

## How to work with stopped processes

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### Abstract:

*Sometimes parts of our life processes seem to go round in never-ending circles or have become a “frozen whole”, as Gendlin calls it. They do not answer to fresh and new inputs, and we cannot go to that inner experiencing place from which new meaning could arise.*

*Often our clients ask for help when their inner experiencing gets stuck in such process-blocking patterns. When those patterns are strong and have become a way of being, there seems to be no carrying forward any more. During our work together even our inner resonance as therapists is at risk of getting blocked. Our experiential responses seem to stagnate, and the intersubjective field, to which we both contribute, becomes structure-bound in manner too.*

*To carry these processes forward, we have to refrain from simplifying causal explanations and develop a relational understanding of the nature of these stopped processes and how they could be resumed and set into a forward movement again.*

*I want to offer some ideas using examples from my clinical work with clients suffering from depression and from chronic pain. In these cases, the forward movement involves not only working at the edge of understanding, verbalizing and reflecting, but also a commitment to the bodily interaction of both of us.*

### Process and stoppage

To keep in touch with the philosophical roots of focusing can help us in our practical work with clients.

I will talk about “stopped processes”, which is a technical term Gendlin uses in his philosophical main work “A Process Model”. I will consider how to work with and how to be a part of these “stopped processes”.

Terms I will use and which we need to understand are:

**process – interaction– implying - occurring – stoppage - carrying forward.**

Gendlins thinking is not about “things” and their relationship. It is about process and interaction. Each element in the whole is affected by all the other elements, or, as Campbell Purton puts it:

*Interaffecting is an interaction process in which the elements in the process are what they are through being in interaction with the other elements. ... (Purton 2004, p. 182f.)*

A process, normally, is the natural flow of our experiential interaction with the world and with us, an ongoing movement toward future states.

In “A Process Model” Gendlin uses the word “carrying forward” to characterize this movement. Something, he says, is “carried forward”, when the right “occurring” takes place.

He speaks of something that was “implied” and now “occurs”, thus changing the implying, so that the ongoing experiencing process moves on in a different, more complete way and transforms the whole interactional context.

How can such a movement stop?

And what happens, when there is a “stoppage”, as Gendlin calls it?

A process stops when something, which is implicitly “needed”, does not find an adequate occurring so that the process cannot be carried forward in the usual way.

For example: someone is hungry and there is no food available. So at this very moment there is a stoppage. A movement which, if there would be something to eat, would continue without pausing into eating – digesting – sleeping - getting hungry again ... and so on.

When this process stops, because there is no food just before your mouth, you have to do something to get food. You will perhaps stand up and go to the kitchen. There you decide whether you eat a little something out of the fridge or whether you will cook a meal. Or, if you have a housewife, you can call her ☺). Or you can go to the restaurant or to a nearby shop if the fridge is empty or if nothing you find is the “right” thing to eat.

Some of these occurring events will carry your implying (hunger) forward. They resume the whole situation and change the implying. You are not longer hungry, now you are tired (a new implying) and go to bed (sleeping is an occurring which carries this implying - being tired - forward).

Sometimes there is a **longer stoppage**. Think about a situation when you reach your train in the last minute and sit there for a rather long journey and find out that you are hungry. There is no food, because you did not take something with you. The train has nor train-restaurant and there is no little wagon coming through. So you have to wait until the train stops at the end of the journey and you get out at the final station. But there maybe the shops are closed... so, you could go downtown to look for some open shops or telephone a friend or go to a restaurant or go to bed hungry....

G. says (PM p. 77): *“The organism stays in the field of the stoppage. It remains at the spot, and under the conditions, of the stoppage. It would have spent only a moment there, if the process had not stopped. Now new events might form with the environment, which could not have formed before the stoppage.”*

This means that the experience of a stoppage and the searching for something, which will carry it forward changes something in your whole situation! It is maybe an uncomfortable stoppage, but you can make new experiences such as: being really hungry, a feeling which you have not felt for a long time – getting in touch with your neighbour in the train – stumbling over a little restaurant which you really like. Or the experiencing of this stoppage may change your future: next time you will be in time, you will perhaps arrange things better, look on the internet whether there is a restaurant in the train and when the shops close or you may take some food with you or eat something before you start.

Gendlin says (PM p.10) *“When a stopped process resumes, it will do so in a changed organism, one that went on in new ways during the stoppage.”*

Stops are not „bad“ or “good”, they happen all the time. Life goes on, this special process stops, but all the other processes in the body, in the situation go on and, as Gendlin says, carry the stoppage. But at this particular point, there always remains a sort of unresolved, not answered question, a “something not happening”, a not carrying forward.

Nevertheless in that stuck state there is the implying of what would release it. The present state implies what needs to come in order that there will not be any longer that implying. So through giving attention to our stuck states we may find what it is that needs to come.

Gendlin says:

*„In a difficult situation, if we cannot act in some easy and usual way, and if a new way does not quickly come to us, what do we have and feel? Confusion, frustration, perhaps. We may just be stuck. But what is it that tells us that the ordinary actions and phrases won't do or are not what is needed? If we ask ourselves that question, and if we pay direct attention to what it is that stops us, we may find that we have a ....sense of what is needed, what would work, if only we could devise it.*

*When we don't know what to do, we sense more than we can say or do. We have a “feeling”, an unclear sense for the solution we are looking for. Our sense of it is sufficient to make us reject all the available ways, although the new move that would carry this more into action does not yet exist.”*

### **Stoppage and therapy**

Sometimes people feel something important inside which stays unclear or does not find an expression for a long time. They try different ways of symbolizing this “something”, but nothing fits. There is frustration, bodily discomfort, and a dead end. This is the point where people often decide to ask for help.

Not all stoppages need help from a therapist.

Campbell Purton (2004 , 72) describes it in a very empathic way: *“Our lives may become blocked in many ways which do not require the help of psychotherapy. Because of circumstances we may no longer be able to continue with our work, or with a friendship, or with an activity. Then we are sad and upset and cast around for other ways in which the implying can be carried forward. When we are blocked our lives do not stop, they carry on in new, and perhaps strange, ways, which involve a seeking for something, which will satisfy the blocked implying. If we can stay in touch with our experiencing we can sense what does or does not lead in the direction of satisfying or expressing the implying. At such times we often feel painfully alive. It can help to have another person there to be with us in our searching, but it is not absolutely essential”.*

Where clients are still engaged with their experiencing all that is required from the therapist is his presence and a way of listening, which enable clients to stay on their own experiential track. Together they explore the nature of the stopped processes and of the situational context and how all this could be resumed or could be set into a forward movement again.

Another way to think about stops is to see some of them as “therapeutic stoppages”. Yasuhiro Suetake talked about it in his paper presented during a colloquium in Norwich 2007 “The Clinical Significance of Gendlin’s Process Model”. He writes: “*We have noticed that some stoppages of process function therapeutically. We could call this the “therapeutic stoppage”, for instance Zen or Morita therapy or Naikan therapy.*

But there are clients who have lost touch with their experiencing, with the richness and intricacy of their situations. They respond to a situation in a very limited, stereotypical way. It is as if their experiencing has become frozen into a particular form, a particular way of being, thinking, feeling, and their inner life circles around in fixed structures.

So in therapy further intervention is needed.

I want to present two kinds of blocked stuck states we know from ourselves or from our clients which require more or various work to get to a carrying forward of the situation

1. **structure bound patterns**
2. **long-term stoppages (chronic symptoms)**

### **Structure bound patterns**

There are little ones we all know: someone has a tendency to laugh even when he tells sad or problematic stories. Someone always moves in a certain way, independent of the situation. But the ones I mean are more restrictive.

Let us take the same situation as mentioned above: someone sits in the train and there is no food

In a pattern of a so-called “**eating disorder**” there is an implying (hunger, need for food), but the whole issue of food and eating and weight is energetically so overloaded with meaning that all the “normal” forms of carrying forward will not function, will not resume the implying. Eating something is not at all a desired action, instead the mind is occupied with counting calories, with being anxious about the last little pieces of food the person has eaten, with planning the next activities to lose weight. So this person is not in contact with her body and with her experiencing, but in contact with a pattern of a frozen whole. She certainly cannot enjoy the journey, look out of the window, read, sit quietly there, for she is inwardly constantly occupied with issues concerning the stuck place.

Or imagine a so-called **depressive person** in the same situation. Sitting in the train being hungry, her mind is spinning around how difficult this situation is, no idea how to get out of it. And if there is an idea (for example asking someone if there is a restaurant in the train) this seems impossible to do because he feels too shy and has not spoken for a long time and does not dare to be with people. It will be difficult to stand up and look after a restaurant by himself because he feels so heavy – so he broods over something he could have done but had not - and why he did not decide to stay at home – and he starts to worry if there will be an open shop at the final station or where he will find something to eat and if not what happens if he goes to bed without eating ...

This person too will surely not enjoy the journey; instead he is imprisoned in thoughts and misgivings.

When such a pattern begins to establish, there is normally a vague sense of error, of unsoundness. But after some time it feels “normal”, there is no idea any more what kind of behaviour or thinking or feeling could be an alternative - that is what Gendlin means when he writes: *“The body can also become addicted which uses but subverts its right next-step implying.”*

In an earlier article Gendlin (1964) called this version of a stopped process “structure bound”. I do not know what he would call it nowadays in terms of “A Process Model”, but here is how he described it:

*“My experience is structure-bound in manner, when I experience only this bare outline and feel only this bare set of emotions, lacking the myriad of fresh details of the present... We often speak of contents or „experiences“ as if they were set, shaped units with their own set structure. But this is the case only to the extent that my experience is structure bound in its manner.... it does not implicitly function .... It is not „seamlessly“ felt by me with its thousands of implicit aspects functioning. Rather, in this regard, my experience is a „frozen whole“ and will not give up its structure. ... Since within the structured frozen whole experiencing does not function in interaction with present detail, the structure is not modified by the present. Hence, it remains the same. It repeats itself in many situations without ever changing. ...structure-bound aspects are not in process”*

All of us have special aspects and ways of relating that are one-sided. When we get stuck, parts of us do not answer to fresh and new inputs; we meet life with stereotypical reactions, which are a mixture of earlier experiences and of generalised knowledge and assumptions. We cannot get to that inner experiencing place from which new meaning could arise. Life is going round in circles; the frozen wholes (that is: the frozen manner of experiencing!) remain the same, and sometimes they have become a lifestyle, a habit, a way of being.

So in terms of movement it is absolutely vital to distinguish between two movements in therapy: the cyclic movement, which carries our experiencing further (implying-occurring-implying...) and the turning around in never-ending circles while we are stuck in a stopped process, a structure-bound pattern.

The term “structure bound” is a neutral one; it is about form rather than content. It says nothing about illness or disorder, but something about one-sidedness, about not being in process. The concept describes a dysfunction in the process of relating, of being with. It allows us to distinguish different patterns of “frozenness”, not of pathology.

Gendlin (1996) says, *“According to my theory, a „pathological content“ is nothing but the lack of a certain further experiencing”* (p. 38).

So when I use terms like “eating disorder” or “depression” or “somatoform disorder” in this paper I use them in this sense.

## Therapy with structure-bound patterns:

Some of our clients are easy to accompany: they need just a little encouragement to go deeper into their experiencing and let it unfold. But others get stuck, and the process-blocking patterns are so strong and repetitive that almost no movement at all seems to be possible. Even the first step to start a focusing process (like being at the right distance, creating a free space, finding a friendly inner relationship to this part of yourself) is impossible.

So in our therapeutic encounter it needs more than simply being with and facilitating the client's experiencing. Here are some ideas out of my clinical experience:

- Sometimes we are able to find just next to the frozen pattern a **free place** where the client can still interact with his experiencing. From there, over the time, he may find ways to “translate” this re-established dialogue between concepts and experience into the stuck place. And over time, this whole felt sense of a situation could perhaps emerge behind or underneath the frozen structure. Purton says about our job as therapists: *“The presence of another person makes a difference because this person can respond to our felt awareness. Then they are doing for us what we cannot, for the moment, do for ourselves.”* (79)
- Sometimes we have to go away from the structure bound pattern and establish completely **new levels of relating**: to eating as such, to the taste of food, to the body image, to looking and being looked at (when working with people suffering from eating disorders), to rhythms in nature, rhythms in the body, to mode changes and tempo (in the context of depression).
- For our clients it takes time and trust and different approaches to gradually giving attention to these stuck places and to **get to know structure-bound patterns** and their role in life. Sometimes it is a long process to find alternatives, because there has been much identity building around those character patterns, and it is not so easy to let them go. It needs something like the work of a detective to discover that such patterns limit their view, and that not all people look at the world through their glasses. It is important for us all to learn to step back and recognize one's own activity, which sustains a habit, and to be aware of how our own way of being influences our inner world and the world around us. This is a mixture of experiential change and insight.
- In our therapeutic **relationship** there may happen interesting phenomena. I think we have to leave behind the old belief system that there is a patient with a disorder inside, that there is something living or missing inside him, like a little entity, and that he only has to repair that something to get better. All that is “in us” is always part of a relational situation and always has been (that's what is meant by “interaffecting”). I believe that a living new “process-entity” comes into being which includes us both, therapist and client, a “me with you”, “*a new us*”, as Lynn Preston puts it (2005). This “new us” can move in a new way, and carry the whole intricacy of the process forward.

So, we as therapists also have to be aware of when and how we lose our ability to relax into the experiential field and become structure-bound ourselves. With us becoming one-sided too, the togetherness, the experiential whole, is in danger of freezing, of getting structure-bound as well.

I guess we all know something about those “stoppages” between our clients and ourselves in the relationship. Our fresh “experiential responses” seem to stagnate; our answers become structure-bound in manner too and thus tend to intensify the stuck place where the client struggles. We know from experience that if, in a dialogue, one person narrows his being in a structure-bound manner, there is a tendency for the other person to become narrow too, that we both come to respond from our own stuck places and not from experiencing in the present moment.

This freezing of the relational, interactional whole is an important and interesting phenomenon. If we can see it as a clue to understand more about the missing relational wholeness in us, in the client’s life and in our interaction, we can learn to modify our interactions and experiment with what sort of movement is needed to carry forward the process of experiencing in our relationship.

*Gendlin asks: “If this newly different interaction process won’t happen here and now – where and when will it?” (1968)*

Our clients, struggling with painful stuck states, urgently need an experiential response instead of structure bound answers in order to not repeat the well-known forms of relationship.

*As Gendlin postulates, “Personality change is the difference made by your responses in carrying forward my responses fail to carry my feelings forward. At first, in these respects, I am really myself only when I am with you. For a time, the individual can have this fuller self-process only in just this relationship”. (Gendlin, 1964)*

### **Acute stoppings versus long-term stoppages**

We all know acutely occurring symptoms; we cannot sleep after a long flight or we feel sad about something, which has gone wrong in our life. After some time it will disappear. These are short-term stoppages. We become ill and slowly recover. The stopped processes „work“ again.

If you have experienced such a cycle more than one time, then you become trustful in an overall order of a process: there is illness and there is recovering, that’s life.

But imagine such a stopped process does not resume. You do not recover, the felt pain goes on or gets even worse, you stay tired, you cannot eat, cannot sleep, can not return to your normal life. What happens now? Your expectation to get better is disappointed. You stay ill. Your family gets slightly tired or angry or nervous. You yourself do not understand. The doctors you ask are helpless.

So your body and your situation carry this stoppage, but as it becomes a chronic stoppage, a long-term stoppage, things get difficult. The “always the same”-character of a long-term stoppage influences the whole field and the atmosphere. You no longer can find a “me” which is not consumed by illness. Others begin to question your experience and you too start to question it. All your thinking and talking is about your problems, stuck in the “what if s” of the future. In a chronically ill person slowly but steadily an identity changing takes place.

Now we have a totally new “*all that*”. The whole situation has changed. After months or years of living with a chronic symptom you are labelled: a person with a “somatoform disorder”,

### **Therapy with long-term stoppages – for example chronic pain**

Long term-stoppages need help from outside. They don't resume by themselves.

We seem to meet a special one-sidedness with clients: understandably their whole awareness is directed to the body, but it is not the living body including feelings and thoughts and movements, and it is not at all the “body-in-situation” which we address in focusing. It's sort of a “pain-body”, the (usually painful) sensations spring into their mind without hesitation - data ready to recall; “experiences”, not experiencing, “already cut pieces”, as Gendlin calls them.

We meet a person in our therapy room, who has been living for a long time with pain and inhibition and all sorts of symptoms. There is no more space between her and her symptoms; she has become identified with them and this mode of living.

Sure she has done all she could, alone and with helpers, to rid herself of this. Perhaps she is desperate and lonely. She is incredibly courageous in living her life despite all this. She has learned a very special and carefully constructed way of relating to her symptoms, which has become chronic, like the symptoms themselves. And she has a typical way of relating to others.

I as therapist have my own my personal background concerning the handling of illness, pain and suffering in acute and chronic mode. What have been my own experiences of being sick, of suffering from pain? What sort of belief system does my family have about these issues? How do I remember being treated by doctors, by significant others during times of illness? What is my reaction to the suffering of others?

When we meet clients with chronic symptoms and tune in to our “new us”, our intersubjective field, we both can feel a specific atmosphere: a little distance is in the room and between us, sort of: please ask me – please don't ask further – yes there is something – but please don't come too near. Issues like being moved, being touched, sadness and hope fill the atmosphere, and, above all, a deeply felt loneliness.

So, how can we introduce or re-establish the principle of movement here?

Of course we spend most of the time of our therapy-sessions with the ongoing “moment-to-moment empathy”, as Germain Lietaer called it. (Lietaer 2002).

But then, by and by, we can explore together the missing links, the missing “occurring”, we can make small suggestions, thus responding to the whole world “at the edge”, the silent landscape behind the frozen symbolization. Here the clients need our help, they need questions and responses that may carry their stopped experiencing a little further.

**Body awareness:** First we could try to open up a broader field of body awareness. The body of clients with chronic pain is both highly charged with energy and yet, other than pain, nothing can be sensed. While bodily issues are always in the foreground, there is a strange disembodied feeling around them. So we can encourage them to be aware of sensations in the body, which do **not** belong to the bipolar pattern “hurting – not hurting”.



Whole areas of the body are often abandoned, without awareness, without language, without a life of their own. Patients can learn how to re-direct their attention – not an easy task, but an important one! – and leave the usual places where they are in contact with their pain and go to these “non-hurting” places, be aware of their quality, and find language or images for them – private ones, filled with their own meaning instead of a medical description!

**Modalities:** Recognising the lack of modalities (Geiser 2003, 2004) except for painful body-sensations we can ask for new ones, for instance, pictures, melodies, colours, sentences, atmospheres etc. that belong to their life-situations, not only to their pain-history. Thus we rely on the capacity of our clients to knit parts together (this is an ability they are trained in!) and transfer their skill into other areas. Thereby their inner world by and by gets a little bit richer and broader, language becomes more colourful, and a sensing of unknown qualities can emerge.

**Emotions:** Often one of the qualities we often miss in working with clients suffering from chronic pain is that of feelings, of emotions. They sometimes say: “I feel so little. I want to explore what I feel!” We have sensitively to ask for feelings, and we have to do it with a mixture of gentleness and steadiness (Geiser 2008): “But how do you feel about all this? What does it feel like to live with pain every day?” Typical answers come quickly, without hesitation: “Oh, I am accustomed to it - the years before were worse - oh, I know that there is nothing I can do, so I just bear it.....” Then we have to be gentle and insistent and ask again, full of compassion, because they really are not accustomed to listening to feelings and being asked for them. And then, by and by, emotions emerge, are felt, expressed, heard and answered (Geiser 2008).

**Little movements:** Normally people with pain syndromes don’t move their bodies out of fear that the symptoms will get worse. So we can introduce the world of moving again, and propose playful tiny **little movements** that can begin to enrich their world. They can learn to literally move forward, to move away from something and towards something other; they begin to get to know their breathing; they learn to stand with their feet on the ground. These are real life experiences that they can embody as a reference point to remember and to which they can return.

**Bodily interaction:** I do not know if Japanese therapists are allowed to touch their clients. But in my experience (as a client and as a therapist) it is in many cases not enough to talk about the body, to let it come into awareness or to let the client make movements alone. I think that only when bodily accompanied, can new movements be embodied by the client and grow in him.

Imagine a body stiffened in pain, all joints bent, a pulling back in the shoulders, a contracting in the chest– and at the same time there is a longing in the arms, a desperate wish to reach out, to stretch. This results in a very difficult dead-end, going forward and pulling back in the same motion, all muscles cramped, a stuck state: a typical pattern in the body of clients with pain. You often find the same pattern in the emotional field as well as in thinking, in acting. And you may also find it in our relationship, in my wish to come nearer and help to “unfold”, to open a movement – and at the same time I am shy and do not dare to do so.

No one would dare to make a movement like reaching out for support into just the empty space with no one being there! “*Certain cycles urgently need a responding body to resume, to occur.*” (Schlünder 2003) If there is a hand waiting for the hand of our client in the very moment he tries to open his shoulders and to stretch his arms, there can be an

encounter, which is bodily felt, embodied. We can explore the field between reaching out and pulling back together when our hands meet: we can push against, put away, draw nearer, lean against, let loose, give up the tension, make the inward movement complete or concentrate solely on the outward movement. We can try out soft movements and strong movements. Our bodies can respond, ask, make suggestions, be at each other's disposal. Going with the movement, we find meaning. Cycles of emotional communication can be completed. With this body-dialogue between us, the "new us" is literally moving.

We need each other's body to try out these different forms of encounter; we need touch. I do not mean a medical touch to examine, to medicate, to ease the pain. I mean the touch of another human being, asking, exploring, answering... maybe for the first time this will be a touch which feels "right", which allows the person not only to be a patient, but an embodied human being. So even these clients, living so very much imprisoned in their bodies, can move and be moved again through being in contact with their own body and with us, another living body.

**The body from inside:** And perhaps after a long while of being unconnected to various topics of their life, it will be possible for our clients to do this important movement that we learn from Focusing: to step back a little and ask "And what is all this about?" So, finally, they are able to ask the body from inside, including the sense of the past, the present and the future, plus the interaction with their environment - and see or touch or feel the whole, "all this", their situation, their living as a whole. Maybe there are life-issues that need attention, not only symptoms? Slowly, through the felt sense unfolding, new meaning can arise.

### **The wanted/conscious stoppage**

*"Every bit of human experience has a further step of movement implicit in it." (Gene Gendlin)*

As we are human beings we carry with us all the advantages and disadvantages of our history. We are able to curtail and to misunderstand our experience. But what we are also able to do - besides reacting to stoppages in our life and finding new ways of carrying them forward - is to DECIDE to stop, to make a pause – for example in a Focusing-process. There we are beginning to do something new: we are sensing into 'all that', into the „more“ and we wait for something to come. This is sort of an active waiting, a preparing, a conscious not-doing. We make ourselves ready for something not already there that may emerge. This brings with it a new kind of space. In this space we can stand back from our experiencing as a whole. This is new. As Tadayuki Murasato says, this place *"will change our ordinary contexts and therefore, we don't have to be pessimistic about our future."* (2008, p. 90)

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