will give you an example of when that happened very strongly. It was around Christmas, when I got a part of a present. I got a laundry basket. It came from Dunlouis, and it was a flat pack. And, ah, my son wanted to help me putting it together. And then when we tried, there was something missing. It wasn't the right bits.  
T: Em, em.  
F: There were screws and they were wrong. So we went back to the shop and got a new one. And when we got home, the same kind of problem. And suddenly they called and they came to the house to give me a third one. And I said to myself, when they come this time, I am going to check everything is there (Silence).  
T: Em.  
F: (In a strong distinct clear voice) all the bits. And when they came, I asked the man who came to unpack it and to check everything that was there. I left out the screws (Laughing a little). And I a kind of knew I was doing that, but I couldn't stop myself from not doing it.  
T: Em.  
F: Because I could feel they could leave, and they went in a rush to their next job.  
T: Ah ha.  
F: There is a kind of ... with that and it is a feeling... it's like I want to take care of myself and I want to stand up for myself in a non-aggressive way, in an assertive way, but somehow, I stop myself short from going all the way.  
T: Okay. So you wanted to take care of yourself. You wanted to stand up for yourself. So something really stops you short of going all the way.  
F: Yeah.  
T: In that situation yeah.  
F: And I get really angry when that happens.  
T: Okay. And you get really angry when that happens. So do you have a sense right now of that stopping short situation?  
F: (In a more subdued voice) It is a sort of a fear. So it is fear. (Silence)....  
T: Em, em.

F: It is fear that I will not (Silence). It is fear that I will go into ... adopt an attitude of 'come off me' or something like that, because I am taking too much time. .

T: Em. Okay, that you are going into a [inaudible], because you are taking too much time..

F: Maybe I haven't got the time. I have got to get on.

T: Em.

F: And I am frightened, ah, I am going... I am going to be a nuisance.

T: You are going to be a nuisance and that is like too embarrassing (Silence).

F: It feels like if I. It feels like if I, if I carried on, it would be pushing too far.

T: (In a very low voice) Em, em. A kind of pushing too far.

F: And I would be unreasonable and they would see me as being unreasonable.

T: (Very low voice) Unreasonable and would see you as being unreasonable.

F: And so I have been frightened to confront that.

T: Frightened to confront that. Fear that you are unreasonable. How does that feel when you have got that feeling in you?

F: Shaky.

T: Shaky.

F: Quite shaky.

T: Quite shaky.

F: Not a big shaky, just slightly. Being shaky? Inside I feel it is just like that.

T: Em, em.

F: Ah, ah.

T: Is it okay just to be with that shaky?

F: Yeah. It just feels vulnerable.

T: Just feels vulnerable.

F: I think also it maybe, it is a feeling that I don't deserve. I don't have the right or ah (Silence). I don't deserve to take fully care of my needs. Somehow, I can only go so far ah.

T: You don't fully deserve to take care of your needs so you can only go so far.

F: And I get angry with myself, because, not with the other people, I get angry with me because (Silence). I haven't done it. I have missed the opportunity or I don't know how to do this. I have let myself down. I have abandoned myself. (Then in a stronger, more aggressive voice) That is what I have done. I have abandoned myself.

T: Abandoned yourself.

F: So I get angry.

T: (Very low gentle voice) How is it right now, as you say that you have abandoned yourself?

F: Well, it feels right. It feels it is close. It feels right. But I also feel how my lack of compassion towards it,

T: Towards that part of yourself.

F: that part of me that abandons me.

T: So you feel a lack of compassion for that part of you that abandons you. It was harsh. It was harsh. It was harsh. It was harsh. (In a very low voice), (Long silence).

F: I have always had a big issue around letting down. I always get very upset when I feel I have let someone down. And then I get that completely out of proportion.

T: Em, em....

F: (silence and then sighs) But I feel when I let myself down, that in itself is just naming it that way.

T: It feels very harsh. It feels harsh to say that you let yourself down.

F: But I name it that way, don't I?

T: Em, em, yes. It feels very harsh that you name it that way. It is a harsh judgment. I am very aware of this part of you which is judging very harshly, that part of you that lets yourself down.

F: Em.... That should be not doing that.

T: Ha ha. That should be not (laughs) not judging yourself.

F: Well, yeah.

T: There is a lot going on there.

F: Yeah.

T: That part of you that lets yourself down and judging that part harshly and that is there is a lot going on this whole situation in this for me.

F: Em.... em.... em....

T: I think now it feels good to leave.

F: I think so. Ah.... there is more to it, but I don't know right now. Anyway, it is a good point to stop and to leave it there and to see what develops in it.

T: Is there something to a kind of register it for yourself. I don't know. Just one bit.

F: I think abandonment.

T: Abandonment.

F: Yeah. That is.... on a good confronting with it, the humbling.

T: How do they fit together? It is good to be patient.

F: Yeah ..... It will yeah. Em, thank, you.

## Appendix 32: Focusing Session Transcript with SI

T: How are you feeling now?

F: Ah well, I am feeling like before I said I thought there was something quite interesting to me. But there was also something that there are two things really that I feel that I am wanting for me, and I am not quite sure which. Because when I say by this interesting one, this other one comes back quite insistently that won't go away.

T: Yeah...Em....

F: So... ah... I am not sure which one. (In a lower tone of voice).

T: Try to stay with that.

F: Try to stay with that. Em... I think the one that is insistent.

T: Yes.

F: I may stay with that.

T: Em.

F: It is a bit connected with here, as well. So, and I think that is maybe why it won't go away.

T: Em.

F: Because it has to do with here. And I will just tell you a little bit about the last Saturday that we were here.

T: Em ... em.

F: Ah, I have a cousin I am very close to. We were very, very close. Ah, I grew up in the same village. Ah.

T: Em.

F: And there is something about his communication with me, and particularly since I have not been well. He said, "Oh, you know, you will get out. I will come and get you out." He a sort of lured away from that. Last Saturday, he was in the same vicinity, and he literally walked past here, and I didn't know he was here.

T: Em.

F: And then from here I went to see my mother who lives in part of Suffolk.

T: Em.

F: And he had left there twenty minutes earlier. And I feel that there is something really ..... in it, that it is there, that he was here and here and he didn't tell me. And then like when he phoned to a sort of put something there, he said, "Well, never mind, it is one of those things." And ah. And you know I a sort of had feelings about that. And I am sitting here thinking if I had only just looked. If he had looked, he would have seen me actually and you know and so that is what is.

T: How do you feel?

F: Yea. Ah ... (Takes a deep sigh) I feel resistant sort of feeling. It is ah ... to think of him.

T: To think.

F: Em, to think... (Laughs to herself a little) I think ah (Silence). I think that I don't know, but I think it is something angry that is quite deep down in me.

T: Deep down in you.

F: Em.

T: And (Silence).

F: And there is something like, they are just words, they feel like words. I cannot put words on it. There is a sort of a disbelief that is in my head really.

T: (In a very low voice) That is (Silence).

F: (Long silence). It feels very distant. It is one of a changing time I suppose. It is one (In a very low voice) (Silence). I am a sort of remembering how he told me he would get me out (takes a deep sigh and crying) and it feels empty like loss (Crying).... and ah, it is so heavy.... heavy like loss (Silence). It feels a sort of empty. It has an empty feeling. Ah, you know, like a (With a sigh). It is like the leaf of a tree actually. I cannot burn it. (A sigh) and it is like a (Sighs again). And it is like a ... It feels like a hard thread. It sits right there, but I don't really like to (Silence). I hope I haven't lost him (Crying and crying).

T: Do you want to stay with that feeling for a while and how does it feel?

F: It feels easier to breathe.

T: It feels easier.

F: to breathe. I a sort of feel it is growing like something that is hot (Silence). And furious.

T: Getting hot and furious (Silence). Do you want to put it aside?

F: Ah, No, No. I don't want to put it aside (Silence). I don't quite know what it is doing. It is just a sort of a lovely view round, ah a sort of.

T: It feels like.....

F: I have the feeling it is moving around outside like it has nowhere to go, like a sort of it doesn't know where to go.

T: So do you want to allow it to get going?

F: Sorry (can't hear) (Silence). (Coughs. Em, em a little) I think it has gone (Silence). It is gone. Yea, it is gone.

T: I think what happened that you didn't want to stay away because you came to the stage where you felt that he was killed and you were scared to go back to him.

F: No, it doesn't feel like that (Silence) I am not sure. I think I should know where it is gone. But many times it is with me anyway whether I want to or not. It is quite persistent. I am not a sort of scared to be afraid (Silence). And because it is not. It is truth. It is truthfully about we have lost something where you can walk through just one load of bricks.

T: Em, em.

F: Well for staying away for two weeks.

T: Yeah, for staying away for two weeks - do you think the pain was sharp? Do you feel the same sharp pain?

F: Yes, but it is very deep in me. I am not sure what can actually happen. He was older than me and we spent a lot of time together. We were the same neighbours and close.

T: Em, em.

F: I think he is an artist. He has ways to express chaos you know, and that was very helpful to me at the time, to be with someone who was able to be with chaos. So it was a very special thing, that feeling to me. I feel this is something that is not surprising to me what is going to happen. It does feel like final, a bit final.

T: How do you feel with it? How does it feel?

F: Well! To keep my heart open to him yeah and I don't know if I can do that anymore (Silence). I think I need to do that.

T: And how does it feel about?

F: Well, I do know I would like to be able to relate more. But I feel it is just too much, too stressful really to keep openhearted (Long silence). So that is sad for me. It feels like I have to keep going, to keep on trying and to be, just to be open.

T: Do you think if he was here, would you talk to him again?

F: Well, I don't feel I can. That is why I feel I have to, I have to, I feel I have to, I have to, yeah, not, I cannot I think that was the end of my relationship with him. This is it. It has always been this way for a long time. And so I don't feel that, yeah, I mean I should I suppose. That is why it is so painful because I feel a bit like that I don't meet him so frequently, but that is it, that is it now.

T: Em.

F: Ah (Sighs) and maybe it is a freeing out. Maybe I had far too much expectation of other people. But it is all over now. Maybe it is hard. I have just waked up (Sighs). Ah... here it won't go. I am not doing... this winter (Crying).

T: Is it difficult to look at that?

F: Although I think well perhaps here I have talked about my (Silence). It must be about fifteen years that our relationship is strange. So I will have to forget about it (Silence). It is painful to do that.

T: Yeah.

F: I mean I don't have appropriate talking about it at first.

T: Em, em.

F: Yes, because it is painful. I don't want painfulness.

T: You don't want painfulness.

F: No, I don't. I want to live.

T: It feels painful, does it?

F: What? (Pardon)

T: Painful and unpleasant.

F: Yeah, sometimes.

T: How does it feel?

F: Ah, it is real.

T: It is ah painful for you.

F: The pain. No, No.

T: So it helps. It gives some sort of healing of life.

F: Well! In the sense that it is real, yeah... Real responses I know it separates it from the pain and I am in contact with him and it allows me to laugh if I contact him and I can feel (Silence).

T: Initially, in the first and the second bit, you said that there was a truly good relationship.

F: Em.

T: And the second one wasn't connected with goes on visitation.

F: No. It was about my youth actually. It was about my feelings to these couple of news items and (Silence). I felt it was a bit overwhelming. I felt very shook up when I realised I had very deep responses in me. That is why sometimes I just would like to get it by and survive. There is some two things in me that a, a kind of sitting in here and I feel it would be quite trusting to have something wider. My personal claim is that my interpersonal - it doesn't feel such response to the world.

T: Em... what else makes you feel that?

F: Well, one is about the children being sold for between three and four thousand pounds. And I am wondering if that is what disabled when he was here next door and our relationship was dying. Yeah, I am struggling with that, yeah.



**T:** Yea, I couldn't stop thinking about what (Silence). Did it come up in the discussion at the beginning that there was that time of.

**F:** There was that time of.

**T:** Yes. Did it (Silence), when it sort of suddenly disappeared, you felt yourself again the same.

**F:** Ah, well, I think, I think I felt ah some movement around but there was a point of irritation with this loss when it went from me, and I am not quite sure what happened it.

**T:** And you tried to look and then.... and then.

**F:** Yeah. I felt yeah, a bit irritated about that and I could feel that and because I feel that in the way I had a kind of come to some preparedness to be there, and then it was gone from me, and a sort of irritation as well about being kind of feeling left alone, and ah yeah, like maybe, I had missed out a bit. I could have gone a bit further, say that I think that was the irritation in me. I got all you know I wondered what would happen if he hadn't gone.

**T:** Yes.

**F:** So my curiosity was worked you know, a sort of victory is finished, yeah.

**T:** Yes.

**F:** Okay. Thanks.

**T:** Yes, thank you.