

## Commentary on ‘His master’s voice’: a focusing perspective

**Akira Ikemi, Ph.D.**

Kansai University, Graduate School of Psychology

**To cite this article:** Ikemi, A. (2018): Commentary on ‘His master’s voice’: a focusing perspective, *Person-Centered & Experiential Psychotherapies*, DOI: 10.1080/14779757.2018.1544092

This paper is a commentary on Germain Lietaer and Monica Gundrum’s article entitled *His master’s voice: Carl Rogers’ verbal response modes in therapy and demonstration sessions throughout his career*. The commentary applauds the laborious and authoritative work of the authors and hopes to augment the significance of their finding by introducing two perspectives. Firstly, the authors viewed silence as an uncoded but significant ingredient of Rogers’ response in therapy. They saw silence as creating a *time for clearing a space*, but this commentary takes another view. This paper argues that in the silence, Rogers’ was holding a space for clients while they were Focusing. Secondly, the paper suggests viewing therapist responses as occurring in relation to clients’ statements. It proceeds to show how examining the manner of experiencing (EXP levels) of clients may reveal how Rogers would have responded to clients who were at different levels of experiencing. Such analysis however, is easier said than done. Thus, this paper applauds the meticulous work produced by the authors and hopes that the two viewpoints put forth in the commentary will serve to stimulate further discussions on their paper.

*Keywords:* Focusing, Focusing Instructions, Manner of Experiencing, EXP Scale

I wish to begin this commentary by applauding the marvelous study that Professor Germain Lietaer and Monica Gundrum has just completed. With their staff they labored through the difficult and time-consuming process of coding all of Carl Rogers’ responses in all available recorded sessions throughout his career. As a result, I believe they have crystallized the essence of Rogers’ response-style, indeed the nature of Client-Centered Therapy in its purest form. They wrote: *After all, if Rogers is to go down in the history of psychotherapy for one particular reason, it will be in part for his emphasis on the moment-to-moment empathic following and responding as the royal way to deepening the self-exploratory process of the client* (Lietaer & Gundrum 201x). Further, the study clarified the importance of the response mode that Rogers’ (1989) named *Testing Understandings*, which this study confirmed as having constituted nearly 70% of Rogers’ responses throughout his career, with the exception of the pre-Client-Centered Period (the *Ohio Period*). Thus, this article has clarified the style of responding in Client-Centered Therapy. In this article, I wish to comment from a Focusing-Oriented perspective, a perspective which I have elaborated in my previous articles (Ikemi, 2005; 2014; 2017).

As is well known, Focusing or Focusing-Oriented Therapy originates in the works of the American philosopher Eugene Gendlin. From his graduate school years as a philosophy student at the University of Chicago, Gendlin developed a keen interest in the works of Carl Rogers and studied with him, collaborating with him in many research projects. Later in his career, Carl Rogers (1975, for example) assimilated Gendlin’s views into his own. Indeed, one can agree with Gendlin’s memorial plaque in the city of Vienna, which describes him as the *co-founder* of Client-Centered Therapy. Gendlin advocated the client-centered perspective in conferences, and was particularly an outspoken advocate of Listening, of which he published a manual in the book *Focusing* (1981), and of which Rogers regarded as an instance of empathy (1975). It seems clear that the two men highly respected each other and mutually assimilated their thoughts. I remember

Professor Gendlin telling me that he was a client-centered therapist, even after the book *Focusing-Oriented Psychotherapy* (1996) had been published.

It may seem strange how Rogers and Gendlin collaborated well even though Rogers developed Client-Centered Therapy and Gendlin developed Focusing-Oriented Therapy. But a detailed view of the two reveals that Client-Centered Therapy and Focusing do not conflict at all. Rogers always wrote from the perspective of what the *therapist* does, and Gendlin always wrote from the perspective of what the *client* does inwardly. Focusing, in its original meaning, is the *crucial inner act* (Gendlin, 1981) of self-exploration that the clients do. Therapist responses help such self-explorations. Rogers (1989) wrote that he was *testing (his) understandings* or *checking (his) perceptions*, and that such responses actually served as a *mirror* which the client used to reflect on themselves. In other words, although he was testing understandings from his perspective, from the client's perspective, such therapist responses helped them to *focus*. The last line of Rogers' redefinition of empathy (1975) reads: *By pointing to the possible meanings in the flow of his/her experiencing you help the person to focus on this useful type of referent [felt meaning], to experience the meanings more fully, and to move forward in the experiencing* [underline added]. Thus, Rogers was well aware that his responses were helping people to focus. In this way, Client-Centered Therapy and Focusing do not conflict at all. It is the therapist's listening that helps the client to focus.

However, Focusing has not infrequently been understood or misunderstood to mean what the *therapist* does. In other words, *Focusing instructions*, which are instructions to promote Focusing to happen within the client's experience, became confused with Focusing itself.

I would take client-centered therapy to be the larger thing. First of all, Focusing ... to me is a very tiny very important process. What I call Focusing is paying attention inwardly to that unclear sense of something there...Now the trouble that you are having is not about that process. It is about me *teaching* that process... (Gendlin, 1991, p.222)

Thus, a distinction needs to be made between Focusing, as the process of *paying attention inwardly to the unclear sense of something there* and *teaching* that process, in other words, Focusing instructions. This commentary will proceed to augment Lietaer & Gundrum's paper by pointing out two perspectives with which their findings will be enriched: First, the perspective of clearly distinguishing Focusing and Focusing Instructions; and secondly to see therapist responses and client experiencing as a mutually affecting one another.

### **On understanding silence**

Lietaer and Gundrum (201x) point out that though uncoded, silence is an important style of Rogers' responding.

Although we did not include the silences in our coding, it does not mean that they are unimportant ingredients of the process. Silences give clients the time for what Gendlin calls 'clearing a space': "*granting the body openly the time to reveal what it brings along*" (Leijssen, 1998, p. 134). Also Rogers emphasizes the importance of this process. In his post-session comments on the second interview with Mr. Lin he says: "...*Uh, I felt that there was some significance in the, uhm, uh, fairly long pause during the latter part of the interview. I think I've come to feel that when the client, uh, is able to pause it, uh, has some real meaning, that no longer does he feel this necessity of pouring out data for me. He's beginning to turn inward and, and to begin to, uh, explore, "What do I feel"? What are these sensations I have? What are the elements of the confusion I'm in?" And I believe that, uh, that was a part of what was going on during that pause*"

(Brodley & Lietaer, 1996, vol. 10, p. 113). Also in his second interview with Sylvia he underlines the importance of 'working silences': "*If anyone has a doubt about the value of silences, it should be removed by this interchange. Sylvia's saying, "I'm doing more work when I'm silent than I am when I'm talking"*" (Brodley & Lietaer, 1996, vol. 12, commentary after T20, p. 45).

Although Lietaer and Gundrum interprets the silence as *clearing a space*, I do not concur with this view. If we were to clearly distinguish *Focusing* and *Focusing instructions*, it becomes apparent that clearing a space appears in Gendlin's *Focusing instructions* and the term does not describe what was going on within the clients. Rather, if we refer to Gendlin's articulation cited above, *Focusing* is the client's *process of paying attention inwardly to an unclear sense*. The clients Rogers was describing were doing just that in their moments of silence. Mr. Lin is *beginning to turn inward and beginning to explore, "what do I feel... And Sylvia says she is doing more work when I'm [she's] silent*. What is this work of turning inwardly to explore? It is *Focusing* itself.

The *unclear sense of something there* is referred to as felt sense or felt meaning in *Focusing*, the latter term being the one that Carl Rogers' often used. It is also called the *direct referent* in Gendlin's theoretical writings (such as 1964; 1997). Gendlin (1964) wrote that *Focusing is the whole process which ensues when the individual attends to the direct referent of experiencing*. The direct referent is referred to directly, before words or concepts. One feels that *there's something there*, but cannot say exactly what it is that they are feeling. Since there are no words or concepts yet to say what it is, moments of silence are needed for the person to test out words and concepts that might say it sufficiently. Thus, the *Focusing* process of turning inwardly to sense *something there* results in moments of silence, as there are no words yet to say what it is. Therefore, Carl Rogers' reflection that Mr. Lin was exploring, "*What do I feel?" "What are these sensations I have?"*" testify that there was *something there*, a direct referent that Mr. Lin was sensing, of which he could not understand in concepts or words. He could not understand with words yet, what were those sensations he has had. In those moments of silent exploration, Mr. Lin had been *Focusing*. In other words, Rogers was not interrupting when clients focused.

I am in very much agreement to the conclusions of this study, particularly the conclusion that Carl Rogers was *truly experiential* in part because he attended to the felt meaning of the client's story. Perhaps it is possible to augment this conclusion with the instances of silence which characterized Carl Rogers' responses. Although it is not possible to say about all instances of silence during the sessions, some of the silent moments in Rogers' therapy may have resulted from Rogers' waiting, holding a space, while his clients were *Focusing*.

### **On the client's manner of experiencing**

Lietaer and Gundrum (201x) elucidated a general trend in Rogers' responses through the different phases of his career. I believe that the trend they describe are valid and reliable. However, if one were to look microscopically at Rogers' responses to particular clients, perhaps an even larger picture may come into view. The authors admit that there is a large variability among clients within each of the phases of Rogers' career. For example, they write that *in the La Jolla phase the T.U. (testing understandings) score of Gloria versus the T.U. score of Kathy is 56 vs 81%*. Since I tend to view therapist responses as relative to client experiencing, this comes to me as no surprise. It doesn't indicate that Rogers' style had changed between Gloria and Kathy. It indicates, at least as I assume, that Gloria and Kathy were different, they had different manners of experiencing, or EXP levels.

*The Experiencing Scale* (EXP Scale: Klein, M., Mathieu, P. and Kiesler, D. 1969; Klein, M., Mathieu-Coughlan, P. and Kiesler, D. 1986) is a scaled used to rate the client's *manner of*

*experiencing* from each of the client's statements. Independent raters judge the client's manner of experiencing. Studies on the EXP Scale began as a part of Rogers' project and Gendlin had played an important role in its development. Studies using the EXP Scale were highlighted in the development of Focusing, and the scale is frequently used in research in Focusing and the Emotion-Focused Approach. In an early study with the EXP Scale, Kiesler (1971) found that schizophrenic patients tended to score lower on the EXP Scale than neurotic patients. In the Wisconsin period, Rogers worked with schizophrenic patients whose manner of experiencing may have been different from clients from other phases of his career. Therefore, it seems natural that Rogers' responses during the Wisconsin period, differed from other periods. Lietaeer and Gundrum wrote:

*Typical also for his responses with the clients of the Wisconsin phase is the high percentage of the categories External information (4a), Question on factual aspects (6a) and Restatement of narrative aspects (8): together 20 % while only about 4 % in the two other post-Chicago phases.*

Although this is outside of the scope of Lietaeer and Gundrum's study, let us see what can be understood further about Rogers' responses when we consider the client's manner of experiencing. Miyake, Ikemi & Tamura (2008) developed a simplified 5-stage version of the EXP Scale, which I will summarize briefly below.

VERY LOW and LOW levels of experiencing describe the level of experiencing where a narrative is articulated with little or no reference to feeling. If a feeling is stated, that feeling is limited to being a reaction to an event.

MIDDLE level utilizes feelings to describe how the person is, what it feels like to be that person. Feelings at this level are not reactions to a particular event as in the LOW levels.

HIGH and VERY HIGH levels describe a level of experience where the client makes a hypothesis about a feeling, and VERY HIGH levels indicate the so-called *Ah-ha experience*, where new dimensions of experiencing unfold.

Let us now look at some of Rogers responses from Lietaeer and Gundrum (201x) in relation to EXP levels.

Mrs. Sar, T53: *Feel as though she [Mrs. Sar's daughter] just never gives up really in the intent to have it her way.*

From Rogers' response, it can be assumed that Mrs. Sar is speaking at a LOW or VERY LOW level of experiencing, as she seems to speak of her daughter and not herself. Rogers cannot reflect feelings, because there were, most probably, no expressed feelings to respond to. Rogers' chose a response classified as *Reformulation of Narrative Events*.

Vivian, [C: ... It's like I would like you to take over now and ask me lots of questions ... In fact, the fantasy was ... I would rather have volunteered for a hypnotist (laugh) than for you ...] T2: *It really does say something about the, the deep fear you have of initiating something entirely on your own.*

Client experiencing is at LOW level. There are no expressions of feeling. Thus, Rogers cannot reflect expressed feelings. He chooses to reflect underlying feelings. His response seems to be geared to MIDDLE level, since the *deep fear* he is referring to, is not limited to the immediate situation but refers to a general trend in Vivian for *initiating something entirely your own*. Rogers' response, intentionally or unknowingly, seems to invite Vivian to MIDDLE level, to explore if this *deep fear of initiating something entirely new* articulates what it feels like to be Vivian.

Peter-Ann, [C: ... You know, and I make my vows that if I do have a child I would be the best parent and all this good stuff, but (T: Mhm, mhm)... Which then ... (weeping)] T43: *That really touches you, that you just promise to do everything right ...*

The client is at LOW level. There seems to be some emotion as evident in the weeping, but this is not verbally expressed. There are no explicit expressions of feeling, hence Rogers cannot reflect expressed feelings. He reflects underlying feelings (*really touches you*) and makes it broad enough so that his response is not limited to having a child, but encompasses what it means to be Peter-Ann. Here again, his response seems to be geared at MIDDLE level.

The latter two instances in particular, seem to suggest that Rogers' responses are inviting clients' self-exploration at a higher level than where the client were. What would Rogers have done when the client was at MIDDLE or HIGH modes of experiencing? Perhaps because their paper is focused on Rogers' response styles, the statement of clients was frequently omitted. And perhaps it is for this reason, that I could not find examples of how Rogers would have responded when the client was at MIDDLE or HIGH levels of experiencing.

However, I wish to point out that levels of experiencing will affect the type of responses that any therapist would make. Therefore, a detailed study of experiencing levels within the interactions between the clients and Rogers would, I believe, shed further light on the characteristics of Carl Rogers' therapy responses. I realize however, that such an idea is much more easily said than done. I am at awe when I think of the amount of work Germain Lietaer and Monica Gundrum and the staff at the University of Leuven already put into this study, and hence I wish once again, to applaud this marvelous study.

## REFERENCES

- Gendlin, E.T. (1964). A theory of personality change. In P. Worchel & D. Byrne (eds.), *Personality change*, pp. 100-148. New York: John Wiley & Sons.
- Gendlin, E.T. (1997). *Experiencing and the Creation of Meaning*. Evanston, Northwestern University Press.
- Gendlin, E.T. (1981/2007) *Focusing*, New York Bantam Book. Revised 2007.
- Gendlin, E.T. (1996). *Focusing-Oriented Psychotherapy*, New York, Guilford Press.
- Ikemi, A. (2005). Carl Rogers and Eugene Gendlin on the Bodily Felt Sense: What they share and where they differ. *Person-Centered and Experiential Psychotherapy* 4:1, 32-42, DOI: [10.1080/14779757.2005.9688366](https://doi.org/10.1080/14779757.2005.9688366)
- Ikemi, A. (2014). A Theory of Focusing-Oriented Therapy: In *Theory and Practice of Focusing-Oriented Psychotherapy: Beyond the Talking Cure*. Ed. G. Madison, London, Jessica Kingsley Publishers, pp.22-35.
- Ikemi, A. (2017) The radical impact of experiencing on psychotherapy theory: an examination of two kinds of crossings, *Person-Centered & Experiential Psychotherapies*, 16:2, 159-172, DOI: [10.1080/14779757.2017.1323668](https://doi.org/10.1080/14779757.2017.1323668)
- Kiesler, D. J. (1971). Patient experiencing and successful outcome in individual psychotherapy of schizophrenics and psychoneurotics. *Journal of Consulting and Clinical Psychology*, 37(3), 370-385. <http://dx.doi.org/10.1037/h0031963>
- Klein, M., Mathieu, P. and Kiesler, D. (1969): *The Experiencing Scale: A Research and Training Manual Volume 1*. Madison, Wisconsin Psychiatric Institute.
- Klein, M., Mathieu-Coughlan, P. & Kiesler, D. (1986): The experiencing scales. In Greenberg, L. & Pinsof, W. (Eds.) *The Psychotherapeutic Process: A Research Handbook*. New York, Guilford Press, pp.21-71.

- Lietaer, G. & Gundrum, M. (201x). His master's voice: Carl Rogers' verbal response modes in therapy and demonstration sessions throughout his career: A quantitative analysis and some qualitative-clinical comments. *Person-Centered and Experiential Psychotherapies*
- Miyake, M. Ikemi, A., Tamura, R. (2008). A Five Stage Experiencing Scale: A Rating Manual, *Japanese Journal of Humanistic Psychology* 25(2):115-127 [In Japanese]
- Rogers, C.R. (1975): Empathic: An Unappreciated Way of Being, *The Counseling Psychologist* 5: 2-10.
- Rogers, C.R. (1989). Reflection of Feelings and Transference, in Kirschenbaum, H. & Henderson, V.L. (Eds.) *The Carl Rogers Reader*, New York, Houghton Mifflin Company, pp.127-134.