



Education Institution: Dublin Business School

**Title: An Exploration of Focusing-Oriented Psychotherapy and Empathy in the
Psychotherapeutic Relationship**

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**Thesis Submitted in Partial Fulfilment of the Requirements of the Higher Diploma in
Counselling and Psychotherapy**

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Date: 3 May 2019

Word Count: 5,499

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Acknowledgements

I would like to thank all the people in my life who have supported me while doing this course. Special thanks to my supervisor, Heather Moore for her encouragement and guidance, and to Gráinne Donohue for her advice.

Abstract

This dissertation explores the connection between focusing-oriented psychotherapy (FOP), the felt sense and empathy in the psychotherapeutic relationship. Sensing and attuning to clients' present experience, and demonstrating understanding of these experiences to clients were found to be common factors in empathic approaches. In FOP, empathic responding appeared as an experiential process, focused on the client's bodily felt sense in the moment. Intersubjective approaches to empathy also emphasised inner awareness in the present moment. Findings on the interpersonal physiology of empathy suggest more research is needed to understand the role of the body in the psychotherapeutic relationship, and in psychotherapeutic phenomenon such as projective identification and transference. Finally, the benefits of empathy and FOP in therapeutic outcomes were explored. FOP and empathy may both contribute to therapeutic change by helping clients to process deeply, feel understood, create meanings for their inner awareness, create a safe space, and increase self-confidence about expressing their needs and feelings. Empathy and FOP may interact to help clients develop self-regulation, internal resources and resilience. However, more research is needed to understand the mechanisms by which this might occur.

Introduction

It appears from existing literature that focusing-oriented psychotherapy (FOP), an experiential approach developed by Eugene Gendlin, has frequently been demonstrated as helpful in promoting therapeutic change (Gendlin, 1984; 1986; 1996; 1997; 2003; Hendricks, 2001; 2007; Purton, 2004). FOP has been identified as important in understanding empathy in the psychotherapeutic relationship (Mearns & McLeod, 2013).

Various definitions of empathy in psychotherapy emphasise the importance of the therapist's ability to sense their client's inner world and demonstrate deep understanding of their client at cognitive, emotional, sensory and somatic levels of awareness (Bohart, Elliott, Greenberg & Watson, 2002; Finlay, 2014; Ganczarek, Hünefeldt & Olivetti Belardinelli, 2018; Greenberg, Elliott, Watson & Bohart, 2001; Rogers, 1957). It has been claimed that the approach taken in FOP to encourage clients to attend to their "felt sense" or inner bodily awareness of something may help to deepen the therapist's understanding of the client's experience (Gendlin, 1997; Gendlin, 2003, p. 10).

This suggests that FOP may potentially have implications for the therapeutic relationship and empathy. Additionally, considering Rogers' (1957) position that the client's experience of their therapist as empathic is necessary for therapeutic change, this raises questions about the role empathy may play in FOP's approach to therapeutic change.

Reasons for choosing this topic

The author was exposed to FOP techniques in personal therapy attended over the past two years of this Higher Diploma and became curious about their impact on the psychotherapeutic relationship, including the experience of empathy and therapeutic change. However, while empathy is considered important in the therapeutic relationship, Shapiro and Izett (2008)

have claimed a lack of attention and research on ways of cultivating and increasing empathy. Agreement is still lacking on the definition and nature of empathy, and insufficient measures of client outcomes and problems of validity have been highlighted in more recent research (Bohart et al, 2002; Shapiro et al, 2008). While FOP has been considered important to understanding empathy (Mearns et al, 2013), the author found very few clear references to empathy in Gendlin (1984; 1986; 1996; 1997; 2003). Consequently, this research will examine the role of FOP in empathic therapeutic relationships.

Aims, objectives and structure of this dissertation:

In this dissertation, the relationship between FOP and empathy in the psychotherapeutic relationship will be explored with three particular objectives in mind. According to the first objective, the roles of FOP, empathy and the felt sense in the therapeutic relationship will be examined and defined. Second, the interactions between FOP and empathy in the therapeutic relationship will be studied. Third, the relationship between FOP and empathy will be explored with particular attention to their potential roles in fostering therapeutic change.

In chapter one, definitions of empathy, FOP and the felt sense will be explored, with attention given to their functions in the therapeutic relationship. The relationship between FOP, the felt sense and empathy will be examined at a deeper level in chapter two, with particular focus on the role of bodily awareness and the felt sense in advanced empathy, intersubjective approaches and the biology and neurobiology of empathy. The third chapter will compare theoretical approaches to empathy and FOP regarding their roles in promoting psychotherapeutic outcome and therapeutic change.

Chapter One: Defining Focusing-Oriented Psychotherapy and Empathy in the Therapeutic Relationship

Defining focusing-oriented psychotherapy

According to numerous studies, FOP appears to be helpful in promoting therapeutic change (Gendlin, 1984; 1986; 1996; 1997; 2003; Hendricks, 2001; 2007; Purton, 2004). Developed by Eugene Gendlin, psychotherapists using FOP initiate a process termed “focusing” to encourage clients to bring their attention inward on their bodily awareness or “felt sense” of an issue that is beyond thought and feeling (Gendlin, 1996; Gendlin, 2003, p. 10). The therapeutic aim of FOP is to bring movement to how the client currently experiences that issue, as clients are encouraged to focus inward to the point of sensing the edge of their awareness or knowledge (Gendlin, 1996; 2003; Hendricks, 2001). The felt sense begins at this edge of consciousness, which is the place where change or movement forward can occur for the client (Gendlin, 1996; Hendricks, 2001).

An experiential form of psychotherapy

Having worked with Carl Rogers in the 1950s, Gendlin developed on some of Rogers’ humanistic ideas, applying an implicit, experiential perspective on core concepts such as the presence of empathy (Hendricks, 2001). FOP is built on the assumption that the totality of human experience is too complex to verbalise fully and that attending to the felt sense can provide access to otherwise unknown parts of experiencing (Krycka & Ikemi, 2016, p. 254). The client is encouraged to trust their body’s knowledge and their felt sense, even if it is beyond the understanding of the mind (McMillan, 2004).

Experiencing may be defined as the ability to feel their inner bodily sense in the moment (Hendricks, 2001). Gendlin developed six steps of focusing, and collaborated with other researchers to produce the Experiencing Scale (Gendlin, 2003; Klein, Mathieu, Gendlin & Kiesler, 1969). This scale measures how a client speaks about a subject, from the first stage where the client speaks about externalities, to the seventh stage where the client speaks about their inner experience (Hendricks, 2001).

Exploring the felt sense

The felt sense is not the same as an emotion such as anger or sadness. Instead, it is a vague sense or perception not identified as an emotion by the person (McMillan, 2004, p. 44). In the moment, the felt sense may be described as “fuzzy, subtle, and tentative” at first, that cannot be described through words (Krycka et al, 2016, p. 258).

Gendlin (1996, p. 24) identifies several features of a felt sense which are outlined here. It forms at the edge between consciousness and unconsciousness and has a vague yet distinctive property. The felt sense is experienced in the body and as a whole, and opens up through steps or shifts in experience. When an internal experiential shift occurs, the person may uncover what is theirs in their felt sense and what does not belong to them, helping them to lose some false identifications and become closer to themselves. By paying increasing attention to the felt sense, the person’s inner self strengthens and experiences growth (Gendlin, 1996). Levine (1997) supports this idea of attending to the felt sense as a crucial element in building resilience, healing trauma, and experiencing well-being in the self and one’s sensations. It is possible to help clients using the felt sense to distinguish their resilient sensations from other troublesome sensations (Miller-Karas, 2015). By focusing on these strengthening sensations to change the bodily sense of something, associated thoughts and feelings can change (Miller-Karas, 2015).

Finally, Gendlin (1996, p. 24) suggests that while the change or step brought on by awareness of the felt sense can be worked out after the movement, it is not usually possible to predict how it will occur.

Defining empathy in psychotherapy

Bohart et al (2002, p. 89) have documented the difficulties of defining empathy. The term “empathy” appears to have originated from a translation of the German term “Einfühlung”, which means “feeling into” (Ganczarek et al, 2018, p. 141). The physical body seems to play a significant role in the act of Einfühlung, as the focus is on sensing what it would feel like in the body to live in another body or environment (Ganczarek et al, 2018, p. 141). This concept of Einfühlung which places the body as central appears to relate to Finlay’s (2014) idea that we use our whole body to sense, perceive and understand another, including our five senses, cognition, affect and intuition. The idea of somatic empathy, where the whole body is involved in the empathic process, will be explored later in chapter two.

From a humanist perspective, Rogers (1957, p. 226) defines empathy within the therapeutic relationship as the therapist’s ability to sense the client’s experiences as if they were their own, without the therapist losing their own sense of reality. Similarly, Gendlin (1997) emphasises the importance of the therapist’s ability to experience their client in the present moment so that they can fully attend to the client’s felt sense and form concepts around that experience.

By operating within the space of the client’s inner awareness, the therapist can sense and reflect back to the client what they already know, and suggest meanings from within the client’s perspective of which the client was not previously aware (Rogers, 1957). The importance of empathy is underlined in Rogers’ (1957) six core conditions for psychotherapeutic change, as

two conditions focused on empathy. According to the fifth condition, the therapist develops an “empathic understanding” of the client’s inner world and tries to demonstrate this understanding to the client through communication (Ibid, p. 221). The sixth condition focuses on the client’s experience of the therapist as showing empathic understanding and unconditional positive regard (Ibid).

Empathic approaches to psychotherapy

These theoretical approaches can shape how psychotherapists respond empathically to their clients. In developmental approaches to empathy, the therapist tries to feel what their client is feeling and respond to that (Bohart et al, 2002, p. 89). Client-centred and psychoanalytic therapies focus on cognitively understanding their client’s perspective which may involve understanding affect too (Ibid). Some therapists may focus first on establishing “empathic rapport” before further intervention, while others attune to their client and their communications in each moment and respond empathically (Ibid, p. 90). McMillan (2004) describes the central tenet of showing empathy as sensing in the present moment of the client’s experience. Similarly, the empathic communications of the therapist in Clark’s (2010) examples show the therapist sharing in the client’s experiencing, attuning to their feelings and experiencing in the present moment, while remaining detached to a certain extent and without intimating that the therapist agrees with the client’s point of view. Lastly, therapists may try to understand their clients’ historical and present circumstances which have shaped their thought, sense and perception (Bohart et al, 2002).

Each of the approaches above appear to rely on the therapist demonstrating an understanding or sense of their client’s experience. Interestingly, Greenberg et al (2001) claims that clients’ sense of being understood by their therapist is consistently positively associated with outcome.

Therapeutic displays of empathy can increase the client's willingness to engage in the process, and access deeper levels of emotional, experiential and cognitive awareness (Ibid).

Chapter summary

In this chapter, definitions of FOP, the felt sense and empathy were explored. FOP was emphasised as an experiential process, where the therapist helps the client to focus attention toward their inner felt sense with the aim of bringing change or movement to the client's experience. Attention was drawn to the features of a felt sense, and its potential role in resilience-building. Definitions of empathy provided in this chapter centred on the therapist sensing into the experience of the client at cognitive, sensory and somatic levels of awareness. These definitions focused on gaining an understanding of the client's experience, attuning to that experience and demonstrating this understanding to the client.

Chapter Two: The Roles of Empathy, Focusing and the Felt Sense in the Psychotherapeutic Relationship

Focusing-oriented psychotherapy and empathy

It has been claimed that Gendlin's approach has had a significant impact on the understanding of empathy within the psychotherapeutic relationship, particularly due to its focus on the often-unclear sensations that lie deeper than the thoughts and feelings a client may be expressing (Mearns et al, 2013). Accordingly, a psychotherapist displaying empathy pays attention to the client's felt sense of the topic as well as their thoughts and feelings around it (Ibid).

Advocates of FOP have distinguished it from other psychotherapeutic approaches to empathic listening. Preston (2013) claims that empathy developed using FOP is more than intellectual, encompassing deeper, more implicit aspects than other approaches (personal communication, cited in Callias, 2014, p. 193). Madison (2014, p. 18) highlights that a focusing-oriented therapist listens to their client experientially, attends to their own felt sense of what is being said by the client beyond the words, and relies more on their way of being than what they are doing with the client.

Gendlin (1997, p. 258) proposes that the genuineness of a therapist's response to a client's felt sense of a topic relies on their ability to both experience the client in the present moment and to form and express concepts of the client's experience. Similarly, Rogers' (1957) definition of empathy included sensing the client's experience as if their own, and operating within the client's framework or reality so that concepts or theories can be formed about their experience. Rogers (1964, p. 177) referred to Gendlin's perspective on using the felt sense experience to develop concepts as a factor in therapeutic change, particularly in clients' approach to values.

In the following chapter, other therapeutic approaches to empathy will be explored and compared with FOP.

Biological and neurobiological mechanisms in empathy

Empathy appears to have an embodied aspect, including an internal resonance in the therapist's experience, and their communication of this as empathy to the client (Corcoran, 1983; Finlay, 2014). Attention has been given to the relationship between therapeutic empathy and psychophysiological responses of the body. In one study, the presence of empathy in the therapist was associated with arousal of the autonomic nervous system in the therapist, and a decrease in arousal in the client (Voutilainen, Henttonen, Kahri, Ravaja, Sams & Peräkylä, 2018). The therapist's empathy appeared to be positively correlated with the client's experience of positive emotions. The research suggested that the therapist and the client share the emotional burden in a similar way to common storytelling, with some of the client's emotional arousal appearing to be transferred to the empathising therapist (Voutilainen et al, 2018, p. 9). Further, Kleinbub (2017) claims that although interpersonal physiology can be accepted as a real phenomenon in psychotherapy, more research is needed to understand the role of interpersonal physiology in empathy, transference, counter-transference and projective identification.

Jankowiak-Siuda, Rymarczyk and Grabowska (2011) examined the roles of bottom-up and top-down processing in relation to empathy. Arguably, bottom-up processing involves the mirror neuron system, and includes the automatic perception of others' emotions, behaviours and feelings. Their research suggests that the same parts of the brain are stimulated when a person is undergoing their own emotions and seeing another person experience the same emotions (Ibid, p. 22). This relates to Finlay's (2014) observations on embodied empathy in

therapy sessions, where she observed a mirroring in her physical movements, felt sense and sensations with those of her clients. She notes feeling dizzy during a client's feeling of overwhelm, or feeling small in response to her client's discussion of shame (Finlay, 2014, p. 9).

However, it is important to emphasise that empathy is not simply an automatic form of imitation and sharing of feelings, but can include a cognitive top-down component where the empathiser takes on the perspective of the other to help understand them (Jankowiak-Siuda et al, 2011). Siegel and Germer (2012) proposes that a therapist using empathy attempts to mirror their client's mental state, and typically shows moment-to-moment awareness. Nonetheless, by using top-down processing to attempt to understand the other's thoughts, beliefs and situation, the person's bottom-up autonomic neural processes such as mirroring may be subdued (Jankowiak-Siuda et al, 2011, p. 22).

Advanced empathy and the body

Egan (2014, p. 176) adopted the term "advanced" empathy for therapists' exploration of meanings sensed behind what the client is outwardly communicating, and of which the client may not be fully aware. As the client may avoid this deeper meaning or may not see themselves immediately in a therapist's advanced empathic response, it can present a challenge for both therapist and client (Culley & Bond, 2011; Egan, 2014). Unsurprisingly, Culley et al (2011) suggest that advanced empathy be used in the middle stage of the therapeutic relationship, when an empathic rapport has already been developed, similarly to Bohart et al's (2002) suggestion mentioned in chapter one.

Understanding how a therapist develops an insight into these hidden, implicit meanings behind what their client is saying appears difficult to explain in the literature (Culley et al, 2011, p.

107). However, the body is central in this process, and the therapist observes bodily actions in their client, including changes in tone of voice, eye movements, posture, facial expression in order to gain an overall sense of the essence of the client's communications (Ibid).

The emphasis on the body in the above description of applying advanced empathy in therapy appears somewhat similar to the emphasis on the body in FOP. However, in FOP, the emphasis is on accessing the client's inner sensations rather than relying on the therapist's observations of the client as seems to be the case in advanced empathy. A therapist using advanced empathy concentrates on what the client verbalises and expresses rather than interpretation (Egan, 2014, p. 177). These often-unclear sensations lie deeper than the thoughts and feelings a client may be expressing (Mearns et al, 2013). Thus, Egan's (2014) idea of advanced empathy appears somewhat different to Madison's (2014) emphasis on the experiential, being-oriented aspect of FOP. However, paying attention to the inner sense and implicit meaning beyond clients' words seems common to both approaches and further, appears relevant to the empathic process.

Intersubjectivity and empathy

Olinick (1984) emphasises that empathy is occurring when the therapist brings their awareness to the client's processes such that their own inner subjective processes of imagination, images, somatic awareness and cognition parallels that of their client. In an exploration of "embodied inter-subjectivity", Finlay (2014, p. 4) claims that bodily awareness can be used to sense meaning emerging in the therapeutic relationship, helping the empathic process to develop. The whole body, senses, thought and emotion are used in this process of sensing another (Ibid). Consequently, the inner awareness of both therapist and client is central to FOP, Olinick's (1984) empathetic process and Finlay's (2014) embodied intersubjective approach.

However, intersubjective perspectives can vary, with Temaner-Brodley's (2002) approach appearing more directive than Finlay's (2014). Temaner-Brodley (2002) describes the therapist setting goals to reveal and change their clients' unconscious structures of experience, using empathy as a tool rather than a process to achieve these goals (Ibid). In contrast, the client-centred therapist focuses on consistently demonstrating empathic regard and acceptance to the client as an individual in the moment. Consequently, categorisations of the client or their situation do not arise in the moment and are considered as a barrier to empathic understanding (Ibid, p. 65).

Chapter Summary

In this chapter, empathy was explored from several theoretical perspectives. In FOP, empathic responding appears to be an experiential process or way of being, focused on the client's bodily felt sense and implicit awareness in the moment as well as their thoughts and words. Biological and neurobiological mechanisms involved in empathy were explored, including research on the transference of emotional arousal from client to therapist during empathic displays and the potential role of mirror neurons in empathy. Finally, the role of the body in FOP, advanced empathy and intersubjective approaches to empathy were compared.

Chapter Three: Focusing, the Felt Sense, Empathy and Therapeutic Change

Empathy and the therapeutic outcome

Greenberg et al (2001, pp. 382-383) identified four mediators of the relationship between empathy and the therapeutic outcome. First, empathy can improve the therapeutic relationship if feeling understood increases the client's feeling of safety and confidence to broach difficult issues. Empathy can thus improve clients' satisfaction with therapy, increasing their likelihood of staying in therapy for the required time. Second, empathy can help clients to develop relational abilities, self-respect and self-belief that their needs and feelings make sense and can be expressed. Third, empathy helps clients with processing cognitively, emotionally and promotes exploration and meaning creation. Fourth, empathy helps clients' self-healing process, increases openness to therapy and provides a safe space to work on self-healing (Greenberg et al, 2001).

Focusing and therapeutic outcomes

The following section will explore how FOP can be used to bring about therapeutic change generally and how it can be used to demonstrate psychotherapists' empathic understanding of their clients. Attention will be paid to how it might interact with Greenberg et al's (2001) four mediators of the relationship between empathy and therapeutic outcome.

Even when emotional expression occurs in therapy, the risk of dead ends or a lack of change can still persist (Gendlin, 1996). Advocates of FOP claim its uniqueness in achieving therapeutic change, by bringing attention to the inner bodily awareness of something, staying with it, and then following the emerging stages of change (Krycka et al, 2016; Madison, 2014).

In a review of eighty-nine studies, Hendricks (2001) observed a positive association between a higher score on the Experiencing Scale and successful outcomes in psychotherapy in twenty-seven of these studies. Additionally, in this review, Hendricks (2001) found that the use of focusing techniques was positively associated with successful outcomes in twenty-three studies. However, while these results support the idea that focusing and higher experiencing may play a certain role in the therapeutic outcome, there appears to be a sizable number of studies in Hendricks' (2001) research where FOP did not play a role in the outcome. Leijssen (1998) has questioned some of the apparent therapeutic success of FOP, stating that Gendlin may have ignored the success of other non-experiential methods in his research. Additionally, in some of Gendlin's research, therapeutic success was not limited to focusing, although it does seem more effective in short-term therapy than long-term therapy (Leijssen, 1998). Despite the limitations of these studies, the results nevertheless suggest that FOP may play some role in therapeutic change.

Focusing and the process of change

Gendlin (1996) critiques Freud's analytic view of understanding our unconscious processes, where growing awareness of one's inner experience is seen to lessen energies associated with this experience. Contrastingly, in FOP, not only does awareness of inner experience or a felt sense bring change, the content of this experience itself may change (Gendlin, 1986; 1996). The past is not perceived as unchanging but each present moment provides an opportunity to give past events new purposes, roles and meanings (Gendlin, 1996, p. 15). In attuning to the present felt sense of something, the hidden and underlying modes of behaviour, thought and speech change (Gendlin, 1986, p. 161).

Gendlin's research demonstrated that the method of processing experience, rather than just the presence of Rogers' (1957) six therapeutic conditions, was an important predictor of outcome (Krycka et al, 2016, p. 259). For example, instead of therapists simply ensuring that they showed empathic regard and that their client experienced them as empathic, Gendlin considered that research should focus on what an empathic therapist was tracking in their clients (Ibid).

However, the method of processing promoted in FOP can seem more directive than other client-centred approaches. Focusing-oriented therapists may prioritise their own perspective and values on what helps bring therapeutic change for the client (Purton, 2004, p. 146). In urging the client to focus inward, it is questionable whether the depth of the therapeutic relationship is compromised, and if it is necessary for therapeutic change (Purton, 2004). Although highlighting the benefits of FOP, Leijssen (1998) urges caution about therapists prioritising higher levels of client experiencing in sessions at the expense of exploring areas more valuable to the client. Nonetheless, clients do not generally experience focusing techniques as directive but feel their problems are more valued and understood by their therapist (Leijssen, 1998). Similarly, Greenberg et al (2001) found that empathy can improve clients' satisfaction with the therapy. Potentially, the directiveness of FOP may be combined with deep empathy so the client feels gently guided rather than directed (Krycka et al, 2016, p. 259).

This may be important to understanding the relationship between FOP and empathy. Similarly to FOP, empathy appears to help with clients' feelings of being understood by their therapists, as discussed in Chapter One (Bohart et al, 2002; Rogers, 1957). Empathy can help clients feel understood, safe and confident to work on difficult issues (Greenberg et al, 2001). Bohart et al (2002) found consistent positive associations in their meta-analyses between clients'

perceptions of therapists understanding their inner experience and therapeutic outcome. This implies the importance of therapists understanding their clients and demonstrating this understanding in ways that fit their clients' needs. To do this, Bohart and colleagues (2002, p. 101) advocate reflecting back empathically, but also using simple responses to show understanding of what the client has experienced, affirming the client's outlook, and gently probing to draw out the client's experience.

Leijssen's (1998) research suggests that Rogers' (1957) core conditions are fundamental to the long-term therapeutic relationship, but focusing techniques can be a useful technique for intervening should a block in processing occur. With this in mind, examples of therapy sessions where focusing techniques appear to be combined with empathy will be explored in the following section.

Focusing and empathy in practice

Gendlin's (1996, p. 41) transcript of a therapy session demonstrates how a therapist can help a client experience a change step using FOP and empathic understanding. The therapist tries to help the client explore their inner sense of the problem and find the right word to sense the whole issue. However, the therapist does not initially demonstrate their understanding of the client's thoughts about the problem. Once the therapist reflects back the client's view of their problem, demonstrating understanding, the client engages with their felt sense, which then leads to a change step. This corresponds with Bohart et al's (2002) findings that clients' perception of being understood by their therapist relate positively to therapeutic outcome.

In Krycka and colleagues' (2016, pp. 271-275) example of an FOP session with a woman recently diagnosed with cancer, there are several examples of empathy combined with the felt sense to bring a change step for the client. First, the importance of the client feeling understood

by their therapist (as emphasised by Greenberg et al, 2001) is shown. When the client expresses that there is something that feels important to them, but they do not know what it is, the therapist suggests taking a moment and reflects back that something feels important to the client without probing what it is (Krycka et al, 2016). The therapist seems to convey that even in this space of unknowingness, they can still show understanding of their client's inner state of confusion. The client responds with their felt sensations (swimming in head, and guts feeling jumbled) and is encouraged by the therapist's continued reflecting back of the client's inner awareness to stay with these sensations. Following a silence (p. 273), the client speaks of something deep moving within, reported as a tectonic shift. Once the therapist has reflected back on these inner sensations, the client's felt sense moves to their heart and they request space to process what is happening.

Greenberg et al's (2001) mediators of the relationship between empathy and outcome appear relevant in this session. As empathy appears to help the client to process according to Greenberg and colleagues (2001), focusing techniques and attention to the felt sense also seem to help the client to process deeply, explore and create meanings for their inner world and sensations. The client seems to feel sufficiently safe and self-confident to express their needs and request time and space to process something within the session. In a later session, the therapist recognises the client's need for space and although help is offered by the therapist, the client seems competent in creating that sense of space and calmness within, with the therapist supporting rather than guiding the process (Krycka et al, 2016, pp. 274-275). Furthermore, Ellis' (2016, p. 186) suggestion that creating a free space for the client to explore provides a way to self-regulate and provide "inner resourcing".

Chapter summary

In this chapter, research findings on the benefits of empathy and FOP for therapeutic outcomes and the therapeutic relationship were outlined. As a method of processing experience, FOP was considered as an additional tool for dealing with blocks in processing, provided that Rogers' (1957) core conditions such as empathic regard were present. Using examples from clinical sessions, it was suggested that FOP and empathy may work together to help clients feel understood by the therapist, process deeply, create meanings for their inner awareness, and increase both the awareness of their needs and the confidence to assert them.

Conclusion

The central aim of this dissertation was to explore the connection between FOP and empathy in the psychotherapeutic relationship. The following conclusion will summarise the findings of this dissertation in accordance with the aims and objectives set out in the introduction.

Defining empathy, FOP and the felt sense

FOP was defined as an experiential process focused on the felt sense, helping clients to change their inner sense or experience of something. The felt sense was emphasised as an edge of awareness, felt in the body as a whole, that opens up through shifts in experience. Its usefulness as a tool for healing trauma, building resilience and enabling change in experience, thoughts and feelings was discussed.

While distinctions were observed in several psychotherapeutic approaches to empathy, commonalities were also found. Similarities were drawn between Rogers' (1957) definition of empathy and Gendlin's (1997) therapeutic emphasis on experiencing the client's present moment awareness and forming concepts around that. Sensing and understanding the experience of the client in the present moment seemed consistently important, whether the therapist's focus was at cognitive, sensory or somatic levels of awareness. Attuning of therapists to their client's experience and demonstrating understanding of this appeared to influence the client's experience of their therapist as empathic. It may be useful for future research to compare these therapeutic approaches further, particularly on therapeutic methods of demonstrating understanding clients, and the measures used to assess whether the client feels understood.

Relationship between FOP, the felt sense and empathy

The relationship between empathy, FOP and the felt sense in psychotherapy was explored in the second chapter, with attention given to biological approaches, advanced empathy and intersubjectivity. Empathic responding appeared as an experiential process or way of being in FOP, focused on the client's bodily felt sense and implicit awareness in the moment as well as their thoughts and words.

While current research has revealed biological and neurobiological activities potentially involved in empathy, more studies are needed to understand the mechanisms involved. Research showing similar neural activation in someone experiencing an emotion and an observer was connected to examples of physical, mental and sensory mirroring in therapy sessions. Recent findings on the potential transference of emotional arousal from client to therapist during empathic displays point to the need for more research in this area. Further research on the role of interpersonal physiology in processes such as transference, counter-transference and projective identification may be useful for developing understandings of the psychotherapeutic relationship.

The role of the body in FOP and advanced empathy was compared. Although both approaches aim to gain access to a sense of deeper, implicit meaning in the therapeutic relationship using bodily awareness as a tool, there appeared to be a distinction. Where FOP is concerned with accessing the client's inner sensations, the bodily focus in advanced empathy appears to be on the therapist observing their client's bodily actions to gain understanding of their client. However, the inner awareness of both therapist and client in the moment appeared central to FOP and intersubjective approaches to empathy.

Therapeutic change

The third chapter explored the potential roles of FOP and empathy in therapeutic change. Research findings on the benefits of empathy and FOP for therapeutic outcomes were outlined. Hendricks' (2001) research demonstrated the efficacy of FOP for therapeutic outcomes, although this connection was not found in the majority of the studies analysed. Nonetheless, FOP may be useful for processing experience and dealing with blocks in processing, provided that Rogers' core conditions such as empathic regard are present. Potential ways that empathy improves outcomes included increasing clients' sense of being understood, encouraging confidence and ability to express needs, and growing levels of processing for self-healing. These mediators of empathy were used to evaluate FOP therapy session transcripts. Attention was drawn to parts of these transcripts where FOP and empathy may have both contributed to therapeutic change by helping the clients to process deeply, feel understood, create meanings for their inner awareness, and increase self-confidence about expressing their needs and feelings. Potentially, therapists' processes of empathy and FOP may interact to create a safe space, which Ellis (2016) suggests can be used by clients to develop self-regulation, internal resources and resilience.

Although beyond the scope of this dissertation, there may be other aspects of FOP and empathy not mentioned in this dissertation, which also contribute to positive therapeutic outcomes. Further research is needed to assess how FOP and therapeutic empathy may function together to bring about therapeutic change and foster growth in clients. Future studies could examine other available FOP transcripts to analyse in greater detail whether empathy was present and how it interacts with FOP processes. While the scope of this dissertation was limited, the research put forward here does suggest that FOP and empathy can potentially influence psychotherapeutic change, which indicates that further study on this topic may be valuable.

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