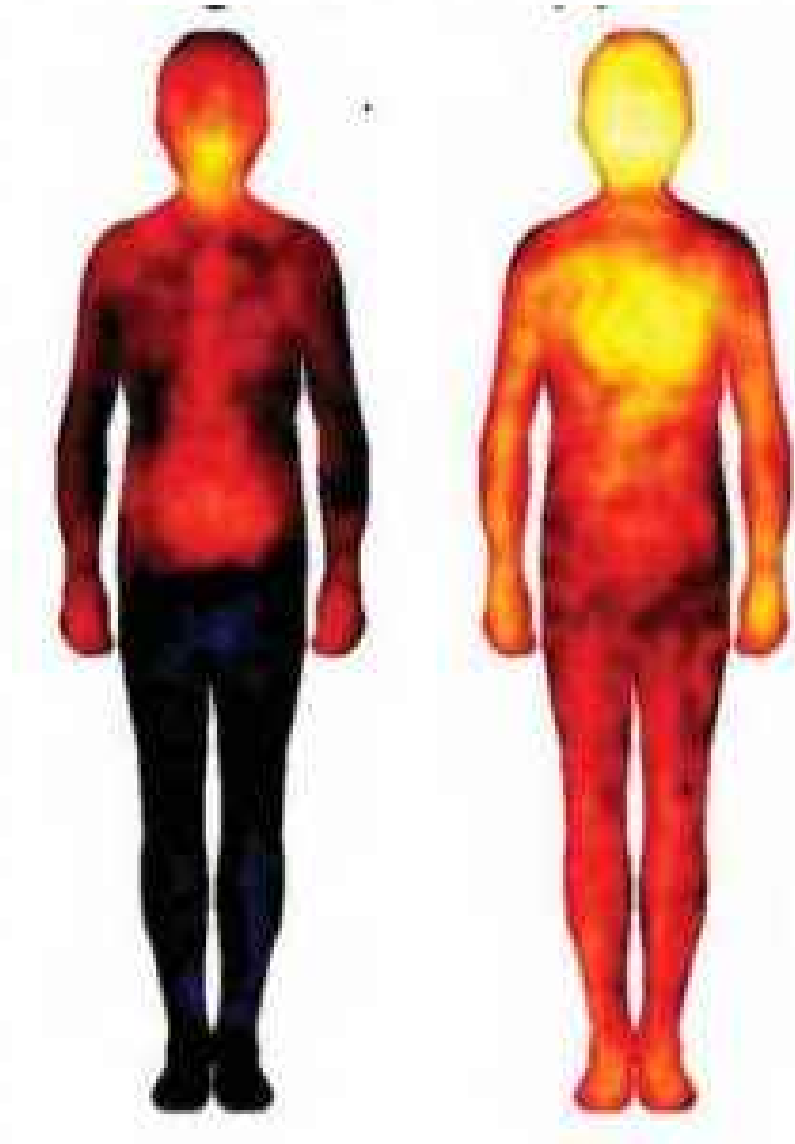


# FOKUSERING

Institut for  
Emotionsfokuseret Terapi

8. februar 2018

Niels Bagge  
Autoriseret Psykolog,  
Specialist og supervisor i psykoterapi



# PROGRAM

- 1) Fokusering + emne • 10.00 – 11.00
- 2) Video: IRF m. AWC • 11.00 – 12.30
- 3) Fokusering • 13.30 – 14.00
- 4) Focusing Manual • 14.00 – 14.30
- 5) Video: Gendlin • 14.30 – 15.30
- 6) Fokusering • 15.30 – 16.00
- 7) NB oplæg  
fokusering

# PROGRAM

- 1) Fokusering
  - Klassisk fokusering
- 2) Eugene Gendlin
  - Inner Relationship Focusing
- 3) Udbredelse og indflydelse
  - Fokuseringsorienteret terapi
- 4) Udvikling
  - Fokusering integreret i EFT
- 5) Fokuseringsformer
- 6) Forskning
- 7) Spørgsmål

**FOCUSING** is a body-oriented process of self-awareness and emotional healing, in which we learn to become aware of the subtle level of knowing that speaks to us through the body.



Ann Weiser-Cornell, 2004



# Fokusering

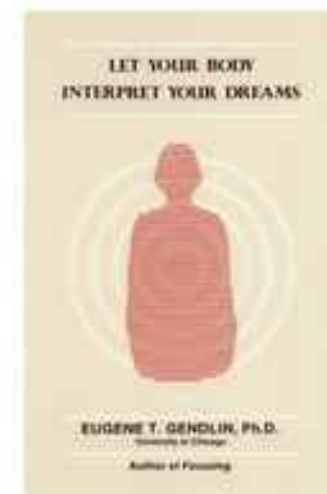
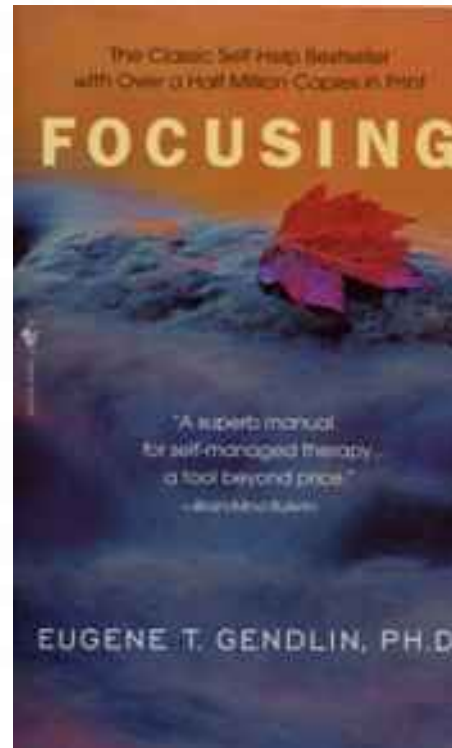
Fokusering er en proces, der gennem opmærksomhed på den kropslig følte fornemmelse som samtidig symboliseres mentalt i ord eller billeder, og afstemmes med hinanden, transformerer den følte fornemmelse til følte følelser med tilhørende meninger

# Eugene Gendlin

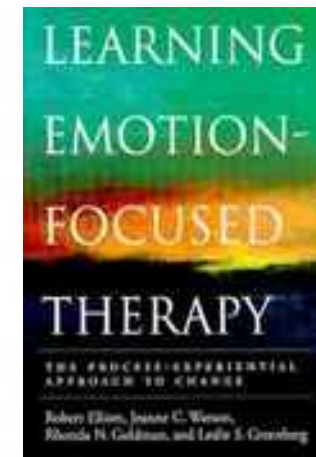
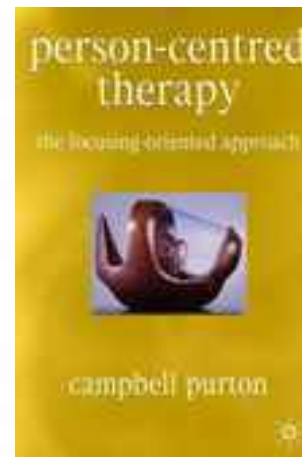
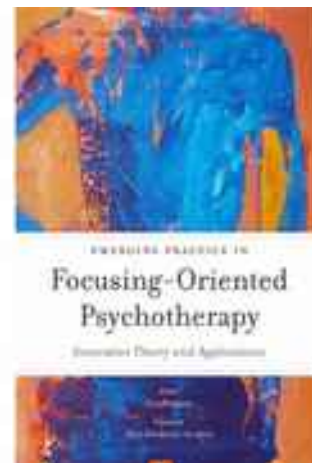
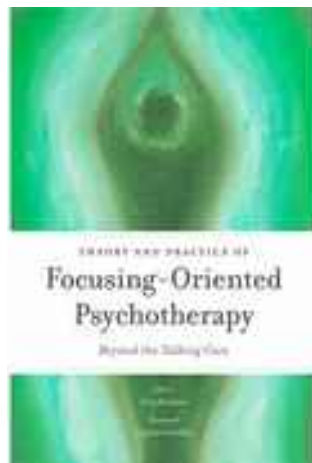
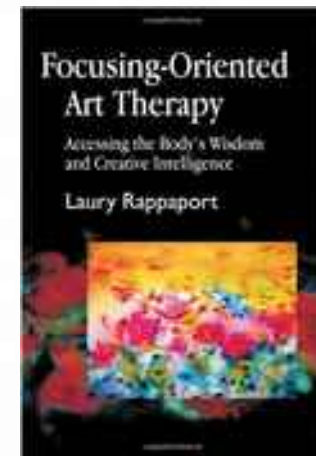
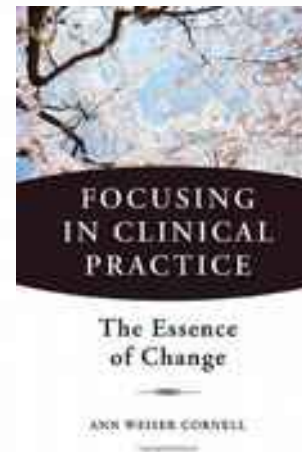
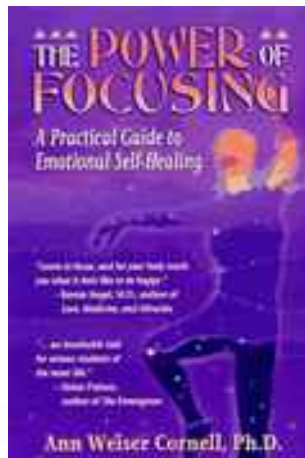
- 1926 - 2017
- Filosof, psykoterapeut
- University of Chicago elev af Carl Rogers
- Fokusering og TAE
- Psykoterapiforskning
- Philosophy of the implicit, felt sense
- Bøger, artikler, film
- Priser APA, WAPEPC



# Bøger af Gendlin

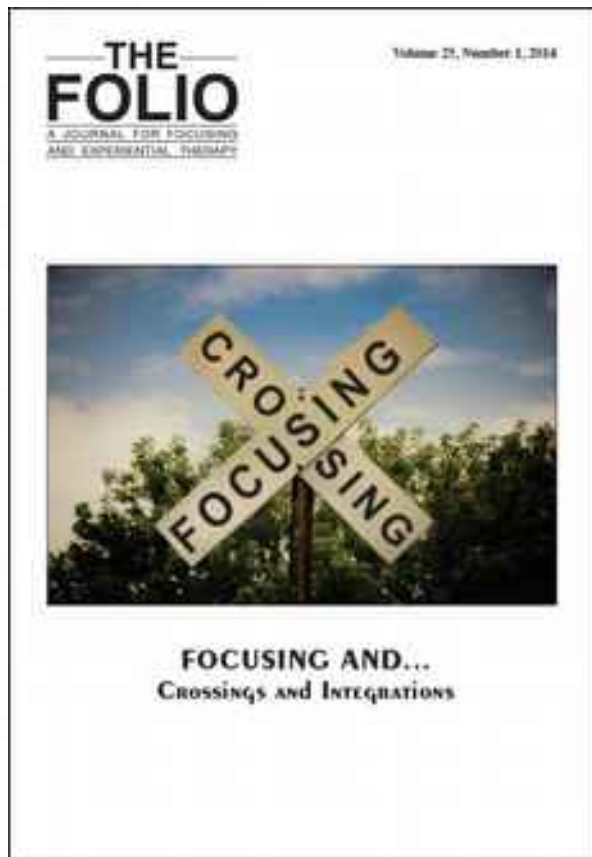


# Bøger om fokusering





# Tidsskrifter med fokusering



# Ressourcer

- [www.focusing.org](http://www.focusing.org)
- [www.focusingresources.com](http://www.focusingresources.com)
- [www.focusing.org.uk](http://www.focusing.org.uk)
- [www.focusingtherapy.org](http://www.focusingtherapy.org)
- [www.focusing-center.com](http://www.focusing-center.com)
- [www.ieft.dk](http://www.ieft.dk)
- [www.focusing.dk](http://www.focusing.dk)
  
- [www.experiential-researchers.org](http://www.experiential-researchers.org)



Focusing-Oriented  
Psychotherapy



# Hvordan bruges fokusering?

- Selvhjælp - kurser i fokusering
- Individuelt
- Med partner
- Grupper - "Treasure Map to the Soul"
- Integreret i terapi
  - Fokuserings-orienteret terapi
  - Emotionsfokuseret Terapi (EFT)
  - Andre psykoterapier

# Former for fokusering

- Klassisk Fokusering
- Inner Relationship Focusing
- Whole Body Focusing
- Bio-Spiritual Focusing
- Focusing-Oriented Therapy
- Integreret i psykoterapi, f.eks. EFT, PCT

# Fokuering har influeret

- Somatic experience (Peter Levine)
- Hakomi Method (Ron Kurtz)
- Sensomotor Therapy (Pat Ogden)
- Emotion Focused Therapy (Greenberg)
- Person Centred Therapy (Cain, Sachse)
- ??

# Udvikling af fokusering

- Opdaget i 1960'erne af Professor Eugene Gendlin
- "Hvorfor hjælper psykoterapi nogle, men ikke andre?"
- Videoptagelse af 100-vis af psykoterapier
- Undersøgt ved at spørge klienter og terapeuter om udbyttet af terapi, samt psykologisk teste klienter
- Sammenligning af succesfuld og fejlslagen terapi

# Resultat af Gendlins undersøgelse

- Ingen forskel i terapeut adfærd ved succesfuld og fejlslagen terapi
- Tydelig forskel mellem klienter i succesfuld og fejlslagen terapi
- Forskellen kunne identificeres inden for 1-2 samtaler i måden klienterne talte på.

# Hvad gør succesfulde klienter?

På et eller andet tidspunkt i samtalen bliver succesfulde klienters tale *langsommere*, den bliver *mindre tydelige* og de begynder at *lede efter ord* til at beskrive, hvad de føler i det øjeblik



# Hvordan lyder det?

”Hmm. Hvordan vil jeg beskrive det?  
Det er lige her. Det er ... uh ... det er  
.... det er ikke helt vrede ..hmm”

”Det er lige her i brystet”

”Jeg har den her underlige  
fornemmelse i maven”

# Karakteristik af følte fornemmelse

1. En følt fornemmelse formes i grænseområdet mellem bevidstheden og det ubevidste
2. En følt fornemmelse har først en uklar kvalitet
3. En følt fornemmelse opleves kropsligt
4. En følt fornemmelse opleves som et hele, et enkelt datum med en indre kompleksitet
5. Den følte fornemmelse bevæger sig i trin; den FF skifter karakter for hvert trin
6. Et trin bringer en nærmere til det selv
7. Proces-trinnene bevæger sig i retning af vækst
8. Teoretisk forklaring af trin kan kun gives retrospektivt



# Klassisk Fokusering

# Fokusering trin

1. At skabe en afstand (clearing a space)
2. Følte fornemmelse (felt sense)
3. Nøgleord (handle)
4. Afstemme (resonating)
5. Spørge (asking)
6. Tage imod (recieving)

(Gendlin, 1978)



# 1. Clear a space

How are you? What's between you and feeling fine?

Don't answer; let what comes in your body do the answering.

Don't go into anything.

Greet each concern that comes.

Put each aside for a while, next to you.

Except for that, are you fine?

## 2. Felt Sense

Pick one problem to focus on.

Don't go into the problem.

What do you sense in your body when you sense the whole of that problem?

Sense all of that, the sense of the whole thing, the murky discomfort or the unclear body-sense of it.

### 3. Get a handle

What is the quality of the felt sense?

What one word, phrase, or image comes out  
of this felt sense?

What quality-word would fit it best?

## 4. Resonate

Go back and forth between word (or image)  
and the felt sense. Is that right?

If they match,

have the sensation of matching several times.

If the felt sense changes, follow it with your attention.

When you get a perfect match, the words (images)  
being just right for this feeling,

let yourself feel that for a minute.



## 5. Ask

"What is it, about the whole problem,  
that makes me so \_\_\_\_\_?"

When stuck, ask questions:

What is the worst of this feeling?

What's really so bad about this?

What does it need?

What should happen?

Don't answer; wait for the feeling to stir  
and give you an answer.

What would it feel like if it was all OK?

Let the body answer

What is in the way of that?

## 6. Receive

Welcome what came. Be glad it spoke.  
It is only one step on this problem, not the  
last.

Now that you know where it is, you can leave  
it and come back to it later.

Protect it from critical voices that interrupt.

Does your body want another round of  
focusing, or is this a good stopping place?

Eugene Gendlin, Ph.D., 2003



# Inner Relationship Focusing

# Inner Relationship Focusing

- Ann Weiser-Cornell
- Nyere udvikling af fokusering
- Relation med alle dele af sig selv  
selv, smertefulde, kritiske
- Tilstedeværelse/nærvær (presence)  
venlig, nysgerig, ikke-dømmende indstilling
- Radikal accept af alle dele og oplevelser
- Presence Language
- Fokuserings partnere



# IRF vs. klassisk fokusering

- Mere flydende process
- Ingen "clearing a space", men mental scan
- Ikke "spørge", men tillade dele at udtrykke sig
- Længere tid til at "resonere", dvs. lytte, sanse være sammen med dele der viser sig
- Radikal accept, ikke ekskludere "kritikker"
- "Self-in-Presence", nænsom lytten i balance til alt der dukker op i fokuseringsprocessen
- "Presence language", arbejdsdistance

# Presence Language

1) Jeg er .....

2) Noget i mig er .....

3) Jeg oplever, at noget i mig er .....

# FOCUSER

“I’m bringing my awareness to my body.  
I’m sensing my hands, what they’re touching, how that feels.  
I’m sensing my legs and my feet.  
I’m sensing my body’s contact on what I’m sitting on, and resting into that support.  
I’m bringing awareness inward, into throat, chest, stomach, and Below...”

“I’m sensing what’s wanting my awareness now.”  
“I’m sensing **something in me** that feels [emotion word]”

*OR if there is not emotion, then*  
“I’m sensing [describe what you are sensing].”  
“I’m sensing if it wants a Hello.”

OR  
“I’m describing what it feels like.”  
[if more than one “something” comes, these phrases can be Repeated]

[At the ending:] “I’m thanking my body and my body’s process.”

# COMPANION

**(1) Are you sitting comfortably?”**  
**In person: “How is this distance between us?”**  
**By phone: “Can you hear me OK?”**  
**(2) “How many minutes signal would you like?”**  
**Now only in silence...**

bring your awareness into your own body as you keep your gentle attention with the Focuser with soft eyes/ears and calm patience, interested, holding a space for whatever is there.

It’s ok to make little murmuring sounds if it feels right, but NOT to be helpful (in other words, not coming from a place of trying to help the Focuser).

**“We have about \_\_\_\_ more minutes.”**

*Don’t try to DO anything – practice not being helpful.*  
*Remember, you are not responsible for the Focuser’s session.*

# Fokuserings-Orienteret Terapi



# Fokuserings session

- Start
  - Intuning
  - Clearing a space
- Facilitere en nænsom holdning
- Facilitere den indre relation
- Facilitere handlinger skridt (i livet)

Ann Weiser Cornell, 1996

# Hvad du kan gøre som terapeut

# Klientens fokus på sig selv

- ”Og hvordan føler *du* ved det ?”
- ”Hvordan var det for *dig*?”
- ”Hvad var *din* reaktion på det?”
- ”Jeg forestiller mig du må være virkelig ked af det”
- Klienten taler om andre, fra et ydre perspektiv
- Klienten guides til fokus på sig selv og emotioner
- Empatiske gisning kan bruges

Ann Weiser Cornell, 1996

# Følelser her og nu

- ”Hvordan føles det *lige nu* ?”
- ”Og lige nu har du det ... hvordan?”
- ”Jeg forestiller mig du må føle dig skuffet og nedtrykt lige nu”
- Klienten taler om sig selv med abstrakt eller temporal distance
- Klienten guides til fokus egne følelser her og nu
- Empatiske gisning kan bruges

# Kontakt med kroppen

- "Hvordan mærker du det i kroppen?"
- "Brug et øjeblik til lige at mærke, hvordan det føles i kroppen?"
- "Giv dig tid til at mærke den fornemmelse i maven"
- Klienten har ikke kontakt med fornemmelsen i kroppen
- Klienten guides til fokus på kroppen
- Kropsfornemmelse understøttes

Ann Weiser Cornell, 1996

# Lytte empatisk

- "Du føler dig bange lige nu?"
- ".. en fornemmelse af tyngde og mørke .."
- ".. er en følelse af "arrgh" .." (tp viser med krop også)
- Klienten beskriver følelser, kropsfølelser mm.
- Kl's indre oplevelse spejles empatisk bl.a. ord for ord
- Spejlinger styrker kl's kontakt med indre oplevelser

Ann Weiser Cornell, 1996

# Lytte efter "kanten" af oplevelse

- "Du kan måske blive ved den følelse, der er svær at beskrive"
- "Du tænker det må være "angst", når du mærker en fornemmelse af "et eller andet". Kan du blive ved den fornemmelse af "et eller andet"?"
- Klienten møder uklar fornemmelse på "kanten" af bevidstheden, som klienten kategoriserer for tidligt
- Klienten guides til at holde fokus på uklar fornemmelse

# God tid og langsom tempo

- ”Giv dig tid til at mærke hvordan det føles”
- ”Brug et minuts tid til bare at mærke den fornemmelse”
- ”Kan du sætte tempoet ned og bare et øjeblik mærke det?”
- Klienten taler hurtigt eller springer i emner
- Klienten guides til at give sig tid og sætte tempo ned

Niels Bagge, 2010



# Accepter klientens "Nej"

- Kl: "jeg føler mig sådan .... fanget"
- Tp: "Det lyder som du føler dig hjælpesløs"
- Kl: "Ja, det tror jeg"
- Tp: "Du kunne mærke efter i kroppen om *hjælpesløs* er rigtigt eller *fandet* føles bedre"
- Kl: "..ingen af delene... hm ... det er mere som.."
- Klienten er ved at finde de rette ord for sin oplevelse
- Klienten afviser din formulering
- Byd "nej" et velkommen og læg op til at dine formuleringer kan afvises

# Når klienten ikke føler nok

- Tp: "Hvordan føles det i kroppen?"
- Kl: "Det ved jeg ikke"
- Kl: "Jeg kan ikke mærke noget"
- Klienten føler ikke noget
- Klienten er uerfareren med fokusering
- Guide til fornemmelse i krop, body-scan, mærk forskelle, check positive følelser

# Når klienten føler for meget

- "jeg er meget vred"
- "*noget* i mig er meget vred"
- "*jeg* oplever at *noget* i mig er meget *vred*"
- Klienten er overvældet af stærke følelser
- Tp kan guide til dis-identifikation i formuleringer

# Fokuering integreret i EmotionsFokuseret Terapi

**EmotionsFokuseret Terapi er en empirisk valideret, emotions-fokuseret, humanistisk psykoterapi, som integrerer personcentreret, gestalt- og oplevelsesorienterede terapier, men fornyer dem med tidssvarende psykologisk tænkning/teori, og bygger på 40 års psykoterapiforskning**

(Elliot, Watson. Goldman & Greenberg, 2004)

# EMOTIONSFOKUSERET TERAPI (EFT)



- 1. NEOHUMANISTISK PERSPEKTIV**
- 2. EMOTIONSTEORI**
- 3. PERSONCENTERET RELATIONEL OG  
PROCESGUIDET OPLEVELSESORIENTERET**
- 4. EMPATISK UDFORSKENDE SAMARBEJDE**
- 5. MARKØRGUIDET OPGAVESTRATEGI**
- 6. FORSKNING**

# 3. Behandlingsprincipper i EFT

- **Relationelle principper**
  - Empatisk afstemning
  - Terapeutisk bånd (empati, accept, nærvær)
  - Opgavesamarbejde og enighed om mål
- **Opgave principper**
  - Oplevelsesmæssig proces (indgå i tp opgave)
  - Opgave fokus og fuldendelse
  - Selvudvikling

# 4. Empatisk udforskende samarbejde

- Undersøger sammen kl. oplevelse øjeblik-til-øjeblik, hvor den er mest vedkommende og levende for kl.
- Empatiske spejlinger, empatiske gisninger, empatiske spørgsmål, fremmanende, validerende eller refokuserende respons
- Fokuserer opmærksomheden indad, mod følelser, kroppen og oplevelse her og nu
- Afstemmer sig løbende empatisk med kl.



# 5. Markørguidede opgavestrategi

Dysfunktionelle  
emotionelle  
processer



Procesmarkør

Adfærd eller udsagn  
i session fra øjeblik  
til øjeblik

Terapeutisk opgave

Guidet emotionel  
forandringsproces



- Identifikation
- Fordybelse
- Løsning

# EFT terapeutiske opgaver

## TASK RESOLUTION

1. Marker and initiation
2. Evoking and entering
3. Deepening
4. Partial resolution
5. Restructuring
6. Carrying forward

### EMPATHY-BASED TASKS

- Empathic exploration
- Empathic affirmation

### RELATIONAL TASKS

- Therapeutic alliance formation
- Alliance dialogue

### EXPERIENCING TASKS

- Clearing a space
- Experiential focusing
- Allowing and expressing emotion

### REPROCESSING TASKS

- Trauma retelling
- Meaning protest
- Systematic Evocative Unfolding

### ENACTMENT TASKS

- Two-chair dialogue
- Two-chair work
- Empty-chair work

# Fokuserings opgaver i EFT

| <b>Markør</b>                 | <b>Intervention</b>                 | <b>Sluttilstand</b>                    |
|-------------------------------|-------------------------------------|--|
| Overvældelse                  | Skabe afstand<br>(Clearing a Space) | Rumme oplevelse                        |
| Uklar følelse/<br>fornemmelse | Fokusering                          | Tydelig følelse,<br>kontakt m følelser |

# Fokusering

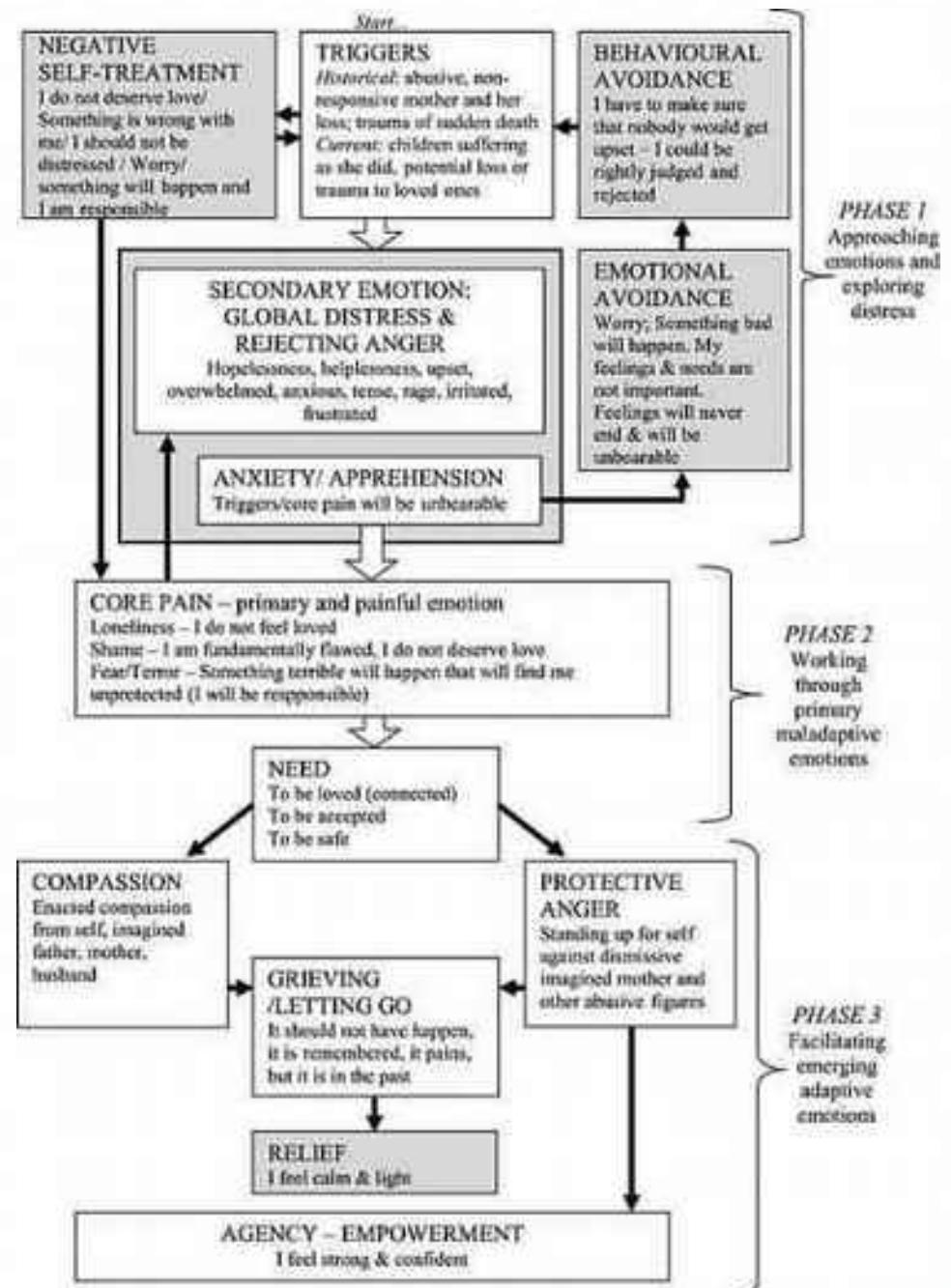
| Trin i Fokusering  | Terapeut respons  |
|--|---|
| <b>1. Markør:</b> Uklar følelse. Kl. er vag, fastlåst, blank, generel eller extern rettet                          | Identificerer og spejler markør til klient. Foreslår opgave   |
| <b>2. Opmærksom på uklar følelse, inkl. hele følte fornemmelse</b> (felt sense)                                    | Opmuntre til fokuserings attitude. Opmuntre kl. til at vende opm. indad til det problematiske og uklare. Opmuntre til modtagende afvente og opm. på hele følelsen                   |
| <b>3. Afsøge og checke mulige beskrivelser</b> (betegnelse eller symbolsk repræsentation) <b>uden følelseskift</b> | Spørg kl. om ord el. billeder for uklar følelse<br>Spejl præcist klient, undgå fortolkning.<br>Opmuntre kl. til at sammenligne betegnelse med uklar følelse indtil de passer sammen |
| <b>4. Følelseskift (delvis opløsning)</b>  | Stil udforskende spørgsmål (hvad? Andet? Kernefølelser? Handletendens?)   |
| <b>5. Modtage.</b> Kl. værdsætter og konsolidere følelseskift  | Opmuntre kl. til at blive ved ny følelse. Hjælp kl. m. at holde kritik og modsatrettede følelser væk  |
| <b>6. Realisere forandring</b> uden for terapien eller i ny terapeutisk opg. I terapien.                           | Lytte efter og facilitere realisering, når det er passende  |

# Clearing a Space

| Trin i Clearing a Space   | Terapeut respons  |
|---|---|
| <b>1. Markør:</b> Opmærksomheds fokus<br>besvær: Overvældet, blank, fastlåst  | Identificerer og spejler markør til klient.<br>Foreslår opgave  |
| <b>2. Opmærksom på indre problem område (space)</b>   | Inviterer klienten til at vende opmærksomhed indad (fokusering)   |
| <b>3. Opremse bekymring og problematisk oplevelse</b>   | Spørg klient om at være opmærksom på ting der "afholder dig fra at have det godt",<br>Spørg "er der mere  |
| <b>4. Sætte bekymringer og problemer til side.</b> Kl kan skabe emotionel afstand og finde mest vigtige problem at arbejde med                    | Bed klient om at forestille sig at sætte bekymring til side. Foreslå beholder forestillinger. Faciliter forhandling om bekymring. Lær oplevm. arbejdsdistance |
| <b>5. Værdsæt ryddet indre rum.</b> Klient nyder lettelse og mærker trygt frit indre rum  | Foreslå klient at blive med og udforsk følt fornemmelse af indre rum  |
| <b>6. Generaliser det ryddede indre rum.</b> Kl. udvikler værdsættelse af behov for, værdi af og mulighed for ryddet og trygt indre rum i sit liv | Udforsk værdien og mulighed af ryddet og trygt indre rum i klientens liv for at hjælpe ham eller hende med overvældende følelser.                             |

# FASER I TERAPI

## dynamik ved emotionel smerte



Ladislav Timulak (2015):  
*Transforming Emotional Pain In Psychotherapy.*  
London: Routledge

# Forskning

# The Experiencing Scale

**Stage One:** The content is not about the speaker. The speaker tells a story, describes other people or events in which he or she is not involved or presents a generalized or detached account of ideas.

**Stage Two:** Either the speaker is the central character in the narrative or his or her interest is clear. Comments and reactions serve to get the story across but do not refer to the speaker's feelings.

**Stage Three:** The content is a narrative about the speaker in external or behavioral terms with added comments on feelings or private experiences. These remarks are limited to the situations described, giving the narrative a personal touch without describing the speaker more generally.

**Stage Four:** Feelings or the experience of events, rather than the events themselves, are the subject of the discourse. The client tries to attend to and hold onto the direct inner reference of experiencing and make it the basic datum of communications.

**Stage Five:** The content is a purposeful exploration of the speaker's feelings and experiencing. The speaker must pose or define a problem or proposition about self explicitly in terms of feelings. And must explore or work with the problem in a personal way. The client now can focus on the vague, implicitly meaningful aspects of experiencing and struggle to elaborate it.

**Stage Six:** The subject matter concerns the speaker's present, emergent experience. A sense of active, immediate involvement in an experientially anchored issue is conveyed with evidence of its resolution or acceptance. The feelings themselves change or shift.

**Stage Seven:** Experiencing at stage seven is expansive, unfolding. The speaker readily uses a fresh way of knowing the self to expand experiencing further. The experiential perspective is now a trusted and reliable source of self-awareness and is steadily carried forward and employed as the primary referent for thought and action.



# The Experiencing Scale

- 1.) the client simply talks about events, ideas or others
- 2.) refers to self but without expressing emotions.
- 3.) expresses emotions but only as they relate to external circumstances.
- 4.) the client focuses directly on emotions and thoughts about self
- 5.) engages in an exploration of his or her inner experience
- 6.) gains awareness of previously implicit feelings & meanings
- 7.) on-going process of in-depth self-understanding, which provides new perspectives to solve significant problems

| Stage | Content   | Treatment   |
|-------|---|---|
| 1     | External events; refusal to participate.  | Impersonal, detached.   |
| 2     | External events; behavioral or intellectual self-description.   | Interested, personal, self-participation.                           |
| 3     | Personal reactions to external events; limited self-descriptions; behavioral descriptions of feelings.        | Reactive, emotionally involved.                                     |
| 4     | Descriptions of feelings and personal experiences. FELT SENSE   | Self-descriptive; associative.                                      |
| 5     | Problems or propositions about feelings and personal experiences.   | Exploratory, elaborative, hypothetical.                             |
| 6     | Synthesis of readily accessible feelings and experiences to resolve personally significant issues. FELT SHIFT | Feelings vividly expressed, integrative, conclusive or affirmative. |
| 7     | Full, easy presentation of experiencing; all elements confidently integrated.                                 | Expansive, illuminating, confident, buoyant.                        |

# Forskning i fokusering

Marion N. Hendricks, 2001, oversigt

Robert Elliott m.fl., 2013, oversigt

Watson & Bedard, 2006, komparativ studie

Antonio Pascual-Leone, 2016, meta-analyse

# Forskning i fokusering

89 studier undersøgt :

- 1) EXP level → psykoterapi udbytte
- 2) Focusing → psykoterapi udbytte
- 3) Kan lav-EXP klienter lære at fokusere?

# Forskning i fokusering

## 1) EXP level → psykoterapi udbytte

29 studier positiv, 1 negativ

Gns., tidlig, midt, sidst, øget EXP → positivt udbytte

Temarelateret EXP sidst i terapi → højt udbytte

## 2) Focusing → psykoterapi udbytte

23 studier positivt (ikke EXP scale).

fx. Fokusering i 75 % af pos session, 33 % af neg session

Udbytte for: Fanger, psykotiske, ældre, sundhedsproblem

Ens udbytte: Adfærds tp, stress management, gestalt

## 3) Kan lav-EXP klienter lære at fokusere?

39 studier: Fokusering og EXP-level kan øges ved træning

# Elliott m.fl. review af HEP

- **Depth of experiencing and outcome**

- EXP – Outcome related consistently (Elliott, 2004; Purton,2004)
- Increased EXP from early to late therapy predicted outcome stronger than alliance (Goldman, Greenberg & Pos, 2005)
- Good outcome clients engage in EXP more than poor outcome clients across different therapy approaches (Watson &Bedard,2006)

- **Depth of experiencing, emotional expression and processing, and outcome**

- High emotional arousal in mid therapy → better outcome; EXP in late therapy - > better outcome; Combination of EXP and HMA = best predictor of good outcome (Warwar,2003)
- EXP in emotional episodes late in therapy → Outcome (Pos, 2003)
- Depth of experiential self-exploration mentioned by clients as helpful in 20 – 40% descriptions (Vanaerschot, Lietaer, 2007,2010)

Elliott, R., Watson, J., Greenberg, L.S., Timulak, L., & Freire, E. (2013).

Research on humanistic-experiential psychotherapies.

In M.J. Lambert (Ed.), *Bergin & Garfield's Handbook of psychotherapy and behavior change (6th ed.)*

(pp. 495-538). New York: Wiley.

Table 1  
*Means (and Standard Deviations) of the Modal EXP Ratings  
 Across Therapy Stage, Outcome, and Therapeutic Modality*

| Therapy Group           | Therapy Stage |               |               |
|-------------------------|---------------|---------------|---------------|
|                         | Early         | Mid           | Late          |
| <b>PET</b>              |               |               |               |
| Total                   | 2.66 (0.40)** | 3.04 (0.42)** | 2.92 (0.69)** |
| Good outcome            | 2.83 (0.49)** | 3.10 (0.42)** | 2.96 (0.70)** |
| Poor outcome            | 2.49 (0.21)** | 2.97 (0.42)** | 2.88 (0.71)** |
| <b>CBT</b>              |               |               |               |
| Total                   | 2.33 (0.21)** | 2.73 (0.46)** | 2.62 (0.48)** |
| Good outcome            | 2.38 (0.23)** | 2.88 (0.51)** | 2.79 (0.50)** |
| Poor outcome            | 2.27 (0.19)** | 2.59 (0.38)** | 2.46 (0.42)** |
| <b>Combined therapy</b> |               |               |               |
| Good outcome            | 2.60 (0.44)*  | 2.99 (0.47)*  | 2.87 (0.60)*  |
| Poor outcome            | 2.38 (0.23)*  | 2.78 (0.44)*  | 2.67 (0.60)*  |

*Note.* EXP = Experiencing Scale, PET = process-experiential therapy, CBT = cognitive behavioral therapy.

\*  $p < .05$ . \*\*  $p < .001$ .

Jeanne Watson & Danielle Bedard (2006) "Clients' Emotional Processing in Psychotherapy: A Comparison Between Cognitive-Behavioral and Process-Experiential Therapies". *Journal of Consulting and Clinical Psychology* Vol. 74, No. 1, 152–159

Table 2  
*Means (and Standard Deviations) of the Peak EXP Ratings  
 Across Therapy Stage, Outcome, and Therapeutic Modality*

| Therapy Group           | Therapy Stage |               |               |
|-------------------------|---------------|---------------|---------------|
|                         | Early         | Mid           | Late          |
| <b>PET</b>              |               |               |               |
| Total                   | 2.66 (0.40)** | 3.05 (0.42)** | 2.96 (0.69)** |
| Good outcome            | 2.84 (0.47)** | 3.12 (0.41)** | 3.02 (0.71)** |
| Poor outcome            | 2.50 (0.21)** | 2.98 (0.44)** | 2.89 (0.70)** |
| <b>CBT</b>              |               |               |               |
| Total                   | 2.35 (0.21)** | 2.78 (0.48)** | 2.65 (0.49)** |
| Good outcome            | 2.38 (0.23)** | 2.93 (0.53)** | 2.81 (0.51)** |
| Poor outcome            | 2.32 (0.20)** | 2.63 (0.40)** | 2.50 (0.43)** |
| <b>Combined therapy</b> |               |               |               |
| Good outcome            | 2.61 (0.43)*  | 3.02 (0.47)*  | 2.92 (0.61)*  |
| Poor outcome            | 2.41 (0.22)*  | 2.81 (0.45)*  | 2.69 (0.60)*  |

*Note.* EXP = Experiencing Scale, PET = process-experiential therapy, CBT = cognitive behavioral therapy.

\*  $p < .05$ . \*\*  $p < 0.001$ .

Jeanne Watson & Danielle Bedard (2006) "Clients' Emotional Processing in Psychotherapy: A Comparison Between Cognitive-Behavioral and Process-Experiential Therapies". *Journal of Consulting and Clinical Psychology* Vol. 74, No. 1, 152–159



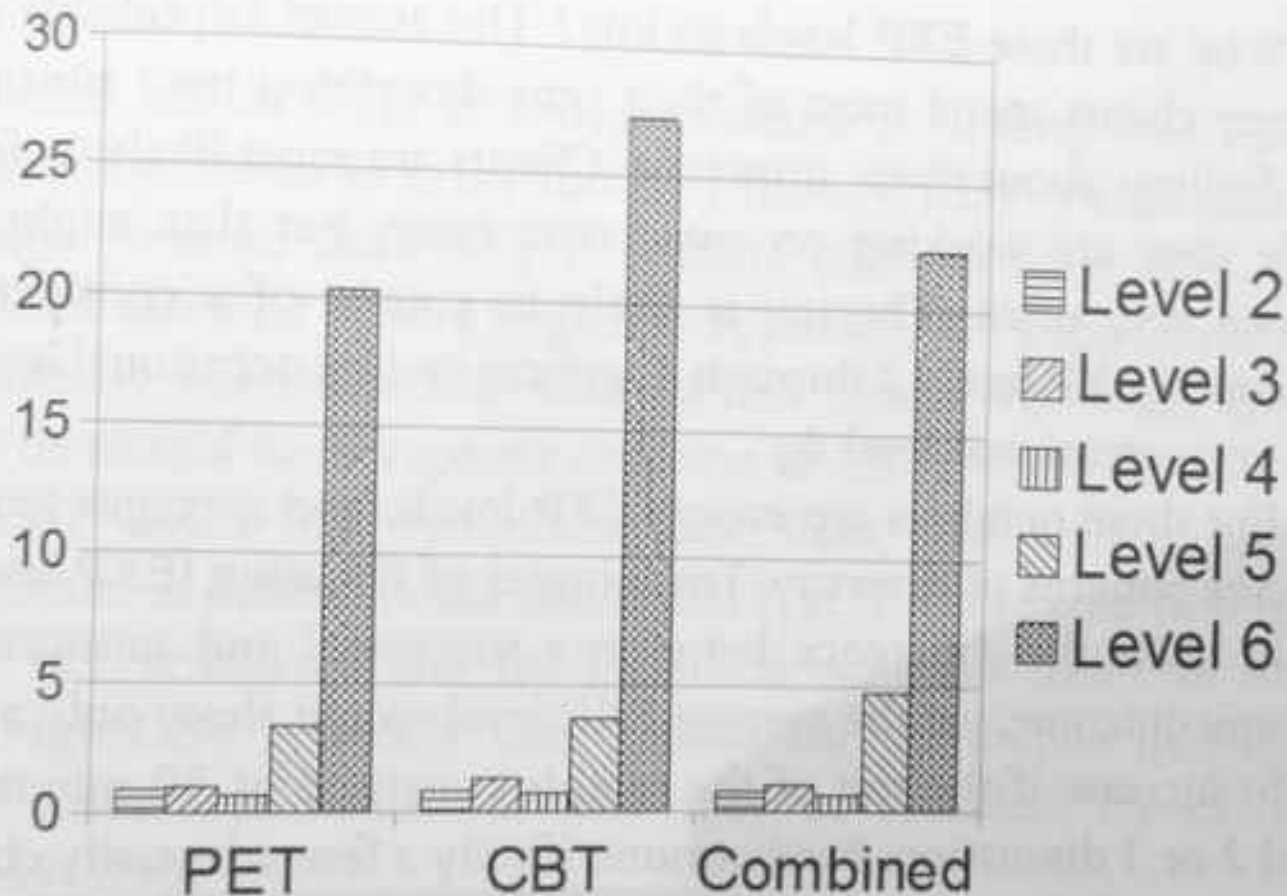
Table 3

*Means and Standard Deviations of the Percentages of Modal EXP Ratings*

| Group            | Level 2  |           | Level 3  |           | Level 4  |           | Level 5  |           | Level 6  |           |
|------------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|
|                  | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| PET              |          |           |          |           |          |           |          |           |          |           |
| Total            | 40.75    | 15.05     | 41.42    | 9.37      | 9.77     | 8.61      | 5.93     | 7.53      | 2.13     | 4.36      |
| Good outcome     | 37.98    | 18.05     | 41.10    | 9.19      | 7.75     | 10.73     | 9.13     | 7.07      | 4.05     | 5.60      |
| Poor outcome     | 43.53    | 11.65     | 41.75    | 10.04     | 11.80    | 5.68      | 2.73     | 6.84      | 0.20     | 0.64      |
| CBT              |          |           |          |           |          |           |          |           |          |           |
| Total            | 58.80    | 16.21     | 32.66    | 11.81     | 5.59     | 4.91      | 1.82     | 3.31      | 1.13     | 3.90      |
| Good outcome     | 52.60    | 14.72     | 36.67    | 12.02     | 4.90     | 3.13      | 3.65     | 3.97      | 2.18     | 5.44      |
| Poor outcome     | 64.99    | 15.89     | 28.65    | 10.68     | 6.27     | 6.32      | 0.00     | 0.00      | 0.08     | 0.25      |
| Combined therapy |          |           |          |           |          |           |          |           |          |           |
| Total            | 49.78    | 17.94     | 37.04    | 11.42     | 7.68     | 7.23      | 3.88     | 6.10      | 1.63     | 4.13      |
| Good outcome     | 45.29    | 17.70     | 38.88    | 10.66     | 6.33     | 7.83      | 6.39     | 6.25      | 3.12     | 5.46      |
| Poor outcome     | 54.26    | 17.47     | 35.20    | 12.13     | 9.03     | 6.50      | 1.36     | 4.91      | 0.14     | 0.48      |

*Note.* EXP = Experiencing Scale, PET = process-experiential therapy, CBT = cognitive behavioral therapy.

Jeanne Watson & Danielle Bedard (2006) "Clients' Emotional Processing in Psychotherapy: A Comparison Between Cognitive-Behavioral and Process-Experiential Therapies". *Journal of Consulting and Clinical Psychology* Vol. 74, No. 1, 152–159



*Figure 17.1 Mean percentage of statements at each EXP level, for good outcome clients divided by poor outcome clients*

# The client “experiencing” scale as a predictor of treatment outcomes: A meta-analysis on psychotherapy process

ANTONIO PASCUAL-LEONE  & NIKITA YERYOMENKO

*Department of Psychology, University of Windsor, Windsor, ON, Canada*

*(Received 20 May 2015; revised 3 February 2016; accepted 4 February 2016)*

## Abstract

**Objective:** The experiencing scale (EXP) is an often used measure of client’s depth of processing and meaning-making in-session. While research suggests that “client experiencing” predicts psychotherapy outcomes, this relationship has never been summarized in a meta-analysis. We examine this specific client factor as an in-session process predictor of good treatment outcomes. **Method:** A meta-analysis quantified the relationship between client experiencing and therapy outcomes using a total of 10 studies and 406 clients. **Results:** Analysis indicated that client experiencing is a small to medium predictor of standardized symptom improvements at final treatment outcomes with an effect of  $r = -.19$  (95% CI  $-.10$  to  $-.29$ ), which we consider a “best estimate” for robustly quantifying the association between EXP and self-reported clinical outcomes. However, effects were higher (i.e.,  $r = -.25$ ) when observational measures of outcome were also included: Subgroup analyses indicated that EXP effects were moderated by the modality of outcome measurement (i.e., symptom reports vs. observational measures). On the other hand, statistical index, treatment phase, or treatment approach did not have significant impacts, which addresses some perennial questions in the EXP literature. **Conclusions:** Client experiencing is a small to medium predictor of treatment outcomes and a probable common factor.

**Keywords:** psychotherapy; process; experiencing scale; outcome; meta-analysis

# EXP meta-analysis 2016

## Results

- 406 clients from 10 studies (out of 187 studies)
- Criteria: Use of experiencing scale, use of outcome measures
- EXP measured early, mid, late; EXP measured as *mode* and *peak*
- EXP predicts outcome
- Both time (early, mid, late) and form (mode or peak) predict equally well
- EXP effect size is - .10 to -.29 (95% CI), M= -.19
- EXP small to medium size effect, as alliance
- EXP is a commend factor as alliance across treatment approaches
- EXP increase over time
- EXP increase from early to mid and level out to late

## Clinical implications for practice and training

- Therapists can influence clients EXP from moment-to-moment  
(Adam, 2010; Hitz, 1994)

Antonio Pascual-Leone & Nikita Yeryomenko (2016).

The client "experiencing" scale as predictor of treatment outcomes: A Meta-Analysis on Psychotherapy Process  
Psychotherapy Research, p 1-13

# PROGRAM

- 1) Fokusering
  - Klassisk fokusering
- 2) Eugene Gendlin
  - Inner Relationship Focusing
- 3) Udbredelse og indflydelse
  - Fokuseringsorienteret terapi
- 4) Udvikling
  - Fokusering integreret i EFT
- 5) Fokuseringsformer
- 6) Forskning
- 7) Spørgsmål

# Spørgsmål og diskussion

# Tak for i dag

